

The Ohio Psychological Association  
395 E. Broad Street Columbus,  
Ohio 43215

Chairperson Lipps and Members of the  
House Health and Human Services Committee;

Thank you for the opportunity to speak on House Bill 323. My name is Dr. Bobbie Celeste and I am a licensed, practicing psychologist who resides in Columbus. I worked as the Director of Professional Affairs for the Ohio Psychological Association for 19 years. I retired from that position in January 2017, but return to you today to discuss an important issue, the lack of access to mental health prescribers in Ohio. I would like to focus on two aspects of this bill—the need for its provisions and the recommended training and preparation for its providers.

### **The Need**

Recently, Ohio has seen a decrease in the number of mental health prescribers. This has occurred at the same time we are experiencing an increase in mortality due to suicides, drug addiction, and overdoses. According to the Bureau of Labor Statistics, Ohio went from having 1350 psychiatrists in 2017 to only 1240 in 2018, a loss of 110 in one year. Statewide, 72 of our 88 counties, 26 of our prisons, and 4 of our 6 state hospitals are designated as federal shortage areas, and many counties have no psychiatric prescriber at all.

I would like to read you a letter from a young woman that I used to work with who told me, “If you ever get a bill, let me know, I want to testify.” Unfortunately, she could not be here today. So, I want to share her letter with you.

*“I want to end my life.”*

*It’s been almost a year now since my sister uttered these six harrowing words. And a year later, we battle with her mental illness every day. Many nights we go to bed for another restless night of sleep wondering if she will make it through the night.*

*Access has been a huge deterrent in getting help. My mother, father, and sister live in southeastern Ohio. There is little to no help, thus, no hope, available there. The waitlist to get into a therapist or psychologist, much less a psychiatrist to help us balance her medicine, is abominable. After seven months, we were to get her into an appointment in Columbus – an over two-hour drive for my family. This requires taking time off work, a delicate dance because of the time she has had to take off because of her illness. She can only go once every few weeks, so her care is not consistent, especially in dark times of her illness.*

*My sister recently remarked, “They only do this to mentally ill people. They don’t care,” in regards to access and not getting the help she needs. When my mother was diagnosed with life-threatening cancer, the healing process started immediately. She was whisked into surgery within 48 hours. Mental illness can also be life threatening – and they are*

*asked to wait six months, if not longer. My mother would have been dead if she waited six months. And unfortunately, many mentally ill people take their lives before they can receive help.*

*Katie Crabtree Thomas whose family lives in Jackson Co.*

I'm afraid Katie's story is not unusual. A survey by the Ohio Psychological Association noted that 69% of the patients whose presentation was serious enough to warrant a medication referral have to wait 5 weeks or more to see a psychiatrist, with 17% of those waiting more than 3 months. This shortage is most severe in rural areas, as Katie's sister found.

Many Psychologists (75%) and patients rely on primary care doctors, who are already overburdened. Of those, 56% said that the primary care physicians ask the psychologist for their recommendations regarding which medications would be helpful for patients. (Ohio law allows this type of medication consultation). Psychologists are already involved in integrated care with physicians and psychiatrists and are willing to do more. In a recent survey, 73% of the psychologists indicated they support this initiative and 47% indicated they would take the training if HB 323 becomes law.

Specially trained psychologists are in a unique position to help due to their wide skill base. They know that research has shown that the appropriate combination of treatments can vary.

- Those with obsessive compulsive disorder, compulsive type, benefit more from behavioral therapies than medication, while the reverse may be true for those with OCD, obsessive type.
- For the treatment of phobias, Cognitive Behavioral Therapy (CBT) has the strongest evidence base and has longer lasting effects.
- Medication and CBT are equally effective in the treatment of panic disorders, but combined therapies can be superior.
- For eating disorders, CBT is superior to SSRI's (Selective Serotonin Uptake Inhibitors)
- And for Depression, CBT and medications are equally effective, but combined therapies can be more effective. However, when it comes to adolescents with depression, medication alone was effective quicker, but its effects did not last as long as CBT and a combined approach.

Through OPA, we have trained psychologists to meet this need. In Ohio, there are currently 20 psychologists who have obtained their Master's Degrees in Clinical Psychopharmacology, located in rural and urban areas throughout the state.

### **The Required Training**

The American Psychological Association has mandated a Master's of Science in Clinical Psychopharmacology (MSCP) for prescribing psychologists. HB 323 would exceed this standard.

## H. B. 323: Prescribing Psychologists Training Requirements

### Educational Training Requirements:

- A Doctorate in the field of Psychology (Ph.D. or PsyD)
- A License to practice Psychology in Ohio
- Additional Education: 6 Science courses (180 contact hours) from the following areas: General Biology, Cellular Biology, Microbiology, Chemistry, Biochemistry, Human Physiology, Human Anatomy, and Genetics
- Masters of Science in Clinical Psychopharmacology, 450 contact hours, 2 ½ years
- Total of 720 contact hours of additional didactic training, and
- Pass the Psychopharmacology Examination for Psychologists (PEP)

Clinical Experience in Psychopharmacology: In addition to at least 10,000 hours of Clinical Experience as a psychologist, Psychologists certified to prescriber would need:

700 hours of Clinical Supervision, with a minimum of 350 hours by a licensed psychiatrist, and a supervision plan to achieve clinical competency in:

- Physical examination and mental status evaluation
- Review of systems
- Medical history interview and documentation
- Assessment
- Differential diagnosis
- Integrated treatment planning
- Consultation and collaboration
- Treatment management

### Psychology Board Certification Requirements

- Receive certification to prescribe by the Psychology Board of Ohio
- Biennial CE's (24 hours) in psychopharmacology, in addition to 24 CE's to maintain psychology licensure
- Practice in a collaborative relationship with a physician.
  - Meet with collaborating Physicians at least monthly
  - Review medication, therapeutic devices, laboratory tests, and procedures

### Summary: H.B. 323 training required:

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|--|------------------|
| ● Ph.D./PsyD,  | Prerequisite     |
| ● Psychology License,                                | Prerequisite     |
| ● 6 Courses in Basic Science                         | 180 hours        |
| ● Masters of Science in Clinical Psychopharmacology, | 450 hours        |
| ● Clinical supervision                               | <u>700 hours</u> |

**Total training in Psychopharmacology**

**= 1420 hours**

## **Collaborative relationship with a Physician**

Once certified, psychologists with a MSCP who have passed the PEP and have the required supervised experience and demonstrated competencies will be required to engage in and maintain a collaborative relationship with a physician. This is a written agreement between a physician and a prescribing psychologist that specifies both the physicians and prescribing psychologist's duties under the law. In order to practice under this bill, the Prescribing Psychologist practice must be:

- Reviewed on a routine basis the certificate holder's orders for medication, therapeutic devices, laboratory tests, and procedures;
- Consult with a physician at least monthly to review their practice, safety and quality;
- Schedule regular reviews of records, prescriptions and labs completed and ordered;
- Have plans for coverage, where a physician is available for assistance; and
- Have a process for resolution of disagreements between the certificate holder and collaborating physician regarding prescribing practices

## **Ohio Based Program**

In addition to the programs nationwide, a Masters of Science in Clinical Psychopharmacology has been developed in Ohio through the University of Findlay's School of Pharmacy. I have attached a letter and the curriculum for your review. What is unique about this program is that, in addition to this curriculum, The University of Findlay has a HUB field placement system which emphasizes their commitment to health care in rural communities. The map of the HUB system shows that half the 25 training sites are located in rural Ohio.

**This bill has been through legislative review for over 10 years. In that time, we have made several changes due to the oppositions concerns, adding:**

- 180 hours of additional science courses;
- Ongoing collaborative agreements with physicians;
- Training supervision with psychiatrists;
- The Committee on Psychopharmacology to the Board of Psychology, composed of 3 physicians, a pharmacist, and 4 psychologists certified to prescribe; and
- A formulary process based on the model accepted by the OSMA for nurse practitioners.

## **Working Together to Solve a Serious Problem**

The workforce issue of the shortage of prescribers is serious and psychologists are ready to help. The track record of prescribing psychologists is one of safety and effectiveness. OPA stands ready to work with our colleagues in psychiatry, medicine, and nursing to work together to meet the needs of those such as Katie's sister who are struggling, often untreated, with mental illness. Thank you and I'd be happy to answer any questions.



## University of Findlay

Title: Psychopharmacology Degree level: Masters in Science

Program Overview: The Master of Science (MS) in Psychopharmacology incorporates coursework and clinical practice to comprehensively train postdoctoral psychologists to prescribe medications independently, appropriately, effectively, and safely. It is a 32- credit-hour program with a practicum component meeting The American Psychological Association (APA) standards.

Delivery method(classroom, blended, online): Online with face to face clinicals

Other Delivery aspects(Co-ops, Internships, Clinicals, etc): Internship of 1 00 patients, one year and multiple settings, normally near the student's home.

Academic Unit Offering Program: College of Pharmacy

Accreditation: (HLC, Other Accrediting Body): HLC and APA Designation process. This body meets annually. The initial application should be in the APA's hands at least four months before the annual meeting. The committee can defer a decision while waiting for more information, deny designation or grant a varying term of designation.

Educational Objective 1: Upon successful completion of the program, students will have the education and experience to prescribe psychopharmacological medications consistent with state and federal laws. Successful Licensure will be a measure of the achievement of this objective.

Educational Objective 2: Upon successful completion of the program students will have the education and experience to work collaboratively with physicians, nurses, and other healthcare providers in order to coordinate care. Employment statistics could be used to evaluate this standard.

Educational Objective 3: Upon successful completion of the program students will have the education and experience to pass the Psychopharmacology Exam for Psychologists (PEP). Passage rates on this examination will be used to evaluate this objective.

These three educational objectives are summative in nature. The APA has developed a curriculum outlined below which provides more specific content that should be taught these students, organized by subject title. APA provides the following guidance to use when considering this outline.

”As programs may develop specific courses using different content integration approaches, these are not meant as specific courses and the contact hours are not broken down into each area. The program must demonstrate that all content is covered and that the students achieve clinical competency in all content areas. Italicized content represents examples of some of the clinical competencies that may be associated with the domain of instruction.”

## The Master of Science (MS) in Psychopharmacology

- I. Basic Science
  - A. Anatomy & Physiology
  - B. Biochemistry
  
- I. Neurosciences
  - 1. Neuroanatomy
  - 2. Neurophysiology
  - 3. Neurochemistry
  
- II. Physical Assessment and Laboratory Exams
  - A. Physical Assessment
  - B. Laboratory and Radiological Assessment
  - C. Medical Terminology and Documentation
  - A. *Integration of A-C through supervised clinical experience or lab experience in conducting physical exams, ordering psychometric and laboratory tests, understanding results and interpretation*
  
- II. Clinical Medicine and Pathophysiology
  - A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.
  - B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities
  - C. Differential Diagnosis
  - D. Clinical correlations-the illustration of the content of this domain through case study.
  - E. Substance-Related and Co-Occurring Disorders
  - F. Chronic Pain Management
  - G. *Integration of A-F through supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems*
  
- III. Clinical and Research Pharmacology and Psychopharmacology
  - A. Pharmacology
  - B. Clinical Pharmacology
  - C. Pharmacogenetics
  - D. Psychopharmacology
  - E. Developmental Psychopharmacology
  - F. Issues of diversity in pharmacological practice (e.g., sex/gender, racial/ethnic, and lifespan factors related to drug metabolism access, acceptance, and adherence)
  - G. *Integration of a-f through supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation*
  
- IV. Clinical Pharmacotherapeutics
  - A. Combined therapies - Psychotherapy/pharmacotherapy interactions
  - B. Computer-based aids to practice

- C. Pharmacoepidemiology
- D. *Integration of A-C through supervised clinical experience or lab experience in integrated treatment planning and consultation and implications of treatment*

V. Research

- A. Methodology and Design of psychopharmacological research
- B. Interpretation and Evaluation of research
- C. FDA drug development and other regulatory processes

VI. Professional, Ethical, and Legal Issues

VII. Application of existing law, standards and guidelines to pharmacological practice

VIII. Relationships with pharmaceutical industry

- A. Conflict of interest
- B. Evaluation of pharmaceutical marketing practices
- C. Critical consumer

III. Supervised Clinical Experience

- A. The supervised clinical experience should be an organized sequence of education and training that provides an integrative approach to learning as well as the opportunity to assess competencies in skills and applied knowledge. The intent of the supervised clinical experience is two-fold:
- B. To provide ongoing integration of didactic and applied clinical knowledge throughout the learning sequence, including ample opportunities for practical learning and clinical application of skills.
- C. To provide opportunity for programs to assess formative and summative clinical competency in skills and applied knowledge.

# HUB SITE MAP

2018-19



## **Psychopharmacology Examination for Psychologists**

**Starting March 19, 2017 the administration of the Psychopharmacology Examination for Psychologists (PEP) is through the Association of State and Provisional Psychology Boards**

### **Examination Content**

I have included the areas of study for the clinical psychopharmacology examination for psychologists (PEP) to let you know the nature of the subject matter on which psychologists are tested.

Content Area 1: Integrating clinical psychopharmacology with the practice of psychology

Content Area 2: Neuroscience

Content Area 3: Nervous system pathology

Content Area 4: Physiology and pathophysiology

Content Area 5: Biopsychosocial and pharmacologic assessment and monitoring  
Content Area 6: Differential diagnosis

Content Area 7: Pharmacology

Content Area 8: Clinical psychopharmacology

Content Area 9: Research

Content Area 10 Professional, legal, ethical, and interprofessional issues