Dear Chairman Huffman, Vice-chairperson Gavarone, Ranking Member Antonio and distinguished members of the House Health Committee,

I am Dr. Ruth Roa-Navarrete,-a Clinical Psychologist with Prescribing Privileges stationed at Wright-Patterson Air Force Base in Dayton, Ohio where I have been prescribing for the past 1 and ½ years. I would like to clarify that I am here as a private citizen, and in no way representing the Department of Defense or the United States Air Force. I received my Psy.D. in Clinical Psychology with specialization in Serious Mental Illness from Nova Southeastern University in 2002, and a Postdoctoral Masters of Science in Clinical Psychopharmacology from Alliant International University in 2010. I have been independently credentialed to prescribe psychotropic medications since 2010 after successfully completing the Psychopharmacology Exam for Psychologists (PEP), a rigorous exam for which I prepared best by reviewing class materials and studying Psychiatry Board Review programs. The PEP measures didactic knowledge associated with the safe and effective practice of psychology involving prescribing of psychotropic medications or collaborating with those who prescribe such medications. It contains 150 multiple-choice items that require recall of information, analysis, and judgment in 10 knowledge content areas including neuroscience, nervous system pathology, physiology and pathophysiology, biopsychosocial and pharmacological assessment and monitoring, differential diagnosis, pharmacology, clinical psychopharmacology, research, integration of psychopharmacology with the practice of psychology, and professional, legal, ethical and interprofessional issues.

As part of the Masters program, I participated in close to 450 hours of didactic training, supplemented by hours of reading research and completing class assignments including the practical application of classroom concepts. This training focused on developing a knowledge base in biochemistry, neuroscience and the function of the body's major systems, such as the hepatic, renal, pulmonary, cardiac, reproductive and endocrine systems. In addition, I completed a 2000+ hour practicum, that included management of over 200 separate patients with mental disorders, as well as practicals in the Family Health and Family Medicine clinics, and the Neurology clinic at Eglin Air Force Base in Fort Walton Beach, FL. These practicum experiences were supervised by a prescribing psychologist trained and credentialed during the Department of Defense's Psychopharmacology Demonstration Project who had a couple of

decades of experience, a board-certified Psychiatrist and several Family Practice physicians who precepted my practicals. Since obtaining my credentials, I have been stationed at two permanent stations in the United States, one in the United Kindgdom, and completed two deployments to Afghanistan and the United Arab Emirates. I have worked as a primary mental health provider and department head, as well as been involved in the training of Social Work, Psychology and Psychiatry residents, and precepted mental health rotations for medical students and Physician Assistant residents in Psychopharmacology. I have also been fortunate enough to assit in the supervision of two other psychologists who have now gained their prescriptive credentials and have practiced safely and effectively for the past 5-6 years.

Training in Clinical Psychopharmacology begins with a foundation of knowledge in the assessment, diagnosis and treatment of mental conditions, which I acquired during my Psy.D. program and have increased through my clinical and teaching experience. During my Psy.D. program, I completed 2 semester courses in psychopharmacology, as well as one semester each in the Biological Basis of Behavior and Neuropsychology including neuroanatomy and functional assessment. My desire to obtain these advanced credentials was borne out of my interest in chronic, severe and persistent mental illness and the recognition of all the factors that increase functioning from a biopsychosocial perspective. An area of special interest for me has been the study of gender and ethnic differences in pharmacological response, such as potential differences in drug metabolism and action attributed to genetic variations in liver enzymes.

I continue to practice in a muldisciplinary setting, where collaborative relationships with other mental health professionals including nurses, social workers, psychiatrists and other psychologists, as well as the physicians and other healthcare providers who are my primary referral sources are part and parcel of my practice. Twice during my career as a prescriber, I have been in the position to become one of only two or the sole prescriber in a busy clinic, after having been one of a handful. In those situations which were prompted by multiple circumstances, I have successfully been able to maintain continuity of care for dozens of patients whose complex care could not be referred to civilian providers and was maintained safely in the least restrictive environment. My practice has included a range of patients including mostly active duty members as well as their spouses and adult children, retirees and other beneficiaries.

The populations served present with problems ranging from reactions to life stressors to severe mental illnesses including Post-Traumatic Stress Disorder, chronic depression, Bipolar Disorder, psychosis and substance abuse problems. Through a comprehensive practice based on sound principles of evaluation, assessment, diagnosis, integrated treatment planning and consultation, I have been able to safely provide care to hundreds of patients who have benefited from treatment and been able to retain their military careers and improve their life functioning. For most of these patients, evidence-based psychotherapies are the primary form of treatment that I offer. For some (about 40-50% of my caseload), a combined pharmacotherapy and psychotherapy approach has been useful. I receive referrals from colleagues both for psychotherapy only and medication management only cases, and I am happy to supplement the care provided by other mental health professionals in the service of our clients. In these cases, consultation with the primary psychotherapist or prescriber is ongoing and fruitful. In my experience, clients appreciate an integrated model of care, both from an access perspective, as most would not have the time or availability to see both a psychotherapist and a prescriber, but also from an outcome perspective. During my two deployments, especially the most recent one where I was the sole mental health provider in the theater of operations, I was able to work with individuals who would have otherwise been returned early and been unable to complete their missions, had they not had access to the full spectrum of appropriate mental health services in those high stress, high needs environments.

I can discuss a couple of examples of cases for which due diligence in assessment, evaluation and consultation led to the resolution of not only psychiatric but also medical concerns. One involves a young woman who had experienced a traumatic event during one of her deployments. While she clearly met criteria for diagnosis and required treatment for Major Depression and Post-Traumatic Stress Disorders, through a comprehensive evaluation and review of systems, as well as close follow-up, I was able to determine that she was also experiencing symptoms consistent with hypothyroidism and referred her to her general practitioner and endocrinologist appropriately. Symptom resolution in all aspects of her life led to dramatic improvements in functioning. I have also recently collaborated with Neurology and Family Practice physicians in the care of an 86-year-old woman presenting with tactile and visual hallucinations, whose differential diagnosis included Lewy Body Dementia. There have been other cases of Soldiers

and Airmen whose traumatic brain injuries from blasts exposures led to hormone imbalances which had been previously undetected.

In my experience, the psychologists who choose to pursue this additional credential do so out of the desire to provide a more comprehensive treatment plan for their patients, and to supplement or even fill a need that is as high in rural America as it is in some of our major towns and cities. Health care providers in primary care clinics have multiple demands and can benefit from consultation and a collaborative relationship with a knowledgeable prescribing psychologist as they treat the multitude of concerns that present at their doorsteps. Likewise, prescribing psychologists can collaborate with these physicians to address the not uncommon comorbid medical diagnoses whose care can be complicated by mental disorders. The prescribing psychologists in the Armed Forces with whom I have worked and consulted for the past 8 years, are effectively and safely making daily decisions to treat their patients in the least restrictive environment, in order to enhance their functioning, and to balance the member's ability to continue to serve with their mental health needs. They are keenly aware of drug abuse potential and secondary gain issues and manage medications in a conservative fashion to minimize patient and mission risk. They also openly discuss potential adverse effects and educate their patients to be informed and active consumers who are able to advocate for their own needs. I firmly believe that without additional psychologists able to fill this gap in Ohio, we will continue to experience what can only be described as a mental health care crisis in our communities. The combined experience of multiple Armed Forces psychologists demonstrates that prescribing psychologists can ethically, safely and effectively perform this role in the best interest of clients. I am happy to answer any questions you may have.