

Testimony in Support of
HB 326
Before the House of Representatives
Health Committee

Rep. Stephen A. Huffman, Chairman

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Good morning Chairman Huffman and Committee Members. My name is Dr. Gerald Strauss. I am a member of the Ohio Psychological Association (OPA), a recently retired Section Chief of Clinical Health Psychology at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center, a Faculty member and Associate Director of the Inquiry Group Curriculum Program as well as a member of the Physician Assistant Advisory Board at Case Western Reserve University's School of Medicine, and a former Surgical Physician Assistant. I appreciate the opportunity to speak with you in favor of HB 326.

HB 326 improves efficient access to **integrated and collaborative mental health** care in the State of Ohio. Furthermore, it:

- creates efficiencies in the way it provides mental health care to Ohio citizens, and
- provides quality care in a safe and cost effective manner

I can say with certainty that not all psychologists support prescriptive authority and not all psychiatrists and physicians oppose it. HB 326 helps fill voids where access to care is lacking and saves patients and healthcare insurers money by creating a more efficient, integrated, and cutting edge system of care.

To provide a broader context I would like to offer you a **brief history of psychologists prescribing medications**. The Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP) was undertaken by the DoD to determine the feasibility of training military clinical psychologists to prescribe psychotropic drugs safely and effectively. The first class entered the PDP in the summer of 1991 and the last of four classes graduated in the summer of 1997. Supervision was provided by psychiatrists while the psychologists were in the DoD Project. Supervision time was reduced, and finally eliminated for all graduates as they demonstrated their competence to prescribe. The PDP produced a total of 10 prescribing psychologists who undertook post-graduate assignments at military posts throughout the United States. In January of 1998, the DoD contracted with the American College of Neuropsychopharmacology (ACNP) to monitor and to provide an independent, external analysis and evaluation of the program and its participants. The ACNP Taskforce members who participated in the evaluation of the military prescribing psychologists were psychiatrists, psychologists, neuroscientists, pharmacologists, and research related health care professionals. The final report and summary was published by the ACNP in May of 1998. It was titled DoD Prescribing Psychologists: External Analysis, Monitoring, and Evaluation of the Program and its Participants. In the final evaluation and summary report the ACNP Taskforce stated the following:

1. "The program was effective"
2. "The military psychologists were safe prescribers, had no adverse effects in prescribing, and knew when, where, and how to consult if necessary"
3. "The PDP was not designed to replace psychiatrists or produce mini-psychiatrists or psychiatric extenders; and it did not do so. Instead, the program 'products' were extended psychologists with a value-added component as prescriptive authority providers. They continued to function very much in the tradition of clinical psychology but a body of knowledge and experience was added that extended their range of experiences."
4. The final comment: "...the PDP graduates have performed and are performing safely and effectively as prescribing psychologists."

Additionally, the **Congressional Government Accounting Office (GAO)**, reporting to the Chair of the Committee on Armed Services in 1999, indicated that:

- The prescribing psychologists were well integrated into the health services and were accepted by their medical colleagues.
- They performed safely and effectively as prescribing psychologists and there were no adverse outcomes associated with their performance.
- Their supervising psychiatrists rated their quality of care as good.
- They cut down on wait times for certain military personnel and dependents.

Finally, a report commissioned by the Office of the Undersecretary of Defense for Health Affairs was released in 1996 (Vector Research, 1996) and concluded that the PDP was not only cost-effective but that it had achieved its goals of training safe and effective psychologist prescribers.

As an aside, a number of the DoD Demonstration Project prescribing psychologists noted that they tended to rely on their psychotherapeutic skills as the first line of treatment and then prescribe psychotropic medications as an adjunctive therapy. In doing so they often prescribed medication 30% less often than their psychiatric colleagues yet had high satisfaction rates from their patients.

One example of a prescribing psychologist using his prescribing skills, while on active duty in Iraq, is Dr. Alan Hopewell. Major Hopewell stated:

“During my deployment, my duties involved writing over 2000 prescriptions and “circuit riding” between Restoration Center at Camp Liberty... to Camp Stryker...home of the 101st Airborne Division. Prescriptive authority allowed me to serve as a potent “force multiplier” in terms of services rendered, especially at Camp Stryker, where I was often the sole medication provider for psychotropics.”

C. Alan Hopewell, PhD, Prescribing Psychologist, Major, Medical Service Corps, US Army (RET).

You may hear from some of the opponents to HB 326 that the DoD Demonstration Project was a “failed and abandoned experiment.” On the contrary, The DoD Demonstration Project was exactly what it was purported to be – a demonstration project with beginning and end points. After sufficient data were collected about the ability of military psychologists to be educated and competent to prescribe psychotropic medications safely to uniformed service members and their families, the demonstration project ended because it served its purpose. Subsequent to the completion of the DoD Demonstration Project, the Department of Defense went on to certify military psychologists to prescribe psychotropic medications to active duty members. The Navy certified in 2003, the Air Force in 2007, and the Army in 2009.

Since prescribing military psychologists can (and still do) work safely and effectively in the DoD with our men and women in the Armed Services and have successfully treated over 160,000 military personnel over the course of the DoD Project without any adverse outcomes or deaths, a similar function for appropriately trained psychologists can be employed equally well for Ohio citizens.

Training in Civilian Life:

The training required in civilian life for a psychologist to prescribe requires a master's degree in clinical psychopharmacology from an accredited university. The master's degree is attained subsequent to the psychologists attaining their doctorate. The American Psychological Association has certified three such graduate programs as meeting the recommended curriculum, Farleigh Dickenson in New Jersey, New Mexico State, and the California School of Professional Psychology (CSPP). Faculty members are from a variety of disciplines, including medicine, pharmacy, and psychology.

Farleigh Dickenson and CSPP both use long-distance technology to offer classes. CSPP's program is taught in real time by professors who lecture live and interact with the students during the teaching. This advanced technology platform allowed 10 Ohio psychologists to participate and all 10 recently graduated with master's degree through this program. The CSPP program takes two and one-half years to complete.

Very recently – and I am excited to report this – the University of Findlay's Clinical Pharmacy program developed a master's degree program in clinical psychopharmacology for psychologists. This 32 semester credit hour, "Ohio-grown" program for psychologists will be housed in the School of Pharmacy. It will consist of classroom, blended, and on-line methods of instruction, and it will require a yearlong internship. One of the associate professors of pharmacy at the University of Findlay was the first in the country to develop an on-line course curriculum for their school of pharmacy. That curriculum has been adopted by other schools of pharmacy in the U.S., and it was the model utilized in developing the master's degree program in clinical psychopharmacology for psychologists at the University of Findlay.

In OPA's most recent survey of Ohio psychologists (April 2016) 72% of psychologists (N = 167) polled said they supported legislation granting appropriately trained psychologists authority to prescribe psychotropic medications. Approximately half of those psychologists reported they would be interested in taking the training if a law were passed in Ohio. Ohio has 3100 licensed psychologists and only about 1350 psychiatrists. If even 1 in 10 Ohio licensed psychologists pursued this training, Ohio would have more than 300 additional prescribers for mental health patients. Expanding to 25% trained prescribing psychologists would add 775 new prescribers for those Ohio citizens with mental illness who need medication, and would lead to a much shorter wait time to be evaluated for the medication as well.

So, how do these anticipated numbers compare to other states in the U.S. who have already passed legislation granting psychologists prescriptive authority? In New Mexico, there are 58 prescribing psychologists practicing in the state, including in the Indian Health Service, the Public Health Service, and the U.S. military.

Dr. Christine Vento, from Albuquerque, N.M., has stated, "I've been prescribing for 8 years and have worked at the State Hospital and in both rural and urban community mental health centers. Now I work with the homeless in downtown Albuquerque. Prescribing psychologists are currently about 1/3 of the total Behavioral Health prescribing workforce here in N.M. and a much higher percentage of those who see Medicaid patients."

In Louisiana there are 95 prescribing psychologists who serve in hospitals, federally qualified health centers, jails, clinics, and private practices. Other states have found that up to 25% of psychologists are interested in adding this skill to their current practice.

In 2014, Illinois passed legislation authorizing appropriately trained psychologists to prescribe, and there now are 125 psychologists enrolled in master's degree programs in clinical psychopharmacology.

During opponent testimony, you may hear our opponents say that psychologists go through “crash or match–box cover courses,” “are inadequately trained,” and attend a “10-week course equivalent to one semester of a Physician Assistant program.” Those statements are simply inaccurate. They ignore the extensive training that psychologists receive in master's degree programs in clinical psychopharmacology. The opposition also ignores the data that current psychiatric efforts to address timely, efficient, and cost-effective treatment of Ohio citizens have been entirely inadequate. Appropriately trained psychologists who prescribe psychotropic medications can competently address that shortfall, expand the care currently offered to patients, and offer Ohio citizens the care they deserve.

One of my mentors, Dr. Pat DeLeon, said, “One of the hallmarks of a maturing profession is its collective willingness to adapt to change and, we would suggest, focus upon meeting society's evolving needs.” We have, in fact, seen professions evolve over time. One only has to look at the histories of Medicine, Pharmacy, Nursing, Optometry, Dentistry, Physician Assistants, and Psychology. Expanding scope of professional practice is something that all professions (at one time or another) debate. Sometimes it is with the support of other professions and sometimes not. This current effort to have appropriately trained psychologists expand their scope of practice within Ohio is simply another effort to address societal needs.

Thank you for your time, Chairman Huffman and Committee Members. I would be happy to address any questions that you might have.