Opponent Testimony

Substitute House Bill 326
Psychologists and Prescriptive Authority

To Members of the
Ohio House Health Committee

Presented by:
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on Behalf of the
Ohio Psychiatric Physicians Association

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Chair Huffman, Vice Chair Gavarone and Ranking Member Antonio, thank you for the opportunity to testify today in opposition of House Bill 326, which would allow psychologists to prescribe medications.

My name is Victoria Kelly, and I am a board certified psychiatrist. In addition to serving as President-elect of the Ohio Psychiatric Physicians Association, I work at the University of Toledo Medical Center Department of Psychiatry as Director for the Psychiatry Residency, as director for the Psychiatry Clerkship for the medical students, and with the Department of Family Medicine as a Collaborative Care psychiatrist. I am here today speaking on behalf of the patients for whom I provide mental health and medical treatment, the education of the future health care providers, the medical care that these trainees will deliver, and thus the current and future Ohioans who would be affected by this bill.

I would like to walk you through a scenario. Imagine that you have been feeling tired, stressed because of work, find yourself worrying and unable to think clearly, and have not been sleeping well. Maybe you think it is just the work stress getting you down. These symptoms could be indicative of a health condition other than depression or anxiety, but as an average Ohioan, you do not know that. You think it is just stress so you see a psychologist who advertises as a "medical psychologist," or a "prescribing psychologist." During my numerous lectures throughout Ohio, to various populations like churches, schools, nurses, social workers, psychologists, and other physicians, it is clear that the average layperson does not understand the difference between a psychologist or psychiatrist, nor the differences in the level

of education and training, so they think a physician is treating them. In this scenario, let's say you see a psychologist who then prescribes an antidepressant medication. Fast forward months later, when you are still not feeling better, and now your work and home life are in jeopardy because of the dysfunction that you are experiencing. You finally decide to check in with your primary care physician, who reviews your medical history, asks about your symptoms as it relates to your entire body systems, orders appropriate blood work and other possible needed evaluations. The results are in and your physician determines that you have a low-functioning thyroid that is causing your symptoms. Hypothyroidism is a condition that is not treated by antidepressants, and when appropriate treatment is delayed, there can be serious medical consequences.

That is just one example of how having a medical base of education is mandatory in the treatment of mental illnesses and substance use disorders. As an educator of Ohio's future physicians, including those specializing in psychiatry, I emphasize to students that you cannot jump to prescribing without fully evaluating the entire health of a patient, including the various health systems in the body. When patients have presented to me, I have diagnosed thyroid disorders, blood disorders, brain tumors, metastatic cancers, lupus, and more – because I was trained for many years with rigorous testing and supervision about medical decision-making, like a differential diagnosis, and what to evaluate before a medication is even prescribed. This is because of the way all medical personnel are trained, with the body and brain assessed and evaluated first, then the behavioral health treatments next, and psychotropic medications lastly (if needed) for comprehensive care. The education for psychologists is *extremely* different from physician assistants, nurses, and physicians, including psychiatrists. The education for psychologists is based exclusively on behavior, which includes primarily psychotherapy and psychological testing, and most have not had any biomedical education or exposure to medical decision-making.

Nearly 70% of individuals with a mental illness or substance use disorder have a comorbid physical health condition. Americans take an average of two prescription medications, and 20% of Americans are on at least five prescription medications. This bill would result in Ohioans getting more medications – however it does *not* contain safeguards to ensure that the prescribing is even indicated, that the medications selected are appropriate, that medications are being prescribed safely with respect to physical health conditions and drug-drug interactions, nor that appropriate supervision requirements are in place. More access to prescribers does *not* equal more access to care; unless you do not mind that the care provided is substandard, not appropriate, potentially dangerous, and not supported by organizations that actually provide medical care.

Further, this bill actually stigmatizes mentally ill individuals by saying that they are a different population than every other person and suffice with a lower level of care than those that are receiving treatments for diabetes, high blood pressure, or headaches. Separate treatment is *not* equal treatment. Mental illnesses are more than just behavioral. We have increasing scientific data that demonstrates mental illnesses are disorders that affect many other parts of the body's functioning.

We already have existing methods of improving access to care that is safe, competent, and comprehensive. If these mechanisms were fully supported by health insurers and systems, Ohioans would absolutely have improved access to mental health care that is competent and equal to care provided for other illnesses. One potential solution (as you heard in testimony last week on HB546) is reimbursing and expanding telehealth services, a method of service delivery of which psychiatry is well suited.

Another solution is investment in, and expansion of, collaborative care. At the University of Toledo Medical Center, I provide my expertise to the Family Practice department, following a model of delivery that has over 80 evidence-based articles discussing its efficacy, in terms of dramatically improving access to care, modifying primary care practitioners' willingness to address mental health issues within the primary care setting, and saving lives. Although psychiatrists and primary care physicians can receive free training to provide this care from a grant received by the American Psychiatric Association, the reimbursement for these services is not mandated for insurers. I train medical students, psychiatric physicians and family physicians about this model also. Every single week the family physicians have access to not only me, but also the psychiatry residents and medical students. It is my effort, one health care provider at a time, to increase access to safe care for their future patients.

Yet another solution would be expanding residency spots in psychiatry. Across the nation, there were 256 psychiatry programs offering a total of 1556 positions for intern year. Many medical students that wanted to train in psychiatry were not able to do so because there were not enough psychiatry residency slots. Ohio filled 100% of residency positions – but we need more. Simply put, we have medical professionals who cannot deliver the services they were trained to do, whereas this bill would allow under-trained individuals to deliver those exact highly specialized services. Expanding the funding of residency programs would absolutely help improve access to care for those individuals with mental health disorders or substance use disorders.

Psychologists are integral members of a patient's treatment team, and they are experts in the care they have been educated and trained to provide. According to the standard of care as outlined by treatment guidelines, medications are not always the answer to mental health difficulties, but a complete and thorough medical evaluation always is. While psychiatrists provide both psychotherapy (like psychologists) in addition to medication treatment, we need more individuals providing effective psychotherapy. To improve access to care for mental illnesses and substance use disorders, let's improve existing pathways to providing care. Ohioans do not need prescribers who are unqualified providing medications with inadequate supervision and oversight to one of our most medically complex populations. There are many other potential solutions to improve existing distribution of services that do not put the health of Ohioans at risk. In summary, your constituents deserve the safest and most efficient mental health care possible.

Thank you for your time and I would be happy to answer any questions.