My name is Daniel Carlat, and I am a practicing psychiatrist in Massachusetts, the publisher and editor in chief of The Carlat Psychiatry Report, and associate clinical professor of psychiatry at Tufts Medical School in Boston Mass. I would like to testify in favor of HB 326, a bill that would allow Ohio to follow the lead of 5 other states in allowing psychologists with appropriate training to prescribe certain psychotropic medications.

I endorse psychologists prescribing for many reasons, but one of the primary reasons is likely not one that has received much discussion: it would be the single best thing that could happen to psychiatry in Ohio. Psychiatry has boxed itself into a tiny corner of medicine called "psychopharmacology." As I've argued in my book Unhinged and in a related New York Times article, psychiatrists have become little more than pill pushers, conducting 15 minute so called "med check" appointments during which we have enough time to ask about basic symptoms and side effects, and prescribe a refill. This is a silly way to practice our craft, because the essence of what we do is to understand the mind and to help people live better lives. Drugs are effective but only one of the tools available to us, and we have largely ceded psychotherapy to psychologists and social workers. The result is a fragmentation of care. You see your "p-doc" (psychopharmacology doctor) for your meds, and you see your therapist for your mind. Each professional is far too busy to communicate with the other.

While there are plenty of patients out there who do so well on medications that they don't need therapy, the majority of patients do best with both meds and therapy. But psychiatrists rarely provide the full package of treatment, because we are trapped in a system of incentives that discourage integrative care. Insurance companies pay more for med visits. Drug companies throw the full force of their marketing machinery into pushing medications. The top psychiatrists find that the road to academic glory lies in psychopharmacology research. And our outdated training system selects for practitioners who see people in terms of discrete medical diagnoses, and who are rarely psychologically minded.

Enter psychologist prescribers. These are professionals who went into their field because they are fascinated by the human mind. From early in their training, they learn about psychiatric diagnosis, psychological testing, psychotherapy, interpreting behavioral science research, neuropsychology, etc.… They don't go to medical school, so they learn nothing about such "crucial' psychiatric topics (being sarcastic here) as gross anatomy, histology, pathology, or the physical exam, nor do they have clinical rotations that psychiatrists draw upon daily, such as Ob/Gyn, surgery, internal medicine, radiology, and others. Thus, psychologists don't learn how to deliver a baby or how to tie a surgical knot, but they do learn how to get at the root of anxiety, uncover hidden suicidal thoughts, and how to establish a therapeutic alliance with patients, which is the key ingredient for all healing in medicine.

Psychologists first obtained prescriptive privileges in the military through the Department of Defense demonstration project, and since then have been awarded privileges in New Mexico (2002), Louisiana (2004), Illinois (2014), Iowa (2016), and Idaho (2017). The lengths of the training programs vary, though they are typically two year programs incorporating both didactics and a clinical practicum. Many have charged that these two year mini-programs cannot possible produce safe prescribers. But the evidence contradicts this position. There have been no adverse events reported in any of the programs operating thus far.

As the safety data gradually accrues, I predict that psychologists will attain prescriptive privileges in most states over the next 10 to 20 years. We saw the same pattern in the 1970s with nurse practitioners—psychiatrists and other physicians engaged in bitter turf wars initially, arguing that they didn't have enough training, but research studies eventually demonstrated that NPs operated competently and safely, and now they are accepted as independent practitioners in most states. As it turned out, there is so much business to go around that psychiatric nurse clinicians have not eaten into psychiatrist's practices or incomes. On the contrary, there is such a critical shortage of psychiatrists that NPs are needed, though their services are only a drop in the bucket relative to the unmet need for treatment in most states.

According to my psychologist colleagues, the experience in New Mexico and Louisiana is that psychiatrists and prescribing psychologists are accommodating to one another and that psychiatrists are not losing business. But as more and more states approve prescribing psychologists, this will probably change. I predict that patients will vote with their feet and preferentially see prescribing psychologists once they realize that such practitioners provide one-stop shopping—meds and therapy combined.

And herein lies the great opportunity for psychiatry. As psychologists gradually become serious competitors for our patients, we will have to re-evaluate how we practice and how we are trained. We will have to take a close

look at our own training curriculum. We will have to decide which medical courses are truly necessary and which are not. Rather than engaging in bitter turf wars, the American Psychiatric Association needs to work cooperatively with the other APA—the American Psychological Association. Let's get psychiatrists and psychologists in the same room, and work together to agree on the ideal curriculum integrative psychiatric practitioners.

On the other hand, organized psychiatry can continue on its current path, which involves throwing millions of dollars into lobbying efforts to fight psychologists. The money is being wasted, I can guarantee that. Gradually, state after state will see the necessity of authorizing these prescribing privileges. And at the end of the day, we will be on the sidelines as patients flock to prescribing psychologists and our professional sphere constricts further and further into a narrowly defined neuropsychiatry role. We can do much, much better than that. Our patients require it.

I urge you to support HB 326, which will vastly improve mental health care for Ohioans.