

MEMORANDUM

To: House Health Committee
From: Representative Bill Seitz and Representative Theresa Gavarone
Date: March 21, 2018
Re: House Bill 326 Sponsor Testimony

Representative Gavarone Testimony:

Chairman Huffman, Ranking Member Antonio, and members of the House Health Committee:

Thank you for the opportunity to provide sponsor testimony today on House Bill 326.

This bill allows specially trained and certified psychologists to prescribe the medications used for the treatment of a mental illness and substance addiction.

In 2017, Merritt Hawkins, the United States' leading medical staffing firm, released a report indicating that in the previous 12 months they had conducted more searches for psychiatrists than they had in any previous 12-month period in the firm's 30-year history. Currently, 72 of Ohio's 88 counties contain areas designated as a Mental Health Professional Shortage Area (HPSA) by the federal government. This includes 21 of Ohio's 28 state correctional facilities and 4 of Ohio's 6 state mental hospitals.

This is a serious issue. According to the National Institute of Mental Health, over 1.5 million Ohio adults and nearly 300,000 of Ohio's children need mental health treatment. Unfortunately, a third of these adults and half of these children will not receive the help they need (SAMHSA). These percentages are even higher for those adults with co-occurring substance use disorders or serious mental illness.

Without care, many will end up in crisis. The National Council of Behavioral Health reports a 42% increase in emergency room visits for psychiatric services. The barriers to accessing care are only further compounded by Psychiatry's trend toward "cash only" business and their low rate of Medicaid and private insurance acceptance (55%) compared to physicians in other specialties (86-89%) (JAMA).

Representative Seitz Testimony:

Chairman Huffman, Vice Chair Gavarone, Ranking Minority Member Antonio, and members of the House Health Committee:

HB 326 works to address these mental health treatment access disparities. It states that a specially trained psychologist may obtain a certificate to prescribe and become credentialed as a prescribing psychologist by the state board of psychology if all the following criteria are met:

- They must be a licensed psychologist in the state of Ohio with a doctoral degree;
- They must complete of a Master of Science in Clinical Psychopharmacology, awarded by an accredited university that includes didactic training in the treatment of women, children, adolescents, ethnic minorities, addictions, geriatrics, chronic disease and pain management.
- They must fulfill a yearlong period of clinical supervision under a physician.
- They must pass a national exam, the Prescribing Examination for Psychologists, developed and administered by the Association of State and Provincial Psychology Boards.
- They must maintain an ongoing collaborative relationship with a physician.

Under House Bill 326, once the individual has completed all the conditions listed to become a prescribing psychologist they will be required to maintain their certification every two years by submitting to the Ohio Board of Psychology evidence of having completed twenty-four (24) hours of continuing education specific to psychopharmacology in addition to the current continuing education requirements for psychologists.

There are currently four universities that offer accredited master's degrees in clinical psychopharmacology with three of these universities offering distance-learning options. The programs include Fairleigh Dickinson in New Jersey, the California School of Professional Psychology at Alliant

International University, the Chicago School of Professional Psychology, and New Mexico State University. A fifth, Ohio-based program has been developed and approved by the University of Findlay and is awaiting the passage of this bill to start enrollment. All five of the schools follow a curriculum, which has been recommended by the APA.

The benefits of allowing psychologists to prescribe medications in cases of mental illness and substance abuse go beyond the issues of merely cutting down the waiting time to see a psychiatrist or the dearth of available psychiatrists in the state. By nature of their training and experience, psychologists are experts in the integration and provision of non-pharmacological treatments for addiction and mental illness. Allowing psychologists to prescribe medications in conjunction with these other modes of treatment offers a comprehensive and multi-faceted approach for cases where this level of care may be needed. Today, most mental health prescriptions are written by already overburdened primary care physicians that lack the extensive specialized training in mental illness and addiction that psychologists have, leaving them ill prepared for the management of difficult cases and crises, such as a suicidal adolescent or adult.

Currently, psychologists are authorized to prescribe psychotropic medications in Idaho, Illinois, Iowa, Louisiana, New Mexico, as well as in branches of the U.S. military and the U.S. Public Health Service. There have been no adverse effects. No complaints have been filed against a prescribing psychologist in any of these jurisdictions.

Ladies and Gentlemen of the House Health Committee, I have been working on this issue for 10 years and shortages have become more severe. Between the House and the Senate, this is the fourth bill on this matter. It contains numerous revisions to address the opposition's concerns.

Thank you for the opportunity to provide sponsor testimony on House Bill 326. I urge favorable consideration of this bill and am now happy to answer any questions the committee may have.