Testimony of Angela N. R. Miller, PhD, MPH, MSCP in favor of HB 326

Good morning. My name is Dr. Angela Miller. I am the Vice President for Professional Practice for the Ohio Psychological Association and an Ohio licensed clinical health psychologist serving patients in Summit and Stark Counties. In addition to my education and training as a clinical psychologist, I hold a master's degree in public health with an emphasis in program development and in 2017, I was one of 10 Ohio psychologists who completed a Master of Science in Clinical Psychopharmacology from the APA designated program at Alliant International University. I am here today to speak in favor of HB 326.

In 2016, on behalf of the Ohio Psychological Association, I tasked with conducting a study to examine Ohio's mental health landscape. Our goal was to better understand Ohio's mental health needs and examine Ohio's current provider and population distribution. Like you, we understood that there was a problem and we wanted to explore the viability of various proposed options for improving access to care given the available workforce. To accomplish this, we obtained data from the US Census Bureau, the Mental Health in America report, and the NPI database maintained by the Centers for Medicare & Medicaid Services. We then cross-checked the NPI figures with numbers from the US Bureau of Labor Statistics and the Ohio State Board of Psychology to ensure an accurate and robust representation of total provider numbers. The findings were clear and frankly far worse than I imagined. Ohio is in the presence of a severe mental health crisis.

With more than two million Ohioans suffering from mental illness, there are simply not enough psychiatrists to meet the burgeoning demand. Primary care providers, despite prescribing 80% of all psychotropic medications, are unable to close the gap. According to the Association of American Medical Colleges (AAMC), the U.S. will face a deficit of upwards of 90,000 physicians by 2025, with the steepest deficits among specialists, including psychiatrists. Ohio is already in a position where 72 of its 88 counties have areas deemed Mental Health Provider Shortage Areas by the federal government.

Statewide there is 1 psychiatrist for approximately 6700 people. Comparatively, this is nearly two times the population served per psychologist and almost 7 times the population served per primary care physician in the state. Many Ohio counties fair much worse. 56 counties have 5 or fewer psychiatrists. 25 counties have no psychiatrists at all and only 4 of those 25 have a psychiatric nurse practitioner. Unfortunately, as dire as these figures may seem, they fail to do justice to the full scope of the access issue.

Barriers to care far exceed locating a psychiatrist. Even if an appointment could be scheduled, the reality that only 55% of psychiatrists take insurance, compared to 89% of other physicains, means that countless patients, especially minorities, low income families, and the elderly, are unable to afford an initial intake appointment. As a result, 1 of every 5 adults and 3 out of every 10 children needing mental health treatment in Ohio this year will not receive it. Proposed solutions such as telemedicine and other efforts to incentivize the practice of psychiatry in underserved areas, though well-intentioned, will never be a viable means of adequately addressing this crisis as they merely redistribute care and do nothing to increase the total number prescribers available. With 59% of the active psychiatrist population at 55 years of age or older, there is a very real potential that soon we will have more psychiatrists leaving the specialty per year than entering it. Without innovation and integration, what we see now in Ohio will only get worse. We must find a solution. HB 326 has the potential to make an unparalleled impact on Ohio's mental health access, especially in those areas which are chronically underserved.

As a licensed psychologist who has completed the didactic training outlined in this bill, I would like to elaborate further on its components and clarify any misconceptions which may remain regarding this legislation. The education requirements proposed by HB 326 require a master's degree in clinical psychopharmacology which is completed over a period of 2 ½ years, not 10 weeks. This is in addition to and following the six to seven years of didactic and supervised clinical training required to become an

independently licensed psychologist in the state of Ohio. The courses I completed during this course of study are diverse and cover significantly more than medications alone. Professionals engaged in this training complete courses in biochemistry, anatomy, physiology, pathology, chemistry, nutrition, and physical assessment among others. They also complete courses which address the specific needs of those with chronic medical conditions or those patients who require special consideration due to age, gender, ethnicity, or history of chemical dependency. This didactic training is a MINIMUM of 450 hours. In addition, our recent proposed legislative amendments require that all applicants for prescriptive authority in Ohio would have also documented an additional six courses in basic sciences to include general biology for health majors, chemistry, biochemistry, microbiology, and human anatomy and physiology. This provides an additional 270 hours of training for a MINIMUM total of 720 hours which meets or exceeds the number of didactic hours currently required of nurse practitioners.

There have also been many questions regarding supervised clinical training and other aspects of the certification process. To obtain licensure as a psychologist in Ohio, psychologists are required to demonstrate a MINIMUM of 3,600 supervised clinical hours. In addition, once the didactic training in clinical psychopharmacology is complete, the psychologist is required by this legislation to complete an additional year (or 100 patients, whichever is longer) of supervised clinical experience in prescribing. This is significantly higher than the 560 hours of supervised clinical experience nurse practitioners receive. Psychologists are also required to pass a national certification exam during this period. Only after these requirements are met can the psychologist apply for a certificate to prescribe.

We, as psychologists and independent mental healthcare providers, are committed to patient safety and providing the highest quality of care to those we serve. To this end, we have proposed a series of amendments to this legislation that

1) Require extensive, on-going continuing education in psychopharmacology in addition to those hours required of all psychologists

2) Require all prescribing psychologists to maintain a written collaborative practice agreement with a qualified prescriber
3) Require additional specialized didactic and supervised clinical training requirements for those who wish to prescribe for children and adolescents under the age of 18
4) Prohibit the use of opioid analgesics in our already limited formulary.

In every instance where professions have evolved to include practices once limited only to the practice of medicine, there has been an outcry from the opposition predicting cataclysmic levels of patient harm. Years later, in a healthcare system where fifty percent of all current prescribers are non-physicians, we can confidently say this has never happened. It has not happened with optometrists. It has not happened with dentists. It has not happened with nurse practitioners, and in 20 years of ongoing practice in the military, public health service, and now five states, it has not happened with prescribing psychologists.

I would like to close by providing a sense of what passing this legislation could really mean for Ohioans. A recent survey conducted by the Ohio Psychological Association showed that 73% of psychologists were in favor of allowing appropriately and specially trained psychologists to prescribe. There are nearly twice as many psychologists than psychiatrists working in Ohio and psychologists serve in all but 13 of Ohio's counties. Conservative estimates based on statistics from states where specially trained psychologists can prescribe medications for the treatment of mental illness indicate that 25% of those psychologists licensed at the time of a bill's implementation will pursue prescriptive privileges. Just 25% would mean an addition of 780 new, expert mental health prescribers (an increase of nearly 50%) within 3-4 years of bill approval. In this way, HB 326 is the opportunity to create healthier communities and a stronger and more productive Ohio workforce, at no cost to the state. Now is the time.

Thank you. I would be glad to answer any questions you may have.