

Testimony in Support of

SB 300

Before the Senate Health and Human Services Committee

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Good morning Chairman Jones 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 SB 300.

SB 300 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. SB 300 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. The PDP produced a total of 10 prescribing psychologists who undertook post-graduate assignments at military posts scattered 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 and psychologists. The final evaluation and summary was published in the ACNP Bulletin, summer 2000, Vol. 6, No 3. 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:

-“The program was effective”

-“The military psychologists were safe prescribers, had no adverse effects in prescribing, and knew when, where, and how to consult if necessary”

-“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 (psychometric testing, psychological therapies) but a body of knowledge and experience was added that extended their range of experiences.”

-The final comment: “...the PDP graduates have performed and are performing safely and effectively as prescribing psychologists.”

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.

You may hear from some of the opponents to SB 300 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. Once enough data was collect about the ability of military psychologists to be educated and deemed 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.

I submit to you Chairman Jones and members of the Committee that if prescribing military psychologists can (and still do) work safely and effectively in the DoD with our men and women in the Armed Services and successfully treated over 160,000 military personnel over the course of the DoD Project without any adverse outcomes or deaths; a similar platform for appropriately trained psychologists can be employed equally well for our citizens in Ohio.

Additionally, I would like to offer testimony as a former Surgical Physician Assistant who started that career in the mid-1970s. Vietnam was winding down as I entered the 2-year Associates Degree Program at Cuyahoga Community College. Most of my classmates were former Army and Navy Corpsmen. The idea of physician assistants practicing was novel, concerning to some, and outright opposed by many in organized medicine and nursing. There were early instances when some nurses refused to follow my orders written in the chart. Over time, other professions gained trust and respect for those of us in the PA profession. They realized PAs, with an Associate’s Degree, could practice safely, collaboratively, and enhance clinical care to patients.

However, like all professions, Physician Assistant programs continued to evaluate their training. Psychology programs in clinical psychopharmacology were no different. Despite having my PA degree; which included courses in pharmacology, I decided in the 1990s to gain additional training in a psychologist inspired training program in psychopharmacology. As the American Psychological Association (APA) examined the early psychopharmacology training programs through the lens of the DoD Demonstration Project, it was realized that certain enhancements were necessary. APA then published their recommendations for postdoctoral training in clinical psychopharmacology. In that 1996 document APA recommended a minimum number of training hours. In 2007 the APA, once again, recommended augmentations in training and increased the number of hours in training by 65%. Today, all psychology postdoctoral training programs preparing licensed psychologists to prescribe psychotropic medications require an additional Master’s Degree beyond the psychologist’s doctoral degree. Most Physician Assistant programs have also expanded beyond the previous Associate’s Degree to a now required Master’s Degree.

So, the indictment by some of our opponents that psychologists go through “crash or match–box courses”, “are inadequately trained”, and attend a “10-week course equivalent to one semester of a Physician Assistant Program” are simply fantasy and ignore the facts. They are ignoring the data that current efforts to address timely, efficient, safe, and cost-efficient treatment of Ohio citizens is sorely inadequate. Appropriately trained psychologists who prescribe psychotropic medications can fill that breach, expand the care currently offered to patients, and offer our citizens the care they deserve.

I am reminded of one of my mentors, Dr. Pat DeLeon, who 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.” Indeed, we have seen professions evolve over time. One only has to look at the histories of Medicine, Pharmacy, Nursing, Optometry, Dentistry, Physician Assistants, and Psychology. Expanding scopes of professional practice is something that all professions (at one time or another) debate. Sometimes it is with 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 Jones and Committee Members. I would be happy to address any questions that you might have.