Prescriptive Authority: Why are we here?

Allowing Prescribing Rights For Psychologists Is An Essential Step To Providing Thousands Of Patients With Access To Comprehensive Mental Health Care

Learning Objectives:
1. Describe benefits & challenges of RxP;
2. List the states that have RxP & psychologist experiences in these locations;
3. Discuss PA legislative affairs related to RxP;
4. Describe training program requirements for RxP;
5. Analyze the prescribing rights initiative through group discussion

Why is RxP even a thing?
- Fewer psychiatrists and physicians across the country
- Fewer psychiatrists in rural and urban areas
- Fewer psychiatrists take insurance

Ethical aspects of RxP
- Beneficence
- Access to high quality mental health care
- Integration of physical and psychological aspects to care: lower cost/convenience
Some Themes to Ponder

- Skills Before Pills
- The authority to prescribe gives you the authority to take meds away and use psychological interventions
- Psychology is the best medicine
- Psychologists are the best trained to integrate a biopsychosocial approach.

General thoughts

- Organized medicine is not our enemy. Why?
- Need to unify our organization. Why?
- Need a great deal of work with grassroots organizations, such as law enforcement and community mental health. Why?
- This will be a long-term, time consuming operation

At a Glance

- RxP will be considered a specialty practice, in which a masters degree in psychopharmacology will be needed
- Over 20 years prescribing in the military, 10+ years in New Mexico, and 10+ years in Louisiana
- Allowing prescribing rights for psychologists is an essential step to providing thousands of patients with access to comprehensive mental health care.

Where Can Psychologists prescribe?

- Louisiana
- Idaho
- New Mexico
- Indian Health Services
- Illinois
- All Branches of the US Military
- Iowa

Louisiana

- First prescription in 2005
- 55 Medical Psychologists in 2009
- 112 Medical Psychologists in 2017
- Currently under the Medical Board of Louisiana
- No lawsuits or major setbacks

New Mexico

- First prescription in 2005
- Over a decade of prescribing psychologists
- 47 psychologists with RxP Certificate
- 17 with pending or Initial Conditional RxP Certificate
- Under the Board of Psychology
- No lawsuits or setbacks
In New Mexico, this could be you

Illinois
- RxP is still in the rules and regulations phase. Should be finalized July 1, 2017
- Garnered a great deal of support from law enforcement as well as community mental health services
- Many universities are now looking to work with prescribing psychologists to offer education consistent with the law, rules, and regulations

Illinois
- 5 psychologists will likely be eligible to prescribe July 1, 2017.
- 10 psychologists will start clinical rotations
- 200 psychologists are in training programs currently
- One major medical center in southern Illinois has offered a "signing bonus" and half-time positions for prescribing psychology trainees while providing the opportunity for doing the clinical rotations, simultaneous with the half-time paid position.

Iowa
- Masters degree required
- 2 year conditional certificate
- Still involved in rules and regs

Iowa
- Working with the Board of Medicine for rules/regs
- Slight delay in the process
- Lengthy process gets longer

Idaho
Just passed the bill, so……..
### Which states have active groups?

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<td>Ontario**</td>
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### Most Salient myths
- A prescriber needs a medical school education to prescribe
  - Nurse practitioners, podiatrists, pharmacists, and optometrists can prescribe medication
- Prescribing psychologists will increase malpractice insurance
  - Has not happened in other states
  - The Trust has an add-on for prescribing psychologists

### Psychopharmacology a Specialty with various Names
- RxP
- Pharmacotherapy
- Prescriptive authority for psychologists

### What are we doing?
- Not a theoretical or new movement
- Division 55: Society for the Advancement of Psychopharmacology
- RxP as part of a scope of practice for appropriately trained psychologists has been defined with deliberateness and ongoing evaluation

### Milestones for RxP
- **1992** DoD: 10 Graduates Acquired Prescriptive Authority
- **1992** APA Council established Ad Hoc Task Force on Psychopharmacology
- **1994** CAPP established Task Force on Prescription Privileges
- **1995** APA endorsed prescription privileges for psychologists

### What are we doing?
- Evolution of best practices in training and delivery by APA, universities, military programs, and state psychological associations
- Multidisciplinary input into model legislation, model training program and practice guidelines is from many disciplines and carefully vetted within the profession
- Not all psychologists will opt for this specialization
**Milestones for RxP**

- **1996**: Model Legislation and Training Guidelines
- **1997**: PEP Development
- **1999**: PEP Finalized
- **2008**: Revised Training Guidelines
- **2011**: Practice Guidelines

**History of RxP**

- **1996**: The APA Council of Representatives approves the Model Legislation for Prescriptive Authority and the Recommended Postdoctoral Training in Psychopharmacology for Prescription Privileges as APA policy.
- **1997**: The fourth and final PDP class graduates. By the conclusion of the PDP, it has successfully trained 10 military psychologists to prescribe psychoactive medications.

**History of RxP**

- **1991**: The Department of Defense PDP begins training two Navy psychologists.
- **1995**: The APA Council of Representatives adopts a resolution on prescription privileges for appropriately trained psychologists. The resolution reaffirms that physical interventions are part of the practice of psychology and supports the APA seeking prescription privileges for psychologists.

**History of RxP**

- **1989**: APA Task Force officially considered prescribing rights in 1989
- **1984**: At the Hawaii Psychological Association Convention, Sen. Daniel Inouye, D-Hawaii, challenges psychology to seek prescriptive authority (RxP) as a way to address the needs of underserved populations.

**History of RxP**

- **1985**: Hawaii Psychological Association introduces the first bill seeking to grant prescriptive authority for psychologists.
- **1989**: APA staff joins the Department of Defense Blue Ribbon Panel to create the curricula for the Psychopharmacology Demonstration Project (PDP).

**History**

- **2000**: The APA College of Professional Psychology’s Psychopharmacology Examination for Psychologists (PEP) becomes available for states and provinces to use in granting prescriptive authority to psychologists.
- **2002**: In New Mexico, Gov. Gary Johnson signs into law a bill that grants prescriptive authority to psychologists who have met certain educational and training requirements.
**History**

*2004:* Louisiana’s Gov. Katherine Blanco signs the RxP bill into law, granting appropriately trained medical psychologists to prescribe psychotropic medications and emphasizing a collaborative relationship between prescribing psychologists and patients’ primary care physicians.

*2007:* The Hawaiian legislature passes an RxP bill. Unfortunately the bill was ultimately vetoed by Gov. Linda Lingle on July 10, 2007, and the legislature was unable to override the veto.

*2010:* On Feb. 24, the Oregon Legislature passes RxP legislation. The bill is subsequently vetoed by Gov. Ted Kulongoski on April 8.

*2014:* Illinois Gov. Pat Quinn signs the prescriptive authority bill into law, authorizing licensed Illinois psychologists who have additional specialized training in psychopharmacology to prescribe certain medications for the treatment of mental health disorders.

*2016:* Iowa passes legislation granting licensed psychologists who are trained in psychopharmacology with prescriptive authority.

*2017:* The Idaho legislature passes an RxP bill. Governor Butch Otter signs the bill into law.

**Future**

*Which states will be next?*

- Hawaii, Ohio, or New Jersey?

*What about the VA?*

**APA, VA and RxP**

- I will add the video later

**Who prescribes psychotropic agents?**

- Depending on which study you read, anywhere from 65 to 85% of psychotropic agents prescribed by non-psychiatric physicians.

- Primary care physicians are on the decline

- American Association of American Medical Colleges indicate nationwide deficit of 46,000-90,000 primary care physicians by 2025

**The state of psychiatric practice**

- Psychiatrist wait times 3 to 4 months

- Only 6,000 psychiatrists completing their program between 2014-2017

- Many unfilled residency positions - Medicare payment/reimbursement

- 59% of psychiatrists are currently above the age of 55
The state of psychiatric practice

- 1,309 psychiatrists in Pennsylvania (1 for every 10,000 citizens)
- 5% of adults suffer with chronic mental illness (635,000 in Pennsylvania-1:485)
- 28,000 psychiatrists currently nationwide (Telehealth with not solve the problem)
- Less than 50% of psychiatrists take insurance; other medical specialties are around 3%

Psychology Specialties

- Clinical
- Neuropsychology
- Pediatric
- Genopsychology
- Health Psychology
- Rehabilitation
- Forensic
- Counseling
- School
- Psychopharmacology

Can psychologists prescribe safely?

- Prescribing psychologists have prescribed safely in the military, the U.S. Public Health Service and Indian Health Services for over 20 years with no adverse events reported.
- Prescribing psychologists have prescribed safely in New Mexico and Louisiana for over 10 years with no adverse events reported.

Safety issues

There are a variety of apps (Epocrates) to help with adverse effects, medication interactions, and dosing schedules.

Most antidepressants have “Black Box Warnings” for suicide. More frequent contacts and the therapeutic relationship is important to assess, manage, and treat suicidal patients.

More frequent contacts, longer sessions, and good interpersonal skills aid with improved therapeutic outcomes.

Legislation in PA: Our best guess

- Master's degree in psychopharmacology
- Follow the APA Model
- Avoid pre- and post-doctoral distinction
- Prescribing Psychologist
- Board of Psychology
- Supervision: 2,000 hours
- Supervision: Physician
- Nationally accredited exam
- 20 hours of CE every 2 years
- Written collaborative agreement with a physician
- Independent practice

Training for RxP
APA designation for RxP

Proposed Uniform Criteria for Privileging Psychologists to Prescribe in Federal Agencies (established in 2010)

- A post doctorate masters degree in psychopharmacology from a regionally accredited and/or APA approved graduate program, or a masters degree in psychopharmacology earned during the pursuit and completion of a doctorate in psychology from an accredited graduate program, or a post doctorate certificate in psychopharmacology that meets APA recommendations prior to a specified year (grandfather clause).
- Passage of the PEP or other national certifying examination recommended by APA.
- Documentation of one year of supervision by a licensed practicing psychologist, board certified psychiatrist, or other board certified physician with specific knowledge of psychotropic medications in a community, state or federal setting.

University of Hawaii program

- Prerequisites: PhD/PsyD, GPA 3.0+
- Length – 2 years
- Practicum requirement: 400 hours, 100 patients
- Coursework: 34 semester hours of credit
- Classroom training

University of Hawaii Program

- Required courses:
  - Fall year 1
    - Biochemistry I - Biomolecules (3)
    - Biochemistry II - Metabolism (3)
    - Human Physiology (3)
  - Spring year 1
    - Integrated Pharmacotherapy I (7)
  - Summer year 1
    - Integrated Pharmacotherapy 2 (5)
  - Spring year 2
    - Advanced psychopharmacology (2)
    - Psychopharmacology Practicum (2)
Nova Southeastern Program
- Prerequisites: PhD/PsyD
- Length – 2 years
- Practicum requirement: 2 x 100 hour practicum programs
- Coursework: 33 semester hours of credit
- Classes meet for 1 weekend a month (Florida), supplemented with online learning

Nova Southeastern Program
- Introduction to Organic & Biochemistry (1)
- Computer Based Practice Aids (0.5)
- Neurophysiology (1.5)
- Neuroanatomy (1.5)
- Neurochemistry (1.5)
- General Pharmacology (4)
- Psychopharmacology (4)
- Practicum I (2.5)

Nova Southeastern Program
- Physical Assessment (3)
- Pathophysiology (4)
- Developmental Psychopharmacology (1.5)
- Chemical Dependency & Pain Management (1.5)
- Psychotherapy Pharmacotherapy Interactions (1)
- Pharmacoepidemiology (1)
- Professional, Ethical, & Legal Issues (0.5)
- Practicum II Grand Rounds (2.5)

Alliant University Program
- Prerequisites: PhD/PsyD, license in good standing
- Length – 28 months
- Practicum requirement: None
- Coursework: 29.6 semester hours of credit
- Completely distance learning (first, oldest and largest program)

Alliant University Program
- Required courses:
  - Spring year 1
    - Clinical Biochemistry (1.6)
    - Neuroscience/Neuropathology (2.4)
    - Neuroscience/Neurochemistry (1.6)
  - Fall year 1
    - Neurophysiology and clinical medicine/pathophysiology (5.6)
  - Spring year 2
    - Pharmacology/Clinical Pharmacology (4)
    - Physical assessment (2.4)
  - Fall year 2
    - Special populations (child, geriatric, chronic pain, chronic medical conditions, trauma) (2.4)
    - Advanced psychopharmacology and molecular nutrition (4)
  - Spring year 3
    - Special populations 2 (gender, ethnicity, chemical dependency)
    - Pharmacotherapeutics (2.4)
    - Case Seminar (1.8)
**New Mexico State University Program**

- **Prerequisites:** PhD/PsyD, current state license in good standing
- **Length:** 25 months
- **Practicum requirement:** 400 hours, 100 patients; 80 hour practicum with consulting physician
- **Coursework:** 36 semester hours of credit
- **Live classroom and online program**

**Fairleigh Dickinson University Program**

- **Prerequisites:** PhD/PsyD, license in good standing
- **Length:** 2 years
- **Practicum requirement:** Optional, depending on prescribing laws of student’s state
- **Coursework:** 30 semester hours of credit
- **Distance based**

**New Mexico State University Program**

- **Required courses:**
  - Introduction to psychopharmacology for psychologists I and II (3 credits each)
  - Clinical Psychopharmacology I and II (3 credits each)
  - Pathophysiology for psychologists I, II, III (3 credits each for I, II; 6 credits for III)
  - Psychopharmacology in special populations I and II (3 credits each)
  - Practicum (6)

**Fairleigh Dickinson University Program**

- **Required courses:**
  - Biological Foundations of Pharmacological Practice I and II (3 credits each)
  - Neuroscience (3)
  - Neuropsychopharmacology (3)
  - Clinical Pharmacology (3)
  - Professional Issues and Practice Management (3)

**Fairleigh Dickinson University Program**

- **Required courses:**
  - Treatment issues in psychopharmacology: affective disorders (3)
  - Treatment issues in psychopharmacology: psychotic disorders (3)
  - Treatment issues in psychopharmacology: anxiety disorders (3)
  - Treatment issues in psychopharmacology: other disorders (3)
  - Clinical lab/test prep (optional)
  - Clinical Practicum elective (optional)

**Additional training requirements**

- 100 patients seen with collaboration with physician
- Prescribing psychologists only to prescribe those medications falling under the “nervous system and psych” designations on medication formularies
### Comparison of Training Programs

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<td>Pharmacology, biochemical</td>
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<td>Surgery</td>
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<tr>
<td>Treatment Modalities: Psychological Therapies</td>
<td>Courses 4-6</td>
<td>Med School/Residency</td>
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**Source:** FDU
PEP Testing

What’s up with the PEP? (Psychopharmacology Exam for Psychologists)
- PEP housed in APA practice organization since 2001
- Black out dates of March 31, 2017 to January 2018 as PEP transitions from APA practice organization to Association of State and Provincial Psychology Boards (ASPPB)
- Same board that manages the EPPP (Examination for Professional Practice in Psychology)

Competence: Psychopharmacology Examination for Psychologists (PEP) integrating clinical psychopharmacology with the practice of psychology
- Neuroscience
- Nervous system pathology
- Physiology and pathophysiology
- Biopsychosocial and pharmacologic assessment and monitoring
- Differential diagnosis
- Pharmacology
- Clinical psychopharmacology
- Research
- Professional, legal, ethical, and inter-professional issues

Costs for training

- Education: FDU program approximately $15,000 ($3,000 per semester/$1,500 per 7.5 week course)
- Testing: $395 APA members; $425 non-APA members (might change with ASPPB transition)

The inside line on training

- 10-20 hours per week of time devoted to program
- Advantages/Disadvantages of online program
- Rigors of training (did you like your Biological Psychology coursework in your doctoral program?)
- Professors and administration

Supporting arguments and opposition regarding psychologist prescribing rights

What do you think?