

Florida Medical Association FACT SHEET



PSYCHOLOGISTS SHOULD NOT HAVE PRESCRIBING AUTHORITY

HB 1583, by Rep. Brutus

SB 1820, by Sen. Margolis

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The Florida Legislature should reject psychologists' attempts to gain prescribing privileges. Psychologists do not have the medical background necessary to safely prescribe mental health medications for patients.

- Legislation to give psychologists prescribing authority is a high-risk experiment that has great potential to do harm to people with mental illness. Psychologists have always had a clear path to prescribing privileges: medical school. No psychology-designed and administered crash course in drug prescribing can substitute for the comprehensive knowledge and skills physicians achieve through medical education and rigorous clinical experience.

There is no demonstrated health care need to grant psychologists prescribing authority.

- Psychologists have failed to demonstrate an actual health care need to justify their being granted prescribing authority. There is neither a shortage of prescribing health providers nor any evidence of consumer demand for prescribing psychologists.
- Rather than giving psychologists prescribing authority, the health care needs of underserved populations (e.g., rural communities) are best served by improving the mental health training of primary care providers (e.g., family physicians) who have better and broader health training and are more widely distributed than psychologists.
- Granting psychologists prescribing authority will increase health care costs with no apparent benefit to society. As prescribing psychologists would have only limited and inadequate training to detect and treat most non-mental medical conditions, physician services – at additional costs – would be required. Also, granting psychologists prescribing authority would entail increases in, for example, state regulatory costs and liability insurance rates. Ultimately, these costs are borne by all taxpayers.

Medications for the treatment of mental illnesses are among the most potentially dangerous drugs for patients, requiring the utmost care and training in their use.

- If not appropriately prescribed and monitored, these medications – also known as psychotropics – could have potentially disabling and life-threatening side effects. For example, many anti-depressants can cause stroke, coma, seizures and tremors. Other possible complications include: convulsions, epilepsy, blood diseases, irregular heartbeat and severe high or low blood pressure. Psychotropic medications often are particularly vulnerable to drug abuse.
- An estimated 50% of persons whose mental illnesses require psychotropic medications also have other serious medical conditions requiring additional medications. This interaction of different medications, which can magnify or nullify the effects of certain drugs or even result in a deadly combination, presents an extremely difficult challenge to the most knowledgeable and skilled physicians. **Unlike physicians, psychologists simply do not have the broad-based medical education and clinical experience that is needed to safely and appropriately integrate treatments for mental illnesses and other medical conditions.**

Psychologists lack the education and training to prescribe safely.

- A physician's medical degree is clinically-focused, emphasizing the critically important physical sciences (e.g., biology, chemistry, anatomy, physiology, pharmacology, neurology) and earned in the context of hands-on evaluation and treatment of ill persons under the supervision experienced physicians. During training, which occurs in a hospital setting, a psychiatric physician, for example, manages the care of 200-300 patients with a range of emotional and other physical disorders. Management of care includes performing physical examinations, ordering and evaluating medical tests, making medical diagnoses, prescribing medication and other treatments, and monitoring the effects of such treatment.
- In contrast, a psychologist's Ph.D. is an academic degree with course work in the social and behavioral sciences. They are only trained to do psychotherapy and psychological testing. Psychologists can obtain their degree by taking only one or two courses in the biological bases of behavior. Their training typically occurs in a non-medical setting in which they do not observe or participate in the treatment of patients with medical illnesses other than mental disorders. This limited training does not adequately prepare psychologists to detect and treat concomitant non-mental illnesses or to understand and deal with the interactions of psychotropics with other medications prescribed to help other body systems.

The U.S. Department of Defense's Psychopharmacology Demonstration Program (PDP) was terminated by Congress in 1996.

- At a cost of more than \$6 million, the PDP resulted in 10 prescribing psychologists in the military health service. The Congressional "watchdog" agency, the General Accounting Office, strongly criticized the PDP as "not adequately justified because the [military health system] has no demonstrated need for them [the prescribing psychologists], the cost is substantial, and the benefits uncertain."
- Reflecting their limited training, these psychologists needed to rely on supervision and backup of physicians to ensure they weren't missing underlying serious medical problems in the PDP. Also, for patient safety reasons, these psychologists were not permitted to treat certain categories of patients (e.g., children, elderly patients). That raises the question of what level of care the remaining patients were receiving.

Prescribing is strongly opposed by influential elements within the profession of psychology.

- Many psychologists, including practitioners and academicians, vigorously oppose prescribing authority for psychologists. Among the reasons for the opposition are: prescribing would legislatively and adversely redefine the practice of psychology and would impair the public's access to psychological services. Further, according to a report of The American Association of Applied and Preventative Psychology (AAAPP), this prescribing movement "seemingly derives from precipitous guild concerns" of practitioners [clinical psychologists]."
- The clinical affiliate of the American Psychological Society, the AAAPP, passed a resolution in 1995 to oppose prescription privileges for psychologists and continues to lead the opposition within psychology. Commenting on the resolution, the AAAPP president noted, "We are proud of the work we [psychologists] do. We will continue to work with the physicians when medication is needed. We don't want to see psychologists become just "junior doctors'."