

PSYCHOLOGIST PRESCRIBING UPDATE

PSYCHOLOGIST PRESCRIBING BILLS IN STATES

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This update lists all current state legislative proposals that would permit psychologists to prescribe medication. In 2002, New Mexico passed a law authorizing certain psychologists to prescribe psychotropic medications to patients. In 2004, Louisiana also passed legislation to grant prescription privileges to trained psychologists. In 2007 session, nine states are attempting to pass legislation, so far no jurisdiction has succeed.

The AACAP is

concerned that allowing psychologists to prescribe medications will expose children and adolescents to inadequate care. Medical training is necessary to prescribe appropriate medications at a safe dosage level and avoid potentially fatal drug interactions. This is especially true when prescribing for children and adolescents.

AACAP members are encouraged to contact their state representatives to educate them on this issue, particu-



larly if your state legislature is considering one of these bills. Please contact Ramon Gardenhire, J.D. AACAP Assistant Director, State Advocacy at 202.966.7300, ext.107, if you want to know more about legislation allowing psychologists to prescribe medication for children and adolescents in your state.

Nine states are currently considering psychologist prescribing legislation.

ILLINOIS

In Illinois two bills have been introduced to create the profession of Clinical Prescribing Psychologist and provide the authority to prescribe medication. Senate Bill 648 (Ronen - D) and (Collins - D), referred to the Rules Committee. Senator Ronen introduced Senate Bill 1355 on February 9 which is almost identical.

The legislation grants the Clinical Psychologists Licensing and Dis-



ciplinary Board, appointed by the Secretary of Financial and Professional Regulation the ability to prescriptive authority to psychologists – including controlled substances who have completed a 300 hour program of classroom instruction.

Following a practicum supervised by a “designated qualified practitioner” during

which they must see 100 patients. While a “prescribing clinical psychologist” would be required to maintain “an ongoing collaborative relationship with the health care practitioner who oversees the patient’s general medical care,” there is no “conditional prescribing period” before a psychologist would be permitted to prescribe independently.

GEORGIA

A bill to grant psychologists the authority to prescribe medication was introduced in Georgia this legislative session. House Bill 397 (Cox - R) and (Gardner - D) would grant psychologists the right to

prescribe psychotropic medications after 320 hours of classroom training and a 300-hour supervised practicum during which trainees must see 100 patients. The 300-hour clinical practice would be su-



pervised by “a licensed, appropriately trained physician or psychologist certified to prescribe.”

HAWAII



Senate Bill 1004 (Taniguchi - D), (Baker - D), (Ige - D) and House Bill 1456 (Green - D) would authorize “medical psychologists practicing in federally qualified health centers or licensed health clinics located in federally designated medically under-

served areas or in mental health professional shortage areas, to prescribe psychotropic medications for the treatment of mental illness.”

The bills are similar to ones introduced in 2006, which Hawaii Council of Child and Adolescent Psychiatry opposed. While similar to the 2006

legislation, the new bills the didactic and other training requirements are less rigorous than those contained in the amended 2006 House bill. SB 1004 also contains restrictive formulary language added last year to the House measure.

OREGON



House Bill 2800 (Bernart - D), (Butler - R) and Senate Bill 893 (Avakin - D) the bills authorizes State Board of Psychologist Examiners to grant prescriptive authority to

licensed psychologists. They require the board to adopt standards for psychologists seeking prescriptive authority.

To be granted prescriptive privileges a psychologist must obtain attend an “approved doctoral program in psychology accredited by the American Psychological Association.”

The Board of Psychology will solely determine the competency standards that must be met by a licensed psychologist to obtain a certificate or prescriptive authority, the Board of Psychology also has sole disciplinary authority regarding prescribing psychologists.

MONTANA

Senate Bill 522 was introduced (Weinberg - D) it would create the category of “prescribing psychologist.” SB 522 missed the deadline for general bill transmittal, which in all likely hood renders the bill dead.

The bill would allow “prescribing psychologists” to prescribe drugs and including controlled substances. The board of psychologists would be granted the authority to certify prescribing



psychologists, with no role for the medical board.

MISSISSIPPI

Senate Bill 2177 (Thames - D) was the first bill introduced of the 2007 legislative session that would allow psychologists the right to prescribe psychotropic drugs. House Bill 1122 a companion bill to the Senate bill was introduced by Rep. Steve Holland (D).



SB 2177 was virtually identical to psychologist prescribing legislation enacted in 2004 in Louisiana. It grants all oversight to the Board of Psy-

chology with no medical oversight, by the Board of Medicine. There are no credit hours or classroom hours and there is no supervision: on internship or residency or conditional prescribing.

Both bills were referred to and died in the Insurance Committees.

CALIFORNIA

Senate Bills 993 (Calderon - D), and 822 (Aanestad - R) would grant prescriptive authority to psychologists and require the Board of Psychology to de-

velop education and training guidelines for psychologists that are granted prescriptive privileges.



TENNESSEE

Two bill to grant psychologist prescriptive authority (including controlled substances) has been introduced Senate Bill 661 (Burchett – R) and House Bill 1607 (Odom – D). The two bills are virtually identical. They require 450 hours of didactic training, with one year of supervised training,

during which the psychologist would have to see 100 pa-



tients. The bills require that for the first two years after re-

ceiving prescribing certification, a psychologist prescribe under a collaborative practice agreement with a physician.

The legislation directs the Board of Psychology to adopt rules implementing the prescribing rules. There is no role for the Board of Medicine in oversight.