

February 1, 2023

The Honorable Gerald Ortiz y Pino
Chair
Senate Health and Public Affairs Committee
State Capitol, Rm 300A
Santa Fe, NM 87501

Re: **New Mexico SB 117 – Oppose**

Dear Chair Ortiz y Pino:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to **strongly oppose New Mexico House Bill 117 (HB 117)**, which would grant certain psychologists the authority to prescribe medications without any physician involvement by allowing psychologists to supervise other prescribing psychologists and eventually removing supervision altogether. While the AMA values the role that psychologists play in our nation's health care system, especially considering the increasing need for mental health services, we do not believe HB 117 is the solution for improving access to mental health services in New Mexico. Rather, this proposal would risk patient safety and expose our most vulnerable patients—including children, adolescents, seniors, and pregnant patients—to inadequate mental health care.

Physicians have 10,000+ hours of comprehensive medical education and training while psychologists have none.

The education and training of psychologists is not comparable to the education and training of physicians. Physicians have more than 10,000 hours and seven to eleven years of postgraduate clinical education and training, which teaches them to diagnose, treat, prescribe, and manage patients' health care needs. Over the course of physicians' training, they gain a comprehensive, holistic medical education. This begins in medical school, where students undergo broad-based training that includes an average of 1,352 hours of coursework in basic sciences, through which they study the biological, chemical, pharmacological and behavioral aspects of the human condition. In medical school, students master pharmacotherapy and its integration into all branches of medicine, such as family medicine and psychiatry, including child and adolescent psychiatry. Pharmacotherapy training continues in residency. After graduation from medical school, family medicine and psychiatric resident physicians spend three to four additional years learning the complexities of appropriate prescribing in multiple clinical situations and settings, gaining essential in-depth knowledge. Physicians are tested on this knowledge throughout their training and as part of the medical licensure process, including via the United States Medical Licensing Exam, a series of three examinations that physicians must pass to be licensed to practice medicine in the United States. Comprehensive training enables physicians to diagnose, treat, and prescribe within the context of a patient's overall health condition and to perform differential diagnosis. This medical education is essential to safely treat patients and prescribe the psychotropic medications used to treat mental illness.

By sharp contrast, psychologists are required to undergo three to four years of postgraduate education, including only one to two years of patient care experience. Crucially, **psychologists' training is focused entirely on non-medical therapies.** Even basic sciences are not a regular component of the psychologist curriculum; indeed, it is possible that a psychologist may become licensed without having taken any coursework in biology, anatomy, or physiology. The educational program endorsed by HB 117 amounts to a crash course in prescribing for individuals with no background in sciences and no medical training. Notably, the didactic portion of the program purports to thoroughly teach the nuances of neuroscience, pharmacology, psychopharmacology, physiology, pathophysiology, clinical pharmacotherapeutics, and the skills needed to perform a complete physical examination and assess labs—all in a mere 450 hours. Further, even with the additional pharmacologic educational and practicum requirements, there is no requirement for formal assessment of psychologists' knowledge and skills when it comes to prescribing that is equivalent to the assessment required of physicians to obtain licensure. It is dangerous to expect that a crash course in prescribing would substitute for years of training in basic sciences and comprehensive education found in the medical model.

Further expanding psychologist prescriptive authority threatens patient safety.

Insufficiently trained psychologists with a prescription pad supervised by other psychologists would put medically complex and vulnerable patients at risk. Psychotropic medications to treat mental illness are powerful, and they affect a patient's entire body—not just their mental illness. For example, psychotropic drugs can impact a patient's liver, heart, kidney, and other organs. Some common psychotropic medications, such as lithium, require regular bloodwork and physical monitoring to be used safely. Many of these medications carry FDA black box warnings that signify potentially life-threatening side effects. Psychologists do not have medical training, and therefore do not have the education necessary to recognize and understand the potential complex interactions of such medications or the impact these powerful medications will have on their patients. This is particularly true for patients in special populations, such as children, pregnant patients, seniors and patients with a serious illness or chronic medical condition. An individual prescribing medications must consider and fully understand contraindications with other medications, as well as co-morbidities and other medical conditions beyond mental health. For all these reasons, we urge you to oppose HB 117.

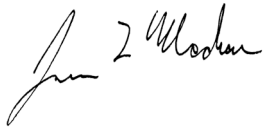
HB 117 is not a solution for access to mental health care.

HB 117 puts patients at risk and is a high cost, low impact response to the mental health crisis. While we agree that patients need greater access to care, especially in rural areas, further expanding the prescriptive authority of psychologists and allowing psychologists to prescribe without any physician involvement is not a solution. Rather, it creates an inequitable two-tiered system, subjecting vulnerable patients to substandard care. All patients deserve access to care from a physician—the most highly educated and trained health care professional. While we encourage you to continue a dialogue on increasing access to mental health care in New Mexico, we strongly believe that allowing psychologists to serve as the supervising clinician and eventually removing supervision altogether does not address this complex issue. Other solutions, such as the Collaborative Care Model, are safe, evidence-based approaches to improving access to mental health care without putting patient safety in the hands of untrained professionals.

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Thank you for the opportunity to submit these comments. For the reasons outlined above, we **urge you and the members of the Senate Health and Public Affairs Committee to oppose HB 117**. If you have any questions, please contact Kimberly Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

cc: New Mexico Medical Society