AMA
AMERICAN MEDICAL ASSOCIATION

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May 8, 2023

The Honorable Toby Ann Stavisky
Chair
Senate Committee on Higher Education
188 State Street Room 913
Legislative Office Building
Albany, NY 12247

The Honorable Patricia Fahy
Chair
Assembly Committee on Higher Education
Legislative Office Building 717
Albany, NY 12248

Re: **New York S 66A – Oppose**

Dear Chairs Stavisky and Fahy:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to **strongly oppose New York Senate Bill 66A (S 66A)**, which would grant psychologists with no medical background the authority to prescribe psychotropic medications, including to children and to medically complex patients. The AMA values the critical role psychologists play in our nation's health care system, especially considering the increasing need for mental health services. However, we caution that granting prescriptive authority to psychologists is a misguided and dangerous solution for improving access to mental health services in New York. This well-intentioned proposal would only expose vulnerable patients to substandard mental health care, risking patient safety—and it would do so without meaningfully increasing access to care in New York.

Physicians have 12,000+ hours of comprehensive medical education and training while psychologists have none.

The educational preparation of a psychologist is simply not comparable to a physician's medical education and training, and the psychopharmacology program proposed by S 66A is inadequate to prepare psychologists to prescribe medications. Physicians undergo a comprehensive medical education of great breadth and depth, which uniquely prepares them to diagnose, treat, and prescribe medications within the context of a patient's overall health condition. Over four years of medical school, students are required to take an average of 1,352 hours of coursework in basic sciences alone, during which they study the biological, chemical, pharmacological, and

behavioral aspects of the human condition. Medical students master pharmacotherapy and its integration into such branches of medicine as family medicine and psychiatry, including child and adolescent psychiatry. Pharmacotherapy training then continues in residency. Family medicine or psychiatry resident physicians spend three to four years learning the complexities of appropriate prescribing in multiple clinical situations and settings, gaining essential in-depth knowledge. By the time they enter the workforce, a family physician or a psychiatrist will have more than 12,000 hours and seven to eleven years of postgraduate clinical training under their belt. This medical education and training is essential to prepare physicians to safely treat patients and prescribe the medications used to treat mental illness.

By sharp contrast, **psychologists' training is focused entirely on non-medical therapies**. Psychologists undergo one to two years of patient care experience during their training; however, the patient care of a psychologist focuses on human behavioral assessment and intervention, which is distinctly different from medical care. Even basic sciences are not a regular component of the psychologist curriculum—a psychologist may become licensed without having taken any coursework in biology, anatomy, or physiology. While a science background is not a necessary prerequisite for a health care professional whose primary duties involve providing a range of important behavioral services, it is absolutely crucial to prepare an individual to practice medicine.

The psychopharmacology education endorsed by S 66A will not adequately equip psychologists to prescribe medications. Exhaustive as it may seem on its face, the proposed training amounts to a crash course in prescribing for individuals with no background in science and no medical training. Consider that the didactic program purports to thoroughly teach the nuances of *all* of the following: anatomy, physiology, and biology (both pre-requisites and graduate level content); genetics; functional neuroscience including neuroanatomy, neurophysiology, and neurochemistry; physical examinations; interpretation of a wide range of laboratory tests; the pathological basis of disease across multiple body systems; "clinical medicine" including patients with complex conditions and "medical emergencies;" clinical neurotherapeutics; systems of care; pharmacology; clinical pharmacology; psychopharmacology and clinical decision-making; psychopharmacology research; and ethical, professional, and legal issues—and yet, qualifying educational programs offer a master's degree in psychopharmacology in as little as 400 hours. Even a full-time, two-year master's course would be insufficient to teach the entirety of this content with the depth and breadth necessary to safely manage patients' medication.

In short, psychologists have no medical training, and a course in prescribing does not constitute a medical education. The educational program proposed by this bill cannot substitute for seven to eleven years of training in sciences and the comprehensive education found in the medical model; as such, S 66A must be opposed.

Medical expertise is necessary to safely manage mental illness and psychotropic medications.

Entrusting inadequately trained psychologists with a prescription pad would put patients at risk. It takes a high level of expertise to safely manage psychotropic medications, and we urge

lawmakers to reject the misperception that treating psychiatric illness is a straightforward enterprise. The management of mental illness is far more complicated than, for example, simply prescribing a small dose of an antidepressant to treat a bout of depression. In practice, psychiatric illness can be highly complex, and successful treatment often requires intricate combinations of psychotropic medications. Further, mental illness does not start and end in the mind. For example, patients with symptoms of mental illness very often present with physical illness as well. An individual prescribing a psychotropic drug must have the ability to spot and distinguish the cause of physical and mental symptoms, fully understand co-morbidities and other medical conditions beyond mental illness, identify contraindications, and respond appropriately.

This takes a great deal of expertise, especially considering that **the psychotropic drugs used to treat mental illness are some of the most powerful in modern medicine.** Many psychotropics carry FDA black box warnings, which signify potentially life-threatening side effects. All psychotropics affect a patient's entire body, not just their mental illness. Even commonly prescribed psychotropic drugs are known to impact a patient's liver, heart, kidney, gastrointestinal tract, and other organs. Some common psychotropic medications, such as lithium, require regular bloodwork and physical monitoring in order to be used safely. It takes a nuanced understanding of all of the body's organ systems to manage the medications this bill would authorize psychologists to prescribe. The practice of medicine is deeply complex; psychologists simply do not have the expertise to understand and manage the impact powerful psychotropics will have on their patients, or potential drug interactions.

Thus, we are profoundly concerned that S 66A would allow psychologists to prescribe for children, pregnant patients, seniors, and anyone with a serious illness or chronic medical condition. Such a proposition puts vulnerable and medically complex patients at risk. Lacking a medical education, psychologists are ill-prepared to develop the clinical judgment needed to safely formulate and manage a prescription drug regimen for high-risk or medically complex patients.

For all these reasons, psychologists should **not** be given prescriptive authority. Patients need and deserve a physician involved in their care—one who fully understands the entirety of the patient's medical and mental health care needs, including the complex effects drugs have on the human body.

Prescriptive authority for psychologists is an inequitable solution that will not meaningfully increase access to care.

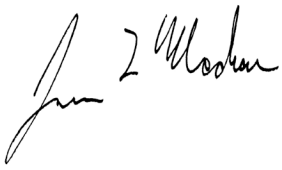
Granting prescriptive authority to psychologists is a high cost, low impact response to the mental health crisis. While we agree that patients need greater access to care, especially in rural areas, we must note that granting prescriptive authority to psychologists cannot be expected to increase access to care. As evidenced by the attached GEOMAP which shows the locations of psychologists, psychiatrists, and family physicians in New York, it is clear that New York psychologists are not any better situated geographically to serve rural populations than psychiatrists and other primary care physicians. Furthermore, in the few states where psychologists do have prescriptive authority, the relatively few psychologists who take advantage of this privilege still continue to work in the same areas as physicians—there has not

been an increase in access to care. There is no reason to believe that the outcome in New York will be different.

Finally, we must also note that granting psychologists prescriptive authority as a means to increase the number of prescribers for patients seeking mental health treatment is inequitable, and would create a 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 access to mental health care in New York, we strongly believe—and the data show—that granting prescriptive authority to psychologists does not address this complex issue. Asserting otherwise is a false promise that will do nothing to solve the very real access to care issues in New York and throughout the United States. Other solutions, such as leveraging the Collaborative Care Model and telemedicine, are safe, evidence-based approaches to improving access to mental health care without putting patient safety in the hands of untrained professionals.

Thank you for the opportunity to submit these comments. For the reasons outlined above, we **urge you and the members of the Committees on Higher Education to oppose S 66A**. If you have any questions, please contact Kimberly Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,



James L. Madara, MD

Attachment
cc: Medical Society of the State of New York
Thomas J. Madejski, MD
Willie Underwood, III, MD, MSc, MPH