

January 18, 2024

Senator Annette Cleveland
Chair
Senate Health & Long Term Care Committee
220 John A. Cherberg Building
Olympia, WA 98504

Re: **Washington SB 6144 – Oppose**

Dear Senator Cleveland:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to **strongly oppose Washington Senate Bill 6144 (SB 6144)**, which would grant psychologists with no medical background the authority to prescribe psychotropic medications. The AMA values the critical role that psychologists play in our nation's health care system as behavioral experts and key members of the health care team, especially considering the rising need for mental health services. However, we caution that granting psychologists prescriptive authority will put patients in danger without meaningfully increasing access to mental health services in Washington. This well-intentioned proposal would only expose vulnerable patients—including children, adolescents, seniors, and pregnant women—to substandard mental health care, while risking patient safety.

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 SB 6144 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 SB 6144 will not adequately equip psychologists to prescribe medications.

Exhaustive as it may seem on its face, the proposed training is inadequate to teach the intricacies of prescribing to 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, SB 6144 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. 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 U.S. Food and Drug Administration 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 SB 6144 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.

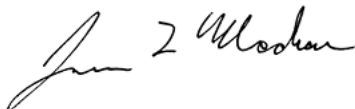
Prescriptive authority is not a solution for access to care issues.

Granting prescriptive authority to psychologists is a high cost, low impact response to the mental health crisis, and it puts patients at risk. While we agree that patients need greater access to care, especially in rural areas, granting prescriptive authority to psychologists cannot be expected to increase access to care. As the attached GEOMAP shows, Washington psychologists are not any better situated geographically to serve rural populations than psychiatrists and other primary care physicians in Washington. In the few states where psychologists have been granted prescriptive authority, psychologists still continue to work in the same areas as physicians. Furthermore, in states that do allow psychologists to prescribe, psychologists are not seeking prescriptive authority in droves. Indeed, there are fewer than 250 prescribing psychologists practicing in the entire United States. Notably, there has **not** been a meaningful increase in access to care as a result of legislation to grant prescriptive authority to psychologists.

Moreover, granting psychologists prescriptive authority as a means to increase the number of prescribers for patients seeking mental health treatment is inequitable, creating a two-tiered system and subjecting vulnerable patients to substandard care. All patients deserve access to care from a physician—the most highly educated and trained health care professional – especially our most vulnerable patients. While we encourage you to continue a dialogue on access to mental health care in Washington, we strongly believe—and the data show—that granting prescriptive authority to psychologists does not address this complex issue. Asserting otherwise will do nothing to solve the very real access to care issues in Washington and throughout the United States. 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.

Thank you for the opportunity to submit these comments. For the reasons outlined above, **we urge you and the members of the Senate Health & Long Term Care Committee to oppose SB 6144**. If you have any questions, please contact Molly Reese, JD, Legislative Attorney, AMA Advocacy Resource Center, at molly.reese@ama-assn.org or (312) 464-4225.

Sincerely,

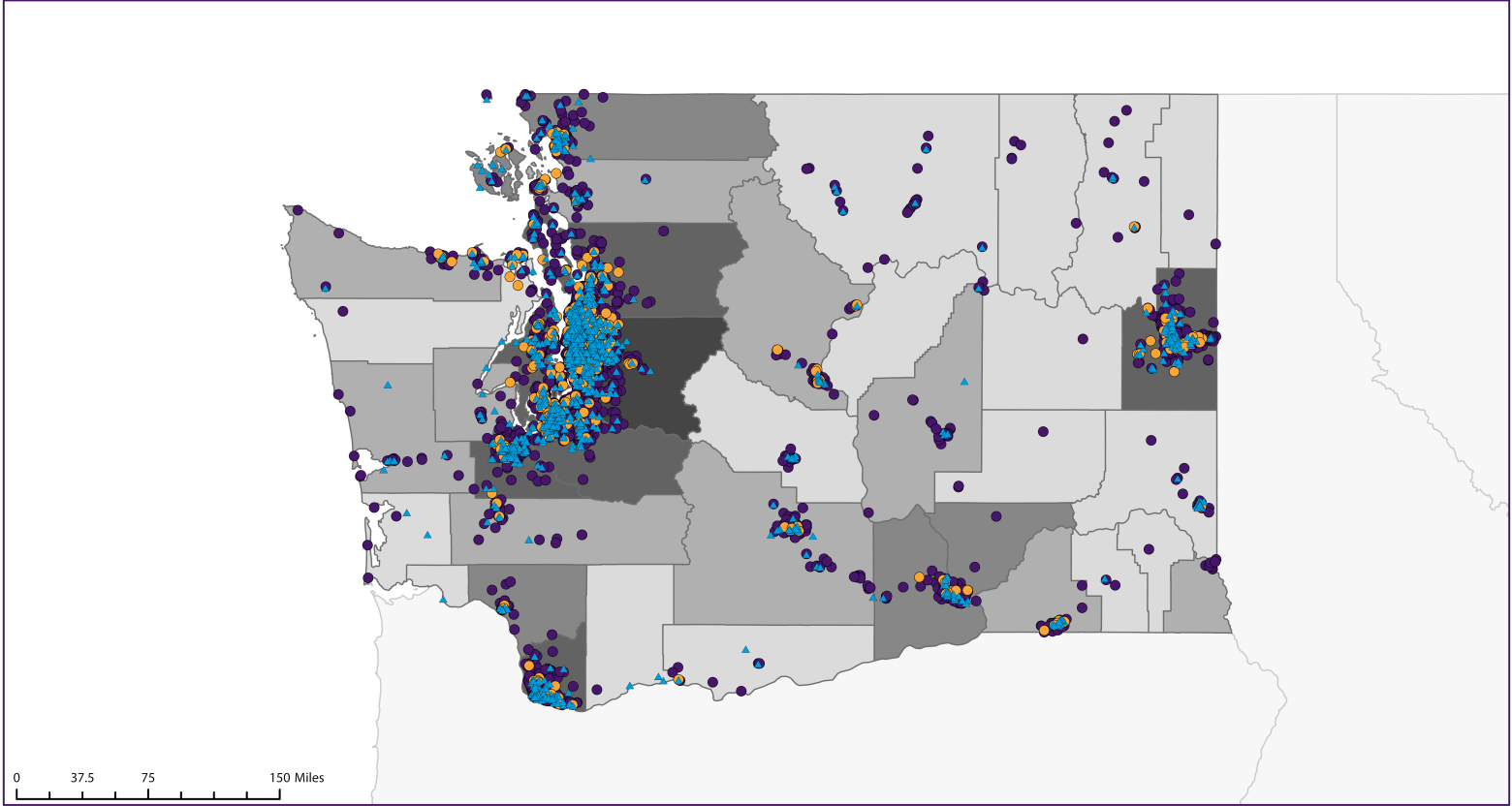


James L. Madara, MD

Attachment

cc: Washington State Medical Association

WASHINGTON



- Primary Care Physicians (n=7,076)
- Psychiatrists (n=842)
- ▲ Psychologists (n=2,828)

Population per square mile

Source: 2017-2021 American Community Survey

<=25	26 - 75	76 - 250	251 - 1,000	>1,000
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Source Notes: AMA Physician Masterfile 2022; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2022; U.S. Census Bureau county and state shapefiles 2020