

April 26, 2017

The Honorable Mitch Greenlick, PhD
Chair
Committee on Health Care
Oregon House of Representatives
900 Court St. NE, H-493
Salem, OR 97301

Dear Chair Greenlick:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition** to Oregon House Bill (HB) 3355, which would allow psychologists to prescribe psychotropic medication and order and interpret laboratory tests. While the AMA values the role that psychologists play in our nation's health care system, we do not believe that granting them prescriptive authority is in the best interests of Oregon's patients. Rather, this proposal would risk patient safety and expose patients, including children and adolescents, to inadequate mental health care.

Physicians have 10,000 hours of comprehensive medical education and training

Physicians have more than 10,000 hours and seven-to-11 years of postgraduate clinical education and training to enable them to correctly diagnose, treat and manage patients' health care needs. In comparison, psychologists are only required to have one year of patient care experience during their training — training that is focused entirely on non-medical therapies.

In sharp contrast to psychology training, at each stage of a medical student's education and training, medical students learn how pharmacotherapy integrates into all branches of medicine, such as family medicine and psychiatry, including child and adolescent psychiatry. Physicians are tested on this knowledge as part of the medical licensure process, with particular emphasis on pharmacotherapy in the third and fourth part of the United States Medical Licensing Exam — a series of four examinations that physicians must take and pass in order to be licensed to practice medicine in the United States.

After graduation from medical school, psychiatric resident physicians spend more than four years learning the complexities related to appropriate prescribing in multiple clinical situations and settings — gaining in-depth knowledge essential to their chosen specialty. Such medical education and training are essential to safely treat patients and independently prescribe psychotropic medications that are used to treat mental illness and other conditions. There is no

equivalent in psychologists' education and training, even with the additional pharmacologic educational requirements anticipated in the proposal at issue.

The proposal grants the psychology board unprecedented authority

Furthermore, we are greatly concerned that the proposal would grant the Oregon Board of Psychologist Examiners unlimited authority to authorize non-medically trained persons to prescribe some of the world's most powerful medications. We note that none of the members of the psychology board are required to have any direct experience prescribing these powerful medications. How then, can they know what is "recognized" or "customary" in the pharmacologic treatment of mental and emotional disorders? By granting such widespread authority, HB 3355 would do a grave disservice to Oregon's patients.

Further, HB 3355 does not limit the types of medications that psychologists could prescribe, meaning they could prescribe anything from antibiotics to high blood pressure medications to addictive opioids like oxycodone. Even if the psychology board limits prescriptive authority to psychotropic medications, this proposal puts patients at risk. Among the 30 most commonly prescribed medications, 18 carry "Black Box Warnings" from the U.S. Food and Drug Administration (FDA) on serious and deadly side effects, such as stroke, heart attack and birth defects among pregnant women.

Insufficiently trained psychologists with a prescription pad would put medically complex patients at risk. They could prescribe drugs to children, pregnant women, seniors and anyone with chronic medical conditions. Those patients need a well-trained physician who understands the complex interactions drugs have on the human body.

Oregon physicians and psychologists practice in same locations

While we agree that patients need greater access to care in rural areas, the data show that Oregon psychologists are not any better geographically situated to serve rural populations than psychiatrists and other primary care physicians in Oregon. (See attachment.) While we encourage you to continue a dialogue on access to mental health care in Oregon, we strongly believe the proposal at issue does nothing to address these complex issues.

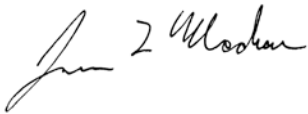
Rather, we strongly believe that there is one solution worth considering: further adoption of telemedicine technologies. The AMA believes that these technologies will better enable the patients of Oregon to access high-quality mental health care from psychiatrists and family practice physicians. We, therefore, encourage you to study these technologies — as a viable alternative to the proposal at issue, in order to solve the problems associated with lack of access to high quality mental health care in Oregon. We would welcome working with you on this important and emerging area of medicine.

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For these reasons, the AMA **opposes** HB 3355 and urges the Oregon legislature to do the same. If you have any questions, please contact Kristin Schleiter, JD, LLM, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L Madara".

James L. Madara, MD

Attachment

cc: Oregon Medical Association
American Psychiatric Association