

April 20, 2017

Mr. Ron Briel
Program Manager
Division of Public Health, Licensure Unit
Nebraska Department of Health
and Human Services
P.O. Box 95026
Lincoln, NE 68509

Dear Mr. Briel:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition** to the Credentialing Review Application to grant a Prescription Certificate (hereinafter “proposal”) to 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 Nebraska’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 psychology board the 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, the psychologists’ proposal would do a grave disservice to Nebraska’s patients.

Further, the proposal 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 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.

Nebraska physicians and psychologists practice in same locations

Finally, a review of the practice locations of psychiatrists compared to psychologists’ locations clearly shows that Nebraska psychiatrist and psychologist practice locations tend to be the same. I have attached a map from the AMA Geographic Mapping Initiative that depicts this for your consideration (see Attachments A-C), and encourage you to use this free tool, found at ama-assn.org/go/healthworkforcemapper, in your deliberations and future workforce planning.

AMA data also indicate that roughly the same numbers of psychiatrists and psychologists practice in each of the Nebraska counties below. (Source: AMA Physician Masterfile, Center for Medicare and Medicaid Services.)

County	Population (2010)	Psychiatrists (2016)	Family physicians (2016)	Psychologists (2016)
Cass	24241	0	7	0
Douglas	517110	167	416	185
Harrison	14928	0	5	0
Mills	15059	1	6	1
Pottawattamie	93158	5	37	6
Sarpie	158840	13	85	10
Saunders	20780	0	8	0
Washington	20234	0	14	0

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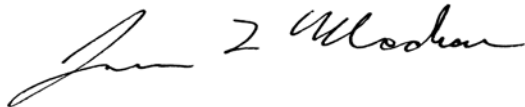
While we agree that patients need greater access to care in rural areas, the data show that Nebraska psychologists are not any better geographically situated to serve rural populations than psychiatrists and other primary care physicians in Nebraska. While we encourage you to continue a dialogue on access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

Finally, 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 Nebraska to access high-quality mental health care from psychiatrists and family practice physicians. The AMA has been actively working with state legislatures to set the legislative and regulatory stage for telemedicine, and would be happy to be a resource for you on this issue. 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 Nebraska.

For these reasons, the AMA **opposes** the proposal to allow psychologists to prescribe and urges you 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 black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

Attachment

cc: Nebraska Medical Association
American Psychiatric Association