

BRIDGER CHILD AND ADOLESCENT PSYCHIATRY, PC SB 272*1940 W. Dickerson, Suite 207**Bozeman, MT 59718**406-586-9735**Fax 406-582-9158*

March 21 2011

Re: Psychologist Prescribing Bill, SB272

To Whom It May Concern:

Please do not allow this bill to pass. The right to prescribe medication and practice medicine should not be legislated, it should be earned. I would welcome Psychologists to prescribe medication as soon as they attend an accredited medical school and complete an accredited Internship and Residency in Psychiatry. This entails 8-10 vigorous YEARS of MEDICAL training with very ill patients, mostly on inpatient wards.

My intense training in Adult and Child and Adolescent Psychiatry occurred at Dartmouth Hitchcock Medical Center. Residency includes generally 9-12 months of experience in Internal Medicine. My experiences during Internship included time spent seeing the some of the sickest patients of all: in the ICU, on the Cancer Ward and on the Medical/Surgical Floors. I helped ease the suffering of dying patients, pronounced patients deceased and helped their family say goodbye to their family member, ordered and administered chemotherapeutic agents to cancer patients, and treated infections, delirium and many other serious illnesses. I spent every third night on call dealing with emergencies of all varieties.

My experiences during the psychiatric portion of the Residency program including working at the New Hampshire State Hospital, at the Veteran's Hospital in White River Junction, at the Brattleboro Retreat treating hospitalized teenagers, and at the Dartmouth Hitchcock Medical Center including time on the addiction ward, inpatient wards and outpatient clinics. I performed consultations to the general hospital on some rotations. These experiences gave me valuable experiences in treating many different psychiatric disorders with varying degrees of clinical severity. The art of practicing medicine as well as the science of medicine is intensely covered during these years.

Even after these intense learning years and experiences, and thirteen years of private practice, I still am apprehensive at times prescribing medication. The brain is the most important and sophisticated organ in our body. Our medications cross the blood brain barrier and affect this vital organ. It commands our respect and humility. My patients are often on multiple medications by the time they consult me, for multiple medical disorders as well as psychiatric problems. These patients require all my skills, experience and knowledge to treat them safely and effectively.

There is simply NO way that the proposed Psychopharmacology course for psychologists who generally have NO medical training at all, can cover the knowledge base needed to prescribe psychotropic medication. They would not have the core basis of knowledge and the necessary experiences to treat patients with medication safely.

Further, I practice general medicine in my office on a daily basis. This includes counseling patients on preventative health practices, smoking cessation, safe birth control practices, and potential effects of medications in pregnancy and breast feeding; recognizing familial syndromes that may need further investigation; monitoring blood pressure; ordering and interpreting laboratories and sleep studies and advising patients on other health questions they have. I have recognized impending strokes, breast cancer, thyroid problems, pneumonia, delirium and other emergent medical disorders in my office which a psychologist without a medical license would be unable to recognize and would be ill equipped to deal with.

Patients with psychiatric disorders, illnesses of the brain, deserve the best medical care. They deserve treatment from a Medical Doctor (MD) who has spent 8-10 years training to treat psychiatric illness, not by a Psychologist (Ph.D.) who has taken a short Psychopharmacology course. This is dangerous to say the least. I hope that the Montana Legislature is not fooled by the incorrect and misleading information that is being fed to them.

Thank you for your consideration of our patients' health, well being and safety. Thank you for standing up for our patients and saying "NO" to SB 272.

Sincerely,



Jean M. Green, MD

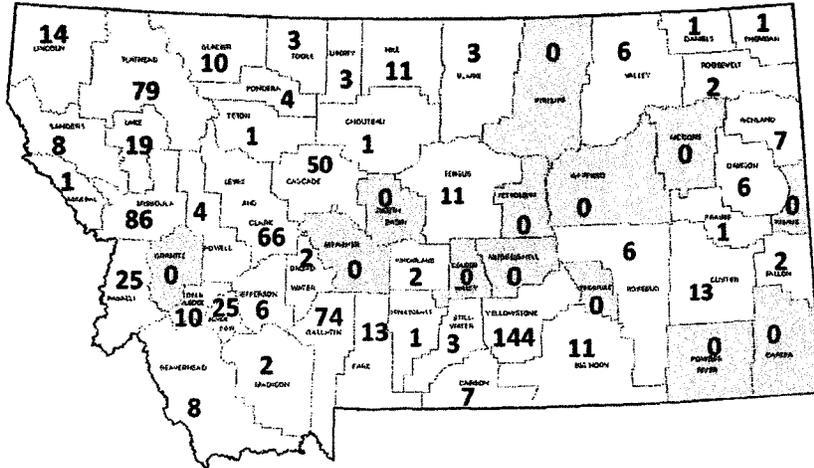
Board Certified Adult Psychiatrist

Board Certified Child and Adolescent Psychiatrist

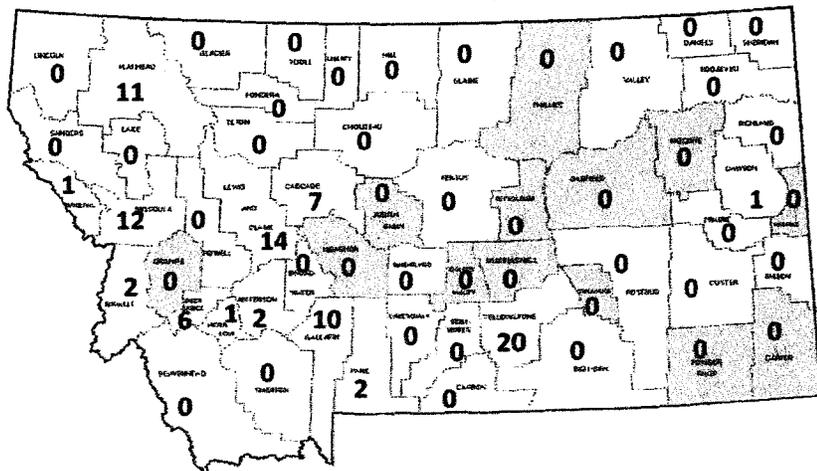
MONTANA PSYCHIATRIC ASSOCIATION
OPPOSING SB 272

House Human Services
Hearing -- March 21, 2011

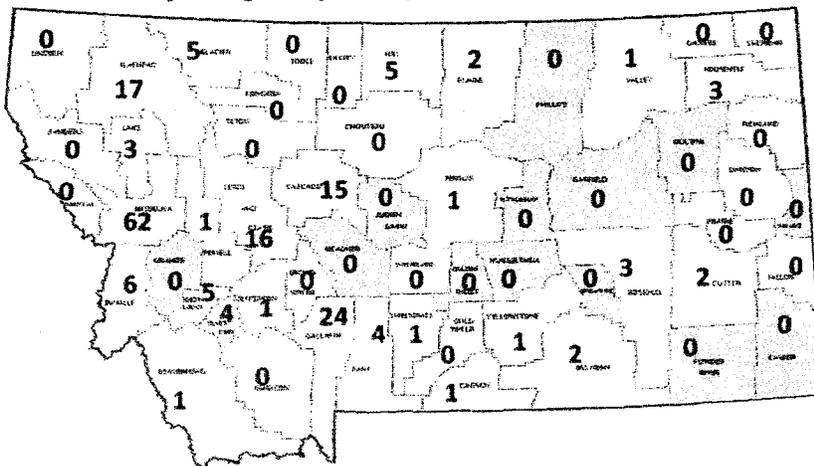
Number of Primary Care Physicians by county in 2009



Number of Psychiatrists by county in 2009

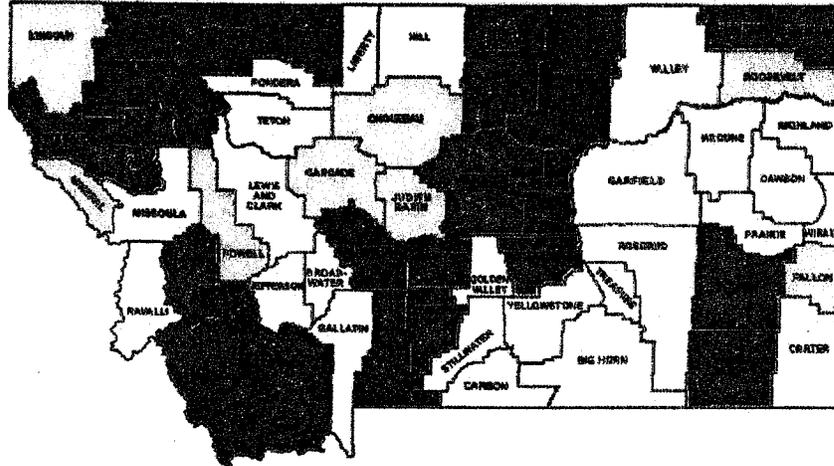


Number of Psychologists by county in 2009



Suicide in Montana Counties

The suicide rate in Montana's counties varies from year to year due to small populations in the rural counties that greatly influence the rate of suicide with even one completed suicide. However, over the past seven years, 55% of Montana's counties presented with a suicide rate at or above the 80th percentile when compared to national numbers. During this nine year period, 19 Montana counties had a rate of suicide that was double the national average (Montana Vital Statistics, 2010).



2000-2008 Rate of Suicide for Montana Counties (per 100,000 people)
Counties in Red Indicate a Suicide Rate at or above the 90th Percentile Nationally,
Yellow counties are above the 80th Percentile

<u>County</u>	<u># of Suicides</u>	<u>Crude Rate</u>	<u>County</u>	<u># of Suicides</u>	<u>Crude Rate</u>
BEAVERHEAD	21	26.2	MCCONE	3	18.69
BIG HORN	17	14.8	MEAGHER	4	23.23
BLAINE	15	24.99	MINERAL	7	20.11
BROADWATER	7	17.46	MISSOULA	174	19.07
CARBON	16	18.39	MUSSELSHELL	11	27.56
CARTER	2	17.14	PARK	42	29.53
CASCADE	147	20.09	PETROLEUM	1	23.69
CHOUTEAU	10	20.3	PHILLIPS	8	21.35
CUSTER	31	30.49	PONDERA	9	16.44
DANIELS	4	24.47	POWDER RIVER	4	25.17
DAWSON	13	16.67	POWELL	13	20.62
DEER LODGE	25	30.79	PRAIRIE	0	0
FALLON	5	20.57	RAVALLI	66	18.98
FERGUS	26	25.31	RICHLAND	14	16.91
FLATHEAD	155	21.23	ROOSEVELT	19	20.4
GALLATIN	117	16.6	ROSEBUD	15	18.12
GARFIELD	0	0	SANDERS	32	33.44
GLACIER	26	21.72	SHERIDAN	7	21.51
GOLDEN VALLEY	1	10.38	SILVER BOW	74	24.81
GRANITE	6	23.3	STILLWATER	14	18.5
HILL	24	16.27	SWEET GRASS	9	27.29
JEFFERSON	14	14.69	TETON	7	12.57
JUDITH BASIN	4	20.51	TOOLE	10	21.49
LAKE	54	21.74	TREASURE	1	15.19
LEWIS & CLARK	97	18.63	VALLEY	10	15.48
LIBERTY	0	0	WHEATLAND	5	26.65
LINCOLN	35	20.81	WIBAUX	0	0
MADISON	17	26.77	YELLOWSTONE	202	16.61

COMPARISON OF PRESCRIBING PSYCHOLOGIST STATUTE IN NEW MEXICO AND MONTANA'S SB 272
MONTANA MEDICAL ASSOCIATION
March 21, 2011

	New Mexico	Montana
<p>Collaboration Guidelines</p>	<p>A documented ongoing collaborative relationship is required. When there is a disagreement with the primary provider, the psychologist must defer to the judgment of the primary provider. The psychologist must contact the primary provider during the following situations: 1) When there are medication changes 2) When a patient experiences adverse reaction to medications 3) To report lab results related to tests the psychologist ordered and, 4) To report changes in a patient's psychological condition that may affect medical treatment. Additionally the primary provider must contact the psychologist when there are changes in a patient's medications or medical condition that may affect the treatment provided by the psychologist.</p>	<p>SB 272 is amended to require a collaborative relationship between the psychologist and the medical practitioner overseeing the patient's general medical care for the provision of patient's care including diagnosis, treatment and cooperation in the management of a patient's health care. There are no further definition/details regarding the collaborative relationship.</p>

	New Mexico	Montana
Limits on Practice	<p>Prescribing psychologists cannot prescribe for the following patients: 1) Those with serious co-morbid disease of the central nervous system 2) Those with cardiac arrhythmia 3) Those with blood dyscrasia 4) Those who are receiving drug therapy for coronary vascular disease 5) Those who are hospitalized for acute medical condition and, 6) Those who are pregnant or breast feeding. Prescribing psychologists can only prescribe drugs listed in the accepted formulary as defined in 16.22.27.8 of the New Mexico Statute. Prescribing psychologists can order and review lab tests. They can also order neurovascular imaging procedures that use contrast, but only in consultation with primary care physician.</p>	<p>SB 272 provides authority for prescribing psychologists to prescribe, administer, or discontinue drugs or medicine customarily used in the diagnosis and treatment of mental or emotional disorders or other treatment procedures within the scope of the practice of psychology in accordance with regulations adopted by the Montana Board of Psychologists. No further limits on practice are included in this bill.</p>
Review of Applications for Prescriptive Certificates	<p>A committee reviews applications and makes recommendations to the Board of Psychologists. The committee is made up of one of each of the following: 1) Psychologist experienced in psychopharmacology 2) MD, DO, PA or NP with experience in mental health or psychopharmacology and, 3) public member. The New Mexico medical board is to be available as requested to consult with the committee and the Board of Psychologists regarding applications.</p>	<p>The MT Board of Psychologists develops and implements procedures for reviewing educational and training credentials for the certification process in accordance with current standards of practice. A psychologist who applies for prescriptive authority shall demonstrate by official transcripts that the applicant meets the qualifications for prescriptive authority.</p>

	New Mexico	Montana
<p>Educational Requirements</p>	<p>1) Doctoral program in psychology 2) Unrestricted license to practice psychology 3) Successful completion of psychopharmacological training from a post doctoral program in psychopharmacology education for psychologists or a continuing education provider approved by the American Psychological Association, or a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school that has a formal, organized program of study leading to a credential in psychopharmacology from that school, or a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school if the applicant successfully completed the 450 classroom hours of didactic study required in statute 4) 80 hours practicum in clinical assessment and pathophysiology 5) 400 hour practicum, treating a minimum of 100 patients with mental disorders under the supervision of a physician 6) Pass psychopharmacology exam for psychologists developed by the American Psychologic Assn.</p>	<p>1) Current license to practice psychology in Montana 2) Master's degree in clinical psychopharmacology from an institution accredited by a regional accreditation organization or successful completion of the US Department of Defense Psychopharmacology Demonstration Project or a similar US armed forces program 3) Completed supervised and relevant clinical experience with at least 100 patients preceding the date of application under the direction of qualified practitioners as determined by the MT Board of Psychologists 4) Pass a certifying exam developed by a nationally recognized body and approved by the MT Board of Psychologists</p>

	New Mexico	Montana
Practice Supervision	<p>Conditional prescribing psychologists must be supervised by a licensed physician knowledgeable of the administration of psychotropic medication for two years. A supervisory plan must be signed by the supervisory physician and approved by the Board of Psychologists. Supervision must be provided on a one-to-one (telephonically, tele-video or face-to-face) basis for at least four hours a month and should total 46 hours per year. The prescribing psychologist must see a minimum of 50 separate patients within the two year period for the purpose of evaluation and treatment with psychotropic medication.</p>	<p>No requirements for practice supervision are included in SB 272.</p>
Application for Prescription Certificate	<p>After the prescribing psychologist successfully completes a two year supervised program, has an active and unrestricted license to practice psychology and has required malpractice insurance, the Board of Psychology will provide peer review of the certification application and provide a written evaluation to the Board of Psychologists with a recommendation regarding certification. The Board can either approve or recommend additional evaluation if deficiencies are documented. This board will forward the results or noted deficiencies to the New Mexico medical board and the two boards will determine if an extended conditional prescription program is necessary.</p>	<p>The MT Board of Psychologists certifies prescribing psychologists to prescribe and dispense drugs or medicine in accordance with applicable state and federal laws.</p>

	New Mexico	Montana
Complaint Process	<p>A joint board complaint committee of: 1) A person experienced in the field of psychopharmacology 2) A person from the appropriate board of the health care practitioner having a collaborative relationship with the prescribing psychologist and, 3) A public member, must evaluate and attempt to informally resolve any complaint arising out of the collaboration between a prescribing psychologist and a health care practitioner. If an informal resolution cannot be achieved, the committee's finding will be reported to the board of psychologists and to the health care provider's licensing board with recommendation to each board for appropriate action.</p>	<p>There is an oversight committee composed of five members; two physicians, two psychologists and one pharmacist. The committee must be called by one of the represented boards upon receipt of a signed written complaint. The committee after review of all necessary records may recommend the MT Board of Psychologists either take no further action or initiate disciplinary proceedings. The MT Board of Psychologists takes action to begin disciplinary proceedings and provide the MT Board of Medical Examiners, the MT Board of Pharmacy and the complainant with a copy of the committee's decision.</p>
Certificate Renewal	<p>Prescription certificate is renewed concurrently with the active license. The prescribing psychologist must submit the certificate renewal application form, evidence of malpractice insurance and additional CPE required by the Board of Psychologists.</p>	<p>The MT Board of Psychologists shall prescribe by rule a method for the renewal of prescriptive authority in conjunction with the renewal of licenses.</p>
Malpractice Insurance Requirements	<p>Prescribing psychologists must maintain malpractice insurance of no less than 1 million per occurrence with an aggregate limit of 3 million dollars.</p>	<p>No requirements for maintaining malpractice insurance are included in SB 272</p>