



## Montana Psychological Association

36 S Last Chance Gulch, Suite A, Helena, Montana 59601

Phone: 406.443.1160 Fax: 406.443.4614

Email: [mwangen@rmsmanagement.com](mailto:mwangen@rmsmanagement.com)

Website <http://www.montanapsychologicalassociation.org/>

BUSINESS & LABOR

EXHIBIT NO. 15

DATE 2-11-11

BILL NO. SB 272

February 10, 2011

Mr. Joe Balyeat, Chair  
Business, Labor, and Economic Affairs Committee  
Senate, Montana State Capitol  
P.O. Box 200500  
Helena, Montana 59620-0500

RE: Senate Bill 272, Allow Appropriately Trained Psychologists to Prescribe.

Dear Senator Balyeat & Members of the Business, Labor, and Economic Affairs Committee:

I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Business, Labor, and Economic Affairs Committee of the Senate. This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice.

Personally, I have tracked this matter for nearly two decades now and in the early stages any training outside of the Department of Defense Program was not adequate, *but that is no longer true*. Since 1996 the American Psychological Association has set forth training standards that requires at least two years of graduate semester quality coursework specific to psychopharmacology. This curriculum has been reviewed and revised several times since 1996. Over this time, a national examination has been developed that after considerable review is now a well-recognized, well-researched, benchmark to demonstrate competence in the specific area of psychologists making use of psychopharmacology. There is a recognized threshold within the field for a practicum of not simply seeing 100 patients, but following 100 patients through a course of treatment under the supervision of a physician. Then, based on successful legislation in other states and standards from the Armed Services there is an accepted licensing process to use as a model.

There is a behavioral healthcare crisis in our state, where for example on average one person dies every other day from a completed suicide. We are second, per capita, in completed suicides nationally; and it is the eighth leading cause of death here in the state of Montana per analyses from Department of Health and Human Services ahead of other health problems like Diabetes, etc. (most recent data 2008).

While allowing psychologists to prescribe is not 'the answer' to this crisis, adding this new intervention may well have an important impact. Having more well-trained, qualified prescribers for behavioral health services is one of the central needs cited in numerous studies.

Opposition to this bill has offered numerous promises to improve access repeatedly. These parties were even provided a two million dollar grant to support service access via telepsychiatry. There was not one, not one bid on this grant. Opponents to this bill have plainly not improved access or provided other viable solutions. Simply put, we have too few qualified prescribers to meet the substantial needs that are facing Montana.

We have studied the matter of prescribing psychologists carefully, first of all as scientists and secondly as practitioners. This is a well-researched and safe method of intervention, with a proven track record across 17 years in the Armed Forces, New Mexico, Louisiana and the Indian Health Service. During those 17 years, there has not been one, not even one, board complaint or malpractice complaint against a prescribing psychologist.

Scientifically, these 17 years of practice are evidence that it is a safe method. From this same standpoint, we have considered both the intensive curriculum that takes two years to complete as a master's degree and the national exam that has been thoroughly researched for its effectiveness in testing an applicant's knowledge. Again, both of these steps have proven scientifically valid, as there have been no complaints against a prescribing psychologist. Then, we have the practicum, which means following a course of treatment with 100 patients under the supervision of a physician. This takes roughly a year to complete, and again scientifically, this measure has proven valid as well, no complaints in 17 years. There is also the added dimension of a licensing process, which further adds to the vetting process for these applicants – *again, existing licensing processes have proven valid, no complaints.*

As practitioners, our members must consider what is in the best interests of the citizens we serve here in Montana. The need for the services a prescribing psychologist is able to offer is obvious, painfully obvious. It can take an individual, depending on the community, from three months to a year to receive the services of a psychiatrist regardless of the severity of their condition. If they are in immediate need, their only option is to present to an Emergency Room; and even then, there is no guarantee that a psychiatrist will see them. *This is unacceptable.* 70% of psychotropic medications are prescribed by other medical providers, such as Physician Assistants, Nurse Practitioners and general Physicians. But, with rare exception, these providers do not have intensive coursework on psychotropic medications nor do they have a background in behavioral healthcare. *Prescribing psychologists do.*

In our view as an association, there is scientific evidence of this method's safety and documented, even well-known, evidence of need. Know that we have diligently considered all of the matters above, and more, and on this basis I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism.

Sincerely yours,

Michael R. Bütz, Ph.D.  
President &  
Legislative Chair

January 20, 2011

Senate Health Committee  
Montana Legislature 2011 Session

Honorable Senators:

As you are well aware, the frontier nature of Montana, while endearing, presents significant problems for the delivery of quality healthcare to our residents.

I have practiced pediatrics in a town of 2000 for over 22 years. I believe I have practiced in the smallest town for the longest time amongst the pediatricians in Montana. There is a significant deficit of providers in our rural areas.

The dire shortage of mental health specialists in America affects all of us, increasingly so in sparsely populated regions and small communities. Your committee currently has the potential to improve health care in small communities by authorizing prescribing psychologists. Psychologists who have completed training can assist physicians and mid-levels immensely in caring for patients with mental health needs. They have earned a Post-Doctoral Masters of Science of Clinical Psychopharmacology. They typically receive significantly more training than primary care physicians and mid-level providers regarding mental health illnesses and their treatment.

My practice contains a high percentage of patients with mental health issues. Many of these could be followed by a prescribing psychologist and receive equal care and satisfaction. Often, they could receive better care from a prescribing psychologist.

I stand resolved that allowing prescribing psychologists to practice in Montana will improve healthcare for our patients.

I am available by phone to answer any questions of your committee members. Thank you for your time and efforts in aiding Montanans.

Sincerely,



L. G. Byron MD FAAP

Past President, Montana Chapter, American Academy of Pediatrics  
406-671-5824

January 23, 2011

To Whom It May Concern:

I write in support of SB 272 to enthusiastically endorse legislation extending prescriptive authority to certified clinical psychologists in the state of Montana.

When it comes to behavioral health care issues, we are in desperate straits. The need for service here in Big Horn County is massive: in 2006, an astonishing 36% of our eight graders reported engaging in binge drinking, almost three times the state average. We draw direct links from this startling statistic to the grim collection of other data points that paint the picture of our mental health needs: tragically high rates of suicide, homicide, domestic abuse and family offense, sex offenses, death rates from unintentional injury and death by motor vehicle crashes. This stark view of our county's mental health needs puts in dramatic context the observation that only 9% of the county's Medicaid population was found to be receiving mental health services in 2008, compared with 22% statewide. Simply put, we don't have enough mental health professionals here to diagnose and treat people in need. The largest, most severe mental health shortage area in the entire U.S. is here in eastern Montana. And the forecast for recruiting adequate numbers of psychiatrists to meet our need is not good.

We at the Bighorn Valley Health Center are seeking to become a Federally Qualified Health Center in response to the overwhelming need here in our community. We recognize the inseparable connections between physical and mental health, and will be integrating behavioral health care into the provision of primary medical care. Clinical psychologists with prescriptive authority—as members of a clinical team with medical care givers— could play a key role in this integrated approach to health care delivery in a way that the use of telemedicine could never achieve. The in-person, patient-clinician relationship is vital to the healing process, and an on-site clinical psychologist—equipped with skills and authority to deliver pharmacotherapy when indicated— would be a tremendous asset. Clinical psychologists have been shown to be competent and judicious in prescribing various psychotropic medications, and this model has been used successfully in other states already. This legislation will certainly not subject the citizens of Montana to a grand and risky experiment.

And while this legislation alone won't fix all of the myriad problems in our broken mental health care system, it surely is a needed step in the right direction. In this time of desperate crisis, where people are literally losing their lives every day, we don't have the luxury of waiting for the perfect single fix. This is an "all hands on deck" moment. I would contend that extending prescriptive authority to appropriately trained clinical psychologists is an obvious choice at this critical time, and would urge you to favorably consider this most needed legislation, SB 272.

Sincerely,



David Mark, MD  
CEO, Bighorn Valley Health Center

**Joseph Keel, MD  
426 Beverly Hill  
Billings, MT 59101-0657**

February 9, 2011

Mr. Joe Balyeat, Chair  
Business, Labor, and Economic Affairs Committee  
Senate, Montana  
Montana State Capitol  
P.O. Box 200500  
Helena, Montana 59620-0500

RE: Senate Bill 272, Allow Appropriately Trained Psychologists to Prescribe.

Dear Senator Balyeat & Members of the Business, Labor, and Economic Affairs Committee:

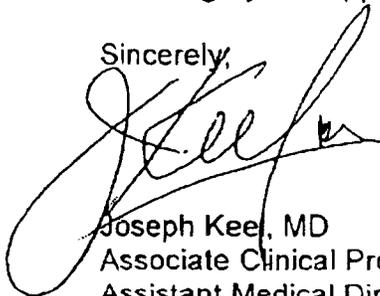
***I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Business, Labor and Economic Affairs Committee of the Senate.*** This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice.

In reviewing this bill with my colleagues, and as a physician, this bill has my support because it requires two years of coursework post-doctorate for a licensed psychologist, a 100 patient practicum under the supervision of a physician, a national examination, and a licensing process. If there is a complaint, the bill has within it a Complaint Committee Composed of 2 members from the Medical Board, 1 member from the Pharmacy Board, and 2 members from the Board of Psychologists.

But, I will tell you that according to all of the information that I have had available there has not been one complaint or malpractice suit brought against a prescribing psychologist in the Armed Services, New Mexico, Louisiana or the Indian Health Service in 17 years. The requirements for training, supervision, experience and competence are sound; and the evidence is sound with no history of safety issues.

As a practitioner I support this bill because of the painfully apparent need in our state, and as a scientist I support this bill based on the evidence of safety. I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism. Thank you for your time, and I urge your support.

Sincerely,



Joseph Keel, MD  
Associate Clinical Professor  
Assistant Medical Director  
Family Medicine Faculty Physician



**St. Vincent Healthcare**  
*Laurel Medical Center*

January 21, 2009

Dr. Michael Butz  
2810 Central Avenue  
Suite A

Billings, MT 59102 <sup>MT</sup>

*The Chair of the Senate Health Committee Senator Murphy*  
To Whom It May Concern Including the Montana State Legislature:

Please allow me to introduce myself. My name is Kevin McCrea and I am board-certified family physician. I have reviewed the plan that Dr. Michael Butz is presenting with regard to allowing psychologists to have prescribing privileges. I feel the plan is more than adequate, and they will get excellent training with 2 years of rotation with studying medications under the supervision of a physician. It is my hope that it would be strongly considered to allow psychologists prescribing privileges which could be exercised under a supervising physician.

My recommendations include two important points; the first is that the psychologist be paired with a physician who has experience in treating psychiatric patients. I would propose that this would be carried out much in the same way as a physician assistant is aligned and works with a supervising physician. This could either be a psychiatrist or another physician such as a primary care physician. This would help meet the immense demand that we have in our state for evaluation and treatment of psychiatric patients. The psychologists should have prescribing privileges which allow them to prescribe only medications of medicinal value for mental health care.

As you may know, in our state, we have a serious problem with a high rate of suicides. It has been my experience that because our psychiatrists are overwhelmed that it would be most helpful in having another physician extender who has expertise in the area of mental illness. It would be my hope that this would significantly reduce the wait times for demand of psychological services in adults.

Should you have further questions, please do not hesitate to contact me.

Sincerely,

Kevin McCrea, MD, FAAFP  
KM/ky

DD: 01/21/09

R: 01/22/09

T: 01/22/09

Dwight Hager, M.D.

**Emily Colson, MD**  
**PO Box 2151**  
**Billings, MT 59103**

---

February 9, 2011

Mr. Joe Balyeat, Chair  
Business, Labor, and Economic Affairs Committee  
Senate, Montana  
Montana State Capitol  
P.O. Box 200500  
Helena, Montana 59620-0500

RE: Senate Bill 272, Allow Appropriately Trained Psychologists to Prescribe.

Dear Senator Balyeat & Members of the Business, Labor, and Economic Affairs Committee:

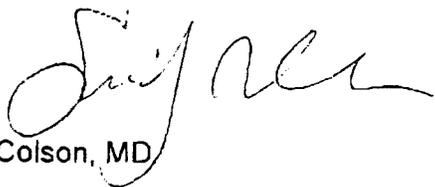
***I am writing to ask you to support Senate Bill 272, as this bill will soon come to a vote in Business, Labor, and Economic Affairs Committee of the Senate.*** This is a bill that deserves support from both yourself and the Committee because it sees to the behavioral healthcare of the citizens of Montana where there is desperate need that I see every day in my practice here in Billings, where there are not enough psychiatrists, as well as my previous practice in Libby, where there was not a psychiatrist in the county.

As a physician, this bill has my support because it requires two years of coursework post-doctorate for a licensed psychologist, a 100 patient practicum under the supervision of a physician, a national examination, and a licensing process. If there is a complaint, the bill has within it a Complaint Committee Composed of 2 members from the Medical Board, 1 member from the Pharmacy Board, and 2 members from the Board of Psychologists.

But, I will tell you that according to all of the information that I have had available there has not been one official complaint or malpractice suit brought against a prescribing psychologist in the Armed Services, New Mexico, Louisiana or the Indian Health Service in 17 years. The requirements for training, supervision, experience and competence are sound; and the evidence is sound with no history of safety issues.

As a practitioner I support this bill because of the painfully apparent need in our state, and as a scientist I support this bill based on the evidence of safety. I urge you give this bill a yes vote based on the facts, not conjecture, fear, or protectionism. Thank you for your time, and I urge your support.

Sincerely,



Emily Colson, MD