

SB272

Presentation to Senate Committee:
Business, Labor, and Economic Affairs

This bill having been referred to the Business, Labor, and Economic Affairs Committee could be perceived as involving a "turf battle." That definitely is not the position of those in opposition to the bill. The Montana Psychiatric Association (MPA), the Montana Medical Association (MMA), the National Alliance on Mental Illness (NAMI) and the Psychologists Opposed to Prescription Privileges for Psychologists (POPPP) are concerned regarding safety for patients. Members of the MPA and the MMA are already busy working with patients so there is no desire to be busier. Certainly NAMI and POPPP have no reason to be in a "turf battle."

Psychotropic medications are very potent with potential for serious side effects involving all systems in the body, not only the brain. The proposed two years Masters Degree in clinical psychopharmacology includes many subjects similar in name to medical school courses. The two years of clinical experience do not compare with education and training of physicians. Even back in the old days after I graduated from medical school there were four more years of supervised training in psychiatry and neurology followed by two years in clinical practice before being eligible to take the board examination. Patient safety relies on that much experience.

Previous concerns have been expressed regarding the opportunity for Prescribing Psychologists to occupy locations where psychiatrists are not readily accessible. The development of telemedicine in Montana is already helping to resolve that. Material prepared for the Committee reveals how scarcely that has been achieved in New Mexico and Louisiana, the two states that have allowed Prescribing Psychologists.

Understandably the Indian Health Service has a concern for those living on reservations. However, being a federal agency there are ways already demonstrated to approach that problem without requiring a Montana Statute to allow Prescribing Psychologists.

The Montana Psychiatric Association and the Montana Medical Association join the National Alliance on Mental Illness and the Psychologists Opposed to Prescription Privileges for Psychologists in requesting a do not pass on SB272.

Thank you,

Donald Harr, M.D.

S&D Harr

From: "Paula Johnson" <PJohnson@psych.org>
To: "S&D Harr" <ssurelyl@Q.com>
Sent: Wednesday, February 02, 2011 12:58 PM
Attach: Rural-urban distribution data july20.pdf
Subject: RE: Data
 Dr. Harr --

We are often asked what's happened in New Mexico and Louisiana post-enactment of the Rx bills. Aside from the question of whether the prescribing psychologists have killed anyone yet, the most curiosity has to do with whether they are indeed practicing in rural and underserved areas, which was, of course, their claim.

How many are there, and where are they? As of 2010, we identified 14 prescribing psychologists licensed in New Mexico. Three of those did not have New Mexico addresses (two are from Illinois). Nine practice in the states six largest cities, and one practices in a town with a population less than 18,000. Please note that, for the first two years, psychologists must prescribe with a "conditional prescribing certificate" under the supervision of a licensed physician.

The attached document came to us from an Oregon psychologist who is active in POPPP, the organization of psychologists opposed to prescribing privileges for psychologists. I believe she collected the data in Fall 2010, so the numbers are a bit more recent than I used above.

Data APA purchased from the Louisiana Medical Board (which gained authority over "medical psychologists" in legislation late in 2009) shows 60 psychologists with that designation. Eight of them did not have LA addresses. More than three-quarters of them are located in the eight largest cities. One practices in a town of less than 18,000.

My suspicion, especially with regard to Louisiana, is that psychologists from out of state are getting licensed in LA, then moving back to their home states, ready to be a supply in search of a demand. There may be some who are Public Health Service, Indian Health Service, or other federal health employees who want to prescribe.

The last report we had from a psychiatrist in Guam was that one psychologist (who also happened to be a Senator) was getting psychopharmacology training. It was thought that he was getting the training from his wife, who is a physician. The Guam law is pretty loose. See Page 153 at the link below:

<http://www.justice.gov.gu/CompilerofLaws/GCA/10gca/10gc012.PDF>

Error-free prescribing? Pro-prescribing psychologists often claim that psychologists in NM and LA who prescribe have written 30,000 or 60,000 or 200,000 prescriptions without any adverse outcomes. They also claim that no suits have been filed against prescribing psychologists. To confirm this, I spoke with an insurer whose company insures many physicians, but also psychologists (though no prescribing psychologists.) He was not shocked by psychologists' statements about absence of lawsuits. Nobody gets sued right after they commit an action for which they are ultimately sued, he said. They will be sued 3 or 4 years later, and there's not enough "timeline" of prescribing psychologists for this to have happened.

Prescribing psychologists are probably being insured by the same companies who insured them before and who insure physicians. The American Psychological Assn. said during the legislative action in New

Mexico that it would set up an insurance program for prescribing psychologists. I don't know whether they actually did so. An insurer told use he's never seen anyone advertising that they write policies for prescribing psychologists.

The insurer also said that it will take about 10 years before credible data is available for underwriting, so there is no data on experience They can't see how psychologists could claim rates won't go up because prescribing is a criterion for rate-setting.

Neither New Mexico nor Louisiana is said to be a good place for malpractice insurance. New Mexico rates are much higher than average and Louisiana is tough for malpractice.

Paula

From: S&D Harr [mailto:ssurelyl@Q.com]
Sent: Tuesday, February 01, 2011 9:37 PM
To: Paula Johnson
Subject: Data

Have the three local Psychiatric Associations where the prescribing psychologists are located collected any data or other information as to how the system is working? The information from the psychologists is all positive, of course. A different perspective will be helpful.

Thank you for sending the report from the Psychologists opposed to prescribing. There are various ones here in Montana who are opposed, but they are reluctant to express their impressions openly. The state organization goes along with the national association. My impression is that the more aggressive ones are those who get into such positions with something to prove. Others are willing to mind their own practices without getting involved.
Don Harr

Distribution of psychologists authorized to prescribe medications in Louisiana

Rural-Continuum Codes	La	Percent	Populace	Percent
1 = County in metro area with 1 million population or more	6	9.7%	1,316,510	29.5%
2 = County in metro area of 250,000 to 1 million	24	38.7%	1,081,938	24.2%
3 = County in metro area with fewer than 250,000	20	32.3%	942,219	21.1%
4 = Nonmetro county with 20,000 or more, adjacent to metro area	2	3.2%	522,762	11.7%
5 = Nonmetro county with 20,000 or more, not adjacent to metro area	0	0%	0	0%
6 = Nonmetro county with population 2,500-19,999, adjacent to metro area	1	1.6%	483,625	10.8%
7 = Nonmetro county with population 2,500-19,999, not adjacent to metro area	0	0%	81,510	1.8%
8 = Nonmetro county completely rural or less than 2,500, adjacent to metro area	0	0%	10,560	0.2%
9 = Nonmetro county completely rural or less than 2,500, not adjacent to metro area	0	0%	29,852	0.7%
Out-of-State*	9**	14.5%		
TOTAL	62		4,468,976	

*Out-of-State means they are licensed in Louisiana but are no longer practicing in the state

**One medical psychologist in Louisiana is "out-of-state" but also licensed as a prescriber in NM; this psychologists' information regarding practice can be found in the NM data; thus, there are actually 61 medical psychologists licensed in Louisiana

Distribution of psychologists authorized to prescribe medications in New Mexico

Rural-Continuum Codes	NM	Percent	Populace	Percent
1 = County in metro area with 1 million population or more	0	0%	0	0%
2 = County in metro area of 250,000 to 1 million	9	37.5%	729,649	40.2%
3 = County in metro area with fewer than 250,000	5	20.8%	417,775	23.0%
4 = Nonmetro county with 20,000 or more, adjacent to metro area	0	0%	137,096	7.6%
5 = Nonmetro county with 20,000 or more, not adjacent to metro area	2	8.3%	213,595	11.8%
6 = Nonmetro county with population 2,500-19,999, adjacent to metro area	0	0%	171,618	9.5%
7 = Nonmetro county with population 2,500-19,999, not adjacent to metro area	2	8.3%	133,366	7.4%
8 = Nonmetro county completely rural or less than 2,500, adjacent to metro area	0	0%	5,180	0.3%
9 = Nonmetro county completely rural or less than 2,500, not adjacent to metro area	1	4.2%	3,543	0.2%
Out-of-State*	5	20.8%		
TOTAL	24**		1,814,872	

*Out-of-State means they are licensed in NM but are no longer practicing in the state

**Two New Mexico psychologists have 2 practices in different areas (one in 2 and 3; the other in 7 and 9); thus the actual number of NM psychologists is actually 22

S&D Harr

From: "Paula Johnson" <PJohnson@psych.org>
To: "S&D Harr" <ssurelyl@Q.com>
Sent: Tuesday, February 01, 2011 2:24 PM
Subject: FW: Montana NAMI Opposes RxP !

This is excellent news. The email below came from one of the psychologists who's a member of Psychologists Opposed to Prescription Privileges for Psychologists.

Paula

From: Tim Tumlin [mailto:tumlintr@comcast.net]
Sent: Tuesday, February 01, 2011 4:17 PM
To: Bill Robiner; Bob Klepac; Elaine Heiby; Richard Stuart; Tanya Tompkins
Cc: Paula Johnson
Subject: Montana NAMI Opposes RxP !

Yessssssss
 Tim

<http://www.namimt.org/Legislature/Psychologist%20Prescribing.htm>

Psychologists Prescribing Medication

NAMI Montana is opposing LC0683 which would revise the laws related to psychologists prescriptive authority. In short, the bill would allow psychologists to prescribe medication if they complete a two year degree in psychopharmacology. NAMI Montana's people who live with mental illness and their family members do not believe that this is enough medical-specific training to allow psychologists to jump into a dramatically different and critically important field.

Despite more than twenty years of legislative efforts in a number of states, only Louisiana, New Mexico, and Guam have granted prescriptive authority to psychologists. It doesn't make sense for Montana to adopt a policy that a number of Montana Legislatures and the vast amount of states have rejected.

There are three main reasons to oppose this legislation:

1. The limited training required by the bill is not comprehensive enough to safely address the health needs of people with serious mental illnesses or complex medical conditions. NAMI Montana's position is consistent with our national organization's in-depth analysis of the topic, the group Psychologists Opposed to Prescription Privileges for Psychologist, some Montana psychologists, and other research. (Report One) (Report Two)
2. This legislation is unlikely to either decrease the cost of care or significantly increase access to mental illness treatment because the recently established the Montana State Psychiatric Nursing program is going to annually graduate proven psychiatric prescribers that will cost-effectively fill the gaps left by Montana's psychiatrist shortage. Unsurprisingly, NAMI Montana has yet to find a psychologist who is willing to go to school for two more years to make less than an advanced

practice nurse.

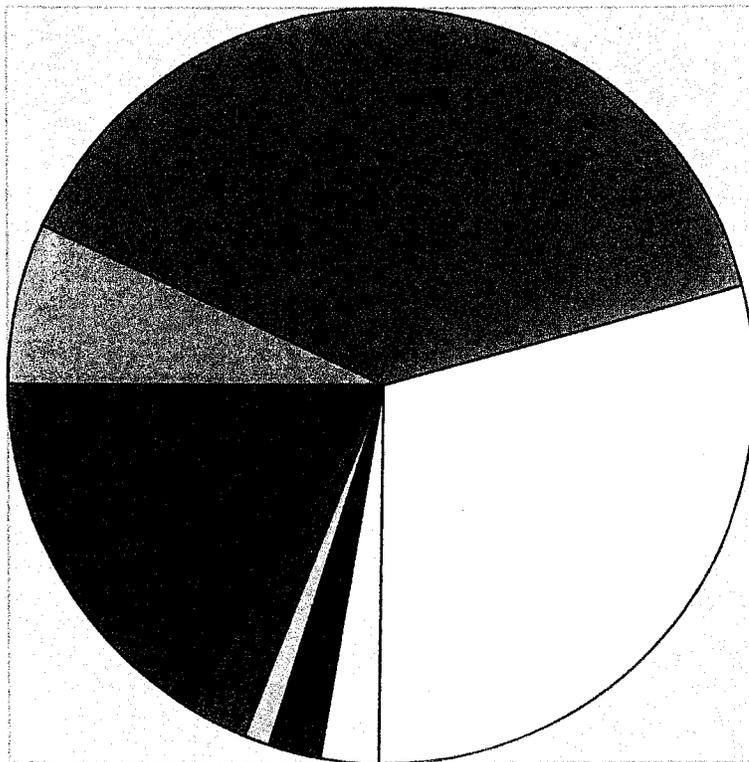
3. This legislation is unnecessary, because Montana already has an established and proven option for psychologists to receive prescriptive authority through the Physician Assistant Course at Rocky Mountain College.

If Montana didn't have a psychiatric nursing program or if psychologists didn't already have a way to become prescribers, then this legislation may be worth giving more consideration. But since those options do exist, then there is no reason to potentially endanger patient care by allowing a type of care that isn't even legal in a handful of other states.

If you would like a more in-depth analysis of this issue, the Hawaii legislature conducted a full 95 page analysis of the costs and benefits of giving psychologists' prescriptive authority. Here is that report.

Timothy R. Tumlin, Ph.D.
Darien, IL

Combined Distribution of Psychologists Authorized to Prescribe Medications in NM, LA, and Guam



- Metro - 1 million +
- Metro - 250 K to 1 million
- Metro - < 250K
- Non-metro - 20K+, adjacent metro
- Non-metro - 20K+, not adjacent metro
- Non-metro - 2,500 to <20K, adj. metro
- Non-metro - 2,500 to <20K, not adj. metro
- Rural or <2,500, adj. metro
- Rural or < 2,500, not adj. metro
- Out-of-State

*Note: There are no prescribing psychologists practicing in Guam despite legislation being passed granting prescriptive authority to psychologists in 1999.