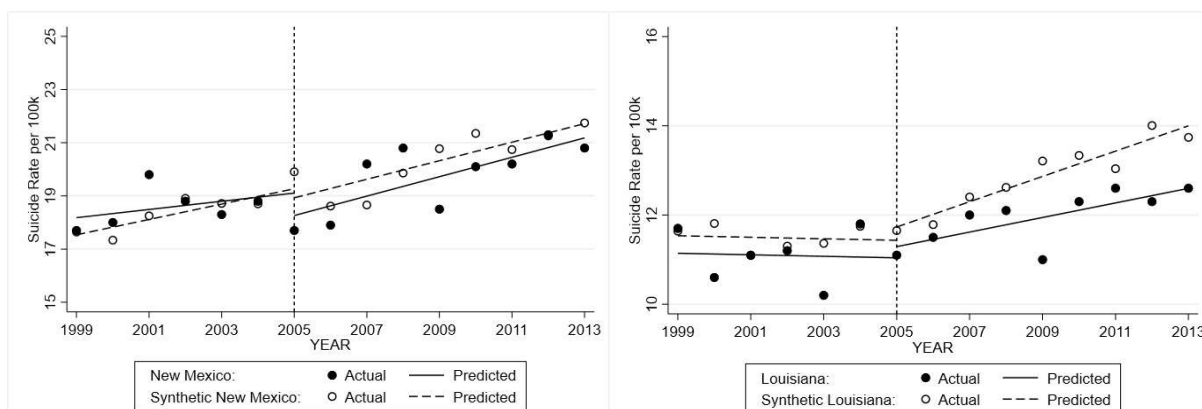


Chairman Burns and the Professional Licensure Committee,

I am writing in support of HB1000 granting psychologists prescriptive authority. I am a doctoral candidate and mental health services researcher from the Division of Pharmaceutical Outcomes and Policy in the Eshelman School of Pharmacy at UNC Chapel Hill, and my research focuses on how policy impacts access to mental health care. Much of my work to date has focused on prescriptive authority for psychologists. The cumulative result of these studies is that this policy appears to increase access to mental health care, saving money and saving lives.

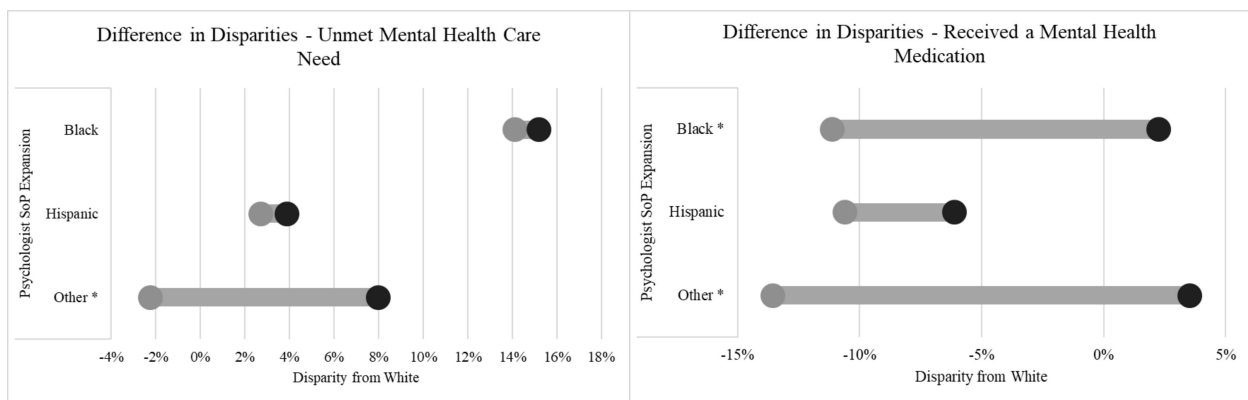
A recent study by two health economists demonstrated that suicide rates were 5% lower in New Mexico and Louisiana than would be expected if psychologists were not prescribing. I expanded on this prior study by using substantially different methods and found similar results. The graphs appear in the written testimony, showing that the average suicide rate was lower in states with prescriptive authority.



Using the estimated 5% reduction in suicides found in the study by the two health economists, I led a cost-effectiveness study to estimate if the economic savings from the lower suicide rate would offset the implementation cost of a prescriptive authority policy. For a population of 100,000 people over a period of twenty years, we estimated that this policy would produce a net monetary benefit of \$12.81 million per quality-adjusted life year in medical costs alone. When we included the societal costs of suicides, that number increased to \$268.85 million dollars per quality-adjusted life year. Those savings are in the billions of dollars when scaled up to the 12.97 million residents of Pennsylvania, suggesting that this policy is a strong investment in mental health.

In addition to the peer-reviewed findings above, I have several studies that are currently under review that provide additional context to the impact of prescribing psychologists. In the first study, we used the prescribing psychologist licensure rates seen in New Mexico and Louisiana to simulate how this policy might improve the shortage of mental health prescribers if it were adopted in other states. We estimated that this policy would reduce the prescriber shortage by 5.3% in Pennsylvania, which is above the estimated national average of 4.3%.

In the second study, we used national survey data to examine how racial disparities in access to mental health care for children varied between states with and without prescriptive authority for psychologists. In states where psychologists can prescribe, we found that the disparity in unmet mental health care needs was 8 percentage points smaller between children who are White and Children who are a race/ethnicity other than White, Black, or Hispanic (e.g., Asian, Native American, etc.). Similarly, in states where psychologists can prescribe, the racial disparity in receiving mental health medications was smaller for children who are Black (11 percentage points) or a race/ethnicity other than White, Black, or Hispanic. The graphs appear in the written testimony, showing that racial disparities were lower in states where psychologists can prescribe (light blue) than in states where they cannot (dark blue).



In summary, the research to date has demonstrated that prescriptive authority for psychologists accomplishes the following key public health goals:

1. Reduces suicide rates
2. Reduces healthcare costs
3. Reduces mental health prescriber shortages
4. Reduces racial disparities in access to pediatric mental health care

Additionally, at no point in our studies did we detect any harms associated with this policy, suggesting that prescribing psychologists are prescribing safely. Granting prescriptive authority to psychologists will not solve the mental health crisis in the United States, but all of the available evidence suggests that it improves access to mental health care and ultimately saves lives.

Respectfully submitted,



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