

TESTIMONY BEFORE THE HOUSE HEALTH COMMITTEE AND THE HOUSE
PROFESSIONAL LICENSURE COMMITTEE
BY THE PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

MARCH 7, 2024

Chairman Frankel, Chairwomen Rapp, Chairman Burns, Chairman Metzger and Members of the House Health Committee and House Professional Licensure Committee:

On behalf of the Pennsylvania Psychological Association, I would like to thank you for the opportunity to speak to you about the access issues to mental healthcare in the Commonwealth.

I am Dr. Dan Warner, a licensed psychologist in Pennsylvania. I hold a Master of Science in Clinical Psychopharmacology (MSCP), which puts me on the path to addressing the state's critical shortage of mental health professionals qualified to prescribe psychotropic medications. I completed the first of several steps to become a prescribing psychologist, namely: a doctoral degree in psychology, my license as a psychologist, and completing the aforementioned post-doctoral masters degree. Should HB 1000 pass, I would need supervised experience before applying for my prescribing certificate.

Although I am not currently licensed to prescribe medication, I leverage my extensive training and expertise in psychopharmacology to collaborate with prescribing clinicians and provide consultation to individuals having trouble accessing high-quality mental health care.

Recognizing this need, non-psychiatric physicians and other primary care providers frequently refer complex behavioral health cases to me for consultation regarding psychotropic medication options. This growing demand underscores the significant gap in timely access to psychiatric care, with wait times often exceeding six months.

The nation faces a growing mental health crisis, with a significant shortage of psychiatric specialists to address the increasing demand (Merritt Hawkins Report, 2018). This shortage impacts all communities, regardless of urban, suburban, or rural setting.

Pennsylvania exemplifies this national trend. While urban areas like Philadelphia and rural areas like Potter County have the highest Health Professional Shortage Area (HPSA) scores, even suburban counties like Westmoreland and Chester face moderate scores, indicating insufficient access to psychiatric care. A recent survey by the Pennsylvania Psychological Association (PPA) found that over 41% of clients seeking psychiatric care wait four or more weeks for appointments, highlighting the dire need for additional resources (Malowney et al., 2015; Warner, 2022). These findings, along with the Pennsylvania Psychiatric Shortage Map (Map 1), clearly demonstrate that the state's current psychiatric capacity falls short of meeting the population's needs.

The critical need for expanded mental health access is well-documented. A 2020 Pennsylvania Joint Government Commission Report highlighted the existing prescriber shortage, with a projected doubling by 2030 (June 2020). The COVID-19 pandemic further strained the system,

leading to an increase in psychiatrist retirements and leaving many regions of the state with limited psychiatric coverage.

Examples include a middle-aged professional facing severe and debilitating binge eating, requiring medication management to address her acute symptoms, and a chronically suicidal young person with treatment resistant depression, needing help finding the right medication regimen.

These scenarios represent the harsh realities of Pennsylvania's mental health access crisis. Adults and children in acute crisis are often unable to receive necessary treatment from primary care professionals, potentially leading to hospitalization, over-utilization of emergency room services, or even police interaction.

Non-psychiatric physicians and prescribers recognize my expertise in complex behavioral health cases, which often require specialized attention and time commitments well beyond the capacity of busy primary care providers. While primary care prescribers provide general care across physical and mental conditions, prescribing psychologists possess focused training on a limited formulary and mental health. Our approach integrates psychological, emotional, social, and biological interventions often unavailable to primary care providers. With a full toolkit for evaluation, treatment, and management, prescribing psychologists can prescribe psychotropic medications, de-prescribe when necessary, and implement tailored behavioral interventions.

Additionally, limited psychiatrist availability necessitates reserving their expertise for *medically complex cases*. Therefore, prescribing psychologists fill the void, offering much-needed support for individuals struggling with acute or persistent issues beyond the capabilities of primary care prescribers. Researchers have found that prescribing psychologists in other states were more likely to see rural clients, and clients on Medicaid, than non-prescribers (Linda & McGrath, 2017).

While telehealth expands access to care, it cannot fully resolve the shortage of psychiatrists in Pennsylvania. This shortage results in insufficient care, regardless of delivery method. Other states face similar challenges, limiting our ability to rely solely on interstate telepsychiatry solutions.

We strongly support the passage of the Collaborative Care and Primary Care Behavioral Health Care Model bills. If HB 1000 also passes, prescribing psychologists could be integrated into these models, further enhancing access to high-quality mental healthcare.

House Bill 1000 presents a practical solution by authorizing appropriately trained psychologists to become qualified and safe prescribers. A recent Pennsylvania Psychological Association survey demonstrated that over 800 psychologists in the state are highly likely to pursue the required training and preceptorship (Gavazzi, Warner & Wycoff, 2023). Furthermore, research from New Mexico and Louisiana demonstrates a reduction in mental health-related mortality within several years of implementing similar legislation, suggesting potential benefits for Pennsylvanians (Choudry & Plemmons, 2021). Additionally, a recent study associates expanded

scope of practice for psychologists with improved access to pediatric mental health, both in terms of addressing unmet needs and medication access (Hughes, et al., 2024).

Leveraging their extensive clinical experience and specialized education through the Master's in Clinical and School Psychology (MSCP) program with additional supervision, psychologists are uniquely qualified to address the mental health crisis. House Bill 1000's expansion of mental health care access would significantly improve the lives of countless Pennsylvanians.

Once again, I would like to thank you for the opportunity to speak to you today about the access issues to mental healthcare in the Commonwealth.

Respectfully submitted,

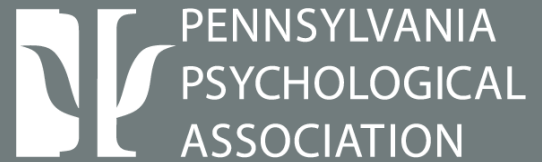
Dan Warner, Ph.D.

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March 2023



Prescriptive Authority for Psychologists

Proposed Legislation to Grant Prescriptive
Authority to Psychologists with Advanced and
Specialized Training in Clinical
Psychopharmacology

PPA RxP Workgroup

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Proposed Legislation to Grant Prescriptive Authority to Psychologists with Advanced and Specialized Training in Clinical Psychopharmacology

EXECUTIVE SUMMARY

There is a growing national mental health crisis and a shortage of psychiatric specialists to meet the demand (Merritt Hawkins Report, 2018). Most psychotropics are currently prescribed by primary healthcare professionals, including physicians, nurse practitioners, and physician assistants; however, these professionals often have limited training in mental health treatment.

Prescribing psychologists can increase patient access to psychotropic medications, reduce travel, decrease wait times, and ensure better follow-up care for patients already on psychotropic medications. Importantly, suicide rates have decreased in states that have added prescribing psychologists to the workforce (Choudry & Plemmons, 2021). Prescribing psychologists can manage medication treatment for most mental health disorders. They must earn an additional post-doctoral master's degree emphasizing psychopharmacology and the biological bases of behavior, pass a rigorous national exam, and engage in supervised practice.

Currently six states have prescription authority for appropriately trained psychologists: Colorado, Iowa, Idaho, Illinois, Louisiana, and New Mexico. Also, prescribing psychologists have safely and effectively prescribed psychopharmacologic medications in the Public Health Service, Indian Health Service, and the US Military for more than 25 years. The health and welfare of Pennsylvania citizens would improve if this legislation passed into law.

PPA PROPOSAL

The Pennsylvania Psychological Association (PPA) is pursuing legislation to grant prescriptive authority to licensed psychologists with advanced degrees and training in prescribing psychotropic medications, with the goal of increasing access to appropriate mental health treatment for Pennsylvanians.

To become a prescribing psychologist, a doctoral-level psychologist would need to complete the following additional qualifications (on top of the existing requirements for psychology licensure):

1. Complete a two-year (450 hours) post-doctoral master's degree in clinical psychopharmacology, focusing on physiology, pathophysiology, neuroscience, pharmacology, clinical psychopharmacology, and legal/ethical issues;
2. Pass the national board examination (Psychopharmacology Examination for Psychologists);
3. Complete a preceptorship under the supervision of a physician (MD/DO) that comprises at least 100 patients and 400 hours of direct clinical contact; and,
4. Prescribe psychotropic agents via a collaborative agreement with primary care providers.

The additional post-doctoral education and training for prescribing psychologists are comparable to other mid-level prescribers, such as nurse practitioners and podiatrists, and the knowledge and competency are comparable to psychiatrists, psychiatric nurse practitioners, and physician assistants (see Chart 1).

After additional training and supervision, psychologists will be credentialed as an independent prescribing psychologist, only allowed to prescribe psychotropic agents that are approved for the treatment of mental and emotional disorders. To maintain the prescribing psychology certificate, prescribing psychologists would be required to completed additional continuing education hours, on an ongoing basis, in psychopharmacology.

This proposed legislation seeks to expand the scope of practice for licensed doctoral-level psychologists with the additional training described above. Once prescribing psychologists gain prescriptive authority in other states, they have been viewed by other prescribers positively, and as competent practitioners (Linda & McGrath, 2017). No state that has granted prescriptive authority to appropriately trained psychologists has rescinded it.

WHY THIS MATTERS

Psychiatric service gaps are found across Pennsylvania.

Rural, urban, and suburban areas all struggle to provide sufficient psychiatric services to meet the demand. There are two Pennsylvania counties with the highest Health Professional Shortage Area (HPSA)¹ scores: Philadelphia County (urban) and Potter County (rural). Meanwhile, suburban areas such as Westmoreland County or Chester County have moderate scores, demonstrating insufficient psychiatric care to meet local population needs. PPA conducted a recent survey of licensed psychologists and found that over 41% of clients are required to wait four or more weeks for psychiatric care, including active clients. Based on the evidence (Malowney, et. al, 2015; Warner, 2022), there is not enough psychiatric availability to meet Pennsylvania's needs (see Map 1: Pennsylvania Psychiatric Shortage Map).

Even if there were enough psychiatrists, many do not accept Medicaid or Medicare. In terms of Medicaid, only 35.4% of psychiatrists accept new Medicaid patients, while 73.3% of other medical specialists accept Medicaid (Wen, et al., 2019). As of March 2022, Pennsylvania has enrolled 3,524,494 individuals in Medicaid and CHIP programs (Medicaid & CHIP, 2022). A survey of prescribing psychologists in New Mexico indicated 90% of prescribing psychologists accepted Medicaid (Vento, 2014). Therefore, there is a higher likelihood of Pennsylvanians with Medicaid coverage will have greater access to medication management by prescribing psychologists.

With respect to older Pennsylvanians, only 36.8% of psychiatrist participate in Medicare (Oh, et al., 2022). As of 2020, Pennsylvania has over 2.7 million Medicare beneficiaries (Statista, 2022). Prescribing psychologists will likely increase access for senior citizens.

Pennsylvania needs nearly 1,000 prescribers to meet the need by 2030

The Health Resources and Services Administration (HRSA) Quarterly Reports reveals a pattern of demonstrated need: Pennsylvania will need approximately 1,000 prescribing professionals to meet the most rudimentary mental health standards by 2030. Legislating prescribing psychologists is essential to achieve this goal. The healthcare system is unable to support enough psychiatrists to cover the demand, as psychiatrists are expensive and rare. The recent increases in psychiatry resident numbers (Moran, 2021) are insufficient to fix Pennsylvania's lack of prescribers. The *Psychiatric Times* admits this point and suggests that psychiatrists collaborate more with nurse practitioners (NPs), especially in states that limit their license (Kuntz, 2022).

Psychiatric NPs could, in theory, address this need. However, another recent analysis (see Map 2: Psychiatric Nurse Practitioner map) demonstrates an inadequate number of psychiatric NPs in Pennsylvania to meet demand (total NPs is 673). More than 70% of Pennsylvania counties have 10 or fewer psychiatric nurse practitioners (Warner, 2022).

ADDING ESSENTIAL PRESCRIBERS

Psychologist prescribers are uniquely positioned to address the psychiatric access gap in Pennsylvania. There are two ways to measure the possible increase in doctoral-level prescribing professionals in Pennsylvania.

First, we can measure other states with prescribing psychologists as exemplars. In New Mexico, 6.4% of psychologists became prescribing psychologists. The total number is 50. However, because there are 274 psychiatrists in New Mexico, those 50 prescribing psychologists increased the total doctoral-level prescribers by 18.25%. In Louisiana, there are approximately 110 prescribing psychologists, which boosted their number of doctoral-level prescribers by 23.5%, as there are 471 psychiatrists in that state. Given that there are roughly 6,000 psychologists in Pennsylvania, these estimates predict between 384 (6.4%) and 684 (11.4%) doctoral-level prescribers. This estimate of potential prescribing psychologists is in the range of current Psychiatric Nurse Practitioners as of July 2022 (See Map 2: Psychiatric Nurse Practitioner Map).

Second, a recent Pennsylvania Psychological Association survey found that 14% of PPA members would "likely" or "very likely" pursue the necessary training to become prescribers if permitted. Given 6,000 psychologists in the Commonwealth, Pennsylvania could add 840 prescribing psychologists into the workforce, increasing doctoral-level prescribing by 36%. Furthermore, the distribution of these psychologists and a telemedicine option enables them to work with a wide range of Pennsylvania residents (Warner, 2022). Again, there would likely be greater access to care from those Pennsylvanians who have Medicaid coverage (see Vento, 2014).

Prescribing psychologists will help fill the lack of access to psychotropic medication treatment by doctoral-level professionals. Family medicine providers agree that having a prescribing psychologist embedded in a family medicine clinic is helpful to their practice, safe for patients, convenient for patients, and improves patient care (Shearer, Harmon, Seavey, & Tui, 2012).

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ENDNOTE

¹The Health Resources & Services Administration (HRSA) is the federal bureau that calculates scores measuring quantity and quality of access to various medical services, including psychiatry, over designated geographic areas. The HRSA process is broad and implemented through various subsidiary programs. Thus, it is difficult to establish a singular cohesive perspective on one or more communities. For instance, the HRSA has separate programs for facility deficits, geographic area deficits, and deficits affecting 'special populations' (elderly, children, impoverished groups, etc.). However, HRSA has yet to provide a complete assessment of any particular region's total needs, and may underestimate actual psychiatrist availability (Malowney, et. al, 2015).

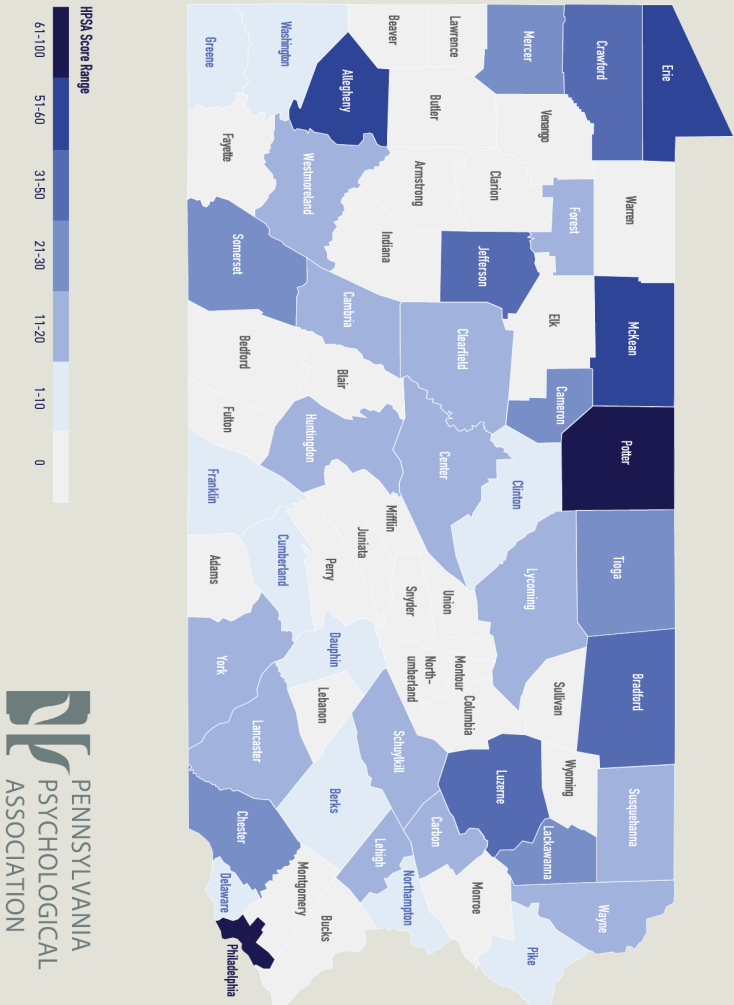
Chart 1: Prescribing Professionals in Pennsylvania
Comparisons in Education Prior to Licensure

Psychiatrist	Primary Care Physician	Physician Assistant	Nurse Practitioner	Prescribing Psychologist	Podiatrist	Optometrist	Dentist
Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree
Doctoral Degree	Doctoral Degree	Master's Degree	Master's Degree	Doctoral Degree	Doctoral Degree	Doctoral Degree	Doctoral Degree
Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam
Grad Med Trainee License	Grad Med Trainee License	PA-C License	CRNP License	Psychology License	Podiatry License	Optometry License	Dental License
Residency (4 years)	Residency (3 years)			Additional Master's Degree			
Licensing Exam	Licensing Exam			National Examination			
Physician License	Physician License			Prescribing Certificate			
Prescribe Any Medication	Prescribe Any Medication	Prescribe medications under physician co-signature	Prescribe medications with collaborative agreement	Prescribe psychotropic medication only with collaborative agreement	Prescribe medications relative to specialty	Prescribe medications relative to specialty	Prescribe medications relative to specialty

Pennsylvania Psychiatric Shortage

This map illustrates psychiatric shortages across Pennsylvania.

Key Finding: Mental health service gaps are found across the state: Rural, urban and suburban areas all struggle with providing a sufficient psychiatric workforce to meet need.



Map 1: Psychiatric Shortage in Pennsylvania

Psychiatric need being met by current psychiatric workforce: **40.28%**

Pennsylvania citizens directly affected by shortage: **1,729,047 people**

Percent of counties with a shortage of child or adolescent psychiatrists: **97%***

Number of PA psychologists "very likely" or "likely" to become prescribers if permitted: **850****

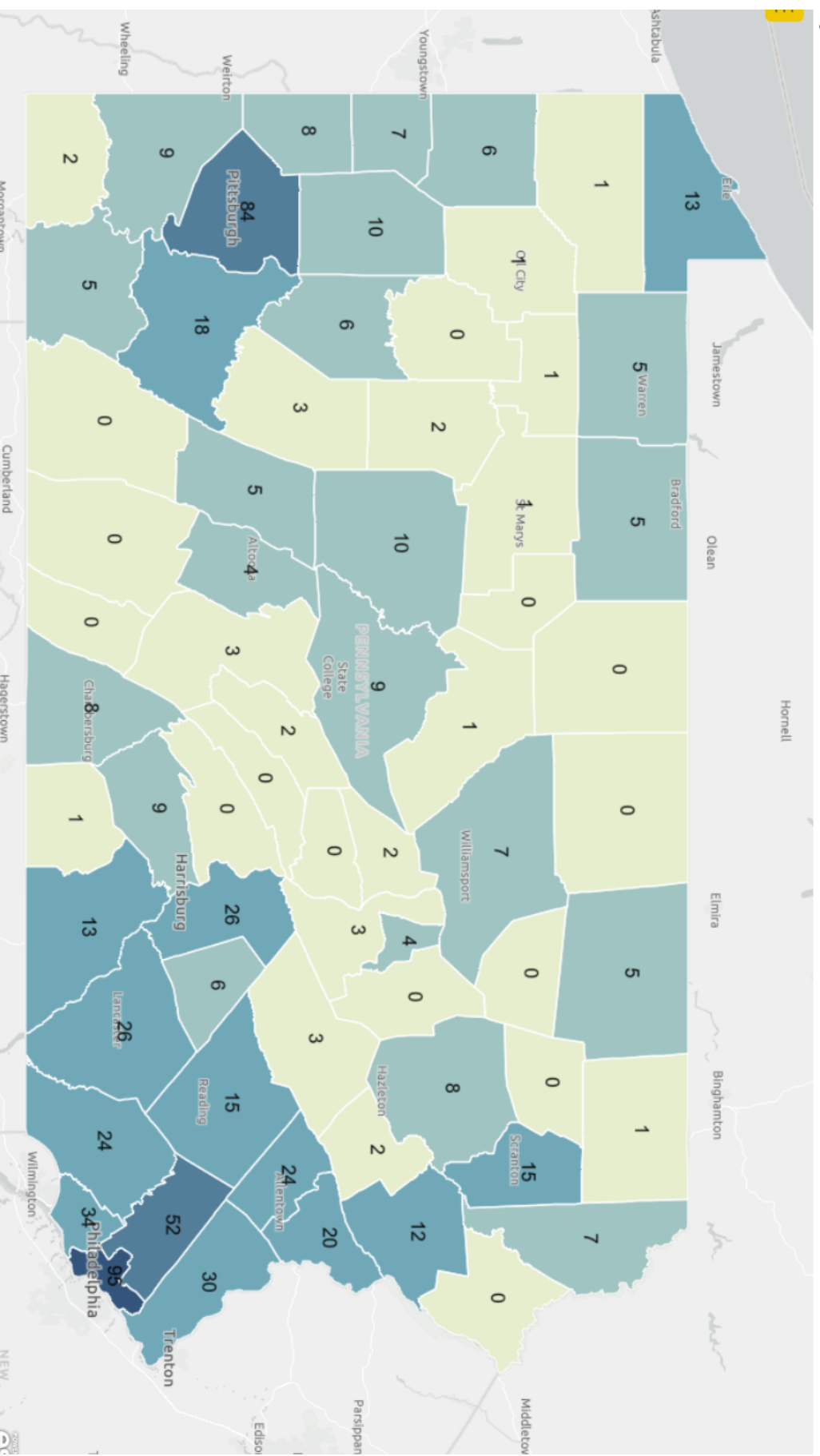
GET INVOLVED!
Learn how other states are addressing this crisis with prescribing psychologists:
www.papsy.org/RXP

This map provides the county level sum of the federal government's various Health Professional Shortage Area (HPSA) scores. Darker regions have a larger psychiatric shortage gap, which means more high needs populations and less access to care. For more details on the construction of the Pennsylvania Psychiatric Shortage Map please visit our website: www.papsy.org/RXP

*According to American Academy of Child & Adolescent Psychiatry Workforce Maps: https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

** According to the most recent (2022) Pennsylvania Psychological Association membership survey.

This map data comes from HPSA, and is of 01-20-2022, downloaded from web page: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
This map was last updated 07-26-22



Total Number = 673