Advocacy | Education | Community
Pennsylvania District Branch of the American Psychiatric Association

February 29, 2024
Committees on Health and
Professional Licensure
Main Capital Building
Harrisburg, PA

RE: Access to care issues
To Chairs Frank Burns and Dan Frankel, and members of the House Committee on Professional Licensure and Committee on Health:

On behalf of the Pennsylvania Psychiatric Society, an American Psychiatric Association district branch, which represents nearly 1500 psychiatric physicians, as well as their patients and families, we are pleased to offer written testimony for the joint session of the Health and Professional Licensure committees. We are heartened that the legislature is working to address the problem of access to care, which our members deal with every day. We receive countless calls from family, friends, other physicians and health care providers asking for help in accessing services; our testimony will focus on access to mental health care.

The pandemic, along with the welcome reduction in stigma, has increased the numbers of individuals seeking mental health care. The harvest is plentiful, the laborers are few. There are many complex reasons for the shortfall in availability of services, and a few good answers to how to improve this.

One possible answer, which has been introduced this session by chairman Frankel so we are circumspect, is to give prescribing privileges to psychologists. We must respectfully oppose such a measure as put forth in HB1000. While psychologists are experts in behavioral interventions,

Pennsylvania Psychiatric Society (PaPS)
574E Ritchie Highway, #271 | Severna Park, MD 21146
Phone: 800-422-2900 | Fax: 410-544-4640
Email: papsych@papsych.org | Web: www.papsych.org
EIN: 23-1548659

they are not required to have any medical training. A crash course in pharmacology does not begin to empower them to prescribe any medication for any patient of any age with any comorbid medical condition. Allowing them to prescribe jeopardizes the health and safety of Pennsylvania patients.

There is often confusion about the difference between psychiatrists and psychologists due to the similar names. While psychologists are valuable mental health professionals and respected colleagues, only psychiatrists are medical doctors who have education in biology, pharmacology, pathology of diseases, and drug-drug interactions. Like neurosurgeons, cardiologists, and internists, psychiatrists are physicians who have attended medical school (4 years) and then complete a rigorous four-year residency in psychiatry. Psychiatrists spend over 12,000 hours of training specializing in the medical treatment of mental health conditions and substance disorders. They focus on the prevention, diagnosis, early intervention, treatment, and recovery of mental, emotional, and behavioral disorders. Through their rigorous medical training, psychiatrists are equipped to conduct psychotherapy, prescribe medications, and perform a full array of other medical treatments. Psychiatrists are medically trained to identify and treat behavioral symptoms of medical conditions, as well as medical complications of mental illness. They often consult with other medical specialists about their patients with both physical and mental issues.

Psychologists treat mental disorders with psychotherapy and other behavioral interventions. A psychologist has an advanced degree, usually a Ph.D. in psychology or Doctor of Psychology (Psy.D.). Psychologists often have extensive training in research or clinical practice and in psychological testing and evaluation, but they **do not** have medical training.

Psychologists prescribing will not meaningfully improve access. This legislation does not address workforce shortage issues because it does not increase the net number of behavioral health providers in Pennsylvania. We don't need more prescribers; we have primary care providers – such as physicians (including psychiatrists) advanced practice nurses and PAs—across the commonwealth. Pennsylvanians need access to a coordinated continuum of quality mental health and substance use services, not just more access to psychotropic drugs. We very much need psychologists doing the work they are trained to do.

Psychologists are not medical professionals and do not have the medical foundation to safely prescribe powerful psychotropic drugs. While doctoral level psychologists are highly educated, advanced medical training is required to understand how psychiatric drugs affect the entire body and interact with other medications. They impact every system in our bodies, not just the brain, and can have dangerous consequences such as seizures, heart arrhythmias, blood diseases, or even death.

Pennsylvanians deserve effective, safe solutions. Investing in programs that truly expand access, integrate care, and do not compromise patient safety is the right solution to address our crisis. Telepsychiatry, collaborative and integrated care, consultation support, school-based clinics, increasing the number of psychiatric residencies available, and improving network adequacy are solutions that increase access and capacity without compromising safety.

The **collaborative care model** is already in use by many of the large health systems in the commonwealth. It pairs practicing psychiatrists with primary care practices, in which a behavioral

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health case manager (BHCM) is embedded. They share an electronic health record, can view rating scales filled out by the BHCM, and the psychiatrist advises on management. This leverages the skills of the psychiatrist and empowers the PCPs. Large health systems have found this model to be very helpful and cost-effective, saving $6 for each $1 invested according to many studies. Start-up costs and lack of coordination have stymied expansion through smaller practices and rural areas. Funding for these start-up costs and technical assistance would go a long way toward expanding real care, and help leverage the knowledge and skills our members have. HB 24, currently before the Human Services committee provides such funding.

We would like to have more psychiatrists in Pennsylvania, but while the numbers of graduating medical students applying in psychiatry has never been higher, the bottleneck of too-few psychiatry residency slots has hindered efforts to increase the pool. We think the model New Jersey passed two years ago, **state funding for one additional slot for each of that state's psychiatry residency training programs**, is a good one. The PA legislature appropriated funds for additional family medicine training spots last year; we believe such a move would be welcome by our teaching hospitals. (There were 11 programs in NJ; we have 14 in PA.)

A particular vexing problem with access to care is the **inadequate networks** of many of the insurers operating in the commonwealth. Many, many people have health insurance, which by law (parity) must cover mental health services, but they discover when they try to use this coverage, they cannot find any provider willing to see them, or add them to a waiting list months-long. Desperate parents of troubled young people often then pay out of pocket to an out-of-network provider. This impoverishes the family and enriches the insurance company, who now continues to collect premiums but does not have to pay for care. The American Psychiatric

Association did a “secret shopper” evaluation of the marketplace in several states, including Pennsylvania, a few years ago, which documented this. **Better enforcement of existing parity laws**, as well as **calling out frankly deceptive business practices**, would go a long way to help such families.

Please focus on getting Pennsylvanians the care they need by utilizing safe, effective, evidence-based approaches Psychologists are needed practicing the skills they already have, not adding authority to do what they will not do as well.

Thank you for your efforts to improve access, and the opportunity to submit this written testimony.

Sincerely,

Kenneth M Certa MD
Co-chair, Government Relations Committee
Pennsylvania Psychiatric Society