

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

### **BACKGROUND**

Colorado is in a serious mental health crisis, with a high prevalence of mental health issues in Coloradans and a significant shortage of mental health professionals statewide. For example, nationally, Colorado ranks third for lowest access to mental health services, has the second highest percentage of adults with substance use disorder, and has the third-highest percentage of adults contemplating suicide. Since the COVID-19 pandemic, rates of mental health issues in Coloradans have increased, with nearly 50% of Coloradans experiencing symptoms of anxiety and depression, and a more than a 50% increase in Coloradans calling or texting a crisis hotline.

Nationally, approximately 20% of adults meet criteria for mental illness and 5% meet criteria for severe mental illness, with rates significantly increasing secondary to the COVID-19 pandemic. However, the national average ratio of psychiatrists is 8.9 practitioners per 100,000 population (<.001%), with Colorado's ratio falling lower than the national average. This profound shortage of prescribers results in considerable unmet need, long wait times for patients who are able to access psychiatric providers, and patients turning to primary care physicians for management of their psychiatric needs due to an inability to access psychiatric providers. The delay, or inability, to access care often results in increased severity of mental health issues that are more problematic and difficult to treat. Additional costs to the lack of access to appropriate treatment for patients include increased suicide rates, impairments in social and occupational functioning, and increased medical problems.

From a social justice perspective, marginalized populations, such as racial and ethnic minorities, indigenous communities, individuals in rural areas, LGBTQ+, and low-income populations are more likely to have increased barriers to access of care, are less likely to receive appropriate treatment when it is needed, are more likely to experience the negative effects of untreated mental health issues and have been disproportionately stressed by the COVID-19 pandemic.

### **CPA Proposal**

The Colorado Psychological Association ("CPA") plans to pursue legislation to grant prescriptive authority to licensed psychologists with advanced degrees and training in prescribing psychotropic medications, in attempt to increase access to appropriate mental health treatment for Coloradans. Licensed psychologists have earned a doctoral degree focused on assessment, diagnosis, and treatment of mental health disorders.

To become a prescribing psychologist, a psychologist would need to complete additional qualifications of: (a) completing a two-year (450 hours) postdoctoral master's degree in clinical psychopharmacology, focusing on physiology, pathophysiology, neuroscience, pharmacology, clinical psychopharmacology, and legal/ethical issues, (b) passing the national board examination (Psychopharmacology Examinations for Psychologist), (c) completing a preceptorship under the supervision of a physician (MD/DO) that comprises an 80-hour physical exam experience and a 400-hour clinical rotation seeing at least 100 patients, and (d) prescribing under a conditional prescribing psychology status for two years. We would like to propose that, once these steps have been completed, that the psychologist will be credentialed as an independent prescribing psychologist. The additional post-doctoral education and training for prescribing psychologists are comparable to other prescribers, such as psychiatric nurse practitioners, and the knowledge and competency are comparable to psychiatrists and psychiatric nurse practitioners.

The American Psychological Association (APA) formally recognized prescribing psychologists as a specialty within the practice of psychology, and psychologists have been prescribing psychotropic medications for nearly 30 years, within five states (NM, LA, IL, IA, and ID), the Department of Defense, Indian Health Service, US Public Health Service Corps, and Guam. Since the inception of prescribing psychology nearly 30 years ago, there have been no ethical or malpractice complaints against prescribing psychologists, which speaks to the safety of prescribing psychologists. Given the current high levels of unmet mental health needs, 15 other states are also currently in the process of pursuing prescriptive authority legislation for doctoral-level psychologists who have met the criteria previously defined.

It is important to be clear that this legislation asks to expand the scope of practice for licensed doctoral-level psychologists who fulfill the previously stated criteria to prescribe psychotropic medications. The legislation is not to allow psychologists to practice general medicine or prescribe non-psychotropic medications.

### **Why This Matters**

Given the mental health crisis in Colorado, Governor Jared Polis has promoted the Behavior Health Administration bill and established the Behavioral Health Blueprint for Reform to increase access to care and support elimination of the health disparity among marginalized populations. Granting psychologists' prescriptive authority aligns with the mission of this bill.

For the states that have allowed psychologists to hold prescription privileges, approximately 10% of licensed psychologists have pursued prescribing psychology certificates. In the state of Colorado, 10% of psychologists equates to approximately 300 psychologists who would pursue the certificate, which would expand specialized psychiatric providers in Colorado by approximately 35%. Increasing access to appropriate mental health treatment can help reduce the problems that are associated with unmet mental health needs in Coloradans, such as high suicide rates, impairments in social and occupational functioning, and increased medical problems.