



CALIFORNIA
PSYCHIATRIC
ASSOCIATION

CAPITOL INSIGHT

Psychologists Practicing Medicine: Are the experiences in other states a harbinger for California?

by Randall Hagar, Director of Government Relations

IOWA

On May 27, 2016, Iowa became the fourth state to allow psychologists to practice medicine and prescribe medications (RxP). According to the American Psychological Association the

“Law will improve access to mental health services. The American Psychological Association hailed the enactment today of a law making Iowa the fourth state in the country to authorize licensed clinical psychologists with advanced specialized training to prescribe certain medications for the treatment of mental health disorders.

“This is a landmark decision that will improve access to a wide range of mental health services,” said Katherine C. Nordal, PhD, APA’s executive director for professional practice. “Increasing access to mental health care is critical given the increase of major depressive disorders among Iowa’s youth and the number of people over 65 experiencing a diagnosable mental illness.”

To be eligible for a two-year conditional prescribing certificate a psychologist must successfully complete a post-doctoral master of science degree in clinical psychopharmacology, a supervised practicum in clinical assessment and pathophysiology, and pass a national examination. All under the supervision of a physician. After two years of supervised practice, the psychologist would be eligible for independent prescribing authority.

For psychologists who treat special populations such as children, the elderly or people with comorbid physical

conditions, this will include completion of a year of supervised conditional prescribing and after that the prescribing psychologist must maintain a collaborative relationship with the patient’s physician. The law requires the collaboration of the state board of psychology and the state medical board to produce implementation regulations which will detail precise education, training, supervision, and the scope of practice.

Elizabeth Lonning, PsyD, of the Iowa Psychological Association, lauded the governor’s action. “Signing this legislation into law is a great step toward increasing accessibility to mental health care for all Iowans, many of whom currently have to wait months or drive long distances to receive treatment,” she said. “Two-thirds of counties in Iowa do not have a single psychiatrist, making it difficult for patients in need of medication for mental health disorders to receive it from a psychiatrist. It can take months to get an appointment. Even if they are able to find a doctor with available appointments, patients may have to drive an hour or more to get care, particularly if they live outside of major urban areas such as Des Moines or Iowa City. This new law will directly address these access issues by increasing the number of available providers to prescribe medications.”

OHIO

On April 12, 2016 a bill (SB 300) to allow a psychologist to treat both drug addiction and mental illness by prescribing drugs, was referred to a Ohio State Senate Com-



Randall Hagar

mittee. It currently has not been set for hearing. It would require that a psychologist complete a course of study in clinical psychopharmacology approved by the board of psychology; under the direction of a qualified practitioner (not specified) and for a duration of time (also not specified and left to the board of psychology to decide) complete a period of clinical supervision in the “psychopharmacological” treatment of diverse patient populations; and, pass the psychopharmacology examination for psychologists offered by the American Psychological Association practice organization’s college of professional psychology.

The bill would then permit the prescribing of “antidepressants, antipsychotics, mood stabilizers and other anticonvulsants, benzodiazepines and nonbenzodiazepine anxiolytics, sedative hypnotics, stimulants, agents used for the treatment of extrapyramidal symptoms, agents for the treatment of Alzheimer’s disease, and any other drugs commonly used to treat mental illness.”

HAWAII

The first psychologist prescribing bill in the United States was introduced in Hawaii in 1985. On May 3, 2016, a coalition led by the Hawaii Psychiatric Medical Association (HPMA) defeated yet another bill allowing psychologists to prescribe medications by blocking action on the floor of the Hawaii House of Representatives. I believe this bill was the 27th such bill in Hawaii.

Opponents of the bill included the HPMA, joined by the American Psychiatric Association, the American Medical Association, and the Hawaii Medical Society who argued that granting prescriptive authority to psychologists would jeopardize the provision of safe, high-quality care for Hawaii’s patients.

“We put together a great team of other medical organizations, consumers, and members of the HPMA to foster relationships with legislators,” said Area 7 Trustee Jeffrey Akaka, M.D., of Honolulu, the HPMA’s legislative representative. “Nobody can do this alone.”

OTHER STATES

New Mexico first approved a practice of medicine law for psychologists in 2002. Louisiana in 2004 and Illinois in 2014 also passed legislation.

Data the California Psychiatric Association has tracked in both New Mexico and Louisiana indicates that most of these practitioners cluster in the 5 or so largest urban areas

while not practicing in underserved, including the many rural areas in these states. This is an ironic but not unexpected counterpoint to the arguments about improving access to services which were used to justify these statutes in the first place.

Troubling too, are reports that psychologists have exceeded their mandates under the laws of both of the early adopter states and have written prescriptions for benzodiazepines, anti-cholesterol medications, some cardiovascular medications and perhaps others. None of these incidents have been the subject of any official state enforcement investigations that we know of. So it is not surprising that there are several Louisiana lawsuits alleging harm from drugs prescribed by “medical psychologists.”

COULD CALIFORNIA BE NEXT?

I reported in my last column about RxP activities in California. While there have not been any bills introduced in California in this legislation session to date - and CPA remains vigilant to detect bills that may be last minute, sneak attack “gut and amended” bills - in my next column I will update you on further developments that have implications for California.

OTHER LEGISLATION OF INTEREST

No Place Like Home (NPLH) Program

The Governor signed AB 1618 on July 1, 2016 which provides \$2 billion for permanent supportive housing for people with mental illness. AB 1618 is a budget trailer bill and that means it went into effect upon signing by the Governor. It is estimated that this amount could create up to 10,000 new permanent supported housing units. Financing will be by bonds issued by the state Treasurer with costs to service the debt to be paid out of the Mental Health Service Act Fund (Proposition 63). The intent of the legislature is that debt service shall not impede direct mental health service delivery by counties. However, this last provision is not a guarantee that in years in which MHSA revenue is down, allocations to counties won’t decrease (and services might have to be cut back) as a direct result of the NPLH bond repayment claim on MHSA funds. This was a sore point voiced by many advocates for people with mental illness (and unaddressed by the legislature or the Governor) even though agreeing that more housing would be a good thing. There may be other significant issues that arise as the program is rolled out.

Implementation of Laura's Law

Since my last report to you a number of additional counties have adopted Laura's Law programs. Laura's Law programs provide court supervised outpatient treatment for individuals who have a history of non-compliance with treatment resulting in revolving door hospitalizations, arrests and incarceration and in some cases threats or acts of grave bodily harm. The total number of counties that have adopted such programs to date is 17, which includes the counties of: Alameda, Contra Costa, El Dorado, Kern, Los Angeles, Mendocino, Nevada, Orange, Placer, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Shasta, Ventura, and Yolo. Advocacy in yet other counties is ongoing.

SB 82 Implementation

Investment in the Mental Health Wellness Act of 2013, yet another budget bill, expands crisis intervention, crisis stabilization, and crisis residential services statewide. Its statewide purpose was to add: at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds, and 600 triage workers to bolster capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs. To date \$140,459,840 in four rounds of grants has been awarded to 42 counties to fund 901 new crisis residential beds, 281 crisis stabilization beds, 63 mobile crisis vehicles, add 58 mobile crisis staff, and 347 triage workers. A final round of grants is pending with \$31,775,383 which includes for the first time peer respite care funds. Some of the funds available generally were provided to assist in the building of a suicide barrier on the Golden Gate Bridge.

Other Legislation of Interest

AB 38 (Eggman) Early Diagnosis of and Preventative Treatment Program. This is a CPA sponsored bill to provide early psychosis intervention services to families with private insurance. Although these kinds of programs have started to be implemented in the public sector in California and other states, there has been no attempt to find a model where private insurance would pay for the bundle

of wrap around services necessary to reduce the disability associated with psychotic disorders. AB 38, if enacted, would be a first in the US as far as we can tell.

SB 1471 (Hernandez) Psychiatry Loan Repayment Programs. Another CPA sponsored piece of legislation, which gives psychiatrists priority access to certain loan repayment program funds, thereby helping to provide better access to psychiatrists in underserved areas.

SB 1273 (Morlach) Crisis Stabilization Units. This bill clarifies that Mental Health Service Act funds may be used by counties for services provided in crisis stabilization units. Like similar legislation that clarified that Laura's Law services could be paid for with MHSA funds and when enacted led to a significant expansion of services, this bill if enacted (and it should be with bi-partisan and nearly unanimous support so far) will help counties to fund expanded crisis service capacity.

AB 1300 (Ridley-Thomas) Involuntary Treatment. This CPA co-sponsored bill has gone through a number of iterations in trying to integrate emergency physicians practicing in non-designated hospital emergency into the system of county designated facilities that treat 5150 patients. As currently amended it provides emergency room physicians with the authority to place 5150 holds on patients.

For further legislative information, see the CPA website (www.calpsych.org) and click on the link to find the CPA 2016 Priority Bill list.

PLEASE SUPPORT THE CPA

Please visit the CPA website and click the "Advocacy" tab to support our legislative efforts by donating to both the California Psychiatric Political Action Committee (CP-PAC), as well as the CPA Advocacy and Litigation Fund (A&L). CPPAC provides support to candidates for the legislature who understand and are knowledgeable about the CPA mission. The A&L fund provides additional resources for RxP and other crucial battles on behalf of psychiatrists and their patients. Please consider donating the value of a two hours of your time to each so that we can continue our legislative successes!

Your CPA Political Action Committee Needs You



Lawrence Malak, M.D.

By Lawrence Malak, MD

The 2016 election year has been anything but “normal.” From colorful candidates to major mental health legislation passing in both the House and Senate, 2016 is shaping up to be a critical year with many implications for our patients and practices. Now more than ever, the California Psychiatric Association Political Action Committee (CPA PAC) can be a valuable tool in the fight to improve our practice and the care we deliver to those who need it.

There have been some successes at the national level in the fight for parity and expanded opiate treatment, yet we still have much work to do in California. With potential changes to our commitment laws, ongoing parity battles and California’s continuing shortage of psychiatric beds and services, it is up to each of us to help in these struggles.

We entered the medical profession to help people and be a force for good and while we all advocate for our individual patients on a daily basis, we need to come together to advocate for good psychiatric services for all of California’s patients. Your monetary support helps to strengthen our PAC, strengthens the voice of organized psychiatry, and also helps the many patients and families affected by healthcare policies. Our obligation to those we care for and to our field demands we go an extra measure so that our CPA staff will have the resources to support legislative candidates who understand the need to advocate for those we treat as well as those who have yet to receive adequate psychiatric services.

Any amount you can contribute helps. When your CPA PAC can say we speak for Every Psychiatrist in California it lends power to our position and lets legislative candidates know how important this issue is to all of us. Thank you for your contributions to the PAC!

I implore you to give generously to support your PAC and help be an active force in shaping the practice of medicine and psychiatry in the state of California. Let’s sustain the momentum that we’ve gained from past victories in this

big election year. **Your investment in our PAC is an investment in the future of psychiatry.**

Please visit the Advocacy or PAC pages of the CPA website to join the fight:

<http://www.calpsych.org/advocacy.html>

<http://www.calpsych.org/#!cppac-fund/ccrl>

Contributions to the PAC should be sent to California Psychiatric Political Action Committee, 921 11th Street, Suite 502, Sacramento, CA 95814, made payable to the California Psychiatric Political Action Committee. PAC funds are used to support qualified candidates and officeholders in the California Legislature by contributing to their election and re-election campaign. PAC is an independent legal entity separate from the CPA with its own governing board funded with voluntary contributions that are not tax deductible.

California Psychiatric Political Action Committee (PAC)

921 11th Street, Ste. 502, Sacramento, CA 95814

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