

SENATE BILL REPORT

SB 6144

As of January 19, 2024

Title: An act relating to establishing a prescribing psychologist certification in Washington state.

Brief Description: Establishing a prescribing psychologist certification in Washington state.

Sponsors: Senators Randall, Rivers, Muzzall, Dhingra, Robinson, Van De Wege, Conway, Frame, Lovick, Nguyen, Nobles, Saldaña and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/19/24.

Brief Summary of Bill

- Directs the Department of Health to certify psychologists who have completed special education, training, and supervised experience as prescribing psychologists.
- Restricts the prescribing authority of prescribing psychologists to prescribing psychotropic medications and ordering related tests.
- Adds an expert in psychiatric prescribing to the Examining Board of Psychology.

SENATE COMMITTEE ON LAW & JUSTICE

Staff:

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Practice of Psychology. The practice of psychology is the observation,

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evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures. Psychologists diagnose and treat behavioral health disorders and may engage in measurement, assessment, and evaluation. To be licensed in Washington, a psychologist must have a doctorate from an accredited institution, no fewer than two years of supervised experience, and pass a moral character review and examination.

The Examining Board of Psychology. The Examining Board of Psychology consists of nine psychologists and two public members, and is responsible for the development of rules, policies, and procedures related to the qualifications, licensing, discipline, education, and training of psychologists in Washington.

Professionals With Prescriptive Authority in Washington. Professionals in Washington which have prescriptive authority include allopathic and osteopathic physicians, allopathic and osteopathic physician assistants, advanced registered nurse practitioners, dentists, naturopaths, optometrists, and podiatric physicians.

Prescribing Psychologists. Several states, including Louisiana, New Mexico, Indiana, Illinois, Idaho, and Colorado; the federal government; and Indian Health Service allow psychologists who have undergone special education and training to prescribe psychoactive drugs. The Department of Health published a sunrise review on the topic of prescribing psychologists in Washington in December 2020.

Summary of Bill: A psychologist may apply for certification as a prescribing psychologist if the psychologist:

- holds a current license as a psychologist;
- has completed a master's degree program in psychopharmacology;
- has completed at least 80 hours of supervised experience in physical assessment;
- has completed a supervised clinical prescribing fellowship comprised of at least 500 hours and 100 individual patients; and
- passes an examination in prescribing competence developed by a nationally recognized organization and approved by the Examining Board of Psychology.

The required master's degree program in psychopharmacology must be substantially equivalent to the training required of advanced practice psychiatric nurses and include two years of instructions, at least 400 contact hours, and sufficient biomedical education to ensure the necessary knowledge and skills to prescribe psychotropic medications.

The prescribing authority of a prescribing psychologist is limited to prescription of psychotropic medications recognized or customarily used in the treatment of behavioral health disorders. A prescribing psychologist may order and obtain laboratory tests, procedures, and diagnostic exams necessary to exercise this prescriptive authority. A prescribing psychologist must maintain an ongoing collaborative relationship with a health care practitioner who oversees the patient's general medical care to ensure necessary

medical examinations are conducted and that any psychotropic medication is appropriate for the patient's medical condition.

A prescribing psychologist may not prescribe opioid medications except for medications appropriate for treatment of an opioid use disorder which are prescribed for the purpose of treatment of such a disorder. All prescriptions written must be identified as being written by a prescribing psychologist.

An expert in psychiatric prescribing is added to the Examining Board of Psychology (Board). The Board must adopt rules relating to prescribing psychologists.

Appropriation: None.

Fiscal Note: Requested on January 9, 2024.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: I have seen my patients benefits from integrated care combining traditional talk therapy with medication. Limited access to behavioral health care is a crisis in Washington. All the Department of Health recommendations were incorporated in this bill. The training of a prescribing psychologist is robust, consisting of 14 years of instruction. This is something we can bring to Washington now. I have worked with prescribing psychologists for 15 years and found them to be well-trained, safe, and effective. Patients who don't respond to first or second-line medication treatments can be handled effectively with the insight of a prescribing psychologist. They force multipliers who make the rest of the team more effective. The system is failing those with complex behavioral health and multiple comorbidities who have problems accessing care. This disproportionately affects people in BIPOC communities. New research shows the advent of prescribing psychologists in Louisiana and New Mexico resulted in a 5 to 7 percent decrease in suicides. Having the therapist and prescriber in the same person improves the patient experience and avoids referrals. There is ample evidence to suggest prescribing psychologists improve population mental health, will improve access to mental health care, and save lives. There could be 65,000 fewer suicide deaths in Washington. We have never found a psychiatrist who takes state insurance. My prescribing psychologist practice in Idaho serves the deaf blind community; I want to provide the same services to patients in Washington who cannot find prescribers. Shortages impact the hard of hearing and deaf blind community. Every day our front desk is inundated with clients trying to find prescribers. Prescribing psychologists have prescribed safely for over 30 years. Finding a prescriber for my son was a relentless journey.

CON: This is not a turf issue but a patient care and patient safety issue. Physicians spend years learning differential diagnoses to know whether medications being placed in the body

are causing harm. The training is not substantially equivalent to that of a psychiatric ARNP. This prescribing is dangerous and there is a high risk of addiction. Medicare does not reimburse for prescriptions from psychologists. After 20 years there are fewer than 250 prescribing psychologists in the entire nation. Psychologists lack experience with physical illness. Prescribers are easier to find than psychologists. We have evidence-based models like telemedicine to scale up instead of this proposal. Should we allow teachers to prescribe ADHD meds? This will lower standards of care. We see risks which outweigh the benefit. The net effect will not meaningfully increase the workforce because psychologists won't be able to see more patients. The Department of Defense program has not been robust. Psychologist training is focused entirely on non-medical therapies. There is no background in sciences, just a Cliff's Notes version of medical training. A crash course in prescribing is wholly insufficient. The entire body is affected when you take medications. We want what's best for our children and to not put their health and safety at risk with substandard care. A small dose mistake can change a life-saving intervention to something catastrophic. Many psychologists themselves oppose scope expansion. Psychiatric medications harmed my child. Psychiatric drugs should only be used short-term with full information and consent.

Persons Testifying: PRO: Shantaa Watkins; Liliana Baciuc; Steven Brown; Dr. David Shearer; Dr. John Edwards; Anna Nepomuceno, NAMI Washington; Phillip Hughes; Jocelynn McLaughlin; Dr. Jaime Wilson.

CON: Kevin McLean; Katie Kolan, Dr. Robin Berger, Washington State Psychiatric Association; Amy Brackenbury, Washington State Medical Association; Ravi Ramasamy, Washington State Council of Child and Adolescent Psychiatry; Scott Ferguson, American Medical Association; Petros Levounis, American Psychiatric Association; Dawn Sonntag, Family Alliance for Mental Health; Marsha Haley, Physicians for Patient Protection.

Persons Signed In To Testify But Not Testifying: PRO: Gerald Purkey; Katherine Wright.

CON: Breck Lebegue; Amy Burns; Julia Lin; Mary Long, Conservative Ladies of Washington; April Hunziker, M.D.; Kika Kauri, Allison Rooney, Thomas Soepronon, Washington State Psychiatric Association; Ramsha Rao; Scot Smith, M.D.; Lida Turner; Victoria Harris MD; Claire Brutocao; Arjun Bansal; Tanya Keeble; Kelly Richardson, Citizen's Commission on Human Rights Washington State; Adam Hinzey; Maya Ojalehto; Jeannette Mcchesney; Cynthia Wilson, Ross Wilson Enterprises, LLC; Deborah Johnson, Washington State Urology Society; Susanna Jones; Lelach Rave, Washington Chapter of the American Academy of Pediatrics; Jennifer Piel MD, JD.

OTHER: Shawna Fox, Department of Health.