

June 3, 2020

Sherry Thomas

DOH Sunrise Review Coordinator

Ms. Thomas,

We write to you on behalf of the Washington Medical Commission (WMC) regarding the addition of prescriptive authority to psychologists. We are the regulatory authority for 34,000 physicians and physician assistants licensed in Washington State and therefore see hundreds of mental health prescribing cases during our time with the Commission. We also regulate the licensing standards applied to over 3,000 applicants per year and as such are adept at assessing competence for licensure through education, training, and malpractice assessment. With that background, we write to express our deep concerns with this proposal. We will address the statutory requirements and then direct specific concerns to the applicant package.

Protect the public from harm

Expanding psychologist's scope of practice to permit them to prescribe medications will not only fail to protect the public from harm, it will have the opposite effect of increasing the risk of harm to the public. Knowledge of and experience diagnosing and treating psychiatric symptoms and disorders is not sufficient to be able to safely prescribe medications to treat psychiatric symptoms and conditions. Psychiatric medications have significant effects on multiple organ systems. They can cause significant and sometimes dangerous side effects across multiple organ systems that require broad medical knowledge and experience to be able to recognize and manage – metabolic syndrome, diabetes, impaired intestinal motility, neutropenia, hypertension, hypotension, anticholinergic symptoms, cardiac arrhythmias, cardiac conduction abnormalities are just a few examples. Side effects not infrequently require management with other, non-psychiatric medications. Psychiatric medications can also cause potentially serious interactions with other, non-psychiatric medications. Extensive knowledge of human anatomy, physiology, biochemistry, plus general pharmacology, and experience in diagnosing and treating all types of medical disorders, is a pre-requisite to being able to prescribe and manage psychiatric medications safely and effectively. Clinicians who are currently permitted to prescribe psychiatric medications – physicians, nurse practitioners, physician assistants – all undergo extensive education and hands-on training in general medicine before being able to prescribe psychiatric medications. Prescribing medications without this basic medical education and training will create the potential for serious adverse medical events.

Provide assurance of professional ability to perform the increased scope of practice (such as education and training)

The abbreviated courses that the psychologists usually suggest prior to being able to prescribe fall far short of the education and training that is necessary to be able to prescribe safely and effectively. As noted above, a thorough grounding in human anatomy, physiology, biochemistry, plus general

pharmacology, and experience in diagnosing and treating all types of medical disorders, is a prerequisite to being able to prescribe and manage psychiatric medications safely and effectively. This requires, at a minimum, education and training in the basic sciences and general medicine that duplicates what physician assistants receive. (Psychiatrists have a minimum of 4 years of medical school, a year of internship, and 3 years of residency before they are deemed capable of prescribing without active supervision.)

The application proposes as a solution two year masters level degree and a fellowship with 100 patient encounters and 400 contact hours. This is simply not sufficient in any scenario. A family medicine physician must complete a residency that requires 542 unique actual patient encounters per year for three years in order to be accredited by the ACGME. A one year on-line fellowship with less than 1/5th of those patients as a requirement is a poor substitute at best for the training of a family medicine physician, let alone a specialist such as a psychiatrist.

Provide the most cost-beneficial option to protect the public

Given the potential for serious adverse medical events due to lack of adequate knowledge of and training in basic sciences and general medicine, psychologist prescribing will have the potential to increase the costs of medical care due to the need to treat adverse medical events. An additional cost not considered or mentioned is the increased potential cost for trial and error due to lack of experience with this practice of medicine. And to be clear, this scope increase would not bring down the cost of care nor would it reduce the cost of prescriptions – there is no cost benefit here.

General comment

While that may be true, and while psychologists are highly valued colleagues, they do not receive the requisite training in basic sciences and general medicine to be able to prescribe and manage psychiatric medications safely and effectively. Taking truncated courses in general medical subjects is not an adequate substitute for the education and training that physicians, nurse practitioners, and physician assistants receive in the classroom and in clinical rotations.

Comments on the Application

- Physician Assistants are not counted among those practitioners that offer mental health services and prescriptive authority. This is false. Numerous PAs work in the mental health specialty, including Western State Hospital, and many generalist PAs manage mental health disorders and part of their daily practice. The current number of licensed PAs in Washington is 4,080.
- The applicant claims that psychiatrists do not take insurance and are private pay. We saw no evidence supporting this claim. We would ask they supply reciprocal evidence that psychologists have a higher rate of accepting insurance and not being in private practice do support this claim.
- In (1) (b) the applicant clearly states that the benefit will be no more and no less to the state and patients. They openly state in the application that increase of scope will not address the problems they identify. ("licensed prescribing psychologists will create no more nor less risk")
- The DOD project used as the basis for the evidence to expand scope appears to involve 10 psychologists, only eight of which were allowed to continue this practice. Additionally, this

study is from the 30 years ago. Where is the actual rigorous and more recent studies demanded of medical peer review research that demonstrates this is a safe alternative for patients?

- Prescribing in the current environment must take into account Prescription Monitoring Program (PMP) use. How will this profession become competent in all other medicines and interactions that come with prescribing that are listed and available on PMP? How will they get the full prescribing history available in the Primary Care Provider record and know what they are looking at to include those medicines that are NOT on the PMP? MDs and PAs make the investments in tools such as Up To Date; what do psychiatrists use to gain real time access to research and evidence?

Regard the proposed additional training:

- All these training requirements (masters, exam, proctoring) exist presently. How is this above and beyond the PhD?
- Can the Master's be completed as part of the PhD pathway? How is this additional?
- How is an online fellowship appropriate training when considering the extensive education and hands on training received by psychiatrists or PAs, none of which is deemed appropriate for online settings?
- The profession training comparison chart is flawed. Residency and fellowships are not considered which is precisely what sets that profession of physician apart from PAs, NPs, and psychologists.

Regulatory Issues

- We have seen other entities experience difficulty in regulating members of the profession which do not have direct representation on the board. Defense counsel frequently brings up lack of expertise issues even when a member of a different medical specialty reviews a case in the work of the WMC. We question if the board would have legal standing to opine on and bring a legal case against the proposed prescribing psychologist when the board by definition does not have that expertise as a sitting member. Do they intend to contract with an expert witness prescribing psychologist for every complaint review, investigation, and case disposition process?
- Non-renewal is not allowable because of due process and property rights requirements and as such is not a regulatory measure available to the board.
- Anecdotally, the WMC experience with mental health complaints shows that those cases are the most complex and contentious because they are the most difficult issues with the greyest areas. Nearly every pediatrician, emergency physician, psychiatrist, and intensivist has a story about rescuing a patient from mental health prescriptive related emergency and how essential it is for these conditions to be managed by a practitioner who knows and is trained in the entire medical picture. With that said, how is a board with no sitting or historical experience in prescribing regulation expected to competently protect the public if this change is enacted? What is an appropriate timeline for the public to expect for such a regulatory body to develop the required expertise? What portion of the proposed law addresses that need and how will the board specifically add membership, develop procedures, and gain expertise to write rules that protect the public?



Thank you for considering our comments on this issue.

Sincerely,

WMC Executive Committee Signatures

DRAFT