Psychologists Gain a Foothold in the Battle for Prescribing Privileges

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The right to prescribe medications is one of the prized prerogatives of the medical profession. In their role as gatekeepers to pharmacotherapy, physicians afford access to an essential element of medical care and serve as the guardians against inappropriate and harmful use. It is a role for which they receive considerable training in medical school and one that confers enhanced professional authority, prestige, and, some would argue, income.

Other health professions have sought to emulate the success of physicians in incorporating prescribing into their professional armamentarium. Dentists, of course, have long been permitted to prescribe antibiotics, analgesics, and other drugs related to dental care. More recently, physician assistants and nurse-practitioners have gained limited authority in some states to prescribe medications that are commonly used in primary care. These professions have found greater independence flowing from their expanded scope of practice.

THE PUSH BY PSYCHOLOGISTS

No profession has been as assertive in its efforts to join the ranks of prescribers as that of psychology. For many years, psychologists have been claiming that doctorate-level practitioners with supplementary pharmacology training are competent to prescribe and monitor drugs related to mental health practice. They feel that they can do so as safely and effectively as their counterparts in psychiatry, who have received medical school and postgraduate medical education. Organized psychiatry stands in firm opposition, contending that only practitioners with full physician training are competent to safely assess medication needs and to evaluate therapeutic effectiveness and side effects.

Over the past three years, psychologists have gained two significant legislative victories. In 2002, New Mexico became the first state to permit psychologists to prescribe, although only after supplementary medical training and oversight. In 2004, Louisiana became the second state, with similar, although less rigorous, qualifications required. Psychologist prescribing has also been permitted in Guam since 1999 and among a test group of 10 psychologists in the military health system. Proposals have also been debated in several other states, and their fates will probably depend on the experience of the first two state programs.

PROVISIONS OF THE NEW STATE LAWS

New Mexico

The New Mexico legislature authorized psychologist prescribing by wide margins in both chambers. The criteria for practitioners are based on those applied by the Department of Defense for its small group of prescribing psychologists and are fairly stringent. To qualify, a psychologist must hold a doctorate-level degree, obtain licensure, complete pharmacological training courses, and pass a proficiency examination. The Board of Psychologist Examiners and the Board of Medical Examiners must approve both the courses and the test, thus ensuring some oversight of the process by the medical profession. The training must include at least 450 hours of classroom instruction, 80 hours of clinical practicum, and 400 hours of supervised treatment involving a minimum of 100 patients. After all of these steps have been completed, a prescribing certificate is considered provisional for the first two years, and physician supervision of treatment is required. Independent prescribing is permitted only after that time.

Louisiana

The requirements in Louisiana are much less rigorous. To be able to prescribe medications, psychologists must hold a state license, earn a postgraduate master’s degree in clinical psychopharmacology or an equivalent training approved by the Board of Examiners in Psychology, and pass a national proficiency examination in psychopharmacology. Medical supervision is not required in the training or qualification process.

PSYCHOLOGIST PRESCRIBING: THE PROS AND CONS

Proponents of psychologist prescribing point to the potential enhancement of health care access that it can provide. Under existing laws, patients needing psychotropic medications must obtain prescriptions from psychiatrists, who are in shorter supply and often charge higher rates. Many patients who need both psychotherapy and medication must see separate practitioners, adding inconvenience and cost to their care. This can pose a substantial burden in underserved rural areas. New Mexico reportedly has only 18 psychiatrists for the 1.3 million residents who live outside of Albuquerque and Santa Fe. Louisiana has only 518 for its entire population of 4.5 million.2

Those opposed to psychologist prescribing see serious risks. Even with additional state-mandated training, psychologists do not have the depth of medical expertise possessed by psychiatrists, who are physicians. It is possible that they would miss side effects and drug interactions that medically trained practitioners are more likely to spot, and they may be less familiar with the range of physiological conditions that can lie...
beneath behavioral symptoms. The risk of deficient care is especially strong in the case of children and elderly patients, who can exhibit unique drug responses. Severe side effects of some antidepressants that are suspected in children represent a case in point.

THE FUTURE OF PSYCHOLOGIST PRESCRIBING

The New Mexico and Louisiana experiments are getting off to a slow start. Fewer than 12 psychologists are expected to qualify for prescribing privileges in New Mexico and only about 50 are expected to qualify in Louisiana. In the short term, at least, these laws will clearly do little to alleviate concerns about access to medications. However, initial success on a small scale could encourage efforts in other states to enact similar programs.

The true test of psychologist prescribing will be in the quality of care that is rendered. Will adverse drug reactions go unnoticed? Will underlying physiological conditions remain undiagnosed? Will drug regimens be appropriately tailored to patient needs? Will especially vulnerable patients—the very young and the very old—be adequately monitored? In other words, will psychologists be able to provide pharmacological therapy as competently as medically trained practitioners can?

CAUTION WITH THE NEXT STEPS

The first patients to receive prescriptions from psychologists will be, in effect, guinea pigs. Their experience should be closely supervised, both for their benefit and in order to assess the overall experiment. For this reason, the New Mexico approach, with its stricter training and supervision requirements, seems preferable to that proposed by Louisiana. The list of psychotropic medications that patients customarily receive includes several powerful agents that can cause severe side effects. The first rule in an innovation such as this should be to follow Hippocrates’ dictate and first, do no harm.

From a longer-term perspective, the wall that separates medicine from other health professions is eroding on many fronts. Extending prescribing privileges to nonphysicians has been among the most contentious aspects of this global change. It is likely to become even more contentious as drugs take an increasingly prominent role in health care. A re-evaluation of professional roles may be appropriate in this regard, but caution should remain paramount.

REFERENCES