



Prescriptive Authority for Psychologists

Frequently Asked Questions

- 1. How many people who come for psychological services are referred for medication management for their symptoms?**
 - This is a complex question as this is individual to each patient and provider and what symptoms/issues the patient may be seeking treatment for. Many people who seek medication management are being managed by their primary care provider (PCP) and continue to have symptoms.
- 2. What is the difference between psychologists seeking prescriptive authority and nurse practitioners seeking prescriptive rights?**
 - Psychologists are seeking prescriptive authority after receiving a post-doctorate masters in psychopharmacology and completing supervision. Once supervision is completed, psychologists who complete the training, supervision, and pass the national exam will be able to prescribe independently but will continue to work in collaboration with the patient's PCP regarding psychological issues and medications related to psychological issues.
- 3. What is the cost of supervision? What does the psychologist have to pay the physician who supervises them for supervised clinical experience?**
 - There is not universal price for supervision and is decided on a case-by-case decision between both parties.
- 4. Is there additional liability insurance needing to be purchased by psychologists who prescribe?**
 - Yes. For prescribing psychologists, there is a prescribing ride/endorsement that is added to the existing malpractice policy. The Trust has this ride available, which is a 15% surcharge added to the regular premium price.
- 5. What is the number of psychologists who will actually seek this additional training and licensure?**
 - Currently there are 66 prescribing psychologists in the U.S., with more states passing RxP laws to improve access to care for patients.
- 6. How long will additional training take?**
 - This depends on training guidelines decided by the state. Each state has individual training guidelines and rules to RxP. The majority of states require a two-year post-doctorate master's program with supervised clinical training and passing of the national exam to receive licensure.
- 7. Who in Oklahoma will provide this training?**
 - There are currently six programs in the nation that provide post-doctorate training for RxP. OPA is working with OCU and their interest in establishing a psychopharmacology post-doctorate program to give training to students in state to provide incentive for more future psychologists to stay in Oklahoma.
- 8. What other medical groups are in support of this?**
 - While there are not necessarily medical groups in support of RxP laws, many medical providers, including physicians and psychiatrists, are very supportive at the individual level. Other groups, such as NAMI in Washington and other non-medical groups support RxP and access to care.

9. What other medical groups are not in support of this? Why?

- State psychiatric societies and the American Psychiatric Association are always opposed to any and all RxP efforts. The psychiatric groups also typically enlist the help of their physician colleagues, such as the American Medical Association. The age-old argument from physicians is that prescribing psychologists are going to kill patients, especially pediatric and geriatric populations, because they did not go to medical school and thus do not understand medicine. In addition to these safety-related arguments, they also often purport that RxP will not help with access to care and that, even after over 20 years of RxP at the state-level, there are still too few of us to make a difference. They do not note, however, that the primary reason there are so few of us is because they have fought us at every turn and have made it extremely impractical for psychologists to be able to complete the required training. All of this being said, to them, this is about turf, not about safety.

10. How will this be helpful to the current mental health crisis occurring in our state?

- Oklahoma unfortunately has a shortage of psychiatrists, with the majority of psychiatrists being in major cities, leaving rural areas without care. There are more psychologists located in rural parts of Oklahoma than psychiatrists and could bridge this gap for patients. While telehealth is an option for psychiatrists in the city, waitlists are typically long or they are not accepting patients currently. There is also a lack of psychiatrists comfortable with prescribing or working with children, leaving PCPs the majority prescribers for this age group.

11. What are the barriers to treatment now that make this necessary?

- Plain and simple, there are not nearly enough psychiatrists to see all of the patients who need psychiatric care. The average age of a psychiatrist is 55 years, so most will be retiring within the next 10 years. Despite a recent increase in psychiatric residency positions, physicians are not choosing psychiatry as their specialty, so the aging psychiatrists are not being replaced. The literature also suggests that fewer than 10% of psychiatrists provide psychotherapy and most spend very little time with their patients. They also are increasingly not Medicare or Medicaid providers and increasingly are in cash-only practices, both of which worsen access problems. Due to the scarcity of psychiatrists, 60-80% of psychotropic medications are being prescribed by primary care providers, who have very little training in mental health, to which they readily admit. Psychiatrists have touted tele-psychiatry and collaborative care models as the solutions to this scarcity; however, even after years of implementation, these have not made a significant dent in this problem.

12. What kinds of prescriptions will this allow?

- This, again, is dependent of what is decided with the law and compromises made. Each state is different for age range and allowed prescriptions. Some states may start with allowing only prescription of SSRIs and NSRIs for anxiety and depression for adults 18 through 65. However, seeing the improvement in access to care and usefulness of RxP, many states begin to expand on this to include more age ranges and more psychopharmaceuticals the prescribing psychologist has training in.

**Prescribing Psychologist
(13 to 14 years)**

Bachelor's Degree-4 years

Master's Degree-2 years

PhD, PsyD ~ 5 years including Internship

Postdoctoral Fellowship-1 to 2 years

Licensing Exam Plus State Licensure Req.

Master's Degree in Clinical Psychopharmacology plus supervised experience- 2+ years

National Licensing Exam Plus state licensure to prescribe psychopharaceuticals only

**Psychiatrist
(12 years)**

Bachelor's Degree- 4 years

Medical School: MD or DO- 4 years

Complete Psychiatric Residency- 4 years

Take licensure exam plus any additional state licensing req.

Allows prescription of all medications

**Psychiatric Nurse Practitioner (PMHNP)
(8 to 9 years)**

Bachelor's Degree in Nursing- 4 years

Pass the NCLEX to become registered nurse

Attend Psychiatric Mental Health Nurse Practitioner program- 4 to 5 years

500 faculty-supervised clinical hours

Take PMHNP exam and state exams/license req

Can prescribe under supervision of physician

**Primary Care Physician
(11 years)**

Bachelor's Degree- 4 years

Medical School: MD or DO- 4 years

Complete Residency- 3 years

Take licensure exam plus any additional state licensing req.

Allows prescription of all medications

**Physician's Assistant
(6 years)**

Bachelor's Degree- 4 years

Certified Physician Assistant Program- 2 years

Licensing exam and any state licensing requirements

Can prescribe medications in area of specialty under supervision of physician

Prescriptive Authority passes