



**Statement of the
Ohio State Medical Association
to the House Health Committee**

H.B. 326 – Authorize psychologists to prescribe psychotropics

**Presented by Matthew Phillips, Medical Student at the Ohio State
University College of Medicine**

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Chairman Huffman and members of the House Health Committee, my name is Matthew Phillips, and I am a medical student at The Ohio State University College of Medicine and medical student member of the Ohio State Medical Association (OSMA). On behalf of the 12,000 members of the OSMA, I offer testimony today in opposition to the House Bill 326, which authorizes psychologists to prescribe psychotropic medications. We are grateful for the continued willingness of the committee to consider the OSMA's position on HB 326, as well as the opportunity to provide comments and suggestions on the bill.

One of the primary concerns the OSMA has voiced about this legislation is the inadequacy of education of a psychologist in pharmacology and clinical medicine, especially when compared to that of other prescribers. Giving prescriptive authority to a health care practitioner lacking the proper education and training to prescribe poses a patient safety risk.

In the most recent meeting with interested parties on this bill, this concern was acknowledged, and additional educational requirements were proposed. The OSMA is appreciative that our concern was taken into consideration, and is hopeful that this conversation represented a step in the right direction. However, at this time, the proposed additional educational requirements in order for a psychologist to be authorized to prescribe to patients do not adequately mirror the robust, comprehensive education that is standard for other Ohio prescribers.

To explain why the OSMA remains concerned about this particular aspect of HB 326, I would like to briefly explain the educational requirements that I must currently undergo as an Ohio medical student and future psychiatrist, in order to prescribe medications. In addition, I will highlight the stark difference between this pharmacology background and that of a psychologist under the provisions of this legislation.

Before entering medical school, I studied general biology, chemistry, physics, and human anatomy during four years. These classes laid the foundation of how medicine and the human body function, and they are similar to the additional education requirements proposed in the last interested parties meeting. In other words, these classes are required for any undergraduate student to take prior to medical school, but this bill allows psychologists to take these general classes while they are prescribing.

The other education requirement in the bill—the online Masters in Psychopharmacology-- could be compared to components of the first two years of medical school, which I just completed. In this portion of medical school, we build on the foundation of the basic sciences and learn about specific diseases and their treatments. During the neurology block, for example, we learned about how the element lithium, which we studied during general chemistry in undergrad, can be an effective treatment for bipolar disorder. We also learned how lithium interacts with the whole body and can lead to dangerous side effects like kidney failure, thyroid damage, and birth defects. Just as importantly, we had hands-on training by physicians about how to ask patients about these side effects and to perform a proper physical exam to keep them safe. At this point, I have spent many hours interviewing and examining patients under direct supervision. These two years of training go beyond the online masters degree in pharmacology, which requires no interaction with patients or supervision by a prescriber. Even with my education so far, I would be terrified to begin prescribing medications at this point. Other common psychiatric medications can cause diabetes, life-threatening high blood pressure, irreversible neurologic problems, and fatal infections. Each of these possible side effects can be managed safely, but only if the prescriber knows how to gather a full medical history, perform a skilled examination, and order specific blood work. I look forward to spending at least six more years under direct supervision before I will feel comfortable prescribing on my own.

Without an adequate education in pharmacology, clinical medicine, and a supervision arrangement with a physician, a psychologist simply cannot safely and appropriately exercise even a level of prescriptive authority limited only to psychiatric medication. This bill requires no patient experience for psychologists before prescribing and only asks for one year of supervision before independent practice. It is no surprise that many psychologists also believe this education is insufficient for prescriptive authority.

Thank you again for the opportunity to comment on HB 326. The OSMA remains dedicated to working with the sponsor and bill proponents on the specific provisions and in order to resolve our outstanding concerns with this legislation.

At this time, I would be happy to answer any questions you may have.