5-1-2014

# RxP : the Movement to Grant Clinical Psychologists Prescriptive Privileges.

George Flugrad

# RxP : the Movement to Grant Clinical Psychologists Prescriptive Privileges.

By: George Flugrad

TABLE OF CONTENTS

## Introduction

In the State of New Jersey, and in many other states a debate is underway to allow certain Clinical Psychologists the ability to prescribe medicine. Given the success of two other states and the Department of Defense, I would caution state legislatures to hand these individuals the same privileges as someone who has been studying medicine since their undergraduate years. To enter medical school a student can major in anything but must show superior aptitude in core, foundational subjects:

- General biology
- Physics with lab
- General chemistry (inorganic chemistry) with lab
- Organic chemistry with lab
- Calculus
- English

From these core courses a foundation is built on the sciences and general principles that limit the understood world around us. Further, when in medical school or in nursing school for that matter, a student begins the one on one interaction with other human beings. Sometimes called “clinical” these give the students a hands on approach to medicine. You are taught how to give patient History & Physicals. You are taught to diagnose, in essence you are taught a litany of things that cannot fit in this paper. Based on my interaction with both medical professionals and patients there is no substitute for human contact. Are clinical psychologists really going to be prepared to prescribe medication to a patient that has a litany of health problems? I have my doubts that a clinical psychologist can properly administer medicine to someone who has diabetes, high blood pressure, and chronic back pain.

Additionally, we are dealing with a group of professionals that are starving economically. The temptation to abuse prescriptive rights is there. Patients may also abuse this new outlet to receive prescription drugs. The United States faces a narcotics pandemic. Some would argue that American society is overmedicated as is, one more profession to put drugs in the hands of people who do not need it is not prudent, especially those with only a crash course in medicine.

Moreover if clinical psychologists wish to prescribe medicine, they should attend medical school and perform the required two years of residency requirement. There is not enough hands on medical care - and that is the problem – you can give a psychologist a course in health assessment, pathology, etc., but to prescribe meds to psych patients you need a strong background in non-psych diseases. Most patients have co morbidity and you need to know general medicine.

**Psychiatry v. Psychology**

Psychiatry is the medical specialty devoted to the study and management of mental illnesses. These mental disorders include various affective, behavioral, cognitive and perceptual abnormalities[1]. A medical doctor specializing in psychiatry is a psychiatrist.

Psychiatric assessment typically starts with a mental status examination and the compilation of a case history[2]. Psychological tests and physical examinations may be conducted.

---

[1] Shorter, E. (1997). *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, Inc.

[2] Gask, L. (2004). *A Short Introduction to Psychiatry*. London: SAGE Publications Ltd., p. 113

Mental disorders are diagnosed in accordance with criteria listed in diagnostic manuals such as the widely used *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association, and the *International Classification of Diseases* (ICD), edited and used by the World Health Organization and most respected health organizations in the United States[3].

While the medical specialty of psychiatry utilizes research in the field of neuroscience, psychology, medicine, biology, biochemistry, and pharmacology[4]it has generally been considered a middle ground between neurology and psychology[5]. Unlike other physicians and neurologists, psychiatrists specialize in the doctor-patient relationship and are trained in changeable degrees of depth in the use of psychotherapy and other therapeutic communication techniques. Psychiatrists also differ from psychologists in that they are physicians and only their residency training is in psychiatry, and their graduate medical training is identical to all other doctors. This is a key point of emphasis that reader needs to understand. Psychiatrists can therefore advise patients, prescribe medication, order laboratory tests, order neuroimaging, and conduct physical examinations, just like any other medical doctor. They are well versed in medicine.

---

[3] Kupfer D.J., Regier D.A. (2010). "Why all of medicine should care about DSM-5"

[4] Pietrini P (2003). "Toward a Biochemistry of Mind?".*American Journal of Psychiatry* **160** (11)

[5] Building-Bridges-between-Neurology_-Psychiatry-and-Psychology

**Clinical Psychologists compared**

Clinical psychology includes the study and application of psychology for the purpose of understanding, preventing, and relieving psychologically based anguish or dysfunction and to promote subjective well-being and personal development[6]. The core of a clinical psychologists' practice is psychological evaluation and psychotherapy, albeit clinical psychologists may also conduct in research, teaching, consultation, forensic testimony, and program development and administration[7]. In many countries, clinical psychology is a regulated mental health profession[8].

The work performed by clinical psychologists tends to be influenced by various therapeutic approaches, all of which involve a formal relationship between professional and client, however it is not limited to one on one, it can involve groups, couples, and families. Numerous therapeutic approaches and practices are connected with different theoretical perspectives and utilize different procedures intended to form a therapeutic alliance, explore the nature of psychological problems, and encourage new ways of thinking, feeling, or behaving[9]. Four major theoretical perspectives are psychodynamic, cognitive behavioral, existential–

---

[6] "About Clinical Psychology". *apa.org*. American Psychological Association, Division 12, Society of Clinical Psychology.

[7] Benjamin, Ludy (2005). "A history of clinical psychology as a profession in America"

[8] http://www.apa.org/gradpsych/2009/03/cover-abroad.aspx

[9] "About Clinical Psychology". *apa.org*. American Psychological Association, Division 12, Society of Clinical Psychology.

humanistic, and systems or family therapy[10]. There has been a growing movement to integrate the various therapeutic approaches, especially with an increased understanding of issues regarding culture, gender, spirituality, and sexual orientation. With the advent of more robust research findings regarding psychotherapy, there is evidence that most of the major therapies are about of equal effectiveness, with the key common element being a strong therapeutic alliance[11].

The chief difference between Psychiatrists and Psychologists are that Psychiatrists are medical doctors and therefore look at patients from a medical model. Psychologists usually receive more thorough training in research methods, psychological assessment, and psychotherapeutic treatment[12]. Of course, the medical includes foundations of medicine: Anatomy, physiology, histology, Biology etc.

**Nurse practitioners compared**

Beyond mental health professionals, some non-physicians have prescribing rights in certain states. For example, advanced practice nurses have limited prescribing authority in at least 40 states, many of which require a collaborative practice agreement between the nurse and a doctor[13].

---

[10] O'Donohue, W.; Ferguson, K.E. (2006). "Evidence-based practice in psychology and behavior analysis

[11] O'Donohue, W.; Ferguson, K.E. (2006). "Evidence-based practice in psychology and behavior analysis

[12] Benjamin, Jr., Ludy (2007). *A brief history of modern psychology*. Malden, MA: Blackwell Publishing

[13] N.J.A.C. 13:37-7.1 (a)

The responsibility of Nurse Practitioners is very varied throughout the health care spectrum. Some even can act as Primary Care providers. Nurse Practitioners are educated under the nursing model which is designed to provide holistic and preventive care engaging the individual as the primary leader in their own care and well-being[14]. Nurse Practitioners bring the nursing history of patient advocacy to partner with the individual for mutually agreed upon treatments and optimal health outcomes[15].

Several health professions are seeking to expand prescribing rights this year. Advanced practice nurses in New Jersey want to eliminate the collaborative practice requirement[16]. Naturopaths in more than 15 states are heavily lobbying for advanced prescriptive authority.

**Shortages in primary care.**

Proponents of the RxP movement state that shortages of health professionals in rural and other areas are a serious problem. The Federal Health Resources and Services Administration estimates that 80 million people live in areas that are underserved[17]. Meeting their needs at a ratio of just 10,000:1 would require more than 5,300 additional practitioners.

All medical doctors can prescribe psychotropic drugs, whether or not they have special training in treating mental disorders, as psychiatrists do. In fact, one study found that primary care physicians prescribe 41 percent of antidepressants[18]. But it's not just psychiatrists who are

---

[14] http://www.aanp.org/images/documents/publications/NPCurriculum.pdf

[15] http://www.aanp.org/images/documents/publications/NPCurriculum.pdf

[16] 2012-2013 Legislature Senate Bill 2534

[17] http://bhpr.hrsa.gov/shortage/

[18] http://www.aafp.org/online/en/home/policy/policies/m/mentalhealthcareservices.html

thin on the ground in rural areas; primary care physicians and specialists may be scarce as well. Naysayers who argue against giving psychologists the right to prescribe should look at the numbers: They have been prescribing for 10 years not one single complaint at the state medical board or psychology board level. However, giving psychologists prescriptive authority would not solve this geographic problem. Psychologists are found in the same geographic area that psychiatrists are found. Meaning, that where there is a psychiatrist, a psychologist is near.

**Reimbursement rates**

Reimbursement rates have been in decline since the 1990s for both doctors and psychologists, both from private insurance companies and public services such as Medicare[19]. Very seldom are insurance companies paying for visits to psychologists. This only furthers to the mental health shortage that our country faces.

**The Foundations of the RxP Movement**

**ELI LILLY & PROZAC**

Fluoxetine (also known by the tradename Prozac) is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class[20]. Fluoxetine was first documented in 1974 by scientists from Eli Lilly and Company. It was presented to the U.S. Food and Drug

[19] Declining Reimbursement and the Physicians August 2008 SPI Healthcare

[20] US National Library of Medicine

Administration in February 1977. Fluoxetine went off-patent in August 2001[21].

Fluoxetine is approved for the treatment of depression, obsessive-compulsive disorder (in both adult and pediatric populations), bulimia nervosa, panic disorder and premenstrual dysphoric disorder.[22] In addition, fluoxetine is used to treat trichotillomania if cognitive behaviour therapy is unsuccessful.

Despite the availability of newer agents, Prozac remains extremely popular. In 2010, over 24.4 million prescriptions for generic formulations of Prozac were filled in the United States alone[23], making it the third most prescribed antidepressant after Zoloft and Celexa In 2011, 6 million prescriptions for Zoloft were handed out in the US.

**Prozac and the emergence of Primary care physicians.**

With this new drug, primary care physicians entered into a new realm that they have not previously began to treat: mild forms of depression. This correlates well with the average person not felling him or herself, feeling a little blue at work, or just mildly unhappy. To me, this seems a little bit unsettling. Life is about ups and downs, and to me internal medicine physicians are prescribing these forms of medication at an alarming rate. One in ten Americans are on some

[21] US National Library of Medicine

[22] US National Library of Medicine

[23] Verispan. "Top 200 Generic Drugs by Units in 2010"

form of anti-depressant medication[24]. Are we turning into a society that just wants to be happy? Maybe we do a better job diagnosing people these days as compared to our past, but one thing is for sure, that statistic is alarming.

Seven percent of all visits to a primary care doctor now involve a prescription for antidepressants, according to the study, which was just published in the journal Health Affairs[25]. That's up from 3 percent in 1997, according to Ramin Mojtabai, an associate professor at Johns Hopkins Bloomberg School of Public Health, and a co-author of the study. The researchers used data collected by the CDC and Prevention on office visits.

That 7 percent is remarkably close to the percentage of adults with major depression each year, so you could say that primary care physicians are doing a better job of recognizing depression and treating it. Compare that to the fact that psychiatrists increased their prescribing just a tad over the same time, from 1.7 percent to 2.4 percent[26].

Doctors wrote 254 million prescriptions for antidepressants last year. That's up from 231 million in 2006[27]. Again, maybe doctors are doing a better job at recognizing depression when they see it, or maybe most people do not have access to mental health clinics. Take into account the amount that Americans spent on anti-depressants, coupled with the amount of prescriptions

[24] http://www.washingtonpost.com/wp-dyn/articles/A29751-2004Dec2.html

[25] http://m.npr.org/news/front/138987152?singlePage=false

[26] http://m.npr.org/news/front/138987152?singlePage=false

[27] 7 HOUS. J. HEALTH L. & POL'Y 85–126 85 R Amy L. Cadwell Houston Journal of Health Law & Policy

that doctors have written, compounded with the huge profits drug companies have seen, and it really makes you wonder.

**The DoD Training Program**

The Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP) . was a Congressionally-mandated pilot demonstration project funded by Congress in 1991 to train military clinical psychologists in· the safe and effective prescription of psychotropic medications under certain circumstances to eligible beneficiaries (between the ages 18 to 65 years) of the Military Health System (MHS), pursuant to section 8097 of the DoD Appropriations Act for Fiscal Year 1992[28]. This mandate was preceded by Congressional interest which was first expressed in December 1987 to the Assistant Secretary of Defense of Health Affairs (ASDHA), and later expressed in a Conference Report dated September 28, 1988, which accompanied the DoD Appropriations Act (P.L. 100-463) for FY 1989[29]. The Congressional Record also noted how in the DoD Appropriations Act, 1989, the Senate had directed the DoD " to make the implementation of a training program for psychologists its highest priority."[30]

The Conferees went on to state that the DoD should establish a demonstration pilot training program under which military psychologists may be trained and authorized to issue

[28] http://www.leg.state.or.us/comm/sms/sms09/hb2702bshcva05-28-2009.pdf

[29] http://www.gpo.gov/fdsys/pkg/CHRG-105hhrg77757/html/CHRG-105hhrg77757.htm

[30] http://www.gpo.gov/fdsys/pkg/CHRG-105hhrg77757/html/CHRG-105hhrg77757.htm

appropriate psychotropic medications under certain circumstances[31]. Between 1987 and the implementation of the program in 1992, the directed pilot program underwent intense legal and regulatory review at various levels within the DoD and within the Office of the Surgeon General (OTSG) of the U.S. Army as the executive agent of the demonstration project[32]. Many of the reviews and interactions involved efforts by l the DoD to clarify the conditions under which it might be appropriate for psychologists to prescribe medications.

The Psychopharmacology Demonstration Project (PDP) was undertaken by ·the Department of Defense (DoD) to determine the feasibility of training military clinical psychologists to prescribe psychotropic drugs safely and effectively. The first class entered the PDP in 1991, and the last of four classes graduated in 1997[33].

The PDP produced a total of 10 prescribing psychologists who undertook post-graduate assignments at military posts scattered throughout the United States[34]. The ACNP Evaluation Panel was the principal instrument for performing those functions throughout the program's lifetime. The ACNP Evaluation Panel did its work chiefly by means of frequent, periodic visits

---

[31] http://www.gpo.gov/fdsys/pkg/GAOREPORTS-HEHS-99-98/html/GAOREPORTS-HEHS-99-98.htm

[32] http://www.gpo.gov/fdsys/pkg/GAOREPORTS-HEHS-99-98/html/GAOREPORTS-HEHS-99-98.htm

[33] http://www.gpo.gov/fdsys/pkg/CHRG-105hhrg77757/html/CHRG-105hhrg77757.htm

[34]http://www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=8375

to training sites to observe, to interview significant participants, to collect data; providing external assessment of effectiveness and implementation of the PDP program[35].

Psychologists would have you believe that if the military psychologists can provide medicine without one serious problem then common knowledge would say that our civilian psychologists could also provide medicine. However, there is a problem. The military psychologists only prescribed medicine to men with superior physical fitness in their 20's & 30's. They are not dealing with a full range of patients from childhood to the elderly.

Proponents of the RxP movement often use the DoD study as proof that psychologists can prescribe, however the DoD has publically stated: "the team practice that characterized military medicine was an essential ingredient in the success of the program and it can not be duplicated in the civilian world, we could not approve and would question the education soundness of any crash or cram program."

**The Role of Big Pharma**

After the DoD pilot program, another factor began to take hold in psychotherapy: The emergence of the pharmaceutical industry in America. It is also not uncommon for you to see a drug rep in the office while you wait for your visit. Doctors are increasingly lobbied by pharmaceutical drug reps to write for their prescription. In the old days it was not uncommon for

[35] http://www.gpo.gov/fdsys/pkg/CHRG-105hhrg77757/html/CHRG-105hhrg77757.htm

doctors to receive gifts from these pharmaceutical reps, sporting event tickets, lavish dinners, and sometimes even cash were the norm. Due to federal legislation all these perks have been eliminated[36], but, doctors also have some skin in the game. In another section of this paper, doctors are facing increased pressure to keep their patients happy. They are facing declining reimbursement rates, so they have to insure that their patients come back. Instead of doctors being hesitant in writing prescriptions, we have reached a critical mass where now most Americans are on some form of prescription medication.

**The dark side on why Psychologists want to prescribe.**

What can one do with a Psychology degree right out of undergraduate study? Finding a job may be few and far between[37]. Usually anyone pursuing this career path will undoubtedly need to obtain a doctoral degree to actually utilize a psych background[38]. And even then, for the amount of work that goes into obtaining a PhD, you still are not guaranteed a teaching arrangement, a lucrative clinical psychology practice, or a prominent position that will repay massive loan debt. This brings us to why psychologists may want to begin writing prescriptions.

The American Psychology Association (APA) must undeniably realize that interest in psychology is waning due to economic situation in this country. With the emergence of Prozac and other SSRI's to treat minor psychological disorders and the inherent change that is occurring

[36] http://www.npr.org/blogs/health/2011/08/06/138987152/antidepressant-use-climbs-as-primary-care-doctors-do-the-prescribing

[37] http://www.huffingtonpost.com/2011/11/08/the-11-majors-with-the-hi_n_1081625.html

[38] http://www.huffingtonpost.com/2011/11/08/the-11-majors-with-the-hi_n_1081625.html

in patients: unwillingness to take medication until now an patients expecting if they are not feeling well to walk out of the doctor's office with a prescription. Psychologists undoubtedly feel like they should also be a part of this equation.

**States were Psychologists can prescribe**

**NEW MEXICO & LOUISIANA**

The situation in New Mexico before Psychologists began to prescribe drugs was unsettling. Many in the rural areas did not have access to physicians, and mental health clinics. It has been estimated that in New Mexico at the time 23% of the residents did not have access to care[39]. Since the advent of psychologists with prescriptive privileges the program has seen minimal backlash[40]. This may lend credence to the assertion that there may have been an actual need in the community. In New Mexico, psychologists are still required to practice within their practice area. So for instance, if you are a child psychologist you can only practice with children. You must stay true to your early specialization and stay within your training. You are required to take an intense course in psych-pharmacology

In New Mexico there was a huge barrier to mental health, especially in the low-income communities. In New Mexico they also had local problems unique to the people of this state. A large problem which was also facing New Mexico's mental health population was the large prison population and the void of mental health services available[41].

---

[39] http://www.statehealthfacts.org/profileind.jsp?ind=53&cat=2&rgn=33

[40] A review of Pharmacotherapy for Psychologists: Prescribing and Collaborative Roles By Jeffrey D. Shahidullah, Michigan State University

[41] A review of Pharmacotherapy for Psychologists: Prescribing and Collaborative Roles

Similar to New Mexico, the same arguments were made in Louisiana. In 2009 the RxP bill passed overwhelmingly in the Louisiana Legislature. Interestingly in Louisiana they opted for a two tiered system for psychologists, a "medical psychologist" and a "clinical psychologist" Medical psychologists are allowed to prescribe medication with physician collaboration and supervision.

**NEW JERSEY**

New Jersey is much different economically and in terms of population density as compared to the aforementioned Louisiana and New Mexico. New Jersey is the most densely populated state in the union. According to the Kaiser Family foundation only 1.1% of New Jersey's residents are currently underserved by the crop of mental health care providers[42]. One has to wonder: is such a drastic change really necessary?

Well it really depends on who you talk to. When a hearing was held on behalf of the issue before the New Jersey General Assembly's Regulated Professions Committee, tempers flared. On one side of the argument you had psychiatrists and internal medicine physicians, on the other you had the clinical psychologists. The arguments were much in the same that have been discussed in this paper.

Candice Knight, President of the Society of Psychiatric Nurse Practioners in the state, elaborated that she is opposed to the bill, for fear that Psychologists do not have the clinical



[42] http://www.statehealthfacts.org/profileind.jsp?ind=53&rgn=32&cat=2

training in dealing with other kinds of non-mental health issues[43]. She repeatedly stated that there is no substitute for clinical training, and human interaction. Interestingly, Dr. Knight holds a PhD in clinical psychology as well as a Nurse Practioner (NP) degree in psychiatric care. Whatever the outcome of the legislation she will not be affected; she is both a clinical psychologist and a psychiatric nurse practioner. However, she was clearly in the camp of Internal Medicine/ Psychiatrists.

**New Jersey Legislation: Senate Bill 137/ Assembly Bill 2419**

This bill supplements the "Practicing Psychology Licensing Act" and provides for certain licensed psychologists to prescribe medications.

*"Prescriptive authority"* is defined as the authority to prescribe, administer, discontinue, and distribute drugs, including controlled dangerous substances, recognized in or customarily used in the diagnosis, treatment, and management of a person with a psychiatric, mental, cognitive, nervous, emotional, or behavioral disorder, or other procedure directly related thereto, within the scope of practice of psychology in accordance with rules and regulations adopted pursuant to the bill.

As provided in this bill, the State Board of Psychological Examiners (board) will issue a certificate of *"prescriptive authority"* to a licensed practicing psychologist with a doctoral-level degree, who: (1) has successfully graduated with a postdoctoral master's degree in clinical

[43] 11/2/12 phone interview

psychopharmacology from a regionally accredited institution of higher education or has completed equivalent training to the postdoctoral master's degree approved by the board; and (2) has passed an examination approved by the board that is relevant to establishing competence for prescribing drugs.

In addition to issuing a certificate of prescriptive authority, the board is mandated to develop and implement procedures for reviewing the education and training credentials for issuing such certificates in accordance with current standards of professional practice.

The bill provides that a licensed practicing psychologist who applies for prescriptive authority must demonstrate, by submitting to the board an official transcript or other official evidence satisfactory to the board, compliance with the following standards:

- The psychologist holds a doctoral-level degree and has:
    - completed a postdoctoral master's degree in clinical psychopharmacology from a regionally accredited institution of higher education or training equivalent to the postdoctoral master's degree approved by the board. The degree in clinical psychopharmacology or equivalent training must include a structured sequence of study in an organized program offering intensive didactic education, including the following core areas of instruction: basic life sciences, neurosciences, clinical and research pharmacology and psychopharmacology, clinical medicine and

pathophysiology, physical assessment and laboratory exams, clinical pharmacotherapeutics, and research, professional, ethical, and legal issues. In addition, the didactic portion of the education must consist of at least 400 hours; and

- obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners, including, but not limited to, licensed physicians or prescribing psychologists, as determined by the board.

A prescribing psychologist must pass an examination developed by a nationally recognized body, such as the American Psychological Association Practice Organization's College of Professional Psychology, and approved by the board.

The bill also specifies that:

- A prescribing psychologist will exercise prescriptive authority in accordance with rules and regulations adopted pursuant to the bill;

- A prescribing psychologist will not issue a prescription unless the psychologist holds a certificate of prescriptive authority which is current and has not been revoked or

suspended; and has first contacted the physician of record of a patient to discuss the prescription;

- Each prescription issued by a prescribing psychologist will:
    - comply with all applicable State and federal laws and regulations relating to prescriptive authority; and
    - be identified as written by a prescribing psychologist, in such manner as determined by the board;

- A record of all prescriptions issued for a patient will be maintained in the patient's record;

- A prescribing psychologist will not delegate his prescriptive authority to any other person; and

- A prescribing psychologist, when prescribing a controlled dangerous substance, will file with the board in a timely manner the prescribing psychologist's Drug Enforcement Administration registration and number, and the State controlled dangerous substance license number, if applicable.

The board is required to maintain current records of each prescribing psychologist with prescriptive authority, including the psychologist's Drug Enforcement Administration registration and number, and is to transmit to the New Jersey State Board of Pharmacy a list of

prescribing psychologists. The list, which would be updated, as necessary, shall include, for each prescribing psychologist: the person's name; the identification number assigned to the person by the board; and the effective date of the person's prescriptive authority. In addition, the board must notify the New Jersey State Board of Pharmacy, in a timely manner, upon termination, suspension, or reinstatement of prescriptive authority of a prescribing psychologist.

The bill provides for rulemaking by the board and has a delayed effective date of the first day of the seventh month following enactment, but allows the board to take anticipatory action in advance as necessary for implementation of the bill.

**The model course curriculum in New Jersey: Farleigh Dickenson University**

The Farleigh Dickinson program consists of a series of 10 courses specifically designed and developed for psychologists seeking to expand their knowledge of psychopharmacology. A sequence of core courses aims to provide the basic science foundation and knowledge base in pathophysiology, neuroscience, and pharmacology for clinical applications. A professional issues course addresses the legal and ethical considerations and related standard of care topics. The didactic program concludes with a series of treatment courses addressing specific categories of mental disorder and the related psychopharmacological issues. These courses provide psychologists with important knowledge of the treatment of mental disorders with medication[44].

[44] http://view.fdu.edu/default.aspx?id=6275

Since its introduction over 100 psychologists have come to New Jersey and enrolled in the curriculum.

**Current update on legislation:**

As of December 6, 2012 the bill has passed the Assembly Regulated Professions committee. It received bi-partisan support in committee. As for the Senate companion bill it has yet to be heard in committee. New Jersey Governor Chris Christie is concerned that psychologists do not have sufficient education in anatomy and physiology to safely and effectively prescribe drugs. This does not bode well for any type of regulatory change for psychologists to begin prescribing medication.

**Conclusion**

After researching this issue I firmly believe that prescriptive powers should be strictly limited to the practice of medicine. Psychotropic medications affect the entire patient, not just the brain. Convulsions, epilepsy, heart arrhythmia, blood diseases, seizures, severe high or low blood pressure, coma, stroke, or even permanent disability or death are only a few of the side effects for which a sound medical education uniquely prepares psychiatric physicians to address or prevent. We would never grant practitioners "scalpel" privileges based solely on their familiarity with the instrument and its potential uses.

Psychology coursework does not require biology, anatomy, chemistry, physiology or pharmacology. A Ph.D. in clinical psychology may be obtained by taking only a single course in

biological basis of behavior. Expanding the scope of psychology will not benefit poor, elderly, minority, and inner city patients, as study after study has shown that psychologists are not situated geographically to improve the availability of services now lacking. Primary care physicians, nurse practitioners and physician assistants are more widely distributed and can meet the growing demand in the 21st century.