



FEDERATION OF TEXAS PSYCHIATRY *A United Voice for Texas Psychiatry*

S.B. 268/H.B. 1092: Psychologists Prescribing Unprecedented Conflict of Interest and Lack of Oversight

S.B. 268/H.B. 1092 would permit crash course practice of medicine by clinical psychologists. These proposals risk the safe treatment of individuals with mental illness and other medical complexities.

Clinical psychologists are behavioral professionals with competencies in psychological assessment and psychotherapy (i.e., talk therapy) treatment. Psychologists and psychiatrists work together every day, and it is clear that psychologists have an important collaborative role in the mental health delivery system. **However, psychologists have no required basic medical education or training at any level of their undergraduate or doctoral study.** Simply put, clinical psychologists are not medical practitioners. They are not trained to assess the entire person and to understand the effect of pharmaceutical and other medical treatments on diseases and conditions that afflict the systems of the body.

S.B. 268/H.B. 1092 are the latest iteration of bill that lawmakers across the country are routinely asked to consider. Such bills would permit clinical psychologists to prescribe powerful psychotropic medications with potentially disabling side effects after a haphazard online training program consisting of as little as 10 weeks of instruction.

Some of these programs claim to teach all of the basic biological foundations of prescribing medications for individuals with zero required educational background in chemistry, biology and anatomy in as little as 90 total hours. What policymakers and the public might not know is that the organization that drives this effort – the American Psychological Association – also sets the curriculum for these programs, accredits these programs, and proactively lobbies for state and federal government recognition that these minimal standards amount to sufficient “medical” training.

The conflict doesn’t end there. The American Psychological Association also created and administers the “Psychopharmacology Examination for Psychologists,” which they lobby to be the national certification test for “prescribing psychologists.”

Lastly, S.B. 268/H.B. 1092 place licensure regulation of proposed “medical psychologists” or “prescribing psychologists” under state psychology boards that are likely to lack the necessary medical expertise to oversee and ensure safe practice and standards of care.

Contrast this clear conflict of interest with oversight and regulation standards of medical professionals that are trained to understand and treat all systems of the body.

For example, medical school and residency training program curricula and requirements are set by separate organizations than national physician advocacy societies such as the American Medical Association and the American Psychiatric Association.

Similarly, nursing schools and physician assistant programs are not accredited by their profession’s national advocacy societies. National tests for physicians, nurses and physician assistants are also developed and overseen by third party expert organizations.

Recommendation

Medical treatment of psychiatric disorders cannot be taught in a silo under a poorly regulated system with a clear and unprecedented conflict of interest. We urge you to reject S.B. 268/H.B. 1092 in favor improvements to access to safe, effective & integrated treatment of mental illness and other co-occurring conditions.