April 16, 2007

The Honorable Mark Ridley-Thomas
Chair, Senate Business and Professions Committee
State Capitol Building Room #
Sacramento, CA 95814

Re: OPPOSE, SB 993 (Calderon) – Medical Psychologists

Dear Senator Ridley-Thomas,

The California Psychiatric Association represents over 3100 hundred physician psychiatrists in California. We oppose SB 993 in the strongest terms possible. SB 993 is unlike *any* other scope of practice bill this legislature has seen in the last decade. It allows an aspiring class of professionals - in this case psychologists who lack any fundamental life science medical or education whatsoever– to practice medicine; prescribe a broad formulary of powerful medications; and be regulated by a consumer protection board, the Board of Psychology, which has absolutely no expertise in medicine or medications.

The only word that adequately describes the sweep of this proposal is grandiose. It would undermine a carefully crafted statutory scheme of consumer protections that apply to all regulated professions, and has been refined over many decades in California. The specific danger imbedded in SB 993 lies in its attempting to radically redefine the concept of what constitutes adequate preparation for acts which are regulated because state policy says there is a risk of harm to consumers in those acts. SB 993 if enacted would establish an extraordinarily broad precedent which could have lasting repercussions for decades to come. The CPA would urge you, and all committee members who will deliberate over SB 993 to do so with a caution that is commensurate with these risks, and err in favor of patient safety.

Factual clarifications to the findings and intent of SB 993. The high vacancy rates for psychiatrists in the California Department of Corrections and Rehabilitation (CDCR) and in Department of Mental Health (DMH) run state hospitals and other facilities is exceeded *only* by the vacancy rate for psychologists. In both the Coleman and Plata cases - which respectively address constitutionally inadequate mental health and health care in the prison population - the state has mismanaged care and chronically underpaid clinical staff and those facts taken together have led to significant vacancy rates across all health care classifications: psychiatrists, psychologists, primary care physicians, nurses, social workers, rehabilitation therapists, psychiatric technicians and pharmacists. Where

salary increases in the CDCR and DMH have been instituted by the courts, well qualified individuals in all relevant clinical disciplines are now being hired to fill hitherto chronic vacancy rates. State employed psychiatrists, with very limited exceptions, will not make close to $300,000.

Slightly more than half of all patients seeking care for psychiatric symptoms seek that care from their family primary care physician. Family practice and other primary care physicians have extensive training in the treatment of mental disorders and are well qualified to treat straightforward cases of anxiety and depression. Family practice physicians can consult or refer to psychiatrists for more complicated or severe cases of mental illness.

Psychiatric specialty nurse practitioners (NPs) and physician assistants (PAs) also have the ability to provide psychotropic medications. The foundational medical education and training for both far exceeds that proposed in SB 993 for psychologists. Yet SB 993 proposes independent practice for psychologists free of any physician supervision, while both NPs and PAs are authorized to practice only under the supervision of physicians.

Currently, authorized prescribing professionals – psychiatrists, family medicine physicians, nurse practitioners and physician's assistants - exist in sufficient numbers so that there is no shortage of prescribing professionals who are well qualified to prescribe medications for mental disorders.

For the most severely ill, i.e. those with biologically based genetically influenced, severe and persistent mental illness such as schizophrenia, bi-polar disorder, major depression, obsessive compulsive disorder, panic attacks and other anxiety disorders, quality of life according to the National Institutes of Mental Health is achieved using combined medication and therapy.

Adverse Effects of Medications. It is impossible to prescribe medication without adverse effects. This is true irrespective of the type of medical professional doing the prescribing and this phenomenon is based in the nature of medications. Adverse outcomes (side effects) exist for every medication - even aspirin. One in a million people who take aspirin die. There are even adverse outcomes for people taking innocuous "placebo control" compounds in virtually all clinical trials submitted to the Federal Drug Administration.

Dangerous Drug-Drug Interactions. Common antibiotics, taken in combination with some anti-psychotic medications may cause fatal liver failure. Over the counter allergy medications may cause a doubling of anti-depressant medication available for uptake in the blood. Other common cold and cough remedies can produce hallucinations. These are but a few examples of drug-drug interactions that may occur with medications that are commonly prescribed for mental disorders. Do we really want non-medically trained individuals running to The Physicians Desk Reference (PDR) which lists 4,000 medications currently on the market in the United States, and is over 3500 pages long to try to figure out safe prescribing practice while a patient is in the office? While no

psychiatrist alive could recite all 4,000 plus entries, in 8 years of required education and training, a psychiatrist must become familiar with a vast array of medications that could have a direct impact on his or her prescribing practices. SB 993 is clearly and appallingly inadequate with respect to lack of mastery provided by an 18 month program that would train psychologists to prescribe.

The Department of Defense (DoD) Psychopharmacology Demonstration Project. The studies related to the DoD project provide the only reliable data about psychologist prescribing. The DoD project was terminated with prejudice by the Defense Authorization Act of 1997, after a Government Accounting Office report on the program concluded it was a failure. SB 993 proposes far less education for California psychologists than psychologists received in the DoD. DoD psychologists were trained to the level of nurse practitioners and were required to be closely supervised by psychiatrists and other physicians; could only treat active military personnel between the ages of 18-65 years with "uncomplicated" cases (mostly depression); treated only individuals who were examined by a physician and given a full medical examination beforehand; had limited formularies; were subject to medical chart review by physicians; and, did not see inpatients nor treat the most severe disorders like schizophrenia and other psychotic disorders. The Government Accounting Office recommended the program be discontinued in 2007 unless psychologists practiced under psychiatrists. None of the conditions and safety mechanisms that the DoD program imposed, most notably physician supervision, are required by SB 933.

More Reasonable Answers to Providing Access to Psychiatric Services. The number of psychiatrists being produced across the country, and in California in particular, is growing and keeping up with or exceeding the growth of population, and will increase rapidly in the near future in California. California psychiatric residency programs routinely receive many more applicants than they have available training slots. One program, a satellite program of UCLA in Kern County, received over 160 applicants from all over the world for its 6 training slots.

Proposition 63, the Mental Health Services Act (MHSA) Provides Access Solutions. The MHSA will provide over $400 million dollars to increase capacity to train traditionally educated mental health professionals including adult, child and adolescent and geriatric psychiatrists among others. Proposition 1D will provide another $400 million to expand the capacity of University of California (UC) Medical Schools - including residential training programs - and to expand the already existing UC network of telehealth, including telepsychiatry. Together these two initiatives will take a huge step toward ensuring that no Californian need go without well qualified medical professionals to meet their health and mental health needs.

DMH, with MHSA funds, will soon release a request for quotations to establish three new psychiatric residency programs in California; will double the number of psychiatric nurse practitioners produced; and will institute advance specialty training programs for physician assistants in each of the PA training programs. Coupled with generous loan

forgiveness programs for each, flourishing programs for each discipline should be up and running in 2008.

Taken together these initiatives obviate the need to engage in dangerous medical experimentation with California citizens by allowing non-medically trained individuals to practice medicine and prescribe powerful and dangerous medications.

SB 993 Educational Requirements *do not* Match the Proposed Scope of Practice.
The educational requirements in Section 4 profess that psychologists will gain the competencies to: conduct physicals, take blood pressures, listen to the heart and lungs with a stethoscope for abnormalities and signs of organic disease. This section would also indicate that psychologists so trained would order and interpret blood and urine tests; take tissue samples either for culturing or examination under a microscope; order and interpret x-rays, magnetic resonance imaging, and CAT scans.

Differential Diagnosis: Over 200 Medical Conditions Mimic Mental Illness. The education proposed in SB 993 proposes to render psychologists competent to conduct differential diagnosis, which is the process of ruling out literally hundreds of physical diseases and conditions that can mimic the symptoms of mental illness but do not as a general rule respond to psychiatric treatment. For instance, a patient with psychosis may need massive doses of B-12 if their psychosis stems from a chemical imbalance in the body of too much methylmalonic acid. Or, a patient with dementia and psychosis due to a form of Anemia also requires B-12, not an antipsychotic. Patients may suffer from post-concussive syndrome that presents with anxiety and depression and needs physician evaluation and treatment. It's extraordinarily unlikely that a psychologist with the education described in SB 993 can "make these calls."

SB 993 Proposes Medical School-Like Education without Putting in the Time.
The education requirements in SB 993 mimic medical school and psychiatric residency specialty training program requirements closely, yet SB 993 proposes 18 months of training for psychologists to prescribe medications as compared to a psychiatrist's 8 years of medical school and residency training. SB 993 also does not require the fundamental preparatory work in the life and natural sciences at the university level that are required pre-requisites for admission to medical school. In fact psychologists could complete Alliant University International's master's degree program in psychopharmacology - obtained taking evening and weekend courses ***online***, with 450 hours of coursework and no instruction or supervision by a psychiatrist – to meet SB 993 educational requirements.

SB 993 allows Countermanding of Physician Orders. The language of SB 993 specifically allows psychologists to make modifications to treatments that are provided by physicians. That means if a family medicine, pediatric or other physician prescribes a medical regimen, SB 993 allows a psychologist to make changes to those regimens, without qualification and without consultation with that physician. This doesn't make sense and is dangerous.

Psychology is a valued and respected profession. Psychologists are valued colleagues of psychiatrists and other mental health professionals: skilled, highly trained and valuable. Psychiatric patients can be extraordinarily challenging. They are in many instances ill with other mental health, health or substance abuse disorders. The medications they are prescribed are powerful and diverse and they affect many parts of the body, not just the brain.

Mental illnesses are biologically based, genetically influenced, diseases of the brain. Persons with mental illness are already among the most stigmatized and discriminated against of our citizens. We owe it to them not to support proposals that perpetuate more stigma and discrimination. SB 993 does just that by implying that these are not medical conditions and that safe treatment doesn't have to be medically based. If this issue was about the treatment of cancer, or diabetes or heart disease we wouldn't be having this discussion and there would be no SB 993. Put another way, would we allow paralegals to sit in the stead of judges? Airplane mechanics to fly airplanes? Barbers to practice surgery? None of these schemes would make any sense either. If a person wants to practice medicine they should go to medical school.

These are some of the reasons why our members respectfully ask you to support a high quality of care and professionalism in the practice of medicine. I respectfully ask for your NO vote on SB 993.

Randall Hagar, Director of Government Affairs

cc: Members of the Senate Business and Professions Committee
G.V. Ayers, Consultant, Senate Business and Professions Committee