Statement of

The American Psychiatric Association

To the

Health Care Licenses Committee

On

Senate Bill 2187, Amended

Hearing: May 8, 2013
Mister Chairman and Members of the Committee: Thank you for the opportunity to submit this statement by the American Psychiatric Association (APA), a medical specialty society representing more than 36,000 psychiatric physicians in Illinois and nationwide who specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders. We offer this statement in agreement with the testimony presented by the Illinois Psychiatric Society and in strong opposition to Senate Bill 2187 as amended.

First and foremost, we would like to make it clear that this is not simply scope of practice language that would infringe upon the practice of psychiatry. The essence and the danger of Senate Bill 2187 is that it compromises patient safety. This bill, if approved, would permit clinical psychologists to prescribe powerful psychotropic drugs without appropriate medical education and training and without medical supervision, jeopardizing the health and safety of Illinois residents.

We do not make these statements lightly. Properly administered, psychotropic drugs can offer remarkable relief to patients struggling with severe brain illnesses. However, research has shown that half of all patients taking a brain medication have another major co-morbidity that requires medication and treatment, making the potential for drug interactions and life endangerment quite real. Psychiatrists spend twelve or more years in medical education and training preparing them for the physical and mental signs of a positive or negative reaction to medications and thus how to adjust, monitor and respond appropriately to such reactions. Psychiatrists can identify medical conditions affecting the patient as a whole, thus ensuring that their patients’ overall physical health is protected, while safely prescribing potent brain medications to treat their psychiatric illness.

It is critically important to understand that psychotropic medications are not administered in a vacuum, but in fact will interact with all medications, psychiatric and otherwise, that any given patient may be taking. Psychologists are behavioral scientists who simply do not have the years of medical education and training to understand, assess and safely treat such patients. Mr. Chairman, the education and training requirements contained in SB 2187 are simply inadequate – in fact they represent a dangerous new low in such standards. Four hundred and sixty-two hours of on-line education for a Master’s degree in psychopharmacology and 400 contact hours with just 100 patients do not come close to preparing an individual with a background in behavioral and social sciences to deal with the complexities of medical interactions within the human mind and body.

SB 2187 as amended would not only allow inadequately training behavioral scientists to prescribe medications they are simply not adequately trained for, the bill would waive into Illinois, psychologists holding prescribing certificates from New Mexico, Louisiana, and also graduates of a failed Department of Defense program that was terminated by Congress more than 15 years ago. Worse, it would allow non-Illinois prescribing psychologists to supervise the inadequate training of would-be prescribing psychologists in the state, and it would vest supervision of the dangerous business in a psychology board that has no experience at all in prescribing. This is a recipe for potential disaster.
Proponents of SB 2187 like to imply that the standards in the bill are the functional equivalent of the terminated Department of Defense program. That is absolutely false – the standards of the Senate bill do not begin to approach the requirements that were imposed by the Defense program, which was granted a “Golden Fleece” award for wasting public dollars on a program of such dubious merit that it cost $600,000 per psychologist, many times what it would have cost to train additional psychiatrists to truly serve the needs of military personnel.

Supporters of SB 2187 imply that the sponsor’s amendment resolved the concerns of the physician community. This is also completely false. The amendment does nothing to allay our concerns about patient safety and proper training. The much-touted collaborative requirement is essentially a sham in that it actively promotes the primacy of the prescribing psychologist and “shall promote the exercise of professional judgment by the prescribing psychologist corresponding to his or her education and experience.” In other words, the collaboration is, by the terms of the legislation, not designed to protect patient safety, but rather to promote independence by the psychologist.

Proponents also argue that the legislation will improve patient access to mental health services, implying that psychologists will practice in underserved and rural communities. Again, this is a patent falsehood. Psychologists practice in Illinois as they do in other states – in the same location as psychiatrists. There is absolutely no evidence that psychologists in New Mexico or Louisiana have moved to underserved or rural communities. They have remained where they were in the first place: largely in urban and suburban communities.

The APA has as its mission to advocate for our patients. We believe that medical education and training are essential to providing our patients with the best psychiatric care. The citizens of Illinois deserve a higher standard of medical care than proposed by this bill. On this basis, we urge the Committee to reject SB 2187 and to rest assured that by doing so you will be protecting and serving the health and well-being of your constituents.

Thank you for the opportunity to share our position with you on this legislation of extreme concern and seriousness.