

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 23, 2015

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Martin, Senators Lodge, Nuxoll, Hagedorn, Tippets, Lee, Schmidt, Lacey

**ABSENT/
EXCUSED:** None

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting to order at 3:03 p.m. with a quorum present.

GUBERNATORIAL APPOINTMENT: **Senator Martin** moved to send the gubernatorial appointment of Darrell Kerby to the State Board of Health and Welfare to the floor with the recommendation that he be confirmed by the Senate. **Senator Schmidt** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT: **Senator Lacey** moved to send the gubernatorial appointment of Stephen Weeg to the State Board of Health and Welfare to the floor with the recommendation that he be confirmed by the Senate. **Senator Martin** seconded the motion. The motion carried by **voice vote**.

GUBERNATORIAL APPOINTMENT: **Senator Schmidt** moved to send the gubernatorial appointment of Richard Roberge to the State Board of Health and Welfare to the floor with the recommendation that he be confirmed by the Senate. **Senator Lodge** seconded the motion. The motion carried by **voice vote**.

S 1060: **Relating to psychologists; Kris Ellis**, Eiguren, Fisher and Ellis, representing the Idaho Psychological Association (IPA) explained **S 1060** would grant clinical psychologists the ability to add prescriptive authority to their practice after receiving a masters in psychopharmacology and with the collaboration of a medical provider. She said the bill supports Idaho's shift towards a collaborative care health care system.

Senator Tippets stated he had a potential conflict of interest pursuant to Senate Rule 39 (H). He asked Ms. Ellis to explain the meaning behind the wording "to be recognized in the diagnose, management and treatment of mental disorders." **Ms. Ellis** said she would defer the answer to Mr. Leroy or another more qualified individual. **Senator Schmidt** wanted clarification on the collaboration requirement between the psychologist and a medical professional. **Ms. Ellis** stated an agreement was not reached with the Idaho Medical Association (IMA) prior to the introduction of **S 1060**. She said an advisory panel would develop the process of collaboration in rule.

Senator Hagedorn asked which federal entities and states had implemented this process. **Ms. Ellis** stated the U.S. military, Indian Health Services, U.S. Health Services and several states currently were granting prescription rights to Ph.D. psychologists.

TESTIMONY:

Dr. Page Haviland, licensed psychologist, stated granting prescription rights would increase the quality of care to patients, because currently nonsuicidal patients must wait one to two months to be seen by a psychiatrist or psychiatrically trained physician assistant. She said patients would benefit from more responsive and affordable mental health care by eliminating duplicate office visits and an earlier introduction of necessary medications.

Anne Trotter, St. Luke's Outpatient Services; the Twin Falls Emergency Room, expressed their support for **S 1060** as well as her own support. She said the lack of sufficient access to prescribing mental health providers created a difficulty in providing patients with a timely, cost effective means of receiving medication. **Ms. Trotter** expressed the importance of patients maintaining their mental health medication regimen to reduce or prevent costly emergency room visits.

Molly Steckel, IMA, stated the IMA was not able to reach an agreement on a collaborative process with the IPA, because the IMA, as well as member physicians and the Idaho Psychiatric Association, felt **S 1060** was not in the best interest of the patient. She said the primary concern was psychologists lacked the general medical training necessary to understand all the complications and issues arising from prescribing medications. She expressed that medical professionals felt enhancing quality and speed of mental health care was important, however, the method was not **S 1060**.

Senator Tippets asked how the education requirement in the bill compared with the psychopharmacological training of a psychiatrist. **Ms. Steckel** said as it was explained to her the psychopharmacological training involved in a masters degree did not include the advanced medical training of nursing and other prescribing medical professionals. **Senator Tippets** inquired if the collaboration portion of the bill was enough to address the specific concern about medical training. **Ms. Steckel** answered additional training and collaboration were included to prevent the consulting medical professionals from becoming a supervisor to someone outside their practice and to reduce adverse risk to the patient by adding additional medication to their existing regimen.

Chairman Heider excused Senator Lodge from the meeting.

Ben Seymour, addiction professional, founder and CEO of Ashwood Recovery, Boise, stated properly trained psychologists being granted prescriptive authority was the right move to make as health care moves toward a more holistic approach. **Vice Chairman Martin** asked Mr. Seymour if this bill was passed, would he be able to write prescriptions. **Mr. Seymour** responded no, because he was not a psychologist.

Kent Kunz, Director of Government Relations, Idaho State University, stated the college was neither for or against the bill. He shared Paul Cady's letter stating the mission of the College of Pharmacy at Idaho State University. The letter included a commitment to providing psychopharmacological and pharmacology courses within the psychology department with the passage of **S 1060**.

Dr. Gary Payne, psychologist, Ph.D., retired, discussed the challenge of adequate medication management for mental health patients due to high patient to prescriber ratios which resulted in long scheduling times and short follow up visits. This problem was not limited to the private sector and included government and community based organizations. He said by allowing psychologists to gain prescription authority, the mental health care access problem can be addressed without an expansion of government.

Senator Nuxoll asked if online education in the field of psychopharmacology was a problem. **Dr. Payne** stated this masters program was not best served as a strictly online based curriculum. **Senator Nuxoll** wanted to know if the psychologists' rates would increase with the additional training. **Dr. Payne** said a rate increase would be up to the individual practitioner. **Senator Schmidt** asked Dr. Payne his opinion on why access to mental health care was so limited in Idaho. **Dr. Payne** said one reason was the lack of a medical school. Adequate advocacy for preventative versus a reactive method of treatment was difficult to garner because of the stigma attached to mental health issues.

Dr. Ron Larson, psychiatrist, Veterans Affairs (VA), stated the ongoing medical student training and psychiatric residency programs through the VA and telepsychiatry in the rural areas were helping to alleviate the access to care issue. He said the similar medical training received by psychiatrists and primary care physicians allowed for a well managed integration of care in handling mental health issues. The risk of having a non-medically trained professional write prescriptions was borne by the patient with an increased possibility of drug interactions, improperly identified side effects, and misdiagnosis of symptoms. **Senator Hagedorn** asked why Dr. Larson was opposed to the bill when the VA's allowance of prescriptive authority to psychologists did not create any negative effects. **Dr. Larson** said the attempt was not proven to work for solving the problem of adequate access to care.

Senator Tippets asked how the scope of training received by a mastered psychologist and Ph.D. psychiatrist differed. **Dr. Larson** stated the difference was vast. The lack of background medical training made the risk to the patient too great to be supportive of the bill.

Dr. Justin Bailey family medicine faculty, associate professor of family medicine, University of Washington; family medicine residency, University of Idaho, said the difference in the medical training psychiatrists received versus a 200 hour masters program requirement for prescribing psychologists was a concern with the bill. **Dr. Bailey** added prescriptive authority for psychologists will not help the problem of access to care in rural communities as the concentration of mental health care providers in Idaho was currently centered in larger population areas.

Dr. Marlin Hoover, prescribing psychologist; faculty member, family medicine resident program, said his job was to teach both psychologists and family physicians about integrated care. He provided an overview on how collaboration worked between the two groups. The primary care doctor is called upon after observation that the patient may benefit from psychotropic medication. The physician is the one who authorizes medical clearance for the patient, not the psychologist. This collaboration, in conjunction with the additional training requirements, has made New Mexico's law successful. **Senator Tippets** asked how long psychologists had been allowed prescriptive authority in New Mexico. **Dr. Hoover** stated he believed it was since 2004, and the current number of licensed prescribing psychologists was 38. **Senator Tippets** asked Dr. Hoover to provide his experience with the program. **Dr. Hoover** stated, to his knowledge, there had not been any adverse effects to patients.

Senator Lee wanted to know if New Mexico required the contact between a psychologist and a primary care physician and if **S 1060** has similar requirements. **Dr. Hoover** said New Mexico's language mandates collaboration between the psychologist and a medical professional; **S 1060** had similar language. **Senator Nuxoll** asked if the education requirements for a psychologist were enough, adequate or the same as other medical professionals. **Dr. Hoover** answered the training was adequate to work in collaboration with a medical professional.

Dr. Julie Foote, endocrinologist, told the Committee her practice cared for the endocrine problems of severely mentally ill patients. She said she opposed this bill because 68 percent of mentally ill patients have preexisting and/or coexisting conditions and the risk for undesired or unintended consequences was great. She expressed concern over the terminology "shall collaborate" because it would be difficult to enforce through legislative rule. **Senator Hagedorn** asked Dr. Foote if there was a current issue of prescribing contraindicated medicines by medical professionals. **Dr. Foote** replied her patients are referred from physicians and psychiatrists who acknowledged the preexisting medical issues that would be complicated from psychotropic medications. The issue wasn't with inadequate medical training, it was the underlying complications which required specific, focused care by all the prescribing medical professionals.

Dr. Michael Tilus, prescribing medical psychologist, United States Public Health Services, Crow Nation; President, American Psychological Association, Division 55, stated in the previous 20 years there have been no reported adverse effects caused by prescribing psychologists. He urged the Committee to approve **S 1060**.

Dr. Jeralyn Jones, psychiatrist, Program Director, Idaho track for University of Washington, Psychiatry Residency, said she was opposed to the bill because the SHIP program that had been recently implemented was designed to meet the need for whole health integration between physicians, psychiatrists, and psychologists.

Dr. Sandra Firth, psychologist, Mountain Home, said rural access for mental health care was a serious issue. She stated her belief that collaborative mental health care could be accomplished between the different professions.

David Leroy, Esquire, IPA, stated he was the writer of **S 1060** and the coordinating rules. **Mr. Leroy** expounded on how **S 1060** was rooted in many years of successful history in New Mexico and other states and federal entities. He said the training requirements for psychologists, the narrow formulary, and the collaboration with a medical professional presented no risk to the patient. **Senator Schmidt** asked Mr. Leroy how the enforcement of "shall collaborate" would be monitored. **Mr. Leroy** said he did not think the standard of collaboration would be ambiguous or incomplete; the advisory panel would establish the expectations of collaboration.

Senator Tippets asked about the intent of the language regarding medication being "recognized." **Mr. Leroy** said for the medication to be recognized it would have to be deemed useful for the treatment of mental illness as well as listed on the formulary available to prescriptive psychologists approved by the advisory panel. **Senator Tippets** requested elaboration on the language of "other procedures directly related thereto" in regards to the practice of psychology. **Mr. Leroy** stated the general language was written to be broad enough to accommodate the various boards involved, legislative regulation, and both current and future considerations.

Senator Tippets wondered why the bill must be broadened to include "other procedures directly related thereto." **Mr. Leroy** stated the terminology was left intentionally broad to allow for statutory direction after receiving guidance from the Board of Pharmacy, Board of Medicine, and Board of Psychologists Examiners. **Senator Tippets** asked why there was a need to establish an advisory panel versus adding a member or two to the existing board. **Mr. Leroy** said the advisory panel should have a narrow emphasis while allowing for interaction from other medical boards, rather than the broader scope of the IPA board. **Senator Hagedorn** asked how **S 1060** addressed the recruitment of out of state prescribing psychologists. **Mr. Leroy** said the intent was to create a unified approach to recruitment of both new and current prescribing psychologists.

Senator Lacey asked if the collaboration was to take place before or after the prescription was issued. **Mr. Leroy** said the regulation established by the board would decide on the occurrence of the collaboration but expected the regulation to look similar to New Mexico's law.

MOTION:

Senator Nuxoll moved to send **S 1060** to the floor with a **do pass** recommendation. **Vice Chairman Martin** seconded the motion.

Vice Chairman Martin said **S 1060** was written well enough to establish adequate and appropriate guidance for the implementation of allowing psychologists prescription authority.

Senator Schmidt said he was troubled by the bill's focus on collaboration with medical professionals, yet collaboration prior to the introduction of this bill did not happen.

Senator Tippets stated **S 1060** had some unanswered questions, yet the testimony given by practitioners in New Mexico gave a clear picture of the safety and effectiveness of the program.

Senator Lee said there seemed to be a difficulty in creating collaboration that did not include an adversarial or supervisory role for the medical professional; she was opposed to the bill.

Senator Nuxoll stated the need for access to mental health care was great in Idaho and the testimony from New Mexico was encouraging about the safety of granting prescriptive authority to psychologists.

VOTE:

Chairman Heider called for a roll call vote. **Senators Martin, Nuxoll, Hagedorn, Tippets** and **Chairman Heider** voted **aye**. **Senators Lee, Schmidt** and **Lacey** voted **nay**. The motion carried.

CONVENED:

There being no further business, **Chairman Heider** adjourned the meeting at 4:12 p.m.

Senator Heider
Chair

Erin Denker
Secretary

Jenny Smith
Assistant Secretary