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FISCAL IMPACT REPORT

SPONSOR: Aragon DATE TYPED: 02/08/01 HB _____
 SHORT TITLE: Prescriptive Authority to Psychologists SB 281
 ANALYST: Valdes

APPROPRIATION

| Appropriation Contained | | Estimated Additional Impact | | Recurring or Non-Rec | Fund Affected |
|-------------------------|------|-----------------------------|--------|----------------------|-------------------|
| FY01 | FY02 | FY01 | FY02 | | |
| | | | \$ 8.0 | Non-recurring | Other State Funds |

(Parenthesis () Indicate Expenditure Decreases)

Duplicates House Bill 451

REVENUE

| Estimated Revenue | | Subsequent Years Impact | Recurring or Non-Rec | Fund Affected |
|-------------------|--------|-------------------------|----------------------|-------------------|
| FY01 | FY02 | | | |
| | \$ 4.5 | Indeterminate | Recurring | Other State Funds |

SOURCES OF INFORMATION

Regulation and Licensing Department, Board of Nursing, Health Policy Commission

SUMMARY

Synopsis of Bill

Senate Bill 281 allows licensed psychologists appropriately trained in psychopharmacology to prescribe psychotropic drugs at the independent level provided the prescribing psychologists maintain a collaborative relationship with a health care practitioner who oversees the patient's general medical care. The bill provides for qualifications, certification and limitations and requires prescribing psychologists to obtain malpractice insurance.

Significant Issues

The bill analysis prepared by the Health Policy Commission provided the following information:

- Currently, psychologists may diagnose, admit and discharge patients to hospitals, but are not permitted to prescribe medications.
- The provisions of this bill may affect certain sections of the Patient Protection Act.
- Broadening prescriptive authority to include psychologists may encourage access to mental health services by providing more options for patients in rural or other areas where physician shortages exist.
- Expansion of the act to include prescriptive authority for psychologists may or may not allow hospitals and mental health facilities, particularly in rural areas, more staffing flexibility where recruitment of psychiatrists is difficult.
- Granting prescriptive authority to psychologists trained in the use and management of psychopharmacological medications may encourage better management of mental health medication and treatment for patients.
- Prescriptive authority for psychologists may result in cost savings to patients by eliminating the need to pay for the services of both the psychologist and an MD in order to receive medication and psychological services. Additionally, psychologist fees and salaries are considerably less than that of a psychiatrist and may result in substantial savings to public and private health plans and private pay patients alike.
- Since 1986 psychologists working for Indian Health Service facilities have had rights to prescribe medications as necessary under supervision on standing orders from a psychiatrist to patients on Indian reservations in New Mexico.
- 7NMAC 20.12.38 makes the exception for medication to be prescribed by a licensed doctoral level psychologist at child and adolescent mental health facilities.
- The U.S. Department of Defense's military training program for psychologists has allowed prescription privileges since 1991.
- In 1998, Guam became the first jurisdiction of the United States to enact legislation granting limited prescription privileges to clinical psychologists.
- According to the *Albuquerque Journal* (September 5, 2000), twenty-two child psychologists have left the state and the availability of certain mental health services has dropped anywhere from 20 to 65 percent as a result of staffing shortages and the Psychiatric Medical Association of New Mexico has acknowledged that New Mexico has a shortage of psychiatrists.
- According to the New Mexico Psychological Association Task Force on Prescriptive Authority:
 - In general, a psychiatric training provides no specific training in diagnosing mental disorders or applying psychotherapeutic treatment as will be required of prescribing psychologists.
 - Non-psychiatric physicians give 75% of all mental health medications.

-The College of Education and the Nursing Department of New Mexico State University in collaboration with the prescribing Psychologists' Register have developed a program of Post-Doctoral Certificate in Psychopharmacology for Psychologists.

- Changing the Nursing Practice Act to add prescribing psychologists in the definition of “licensed practical nursing ” may impact nursing shortages and nursing recruitment by reducing the need for nurse practitioners with prescribing authority in the mental health arena. Prescribing psychologists would be authorized to direct the scope of practice of a licensed practical nurse.
- This bill would require nurse practitioners to collaborate as necessary with prescribing psychologists when the nurse practitioner is providing primary health care and prescribing medications.
- The provisions of this bill are endorsed by the National Alliance for the Mentally Ill, the New Mexico Board of Pharmacy, Eastern New Mexico Family Practice Residency Program, Presbyterian Medical Services, The New Mexico Psychological Association, American Psychological Association.
- Development of certification programs may require appropriations to universities accredited to develop and provide education programs necessary for the training and certification of prescribing psychologists.
- Expanding the scope of the Professional Psychologist Act to include prescriptive authority may require further amendment to the statute to limit the use of the title “psychologist” by definition to avoid misinterpretation of the law. As the statute stands now the term is used very broadly and makes no specification for training or licensing requirements to practice psychology.
- Opponents of this type legislation include the American Medical Association, the New Mexico Medical Society, Psychiatric Medical Association of New Mexico. The New Mexico Medical Society had issued a statement opposing this bill.
- If signed by the Governor, this bill would become effective July 1, 2001.

FISCAL IMPLICATIONS

The Regulation and Licensing Department estimates \$8.0 increased costs to the Board of Psychologists which cannot be presently absorbed to:

- Add additional board member with advanced training in psychopharmacology to assist with review of application procedures, rules and regulations or provide additional board member training in this subject area
- Draft rules and regulations, conduct public hearings, publish proposed and final rules and regulations
- Board committee work to review applications for prescribing psychologists and complaints, if any
- Contractual services to assist the board

The Board of Psychologist Examiners estimates annual increased revenues of \$4.5. This revenue is based on the current application fee of \$300 with an estimated fifteen candidates submitting applications for licensure as prescribing psychologists.

ADMINISTRATIVE IMPLICATIONS

Additional responsibilities required by the Board of Psychologist Examiners and its part-time staff.

CONFLICT/DUPLICATION/COMPANIONSHIP/RELATIONSHIP

This bill is a duplicate of House Bill 451.

TECHNICAL ISSUES

The Health Policy Commission analysis suggested the following bill amendments:

- c It may be necessary to amend sections of 59A-57-1 NMSA 1978, the Patient Protection Act, to comply with this act.
- c Consider amending the Professional Psychologist Act, Section 61-9-3, part C., NMSA 1978, to limit the use of the title “psychologist” to persons holding a doctoral degree in psychology, being and/or having been licensed in New Mexico by the New Mexico State Board of Psychologist Examiners to practice psychology.

The Regulation and Licensing Department provided the following proposed amendments to the language in the bill:

Error on P. 23, line 5. Delete “prescribing psychologist.” Note, it is not the intent of SB281 that psychologists be allowed to direct the practice of licensed practical nursing. Page 24, line 16, 17 and 18 is sufficient language to allow nurses to administer medications.

P. 32, line 17, delete nurse practitioner, and add “certified nurse practitioner who has fulfilled requirements for prescriptive authority and who is acting within the psychiatric nursing specialty area.”

Please note: **Not** all nurse practitioners within the Nursing Act have prescriptive authority. Moreover, nurse practitioners are licensed to practice nursing only within specialty areas for which they qualify.

P. 33, line 16 should read: “psychology from a school or college as defined in the Professional Psychology Act.” Delete language in line 16 “an accredited institution of higher education,” and delete line 17, 18, 19 and 20 on P. 33.

The language on P.33, lines 16, 17, 18, 19 and 20 is already defined in the Professional Psychology Act. (Section 61-9-3 (E))

P. 34, add a number (7) “Has paid separate application fee set by the Board.”

P. 35, line 9 add at the end of the sentence “in addition to the continuing education requirements as required for license renewal.

Line 9 would read as follows: then twenty hours each year for prescribing psychologist in addition to the current continuing education requirement as required for licensure renewal.

Please note: Currently psychologists are required by rule to provide 20 hours of Continuing Education.

OTHER SUBSTANTIVE ISSUES

According to the Health Policy Commission, New Mexicans seeking mental health services may continue to experience delays and difficulties in accessing medications necessary to appropriately treat their condition due to the inability of their treating psychologist to prescribe and manage the patients medication and/or the lack of available psychiatrists.

The Regulation and Licensing Department raised the following issues:

- Whether or not psychologists trained in psychopharmacology will increase substantial accessibility to mental health care
- Are there significant cost savings to New Mexico citizens
- Is the training sufficient in scope, content and clinical experience to insure comparability of care to that provided by other practitioners with prescribing authority.

MFV/njw