

**NOTIFICATION OF APPLICATION TO CREATE
A NEW SPECIALTY WITHIN THE SCOPE OF
PRACTICE FOR PSYCHOLOGISTS**

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Submitted to

**THE ARIZONA STATE LEGISLATURE
JOINT LEGISLATIVE AUDIT COMMITTEE**

Submitted by

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NOTIFICATION OF APPLICATION TO CREATE A NEW SPECIALTY WITHIN THE SCOPE OF PRACTICE FOR PSYCHOLOGISTS

In accordance with the requirements of A.R.S. §32-3104, this proposal is brought forward at the request of various public behavioral health organizations with the full support of the Arizona Psychological Association and the Arizona State Board of Psychologist Examiners as a partial solution to the access to quality care issues, efficiency of the health care system and future development of services for Arizona consumers. These groups submit this notification of application to the Joint Legislative Audit Committee of the Arizona Legislature to create a new specialty within the scope of practice for psychologists licensed pursuant to A.R.S. §32-2061 et seq. The requested new specialty would permit certain qualified psychologists to prescribe medications as an additional service within the practice of psychology as defined in A.R.S. §32-2061(A) 8 (as may be amended). Licensed prescribing psychologists would be granted this prescriptive authority only if they met additional certification requirements, including the demonstration of completion of a specific course of post-doctoral training in psychopharmacology, completion of supervised practice requirements in prescribing psychoactive medications, and passage of the national Psychopharmacology Examination for Psychologists.

Pursuant to the requirements specified in A.R.S. §32-3106 for applicant groups requesting an increased scope of practice, the following information is provided:

Definition of the Problem

A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice.

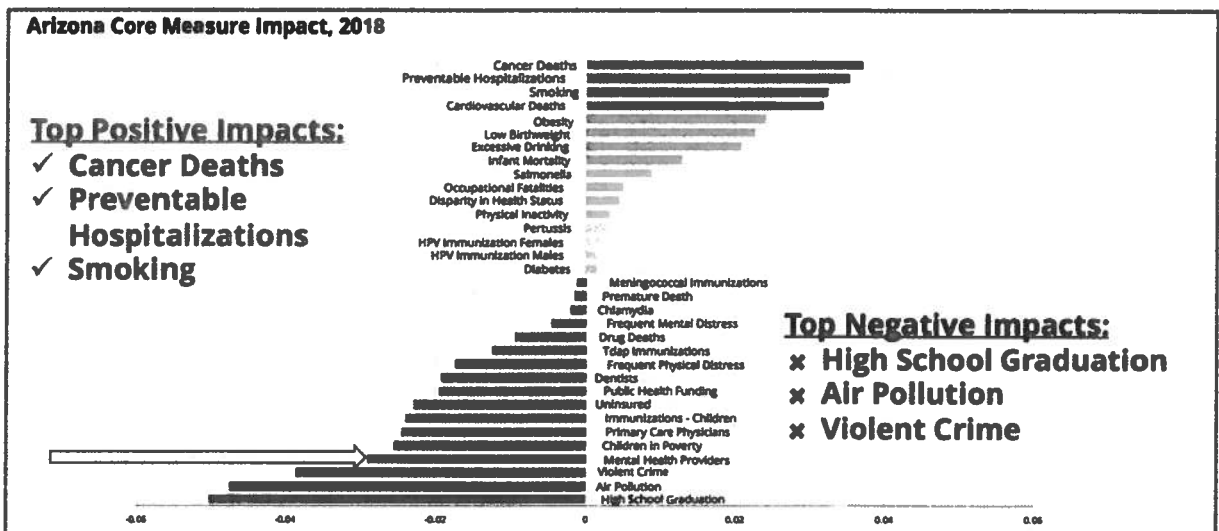
According to the Substance Abuse and Mental Health Services Administration (SAMHSA) one in five adults in the United States, an estimated 47.6 million people, suffer from one or more mental illnesses, more than one in seven, but 57 percent of them do not receive mental health services (SAMHSA, 2019). That translates into 27.1 million Americans who are not receiving services for mental illness. Mental health disorders are a greater “disease burden” in America than cancer or heart disease, but just 40% of adults and 50% of kids get the help they need (Kamal, et al., 2017).

The United States Census Bureau estimated Arizona's 2011 adult population to be 7,151,502 (U.S. Census Bureau, 2021). This means that in Arizona almost 1.1 million adults suffer from a diagnosable mental disorder each year. In 2015 - 2016, “more than 20% of Arizonans ages 18 to 25 reported having a mental illness in the past year” ... “However, only about half of those individuals received mental health services during that period” (ADHS, 2019, p. 58). From 2016 - 2017, 10% of children (age 0-17) lived with someone who was mentally ill, suicidal, or severely depressed (ADHS, 2019). In 2017, 36.4% of high school students reported experiencing sadness or hopelessness almost daily for 2 consecutive weeks, which resulted in stopping participation in usual

activities (ADHS, 2019). In 2018, Arizona ranked 30th among all states in its overall health status (ADHS, 2019). Suicide is the second leading cause of death in Arizona for ages 15 – 44 (ADHS, 2019).

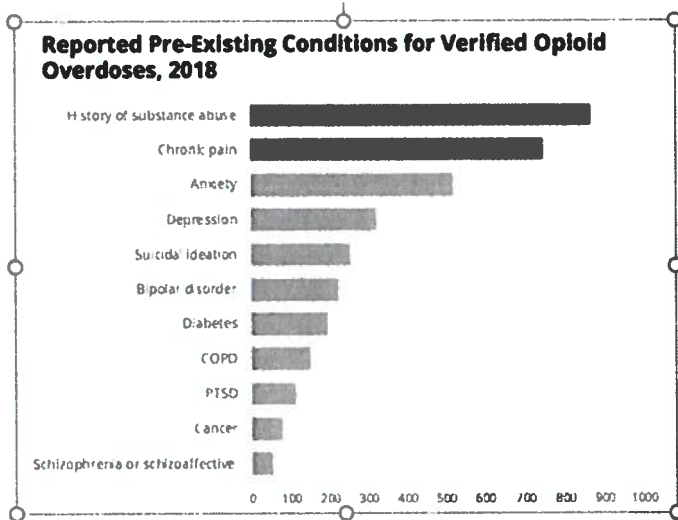
America’s Health Rankings (United Health Foundation, 2021) provides an annual compilation of a variety of health status indicators that include clinical care, behaviors, community and environment, and policy determinants that affect health outcomes. It develops a state-by-state ranking on individual measures, as well as a composite overall state ranking that aggregates the measures (based on their score and value/weighting). The report is funded by the UnitedHealth Foundation and the analysis is guided by an Advisory Council comprised of health policy experts, academicians, health departments, and trade and advocacy organizations.

In 2018, Arizona ranked 30th among all states in its overall health status, an improvement from 2017 when the state ranked 31st (United Health Foundation, 2018). Arizona’s top positive impacts were in cancer deaths, preventable hospitalizations among Medicare enrollees, and smoking among adults, where the state compares favorably to the national average. Top negative impacts were in areas of social determinants: violent crime, air pollution, and high-school graduation. This data highlights why a focused examination of social determinants is critical to assessing the health needs of Arizonans.



(ADHS, 2019)

The most common pre-existing condition for individuals who experienced a verified opioid overdose in 2018 was history of substance abuse. The next five most common conditions were chronic pain, followed by mental health related conditions including anxiety, depression, and suicidal ideation. Frequent Mental Health Distress is defined as having 14 or more days with stress, depression, and problems with emotions in the last 30 days (ADHS, 2019).



18.0 Arizona experiences **higher** rates of suicide mortality than the country (**14.0**) as a whole

93% In 2017, the veteran suicide rate was **93%** higher than that of the state's rate

(ADHS, 2019)

The **top 3** health priorities across all Arizona counties are

Obesity

→ **Mental Health**

Chronic Disease

(ADHS, 2019)

The Gap in Behavioral Health Care Delivery in Arizona

As population in Arizona increases, total number of individuals with mental illness requiring treatment will increase. From 2003 to 2013, median number of psychiatrists declined 10.2% and continues to decline. According to Satiani, Satiani, Niedermier, & Svendsen, (2018) United States psychiatry residency programs are not producing enough psychiatrists to keep up with population growth and the expected rate of retirement. They approximate that only 55-60% of psychiatrists accept insurance.

During an interview, Dr. John Zaharopoulos, a child psychiatrist at Phoenix Children's Hospital stated, "According to stats right now, there are nine child psychiatrists for about 100,000 children in Arizona" (Thomason, 2020). Some children are waiting up to six months to see a psychiatrist. Dr. Zaharopoulos said he believes children are experiencing increased stress due to COVID-19. There are also more children in the emergency room waiting for a psychiatric bed (Thomason, 2020).

Inmate mental health is also not being addressed adequately. A study done at the University of Texas School of Public Health in Dallas found that 1 in 4 prisoners had been diagnosed with a mental health condition in their lifetime. Fewer than 1 in 5 of those inmates were taking medication for their conditions when they were admitted. Of those, fewer than half of the inmates who reported taking medication at intake were receiving medication for their conditions in prison (Reingle Gonzalez & Connell, 2014).

In July 2018 the Arizona Department of Corrections (DOC) started collecting data on non-suicidal self-injurious behavior. The DOC reports that there were 2414 such incidents in FY-2019, 2399 incidents in FY-2020, and 1228 incidents during the first half of FY-2021 (ADOC, 2021). According to the Arizona Department of Juvenile Corrections (ADJC, 2021) 49.7% of new commitments are diagnosed with a serious mental illness and 85.5% have problems with substance abuse.

This problem is also felt in Arizona's schools and universities. One half of all lifetime mental illnesses begin to develop by age 14 and 75% begin before age 24 (Kessler, et al., 2017). Over 50% of high school students with a mental disorder age 14 and older drop out of school. This is the highest dropout rate of any disability group (U.S. Department of Education, 2006). In 2020, the Arizona State Legislature allocated \$8 million for behavioral health services in school settings for students who are underinsured or uninsured. Known as the Children's Behavioral Health Services Fund (or Jake's Law), schools must develop a policy to refer students for behavioral health services, and to allow families to opt-in or opt-out of the referral process each year. This funding is available through June 2022 (Arizona Governor's Office, 2021).

According to the Center for Collegiate Mental Health (2020) lifetime history of counseling continued to increase, with approximately 60% of students seeking services reporting prior mental health treatment. Lifetime experience of traumatic events continued to show mild increases for the past six to eight years. Anxiety and depression continued to be the most common presenting concerns.

Research done by the University of Arizona College of Public Health (2020) shows 61% of Arizonan adults experience mental illness but do not receive treatment and 40% of Arizonans live in a mental health care professional shortage area. The report shows that in 2020 there were 779 psychiatrists in Arizona with most practicing in urban settings. The report shows that there were 1,553 psychologists, but again most practice in urban areas.

U.S. Department of Health & Human Services (2021). currently lists Arizona as a Designated Health Professional Shortage Area for Mental Health Care. There statistics show that there are approximately 2.9 million Arizonans in need of mental health treatment with only 10.61% of the need being met.

Psychologists Are Part of the Solution

One part of the solution to this shortage of capable prescribers is to grant prescription authority to specially trained clinical psychologists. This is not a new idea. For over 10 years there has been prescriptive authority for psychologists in parts of this country. There have been no safety issues or concerns, or incidents reported in the tens of thousands of prescriptions written.

Furthermore, it should be noted that some psychologists in Arizona already are providing these services. In the United States Public Health Service, Indian Health Service and Department of Defense hospitals and clinics, psychologist licensed in states with such authority can and do prescribe in Arizona. It seems clear that one comprehensive standard for the treatment of Arizona consumers would be in order. With the additional training of a two-year post-doctoral master's degree in psycho pharmacology, completing a residency and successfully passing a national exam, psychologists who chose to pursue prescriptive certification could be in place by 2024.

The History of Prescribing Psychologists

The Department of Defense established the Psychopharmacology Demonstration Project (PDP) to train military psychologists to independently prescribe psychoactive medications. The result of Congressional action in 1988, the PDP training program was initiated in 1991 and trained a total of 10 psychologists, four from the Navy and three each from the Army and Air Force. These graduates have gone on to provide pharmacological and psychological services to beneficiaries of the military healthcare system, including active-duty service members, military retirees, and family members of service men and women (Muse & McGrath, 2010).

The Psychopharmacology Demonstration Project (PDP) has been one of the most highly scrutinized programs of its kind. During the PDP, and as a component to the demonstration project, there were three major independent research evaluations conducted of the program. The evaluators included The American College of Neuropsychopharmacology, Vector Research Incorporated, and the United States General

Accounting Office. While the specific objectives of the various evaluation studies differed somewhat, the results of the studies strongly support the conclusion that the PDP graduates were well trained and provided high quality care in prescribing psychoactive medications (Muse & McGrath, 2010).

In 1999 the United States Territory of Guam passed legislation to allow appropriately trained psychologists to prescribe medication. In 2002 psychologists in New Mexico were also granted the right to prescribe (New Mexico Administrative Code 16.22.20-16.22.29). In New Mexico, psychologists undergo a rigorous training period, including 450 hours of instruction, followed by a supervised 400-hour practicum with a minimum of 100 patients and a national exam before they can apply for a two-year conditional prescribing certification (APA, 2008).

This was followed by the State of Louisiana in 2004 (Louisiana Revised Statutes 37:2371- 2378). In Louisiana, psychologists must complete a postdoctoral master's degree in clinical psychopharmacology and pass a national certification exam to be eligible for prescriptive authority. The psychologist prescribes in consultation and collaboration with patients' primary or attending physicians and with the concurrence of physicians. (APA, 2008).

In 2014, appropriately trained psychologists were granted prescription privileges in Illinois (Illinois Administrative Code 1400.250). In Illinois, psychologists seeking prescriptive authority must complete advanced, specialized training in psychopharmacology as well as full-time practicum of 14 months of supervised clinical rotations in various settings such as hospitals, community mental health clinics and correctional facilities (APA, 2014).

The State of Iowa passed a prescribing psychologist law in 2016 (Iowa Code 2021, Chapter 154B0. Iowa requires a post-doctoral master's degree in clinical psychopharmacology. Clinical training involves direct observation of physician in addition to supervised and independent practice and a minimum of 600 patient encounters to be completed by the end of practicum. After graduating psychologists must complete a minimum of 2 years of supervised practice with a minimum of 300 patients diagnosed with a mental health disorder and pharmacological intervention is considered for treatment. A minimum of 100 patients will be treated with psychotropic medication during this time (IPA, 2021).

In 2017 the State of Idaho in 2017 granted prescriptive authority to trained psychologists (Idaho Administrative Code Section 24.12.01.720). In Idaho licensed psychologists who have completed a postdoctoral Master of Science degree in clinical psychopharmacology, a supervised practicum in clinical assessment and pathophysiology, and passed a national examination. After meeting these requirements, a prescribing psychologist will have a two-year provisional certificate to prescribe under the mandatory supervision of an MD (APA, 2017).

Trained psychologists have safely been prescribing medication in various settings for 30 years.

Many Healthcare Professionals Prescribe Medication in Arizona

Competence to prescribe medications is characterized by the presence of a specific body of knowledge and a specific set of skills. A variety of health care practitioners in Arizona have gained this knowledge and skill sets and are authorized by statute to prescribe medications. Doctoral level service providers with prescriptive authority include dentists, podiatrists, optometrists, and clinical pharmacologists, in addition to allopathic, osteopathic, naturopathic, and homeopathic physicians. Non-doctoral level health care practitioners with prescriptive authority include registered nurse practitioners, nurse anesthetists, nurse midwives, and physician's assistants. Psychologists with the ability to prescribe psychoactive medications would provide our citizens with comprehensive and appropriate behavioral health care, helping to fill the gaps in the delivery of such services in Arizona.

Psychologist Education and Training

To become a practicing, licensed psychologist, a doctoral degree in psychology is required. Admission to doctoral programs in psychology is highly competitive. Most universities require a bachelor's degree in psychology along with coursework in the biological sciences, physical sciences, chemistry, mathematics, and statistics

Furthermore, completing the doctoral degree in psychology normally requires five to seven years of graduate study. During this time the entire graduate curriculum is dedicated to achieving expertise in behavioral health, psychological testing, patient assessment, and scientific research methods. In addition, before the degree is completed, the student has typically completed over 1000 hours of patient contact in supervised practicums.

The degree also requires an additional one-year 2000-hour pre-doctoral internship. Obtaining admission to an internship is very competitive. Students go through an application and matching process through the Association of Psychology Postdoctoral and Internship Centers (APPIC). Internships are generally completed off-site from the university in a variety of settings, including but not limited to hospitals, public behavioral health centers, medical schools, universities, correctional facilities, outpatient clinics, and the military.

The doctoral degree culminates with the publication of a dissertation that is based on original research. Doctoral training in psychology requires courses in advanced research methods and quantitative analysis that are necessary for completing the dissertation. This scientist-practitioner model has been fundamental to the training of psychologists since it was first implemented in 1949 (Fagan & Warden, 1996). The core tenants of the scientist practitioner model include (Shapiro, 2002):

- Delivering psychological assessment (psychological testing) and psychological intervention procedures in accordance with scientifically based protocols.
- Accessing and integrating scientific findings to inform healthcare decisions.
- Framing and testing hypotheses that inform healthcare decisions.
- Building and maintaining effective teamwork with other healthcare professionals that supports the delivery of scientist-practitioner contributions.

- Research-based training and support to other health professions in the delivery of psychological care.
- Contributing to practice-based research and development to improve the quality and effectiveness of psychological aspects of health care.

By the time a psychologist is eligible for a license to practice, they will likely have completed between 9 to 11 years of formal education and training. However, before they are licensed to practice, they must also successfully pass the Examination for Professional Practice of Psychology (EPPP). The EPPP was first administered in 1961 and has since been accepted as the licensing exam for psychologists in the United States and Canada. The EPPP is one of the most researched, validated, and defensible licensing exams in all the professions (ASPPB, 2012). The EPPP Part-1 tests candidates in seven content areas (ASPPB, 2012)

1. Biological Bases of Behavior
2. Cognitive-Affective Bases of Behavior
3. Social and Multicultural Bases of Behavior
4. Growth and Life-Span Development
5. Assessment and Diagnosis
6. Research Methods and Statistics
7. Ethical, Legal and Professional Issues

The EPPP Part-2 is a skills-based assessment includes questions about applied, real world situations that psychologists face in practice. The exam will provide valuable information to licensing boards as it assesses the candidate's ability to show what they would do in an applied setting. This has never been assessed through a universal standard across different jurisdictions.

Although not required to practice, many psychologists elect to complete a post-doctoral residency in a specialized area of practice. These areas include health psychology, primary care, rehabilitation psychology, neuropsychology, gerontology, substance abuse, and pediatrics. Students who wish to complete a post-doctoral residency can go through an application a matching process through the Association of Psychology Postdoctoral and Internship Centers (APPIC) or may find placement through other means.

Since 1945 graduate programs in psychology have been accredited by the American Psychological Association (APA). Through the process of accreditation both the educational community and the public are assured that an institution or a program has clearly defined and appropriate objectives and maintains conditions under which their achievement can reasonably be expected. Improvement is encouraged through continuous cycle of self-study and review. The APA fosters excellence in postsecondary education through the publication of Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 2006).

In 1996 the American Psychological Association (APA) adopted a model curriculum for the post-doctoral training of psychologists who wish to prescribe medication. The model curriculum requires a minimum of 300 contact hours of didactic instruction, although 350 hours are recommended. It also calls for a clinical component involving at least 100 patients (APA, 1996). In 2006 the model curriculum was revised to reflect changes in healthcare and psychopharmacology. The revision called for a minimum of 400 didactic hours and updated content areas (Appendix A). The core content areas are (APA, 2019):

1. Basic Science
2. Neurosciences
3. Physical Assessment and Laboratory Exams
4. Clinical Medicine and Pathophysiology
5. Clinical and Research Pharmacology and Psychopharmacology
6. Clinical Pharmacotherapeutics
7. Research
8. Professional, Ethical, and Legal Issues

In 1997 the American Psychological Association (APA) called for the creation of an examination that could test the competency of psychologists who are seeking prescriptive authority. This resulted in the development of the Psychopharmacology Examination for Psychologists (PEP). The PEP has been administered since 2000 by the APA College for Professional Psychology. It consists of 150 questions and is administered at various sites around the country. Passage of the PEP is an important part of credentialing prescribing psychologists (Muse & McGrath, 2010).

Prescribing Psychologists in Arizona

Psychologists who wish to prescribe in Arizona would be required to meet several credentialing requirements based on the comprehensive guidelines developed by the American Psychological Association. To prescribe in Arizona a psychologist would have to:

1. Graduate from a regionally accredited institution with a doctoral degree in psychology.
2. Hold a current license to practice psychology in one of the 50 United States, or one of the U.S. Territories, or one the 13 Canadian Provinces.
3. Complete a postdoctoral Master' s Degree in Psychopharmacology consisting of at least 450 contact hours and a residency in psychopharmacology of at least 100 patients and 400 contact hours from a regionally accredited institution.
 - a) *In Arizona 15 contact hours and 30 hours of student homework is equivalent to 1 credit hour (ABOR, 2012); 450 contact hours is the equivalent of 30 credit hours.*
4. Pass the Psychopharmacology Examination for Psychologists (PEP).

A psychologist meeting these requirements would be granted a provisional license as a prescribing psychologist. The prescribing psychologist would then subsequently be required to treat a minimum of 300 patients over a two-year period while under the supervision of a licensed independent prescriber, approved by the Board of Psychologist Examiners. Upon completion of this requirement the prescribing psychologist would submit material to the Board of Psychologist Examiners to apply for an unrestricted license to prescribe.

Benefits to Consumers

The residents of Arizona will benefit from the granting of prescriptive authority to psychologists through several specific avenues. First, increasing the supply of prescribers will reduce the delays experienced by consumers in obtaining behavioral health services that are currently present due to the existing shortage of prescribers. In the State of Louisiana, nine percent of the licensed psychologists have also been licensed to prescribe medication (Muse & McGrath, 2010). Arizona currently has 2,029 active licensed psychologists. If the percentage of Arizona psychologists licensed is similar, it would increase the number of prescribers in the State by 182.

Second, the integration of care will be improved for those people who currently receive treatment from a psychologist but must go to an additional provider to obtain prescriptions for medications when they are recommended. Patients would be evaluated and treated in one single encounter. With prescriptive authority, psychology becomes the only behavioral health profession capable of formal evaluation and diagnosis including psychological testing, implementation of a complete treatment plan that includes psychotherapy and psychopharmacology, and outcomes assessment (Muse & McGrath, 2010).

Third, the cost of providing medication services is expected to diminish due to the market forces resulting from an increased supply of providers. This is especially important to those people with a limited ability to pay for services, including those people served by publicly funded programs and other third-party payor sources.

Children and adults in Arizona with behavioral health disorders frequently struggle to secure comprehensive treatment services. Particularly in rural areas, the shortage of clinicians who can prescribe medications when necessary is a growing concern. Licensed psychologists who receive highly structured, nationally accredited training in prescribing psychoactive medications can be another treatment option, supplementing the current insufficient array of prescribers for behavioral health conditions, e.g., psychiatrists, nurse practitioners and primary care physicians.

Public Protection

The extent to which the public can be confident that qualified practitioners are competent including evidence that the profession's regulatory board has functioned adequately in protecting the public.

As requested, a Sunset Review was conducted of the Arizona Board of Psychologist Examiners by the Arizona Legislature in 2018. What follows is an excerpt from the review of Sunset Factors submitted to the Legislature by the Board of Psychologist Examiners on May 17, 2018 (BOPE, 2018).

Regulation of the Psychology Profession

The Arizona Board of Psychologist Examiners (Board) was established in 1965, and its mission is to protect the public health, safety, and welfare through the regulation of psychologists and behavior analysts. It accomplishes its mission by issuing licenses to qualified psychologist and behavior analyst license applicants and by investigating and adjudicating complaints against licensees. The Board also provides information to the public on license status and licensees' disciplinary history.

The mission of the Arizona Board of Psychologist Examiners is:

The mission of the Arizona Board of Psychologist Examiners is to protect the health, safety, and welfare of Arizona citizens by licensing and regulating the professions of Psychology and Behavior Analysis.

To accomplish its mission, the Board performs various regulatory functions including:

- Ensuring persons practicing psychology have met required qualifications by issuing and renewing licenses.
- Conducting investigations and hearings in response to complaints of unprofessional conduct.
- Taking disciplinary action against individuals who violate laws governing psychologists; and
- Providing consumer information to the public.

As of September 27, 2021, the board licenses 2,292 psychologists including 2,029 licensees on active status and 263 licensees on inactive status. In addition, the Board processes approximately 40-50 complaints per year and 160 applications for licensure.

The agency's strategic plan includes the following goals:

- To protect the public from unqualified practitioners of behavior analysis by efficiently processing applications for licensure to determine if statutory requirements have been met.
- To protect the public from incompetent practitioners of behavior analysis and unprofessional/unethical conduct through timely investigation and adjudication of behavior analysis-related complaints.
- To protect the public from unqualified practitioners of psychology by efficiently processing applications for licensure to determine if statutory and rule requirements have been met.
- To protect the public from incompetent practitioners of psychology and unprofessional/unethical conduct through timely investigation and adjudication of psychology-related complaints.
- To protect the public through the auditing of continuing education hours of psychologists and behavior analysts to ensure licensees are kept apprised of current standards of practice.
- To encourage public input regarding the Board's performance through customer surveys.

Evidence of the effectiveness with which the Board has met its objective and purpose and the efficiency with which it has operated:

Licensing issued in a timely manner

Psychologists - The Board receives approximately 160 applications per year for licensure. The average number of days to administratively process an application was one day in FY2017. The average number of days to substantively process an application in FY17 was 25 days. The Board utilizes an Application Review Committee (ARC) to review all psychology applications. The Committee is comprised of two psychologists who meet monthly. ARC membership rotates every four months. The ARC reviews each application. If an application needs clarification or additional information, the applicant is advised of the deficiency or request. ARC provides recommendations to the Board regarding applications that are substantively complete. The monthly ARC assures applications are evaluated on a timely basis; most applications are reviewed at the Board meeting in the week following the ARC meeting.

Similar to the ARC, the Committee on Behavior Analysts (CBA), reviews all applications for Behavior Analysts. If there is a deficiency, staff contacts the applicant to request clarification or additional information. The CBA usually meets on the same day the ARC meets and therefore, the applications are reviewed by the Board the following week. In FY17, the average number of days to process an application for Behavior Analysts was 28.

By scheduling the committee meetings and the Board meetings within a short timeframe the processing or turnaround time for applications is significantly enhanced by the monthly meetings of the ARC and CBA.

The Board is entering an E-Licensing program with twelve other regulatory boards to offer an online application for licensure. We are in the midst of launching the program at this time. The system will also offer online licensure applications, an online complaint form, and will transition all of our back-office systems to a Salesforce based system. The agency's database, processes and tracking of information and data will be revised with this new system.

Resolves Complaints in a Timely Basis

Investigations are resolved on a timely basis. Upon receipt of a complaint, staff sends a request to the licensee for a written response and a copy of the records. Staff reviews the information and prepares a report which is forwarded with all case materials to the Complaint Screening Committee (CSC) or the Behavior Analyst committee.

The Board has utilized a Complaint Screening Committee (CSC) since 2004 to provide an initial review of complaints regarding psychologists. The CSC is comprised of three Board members including one public member and two psychologist members; membership rotates every four months. The CSC meets monthly in open session to review, discuss and make recommendations to the Board regarding complaints. The complainant and licensee are provided notice of the meeting so they may attend and provide testimony. The CSC may dismiss a complaint or forward the complaint to the Board for further consideration. If the CSC believes there has been a statute violation, the recommendation to the Board outlines the possible violation(s).

The Board schedules cases referred by the CSC to the next available board meeting agenda. It is not uncommon for the Board to receive a request for a continuance at this step of the process when the licensee is represented by counsel. The Board completes an initial review of complaints at an open meeting and can hear input from witnesses or the licensee. If the Board has concerns that a violation has occurred, the Board can offer a Consent Agreement or refer the matter for an informal interview at a future Board meeting.

Similarly, the Committee on Behavior Analysts provides an initial review of complaints against Behavior Analysts. The Committee provides a recommendation to the Board.

At the conclusion of an informal interview, the Board has the authority to take any of the following actions to protect the public: revoke or suspend a license; place a license on probation and require the licensee complete terms to rehabilitate or educate; issue a Decree of Censure; require rehabilitation or treatment of a licensee; enter into an agreement to restrict or limit the licensee's practice until the licensee undergoes rehabilitation; issue a non-disciplinary order for continuing education; issue a non-disciplinary letter of concern; or dismiss the case. If there is a situation wherein the public safety is at risk and needs immediate attention, the Board can issue a summary suspension and move the matter to formal, administrative hearing. The Board may also impose a civil penalty of \$300, but no more than \$3,000 for violations. All monies collected in payment of a civil penalty are deposited into the State's General Fund.

Protects the Public By Requiring Continuing Education

Each renewal cycle, a psychologist licensee is required to obtain 40 hours of continuing education (CE) in psychology-related topics. Included in the 40 hours, a licensee must take at least four hours in professional ethics and four hours in domestic violence, intimate partner abuse, child abuse, or abuse of vulnerable adults. The topic of bullying satisfies the requirement for child abuse.

Licensees may obtain up to ten hours per renewal cycle by attending a Board meeting. Each board meeting provides up to six hours in professional ethics if both morning and afternoon are attended.

Behavior Analysts are required to complete 30 hours of continuing education per renewal cycle with four hours in the area of ethics.

The Board requires licensees to attend CE to inform licensees of best practices and to keep current with the community standards of care. In 2017, the Board moved to renewing licenses based upon the licensee's birth month. Licensees will renew every two years during their birth month. The staff currently pulls a random five percent (5%) of each quarterly renewals for CE audit. Those licensees, subject to the audit, must submit documentation to the Board regarding their CE. These records are organized by staff and then presented to a continuing education committee composed of Board members for review. A psychologist's continuing education is reviewed by the Board's Continuing Education Committee (Committee). The Committee is comprised of three psychologist members. The Committee can find the licensee to be in compliance, request additional information or forward to the Board for further review. A Behavior Analyst's continuing education is reviewed by the Committee on Behavior Analysts. The Committee can request additional information from the licensee or make a recommendation to the Board.

Responds to Requests for Information in a Timely Basis

The Board responds to public requests for information in a thorough and timely manner. The Board's website includes a directory of licensed psychologists, temporary licensed psychologists, and licensed behavior analysts. The non-confidential information includes name, public address and phone number, status of license, license number, original issuance date of license and disciplinary actions, if any. The directory provides primary source verification of active or inactive licensees for various parties. In addition, individuals may call our staff to receive information Monday through Friday, 8 am to 5 pm.

The website provides a Public Records Request form that may be submitted for obtaining copies of public documents. Interested parties may also make an appointment to view records in person at the Board office during normal business hours.

The Board's website includes agendas, minutes, various Board information, statutes and rules. Interested parties may purchase lists of licensees and public information.

At each Board meeting, time is set aside for a Call to the Public to allow anyone the opportunity to address the Board. All Board staff receive training to ensure that confidential information is not released.

Beginning this week, a new e-licensing system will provide public information on our website which will include the licensee database. At this time, we believe the same information will be available.

Evidence of the extent to which the agency, board or commission serves the entire State rather than specific interests.

The Board's services are provided to the general public as well as interested individuals. The website provides information to anyone seeking information regarding a licensee, board meetings and agendas. The website serves citizens of Arizona as well as those who are outside of Arizona. If someone does not have internet access, our office provides information by phone or mail.

The Board offers a program with the in-state psychology students wherein they are encouraged to attend a board meeting. It has provided an excellent opportunity for the students to understand what the Board does, what kinds of cases it reviews and what to expect if they must go before the Board. It has provided a great deal of real-life lessons of what kinds of situations licensees face when dealing with the public. The feedback has been positive.

In addition, the Board offers ethics continuing education credits for those licensees that attend a board meeting, depending on the time the individual actually attends at the meeting.

Evidence of the extent to which rules adopted by the agency, board, or commission are consistent with the legislative mandate.

The Board promulgates rules pursuant to A.R.S. §32-2063 (A)(9). The Board completed a Five Year Rule Review for the Psychology Board in October 2014. The Board completed a Five Year Rule Review before the Governors Regulatory Review Council in January 2018 for the Behavior Analysts.

The Board has made a number of changes to the rules within the past five years. In addition, the Behavior Analyst committee has made various rule changes over the past five years and is currently working on a rules package that will be opened in the next sixty days.

As statutory changes continue, the Board will need to respond appropriately and revise rules as needed, provided the Governor's office provides permission to make the rule changes. The Board has the statutory authority to promulgate rules that interpret and apply the broader authority of the statutes that relate to psychology and behavior analysts when approval is given by the Governor's Office.

Evidence of the extent to which the agency, board or commission has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.

The Board encourages and welcomes input from the public and other stakeholders. This is accomplished through a number of ways including partnerships with professional organizations and associations. The Board establishes a committee to work through any proposed rule changes. When the rules committee meets, the meetings are noticed and open to the public.

When rule changes are proposed, notices will be provided to the various professional associations and the changes will be posted on the Board's website. The proposed rules are published in the Arizona Administrator Register and an oral proceeding is held where the Board accepts oral comment on the proposed rules.

All Board and committee members are subject to the Open Meeting Laws. Notices for meetings are posted as required by law and the Board provides a minimum of 24 hours' notice. The Open Meeting Law is part of the Board training process. The Assistant Attorney General assigned to the agency works with the Board to assure all of the Open Meeting Laws are followed as the Board carries out its activities.

Evidence of the extent to which the agency, board, or commission has been able to investigate and resolve complaints that are within its jurisdiction.

The Board is granted the authority to perform investigations and resolve complaints pursuant to A.R.S. §32-2063 (A)(1), A.R.S. §32-2081, and A.R.S. §32-2091.09. The Board investigates and resolves complaints in an appropriate and timely manner.

Complaints against psychologists are reviewed by the Complaint Screening Committee (CSC). The CSC meets monthly in an open, public meeting to address complaints. The CSC has the authority to dismiss complaints or refer them to the full Board for further consideration.

Likewise, a complaint against a Behavior Analyst is reviewed by the Committee on Behavior Analysts (Committee). The Committee may move to dismiss the complaint or forward the matter to the full board for further consideration.

The Board receives between forty and fifty complaints per year against psychologists. In FY16, the Board received 49 investigations, 38 were opened as complaints and twenty-three or 60% were addressed at the CSC level. In FY17, the Board received 37 investigations, opened 32 complaints, and an average of 57% of investigations were resolved at the CSC level. The average number of days to complete cases at the CSC level in FY16 was 52 days and in FY17, 67 days. The average time to resolve complaints that went to the Board level was 100 days in FY16 and 136 days in FY17.

In FY16, the Board began a claims process for concerns raised against psychologists who were providing services as a result of a court order. In FY17, the Board received 11 claims, down from 19 the year before. Of these, two were opened as complaints. It took an average of seventy-six days to complete the claim process.

The Board has sufficient authority to investigate complaints. It also has sufficient non-disciplinary and disciplinary options to resolve complaints. The Board is well within the average of completing investigative cases within 180 days.

Evidence to the extent to which the Attorney General or any other applicable agency of state government has the authority to prosecute actions under the enabling legislation.

The Board has an Interagency Service Agreement with the Attorney General's office to provide legal counsel to the Board. The statutes provide sufficient authority to prosecute actions. The Board has not recognized any statutory deficiencies at this time. In the future, the Board may wish to seek deeming language for cases that are referred to a formal administrative hearing.

Pursuant to A.R.S. §41-192, the Attorney General has the authority to prosecute actions and represent the Board. A.R.S. §§32-2061 and 32-2081 define violations and establish penalties. Pursuant to A.R.S. §32-2083, the Board may also petition the Superior Court to prevent an unlicensed person from practicing psychology, or to stop the activities of a licensee that are an immediate threat to the public. Pursuant to A.R.S. §32-2082 (B), the Attorney General may go to the Superior Court to enforce subpoenas. The Board refers matters related to unlicensed practice or using the term "psychologist" unlawfully to the County Attorney's office.

Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics.

Quality Assurance Standards

Professional practice standards for Arizona's licensed psychologists exist in state statute, administrative rules, and through numerous sets of standards and guidelines regarding ethical and professional practices. Arizona's licensure law for psychologists (A.R.S. §32- 2061 et seq.) contain numerous provisions which define unprofessional conduct and prescribe other conduct mandated for psychologists. The administrative rules of the State of Arizona Board of Psychologist Examiners (R4-26-101 et seq.) contain additional provisions which control the conduct of psychologists. These requirements detailed in statute and administrative rules are extensive and by far exceed the practice mandates applicable to other licensed or certified mental health professionals in Arizona.

Beyond the statutory requirements, the profession of psychology has a long history of promulgating ethics standards and practice guidelines, providing educational seminars regarding these topics, and adjudicating complaints lodged against psychologists by the public. The American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA, 2017) has been adopted formally into the licensure laws of many states, adopted indirectly into the licensure laws of other states, including Arizona, and adopted by the professional psychological associations of many other nations of the world. The ethics code is a living document and is revised periodically to assure that it addresses current practice issues. In addition, numerous other sets of national guidelines detail desired practices in a

broad array of areas such as record keeping, serving people belonging to ethnic minority groups, forensic practices, child custody evaluations, and others. No other profession of mental health service providers has such a comprehensive set of standards and guidelines developed specifically to protect the people who are the recipients of services.

The Association of State and Provincial Psychology Boards has issued extensive guidelines to assist licensing boards in the regulation of prescriptive authority for psychologists. This provides another layer of protection for the public in that licensing boards do not have to approach this area of practice regulation in isolation.

Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.

Educational Programs

The American Psychological Association (APA) adopted a Model Education and Training Program in Psychopharmacology for Prescriptive Authority (APA, 2019) to ensure that psychologists seeking prescription privileges would have the training to be safe and effective prescribers (Appendix A). The core content areas are:

1. Basic Science
2. Functional Neuroscience
3. Physical Examination
4. Interpretation of Laboratory Tests
5. Pathological Basis of Disease
6. Clinical Medicine
7. Clinical Neurotherapeutics
8. Systems of Care
9. Pharmacology
10. Clinical Pharmacology
11. Psychopharmacology
12. Psychopharmacology Research
13. Professional, Ethical, and Legal Issues

This classroom work is one part of the required training. Psychologists seeking prescription privileges are also required to have direct clinical responsibility for at least 100 patients under the supervision of a qualified prescriber as part of their clinical requirements. The recommended training is intended to be the curriculum outline upon which programs build coursework and training. This model training program was developed with guidance from a panel of experts that included psychologists, physicians, other health care professionals and

prescribing psychologists who were trained in the Department of Defense demonstration project.

Over the past decades, several universities have developed a curriculum, based on the APA recommended training model, to train psychologists to prescribe psychoactive medications (Appendix B). One accredited university in Arizona has indicated that there is a possibility that a program could be established if trained psychologists in Arizona were given prescriptive authority. Such a program could be implemented using existing resources.

The extent to which an increase in the scope of practice may harm the public including the extent to which an increased scope of practice will restrict entry into practice and whether the proposed legislation requires registered, certified, or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification, and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification, or licensure as those in this state.

Potential Harm

The most often made argument raised by opponents of prescriptive authority is that licensed prescribing psychologists will not be competent to safely prescribe and monitor the use of behavioral health medications. The issue is stated in a variety of ways; one argument is that the required training is insufficient (McGrath, 2010). Yet, one study compared the training of three different groups of independent prescribers, psychiatric nurse practitioners, physicians, and prescribing psychologists (Muse & McGrath, 2010). The study found that prescribing psychologists were equally prepared to prescribe medication when compared to the entry level of physicians and nurse practitioners (Appendix C).

An analysis of the U.S. Department of Defense Psychopharmacology Demonstration Project showed that the project met its primary objectives. It showed that safe, high-quality psychopharmacological treatment can be provided by psychologists with appropriate training. The authors suggest the project serves as a foundation for efforts to include prescription authority in state licensing laws (Newman, Phelps, Sammons, Dunivin & Cullen, 2000).

Psychologists have been prescribing in Guam and New Mexico for 19 years. They have been prescribing in Louisiana for 15 years, in Illinois for 5 years, Iowa for 3 years, Idaho for 4 years, and in the military for over 20 years. Psychologists have also been prescribing in the United States Public Health Service, the Indian Health Service, and the Federal Bureau of Prisons. To date that has not been one complaint filed against a prescribing psychologist. The creation of a psychological specialty to include prescriptive authority will

not impact those persons seeking the general licensure to practice psychology in Arizona. The requirements for licensure as a psychologist are unchanged. This specialty will only impact those psychologists who seek to add the specialized competencies and credentials required to prescribe psychoactive medications.

The cost to the state and to the general public of implementing the proposed increase in scope of practice.

Cost to the Public

There is no cost to the State of Arizona as the Board of Psychologist Examiners is a "90-10" agency that is totally self-funded. It is anticipated that there will be small number of initial applicants and should have a minimal impact on the need for administrative support. As the number of applicants expands there may be cost increases in application and renewal fees to the Board's licensees due to the Board's expansion of staff and operations to license, regulate and implement the proposed specialty practice. The Board may have costs related to consulting fees charged by subject matter experts until such time that a prescribing psychologist review committee can be established.

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Appendix A

American Psychological Association Recommended Postdoctoral Education and Training

Program in

Psychopharmacology for Prescriptive Authority



Model Education and Training Program in Psychopharmacology for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES
FEBRUARY 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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AMERICAN
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Model Education and Training Program in Psychopharmacology for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES 2009

REVISIONS APPROVED FEBRUARY 2019



INTRODUCTION

Education and training in psychopharmacology for prescriptive authority have evolved rapidly over the past three decades. As of the revision of this document, there were four programs designated by APA offering this training on a postdoctoral basis. As more states pass laws authorizing properly trained psychologists to prescribe, it will continue to be necessary to define what is meant by “properly trained psychologists.” Psychology’s ethical responsibility to the public requires that the profession be able to define the training needs and minimum competencies required for prescriptive authority in a manner that ensures public safety and the effectiveness of the professionals who are training to prescribe. This document reflects the most current thinking in the field as to the nature of such education and training, and incorporates the knowledge and experience of professionals from a variety of disciplines with expertise in psychopharmacology. It represents the additional knowledge and experience derived since the 1996 and 2009 versions of this document, *Recommended Postdoctoral Education and Training in Psychopharmacology for Prescriptive Authority*, became APA policy.

APA Association Rule 30-8.3 requires that all APA standards and guidelines be reviewed at least every 10 years. Further, advances have been made in psychopharmacology education and training and prescriptive authority legislation enacted since APA’s *Recommended Postdoctoral Education and Training in Psychopharmacology for Prescriptive Authority* (2009 Recommended Training) was approved in 2009. Therefore, a joint Board of Educational Affairs (BEA), –Board of Professional Affairs (BPA), and Committee for the Advancement of Professional Practice (CAPP) Task Force was charged in 2017 to review the current program requirements and recommend any necessary updates and revisions.

Since the original model program standards were developed more than two decades ago, a number of training programs have been developed and legislation has been enacted in five states and one U.S. territory enabling appropriately trained psychologists to prescribe. The new programs have developed curricula with some uniformity as well as some variation in education and training models. The enabling legislation (including those pending or planned in several states), as well as the recognition and credentialing of prescribing psychologists in certain federal agencies (e.g., Department of Defense, Indian Health Service, and U.S. Public Health Service), have also varied in their requirements. These developments clearly called for additional revisions of the existing policy.

CONTEXTUAL FRAMEWORK

The training of psychologists in the practice of psychopharmacology is based on two foundations. The first is rigorous education in the psychological sciences with training as a practitioner of psychological interventions. The second is a firm grounding in the basic medical sciences that form the basis for utilizing biological interventions in a safe and effective manner. This curricular model for training a psychologist in the management of psychotropic medication is designed to add the skills of medication management to the psychological intervention skills in which the psychologist has been training. While the entire program for training psychologists to prescribe described in this document could be completed during a postdoctoral period of training, parts of the education and training can take place at the doctoral level.

It is important to note that this optional training in psychopharmacology does not alter the fundamental training of the traditional doctoral program. This training is optional and exists beyond the traditional training in psychology, thus it is anticipated that it will require a significant addition in time, effort, and resources. As conceptualized, the programs could either be sequential, whereby a student completes the traditional doctoral program first, and subsequently completes the psychopharmacology program; or the programs could be undertaken simultaneously.

Programs that choose to offer preparation for clinical training in psychopharmacology will initially offer foundational coursework leading to competency in human anatomy, human physiology, biochemistry, and genetics at the doctoral or postdoctoral level to be safe prescribing psychologists. Training in physical assessment may be offered as part of a physiology and pathophysiology sequence by combining these courses with a supervised physical assessment experience that may also be completed at the doctoral or postdoctoral level. Subsequent courses reviewing the scientific basis of psychopharmacology and its application to clinical practice will build on this grounding in the basic medical sciences and may be completed at either the doctoral or postdoctoral level. Practical training in the management of psychotropic medications in combination with psychological interventions shall continue to take place at the postdoctoral level following licensure as a doctoral level health services provider. Overall, the education and training will reflect the integration of knowledge of the basic medical sciences, research literature, and practice experience on the utilization of psychopharmacological and psychological interventions.

Psychopharmacology education and training for psychologists, while incorporating elements of the training traditions in medicine, pharmacy, and nursing, should be conducted in a manner consistent with the education and training of psychologists, with its focus on a comprehensive understanding of the person derived from the social and behavioral sciences. Permitting this training to occur at both the doctoral and postdoctoral level will meet the needs of a new generation of students as well as practicing psychologists. This model is offered as a service to the public by describing the minimum requirements for training. States may also mandate continuing education requirements for psychologists credentialed to prescribe.

ESSENTIAL ELEMENTS

Doctoral and Postdoctoral Education and Training

This program adds to the training of doctoral-level psychologists by augmenting with advanced training in a specific content area (psychopharmacology). It represents a significant expansion of the scope of practice for those trained under this model. The general prerequisites for admission to a doctoral program in psychology remain the same. However, there may be program-specific prerequisites to psychopharmacology training that must be fulfilled. It is the responsibility of the program to ensure that the sequencing of didactic instruction preserves the coherence of the psychological training of the student. Students may be admitted for postdoctoral training if they possess: (1) a doctoral degree in psychology; (2) current licensure as a psychologist; and (3) practice as a health service provider as defined by state law, where applicable, or as defined by APA. Students who complete a portion of their training at the doctoral level must be enrolled in a doctoral program accredited by the APA or an accrediting body recognized by the U.S. Secretary of Education for the accreditation of health service psychology education and training in preparation for entry to practice. The 1996 and 2009 Recommended Postdoctoral Training Program includes didactic coursework prerequisites in the basic sciences and functional neurosciences that are expanded upon in these standards. Training programs in psychopharmacology offering coursework to doctoral students may grant transfer credit by the same standards applied to the acceptance of credit for other doctoral-level coursework in their respective programs. Postdoctoral training programs in psychopharmacology for prescriptive authority can award transfer credit limited to the basic science and functional neuroscience domains of the curriculum. The program must be offered at a regionally accredited institution.

Didactic Instruction and Supervised Clinical Experience

This model curriculum establishes the possibility of providing psychopharmacology training at both the doctoral and postdoctoral level. The inclusion of an option for doctoral-level training, and the sequencing of foundational coursework with courses in the biological sciences occurring first, suggests a sequence in the practical training of prescribing psychologists that begins with training in physical assessment followed by practical training in psychopharmacology.

The practical training in physical assessment (i.e., supervised clinical experience in physical assessment) may be combined at either the doctoral or postdoctoral level with courses that support mastery of those physical assessment skills necessary to prescribe and manage psychotropic medications safely and effectively. The focus must include mastery of basic skills to evaluate those aspects of a patient's health status sufficient to ensure the

patient's suitability for treatment with medication, the monitoring of health parameters that may be impacted by medication, and the knowledge base necessary to refer to and collaborate with other prescribers in the management of more medically complex patients. The mastery of physical assessment should be achieved through practical experience in supervised patient health assessments done in collaboration with medical providers licensed to conduct independent physical assessments.

The final stage of practical training, a prescribing psychology fellowship, is to take place postdoctorally after the satisfactory completion of the didactic curriculum and after the fellow is licensed at the doctoral level to practice psychology.

The term "supervised clinical experience" is substituted for the term "practicum" used in the 1996 Recommended Training.

Addition of a Competency Model

The curriculum promotes integration of knowledge, skills, and attitudes fundamental to professional practice with psychopharmacologic interventions. Movement to competency-based models to measure education and training outcomes is occurring across the health professions. These models include both formative (ongoing) and summative (end point) assessment approaches. Various entities within psychology (e.g., APA Benchmark Competencies Initiative, APA Policy on Education and Training Leading to Licensure, and the Practicum Working Group on Competencies) are focusing on the identification and assessment of competencies in education and training. This has resulted in important changes in how educational outcomes are defined and evaluated. The APA Task Force on the Assessment of Competence in Professional Psychology articulated 15 principles¹ that are a useful resource in this process. By focusing on necessary competencies, the standards articulated in this document are intended to allow maximum flexibility in program design within the context of ensuring an optimal educational experience.

Capstone Competency Evaluation

To be consistent with a model that emphasizes mastery of essential competencies, training programs developed under these standards provide a capstone competency evaluation that requires integration of the knowledge, skills, and attitudes that psychologists are expected to master during their matriculation in the program. Two recommended methods of evaluation are a review of a portfolio of cumulative supervised clinical experiences, or a review of the application of knowledge, skills, and attitudes to clinical situations ranging from routine, uncomplicated cases to those of a more complex nature involving multiple medical comorbidities. This evaluation is distinct from any evaluation that focuses exclusively on mastery of information, such as the Psychopharmacology Examination for Psychologists (PEP). The capstone competency evaluation is summative and follows demonstrated mastery of multiple, foundational competencies throughout the training program. Typically, the capstone compe-

¹ <https://www.apa.org/ed/resources/competence-report>

tency evaluation will be completed within five years of completion of the didactic portion of the curriculum. Successful completion of the prescribing psychology fellowship requires the presentation of an acceptable capstone competency evaluation that incorporates all relevant coursework and clinical work completed in preparation for and during the prescribing psychology fellowship.

Education and Training in Issues of Diversity

Programs developed under these standards will continue their commitment to providing training courses and experiences that encourage cultural knowledge and sensitivity to the interactions of pharmacological interventions with development across the lifespan, sex assigned at birth, gender identity, and health status, including co-occurring health and psychological conditions, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, and other forms of population diversity. This focus is reflected in both the didactic and experiential program components so that psychologists will develop appropriate skill-based competencies to address the unique needs related to diversity and inequity in the population being served.

Designation Process Requirement

Programs will be evaluated by the APA Designation Committee for Education and Training Programs in Psychopharmacology for Prescriptive Authority (RxP Designation Committee) based upon the curriculum requirements set forth in this document. Adherence to these standards, therefore, requires attainment and maintenance of designation status or its successor if so approved by APA.

Maintenance of Psychopharmacology Competencies through Lifelong Learning

Programs in psychopharmacology for prescriptive authority as outlined herein are rigorous and comprehensive in didactic content, clinical experiences, and the integration of psychological and pharmacological principles. Programs developed under these standards place a special emphasis on preparing psychologists to evaluate future advances in psychopharmacological knowledge and on the critical importance of lifelong learning in psychopharmacological practice.

Prescribing psychologists need to sustain their competencies as prescribers of psychotropic medication in addition to maintaining their competencies as practicing psychologists. Ongoing continuing education within the domain of psychopharmacology as well as general psychological service provision is essential, as required by the jurisdiction including states and territories.

SUMMARY

These standards further advance a competency-based model of learning and assessment in preparation for prescriptive authority as well as increased emphasis on the development of competency through supervised clinical experiences in physical assessment and medication management. They are intended to set the context for understanding the curriculum and should be reviewed again in 10 years.

Prerequisites for Admission to Education and Training Programs in Psychopharmacology

For education and training in psychopharmacology, programs must require students be admitted to (for those completing a portion of the education and training at the doctoral level) or have completed (for those pursuing training entirely at the postdoctoral level) a doctoral program in psychology in order to participate in the initial training in basic science, functional neuroscience, and the supervised clinical experience in physical assessment (see Domains I, II, III & IV below). Students who complete a portion of their training at the doctoral level must be enrolled in a doctoral program accredited by the APA or an accrediting body recognized by the U.S. Secretary of Education for the accreditation of health service psychology education and training in preparation for entry to practice.

- Students are eligible for additional didactic coursework and training following the successful completion of the supervised clinical experience in physical assessment.
- Students are eligible for the prescribing psychology fellowship following licensure as a doctoral-level psychologist.
- Students will have met all eligibility requirements for entry into the prescribing psychology fellowship following completion of all other didactic and experiential requirements for training as a prescribing psychologist.

Program Characteristics

The entire program of education and training shall be an organized and sequenced program of instruction at the doctoral and/or postdoctoral level.

The program is responsible for determining and disseminating admissions standards. The program could develop policies for allowing credit from a previous graduate or postdoctoral education and training program(s). For students admitted to doctoral psychology programs, transfer of credit should be granted on the same basis as transfer of credit for other doctoral-level courses leading to the granting of the doctorate in psychology.

To ensure that the training experience is up to date, sequential, and cumulative, postdoctoral programs may allow transfer of a limited number of credits as appropriate for previous coursework limited to the basic science and functional neuroscience domains (Domains I & II). This does not preclude the development of program policies that would permit, on an individual basis, the meeting of program requirements through a current demonstration of

competencies obtained through prior postdoctoral education and training. In such unusual cases, program policies should explicitly state the criteria for such decisions, and there should be an accompanying record of the specific competencies demonstrated by the psychologist and those yet to be acquired through the program.

The program is accountable for establishing and demonstrating evidence of appropriate quality assurance mechanisms. As such, the program will demonstrate the following characteristics:

- **Ethical standards:** The program administrators and faculty will abide by the current Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.
- **Mission:** The program has a clear and comprehensive mission statement that guides it, is approved by the governing body, and is publicly communicated.
- **Governance and administration:** The program has sufficient financial resources and access to appropriate physical resources to support its mission. The program has qualified administrators, including a psychopharmacology program director, with appropriate administrative authority. The legal authority and operating control of the program are clearly described.
- **Program characteristics:** The program is an integrated and organized program of study. The program has an identifiable body of students. The program is clearly identified and labeled as a doctoral and/or postdoctoral education and training program in psychopharmacology for prescriptive authority. The program ensures the quality of education and training, including any consortial relationships or contractual agreements. The program protects the security, confidentiality, integrity, and availability of student records. The program has due process and grievance procedures that are publicly available. The program engages in a process of self-evaluation every three years at a minimum and submits a written response as required by the Designation Criteria. The doctoral program students maintain a status of "in good standing" during participation in the training program. Postdoctoral students maintain licensure throughout the program. The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program.
- **Faculty:** Faculty and supervisors are qualified and sufficient in number to accomplish the program's education and training goals. The psychopharmacology program director must be a licensed psychologist trained in psychopharmacology. The program faculty and supervisors may come from a variety of appropriate disciplines to include neuroscience and licensed practitioners of medicine, pharmacy, and nursing. When possible, the inclusion of prescribing psychologists as faculty is encouraged. Faculty participate in the program's planning, implementation, and evaluation.

- **Learning Resources:** The program provides access to facilities, services, and learning/information resources that are appropriate to support its didactic and experiential teaching, research, and service mission. This should include access to facilities, library materials, and an appropriate array of learning and point of service resources. Further, the program will offer an integrated and sequential program of instruction as evidenced through the following:
 - a. an organized sequence of courses with relevant syllabi;
 - b. frequent evaluation of students' knowledge and application of that knowledge and feedback to students of outcomes;
 - c. periodic program evaluation a minimum of every three years; and
 - d. certification of program completion upon demonstration of appropriate level of competence, the prescribing psychology fellowship, and the capstone competency evaluation.

Didactic Instruction and Supervised Clinical Experience

A competency-based approach entails educational objectives or defined competencies at each level of learning. Competencies require demonstration of the ability to perform defined tasks along a continuum with a wide range of possible outcomes. Competencies are conceived as holistic and represent:

- **knowledge** of subject matter concepts and procedures;
- **performance** of behaviors that demonstrate specific skills and abilities;
- **problem-solving** strategies and capabilities that involve elements of critical thinking and ethical responsibility; and
- **self-reflection** that focuses on knowing the limits of one's knowledge; clarification of attitudes, beliefs, and values; identification of self-perceptions and motivations in the context of prescriptive authority, cultural competency, and skills working with diverse populations; and recognition and identification of sources of bias.

Among the goals of training is to ensure that graduates:

- are able to identify those patients for whom psychotropics may be indicated or not indicated;
- are able to recognize adverse effects that are associated with medications; and
- can recognize when medical consultation, collaboration, and/or referral is necessary.

Assessment of the delineated competencies for prescriptive authority includes approaches that integrate evaluation that is both formative (i.e., ongoing corrective feedback that advises further development) and summative (i.e., determines attainment of a specific compe-

tenency). Assessment is developmentally informed and conducted using multiple reliable and valid methods and varied sources of information. This approach shifts the focus from exclusively documenting what is taught to a method based on demonstrating what students have learned and how they effectively apply didactic instruction in integrated practice. Throughout the curriculum, students will demonstrate threshold performance levels at identified benchmarks of competence across the delineated competencies.

The topics that should be addressed by the psychopharmacology curriculum must cover a broad range of both basic science and clinical content areas with sufficient specificity such that the student is adequately prepared for the practical application of the knowledge and skills attained. All areas should also address cultural context, including variability due to development across the lifespan, sex assigned at birth, gender identity, and health status, including co-occurring health and psychological conditions, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, and other forms of population diversity. A foundation of knowledge should be laid so that the student can continually develop an understanding of, and ability to use, emerging therapies and treatments. This foundation should include instruction in core principles regarding the implementation and evaluation of research on psychotropic medications.

Didactic Content Areas

The approaches taken to didactic instruction of content should make use of multiple pedagogical methods. In addition to the provision of knowledge via more traditional means such as readings, lecture, and discussion, participants may make use of various means to apply, integrate, and thereby broaden their knowledge via the analysis of clinical cases, problem-based learning, computerized patients and simulations using layered decision models, and skills-based demonstrations throughout the curriculum in order to develop the competencies as detailed below.

Recognizing that this is a dynamic field and that subsequent revision may become necessary over time, a minimum of 400 contact hours of didactic instruction is expected in the following content areas (I-XIII).

As programs may develop specific courses using different content integration approaches, these are not meant as specific courses and the contact hours are not broken down for each area.

With the goal of maintaining patient safety while prescribing psychotropic medication, the trainee is expected to demonstrate knowledge in the following domains (I-XIII), with clinical competence obtained by the completion of the fellowship in those indicated with an asterisk (*).

- I. Basic science (this domain can be taken at the undergraduate level, at the discretion of the program)
 - a. Human anatomy
 - b. Human physiology
 - c. Biochemistry
 - d. Genetics

- II. Functional Neuroscience
 - a. Neuroanatomy
 - b. Neurophysiology
 - c. Neurochemistry
- III. Physical examination
 - a. Measurement and interpretation of vital signs*
 - b. Neurological exam*
 - c. Cardiovascular exam
 - d. Respiratory exam
 - e. Abdominal examination
 - f. Eye, ear, nose, and throat, (EENT)
 - g. Gastrointestinal (GI)
 - h. Genitourinary (GU)
 - i. Integumentary
 - j. Allergic/immunologic
 - k. Musculoskeletal
- IV. Interpretation of laboratory tests
 - a. Therapeutic drug monitoring*
 - b. Other blood and urine tests
 - c. Radiology
 - d. Electrocardiogram (EKG) and brain electrophysiology
 - e. Neuroimaging techniques [e.g., magnetic resonance imaging {MRI}, functional MRI {fMRI}, computerized tomography {CT}]
 - f. Applied genetics
- V. Pathological basis of disease
 - a. Pathophysiology of common clinical cardiovascular, respiratory, gastrointestinal, hepatic, neurological, and endocrine conditions
- VI. Clinical Medicine
 - a. Clinical manifestations, differential diagnosis, and laboratory or radiological evaluation of commonly encountered medical conditions
 - b. Special cases: children, women, and older adults, health-related conditions (e.g., pregnancy, hormone therapy), and people living with chronic health conditions (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
 - c. Medical emergencies and their management
- VII. Clinical Neurotherapeutics

- a. Electrophysiology (e.g., quantitative electroencephalogram (EEG), neurofeedback)
 - b. Non-invasive interventions (e.g., transcranial magnetic stimulation, EEG neurofeedback, biofeedback)
 - c. Electroconvulsive therapy (ECT)
- VIII. Systems of care*
- a. Coordination of care with other medical specialties
 - b. Consultations and referrals
 - c. Coordination and consultation in long-term care
- IX. Pharmacology*
- a. Pharmacokinetics and drug delivery systems
 - b. Pharmacodynamics
 - c. Neuropharmacology
 - d. Toxicology
 - e. Mechanisms of medication interactions
- X. Clinical Pharmacology*
- a. Major drug classes
 - b. Nutritional supplements
 - c. Special cases: children, women and older adults, health-related conditions (e.g., pregnancy, hormone therapy), and people living with chronic health conditions (e.g., hypertension, diabetes, HIV/AIDS, Hep C, breast and hematological cancers and conditions)
- XI. Psychopharmacology*
- a. Sedatives/hypnotics
 - b. Antidepressants
 - c. Antipsychotics
 - d. Mood stabilizers
 - e. Anxiolytics
 - f. Stimulants
 - g. Medications for drug dependence
 - h. Medications for drug adverse effects
 - i. Pediatric psychopharmacology
 - j. Geriatric psychopharmacology (including medications for cognitive impairment, polypharmacy)
 - k. Issues of diversity and cultural competence in pharmacological practice (e.g., sex assigned at birth, gender identity, race, ethnicity, culture, socioeconomic status, disability, nationality of origin, generational status, citizen status, other forms of population diversity, traditional practices, and lifespan factors related to drug metabolism access, acceptance, and adherence)
 - l. Clinical decision-making and standard practice guidelines
 - m. Guidelines for prescribing controlled substances
- XII. Psychopharmacology Research*
- a. Phases of drug development
 - b. Clinical trials in psychiatry
 - c. Critical evaluation of evidence
- XIII. Professional, Ethical, and Legal Issues*
- a. Documentation (e.g., nomenclature, abbreviations, prescription writing)
 - b. Conflicts of interest/relationships with the industry
 - c. Scope of practice issues
 - d. Diversity and equity issues related to treatment access and adherence

Supervised Clinical Experience

The supervised clinical experience should be an organized sequence of education and training that provides an integrative approach to learning as well as the opportunity to assess competencies in skills and applied knowledge. The intent of the supervised clinical experience is twofold:

- To provide ongoing integration of didactic and applied clinical knowledge throughout the learning sequence, including ample opportunities for practical learning and clinical application of skills.
- To provide opportunity for programs to assess formative and summative clinical competency in skills and applied knowledge.

In addition to the didactic hours, the number of hours needed to achieve mastery of clinical competencies is expected to be substantial and will vary across individuals.

Both types of supervised clinical experiences (the supervised clinical experience in physical assessment and the prescribing psychology fellowship) are intended to be an intensive, closely supervised experience. The range of diagnostic categories, settings, and characteristics such as development across the lifespan, gender identity, health status, medical complexity, comorbidities, and ethnicity reflected in the patients seen in connection with the supervised clinical experience should be appropriate to the current and anticipated practice of the trainee. Prescribing psychologists that provide services to special populations (children and adolescents, older adults) must have both the necessary education, clinical training, and experience as a psychologist with that population as well as supervised experience in psychopharmacology with that population.

The prescribing psychology fellowship should allow the practitioner to gain exposure to acute, short-term, maintenance medication strategies, polypharmacy, tapering/discontinuing

medications, and integrating other forms of psychological care into the treatment plan, preferentially including exposure to inpatient, consultation/liaison, emergency department, and outpatient care.

The student must complete supervised clinical experience with a sufficient range and number of patients in order to demonstrate threshold performance levels for each competency area. In order to achieve the complex clinical competency skills required for independent prescribing, a sufficient number of supervised patient contact hours must be completed with a minimum of 100 patients, which includes patients representative of all stages of psychopharmacological treatment (initiation and maintenance through termination of treatment). The supervised clinical training experiences must be approved by the training director prior to commencing that placement. The program must document the total number of supervised clinical experience hours that students experience. These must be broken out by face-to-face patient contacts.

In addition, the method and appropriate benchmarks for assuring each clinical competency must be described. These methods may include, for example, performing physical examinations and presenting cases based on actual and simulated patients. The trainee recommends/prescribes in consultation with or under a designated supervisor(s) who possess demonstrated skills and experience in clinical psychopharmacology and in accordance with the prevailing jurisdictional law.

The program is responsible for the approval and oversight of each supervised clinical experience.

Final approval of the supervised clinical experience must be provided by the program prior to initiation.

Some supervised clinical experience may be integrated into each level of education and training; however, this training leads to a prescribing psychology fellowship that culminates in a capstone competency evaluation.

The clinical competencies to be demonstrated by the student should be those necessary for the safe utilization of pharmacological as well as psychological interventions.

The clinical competencies targeted by this experience include the following:

1. **Physical exam and mental status:** Knowledge and execution of elements and sequence of both comprehensive and focused physical examination and mental status evaluation, proper use of instruments used in physical examination (e.g., stethoscope, blood pressure measurement devices), and scope of knowledge gained from physical examination and mental status examination recognizing variation associated with developmental stage and diversity.
2. **Review of systems:** Knowledge and ability to systematically describe the process of integrating information learned from patient reports, signs, symptoms, and a review of each major body system, recognizing normal developmental variations and making appropriate referrals to other licensed health professionals.
3. **Medical history interview and documentation:** Ability to systematically conduct a patient or parent/caregiver clinical interview in order to produce an integrated report of a patient's medical, surgical, and psychiatric (if any) history and medica-

tion history in cultural context as well as a family medical and psychiatric history, and to communicate the findings in written and verbal form.

4. **Assessment—indications and interpretation:** Ability to order and interpret appropriate tests (e.g., psychometric, laboratory, and radiological) for the purpose of making a differential diagnosis and for monitoring therapeutic and adverse effects of treatment.
5. **Differential diagnosis:** Use of appropriate processes, including established diagnostic criteria (e.g., ICD-10, DSM-5), to determine primary and alternate diagnoses.
6. **Integrated treatment planning:** Ability to identify and select, using all available data, the most appropriate treatment alternatives, including medication, psychosocial, and combined treatments and to sequence treatment within the larger biopsychosocial context.
7. **Consultation and collaboration:** Understand the parameters of the prescribing psychologist's role, including how to effectively work with other professionals in an advisory or collaborative manner in the treatment of a patient.
8. **Treatment management:** Apply, monitor, and modify, as needed, treatments; write valid and complete prescriptions, referrals, and consults; be aware of the impact of healthcare costs; evaluate and monitor the impact of biological and psychological interventions on the patient's health status.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



Appendix B

Postdoctoral Programs in Psychopharmacology

Postdoctoral Programs in Psychopharmacology

School	Location	Established
Alliant International University	San Francisco, CA	1998
Nova Southeastern University	Fort Lauderdale, FL	1999
New Mexico State University	Las Cruces, NM	1999
Fairleigh Dickinson University	Teaneck, NJ	2010
Massachusetts School of Professional Psychology	Newton , MA	2010
University of Hawaii Hilo	Honolulu, HI	2011
Idaho State University	Pocatello, ID	2019
The Chicago School of Professional Psychology	Chicago, IL	2020



Appendix C


Training Comparison of Physicians, Psychiatric Nurse Practitioners and Prescribing Psychologists



**Training Comparison of Physicians,
Psychiatric Nurse Practitioners and Prescribing Psychologists**

	Physicians	Psychiatric Nurse Practitioners	Prescribing Psychologists
Minimum Years of Graduate Education	4	1	5
Contact Hours			
Biochemistry	216	48	161
Pharmacology	59	59	288
Clinical Practicum	855	146	680
Research/Statistics	33	99	255
Behavioral Assessment & Diagnosis	18	30	267
Psychosocial Interventions	9	32	255
Other Behavioral Health Training	15	128	351

Source: Muse & McGrath (2010)



Appendix D

Arizona Prescribing Psychologist Act





Arizona Prescribing Psychologist Act

Arizona

A. DEFINITIONS

- . (1) "Board" means the Arizona Board of Psychologist Examiners.
- . (2) "Controlled substance" means any drug substance or immediate precursor enumerated in schedules 1-5 of the U.S. Drug Enforcement Administration Controlled Substance Act (www.dea.gov/controlled-substances-act) and as adopted by Arizona's Food Drug and Cosmetic Act
- . (3) "Drug" shall have the same meaning as that term is given in Arizona's "Food, Drug, and Cosmetic Act."
- . (4) "Prescribing psychologist" means a doctoral-level psychologist who holds a current and valid license in their state or territory as a psychologist from their state board of psychology or its equivalent; and who has undergone specialized education and training in preparation for prescriptive practice and has passed the Psychopharmacology Examination for Psychologists, or an examination accepted by the Arizona Board of Psychologist Examiners relevant to establishing competence for prescribing; and has received from the Arizona Board of Psychologist Examiners a current certificate granting prescriptive authority, which has not been revoked or suspended.
- . (5) "Clinical experience" means a period of supervised clinical training and practice in which clinical diagnoses and interventions are learned and which are conducted and supervised as part of the training program.
- . (6) "Prescription" is an order for a drug, laboratory test, or any medicine{s}, device{s}, or treatment{s}, including {a} controlled substance{s}, as defined by state law.
- . (7) "Prescriptive authority" means the authority to prescribe, administer, discontinue, and/ or distribute without charge drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the Arizona Board of Psychologist Examiners.

Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority

B. CERTIFICATION

- . (1) The Arizona Board of Psychologist Examiners shall certify licensed, doctoral-level

psychologists with all necessary post-doctoral training and education to exercise prescriptive authority in accordance with applicable state and federal laws.

- . (2) The Arizona Board of Psychologist Examiners shall develop and implement procedures for reviewing education and training credentials for that certification process, in accordance with current standards of professional practice.

C. INITIAL APPLICATION REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

A psychologist who applies for prescriptive authority shall demonstrate all of the following by official transcript or other official evidence satisfactory to the Arizona Board of Psychologist Examiners:

- . (1) The psychologist must hold a current license at the doctoral level to provide health care services as a psychologist in Arizona;
- . (2) As defined by the Arizona Board of Psychologist Examiners, and consistent with established policies of the American Psychological Association for educating and training psychologists in preparation for prescriptive authority:
 - a. The psychologist must have completed an organized sequence of study in an organized program offering intensive didactic education, and including the following core areas of instruction: graduate level biology, chemistry, anatomy and physiology, functional neurosciences, physical examination, interpretation of laboratory tests, pathological basis of disease, clinical medicine, clinical neurotherapeutics, systems of care, pharmacology, clinical pharmacology, psychopharmacology, psychopharmacology research, and professional, ethical, and legal issues. The didactic portion of the education shall consist of an appropriate number of didactic hours to ensure acquisition of the necessary knowledge and skills to prescribe in a safe and effective manner;
 - b. The psychologist must have completed a postdoctoral prescribing psychology fellowship sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners as determined by the Arizona Board of Psychologist Examiners.
- . (3) The psychologist must pass an examination developed by a nationally recognized body (e.g., the Psychopharmacology Examination for Psychologists offered by the Association of State and Provincial Psychology Boards) and approved by the Arizona Board of Psychologist Examiners.

D. RENEWAL OF PRESCRIPTIVE AUTHORITY

- . (1) The Arizona Board of Psychologist Examiners shall prescribe by rule a method for the renewal of prescriptive authority at the time of or in conjunction with the renewal of

licenses.

- . (2) Each applicant for renewal of prescriptive authority shall present satisfactory evidence to the Arizona Board of Psychologist Examiners demonstrating the completion of 20 contact hours of continuing education instruction relevant to prescriptive authority during the previous two years.

1 A "grandparent" provision may be added to waive certain requirements for psychologists who have obtained relevant training and experience, including but not necessarily limited to (a) psychologists who are dually licensed as physicians, nurse practitioners, or who have comparable prescriptive authority under another license; and (b) psychologists who have completed the Department of Defense Psychopharmacology Demonstration Project.

2 Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority

E. PRESCRIBING PRACTICES

- . (1) "Prescribing psychologists" shall be authorized to prescribe, administer, discontinue, and/or distribute without charge drugs and controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; and those procedures which are relevant to the practice of psychology, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the Arizona Board of Psychologist Examiners.
- . (2) No psychologist shall issue a prescription unless the psychologist holds a valid certificate of prescriptive authority.
- . (3) Each prescription issued by the prescribing psychologist shall:
 - a. comply with all applicable state and federal laws and regulations; and
 - b. be identified as written by the prescribing psychologist in such manner as determined by the Arizona Board of Psychologist Examiners.
- . (4) A record of all prescriptions shall be maintained in the patient's record.
- . (5) A prescribing psychologist shall not delegate the authority to prescribe drugs to any other person.

F. CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY

- . (1) When authorized to prescribe controlled substances, psychologists authorized to prescribe shall file in a timely manner their Drug Enforcement Agency (DEA) registration and number (and the state controlled and dangerous substances license number, if

applicable) with the Arizona Board of Psychologist Examiners.

- . (2) The Arizona Board of Psychologist Examiners shall maintain current records of every psychologist authorized to prescribe, including DEA registration and number.

G. INTERACTION WITH THE ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

- . (1) The Arizona Board of Psychologist Examiners shall transmit to the Arizona State Board of Pharmacy an initial list of psychologists authorized to prescribe containing the following information:
 - a. the name of the psychologist;
 - b. the psychologist's identification number assigned by the Arizona Board of Psychologist Examiners and
 - c. the effective date of prescriptive authority.
- . (2) The Arizona Board of Psychologist Examiners shall promptly forward to the Arizona State Board of Pharmacy any additions to the initial list as new certificates are issued.
- . (3) The Arizona Board of Psychologist Examiners shall notify the Arizona State Board of Pharmacy in a timely manner upon termination, suspension, or reinstatement of a psychologist's prescriptive authority.

Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority 3

H. POWERS AND DUTIES OF THE BOARD

The Arizona State Board of Psychologist Examiners shall promulgate rules and regulations for denying, modifying, suspending, or revoking the prescriptive authority or license of a psychologist authorized to prescribe. The Arizona State Board of Psychologist Examiners also have the power to require remediation of any deficiencies in the training or practice pattern of the prescribing psychologist when, in the judgment of the board, such deficiencies could reasonably be expected to jeopardize the health, safety, or welfare of the public.

Possible Additions or Amendments to Existing State Laws

1. Amendment to the state-controlled substances act to ensure that psychologists authorized to prescribe are authorized prescribers of controlled substances.
2. Amendment to the state nurse practice act to ensure that nurses can implement prescriptions written by psychologists authorized to prescribe.

3. Amendment to the state pharmacy act to ensure that pharmacists can dispense drugs ordered by psychologists authorized to prescribe.

4. The laws of 13 states prohibit the prescription of drugs by psychologists. One possible way to address this problem would be to seek legislative authorization to prescribe only for those psychologists who obtain certification, while retaining the general prohibition on prescribing. For these states, state psychological associations may consider including something similar to the following provision: *The practice of psychology shall not include: Prescribing drugs, with the exception of drugs prescribed by psychologists authorized to prescribe, or by psychologists who have graduated from the U.S. Department of Defense Psychopharmacology Demonstration Program.*

