

# News RELEASE

American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209

**For Information Contact:**

Jason Young, 703-907-8582 or c: 202-669-5929  
[jyoung@psych.org](mailto:jyoung@psych.org)

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## **APA Says New Mexico's Psychologist-Prescribing Rules "Fail to Protect Patients"**

Speaking on behalf of the American Psychiatric Association, New Mexico-based child psychiatrist Mary DeLuca, M.D., told the New Mexico Board of Psychologist Examiners today that the regulations the board is considering to implement the state's psychologist-prescribing law "fail to protect patients, fail to establish adequate training requirements and do not address access to care issues." She concluded, "For these reasons, we urge the board to make the substantial revisions."

In 2002, New Mexico passed its psychologist-prescribing law, which would grant psychologists, who are not physicians and who lack sufficient medical training, the right to prescribe psychotropic medications. The regulations under consideration today, if adopted, will clear the way for some psychologists to prescribe, perhaps before the year is out.

In full, Dr. DeLuca told the board:

Chairman Sims, members of the board, thank you for the opportunity to comment on the proposed draft rules for prescriptive authority for psychologists. I am Mary DeLuca, M.D., and I am a child psychiatrist speaking today on behalf of the American Psychiatric Association, the national medical specialty society whose more than 35,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses.

First, while we remain opposed to granting prescriptive authority to psychologists by legislative means rather than medical training, we acknowledge your responsibility to implement the statute that was passed by the New Mexico Legislature in 2002. The rules, as drafted, present several serious concerns, which I will summarize for you. Please note that we have also submitted written comments for your review.

We feel strongly that the proposed rules fail to protect patient safety. The rules would potentially allow for a prescribing psychologist to *not* have any contact with a psychiatrist throughout his or her training, and then, after the final certification is approved, collaborate with a nurse practitioner as the primary treating health care practitioner. We believe exposure to trained medical specialists is vital to patient safety.

The proposed rules establish a psychopharmacology training program whose requirements are deficient. For example, there is no requirement that these programs be accredited by any legitimate academic entity.

Additionally, there is a requirement that such programs are in collaboration with a “school” – an undefined term that could include a proprietary psychology organization.

Moreover, the 450-hour didactic portion of the training does not require any prioritization of the topical areas and could occur exclusively online. An ideal curriculum should be developed, with explicit goals and rationale, and with basic requirements expressed in academic credit hours. We believe that online training should be barred.

Additionally, prerequisites for training should be specified in the regulations, not merely listed as examples, and should include college-level courses in introductory biology, chemistry, and organic chemistry, and in the biological bases of behavior. The gap between completing the training and the application to prescribe should be no greater than two years, not five, as proposed.

Also, we believe the 80-hour practicum in Clinical Assessment and Pathophysiology is woefully inadequate. There should be some assurance that the student will not learn about rare illnesses seen in tertiary care settings at the expense of more common illnesses seen in routine outpatient medical practices. How can a student achieve competence in laboratory assessment in this time period? This is an exceedingly complex area. Also, “competence” in other tests that may be needed to prescribe is not mentioned (for example, the EKG).

Related to the above and to the training deficiencies in general, psychologists should not be allowed to prescribe to children and the elderly, who have physiologic and pathophysiologic differences well beyond the scope of the training. The recent debate over the severe side effects and complications of antidepressants in children only underscore this point.

We would further like to add that, although the law was passed to address access to care issues, there is nothing in the draft rules to encourage prescribing psychologists to serve in underserved communities. Such areas may include rural parts of the state, inner city communities and American Indian reservations.

Finally, the draft regulations contain many examples of unclear and undefined terms, as well as phrases that are awkwardly worded. As a whole, the regulations are open to interpretation – frequently in ways that will not serve the interests of patients.

We conclude that these rules, as drafted, fail to protect patients, fail to establish adequate training requirements and do not address access to care issues. For these reasons, we urge the board to make the substantial revisions we have detailed in our written comments, which have already been submitted.

Thank you for the opportunity to summarize our concerns.

In addition to Dr. DeLuca's oral testimony, the APA submitted written comments on the draft rules to the board, which are posted on our Web site at [www.psych.org](http://www.psych.org).

**The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 35,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. For more information, visit the APA Web site at [www.psych.org](http://www.psych.org).**

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