

**The Advent of Psychologists Receiving Prescription Privileges:
Implications from the COVID-19 Global Pandemic**

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The COVID-19 global pandemic has shifted the entire paradigm of medical care within the United States. (1) Seemingly overnight a majority of practitioners adopted telehealth in some capacity to augment clinical care. As the start of 2021 approaches, it is important to both acknowledge the shortcomings that have been excavated from this pandemic in addition to actively encouraging medical professionals to address the lingering fault lines in the healthcare system.

The isolation and mental burdens placed on individuals from the pandemic will unequivocally impact the mental wellbeing of thousands of Americans. As such, the pre-existing shortage of providers present before the COVID-19 crisis will continue to exist as a growing disparity for years to come. The need for increased pharmacologic management by prescribers for psychological conditions must be brought to the forefront of conversation for practitioners and legislators alike. Though a topic of debate for several decades, the RxP Movement advocating for clinical psychologists to have prescriptive authority warrants discussion given the even more pressing nature of this debate in a post-COVID-19 setting.

As it stood in 2016 report from the US Department of Health and Human Service, an estimated 40 million individuals did not receive mental health services due to a lack of provider coverage. (3) The estimates further predict a net loss in providers with prescription privileges (psychiatrists and clinical psychologists) by the year 2025. (3) If an increase in patient population is likely to stem from the COVID-19 pandemic, the absence of a dramatic increase in coverage in the next several years suggests that the inadequate coverage and growing case loads for these providers will only exacerbate with the mismatched growth in demand for a limited supply of providers. As a way to proactively address the impending consequences of this shortage, discussion about state and federal policy changes for clinical psychologists to receive prescription privileges is necessary to innovate healthcare delivery modalities.

Clinical psychologists have a mixed stance as to whether prescription privileges should be granted if a provider undergoes advanced pharmacologic training. As of this article's publication, only five states and the territory of Guam have allowed psychologists to receive prescriptive authority. (2)

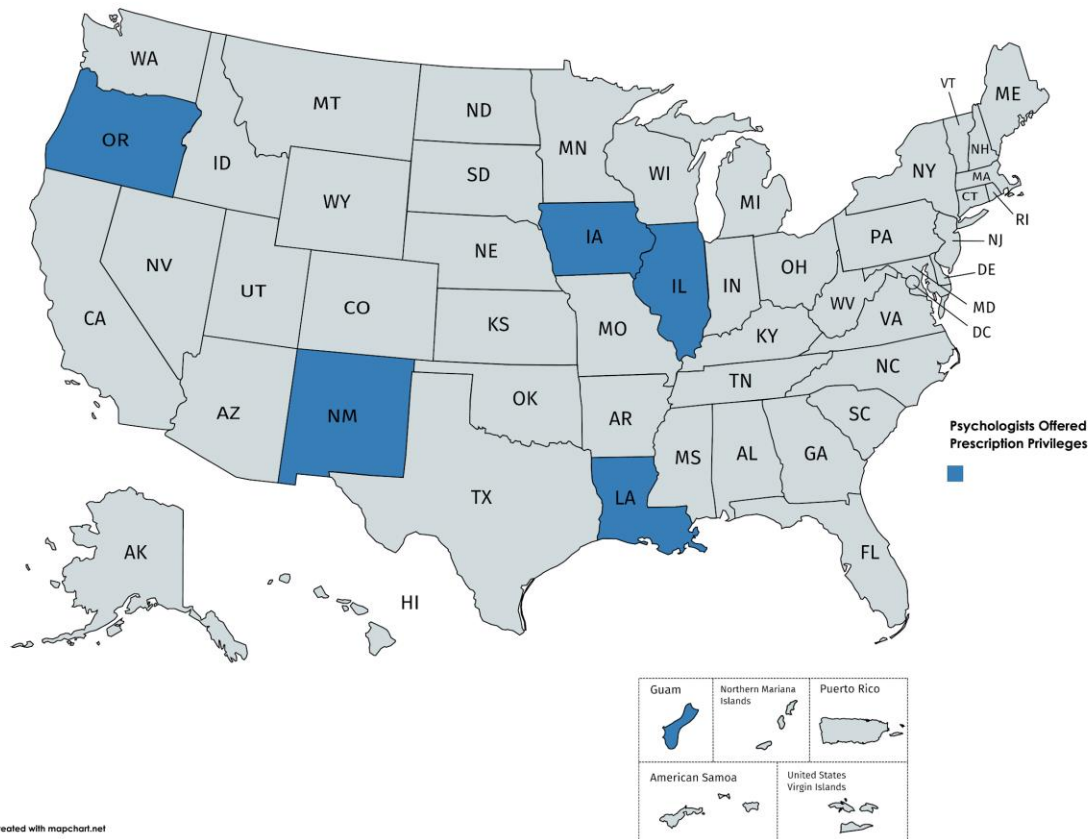


Figure 1. As of October 2020, five states and the territory of Guam have granted psychologists prescriptive authority.

Stakeholders in the legislative process must begin to acknowledge the burden of increasing care cost coupled with unmet provider coverage. Cost efficient perspectives will continue to influence scope of practice decision making processes because the COVID-19 pandemic has exposed the cost efficiency benefits of innovating in the healthcare vertical. The telling example was the dramatic shift to implement telemedicine at the onset of the pandemic. To bolster patient outcomes and avoid a dilution of clinical psychologists' roles, expanded scope of practice is a potential means of addressing shortcomings in the medical system as it currently stands. The benefits and concerns surrounding the expanded scope of practice debate for psychologists will be subsequently discussed.

Indeed, there is a place to discuss the financial, social, and myriad of other contributing factors to this topic. However, the most significant and influencing is the fact that action needs to be taken to address the disparity among Americans seeking mental health treatment in a post COVID-19 environment. Indeed, we have a diverse provider landscape ranging from social workers to board-certified psychiatrists; however, the pharmacological management of these pathologies is markedly under-appreciated. Currently, the challenges surrounding access to consulting a psychiatrist is staggering. An estimated 45%

of practicing psychiatrists do not take private insurance and recent publications note that an estimated 80% of patients are unable to secure a consult within a month of seeking an appointment. (4-5) The disparity between licensed prescribers with a focus in psychological disorders to those seeking treatment must be addressed. The fact that general practitioners are now accounting for more prescriptions than psychiatrists affirms that not only is this a pressing shortfall that needs to be addressed from a medical education standpoint, but also, allows this debate to compare the standard of practice not to that of psychiatrists, but to compare clinical psychologists to that of general practitioners as the point of comparison. (6)

Literature exists comparing the training of clinical psychologists with prescription privileges to that of general practitioners. Though not supported by robust literary reviews, of the scarce research at the time of publication, the training for clinical psychologists entails more mental health didactic work than that of family medicine physicians or Nurse Practitioners. (7) Though it is important to acknowledge that clinical psychologists that do receive the advanced post-doctoral training to prescribe generally receive less basic education and clinical training than that of physicians. Of debate, the American College of Neuropsychopharmacology's 1998 publication on the PDP judged graduates' medical knowledge on level of 3rd year medical students. (8) One must contrast this reality with the fact that "more than 60% of family medicine residency programs have no formal pharmacotherapy curriculum at all." (9) The shortcomings and strengths of clinical psychologists as prescribers compared to their physician counterparts presents both favorable and unfavorable reasons to extend scope of practice. The robust training of clinical psychologists coupled with their ability to practice within their scope of medicine offsets potential concerns as to the training of these clinicians. For example, In Louisiana, where psychologists were able to fulfill the requirements for authorization to prescribe, 9% of all licensed healthcare psychologists are already prescribing as medical psychologists. If this statistic can be used to estimate the percentage of psychologists who would become licensed nationally to prescribe, this would translate into a 41% increase in the availability of prescribers. (10)

It is important to always acknowledge that practitioners ethically are bound to stay within their scope of practice. For the very small minority of practitioners that seek to obtain the advanced from a collage or training this privilege will only be sought out by a self-selected group of practitioners that feel this intervention is a pertinent treatment modality for their patients. Indeed, many of the skeptical counterarguments for clinical psychologists to have the ability to prescribe are indeed warranted to an extent. However, the crux of innovating to meet the needs of the healthcare services in the coming years must weigh the benefits and drawbacks of this legislative change. The impending shortage of prescribing mental health authorities would properly be addressed (in part) by expansion of clinical psychologists to prescribe medications. Adequate training in advanced pharmacology would address safety concerns vis-à-vis defining a universal standard of training that can safely encourage a marked increase in coverage of prescribers across the United States.

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