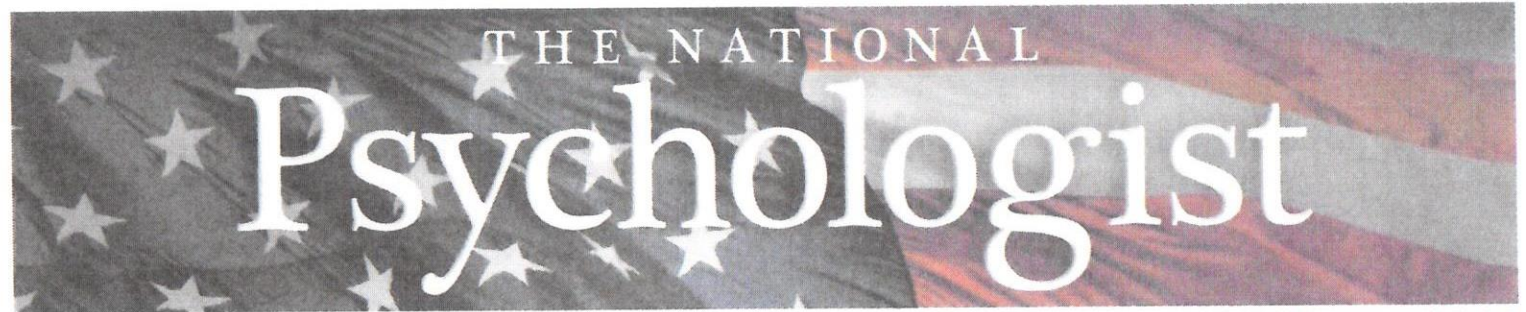




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Illinois gains RxP – with major concessions

By James Bradshaw, Associate Editor

Illinois is poised to become the third state in which properly trained psychologists can prescribe psychoactive drugs – but not before 2016 and only under heavy constraints compared to New Mexico and Louisiana.

Gov. Pat Quinn signed the RxP bill, Senate Bill 2187, on June 25. It passed the Senate 37 to 10 last year with four abstentions and – after considerable amendment – passed in early June in the House 94 to 21.

The heavy hand of physicians, including psychiatrists, was so apparent in the redrafting in the House that the National Alliance on Mental Illness (NAMI), a long-time foe of RxP for psychologists, endorsed the end product.

“This agreed bill – written by the (Illinois) Medical Society – is a well-



Beth Rom-Rymer, Ph.D.

negotiated product, agreed to by all professional groups.” the state NAMI chapter reported in a legislative update to members. “Rewritten” would have been more accurate, but both houses concurred unanimously in the amendments, which added strong limitations and educational requirements for prescribing psychologists.

Psychologists seeking prescription authority in Illinois must complete a practicum of 14 months in a series of supervised medical rotations of at least 36 credit hours, including pediatrics, geriatrics, psychiatry, emergency medicine, family medicine, internal medicine, obstetrics/gynecology, surgery and one elective.

Once licensed, RxP psychologists will not be allowed to prescribe to patients who are younger than 17 or older than 65, are pregnant, have serious medical conditions, such as heart disease, cancer, stroke or seizures, or have developmental or intellectual disabilities.

There are also limits to the formulary available to RxP psychologists, including a ban on prescribing benzodiazepine, Schedule II controlled substances or narcotics and significant limitations on Schedule III through V con-

trolled substances. (Many of the formulary limits reflect limits in New Mexico and Louisiana law.)

Psychologists licensed to prescribe in other states must meet all Illinois requirements to prescribe there.

The end result allowed both proponents and opponents to claim victory.

Beth Rom-Rymer, Ph.D., president of the Illinois Psychological Association (IPA) and the prime mover behind the RxP bill, said, “Every RxP law has its own areas of flexibility and constraint. Our bill is no different.”

All expansions of scope of practice

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"Persistence is the name of the game" in RxP

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initially include constraints that are scaled back in time, Rom-Rymer said, indicating the IPA will work to reduce the restrictions as RxP psychologists demonstrate the safety and efficacy of their work.

"Gaining full and completely independent prescriptive authority is a process," she said. "I am thrilled that we have reached this stage and that we are moving forward to respond to the significant mental health needs of our community in a collaborative partnership with our health care peers."

Messages from peers echoed the positive aspects of expanding RxP.

Pat DeLeon, Ph.D., considered the father of RxP, called it "a major accomplishment for Beth Rom-Rymer and her IPA team" ending a 10-year drought in which no states had been added to the win column for the RxP movement.

DeLeon quoted Elaine LeVine, Ph.D., who was instrumental in gaining RxP for New Mexico, as saying, "It is amazing! RxP in the state with the third largest city in the U.S. We are all so appreciative."

Mike Sullivan, who marshalled state advocacy efforts for the APA for 13 years before his retirement in 2005, said, "The last time an RxP law was enacted was Louisiana's in 2004, and I was still at APA. Although that came just two exciting years after Elaine and Mario Marquez let the way in New Mexico, it was years in the doing. Louisiana's Jim Quillin used to say: 'If we don't quit, we win.' He was right - persistence is the name of the game."

APA's legal and regulatory affairs staff hailed the passage as "the culmination of several years of tireless and diligent advocacy by IPA under the leadership of ... Rom-Rymer."

Rom-Rymer said the Illinois Department of Financial and Professional Regulation will draft rules, a process that can take up to 18 months.

"I am estimating that we will have 10 to 15 psychologists who will be eligible for prescriptive licensure on the effective date of our law. Because our Illinois law allows for graduate students in psychology to train in clinical psychopharmacology alongside of their training for their doctoral degree in psychology, it is likely that in 10 years we can have at least 100 prescribing psy-

chologists in our state."

Several Illinois schools indicated willingness to add academic courses to meet the bill's requirements once it is enacted into law.

On the opposing side, APA and RxP psychologists have long faced internal professional opposition from a small but vocal group called Psychologists Opposed to Prescription Privileges for Psychologists (POPPP).

Timothy R. Turlin, Ph.D., a member of POPPP's advisory board, said while members of POPPP would have preferred no expansion of RxP, they still view the Illinois bill as a victory in practical terms.

"RxP opponents regret that such a bill was passed because we don't want to medicalize psychology, but this is otherwise a major defeat for RxP because it requires far higher standards of training," Turlin said.

He estimated it would take most psychologists a minimum of five to six years to complete the prescribed training and much longer for those trying to fulfill the education requirements part time while maintaining a practice.

"It sets a new standard for the other RxP battleground states," Turlin said, predicting that legislators in other jurisdictions will want safeguards equivalent to Illinois standards. "The RxPers agreed to every single thing the medical people wanted."

The RxP movement dates back to 1994 when the first of 10 military psychologists were trained and given prescriptive authority under a Department

of Defense demonstration project. The military did not expand the practice after the demonstration project, but the territory of Guam authorized RxP for properly trained psychologists in 1998, although to date none have practiced there. There is currently an RxP bill under consideration in the New Jersey legislature.

Another potential expansion is still on the drawing board. Heather O'Beirne

Kelly, Ph.D., lead for military and veterans' policy with the APA, is working with U.S. Rep. Beto O'Rourke, R-Texas, on a bill it is hoped he will introduce to broaden federal use of RxP psychologists beyond the few remaining military psychologists trained in the demonstration project.

Prescribing psychologists already provide some services with the U.S. Bureau of Indian Affairs.