CONNECTICUT
PSYCHOLOGICAL ASSOCIATION

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August 14, 2017

Re: Request for Review of Scope of Practice for Psychologists

Via Email: karen.wilson@ct.gov and Hand Delivery

Ms. Wilson,

The Connecticut Psychological Association (CPA) is herein submitting documentation to request a review of the scope of practice of psychology to allow appropriately trained psychologists to prescribe psychotropic medications. This expansion would require that the licensed psychologist obtain an additional Master of Science degree in psychopharmacology, over and above the doctoral level training he or she has already obtained; clinical supervision from physicians or advanced practice nurse practitioners who have experience with the psychiatric population and formulary is also proposed. The proposed training is projected to require 2 – 3 years.

The Connecticut Psychological Association (CPA) is the major professional society that represents psychologists and psychology graduate students in the State of Connecticut. We have served psychologists in Connecticut for the past 54 years. Our mission is to further the development and usefulness of psychology as a science, as a profession, and as a means of promoting human welfare; to establish and maintain high standards of professional competence, of training, of service, and of professional and ethical conduct for its membership; to provide opportunities for students pursuing training in psychology to become more fully engaged in the standards, interests, and collegiality of the profession; and to provide opportunities for professional growth and the increase and diffusion of psychological knowledge through the exchange of ideas and information. The CPA is an affiliate of the American Psychological Association, the leading organization representing psychology in the country.

We believe that recent changes in our healthcare environment support this enhancement for appropriately medically trained psychologists. Specifically, Connecticut's citizens are experiencing limited access to mental health prescribers while the need for such services is dramatically increasing.

We respectfully submit the attached request for selection for a scope of practice review under Public Act 11-209.

Please contact the undersigned at (860) 989-7612 with questions.

Barbara S. Bunk, Ph.D.
Co-chair, CPA Task Force on Prescriptive Authority

Request for Review of Scope of Practice
Connecticut Psychological Association

1. A plain language description of the request:

The present request is to expand the scope of practice of psychology for appropriately medically trained psychologists to include prescriptive authority in their scope of practice. Specifically, the expanded scope would apply to doctoral level psychologists who obtained a Master of Science degree in psychopharmacology.

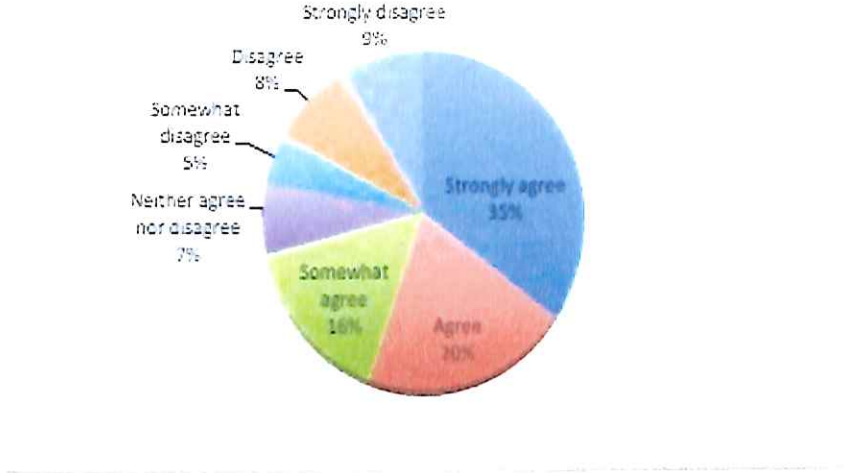
Currently, there is a shortage of psychopharmacologic prescribers for Connecticut residents and throughout the country. The shortage, which increases each year, keeps more patients waiting longer for comprehensive treatment. At the same time, there are a growing number of people who are in need of mental health care and psychopharmacologic intervention; one recent study indicated that nearly 1 in 6 adults are now taking at least 1 psychotropic medication. [1] As a result clients, family members, and communities at large, suffer unnecessarily with the impact of inadequately treated mental health symptoms.

Psychologists licensed in Connecticut are doctoral providers of mental health and psychiatric services and are fully qualified to diagnose and treat a full range of mental health, psychiatric, and substance use disorders. Currently Psychologists licensed in Connecticut also have the legal ability to write an emergency psychiatric commitment certification and well as maintain medical staff hospital privileges in hospitals and other healthcare facilities. Licensure as a psychologist requires a doctoral degree in psychology from an educational program that has been accredited by the American Psychological Association (APA) [or an educational program of equivalence] which generally requires years 4 - 6 years of full-time study; at least a 1-year (2000 hour) Internship; successful completion of the National Board Examination for Professional Practice in Psychology (EPPP); and successful completion of the Connecticut Jurisprudence Exam. In addition a 1-year (2000 hour) post-doctoral Residency/Fellowship is also required for licensure as a practicing psychologist. (Please see Appendix A for description as posted on the Connecticut Department of Public Health website regarding Psychology Licensure.)

The APA supports prescriptive authority for psychologists who are appropriately trained beyond the doctoral degree. APA has established a comprehensive curriculum for *Prescribing Psychologists* as well as a Designation Committee for Postdoctoral Education and Training for Prescriptive Authority. Significantly, the APA College of Professional Psychology has also developed the *Psychopharmacology Examination for Psychologists (PEP)*, specifically as a national board examination for credentialing psychologists with advanced training in clinical psychopharmacology.

Early this year the *CPA Task Force Regarding Prescriptive Authority for Psychologists* conducted a survey of licensed psychologists and psychology graduate students across the state

to learn about their thoughts and perspectives on prescriptive authority for properly trained psychologists (i.e., *Prescribing Psychologists*). The results of the survey in Connecticut are in line with the national trend. Psychologists responded to the question *'Clinical psychologists in CT with appropriate training should have the authority to prescribe psychotropic medications in CT'* in the following manner:



Graduate students responded similarly to psychologists; more than 70% of graduate students and licensed psychologists endorsed agreement.

The current request to expand psychologists' scope of practice would allow appropriately medically trained psychologists to be prescribers of psychotropic medications. This advanced training would entail obtaining a postdoctoral Master of Science degree in clinical psychopharmacology, including courses in basic biological sciences, neurosciences, pharmacology, clinical medicine, supervised clinical experience, and eventual certification as an independent prescriber of psychopharmacologic medications.

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented:

Prescriptive authority for appropriately trained psychologists will benefit the public health and safety of Connecticut's citizens most notably by increasing access to care. Integrating healthcare services is one nationwide healthcare trend intended to address the access issue. Towards that aim in 2013, the Connecticut General Assembly passed legislation allowing physicians and psychologists to practice out of the same office creating seamless access to care for behavioral health services.

Several trends that negatively affect access to care are also evident nationally and statewide. This includes: dramatically increased need for effective comprehensive mental health treatment; an aging physician population, with declining numbers of psychiatrists and fewer who accept insurance; and a reported increase in polypharmacy. Authorizing appropriately trained psychologists to prescribe will help address these issues in Connecticut.

Increasing Need

The need for comprehensive mental health treatment is increasing. According to the National Association on Mental Illness (NAMI), 1 in 5 adults in America experience mental illness. In addition, 21.4% of youth (ages 13-18) and 13% of children (ages 5-12) experience severe mental disorder. It is also important to note that nearly 50% of lifetime mental illness begins to show symptoms before age 14 years (75% by age 24 years). More startling is the statistic from the National Institute of Mental Health that 50% of children age 8-15 received mental health services within the past year. At the same time, nearly 60% of adults and 50% of youth do not receive treatment for their mental illnesses.[2] Access to comprehensive mental and psychiatric care is even more critical for economically disadvantaged and underserved populations. A venue of increasing importance for psychologists to practice in is community health centers, which are comprehensive clinics serving low income and underserved communities funded by the Health Resources and Services Administration, the primary Federal agency for improving access to health care. Another organized health care setting that has shown dramatic increases in psychologist employment is the Department of Veterans Affairs healthcare system.

Prescriber Shortage

There is currently a mental health prescriber shortage, sometimes called a 'recruitment crisis' in the psychiatric literature. For this and other reasons, there are a dwindling numbers of psychiatrists. According to Association of American Medical Colleges (AAMC) *2016 Physician Workforce Study*, psychiatry had a minus (-) 1.4 percentage change between 2010 and 2015 nationally. In addition, data suggests that new medical school graduates are not choosing psychiatry. [3,4]

Anecdotal evidence abounds that new patients have a difficult time finding a prescriber, and wait lists are long. In the 2017 survey of psychologists in Connecticut, 70% disagreed with the statement, *'There are currently an adequate number of qualified prescribers in my area to prescribe psychotropic medications.'* Many patients who are referred for medication evaluation to psychiatrists report very long wait times for initial appointments, and many psychiatrists report not taking new patients and/or insurance. Although no specific data on Connecticut is reported on these issues, we can extrapolate from available data that wait times to see a prescriber are long. Overall, there are 1585 psychiatrists listed on the DPH Elicense Downloadable Roster, 1265 of who listed a Connecticut address as primary (data pulled on 4/4/17). This seems like a large number, however, the great majority list addresses in Fairfield County, Hartford County, and New Haven County, which are places with major research

hospitals and universities, so those psychiatrists are not necessarily in clinical practice. On the other hand, Connecticut's rural counties list very few psychiatrists: 9 psychiatrists in Litchfield County, 13 psychiatrists in New London County, 12 in Tolland County, and 7 in Windham County. (Please see Table 1 and Figure 1 below for additional information.)

Special populations such as children and adolescents in the state are likely suffering greatly as well. In 2016, it was reported that people under the age of 18 years comprised 21.1% of Connecticut's population, and though it is unknown from the DPH Roster how many child psychiatrists there are in the state, it is likely far fewer than the demand.

	Psychologists	Psychiatrists	Total
Fairfield	476	273	749
Hartford	488	307	795
Litchfield	55	23	78
Middlesex	110	53	163
New Haven	473	502	975
New London	65	40	105
Tolland	80	19	99
Windham	27	10	37

Table 1. Number of licensed psychologists and psychiatrists in each Connecticut county. Numbers include providers who filed a Connecticut address with the Department of Public Health.

A study by the Mental Health Association of Maryland reported that only 14% of the 1154 psychiatrists listed in-network for plans sold on the ACA insurance exchange had an appointment available within 45 days; in Connecticut, the situation is likely similar.[5]

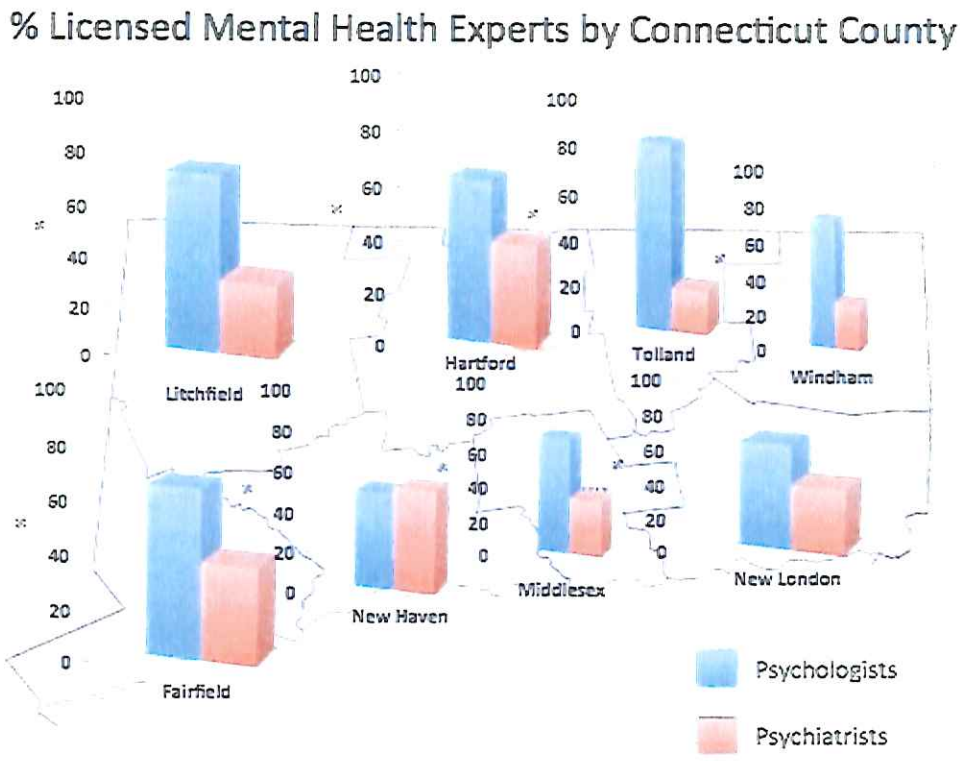


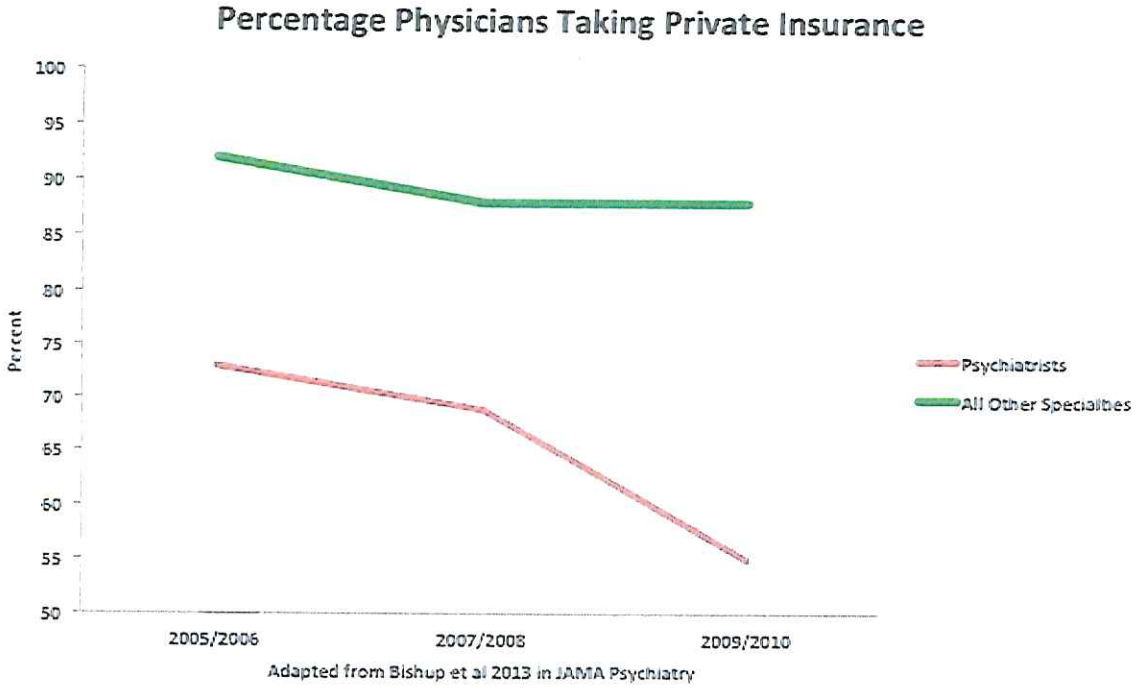
Figure 1. Percent of licensed psychologists and psychiatrists by Connecticut county. Numbers include providers who filed a Connecticut address with the Department of Public Health.

MDs are Getting Older

According to a study by the Association of American Medical Colleges in 2013, psychiatrists were the fourth oldest of 41 specialty groups, with 59% age 55 or older. In the *AAMC 2017 Update* of that same report, there is a large projected shortfall for primary care physicians, as well as in non-primary care specialties including psychiatry. In addition, the report states "for all specialty categories physician-retirement decisions are projected to have great impact on supply, as more than 1/3 of all currently active physicians will be 65 or older." And if indeed access continues to be improved via the *Affordable Care Act* for the currently underserved populations, "demand for physicians could rise substantially." These data are important, as they will certainly contribute to the rise in societal stressors, and further impact access to appropriate care for mental health and substance abuse disorders. [6,7]

Declining Participation in Public and Private Insurance

Another aspect of the concern is that many prescribers no longer take private insurance or Medicare, which further complicates the patient access disparity. A 2010 study in the Journal of American Medical Association indicated that 55% of psychiatrists took insurance at that time, which was a 20% decline from 5 years prior. This compares with all other specialties, wherein 93% took private insurance and 86% took Medicare (at the time surveyed). [8]



Increase in Use of Psychotropic Medications

Simultaneously with the decline in the number of psychiatrists who take insurance, there is a rapid increase in psychotropic medication use. The use of psychotropic drugs by adult Americans increased 22% from 2001 to 2010 with one in five adults now taking at least one psychotropic medication. [9] These psychotropic drugs, while useful, are powerful; and while they are valuable tools in treating mental illness, it is in the public's best to interest to have a greater number of appropriately trained mental/psychiatric prescribers. *Prescribing Psychologists* would be an asset toward this end.

Compounding the increased use issue is the rapid increase in mental health clients prescribed a polypharmacological regimen of multiple medications. From 1980 to 1990, monotherapy treatment decreased from 48% to 31%, and in 2000 it was 20%. Despite extensive research and recommendations on optimal dosing of psychotropic medication, polypharmacy and excessive dosing are still prevalent in clinical practice. In one study in 2008, up to one-third of patients visiting outpatient psychiatry departments have been found to be on more than three or more psychotropic drugs. [10,11,12,13]

Research has consistently shown that psychotherapy plus medication is most effective for many mental health disorders; most patients consequently see two separate providers for their mental health issues. Demand for psychiatric medication continues to dramatically increase and has, in part, led to office visits with psychiatrists lasting less than 10 minutes as well as psychiatrists declining the use of more time-consuming psychosocial interventions. These practices might also

affect some aspects of diagnostic clarity, along with the fact that many psychiatric medications are prescribed by non-psychiatric providers. (See section below.) For example, a recent article indicated that 67% of primary care physicians and 62% of psychiatrists treat normal sadness as a medical illness and consequently treated with an antidepressant. [14,15]

Most Frequent Mental Health/Psychiatric Prescribers are Not Psychiatrists

The most common treatment setting for individuals with psychological disorders is a general medical practice without concomitant specialty services. A 2006-2007 Study by The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) reported in 2009 found that 59 percent of all prescriptions for psychotropic medications are written by general practitioners. "The important role of general practitioners in prescribing antidepressant medications and treating depression has been documented," the study authors wrote. "However, the extent to which general practitioners are prescribing other types of psychotropic medications has received less emphasis." The study, conducted by researchers from Thomson Reuters and the federal Substance Abuse and Mental Health Services Administration (SAMHSA), analyzed prescribing patterns for psychotropic drugs from August 2006 through July 2007. Of the 472 million prescriptions written for psychotropic medications during the study period, the researchers found that general practitioners prescribed 62 percent of antidepressants, 52 percent of stimulants (mainly drugs to treat attention deficit hyperactivity disorder), 37 percent of antipsychotics, and 22 percent of anti-mania medications. Pediatricians were included as general practitioners and wrote 25 percent of all stimulant prescriptions. [16, 17]

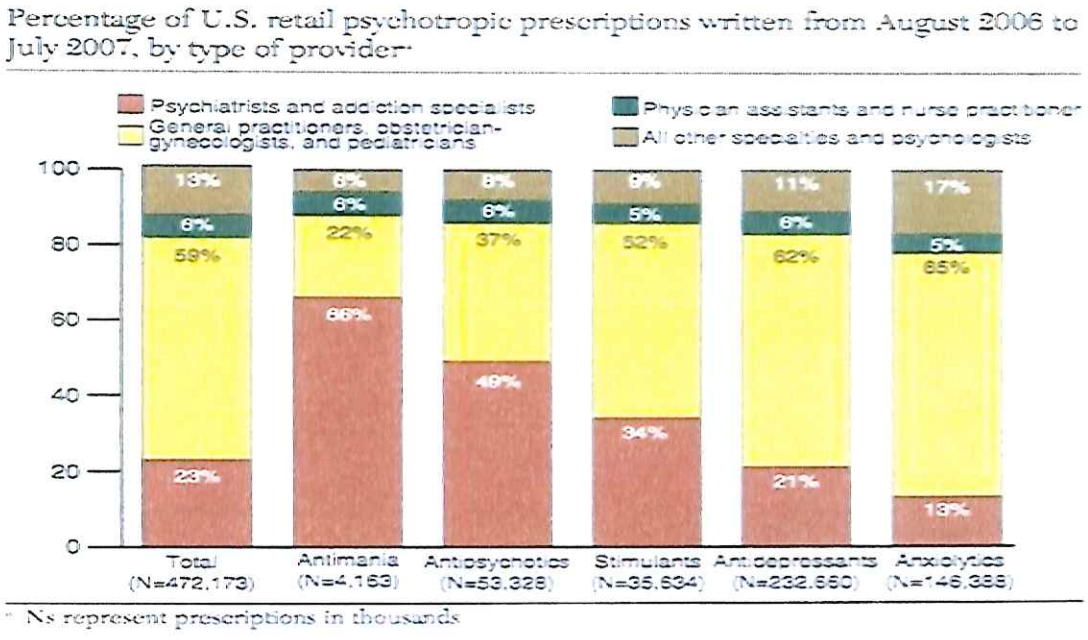


Figure 2. Percentage U.S. retail prescriptions of psychotropic medications by provider type.

Prescribing of psychotropic medications by non-psychiatrists may improve access to treatment for many patients, the study notes. However, the authors cite evidence that primary care physicians often are unable to find outpatient mental health services for their patients. In

addition, they cite concerns about whether patients treated by non-specialists receive psychotherapy, medication monitoring, appropriate intensity of treatment, and treatment consistent with evidence-based guidelines; all of which *Prescribing Psychologists* could provide.

In addition, research from the Society of Teachers of Family Medicine Group on Pharmacotherapy, a group that offers recommendations for family practice residents in pharmacotherapy, indicates that more than 60% of those in family medicine programs had no formal psychopharmacotherapy curriculum at all.[18] Similarly, other psychiatric provider's preparation is less extensive than that of the appropriately trained psychologist. *Prescribing Psychologists* can help alleviate these concerns, as the training in psychotropic medications will be extensive.

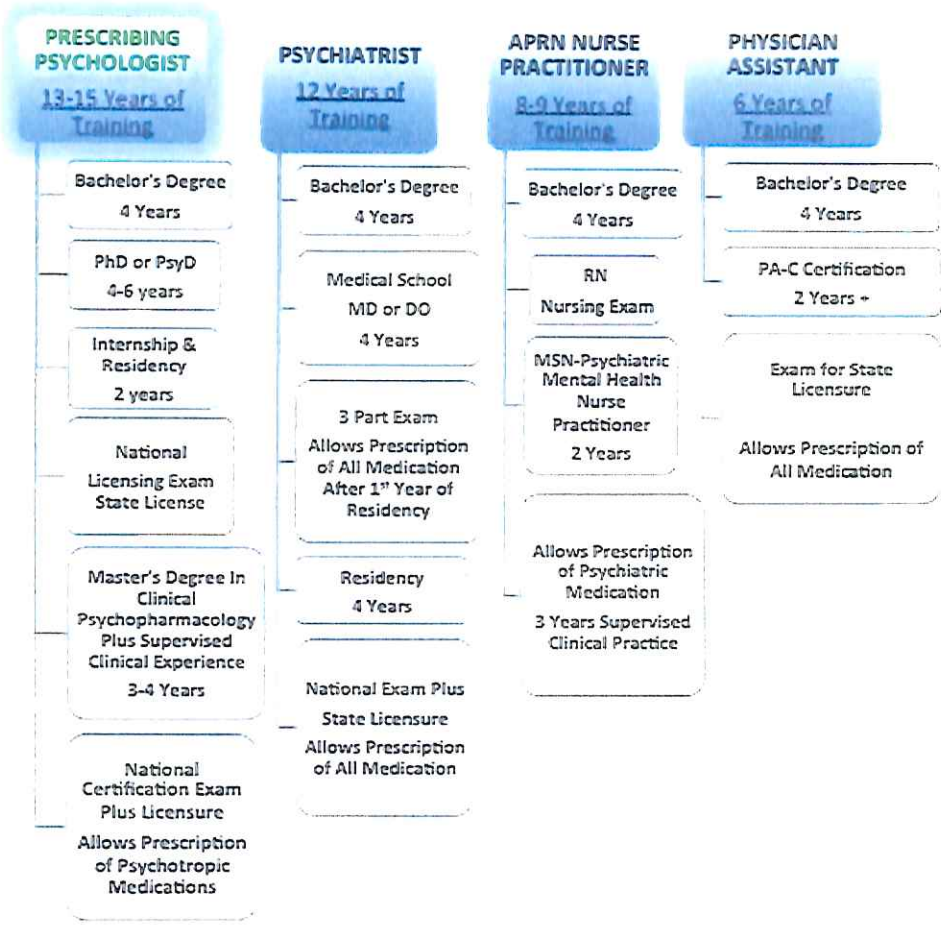


Figure 3. Training comparison of providers who are eligible or seeking eligibility to prescribe psychotropic medications.

3. The impact of the request on public access to health care:

Expanding the current scope to include *Prescribing Psychologists* would have a significantly positive impact on the public's ability to readily access a mental health prescriber. Psychologists

are specially trained in evaluation and diagnosis of mental illnesses, whereas non-psychiatric physicians are not. Having access to a provider with this specialized training who can also prescribe medication is an asset for streamlined care. Data from the DPH Elicense Downloadable Roster regarding psychologists (downloaded on 5/4/17) stated that there are a total of 1787 with primary Connecticut addresses. Similar to psychiatrists, a great majority of psychologists are in urban counties, though the numbers with addresses in rural counties are as follows: 49 in Litchfield County; 33 in New London County; 62 in Tolland County; and 23 in Windham County. (See Table 1 for comparison by county of psychologists and psychiatrists.) In Louisiana a study identified approximately 9% of all licensed healthcare psychologists have been certified as prescribers and are currently prescribing medication. If this statistic approximates the number who would become certified in Connecticut, prescriptive authority for all qualified psychologists would result in an increase of 182 available prescribers, or 161 of those with Connecticut addresses.

In addition, this expansion would also improve access for the disadvantaged population. A recent survey of 26 *Prescribing Psychologists* indicated that the majority of their caseload was economically, socially, linguistically, or otherwise disadvantaged. Further, this group reported that they increased access for clients from disadvantaged backgrounds by 20 percent.[19] This makes good sense when considering the background of psychology. Psychologists' training is rooted in behavioral and psychotherapeutic interventions. Psychologists began their career as undergraduates and pursued a career in psychology based on their attraction to those traditions. Prescriptive authority training for psychologists is an exclusively post-doctoral specialty, but the distinction in what drew practitioners to the field in the first place will encourage continued preference for psychological along with biological case formulation and treatment. The postdoctoral model solidifies the practitioner's identity with traditional values of a psychologist.

Also, a cornerstone of the prescribing psychologist movement is recognizing that, 'The power to prescribe is the power not to prescribe.' Burgeoning rates of polypharmacy, growing appreciation of long-term adverse effects, and a focus on patient-centered practice also present specific indications for de-prescribing in psychiatry. Current literature indicates that *Prescribing Psychologists* are likely to use less medication than a physician prescriber, potentially reducing instances of over-medication and polypharmacy.[20, 21, 22]

For example, American Biodyne, Inc. offered mental health carve out services and employed psychologists who had received a 130 hour hybridized course in psychotherapy and pharmacology as behavioral health managers. Over four years a study was conducted with 1.64 million treatment episodes. It was reported that of the 68% of patients that were taking medication at the start of treatment, only 13% were taking medication at the end of treatment.[23] Also in 1989 congress funded a pilot project to train psychologists in the Department of Defense to prescribe. This proved to be a controversial undertaking, and as a result, the first cohort did not begin their training in the Psychopharmacology Demonstration Project (PDP) until 1991. PDP remained controversial due to opposition from psychiatrists and was terminated in 1997.

However, all graduates of the project filled critical needs as prescribers and uniformly performed with excellence. The report noted the absence of a single significant adverse event among patients treated by the PDP graduates. Despite their additional training, the PDP graduates' values and practices still identified them as psychologists. They continued to rely heavily on psychotherapy and assessment instruments as tools in treatment.[24]

4. A brief summary of state or federal laws governing the profession:

Federal Law

Currently, appropriately trained psychologists are prescribing psychotropic medication in the Departments of the Army, Navy and Air Force as well as in the Indian Health Service (IHS) and Public Health Service (PHS). There is also federal movement to allow the prescriptive privileges the Department of Veterans Affairs. Each branch of the of the military appear to have regulations or guidance specific to each service:

- **Navy:** BUMEDINST 6320.66E, 2013;
- **Air Force:** AFI44-119, 2011;
- **Army:** Department of the Army Memo, 2009

The PHS and the IHS do not have specific regulations. The PHS psychologists are required to adhere to service-specific criteria at the location where they are stationed. The IHS psychologists obtain state licensure to prescribe in either New Mexico or Louisiana.[25]

Army

The Army permits psychologists to prescribe if they:

1. Are a graduate of the Department of Defense (DoD) Demonstration Project or have a master's degree in psychopharmacology from a regionally accredited university;
2. Obtain a passing score on the Psychopharmacology Examination for Psychologists (PEP);
3. Document one year of supervision by a board certified psychiatrist or psychologist with prescribing privileges in a Military Treatment Facility (MTF); and
4. Apply for prescription privileges within 24 months of passing the PEP. A suggested formulary is provided, but specific formularies are to be determined by the MTF granting prescription privileges.

Navy

The Navy has the following criteria:

1. Completion of training in psychopharmacology from a program recommended by the American Psychological Association; and
2. Passage of the PEP. There is no specific mention of graduates of the DoD program, but in practice those initial providers have been allowed to continue to prescribe. There is no delineation of required supervision and no specific mention of formulary.

Air Force

The Air Force has the following criteria:

1. Graduates of the DoD Demonstration Project may continue to prescribe for the Air Force;
2. Completion of a master's degree in clinical psychopharmacology;
3. Passage of the PEP; and
4. Documentation of a minimum of one year of supervision by a psychiatrist or psychologist with prescriptive authority. There is no mention of formulary.

All branches of the service require obtaining a master's degree in psychopharmacology and passing the PEP.

There has been some discussion of making the federal criteria uniform.

State Law

In Connecticut a psychologist must be hold a doctoral level degree to be licensed. The state of Connecticut regulates, oversees and disciplines psychologists through the Board Of Examiners and statutes and regulations. The statutes are found at C.G.S. **Sec. 20-186** through **Sec. 20-195.** Regulations are found at the Regulations of Connecticut State Agencies Psychologist Educational and Work Experience Requirements, **Sections 20-188.1** through **20-188.3** . These statutes and regulations are included in their entirety as Appendix B and Appendix C at the end of this document.

5. The state's current regulatory oversight of the profession:

Psychologists in Connecticut are licensed and regulated by the Connecticut Department of Public Health.

The Board of Examiners (BOE) for Psychologists resides in the Department of Health and is responsible for overseeing the licensing and discipline of psychologists. In addition, in conjunction with the Department, the BOE reviews statutory and regulatory proposals and meets quarterly. Information on the BOE is found at ct.gov/dph/cwp/view.asp?a=3143&q=388938.

6. All current education, training, and examination requirements and any relevant certification requirements applicable to the profession:

Current Statutes and Regulations

Statutes: *Connecticut General Statutes Chapter 383 Psychologists* identifies the statutes governing psychologists in Connecticut (Appendix B). They are listed as follows, and can also be found at https://www.cga.ct.gov/2015/pub/Chap_383.htm.

Sec. 20-186. Board of examiners.
Sec. 20-186a. Duties of board of examiners.
Sec. 20-187. Report. Secretary. Conduct of investigations.
Sec. 20-187a. License required. Practice defined.
Sec. 20-188. Examination; qualifications.
Sec. 20-189. Graduation from approved education program required.
Sec. 20-190. Licensure by endorsement. Waiver of examination. Fee.
Sec. 20-191. Certification without examination of applicants with three years' experience.
Sec. 20-191a. Renewal of license.
Sec. 20-191b. Fees for lost license and verifying licensure.
Sec. 20-191c. Continuing education.
Sec. 20-192. Disciplinary action; grounds; appeals.
Sec. 20-193. False representation. Penalties.
Sec. 20-194. Right to practice medicine not granted.
Sec. 20-194a. Hospital or health care facility staff privileges allowed.
Sec. 20-195. Exempted activities and employment.

Regulations: Current regulations for psychologists, including requirements for educational and work experience for licensure are listed in *Regulations of Connecticut State Agencies: Psychologist Educational and Work Experience* (Appendix C) as follows and can be found at ct.gov/dph/lib/dph/practitioner_licensing_and_investigations/plis/psychology/psych_regs.pdf.

20-188-1. Definitions
20-8-2. Doctoral Educational Standards for Connecticut Psychology Licensure
20-188-3. Work experience standards for Connecticut Psychology Licensure

CPA Proposal

The present proposal to expand the scope of practice for appropriately medically trained psychologists to include prescriptive authority in accordance with applicable state and federal laws includes:

- Proposed Statutory Language to Allow Appropriately Trained Psychologists to Prescribe, which is based on the American Psychological Association (APA) Model Act; and
- Proposed Post-doctoral Education and Training Curriculum, based in a Master of Science degree in psychopharmacology.

Proposed Statutory Language to Allow Appropriately Trained Psychologists to Prescribe

A. Definitions

(1) "Department" means the Connecticut Department of Public Health (DPH).

(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.usdoj.gov/dea/agency/csa.htm) and as adopted by Food Drug and Cosmetic Act of 1938.

(3) "Drug" shall have the same meaning as that term is given in Food Drug and Cosmetic Act of 1938).

(4) "Prescribing Psychologist" means a licensed, doctoral-level psychologist who has undergone specialized education and training in preparation for prescriptive practice and has passed an examination accepted by the Department relevant to establishing competence for prescribing, and has received from the Department 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 psychiatric and medical diagnoses and clinical interventions are learned and which are conducted and supervised as part of the training program.

(6) "Prescription" is an order for a drug, laboratory or imaging test{s} 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, psychological, addiction/substance disorders, mental, cognitive, nervous, emotional or behavioral disorders, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the Department.

B. Certification

(1) The Department shall certify licensed, doctoral-level psychologists to exercise prescriptive authority in accordance with applicable state and federal laws.

(2) The Department 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 Department:

(1) The psychologist must hold a current license at the doctoral level to provide health care services as a psychologist in Connecticut;

(2) As defined by the Department, 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 a master's degree in clinical psychopharmacology, i.e., an organized sequence of study in an organized program offering intensive didactic education, and including the following core areas of instruction: basic biological sciences, neurosciences, clinical and research pharmacology, neuropharmacology, and psychopharmacology, clinical medicine and pathophysiology, physical assessment and laboratory exams, clinical pharmacotherapeutics, research, 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 obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the supervision of qualified practitioners as determined by the Department.

(3) Continuing medical education required: Specific ongoing continuing medical/psychopharmacological education of not less than 40 hours per year with a specialized focus on clinical pharmacology, neuropharmacology, clinical psychopharmacology, and medically-assisted substance abuse treatment. This does not substitute the standard required continuing education requirement for licensed psychologists already in place. An approved sponsor of continuing medical/psychiatric or addiction medicine education shall provide such continuing medical education.

D. Maintenance of Prescriptive Authority Certification

(1) The Department shall prescribe by rule a method for the maintenance of prescriptive authority at the time of or in conjunction with the renewal of general psychologist license.

(2) Each provider shall present satisfactory evidence to the Department demonstrating the completion of no less than 40 contact hours of continuing medical education instruction relevant to prescriptive authority during the previous year or licensure renewal period.

E. Prescribing Practices

(1) *Prescribing Psychologists* shall be authorized 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, psychological, mental, cognitive, nervous, emotional or behavioral disorders and 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 Department.

(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.

b. Be identified as written by the *Prescribing Psychologist* in such manner as determined by the Department.

(4) A record of all prescriptions shall be maintained in the patient's record.

(5) A psychologist shall not delegate the authority to prescribe drugs to any other person.

(6) If the Prescribing Psychologist performs acts of diagnosis and treatment that involves alterations in health status, as described in subsection (1) of this section, they shall collaborate with a physician licensed to practice medicine in this state.

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 the state controlled and dangerous substances license number, if applicable with the Department.

(2) Psychologists are active doctoral providers in the treatment and management of substance use and addictions disorders, and recognize the current opiate epidemic. *Prescribing Psychologists* will be eligible for a SAMHSA buprenorphine waiver for opiate addiction treatment if federal regulations so permit. Currently Physicians, Nurse Practitioners and Physician Assistants are eligible for such a waiver; all healthcare professionals must undergo an online training to be eligible for Medication Assisted Treatment (MAT) for opiate addiction using buprenorphine.[26]

(3) The Department shall maintain current records of every *Prescribing Psychologist* authorized to prescribe, including DEA registration and number.

G. Interaction with the Commission of Pharmacy, Department of Consumer Protection.

(1) The Department shall transmit to the Commission of Pharmacy an initial list of psychologists authorized to prescribe containing the following information:

a. The name and practice address of the Prescribing Psychologist;

b. The psychologist's identification number assigned by the Department; and

c. The effective date of prescriptive authority.

(2) The Department shall promptly forward to the Commission of Pharmacy any additions to the initial list as new certificates are issued.

(3) The Department shall notify the Commission of Pharmacy in a timely manner upon termination, suspension, or reinstatement of a psychologist's prescriptive authority.

H. Powers and Duties of the Department

The Department shall promulgate rules and regulations for denying, modifying, suspending, or revoking the prescriptive authority certification of a psychologist authorized to prescribe. The Department shall 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 Department, such deficiencies could reasonably be expected to jeopardize the health, safety, or welfare of the public.

I. Amendments to Existing State Laws

Amendments will be made to current statutes and regulations so that *Prescribing Psychologists* may write appropriate medication and diagnostic orders. These will include but not be limited to controlled substances, advanced practice registered nurse practice, pharmacy, and hospital/other licensed health care facilities.

CPA Proposed Curriculum for *Prescribing Psychologists*: Overview
(Please see Appendix D for details of proposed curriculum.)

The proposed curriculum for *Prescribing Psychologists* includes completion of comprehensive didactic medical training, supervised clinical experience and a National Board Examination and Certification. The total post-doctoral, master's degree program shall not be less 30 graduate credit hours or its equivalent of approximately total 270 academic credit hours of biological sciences and clinical instruction (total completion time 2-3 years). The proposed detailed curriculum in its entirety can be found in Appendix D.

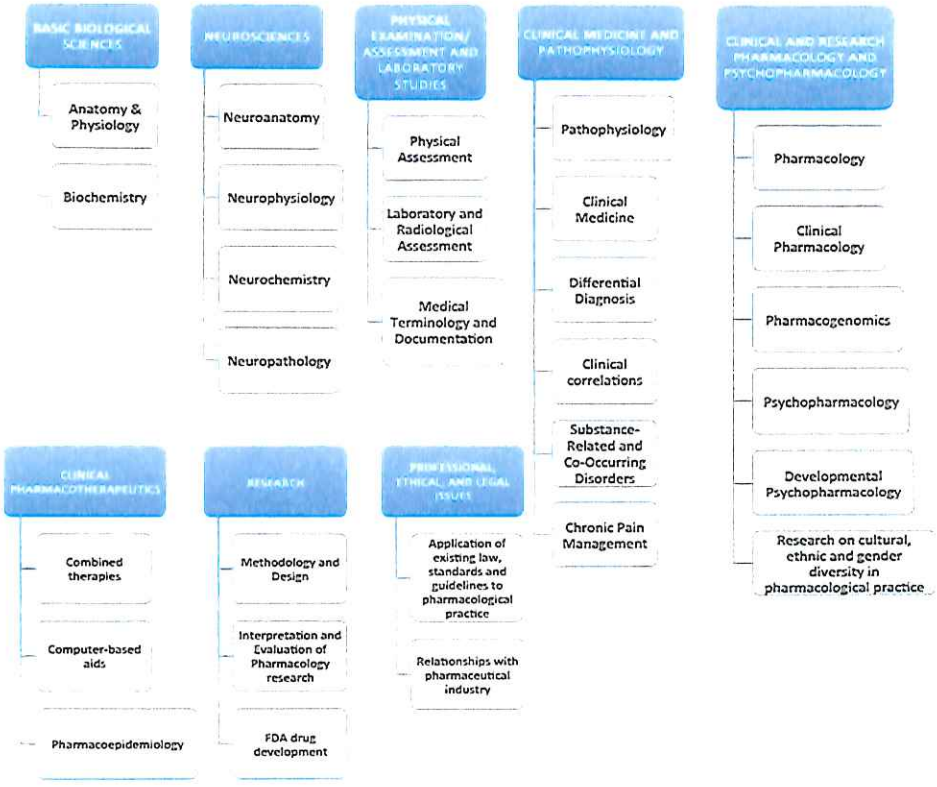


Figure 4. Academic medical training for *Prescribing Psychologists* who are eligible or seeking eligibility to prescribe psychotropic medications.

Overall training should be an organized sequence of education and clinical experience that provides an integrative approach to learning as well as the opportunity to assess competencies in skills and applied knowledge. After completion of the 10-course/topic sequence, psychologists are eligible to sit for a comprehensive board examination, which was developed by the APA College of Professional Psychology specifically as a credentialing examination for psychologists with advanced training in clinical psychopharmacology.

Prior to being certified to prescribe, the psychologist must complete a supervised 400-hour practicum with a minimum of 100 patients consisting of psychopharmacological treatment reflecting a variety of mental health, psychiatric, and substance use disorders. This practica will

be under the supervision of either a licensed physician (MD or DO) or an advanced practice registered nurse (APRN) who has full prescriptive authority at the independent practice level.

Supervised Practice Prior to Independent Practice:

The *Prescribing Psychologist* will be supervised for 1 year (1000 hours) by a licensed physician (MD or DO) or an advanced practice registered nurse (APRN) who has full prescriptive authority in Connecticut. Supervision must address (1) a reasonable and appropriate level of medical consultation and referral if needed, (2) patient care coverage in the *Prescribing Psychologist* absence, and (3) methods to review patient outcomes and disclose the supervisory relationship to the patient.

7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request:

- None

8. The extent to which the request directly affects existing relationships within the health care delivery system:

Most significantly, this request has the potential to further enhance the relationship between psychologists and physicians in the state. In 2013, Connecticut lawmakers passed a bill that allows physicians and psychologists to incorporate together as business partners, which facilitated integrated care between physicians and psychologists and improved access to mental health care. Such collaboration provided one avenue for patients to see their primary care doctor and psychologist in one visit and thereby provide a continuity of care that was inaccessible previously. *Prescribing Psychologists* will additionally facilitate integration of behavioral and physical health care. Patients will have enhanced access to integrated behavioral healthcare that will result in fewer doctor visits and will lead to better care for patients.

9. The anticipated economic impact of the request on the health care delivery system:

Allowing *Prescribing Psychologists* in Connecticut will have a net positive economic impact on healthcare delivery system. The impacts will occur across several levels. Most importantly, improved access to efficient and adequate mental health care will lower costs for both the State and the patient. That is, with greater access to a prescriptive provider, some patients are more likely to obtain timely treatment. In addition for patients who are already being seen by a *Prescribing Psychologist*, it will eliminate the need to visit an additional provider or Emergency Department (ED) at a hospital. We anticipate that there will be utilization cost savings, reduced

ED visits, and greater efficiency for patients there will be fewer doctor's visits and decreased polypharmacology.[a]

Healthcare Utilization Cost Savings

Patients who choose to obtain care from *Prescribing Psychologists* will reduce overall medical system utilization. This will be achieved by obtaining psychosocial treatment and pharmacological intervention from the same provider and will reduce system redundancy and inefficiency. In essence, patients will not have to see as many providers to obtain equivalent care.

As an example, a typical outpatient will see a psychologist once per week and will see their medication manager once per month for a total of 5 visits per month. For the patients of estimated 160 *Prescribing Psychologists* who will be licensed to prescribe, patient care will be streamlined with one fewer office visit per month since the same provider will now deliver both the pharmacological and psychotherapeutic services. By reducing overall visits, the state could therein recoup millions of dollars annually in Medicaid savings. [b]

Reduced Emergency Department Visits

An estimated one in eight emergency room visits involves a mental and/or substance use condition, and there are also anticipated savings due to reduced ED visits. Financial concerns represent important barriers to care, especially among those with unmet need for mental health services and many individuals and families are not engaging in preventative or early mental health treatment due to financial distress. Consequently many people present for intervention at hospital Emergency Departments instead of at outpatient facilities. The total cost per patient in the ED is nearly $750[c] excluding general medical care. Adding 160 *Prescribing Psychologists* as mental health prescribers will reduce barriers to treatment, and these providers will likely be in underserved areas taking insurance. By increasing access through the introduction of *Prescribing Psychologists*, the state of Connecticut could save approximately $3.6 million annually in avoidable ED charges. [27]

Reduced Polypharmacy and Lower Medical Costs for Patients

One certain benefit for patients (as mentioned above) will be that patients of *Prescribing Psychologists* will have fewer doctors' visits, which will decrease their out of pocket costs.

In addition, there will be a savings resulting from more streamlined pharmacy. Though the origin of what is driving polypharmacy in mental health during the past 20 years is unclear, the trends themselves are undeniable. Patients are being prescribed more medications. They are also being

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[a] Estimates of costs and savings reported here are based on references noted below.

[b] Savings of 1 session per patient per month, estimate billable insurance rate at $60; 160 *Prescribing Psychologists* see 40 patients per month; 10.5 months treatment. There could be up to $4 million in annual Medicaid savings.

[c] Conservative estimate derived from 2014 ED Final Report p. 6 (cga.ct.gov) by averaging Husky B and Husky C ED visits.

seen for less time. Psychiatric prescribers are very busy; prescribing and managing medications requires far less time than assessment and behavioral intervention. The financial impact of this 'medication creep' has led to unnecessary medical costs such side effects and drug/drug interactions. While the full cost of medication misuse and polypharmacy in mental health is not entirely known, it can be estimated to be close to $10 million[d] in Connecticut alone. Adding *Prescribing Psychologists* who will inevitably utilize concurrent psychosocial interventions in longer visits will decrease costs considerably. If the resulting savings were 25 - 50%, this would save the state $2 - 5 million in medical expenditures annually. [28,29,30]

It should also be noted that these references and data likely produce underestimates, as it is reported for time periods that do not include the effects of the current opioid crisis in Connecticut and the entire nation.

10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states:

The prescriptive authority movement for psychologists in the United States began early in the 1980s to address the ever-increasing shortfall in the availability of appropriately trained prescribers. At that time there were concerns expressed by the medical community that allowing non-physicians to prescribe would compromise that patient safety. Advocates for *Prescribing Psychologists*, however, countered that the doctoral level psychological training combined with specific psychopharmacologic instruction would provide a solid basis for patients' safety. During the next decade, the Department of Defense designed and implemented a training program in part to determine the feasibility of training *Prescribing Psychologists*. The project was independently evaluated in 1996, and successfully demonstrated that psychologists can be taught to prescribe safely. The early experiences of *Prescribing Psychologists* indicated that primary care physicians, patients and most other stakeholders thought prescriptive authority for psychologists to be a favorable idea; psychiatrists were an exception. In recent years more states have passed prescriptive authority as a direct result to address an increasing access shortage as more prescribers retire from practice or refuse to take patient insurance. Appropriately trained psychologists may now be credentialed to prescribe in the Defense Department, the U.S. Public Health Service and the Indian Health Service. Currently, psychologists also have prescriptive authority in New Mexico, Louisiana, Illinois, Iowa, Idaho, and the U.S. territory of Guam.

GUAM

In 1999, the U.S. territory of Guam was the first jurisdiction to change their scope to allow *Prescribing Psychologists* to prescribe (Guam Public Law 24-329). The specific legislation utilized a model similar to physician assistant, mandating that *Prescribing Psychologists* collaborate with physicians practicing in the same specialty area. The impetus for the Guam

[d] Total cost of polypharmacy estimated nationally $177 billion; CT estimated 1% of U.S. population; mental health dollars in CT = 5.6% of all healthcare dollars.

legislation was the fact that only five psychiatrists served the island, which consists of 160,000 residents and a million tourists a year. For Guam's legislation, please see:

http://www.guamlegislature.com/Bills_Introduced_28th/Bill%20No.%20333(EC).pdf

NEW MEXICO

In 2002, New Mexico followed Guam (New Mexico Administrative Code 16.22.20-16.22.29) in establishing psychologist prescriptive authority. To quality for a prescribing certificate in New Mexico, psychologists complete at least 450 hours of coursework, an 80-hour practicum in clinical assessment and pathophysiology, and a 400-hour, 100-patient practicum under physician supervision. The academic component includes psychopharmacology, neuroanatomy, neurophysiology, clinical pharmacology, pathophysiology, pharmacotherapeutics, pharmacoepidemiology and physical and lab assessments. Additionally those seeking prescriptive authority must pass a national certification examination, the Psychopharmacology Examination for Psychologists. After completing these requirements, psychologists licensed to practice in New Mexico are eligible for a two-year conditional prescription certificate allowing them to prescribe under supervision of a physician. At the end of two years, if the supervisor approves and the psychologist's prescribing records pass an independent peer review, the psychologist can apply to prescribe independently. Only at that point will *Prescribing Psychologists* work independently, albeit in close collaboration with the patient's physician. For New Mexico's legislation, please see:

http://www.rld.state.nm.us/uploads/files/Rule%20Book%20For%20Web2016.pdf

LOUISIANA

In 2004, Louisiana established prescriptive authority through establishing a medical psychology program. This program was developed as a unique healthcare profession and moved the regulation of their practice of medical psychology to the Louisiana State Board of Medical Examiners. Currently, regulation of *Prescribing Psychologists* (defined as medical psychologists) and psychologists who practice psychotherapy and psychological testing have shifted to the Louisiana Board of Medical Examiners. This makes Louisiana the only state in the U.S. where a medical board has authority over the regulation of the entire practice of psychology. The rationale for creation of the measure was that front-line treatments of psychological disorders are currently managed by non-psychiatric physicians who generally embrace the role of psychologists in assisting in the management of these conditions. For Louisiana's legislation, please see:

http://www.lsbme.la.gov/sites/default/files/documents/Rules/Individual%20Rules/Medical%20Psychologists.pdf

ILLINOIS

In 2014, Illinois became the third state in the nation to allow psychologists prescriptive authority. Licensed clinical psychologists in Illinois who want to prescribe successfully complete advanced education and training in psychopharmacology as well as supervised clinical training in various settings, such as hospitals, outpatient clinics, community mental health clinics and correctional facilities. The new legislation occurred as a result of a tremendous access shortage, with few inpatient psychiatric services in many counties. Access was most difficult among people who need help the most: low-income, rural and minority populations whose needs are often underserved. For Illinois's legislation, please see:

http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1294&ChapterID=24

IOWA

In 2016, Iowa became the 4th state in the nation of allow psychologist prescriptive authority. The law permits licensed psychologists to obtain prescriptive authority once they have successfully completed a post-doctoral Master of Science degree in clinical psychopharmacology, a supervised practicum in clinical assessment and pathophysiology, and passed a national examination. These components are in addition to the mandatory education and training required to become a licensed psychologist. *Prescribing Psychologists* in Iowa also need to complete a two-year conditional prescribing period under a licensed physician's supervision to be eligible for independent prescriptive authority. For psychologists who treat special populations such as children, the elderly or people with comorbid physical conditions, this will include completion of a year of supervised conditional prescribing. In addition, *Prescribing Psychologists* must maintain a collaborative relationship with the patient's physician. Additionally the law mandates collaboration between the state boards of psychology and medicine in drafting the implementation rules. For Iowa's legislation, please see:

https://www.legis.iowa.gov/legislation/BillBook?ga=86&ba=HF2334

IDAHO

Most recently in 2017, Idaho granted prescriptive authority to Idaho licensed psychologists. Similar to other state requirements Idaho requires licensed psychologists to successfully complete a postdoctoral master's degree in clinical psychopharmacology, a supervised practicum in clinical assessment and pathophysiology, and to pass a national examination. Psychologists who meet these requirements will have a two-year provisional certificate to prescribe under the mandatory supervision of an MD. The rationale for this new law was to expand the role of psychologists in managing the care of mental health patients. This change will lead to shorter wait times for mental health services and will translate into stronger integrated care teams. For Idaho's legislation, please see:

https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2017/legislation/H0212.pdf

FEDERAL TRENDS

For Federal trends, please see Question 4, above.

11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions:

The psychological community reasonably anticipates that psychiatry's professional organization will object to this current request. The field of psychiatry has historically opposed such legislation; their primary stated concerns have been (A) public safety will be compromised, and (B) psychologist's education is inadequate.

Regarding (A), there is no evidence that *Prescribing Psychologists* have created a risk to patient safety; in fact, the literature clearly dispels those arguments.[31, 32, 33]

Regarding (B), the proposal for *Prescribing Psychologists* requires that the doctoral level psychologist obtain a post-doctoral master's degree in psychopharmacology. Doctoral programs in psychology involve at least 4 years of rigorous academic and theoretical training in the social, emotional and biological development of normative and pathological behaviors across the life-span; practicum experiences that involve close supervision of clinical experiences during 2-4 years of academic training; and investigation and understanding of scientific and research methods. In addition, before graduation a psychology doctoral student must do an internship that typically entails 1 year of full-time (closely supervised) clinical experience. Psychology licensure also requires no less than 1800 additional hours of supervised work. The educational program for the doctorate (Appendix A) indicates the rigor and thoroughness of the training. In addition, the current proposal (Appendix D) adds a post-doctoral master's degree in psychopharmacology, i.e., a program consisting of 270 hours of science and clinical instruction, with a total completion time of 2 - 3 years and 400 additional hours of supervised clinical experience. This training more than adequately addresses the unsubstantiated concern.

We will make extensive efforts to collaborate with Connecticut Medical Society, Connecticut Psychiatric Society, and all health and mental health organizations.

12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training:

Allowing psychologists to prescribe after completing a rigorous post-doctoral Master of Science degree with advanced training in psychopharmacology is a natural and appropriate extension of the education and training of psychologists. Psychologists have been trained in evaluation and diagnosis, and additional training in psychopharmacology provides a natural extension and

option for treatment following diagnosis. In addition, *Prescribing Psychologists* will become skilled at intervention with psychopharmacological medications, an integral part of contemporary mental health practice. Instead of the care of a patient being solely psychological or solely pharmacological as it is in Connecticut now, this would allow appropriately trained psychologists to provide full access to mental health care.

Appendix A

Current Psychologist Licensure Requirements

An applicant for licensure shall meet the eligibility requirements outlined below:

A. Successful completion of a doctoral degree from an approved program in psychology. (1) Programs holding full accreditation by the American Psychological Association during the applicant's attendance meet the requirements for an approved program in psychology. (2) Programs not so accredited are subject to an individual review to ensure that the applicant's psychology program meets the requirements outlined in Section 20-188-2 of the Regulations of Connecticut State Agencies; an applicant who has received a doctoral degree in psychology that does not meet the requirements outlined in the Regulations may remediate the required coursework post-doctorally in a program accredited by the APA. (3) An applicant who has received a doctoral degree in a non-applied or non-clinical area of psychology shall meet the educational requirements provided the applicant has completed a respecialization program in an applied psychology program accredited by the APA.

B. Successful completion of at least 1 year of supervised work experience at the pre or post-doctoral level. (1) Work experience as part of an internship required to complete the doctoral degree cannot be counted toward meeting this requirement. (2) The work experience must be either no less than 35 hours per week for a minimum of 46 weeks within 12 consecutive months ***or*** be no less than 1,800 hours within 24 consecutive months. No more than 40 hours per week may be credited toward the required experience. (4) Supervision is defined as direct, face-to-face supervision provided by a doctoral-level psychologist who is licensed in the state where the experience was conducted. (5) The experience must be appropriate to the applicant's graduate coursework and intended area of practice. (6) For each 40 hours of work experience, the supervision shall consist of at least 3 hours of which no less than 1 hour shall be individual, direct, face-to-face supervision. (7) The supervisor shall not concurrently supervise more than a total of 3 individuals completing the work experience. (8) An applicant may substitute two (2) years of licensed work experience in lieu of this requirement. (9) Additional requirements pertaining to work experience for individuals commencing such experience on and after April 1, 1988, are specified in Section 20-188-3 of the Regulations of Connecticut State Agencies.

C. Successful completion of the following examinations:
   a. The Examination for Professional Practice in Psychology (EPPP) administered by the Association of State and Provincial Psychology Boards. Prior to April 2001, the cut score for the EPPP is 70%. On or after April 2001, the passing score is 500. If taking the EPPP as a Connecticut candidate, once all application material has been submitted and reviewed by this office, the applicant will be notified in writing as to the applicant's eligibility for the EPPP examination. Once notified, the applicant will be provided with instructions as to how to register on-line for the examination. Once the applicant has registered for the examination on-line, the applicant will receive

via email, instructions as to scheduling an examination within a 60-day testing window with Prometric Testing Center. Failure to take the examination in the 60-day window will result in a penalty by PES.

b. The Connecticut jurisprudence examination. This examination consists of twenty-five (25) multiple-choice items; at least eighteen (18) questions must be answered correctly in order to pass. This examination is scheduled six (6) times per year.

Appendix B
Connecticut General Statutes
Chapter 383 - Psychologists

Table of Contents

Sec. 20-186. Board of examiners.
Sec. 20-186a. Duties of board of examiners.
Sec. 20-187. Report. Secretary. Conduct of investigations.
Sec. 20-187a. License required. Practice defined.
Sec. 20-188. Examination; qualifications.
Sec. 20-189. Graduation from approved education program required.
Sec. 20-190. Licensure by endorsement. Waiver of examination. Fee.
Sec. 20-191. Certification without examination of applicants with three years' experience.
Sec. 20-191a. Renewal of license.
Sec. 20-191b. Fees for lost license and verifying licensure.
Sec. 20-191c. Continuing education.
Sec. 20-192. Disciplinary action; grounds; appeals.
Sec. 20-193. False representation. Penalties.
Sec. 20-194. Right to practice medicine not granted.
Sec. 20-194a. Hospital or health care facility staff privileges allowed.
Sec. 20-195. Exempted activities and employment.

Sec. 20-186. Board of examiners. (a) The Board of Examiners of Psychologists shall consist of five members appointed by the Governor, three of whom shall be practicing psychologists in good professional standing and licensed according to the provisions of this chapter and two of whom shall be public members. Each such member shall be a resident of this state. No member of said board shall be an elected or appointed officer of any professional association of psychologists or have been such an officer during the year immediately preceding his appointment. The Governor shall designate one member as chairman of said board and shall fill any vacancy therein by appointment for the unexpired portion of the term. No member shall serve for more than two full consecutive terms commencing after July 1, 1980. Members shall not be compensated for their services.

(b) Said board shall meet at least once during each calendar quarter and at such other times as the chairman deems necessary. Special meetings shall be held on the request of a majority of the board after notice in accordance with the provisions of section 1-225. A majority of the members of the board shall constitute a quorum. Any member who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from office. Minutes of all meetings shall be recorded by the board.

No member shall participate in the affairs of the board during the pendency of any disciplinary proceedings by the board against such member.

(1949 Rev., S. 4632; 1957, P.A. 269, S. 2; 1969, P.A. 597, S. 1; P.A. 77-614, S. 427, 610; P.A. 80-484, S. 68, 176; P.A. 81-471, S. 39, 71; June Sp. Sess. P.A. 91-12, S. 23, 55; P.A. 98-143, S. 12, 24.)

History: 1969 act substituted "licensed" for "certified"; P.A. 77-614 clarified appointment provisions generally, deleted provision setting terms at five years beginning on July first and reduced psychologist members from five to three, adding two public members, effective January 1, 1979; P.A. 80-484 replaced requirement that psychologist members have practiced for five years with requirement that they be currently practicing and in good professional standing, prohibited professional members from being elected officials of professional associations within one year of their appointment, required all members to be state residents rather than "electors", deleted provisions re removal for incompetence etc. and re three-member quorum, limited terms of service to two after July 1, 1984, provided for reimbursement for expenses and added Subsec. (b) re meetings, members' attendance, etc.; P.A. 81-471 changed "elected official" to "elected or appointed officer" as of July 1, 1981; June Sp. Sess. P.A. 91-12 eliminated expense reimbursement for board members; P.A. 98-143 added quorum provision in Subsec. (b), effective July 1, 1998.

See Sec. 4-9a for definition of "public member".

See Sec. 4-40a re compensation and expenses of licensing boards and commissions.

See Secs. 19a-8 to 19a-12, inclusive, re powers and duties of boards and commissions within Department of Public Health.

Sec. 20-186a. Duties of board of examiners. The Board of Examiners of Psychologists shall (1) hear and decide matters concerning suspension or revocation of licensure, (2) adjudicate complaints filed against practitioners licensed under this chapter and (3) impose sanctions where appropriate.

(P.A. 80-484, S. 69, 176.)

Sec. 20-187. Report. Secretary. Conduct of investigations. Section 20-187 is repealed.

(1949 Rev., S. 4633; 1957, P.A. 269, S. 3; September, 1957, P.A. 11, S. 13; 1969, P.A. 597, S. 2; P.A. 77-614, S. 609, 610.)

Sec. 20-187a. License required. Practice defined. No person shall practice psychology unless he has obtained a license as provided in section 20-188. The practice of psychology means the rendering of professional services under any title or description of services incorporating the words psychologist, psychological or psychology, to the public or to any public or private

organization for a fee or other remuneration. Professional psychological services means the application, by persons trained in psychology, of established principles of learning, motivation, perception, thinking and emotional relationships to the assessment, diagnosis, prevention, treatment and amelioration of psychological problems or emotional or mental disorders of individuals or groups, including but not limited to counseling, guidance, psychotherapy, behavior modification and personnel evaluation, with persons or groups in the areas of work, family, school, marriage and personal relationships; measuring and testing of personality, intelligence, aptitudes, emotions, public opinion, attitudes and skills; and research relating to human behavior.

(1969, P.A. 597, S. 3; P.A. 86-42.)

History: P.A. 86-42 changed the definition of professional psychological services to include "the assessment, diagnosis, prevention, treatment and amelioration of psychological problems or emotional or mental disorders of individuals or groups".

Sec. 20-188. Examination; qualifications. Before granting a license to a psychologist, the department shall, except as provided in section 20-190, require any applicant therefor to pass an examination in psychology prescribed by the department with the advice and consent of the board. Each applicant shall pay a fee of five hundred sixty-five dollars, and shall satisfy the department that such applicant: (1) Has received the doctoral degree based on a program of studies whose content was primarily psychological from an educational institution approved in accordance with section 20-189; and (2) has had at least one year's experience that meets the requirements established in regulations adopted by the department, in consultation with the board, in accordance with the provisions of chapter 54. The department shall establish a passing score with the consent of the board. Any certificate granted by the board of examiners prior to June 24, 1969, shall be deemed a valid license permitting continuance of profession subject to the provisions of this chapter. An applicant who is licensed or certified as a psychologist in another state, territory or commonwealth of the United States may substitute two years of licensed or certified work experience in the practice of psychology, as defined in section 20-187a, in lieu of the requirements of subdivision (2) of this section.

(1949 Rev., S. 4635; 1957, P.A. 269, S. 4; 1959, P.A. 616, S. 57; 1969, P.A. 597, S. 4; June, 1971, P.A. 8, S. 64; 1972, P.A. 127, S. 42; P.A. 77-614, S. 428, 610; P.A. 80-484, S. 70, 174, 176; P.A. 81-471, S. 40, 71; P.A. 89-251, S. 101, 203; P.A. 93-381, S. 9, 39; P.A. 95-125, S. 1, 6; 95-257, S. 12, 21, 58; P.A. 08-184, S. 41; June Sp. Sess. P.A. 09-3, S. 210; P.A. 14-231, S. 34.)

History: 1959 act increased application fee from $15 to $50, deleting stipulation that fee be nonreturnable and eliminated $10 examination fee; 1969 act substituted "license" for "certificate", deleted reference to repealed Sec. 20-191, required in Subdiv. (c) that doctoral degree be in area of psychology in which applicant intends to practice and in Subdiv. (d) that experience be postdoctoral and in the area in which applicant intends to practice, rephrased

provision re verification of residency, added requirement for verification of area of psychology and revised validation of previously issued licenses, changing date from May 15, 1957, to June 24, 1969, and adding "permitting continuance of profession subject to the provisions of this chapter"; 1971 act raised application fee from $50 to $150; 1972 act required applicant to be at least 18 rather than 21, reflecting changed age of majority; P.A. 77-614 required consent of health services commissioner for examinations and specified that actual administering and grading of examinations be by health services department rather than by board, effective January 1, 1979; P.A. 80-484 essentially transferred remaining duties of board to health services department, retaining board in an advisory capacity, added provision for establishment of passing scores and revised applicant's qualifications provisions to delete minimum age and residency requirement and requirements that applicant be of good moral character and not have failed examination within previous six months; P.A. 81-471 reduced fee for applicants for licensure without examination to $100 from former level of $150 and eliminated requirement that doctoral degree and/or postdoctoral experience be in the area of psychology which applicant intends to practice; P.A. 89-251 increased the application fee from $150 to $450, except applicants' fee for licensure under Sec. 20-190 increased from $100 to $120; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-125 deleted reference to the fee for a license under Sec. 20-190, effective June 7, 1995; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 08-184 deleted requirement that examination be given at time and place prescribed by department, deleted provision re examination being administered to applicants by department under supervision of board and provision requiring "postdoctoral" experience, replaced provision re good faith intent to practice psychology with provision re experience meeting requirements established by department in consultation with board, deleted provisions that required department to grade examinations and provide graded papers to unsuccessful candidates and made technical changes; June Sp. Sess. P.A. 09-3 increased fee from $450 to $565; P.A. 14-231 added provision re applicant licensed or certified as a psychologist in another state, territory or commonwealth may substitute work experience and made a technical change.

Sec. 20-189. Graduation from approved education program required. Applicants shall graduate from an education program approved by the board with the consent of the Commissioner of Public Health.

(1949 Rev., S. 4634; 1969, P.A. 597, S. 5; P.A. 77-614, S. 302, 610; P.A. 81-471, S. 41, 71; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

History: 1969 act substituted "license" for "certificate"; P.A. 77-614 replaced secretary of the state board of education with commissioner of education, effective January 1, 1979; P.A. 81-471 eliminated registration of educational institutions and added new provision requiring that applicants graduate from approved education programs; P.A. 93-381 replaced commissioner of

health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

Sec. 20-190. Licensure by endorsement. Waiver of examination. Fee. An applicant for licensure by endorsement shall present evidence satisfactory to the Department of Public Health that the applicant is a currently practicing, competent practitioner and who at the time of application is licensed or certified by a similar board of another state whose standards, in the opinion of the department, are substantially similar to, or higher than, those of this state, or that the applicant holds a current certificate of professional qualification in psychology from the Association of State and Provincial Psychology Boards. The department may waive the examination for any person holding a diploma from a nationally recognized board or agency approved by the department, with the consent of the board of examiners. The department may require such applicant to provide satisfactory evidence that the applicant understands Connecticut laws and regulations relating to the practice of psychology. The fee for such license shall be five hundred sixty-five dollars. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the board annually of the number of applications it receives for licensure by endorsement under this section.

(1949 Rev., S. 4636; 1957, P.A. 269, S. 5; 1969, P.A. 597, S. 6; June, 1971, P.A. 8, S. 65; P.A. 80-484, S. 71, 176; P.A. 81-471, S. 42, 71; P.A. 88-357, S. 9; P.A. 89-91, S. 1, 3; 89-251, S. 102, 203; P.A. 93-381, S. 9, 39; P.A. 95-125, S. 2, 6; 95-257, S. 12, 21, 58; P.A. 01-86; June Sp. Sess. P.A. 09-3, S. 211.)

History: 1969 act substituted "license" for "certificate", deleted provision allowing waiver of examination for person who has been practicing in another state for at least three years and who convinces board that granting him a license would be in the public interest and added proviso re verification of area of psychology in which applicant intends to practice; 1971 act imposed license fee of $100; P.A. 80-484 transferred licensing power from board to health services department, allowed waiver of examination only for "currently practicing competent" practitioners, rephrased provision re standards of other states and added provisions prohibiting licensure of person involved in disciplinary action or unresolved complaint and requiring notification of board of number of applications received; P.A. 81-471 eliminated requirement that applicants verify the area of psychology in which they intend to practice; P.A. 88-357 added requirement that the department be satisfied that the applicant or person understands Connecticut laws and regulations relating to the practice of psychology; P.A. 89-91 changed "shall" to "may" regarding the waiving of the examination for persons holding a diploma from a nationally recognized board or agency and changed approved by the "board of examiners" to "department, with the consent of the board of examiners"; P.A. 89-251 raised license fee from $100 to $300; P.A. 93-381 replaced department of health services with department of public health and

addiction services, effective July 1, 1993; P.A. 95-125 changed the license fee from $300 to $450, effective June 7, 1995; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 01-86 replaced provision re granting a license without examination with provisions re licensure by endorsement, deleted provisions re satisfaction of department, added provision re holding certificate of professional qualification from the Association of State and Provincial Psychology Boards and added provision authorizing department to require satisfactory evidence of the applicant's understanding of state law re the practice of psychology; June Sp. Sess. P.A. 09-3 increased fee from $450 to $565.

Sec. 20-191. Certification without examination of applicants with three years' experience. Section 20-191 is repealed.

(1957, P.A. 269, S. 10; 1969, P.A. 597, S. 14.)

Sec. 20-191a. Renewal of license. Each license issued under this chapter shall be renewed annually in accordance with the provisions of section 19a-88. Thirty days prior to the expiration date of each license under said section 19a-88, the department shall mail to the last-known address of each licensed psychologist an application for renewal in such form as said department determines. Each such application, on or before such expiration date, shall be returned to said department, together with a fee of the professional services fee for class I, as defined in section 33-182*l*, and the department shall thereupon issue a renewal license. In the event of failure of a psychologist to apply for such renewal license by such expiration date, he may so apply subject to the provisions of subsection (b) of said section 19a-88.

(1959, P.A. 654, S. 1; 1969, P.A. 597, S. 7; June, 1971, P.A. 8, S. 66; 1972, P.A. 223, S. 10; P.A. 80-484, S. 72, 176; P.A. 81-471, S. 43, 71; P.A. 89-251, S. 103, 203; May Sp. Sess. P.A. 92-16, S. 47, 89.)

History: 1969 act replaced "certificate" and "certified" with "license" and "licensed", required that applications for renewal contain provision for verification of psychologists' areas of practice and required that published roster contain indication of psychologists' areas of practice; 1971 act increased renewal fee from $5 to $50, increased additional charge for late renewals up to December first from $1 to $5 per month and increased penalty charged for renewals after December first from $1 to $10 for each month of delay, deleting obsolete maximum penalty charge of $5; 1972 act revised provisions to reflect change from biennial to annual renewal and halved the renewal fee; P.A. 80-484 required that renewals accord with provisions of Sec. 19-45 as of January 1, 1981, deleting references to October first renewal dates, to penalties and charges for late renewals and to publication of roster of psychologists and transferred license renewal powers from board to department of health services; P.A. 81-471 eliminated requirement that application include provision for verification of area of psychology in which applicant is practicing and deleted reference to July first as date by which department is to send out

applications for renewal; P.A. 89-251 increased the application fee from $25 to $75; May Sp. Sess. 92-16 replaced license renewal fee of $75 with fee equaling professional service fee class I established pursuant to Sec. 33-182*l*.

Sec. 20-191b. Fees for lost license and verifying licensure. Section 20-191b is repealed, effective June 7, 1995.

(1959, P.A. 654, S. 2; 1969, P.A. 597, S. 8; P.A. 95-125, S. 5, 6.)

Sec. 20-191c. Continuing education. (a) Except as provided in subsection (e) of this section, for registration periods beginning on and after October 1, 2014, each psychologist licensed in accordance with this chapter shall complete a minimum of ten hours of continuing education during each registration period. For purposes of this section, "registration period" means the twelve-month period for which a license has been renewed in accordance with the provisions of section 19a-88 and is current and valid.

(b) Qualifying continuing education activities shall be related to the practice of psychology and shall include courses, seminars, workshops, conferences and postdoctoral institutes offered or approved by: (1) The American Psychological Association; (2) a regionally accredited institution of higher education graduate program; (3) a nationally recognized provider of continuing education seminars; (4) the Department of Mental Health and Addiction Services; or (5) a behavioral science organization that is professionally or scientifically recognized. Not more than five continuing education units during each registration period shall be completed via the Internet, distance learning or home study. Qualifying continuing education activities may include a licensee's research-based presentation at a professional conference, provided not more than five continuing education units during each registration period shall be completed by such activities. A licensee who has earned a diploma from the American Board of Professional Psychology during the registration period may substitute the diploma for continuing education requirements for such registration period. For purposes of this section, "continuing education unit" means fifty to sixty minutes of participation in accredited continuing professional education.

(c) Each licensee shall obtain a certificate of completion from a provider of continuing education for all continuing education activities that are successfully completed and shall retain such certificate for not less than three years after the license renewal date for which the continuing education activity was completed. Upon the request of the Commissioner of Public Health a licensee shall submit such certificate to the Department of Public Health. A licensee who fails to comply with the continuing education requirements prescribed in this section may be subject to disciplinary action pursuant to section 20-192.

(d) A licensee applying for license renewal for the first time shall be exempt from the continuing education requirements under subsection (a) of this section. In individual cases

involving medical disability or illness, the Commissioner of Public Health may grant a waiver of the continuing education requirements or an extension of time within which to fulfill the continuing education requirements of this section to any licensee, provided the licensee submits to the department an application for waiver or extension of time on a form prescribed by the commissioner, along with a certification by a licensed physician of the disability or illness and such other documentation as may be required by the commissioner. The commissioner may grant a waiver or extension for a period not to exceed one registration period, except the commissioner may grant additional waivers or extensions if the medical disability or illness upon which a waiver or extension is granted continues beyond the period of the waiver or extension and the licensee applies for an additional waiver or extension. The commissioner may grant a waiver of the continuing education requirements to a licensee who is not engaged in active professional practice, in any form, during a registration period, provided the licensee submits a notarized application on a form prescribed by the commissioner prior to the end of the registration period. A licensee who is granted a waiver under the provisions of this subsection may not engage in professional practice until the licensee has met the continuing education requirements of this section.

(e) Any licensee granted a waiver of the continuing education requirements pursuant to the provisions of subsection (d) of this section shall be required to complete five hours of continuing education not later than six months after the date on which such licensee returns to active practice. In addition, such licensee shall comply with the certificate of completion requirements prescribed in subsection (c) of this section.

(f) Any licensee whose license has become void pursuant to section 19a-88 for one year or more and who applies to the department for reinstatement of such license pursuant to section 19a-14 shall submit with such application evidence documenting that such applicant has successfully completed ten hours of continuing education within the one-year period immediately preceding the date of application for reinstatement.

(g) The commissioner may accept continuing education activities completed by a licensee in another state or country to meet the requirements of this section.

(P.A. 14-231, S. 56.)

Sec. 20-192. Disciplinary action; grounds; appeals. The board may take any action set forth in section 19a-17, if the license holder: Has been convicted of a felony; has been found by the board to have employed fraud or deceit in obtaining his license or in the course of any professional activity, to have violated any provision of this chapter or any regulation adopted hereunder or to have acted negligently, incompetently or wrongfully in the conduct of his profession; practiced in an area of psychology for which he is not qualified; is suffering from physical or mental illness, emotional disorder or loss of motor skill, including but not limited to, deterioration through the aging process or is suffering from the abuse or excessive use of drugs,

including alcohol, narcotics or chemicals. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. Notice of any contemplated action under said section, of the cause therefor and the date of hearing thereon shall be given and an opportunity for hearing afforded as provided in the regulations adopted by the Commissioner of Public Health. The Attorney General shall, upon request, furnish legal assistance to the board. Any person aggrieved by any action of the board may appeal therefrom as provided in section 4-183, except such appeal shall be made returnable to the judicial district where he resides. Such appeal shall have precedence over nonprivileged cases in respect to order of trial.

(1949 Rev., S. 4637; 1957, P.A. 269, S. 6; 1969, P.A. 597, S. 9; 1971, P.A. 870, S. 62; P.A. 76-436, S. 426, 681; P.A. 77-603, S. 72, 125; 77-614, S. 429, 610; P.A. 78-280, S. 43, 44, 127; P.A. 80-484, S. 73, 176; P.A. 88-230, S. 1, 12; P.A. 90-98, S. 1, 2; P.A. 93-142, S. 4, 7, 8; 93-381, S. 9, 39; P.A. 95-220, S. 4–6; 95-257, S. 12, 21, 58; P.A. 96-47, S. 9.)

History: 1969 act substituted "license" for "certificate", raised maximum suspension period from one to three years and allowed suspension or revocation of license of psychologist for practice in an area of psychology for which he is not qualified; 1971 act replaced superior court with court of common pleas, effective September 1, 1971, except that courts with cases pending retain jurisdiction unless pending matters deemed transferable; P.A. 76-436 replaced court of common pleas with superior court and added reference to judicial districts, effective July 1, 1978; P.A. 77-603 replaced previous appeal provisions with statement that appeals shall be in accordance with Sec. 4-183, retaining provision granting appeals precedence in order of trial and specifying venue in county of residence; P.A. 77-614 allowed suspension or revocation of license for violation of chapter or related regulations, replaced detailed provisions re hearing procedure with reference to hearing procedure in regulations adopted by health services commissioner and deleted provisions concerning venue and precedence in order of trial for appeals, effective January 1, 1979; P.A. 78-280 restored venue and precedence in order of trial provisions; P.A. 80-484 expanded disciplinary actions to include those in Sec. 19-4s, revised grounds to include fraud or deceit "in the course of any professional activity" and acting "incompetently", added grounds re physical or mental illness, emotional disorder etc. and drug or alcohol abuse etc., added provisions re mental or physical examination and re petitions to court for enforcement of orders or actions and deleted provision re procedure for reinstatement of license following three-year revocation; P.A. 88-230 replaced "judicial district of Hartford-New Britain" with "judicial district of Hartford", effective September 1, 1991; P.A. 90-98 changed the effective date of P.A. 88-230 from September 1, 1991, to September 1, 1993; P.A. 93-142 changed the effective date of P.A. 88-230 from September 1, 1993, to September 1, 1996, effective June 14, 1993; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-220

changed the effective date of P.A. 88-230 from September 1, 1996, to September 1, 1998, effective July 1, 1995; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 96-47 made no substantive change (Revisor's note: The word "or" was added editorially by the Revisors after "hereunder" in the phrase "... or any regulation adopted hereunder or to have acted negligently, ...").

Sec. 20-193. False representation. Penalties. Any person not licensed as provided in this chapter who, except as provided in section 20-195, represents himself as a psychologist or, having had his license suspended or revoked continues to represent himself as a psychologist, or carries on the practice of psychology as defined in sections 20-187a and 20-188, shall be guilty of a class D felony. Each instance of patient contact or consultation which is in violation of this section shall be deemed a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section. Any such person shall be enjoined from such practice by the Superior Court upon application by the board. The Department of Public Health may, on its own initiative or at the request of the board, investigate any alleged violation of the provisions of this chapter or any regulations adopted hereunder.

(1949 Rev., S. 4638; 1957, P.A. 269, S. 1, 8; 624, S. 1; 1969, P.A. 597, S. 10; P.A. 77-614, S. 430, 610; P.A. 84-526, S. 13; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 13-258, S. 82.)

History: 1969 act substituted "licensed" and "license" for "certified" and "certificate", made provisions applicable on or after January 1, 1970, forbade carrying on the practice of psychology rather than rendering "service for remuneration ... under any title or description of services incorporating the words 'psychologist', 'psychological' or 'psychology'" and added provision re enjoining psychologist from practice by superior court on board's application; P.A. 77-614 transferred investigation power from board to health services department acting on its initiative or at board's request and added reference to violation of regulations, effective January 1, 1979; P.A. 84-526 amended section by changing penalty for violation of any provision of chapter to a fine of not more than $500 or imprisonment of not more than five years, and added provisions that each instance of patient contact or consultation shall constitute a separate offense and failure to renew license in timely manner is not a violation for purposes of section; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 13-258 changed penalty from fine of not more than $500 or imprisonment of not more than 5 years to a class D felony and made a technical change.

Sec. 20-194. Right to practice medicine not granted. Nothing in this chapter shall be construed to grant to licensed psychologists the right to practice medicine as defined in section 20-9.

(1957, P.A. 269, S. 7; 1969, P.A. 597, S. 11.)

History: 1969 act substituted "licensed" for "certified".

Sec. 20-194a. Hospital or health care facility staff privileges allowed. Any hospital or health care facility may allow a psychologist, licensed pursuant to this chapter, full staff privileges in accordance with the standards of the Joint Commission on Accreditation of Health Care Organizations if the criteria that has been set forth by the hospital or health care facility is met.

(P.A. 95-271, S. 36.)

Sec. 20-195. Exempted activities and employment. (a) Nothing in this chapter shall be construed to limit the activities and services of a graduate student, intern or resident in psychology, pursuing a course of study in an educational institution under the provisions of section 20-189, if such activities constitute a part of a supervised course of study. No license as a psychologist shall be required of a person holding a doctoral degree based on a program of studies whose content was primarily psychological from an educational institution approved under the provisions of section 20-189, provided such activities and services are necessary to satisfy the work experience as required by section 20-188. The provisions of this chapter shall not apply to any person in the salaried employ of any person, firm, corporation, educational institution or governmental agency when acting within the person's own organization. Nothing in this chapter shall be construed to prevent the giving of accurate information concerning education and experience by any person in any application for employment. Nothing in this chapter shall be construed to prevent physicians, optometrists, chiropractors, members of the clergy, attorneys-at-law or social workers from doing work of a psychological nature consistent with accepted standards in their respective professions.

(b) Nothing in this chapter shall prevent any person holding a certificate as school psychologist or school psychological examiner, granted by the State Board of Education, from using such title to describe his activities within an elementary or secondary school. Nothing in this chapter shall prevent any person who holds a standard or professional educator certificate, granted by said board, as school psychologist or school psychological examiner from using such title to describe his activities within the private sector. Such activities within the private sector shall be limited to: (1) Evaluation, diagnosis, or test interpretation limited to assessment of intellectual ability, learning patterns, achievement, motivation, or personality factors directly related to learning problems in an educational setting; (2) short-term professional advisement and interpretive services with children or adults for amelioration or prevention of educationally-related problems; (3) educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals, said consultation being directly related to learning problems; and (4) development of educational programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher

involvement in adaptations and innovations. Section 10-145b and regulations adopted by the State Board of Education concerning revocation of a standard or professional educator certificate shall apply to a school psychologist or school psychological examiner who uses such title to describe activities within the private sector.

(c) Nothing in this chapter shall prevent any person employed by the state prior to July 1, 1985, with a title in the psychology series of the classified service from using a title in such series to describe his or her duties in the course of his or her employment with the state. The provisions of section 20-187a shall not apply to any person employed in such psychology series prior to July 1, 1985.

(1957, P.A. 269, S. 1, 9; 624, S. 1; 1969, P.A. 597, S. 12; P.A. 81-198; P.A. 85-613, S. 138, 154; P.A. 98-252, S. 36, 80; P.A. 99-102, S. 30; P.A. 04-221, S. 11; P.A. 08-184, S. 42.)

History: 1969 act deleted exemption to chapter's provisions previously allowed to nonresident psychologists temporarily employed in state under certain conditions, extended exemption to include persons employed by educational institutions, referred to "elementary or secondary" schools rather than "public" schools, deleted provision protecting firm's or corporation's right to use titles in Sec. 20-193 if certified by nationally recognized board or agency approved by board of examiners and added provision protecting right of physicians, osteopaths, etc. from "doing work of a psychological nature" consistent with accepted standards in their respective professions; P.A. 81-198 placed provisions re use of titles by school psychologists and school psychological examiners in new Subsec. (b) and added provisions re use of titles in connection with activities in the private sector; P.A. 85-613 added Subsec. (c) re employment by state prior to July 1, 1985, of persons in psychology series of classified service and nonapplicability of Sec. 20-187a to such persons; P.A. 98-252 amended Subsec. (b) to add references to professional educator certificates and to make a technical change, effective July 1, 1998; P.A. 99-102 amended Subsec. (a) by deleting obsolete reference to osteopaths and making technical changes; P.A. 04-221 amended Subsec. (a) by allowing postdoctoral candidate to perform certain activities without a license; P.A. 08-184 amended Subsec. (a) by deleting "registered" re educational institutions and by eliminating "postdoctoral" re required work experience.

Appendix C
Current Regulations for Psychologist

Regulations of Connecticut State Agencies. Psychologist Educational and Work Experience Requirements.

Sec. 20-188-1. Definitions

(a) "Accreditation by the American Psychological Association" shall mean that: (1) the program held provisional accreditation status or full accreditation status throughout the period of the applicant's enrollment, provided said provisional status subsequently progressed without interruption to full accreditation; or (2) the program held probationary accreditation status during the applicant's enrollment and, upon termination of said probationary
status, subsequently achieved full accreditation.

(b) "Recognized regional accrediting body" shall mean one of the following accrediting bodies: New England Association of Schools and Colleges; Middle States Commission on Higher Education; North Central Association of Colleges and Schools; Northwest Association of Colleges and Universities; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.

(c) "Accreditation by a recognized regional accrediting body" shall mean that: (1) the institution held accreditation status or candidacy for accreditation throughout the period of the applicant's enrollment, provided said candidacy status subsequently progressed without interruption to full accreditation; or (2) the institution held accreditation status under probation or show-cause order during the applicant's enrollment and, upon termination of said probation or show-cause order, accreditation status was maintained without interruption.

(d) "Acceptable documentation" shall mean published institutional documents contemporaneous with the applicant's enrollment. In the absence of such published documents, "acceptable documentation" may be satisfied by appropriate certifications, based on institutional records, by the institution's Chief Academic officer.

(e) "Acceptable evidence of professional identification" shall mean: member or fellow status in the American Psychological Association; or Diplomate status with the American Board of Professional Psychology; or state psychology licensure or certification; or receipt of the doctoral degree based in part upon a psychological dissertation, or the doctoral degree based on other evidence of proficiency in psychological scholarship from a program primarily psychological in content and conferred by a graduate or professional school that is regionally accredited, or that has achieved such accreditation within five years of the year the doctoral degree was granted, or one of equivalent standing outside the United States.

(f) "Acceptable evidence of applicant coursework" shall mean official transcript records of coursework completed with a passing grade, such records to be supplemented, where necessary to validate course content, with course catalogue descriptions, course outlines or syllabi, and/or student plans of study from official institutional files contemporaneous with the applicant's enrollment.

(g) "Closely related" shall mean related as a spouse, child, grandchild, child's or grandchild's spouse, parent, grandparent, brother, or sister.

(h) "Department" shall mean the Department of Public Health.

(i) "Board" shall mean the Board of Examiners for Psychologists, as established by Connecticut
General Statutes, Section 20-186.
(j) "Employ on a full-time basis" shall mean to employ an individual for a minimum of thirty (30) hours per
week.

Sec. 20-188-2. Doctoral Educational Standards for Connecticut Psychology Licensure

(a) A program holding accreditation by the American Psychological Association shall constitute an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189.

(b) A program, in which the applicant completed the doctoral degree prior to July 1, 1989, and which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes, Section 20-188 and 20-189, when the Department has determined, with the advice and assistance of the Board, that the program was in compliance with recognized written national standards for the preparation of psychologists which were in effect at the time of the applicant's matriculation in such program. These standards shall include, but not necessarily be limited to, those contained within the following publications: The American Psychological Association's "accreditation procedures and criteria" in effect at the time of the applicant's matriculation in the program; and for an applicant matriculating in such program in and after 1977, the national register of health service providers in psychology's "guidelines for defining doctoral degrees in psychology."
(c) A program located within the United States or its territories, in which the applicant completed the doctoral degree on or after July 1, 1989, which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut psychology licensure, pursuant to Connecticut General Statutes Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered in an institution of higher education holding accreditation by a recognized regional accrediting body. The institution which granted the applicant's doctoral degree shall hold accreditation by a recognized regional accrediting body to grant degrees at the doctoral level. Any other institution at which the applicant completed graduate-level coursework in psychology shall have held accreditation by a recognized regional accrediting body to grant degrees at the graduate level.
(2) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Acceptable documentation shall clearly identify the program as a psychology program with the intent to educate and train professional psychologists.
(3) The program shall stand as a recognizable, coherent organizational entity within the institution. Acceptable documentation shall clearly demonstrate that the institution has recognized and established an organizational structure, curriculum, administration, and faculty for the psychology program.

(4) Psychologists shall have clear authority and primary responsibility for the core and specialty areas within the program. Acceptable documentation shall clearly identify a psychologist or psychologists responsible for core and specialty areas within the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required.
(5) The program shall be an organized, integrated sequence of required study designed and predominantly taught by the psychology faculty responsible for the doctoral program. Acceptable documentation shall clearly identify specific educational objectives and an organized, sequenced plan for meeting these objectives through required coursework, elective study, and related training experiences. Said objectives and plan must be designed and predominantly taught by faculty of the program. The requirements of this subsection shall not be satisfied when a program permits educational objectives to be met solely by the completion of a specified number of course credits, examinations, independent study experiences, and/or hours of work experience.
(6) The program shall have an identifiable core of full-time psychology faculty. Acceptable documentation shall clearly identify a core of psychologists serving as full-time faculty for the program. When the professional identification of the responsible individual(s) is in question, acceptable evidence of professional identification shall be required.
(7) The program shall have an identifiable body of students who are matriculated in that program for a doctoral degree. Acceptable documentation shall clearly demonstrate that the program has an identifiable body of doctoral students matriculated in that program.
(8) The applicant shall complete a course of studies which encompasses a minimum of three academic years, or its equivalent, of full-time graduate study, of which a minimum of one academic year, or its equivalent, of full-time academic graduate study in psychology must be completed in residence at the institution granting the doctoral degree. Acceptable evidence of applicant coursework shall document completion of the specified minimum lengths of full-time graduate study and study in residence. The requirement for study in residence shall be satisfied by full-time registration, attendance at, and participation in didactic coursework at the physical site of the institution granting the doctoral degree.

Such requirement shall not be satisfied solely by the accumulation of contact hours with faculty or supervisors remote from the physical site of the institution granting the doctoral degree, nor solely by the completion of a specified number of course credits, independent study experiences, examinations, and/or hours of work experience.
(9) The applicant shall complete a course of studies which encompasses instruction in scientific methods in psychology and which shall include instruction in research design and methodology, statistics, and psychometrics. Acceptable evidence of applicant coursework shall document satisfactory completion of a minimum of six graduate semester hours, or ten graduate trimester hours, of study in scientific methods of psychology, including the study of research design and methodology, statistics, and psychometrics. Not less than three graduate

semester hours, or five graduate trimester hours, of the applicant's study in scientific methods of psychology shall be in research design, methodology, and statistics.

(10) The applicant shall demonstrate that the content of his doctoral program was primarily psychological by completion of classroom instruction in the following four substantive basic science areas: (A) Biological bases of behavior, for example, physiological psychology, comparative psychology, neuropsychology, sensation-and perception, psychopharmacology. (B) Cognitive–affective bases of behavior, for example, learning, thinking, motivation, emotion. (C) Social bases of behavior, for example, social psychology, group processes, organizational and systems theory. (D) Individual differences, for example, personality theory, human development, abnormal psychology. Acceptable evidence of applicant coursework shall document satisfactory completion of a total of at least twenty one graduate semester hours, or thirty-five graduate trimester hours, of classroom instruction encompassing the four substantive content areas specified in this subsection. The requirements of this subsection shall not be satisfied by any course which had a predominantly applied or clinical focus.

(11) The applicant shall complete a course of studies which includes a formal practicum, internship, or field training which is supervised by program faculty, which is appropriate to the practice of psychology, and which is a minimum of one academic year in duration. Acceptable evidence of applicant coursework shall document satisfactory completion of a formal supervised practicum, internship, or field in psychology. The requirements of this section shall not be satisfied by dissertation work alone.

(12) An applicant who has received a doctoral degree in psychology that does not meet the requirements of subdivisions (a) or (b) of this section may remediate the required coursework post-doctorally. Such supplemental course work shall consist of formal doctoral level course work meeting the requirements of subdivisions (9), (10) and (11) of this section and must be completed in a program that meets the requirements of subsection (a) of this section.

(13) An applicant who has received a doctoral degree in a non applied or non clinical area of psychology shall meet the requirements of this subsection provided the applicant has completed a respecialization program in an applied psychology program accredited by the American Psychological Association. (d) A program located outside the United States or its territories which does not hold accreditation by the American Psychological Association shall be an approved doctoral educational program in psychology for Connecticut licensure, pursuant to Connecticut General Statutes, Sections 20-188 and 20-189, when all of the criteria specified below are satisfied:

(1) The program shall be offered by an institution of higher education approved to grant degrees at the doctoral level by the appropriate governmental or government-recognized body of the jurisdiction in which it is located. The applicant shall be required to demonstrate that the degree granted is equivalent in level and content to a doctoral degree in psychology as granted by an approved United States program, as defined by these regulations. The applicant shall be responsible for providing official documentation of educational program, translations of any non-

English language documentation, and professional evaluations of educational credentials by a credentials evaluation service designated by the Department.

(2) The program and applicant shall be required to meet the criteria of subsections (c)(2) through (c)(11) of this Section.

Sec. 20-188-3. Work Experience Standards for Connecticut Psychology Licensure

Work experience initiated on or after April 1, 1988, shall be satisfactory for Connecticut Psychology Licensure, pursuant to Connecticut General Statutes, Section 20-188, when all of the criteria specified below are satisfied.

(a) The work experience shall consist of at least one year at the pre or post-doctoral level and does not include an internship completed as part of the requirements of completing a doctoral degree.

(1) The work experience shall consist of either: (A) no less than thirty-five hours per week for no less than forty-six weeks within twelve consecutive months, or (B) no less than 1800 hours within twenty-four consecutive months. No more than forty hours per week shall be credited toward the required experience.

(2) The completion date of such experience shall be no later than eight weeks prior to the scheduled date of administration of the licensure examination to which the applicant is seeking admission.

(b) The work experience shall be supervised in accordance with this subsection and subsection (d) of this section by one or more doctoral-level psychologist(s) licensed in the state where the experience was completed and supervised. A doctoral-level licensed psychologist shall have either directly supervised the applicant, or consulted with the applicant under contract to the employment setting. For each 40 hours of work experience, such supervision or consultation shall consist of at least three hours of which no less than one hour shall be individual, direct, face-to-face supervision or consultation.

The supervisor shall not be closely related to the supervisee nor have such other relationship to the supervisee that may reasonably be seen to compromise the objectivity of the supervisor. The supervisor shall not concurrently supervise more than a total of three individuals completing the
work experience.

(c) The work experience shall be within an area for which the applicant is qualified by the applicant's doctoral education and shall be appropriate to the applicant's intended area of practice. The duties the applicant shall be performing, as documented by the supervisor, shall be within an area for which the applicant has completed a directly related sequence of graduate coursework and a supervised pre-doctoral internship, practicum, field training or laboratory training. Acceptable evidence of applicant coursework shall be required.

(d) The work experience shall be within an acceptable employment setting as defined in this subsection.

(1) Documentation from the employment setting shall establish that the setting provides supervision for the applicant and that the employment setting shall:

(A) employ on a full-time basis or contract or otherwise provide for the services of a doctoral-level licensed psychologist engaged in work in an

area for which the applicant is qualified by the applicant's doctoral education in accordance with subsection (c) of this section;
(B) provide the applicant an opportunity for regularly occurring professional interaction and collaboration with other disciplines, an opportunity to utilize a variety of techniques and interventions, and an opportunity to work with a broad range of populations and conditions and
(C) The licensed doctoral-level psychologist shall have direct and continuing
administrative control of, as well as full professional responsibility and accountability for the activities performed and services provided by the applicant; the doctoral level licensed psychologist shall certify to the applicant's satisfactory completion of the work experience in accordance with subsection (e) of this section.

(2) The requirements of this subsection shall not be satisfied when the experience is completed within an applicant's independent practice setting, or when the applicant receives direct client fees or variable compensation based upon client fees generated.

(e) The experience shall be certified as satisfactorily completed by the licensed doctoral level psychologist who directly supervised the applicant. (f) When such experience is to be completed in Connecticut, the applicant may file a supervised work experience plan with the Department on forms prescribed by the Department. Written approval of the plan of supervised experience may be obtained from the Department prior to the applicant's beginning such experience, based upon compliance of the plan with the requirements of this section.

(1) In order to obtain such approval, the applicant shall: (A) satisfy the Department that the applicant has completed or is enrolled in a doctoral education program in psychology approved for Connecticut psychology licensure; and (B) submit an acceptable plan for supervised work experience to the Department.
(2) Prior to licensure and during the period of time devoted to completing the work experience in Connecticut under the terms of an approved plan, the applicant shall be permitted to use the description "psychology resident" solely in the conduct of such applicant's approved work experience plan. Outside of an applicant's employment under the terms of a plan approved pursuant to subsection (f)(1) of this section, in accordance with Connecticut General Statutes, Section 20-187(a), applicants shall refrain from using any title employing the terms "psychologist", "psychology", or "psychological" to describe their services offered to the public, or to any public or private organization for a fee or other remuneration. Activities exempt from this provision are set forth in Connecticut General Statutes.

Appendix D

Proposed: Post-doctoral Education and Training in Clinical Psychopharmacology

These standards are intended to describe a postdoctoral, master's degree experience. This program involves advanced training in a specific content area of psychology representing a significant expansion of scope of practice. The prerequisites for admission to a program continue to be (1) a doctoral degree in psychology; (2) current licensure as a psychologist, and (3) practice as a health services provider as defined by state or federal law, where applicable, or as defined by APA.

Training programs in psychopharmacology for prescriptive authority can award transfer credit for no more than twenty percent (20%) of the total curriculum hours. This twenty percent shall be limited to the basic science and neuroscience domains of the curriculum.

Academic Medical Training. The total post-doctoral, master's degree program shall not be less 30 graduate credit hours or its equivalent of approximately 270 credit hours of sciences, clinical medicine, plus a supervised practicum instruction. Total completion time 2-3 years.

I. Basic Biological Sciences:
- A. Anatomy & Physiology
- B. Biochemistry

II. Neurosciences:
- A. Neuroanatomy
- B. Neurophysiology
- C. Neurochemistry
- D. Neuropathology

III. Physical Examination/Assessment and Laboratory Studies:
- A. Physical Assessment
- B. Laboratory and Radiological Assessment
- C. Medical Terminology and Documentation
- D. Integration of A-C through supervised clinical experience or lab experience in conducting physical exams, ordering psychometric, laboratory, or diagnostic tests, understanding results and interpretation, and referral to patient's primary or specialty medical provider.

IV. Clinical Medicine and Pathophysiology:
- A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.
- B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities.
- C. Differential Diagnosis.

D. Clinical correlations-the illustration of the content of this domain through case study.
E. Substance-Related and Co-Occurring Disorders.
F. Chronic Pain Management.
G. Integration of A-F through supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems.
H. Sleep Medicine.

V. Clinical and Research Pharmacology and Psychopharmacology
A. Pharmacology
B. Clinical Pharmacology
C. Pharmacogenomics
D. Psychopharmacology
E. Developmental Psychopharmacology
F. Research on cultural, ethnic and gender diversity in pharmacological practice; and lifespan/developmental factors related to drug metabolism, compliance, and adherence.
G. Integration of A-F through supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation.

VI. Clinical Pharmacotherapeutics
A. Combined therapies - Psychotherapy/pharmacotherapy interactions.
B. Computer-based aids to practice.
C. Pharmacoepidemiology.
D. Integration of A-C through supervised clinical experience or lab experience in integrated treatment planning. Topics include: Cultural, age, gender, and ethnic factors in pharmacotherapeutics; psychogenomics and genetic factors in medication prescribing; adverse drug effects, drug/drug interaction; psychiatric symptoms and co-morbidity secondary to medical illness.

VII. Research
A. Methodology and Design of psychopharmacological research.
B. Interpretation and Evaluation of Pharmacology research.
C. FDA drug development and other regulatory processes (DEA, etc.).

VIII. Professional, Ethical, and Legal Issues
A. Application of existing law, standards and guidelines to pharmacological practice.
B. Relationships with pharmaceutical industry.
1. Conflict of interest.
2. Evaluation of pharmaceutical marketing practices.
3. Critical consumer and patient welfare issues [economic issues in prescribing medication].

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 (practicum) is two-fold:

1. 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.

2. 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. The supervised clinical experience is intended to be an intensive and closely supervised experience.

The APA recommends 100 patients under supervision of a Connecticut licensed prescriber. One hundred patients is equivalent of approximately 400 clock hours of direct medication treatment services. It is recommended that the prescribing psychologist obtain experience across a diverse formulary with a variety of mental health and substance abuse disorders.

The range of diagnostic categories, settings and characteristics such as development across the lifespan, gender, health status, 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 *Prescribing Psychologist* candidate. It should allow the practitioner to gain exposure to acute, short-term, and maintenance medication strategies. The *Prescribing Psychologist* candidate gains supervised clinical experience with a sufficient range and number of patients in order to demonstrate threshold performance levels for each of the competency areas. In order to achieve the complex clinical competency skills required for independent prescribing, a sufficient number of supervised patient contact hours must be completed.

The supervised clinical training experiences must be approved by the training director of the academic program prior to commencing that placement. The program must document the total number of supervised clinical experience hours of each student's experience. These must be broken out by face-to-face patient contacts versus other clinical experiences, and the clinical competencies employed. 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 *Prescribing Psychologist* candidate recommends/prescribes in consultation with or under a designated supervisor(s) with 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.

National Board Examination and Certification.

After completion of the 10-course/topic sequence, participants are eligible to sit for a comprehensive examination. One option for this exam is the *Psychopharmacology Examination for Psychologists* (PEP), which was developed by the APA College of Professional Psychology specifically as a credentialing examination for psychologists with advanced training in clinical psychopharmacology.

The psychologist must pass an examination developed by a nationally recognized body and approved by Department.

The examination evaluates success in relation to 10 learning objectives:

1. Integrating clinical psychopharmacology in practice.
2. Understanding the implications of neuroscience for the action of pharmacological agents.
3. Developing Nervous System Pathology.
4. Learning elements of physiology and pathophysiology relevant to prescribing.
5. Developing an understanding of a biopsychosocial perspective on assessment.
6. Enhancing skills in differential diagnosis as they relate to psychopharmacological practice.
7. Developing knowledge of pharmacology.
8. Developing an extensive understanding of clinical psychopharmacology.
9. Understanding research issues in psychopharmacological practice.
10. Understanding professional issues specific to involvement in psychopharmacology.

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