APA and the Illinois Psychiatric Society (IPS) are battling the latest effort by psychologists to obtain through legislation the right to prescribe in Illinois.

A bill introduced last month in the Illinois Senate (SB 2187) is being regarded by IPS leaders with particular alarm because it was introduced into the Senate by the president pro tem, Don Harmon, in a legislative body that has a super majority of democrats.

Moreover, a number of aspects of the bill stand out as especially egregious, according to IPS leaders. These include the fact that the bill would allow prescribing psychologists to be overseen by the Illinois Psychological Licensing Board. (In Louisiana and New Mexico, where prescribing bills have been approved, psychologists are overseen by the state medical licensing board).

The bill stipulates that the Illinois Psychological Society provide 20 percent of the training psychologists need to prescribe in the state. “As it was deliberately drafted, the bill directly financially benefits the Illinois Psychological Association,” said Lisa Rone, M.D., a past president of the IPS and a current IPS representative to the APA Assembly, in an interview. “This is an appalling conflict of interest.”

A legislative alert sent out by IPS to its members urges psychiatrists in the state to contact their legislator and tell him or her to vote “no” on SB 2187. “Illinois state legislators need to hear loud and clear and NOW from their constituents -- you -- how unsafe this misguided policy would be,” the IPS legislative alert states. “Please remind your legislator that there can be NO shortcuts when it comes to patient safety.”

At press time, the bill had not been assigned to a committee.

Daniel Yohanna, M.D., also a past president of the IPS and a member of the society's Government Relations Committee, said that there is a national effort on the part of psychology to “convert” Illinois. Lobbying firms and a marketing firm have been hired by the psychological society in Illinois to get the bill passed, he said.

“We should not be taking this lightly,” Yohanna told Psychiatric News. “They are pulling out all stops.”

Rone agreed. “The psychological association is lobbying very hard and has issued some very misleading statements about the bill,” she told Psychiatric News. Though the legislation calls for “graduation with a master’s degree in clinical psychopharmacology from a regionally accredited institution,” the details of training are sufficiently vague that it could include graduation from an online training course, Rone said.
“And this would be for people who have gotten a doctoral degree in psychology but may or may not have ever had any of the training in the scientific areas of anatomy, physiology, or biochemistry that medically trained individuals receive,” she said. “The psychology licensing board would oversee these individuals, so they would not be answerable to a medical licensing board.”

Yohanna said that many professional schools that offer master’s degrees in psychopharmacology have online courses. And—most remarkably—the Senate bill indicates that psychologists could be certified to prescribe if they have taken the courses at any time within the previous five years.

Rone said other aspects of SB 2187 are similarly slippery, including the bill’s language calling for an undefined “collaborative relationship” between a prescribing psychologist and a medical physician. She contrasted that with provisions in the state that allow for nurse practitioners to prescribe under a legally binding “collaborative agreement” with a supervising physician.

Yohanna said the nurses’ more formal legal agreement is a written document that “stipulates what can and cannot be prescribed and requires that every schedule 2 prescription be limited to a 30-day supply and that refills be approved by a collaborating physician.”

He added, “The bill’s language about a collaborative relationship is meaningless. This is a very disingenuous bill.”

As in other areas of the country where psychologists have sought legislative authority to prescribe medicine, in Illinois they have argued that prescriptive authority would expand access to mental health treatment. A fact sheet released by IPS states that “psychologists are pushing this under the guise of expanding access to mental health services—although the evidence shows that there aren’t any more psychologists in rural or underserved areas of Illinois than there are psychiatrists or other mental health professionals.”

Rone told Psychiatric News that IPS has lobbied for expansion of telemedicine in Illinois to increase access to mental health care in the state’s rural regions. “We are working on a telehealth bill that would expand telemedicine clinics and require insurers to pay for telemedicine,” she said.

Support for the bill among psychologists is far from uniform. Tim Tumlin, Ph.D., a psychologist in private practice in Darien, Ill., is member of a group called Psychologists Opposed to Prescription Privileges for Psychologists (http://psychologistsopposedtoprescribingbypsychologists.org/).

“A majority of psychologists do not support these proposals,” he said in an interview. “A large number are actually opposed to these models because the training is dangerously insufficient and would incorporate medicine into the practice of psychology, which is not a medical profession. Such bills would alter the identity and mission of psychology.”

Rone, APA, and the Division of Government Relations have been instrumental in helping IPS gear up to defeat SB 2187. And Nicholas Meyers, director of the Department of Government Relations, told Psychiatric News that the APA Board of Trustees approved a substantial grant to the IPS to fight the legislation.
“We expect the bill to be assigned to a committee soon and for it to be voted on sometime this month,” Rone said. “IPS is sponsoring an advocacy day on March 12 and our psychiatrists and residents from around the state will be talking to legislators about this legislation.”