WRITTEN TESTIMONY FOR THE CENTER FOR RURAL PENNSYLVANIA
BY THE PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

July 11, 2025

Chairman Yaw, Vice-Chairmen Eddie Day Pashinski and Board of Directors Members of the Center for Rural Health:

On behalf of the Pennsylvania Psychological Association, I would like to thank you for the opportunity to provide information about access issues to mental healthcare in the Commonwealth.

The nation faces a growing mental health crisis, with a significant shortage of psychiatric specialists to address the increasing demand (Merritt Hawkins Report, 2018). This growing demand underscores the significant gap in timely access to psychiatric care, with wait times often exceeding six months. This shortage impacts all communities, regardless of urban, suburban, or rural setting.

Pennsylvania exemplifies this national trend. While urban areas like Philadelphia and rural areas like Potter County have the highest Health Professional Shortage Area (HPSA) scores, even suburban counties like Westmoreland and Chester face moderate scores, indicating insufficient access to psychiatric care. A recent survey by the Pennsylvania Psychological Association (PPA) found that over 41% of clients seeking psychiatric care wait four or more weeks for appointments, highlighting the dire need for additional resources (Malowney et al., 2015; Warner, 2022). These findings, along with the Pennsylvania Psychiatric Shortage Map (Map 1), clearly demonstrate that the state's current psychiatric capacity falls short of meeting the population's needs.

The critical need for expanded mental health access is well-documented. A 2020 Pennsylvania Joint Government Commission Report highlighted the existing prescriber shortage, with a projected doubling by 2030 (June 2020). The COVID-19 pandemic further strained the system, leading to an increase in psychiatrist retirements and leaving many regions of the state with limited psychiatric coverage.

Examples include a middle-aged professional facing severe and debilitating binge eating, requiring medication management to address her acute symptoms, and a chronically suicidal young person with treatment resistant depression, needing help finding the right medication regimen.

These scenarios represent the harsh realities of Pennsylvania's mental health access crisis. Adults and children in acute crisis are often unable to receive necessary treatment from primary care professionals, potentially leading to hospitalization, over-utilization of emergency room services, or even police interaction.

Non-psychiatric physicians and prescribers recognize that psychologists with training in psychopharmacology can assist in complex behavioral health cases, which often require specialized attention and time commitments well beyond the capacity of busy primary care providers. While primary care prescribers provide general care across physical and mental conditions, prescribing psychologists possess focused training on a limited formulary and mental health. Our approach integrates psychological, emotional, social, and biological interventions often unavailable to primary care providers. With a full toolkit for evaluation, treatment, and management, prescribing psychologists can prescribe psychotropic medications, de-prescribe when necessary, and implement tailored behavioral interventions.

Additionally, limited psychiatrist availability necessitates reserving their expertise for *medically complex cases*. Therefore, prescribing psychologists fill the void, offering much-needed support for individuals struggling with acute or persistent issues beyond the capabilities of primary care prescribers.

While telehealth expands access to care, it cannot fully resolve the shortage of psychiatrists in Pennsylvania. This shortage results in insufficient care, regardless of delivery method. Other states face similar challenges, limiting our ability to rely solely on interstate telepsychiatry solutions.

We strongly support the passage of the Collaborative Care and Primary Care Behavioral Health Care Model bills. If House Bill 1000 (HB1000) also passes, prescribing psychologists could be integrated into these models, further enhancing access to high-quality mental healthcare.

House Bill 1000 presents a practical solution by authorizing appropriately trained psychologists to become qualified and safe prescribers. A recent Pennsylvania Psychological Association survey demonstrated that over 800 psychologists in the state are highly likely to pursue the required training and preceptorship (Gavazzi, Warner & Wycoff, 2023). Furthermore, research from New Mexico and Louisiana demonstrates a reduction in mental health-related mortality within several years of implementing similar legislation, suggesting potential benefits for Pennsylvanians (Choudry & Plemmons, 2021). Additionally, a recent study associates expanded scope of practice for psychologists with improved access to pediatric mental health, both in terms of addressing unmet needs and medication access (Hughes, et al., 2024).

The mental health provider shortage in Pennsylvania is severe. According to the Kaiser Family Foundation, Pennsylvania is experiencing a significant shortage of psychiatrists, with only 40% of the state's mental health care needs being met, leaving over 1.7 million residents underserved. These shortages are linked to increased rates of suicide, homelessness, incarceration, and preventable deaths (SAMHSA, 2021).

Research consistently shows that appropriately trained prescribing psychologists expand access and improve outcomes without sacrificing safety.

- In New Mexico, psychologists with prescriptive authority have been shown to significantly improve access to underserved areas with no adverse outcomes (DeNisco, 2019).
- In Louisiana, studies found that prescribing psychologists practice safely, conservatively, and competently, filling critical gaps especially for rural populations (Sammons et al., 2018).
- A comprehensive review found no evidence that prescribing psychologists pose a safety risk or provide lower quality care compared to other prescribers (Fox et al., 2009).

Prescribing psychologists are uniquely qualified to address the crisis in access to high quality psychiatric services. In addition to their doctorate and extensive clinical experience as licensed psychologists, they leverage *additional* supervised experience by a physician or other prescribing psychologist and a postdoctoral master's degree in clinical psychopharmacology (MSCP). *No other professional* has as extensive education and training in the science and practice of both psychology and psychopharmacology. House Bill 1000's expansion of mental health care access would significantly improve the lives of countless Pennsylvanians.

Please see the attached white paper for additional detailed information about prescribing psychologists and how they can impact the mental health access issues in Pennsylvania.

Respectfully Submitted,

Rachael L. Baturin, MPH, JD
Deputy Executive Director, PPA

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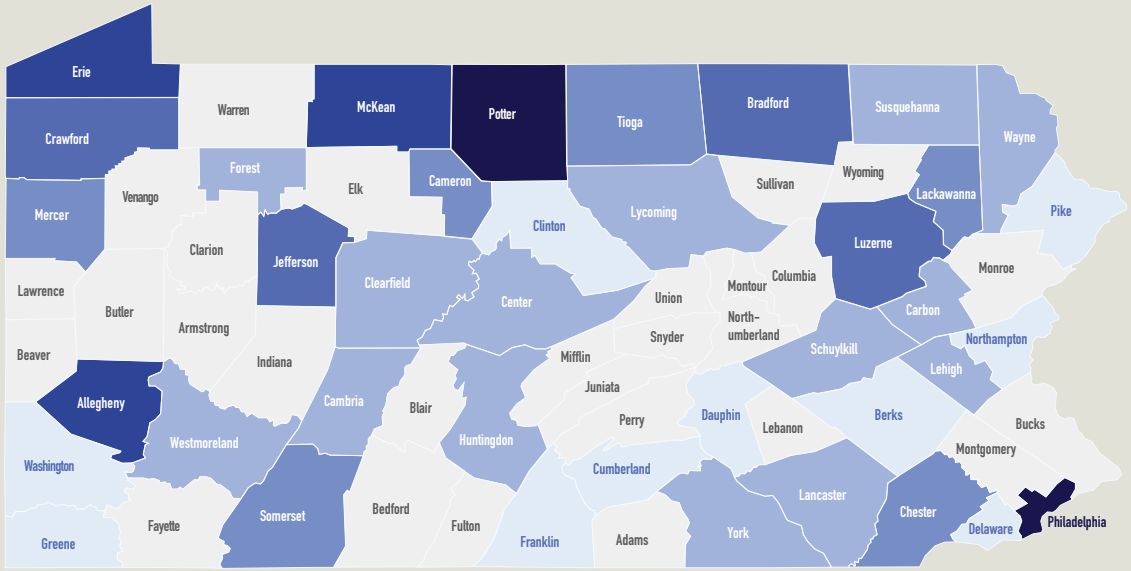
Pennsylvania Psychiatric Shortage

This map illustrates psychiatric shortages across Pennsylvania.

Key Finding: Mental health service gaps are found across the state: Rural, urban and suburban areas all struggle with providing a sufficient psychiatric workforce to meet need.



HPSA Score Range

61-100	51-60	31-50	21-30	11-20	1-10	0

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Psychiatric need being met by current psychiatric workforce: **40.28%**

Pennsylvania citizens directly affected by shortage: **1,729,047 people**

Percent of counties with a shortage of child or adolescent psychiatrists: **97%***

Number of PA psychologists "very likely" or "likely" to become prescribers if permitted: 850**

GET INVOLVED!
Learn how other states are addressing this crisis with prescribing psychologists:
www.papsy.org/RXP

This map provides the county level sum of the federal government's various Health Professional Shortage Area (HPSA) scores. Darker regions have a larger psychiatric shortage gap, which means more high needs populations and less access to care. For more details on the construction of the Pennsylvania Psychiatric Shortage Map please visit our website: www.papsy.org/RXP

*According to American Academy of Child & Adolescent Psychiatry Workforce Maps: https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

** According to the most recent (2022) Pennsylvania Psychological Association membership survey.

This map data comes from HRSA, and is of 01-20-2022, downloaded from web page: https://data.hrsa.gov/tools/shortage-area/hpsa-find

This map was last updated 07-26-22

June 2025

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Prescriptive Authority for Psychologists

Proposed Legislation to Grant Prescriptive Authority to Psychologists with Advanced and Specialized Training in Clinical Psychopharmacology

PPA RxP Workgroup

John D. Gavazzi, PsyD ABPP
Lead Author

Proposed Legislation to Grant Prescriptive Authority to Psychologists with Advanced Training in Clinical Psychopharmacology

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EXECUTIVE SUMMARY

Pennsylvania faces a critical mental health crisis exacerbated by a severe shortage of psychiatric providers and systemic barriers to care. Patients wait more than six weeks for psychiatric services. Additionally, rural and underserved urban counties lack psychiatrists entirely. Compounding this issue, only 35.4% of psychiatrists accept Medicaid, and fewer than 25% participate in Medicare, disproportionately harming low-income and elderly populations. National surveys indicate only 18% of psychiatrists are accepting new patients.

By joining the Psychology Interjurisdictional Compact (PsyPACT), Pennsylvania psychologists have already broken down state-line barriers, allowing psychologists to deliver services remotely across member states and thereby expanding access for Pennsylvania residents.

Prescribing psychologists—doctoral-level clinicians with advanced training in psychopharmacology—offer a proven solution. Seven states and multiple federal agencies have safely utilized prescribing psychologists for over two decades, resulting in **8% reductions in mental illness-related mortality** and **4.55 fewer deaths per 100,000 population** (Hughes et al., 2023b). This legislation proposes granting prescriptive authority to qualified psychologists to expand access, reduce wait times, and address systemic inequities in mental healthcare.

PPA PROPOSAL

The Pennsylvania Psychological Association (PPA) advocates for legislation permitting licensed psychologists with the following credentials to prescribe psychotropic medications:

1. **Post-doctoral master's degree in clinical psychopharmacology** (450 hours), emphasizing medical assessment, neuroscience, pharmacology, and ethics.
2. **Passing a national board exam** (Psychopharmacology Examination for Psychologists).
3. **Supervised clinical preceptorship** (400 hours, 100 patients) under a physician.
4. **Collaborative relationship** with primary care providers for patient management.

Prescribing psychologists will be *restricted to psychotropics for mental health disorders* and required to complete ongoing psychopharmacology-focused CE hours. Mixed opioid agonist-antagonists, like Suboxone, will also be in the formulary to treat Opioid Use Disorders. Prescribing psychologists will be able to assess vital signs and order lab work, consistent with best practices.

Why This Matters

1. Psychiatric Workforce Shortages:

- **1,000 additional prescribers needed by 2030** (HRSA, 2024). Pennsylvania has only 2,852 psychiatrists and 895 psychiatric NPs, insufficient for its 12.9 million residents.
- **44% of counties lack a psychiatrist**, and rural areas have 13.1 psychiatrists per 100k people vs. 17.5 in urban centers (Gavazzi et al., 2023).
- There are few pediatric psychiatrists (PCCYFS, 2021) and geriatric psychiatrists in Pennsylvania. Over half of counties in Pennsylvania have neither specialty (Gavazzi et al., 2023).
- An aging workforce & limited new patients availability further tax the system.

2. Insurance Access Disparities:

- Medicaid enrollees struggle to access care (Derman, 2024). **64% of psychiatrists reject Medicaid** (Wen et al., 2019), versus 90% of prescribing psychologists in New Mexico who do (Vento, 2014).
- **Fewer than 25% of psychiatrists accept Medicare** (Harris, 2023)—with participation declining annually (Havlik et al., 2025; Oh et al., 2022), critical for Pennsylvania's 2.7 million Medicare beneficiaries.
- Acceptance rates for all insurances, including Medicare, were significantly lower in psychiatry as compared to other medical specialties (Bishop et al., 2014). Psychiatry is the specialty least likely to accept any insurance.

3. Systemic Harms of Delayed Care:

- **43-day average wait times** for pediatric psychiatrists & **48-day wait time** for all patients lead to untreated illness escalation (Brooks, 2023; Lad, 2019; NAMI, 2016; NCHWA, 2024; PCCYFS, 2021; Saidinejad et al., 2023; Sun et al., 2023).
- Untreated mental health conditions, such as major depressive disorder, can lead to severe consequences, including suicide attempts and increased reliance on high-cost services like emergency department visits and hospitalizations (Keller, et al., 2023; Santo et al., 2021; Taylor et al., 2023).
- **Only 18.5% of psychiatrists were available to see new patients** (Brooks, 2023)
- Telehealth appointments for psychiatrists also have long wait times (Sun et al., 2023). Telehealth alone is insufficient to meet Pennsylvania's growing mental health needs.

SAFETY AND EFFICACY

- **No empirically-based safety concerns**: No state or federal agency has discontinued prescribing authority due to safety concerns.
- **Outcome parity**: Symptom reduction equal to psychiatrist-prescribed care after six months and improved compliance over PCPs by 28% (Hughes et al., 2024).
- **Reduced polypharmacy**: Prescribing psychologists use 20% fewer medications per patient (Hughes et al., 2024).
- **Suicide prevention**: States with prescribing psychologists report significant declines in all cause mental health deaths, including suicide rates (Choudhury & Plemmons, 2021; Hughes et al., 2023a).

WORKFORCE IMPACT

Research confirms that prescribing psychologists can effectively expand mental health access without disrupting psychiatric practices or the broader mental health system (Shoulders & Plemmons, 2024).

State	Prescribing/Psychologists	Psychiatrists	Prescriber Increase
LA	121/764 (15.8%)	622*	19.45%
NM	60/927 (6.5%)	399*	15.03%
PA	419-1,020**/6,454	2,852*	14.6 to 31%**

- Pennsylvania's 6,454 psychologists could yield **419 to 1,020 new doctoral-level prescribers** (based on estimations from Louisiana and New Mexico), increasing access by 15 to 31%.
- A PPA survey found 14% of psychologists would pursue this path, potentially adding **900 prescribers (a potential 31% increase),** which is consistent with the information from Louisiana.

*Data from Taylor and Taylor (2025).

**Estimates based on the data points from Louisiana and New Mexico.

CONCLUSION

Opposition arguments often rest on hypothetical risks, ignoring the substantial body of evidence confirming the safety of prescribing psychologists and the tangible harm caused by unmet mental health needs. By conflating "safety" with "medical credentials," psychiatry risks prioritizing professional stature over public health. By expanding prescriptive rights to rigorously trained psychologists, Pennsylvania has a no-cost means to:

- Reduce mortality and healthcare costs ($12.81 million net benefit per Quality-Adjusted Life Years; Hughes et al., 2023b).
- Improve access for Medicaid/Medicare recipients and rural populations.
- Reduce practical and economic strain on PCPs and emergency departments.
- Prevent unnecessary hospitalizations.

Prescribing psychologists complement (rather than replace) psychiatrists, filling critical gaps in a collapsing system (Shoulders & Plemmons, 2024). With seven states and multiple federal departments as successful models, this legislation is a necessary, evidence-based step toward equitable mental healthcare.

Finally, by joining PsyPACT, Pennsylvania psychologists have overcome state-line restrictions to provide remote care across member jurisdictions, demonstrating proactive leadership in expanding access to psychological services for our residents.

For References, please scan this QR code.