

SENATE BILL REPORT

SB 5112

As of February 13, 2025

Title: An act relating to establishing a prescribing psychologist certification in Washington state.

Brief Description: Establishing a prescribing psychologist certification in Washington state.

Sponsors: Senators Bateman, Harris, Shewmake, Trudeau, Conway, Nobles, Riccelli, Wilson, C., Robinson and Hasegawa.

Brief History:

Committee Activity: Health & Long-Term Care: 2/13/25.

Brief Summary of Bill

- Directs the Department of Health to certify psychologists who have completed special education, training, and supervised experience as prescribing psychologists.
- Restricts the prescribing authority of prescribing psychologists to prescribing psychotropic medications and ordering related tests.
- Adds an expert in psychiatric prescribing to the Examining Board of Psychology.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Rohan Bhattacharjee (786-7534)

Background: Practice of Psychology. The practice of psychology is the observation, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures. Psychologists diagnose and treat behavioral health disorders and may engage in measurement, assessment, and evaluation.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

To be licensed in Washington, a psychologist must have a doctorate from an accredited institution, no fewer than two years of supervised experience, and pass a moral character review and examination.

The Examining Board of Psychology—Powers and Duties. The Examining Board of Psychology (Board) consists of nine psychologists and two public members, and is responsible for the development of rules, policies, and procedures related to the qualifications, licensing, discipline, education, and training of psychologists in Washington.

The Board must:

- adopt necessary rules to carry out its functions;
- examine the qualifications of applicants for licensing and recommend those eligible;
- administer examinations to qualified applicants on at least an annual basis and determine the subject matter and scope of the examination;
- keep complete records of its own proceedings, including, examination and applicant details, details of all licensed psychologists, and effective October 1, 2025, all licensed psychological associates in the state; and,
- exercise its rulemaking authority to adopt a code of ethics for psychologists and, effective October 1, 2025, licensed psychological associates.

The Board may require that persons licensed as psychologists, and, effective October 1, 2025, licensed psychological associates, obtain and maintain practicable and reasonably available professional liability insurance.

Professionals With Prescriptive Authority in Washington. Professionals in Washington which have prescriptive authority include allopathic and osteopathic physicians, allopathic and osteopathic physician assistants, advanced registered nurse practitioners, dentists, naturopaths, optometrists, and podiatric physicians.

Prescribing Psychologists. Several states, including Louisiana, New Mexico, Indiana, Illinois, Idaho, and Colorado; the federal government; and Indian Health Service allow psychologists who have undergone special education and training to prescribe psychoactive drugs. The Department of Health published a sunrise review on the topic of prescribing psychologists in Washington in December 2020.

Summary of Bill: Prescribing Psychologist—Definitions. A prescribing psychologist is a person who holds an active license to engage in the practice of psychology and an active certificate as a prescribing psychologist.

Prescriptive authority means the authority of a prescribing psychologist to prescribe, administer, discontinue, and distribute psychotropic medications recognized or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders identified in the most recent edition of a widely accepted classification system of mental disorders. This includes

ordering and obtaining necessary laboratory tests, procedures, imaging, and diagnostic examinations.

Psychotropic medication are substances recognized as drugs, including controlled substances used to treat mental illnesses.

Prescribing Psychologist—Eligibility Requirements. A psychologist may apply for certification as a prescribing psychologist if the psychologist:

- holds a current license as a psychologist;
- holds a doctorate degree obtained from an integrated program of graduate study in psychology;
- has completed a master's degree program in clinical psychopharmacology;
- has completed at least 80 hours of supervised experience in physical assessment;
- has completed a supervised clinical prescribing fellowship comprised of at least 500 hours and 100 individual patients; and
- passes an examination in prescribing competence developed by a nationally recognized organization and approved by the Board.

The required master's degree program in psychopharmacology must be substantially equivalent to the training required of advanced practice psychiatric nurses and include two years of instructions, at least 400 contact hours, and sufficient biomedical education to ensure the necessary knowledge and skills to prescribe psychotropic medications.

Prescribing Psychologist—Waiver from Requirements. The Board may waive certain requirements for applicants who have obtained relevant training and experience, including psychologists who are dually licensed as physicians, nurse practitioners, or other health professionals with comparable prescriptive authority in Washington.

Prescribing Psychologist—Endorsement. The Board may offer a certificate in prescriptive authority by endorsement to an applicant who has a current and unrestricted license to practice psychology and either a current and unrestricted certificate in prescriptive authority from another state, or training from the United States Department of Defense Demonstration Project or other similar program developed and operated by any branch of the armed forces that imposes substantially equivalent educational and training requirements. The Board may consider an applicant's experience in prescribing in another state as meeting a portion of the requirements necessary to obtain provisional certification or certification, but also must require additional education and supervision if necessary.

Prescriptive Authority—Limitations. The prescriptive authority of a prescribing psychologist is limited to prescribing, administering, discontinuing, and distributing psychotropic medications recognized or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders.

A prescribing psychologist may not prescribe opioid medications except for medications appropriate for treatment of an opioid use disorder which are prescribed for the purpose of treatment of such a disorder.

A prescribing psychologist must maintain an ongoing collaborative relationship with a health care practitioner who oversees the patient's general medical care to ensure that necessary medical examinations are conducted, and that the psychotropic medication is appropriate for the patient's medical condition. The prescribing psychologist and the health care practitioner must coordinate the patient's ongoing care.

Examining Board of Psychology—Membership. The Board is expanded to include an expert on psychiatric prescribing. The expert must have specialized training and experience in the management of psychotropic medication and be a prescribing psychologist, physician, osteopathic physician with special knowledge of psychopharmacology, psychiatric nurse practitioner, or pharmacist with expertise in psychopharmacology.

Examining Board of Psychology—Duties. In addition to its existing responsibilities, the Board must perform the following:

- develop and implement procedures for reviewing the education and training credentials of applicants for certification as a prescribing psychologist;
- adopt rules, in consultation with the medical commission, to establish standards for the certification of prescribing psychologists and for their exercise of prescriptive authority;
- adopt rules for denying, modifying, suspending, or revoking the certification of a prescribing psychologist; and
- maintain a current list of each prescribing psychologist's license and certification numbers.

The Board may require remediation of any deficiencies in the training or practice pattern of the prescribing psychologist when such deficiencies may jeopardize the health, safety, or welfare of the public.

The Board is required to establish rules governing prescribing psychologist certificate renewal. Each applicant for renewal must complete continuing education instruction relevant to prescriptive authority during the previous three-year renewal period.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: The Prime Sponsor highlighted the state's severe shortage of psychiatric care providers and the need for increased access to psychotropic medications, particularly in rural and underserved areas. The bill follows models from the Department of Defense and seven other states. Testifiers emphasized that prescribing psychologists have been practicing safely for 30 years and cited research showing a reduction in suicide rates by 5 to 7 percent in states where they are allowed to prescribe. Research indicates that prescribing psychologists had lower rates of adverse drug events and improved medication adherence compared to psychiatrists. Numerous personal stories were shared, including details of a patient who took her life due to lack of access to psychiatric care, arguing that prescribing psychologists could prevent such tragedies. Personal experiences of patients struggling to access mental health care were also shared, citing long wait times and lack of available psychiatrists.

CON: Psychologists lack sufficient medical training to safely prescribe medications. Potential risks such as drug mismanagement, failure to recognize physical health conditions mimicking mental illness, and improper handling of controlled substances, were highlighted. Psychiatric medications require extensive medical knowledge, and psychologists do not receive comparable training to psychiatrists or nurse practitioners. It was further pointed out that prescribing for children requires additional specialized training, which psychologists do not have. Increasing funding for collaborative care models would be a safer and more effective alternative. It was also stressed that psychiatrists and primary care providers already have systems in place to consult on psychiatric prescriptions, making the bill unnecessary.

OTHER: While a previous review rejected a similar bill, SB 5112 addresses many prior concerns by adding additional training requirements and collaborative agreements.

Persons Testifying: PRO: Erick Clodfelter , 2211 South Star Lake Road ; Brandon Henscheid; Amanda Wills; Liliana Baciuc; Sarah Mullin; Michael Transue, NAMI Washington; Jocelynn McLaughlin, NAMI Walla Walla; Dr. David Shearer; Dr. Phillip Hughes; Dr Steve Curtis; Dr. Jaime Wilson; Dr. Keith Petersen; Micahel Transue, on behalf of Zachary Shileika.

CON: Natalie Fuller; Katie Kolan, Washington State Psychiatric Association (WSPA); Dr. Robin Berger, Washington State Psychiatric Association (WSPA); Amy Brackenbury, Washington State Medical Association; Ravi Ramasamy, MD , Washington State Council of Child and Adolescent Psychiatry; Lasé Ajayi, MD, American Medical Association ; Theresa Miskimen Rivera, MD, American Psychiatric Association .

OTHER: Sherry Thomas, Washington State Department of Health.

Persons Signed In To Testify But Not Testifying: PRO: Steven M Brown; Robin Templeton; Gerald Purkey, Gerald Purkey; Eryn Murphy; Shantaa Watkins; Braden Greer; Jim Freeburg, Patient Coalition of Washington; Michael Transue, National Alliance on Mental Illness (NAMI).

CON: Victoria Harris MD; Neeru Bakshi; Chelsea Unruh; Kevin McLean; Breck Lebegue; Tanya Keeble; Alissa Hemke, Washington state psychiatric association ; Rie Sharky, N/A; Kayla Tuggle, Psychiatry Residency Spokane; Victoria Karschney, MD; Dr. Marsha Haley, Physicians for Patient Protection; Rebecca Allen; Whitney Allar; Cora Breuner, MD, Washington Chapter American Academy of Pediatrics; Elisabeth Cope, CHAS HEALTH; TaraLyn Fray; Steven Pearce, Citizens Commission on Human Rights; Kелania Jimenez, WSPA; Dean McKay, Fordham University ; Jane Phelps-Tschang.