

Call to Order – J.D. Ball, Ph.D, Committee Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 2

Approval of Minutes

- Regulatory Committee Meeting – September 26, 2022*.....Page 5

Ordering of Agenda

Public Comment

The Committee will receive public comment related to agenda items at this time. The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Chair Report – Dr. Ball

Unfinished Business

- Update on EPPP
- Update and Continued Discussion Regarding Master’s level psychologists.....Page 12
- Update and Continued Discussion of School Psychologist Shortage

New Business

- Discussion on Prescriptive Authority –Page 22
 - APA Model Legislation for Prescriptive Authority..... Page 22
 - Colorado Proposal.....Page 30
 - Colorado Bill.....Page 32

Next Meeting – September 18, 2023

*Requires a Committee Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).



Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.



Virginia Department of
Health Professions
Board of Psychology

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.



Virginia Board of Psychology
Regulatory Committee Meeting Minutes
Monday, September 26, 2022 at 1:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

- PRESIDING OFFICER:** J.D. Ball, Ph.D., ABPP, Regulatory Committee Chair
- COMMITTEE MEMBERS PRESENT:** Christine Payne, BSN, MBA
Kathryn Zeanah, Ph.D.
- BOARD MEMBERS PRESENT:** Susan Wallace, Ph.D.
- BOARD STAFF PRESENT** Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director
Cheyanne Upshaw, Administrative Assistant
- DHP STAFF PRESENT:** Erin Barrett, JD, Sr. Senior Policy Analyst
- CALL TO ORDER:** Dr. Ball called the meeting to order at 1:01 p.m.
- Ms. Hoyle read the mission statement of the Department of Health Professions, which is also the mission statement of the Board. Following a roll call of Board members and staff, Ms. Harris indicated a quorum was established.
- APPROVAL OF MINUTES:** Ms. Payne made a motion to approve the June 26, 2022 Regulatory Committee Meeting minutes as written. The motion was seconded and carried unanimously.
- ORDERING OF AGENDA:** The agenda was adopted as presented.
- PUBLIC COMMENT:** A letter from Joshua C. DeSilva, who is the Vice Chair, of Virginia Latino Advisory Board, was reviewed and discussed. Mr. DeSilva recommended that the Boards of Psychology, Social Work and Counseling consider adding regulations to require that licensed providers in each profession complete continuing education credits in working with diverse populations annually in order to renew their licenses. This would be in addition to the required ethics credits that the Board currently require by regulation.
- The Committee decided to take no action at this time as changes to the continuing education requirements would require a statutory change.
- CHAIR REPORT:** Dr. Ball reported that he attended an ASPPB Chair Committee zoom meeting and reported that Boards around the country are all contending with the same issues as this Board. Ms. Hoyle and Dr. Wallace will represent the Board at the fall ASPPB conference.

Dr. Ball presented suggestions for regulatory and Code changes related to school, applied psychologist and master's level psychologists.

UNFINISHED BUSINESS:**School Psychologist with a Doctoral Degree**

The Committee discussed the need to reduce barriers to licensure by amending the regulations for licensure as a clinical psychologist to allow for doctoral level school psychologists to have doctoral degree training from a program that has approval from the American Psychological Association (APA), Canadian Psychological Association (CPA), or an accrediting body acceptable to the board. (Attachment A)

Motion:

Dr. Zeanah made a motion, which was properly seconded, to recommend to the full Board that it consider the proposed regulations changes (Attachment A) related to doctoral level school psychologist as a FastTrack action. The motion passed unanimously.

Education Requirements for Applied Psychologists

Dr. Ball presented hypothetical changes to the Applied Psychologists section of the regulations to include master's level psychologists as Applied Psychologists. The Committee discussed the proposed changes in depth, including some ideas about scope of practice and educational requirements for this change. Ms. Barrett indicated that any such changes would require statutory changes. Dr. Ball noted that the purpose of this discussion was to air these ideas to give Board members a chance to think about them before going further with them. Dr. Ball also intends to present these ideas to the Virginia Academy of Clinical Psychologists. Of course, the Regulatory Committee will continue to track developments within the American Psychological Association (APA) and the Association of State and Provincial Psychology Boards (ASPPB), as both of these organizations continue to address these same issues. The Committee will discuss this issue further at future Committee meetings.

Update on EPPP Part 2

Ms. Hoyle reported that there were no ASPPB updates on the EPPP Part 2 pass rate. With no new updates, the Committee took no further action regarding the inclusion of EPPP Part 2 at this time.

Update on Master's Level Psychologists

Ms. Hoyle continues to research tiered model master's level psychology licensing in neighboring states to help create a model practice act and to determine a scope of practice and level of autonomy. Ms. Hoyle gave examples of Maser's level licensure from Maryland, North Carolina and West Virginia. The Committee will continue to discuss this item at its next Committee meeting.

NEW BUSINESS:**Review of Guidance Document:****Guidance Document 125-3.9 Confidential Consent Agreements**

Ms. Barrett provided proposed changes to the guidance document for review. The Committee discussed all the proposed changes.

Motion:

Dr. Zeanah made a motion, which was properly seconded, to recommend that the full Board approve this document as presented. The motion passed unanimously.

Guidance Document 125-7 Guidance on Electronic Communication and Telepsychology

Ms. Barrett provided proposed changes to the guidance document for review. The Committee discussed all the proposed changes.

Motion:

Dr. Zeanah made a motion, which was properly seconded, to recommend that the full Board approve this document with discussed changes. The motion passed unanimously.

Guidance Document 125-8 Guidance on Use of Assessment Titles and Signatures

Ms. Barrett provided proposed changes to the guidance document for review. The Committee discussed all the proposed changes.

Motion:

Ms. Payne made a motion, which was properly seconded, to recommend that the full Board approve this document with discussed changes. The motion passed unanimously.

Guidance Document 125-9 Guidance Document on the Practice of Conversion Therapy

Ms. Barrett provided proposed changes to the guidance document for review.

Motion:

Ms. Payne made a motion, which was properly seconded, to recommend that the full Board rescind this document as this information is in statute. The motion passed unanimously.

Recommended Regulatory Reductions:

Ms. Barrett provide proposed change to meet the Governor's initiative to reduce unnecessary regulations by 25%, which was reiterated in Executive Order 19.

Dr. Ball asked staff to add wording to the website to outline the requirements for mental health provider's duty to inform and minimum period for reinstatement after revocation.

After a lengthy discussion, Ms. Barrett stated that she will incorporate the recommended changes from the Committee and have a new document available for the full Board to consider.

NEXT MEETING:

The next Regulatory Committee meeting scheduled for December 5, 2022.

ADJOURNMENT:

The meeting adjourned at 3:20 p.m.

J.D. Ball, Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

Attachment A

18VAC125-20-54 Education requirements for clinical psychologists

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical, ~~or~~ counseling, or school psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.
4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:
 - a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
 - b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
 - c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
 - d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior, or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical, counseling, or school psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65, in the doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program that meets the criteria specified in this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment or intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

- c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.
3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:
- a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
 - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
 - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.
7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

EFFECTIVE
10-04-2020

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

172 NAC 155

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 155 PSYCHOLOGY LICENSES

001. SCOPE AND AUTHORITY. These regulations govern the credentialing of psychologists, psychological assistants, psychologist associates, provisional licensed psychologists, and special licensed psychologists as set out in Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-3101 to 38-3133 of the Psychology Practice Act and the Uniform Credentialing Act (UCA). Persons providing psychology services to clients located in Nebraska must be licensed as a psychologist in Nebraska unless exempt.

002. DEFINITIONS. Definitions are set out in the Psychology Practice Act, the Uniform Credentialing Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.

002.01 BEHAVIORAL HEALTH PRACTITIONER. A licensed psychologist, special licensed psychologist, psychological assistant, psychologist associate, licensed independent mental health practitioner, licensed mental health practitioner, qualified physician, licensed alcohol and drug counselor, or other recognized profession who is licensed, certified, or regulated under the laws of this state, whose scope of practice includes mental health services or mental health service referrals.

002.02 CLIENT OR PATIENT. A recipient of psychological services within the context of a professional relationship. In the case of individuals with legal guardians, including minors and incompetent adults, the legal guardian will also be considered a client or patient for decision-making purposes relating to the minor or incompetent adult.

002.03 CONSULTATION. A professional collaborative relationship between a behavioral health practitioner or behavioral health entity and a consultant who is a licensed psychologist. The consulting psychologist must be qualified by license, training and experience to address the mental health problems of clients who are the subjects of consultation. When a mental health practitioner seeks consultation with a licensed psychologist for clients with major mental disorders, the consultation must be conducted in accordance with 172 NAC 94.

002.04 DIRECT SERVICE. A variety of activities, during the postdoctoral experience associated with a client system, including collateral contacts, for the purpose of providing psychological services.

002.04(A) DIRECT SERVICES. Includes, but are not limited to the following:

- (i) Interviewing;
- (ii) Therapy;
- (iii) Case conferences;
- (iv) Behavioral observations and management;
- (v) Evaluations;
- (vi) Treatment planning;
- (vii) Testing;
- (viii) Report writing;
- (ix) Clinical supervision of graduate students in an American Psychological Association accredited clinical, counseling, or school psychology program;
- (x) Consultations;
- (xi) Biofeedback and neurofeedback;
- (xii) Patient management, such as crisis management, triage, placement referrals, etc.;
- (xiii) Classroom teaching of graduate psychology courses in an American Psychological Association accredited clinical, counseling, or school psychology programs that involve examination of psychopathology, psychological assessment, or psychological intervention; and
- (xiv) Clinical research that involves examination of psychopathology, psychological assessment, or psychological intervention.

002.04(B) NON-DIRECT SERVICES. Includes, but are not limited to the following:

- (i) Insurance or managed care reviews relating to payment;
- (ii) Classroom teaching that is not for graduate courses in an American Psychological Association accredited clinical, counseling, or school psychology programs that involve examination of psychopathology, psychological assessment, or psychological intervention;
- (iii) Receiving supervision;
- (iv) Research that does not involve the examination of psychopathology, psychological assessment, or psychological intervention in clinical situations;
- (v) Program evaluation;
- (vi) Scheduling client appointments; and
- (vii) Administrative tasks related to mental health facilities and programs.

002.05 MAJOR MENTAL DISORDER. Any clinically significant mental or emotional disorder in which symptoms, regardless of specific diagnoses or the nature of the presenting complaint, are associated with present distress or disability or present significantly increased risk of suffering, death, pain, disability, or an important loss of freedom. No diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, nor any diagnosis from the International Classification of Diseases (ICD) published by the World Health Organization, of the edition or version used on the effective date of this chapter, is excluded from the category of Major Mental Disorder if the contemporary assessment indicates severe symptoms, as outlined in this section. These documents are available by contacting the publishing organizations. This includes currently observed or assessed dysfunction or impairment that portends danger to self or others, a disabling deterioration of function that seriously impairs daily functioning to include food, clothing, and shelter or an inability to establish or maintain a personal support system. Such

disorders may take many forms and have varying causes but must be considered a manifestation of behavioral, psychological, or biological dysfunction in the person. Behavioral or psychological disorder symptoms include one or more of the following:

- (A) Persistent or severe suicidal or homicidal thinking or behaviors injurious to self or others;
- (B) Psychotic symptoms which include delusions, hallucinations, or formal thought disorders, including evidence of frequent substitution of fantasy for reality;
- (C) Physical complaints or signs suggesting deterioration or anomaly in physiological, psychophysiological, or neuropsychological functioning;
- (D) Feeling, mood or affect in which the emotion is clearly disruptive in its effects on other aspects of a person's life. A marked change in mood, depression or anxiety that incapacitates a person;
- (E) Severe impairment in concentration and thinking, persistence, and pace. Frequent or consistently impaired thinking; or
- (F) Consistent inability to maintain conduct within the limits prescribed by law, rules, and strong mores or disregard for safety of others or destructive to property.

002.06 NATIONAL REGISTER. The National Register of Health Service Providers in Psychology (NRHSP) is a credentials bank that verifies that the psychologist applying for licensure in Nebraska has previously submitted primary source documentation demonstrating completion of specific education and training, holds an active unrestricted license, and has maintained professional and ethical standards.

002.07 NATIONAL STANDARDIZED EXAMINATION. The Examination for Professional Practice in Psychology (EPPP) or the Enhanced Examination for Professional Practice in Psychology (EPPPP) developed by the Professional Examination Service (PES) or another examination that is substantially equivalent and approved by the Board.

002.08 NEBRASKA JURISPRUDENCE EXAMINATION. The examination relating to statutes and regulations governing psychology in Nebraska and relevant federal laws and ethical standards in psychology.

002.09 POSTDOCTORAL EXPERIENCE. Psychology experience or practice under the direct supervision of a licensed psychologist qualified to offer the services provided. To be postdoctoral, the experience must follow the formal awarding of the doctoral degree by an appropriate institution of higher education. Such experience must be compatible with knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

002.10 QUALIFIED PHYSICIAN. An individual with a current license to practice medicine and surgery and has specialized training in mental health treatment or is a Board Certified Psychiatrist.

002.11 REGULAR EMPLOYMENT. For purposes of Neb. Rev. Stat. § 38-3113, regular employment is:

- (A) Work done in the context of an employer-employee relationship;
- (B) That the school system directly pays the school psychologist for all services rendered; and

- (C) That the agreed-upon school psychological services are provided in the context of a comprehensive service delivery system, are not limited to any specific type of service and include opportunities for follow-up and continuing consultation.

002.12 SUPERVISING LICENSED PSYCHOLOGIST. A Nebraska licensed psychologist, not a special licensed psychologist, who provides supervision.

003. CRIMINAL BACKGROUND CHECK. All applicants applying for a psychology license or provisional psychology license must submit a full set of fingerprints to the Nebraska State Patrol in compliance with Neb. Rev. Stat. § 38-131.

004. INITIAL PSYCHOLOGY LICENSE. To obtain a psychology license, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the credentialing requirements of Neb. Rev. Stat. §§ 38-131, 38-3114, 38-3115, 172 NAC 10, and this chapter. Applicants must submit the following:

004.01 EDUCATION. An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology, directly from the issuing institution, or the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register. If the program is not accredited by the American Psychological Association, the applicant must submit the following to show the program meets the requirements of Neb. Rev. Stat. § 38-3114:

- (A) Documentation, including syllabi or course descriptions, verifying that the applicant completed the following coursework:
- (i) Scientific and professional ethics;
 - (ii) Research design and methodology;
 - (iii) Statistics and psychometrics;
 - (iv) Biological bases of behavior;
 - (v) Cognitive and affective bases of behavior;
 - (vi) Social bases of behavior;
 - (vii) Individual behavior;
 - (viii) Assessment and evaluation; and
 - (ix) Treatment and intervention.
- (B) Documentation that the program complies with the following:
- (i) It was clearly identified and labeled as a psychology program and its intent was to education and train psychologists;
 - (ii) Has a permanent and stable standing, including organizational structure, leadership and funding, within the academic setting;
 - (iii) Has clear authority and primary accountability for the academic program with an identifiable psychology faculty and has a psychologist who is responsible for the training program;
 - (iv) Was integrated and has an organized sequence of study, including core course work and profession-wide competencies;
 - (v) Has an identifiable body of students who are matriculated in the degree program; and
 - (vi) Has degree granting authority and was regionally accredited.
- (C) Documentation that the program required students to successfully complete the following years of study and residency:

- (i) A minimum of 3 full-time academic years of graduate study, or equivalent, and an internship prior to receiving the doctoral degree;
- (ii) Two of the 3 academic years, or equivalent, must be at the program from which the doctoral degree is granted; and
- (iii) One year must be a full-time residency, or the equivalent, at the degree granting program. If the program is an on-line program, at least 600 hours must be live face-to-face in person interaction with faculty and students.

004.02 INTERNSHIP. Documentation of completion of an internship that was accredited by the American Psychological Association or if the internship is not accredited by the American Psychological Association, the applicant must submit:

- (A) Verification that the internship was accredited by the Association of Psychology Postdoctoral and Internship Centers (APIC); or
- (B) Verification and documentation of the following:
 - (i) The official school, college or university transcript must show completion of practica prior to entering the internship;
 - (ii) A letter from the internship director or a copy of the internship brochure that verifies the purpose of the internship was to train psychologists for the independent provision of direct psychology services;
 - (iii) The internship was at least 12 months in duration and consisted of at least 1,500 hours in not more than 24 months. School psychology internships may be 10 months in duration;
 - (iv) The internship was directed by a licensed psychologist;
 - (v) The internship was sequentially organized with progressively increased levels of responsibility and skills;
 - (vi) The internship required 4 hours of supervision per week, 2 of the 4 hours were individual face-to-face. For part time internships, the supervision requirements must be proportional to these standards;
 - (vii) The internship had 2 or more supervising licensed psychologists on-site; and
 - (viii) The internship included positions for 2 or more psychology interns.

004.03 SUPERVISED POSTDOCTORAL EXPERIENCE. Documentation of completion of at least 1 year of supervised postdoctoral experience.

004.03(A) COMPLETED IN NEBRASKA. If the postdoctoral experience was completed in Nebraska, the applicant must provide documentation that the applicant:

- (i) Holds or has held a provisional license as set out in 172 NAC 155-005; and
- (ii) Has completed postdoctoral experience as follows:
 - (1) Met the standards of supervision as set out in 172 NAC 155-011;
 - (2) Included 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 48 months; and
 - (3) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

004.03(B) COMPLETED OUTSIDE OF NEBRASKA. If the postdoctoral experience was completed outside of Nebraska, it must have met the requirements of 172 NAC 155-004.03(A)(ii)(2).

004.04 EXAMINATION. Documentation of passing the national standardized examination with a minimum scaled score of 500 for all doctoral candidates and passing the Nebraska jurisprudence examination with a minimum score of 80%. The national standardized examination requirement is waived for applicants in the categories set out in Neb. Rev. Stat. § 38-3115.

005. PROVISIONAL PSYCHOLOGY LICENSE. To obtain a provisional license, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-131, 38-3122, 172 NAC 10, and this chapter.

005.01 LICENSE EXTENSION. The provisional license may be extended one time for an additional 2-year period upon approval by the Board and submission of a new application under this section.

006. TWENTY YEARS OF PSYCHOLOGY LICENSURE. To obtain a license based on 20 years of psychology licensure, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. § 38-3117, 172 NAC 10, and this chapter. Applicants must submit:

- (A) An official transcript, verifying completion of a doctoral degree in psychology, directly from the issuing institution, or the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register;
- (B) Verification of holding a current license based on a doctoral degree in psychology;
- (C) Verification of at least 20 years of licensed practice in psychology in the United States or a Canadian jurisdiction; and
- (D) Documentation of successful passage of the Nebraska jurisprudence examination with a minimum score of 80%.

007. RECIPROCITY PSYCHOLOGY LICENSE. To obtain a license based on reciprocity, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of 172 NAC 10 and this chapter. Applicants must submit documentation of:

- (A) A current license in another jurisdiction; and
- (B) A current Certification of Professional Qualification (CPQ) through the Association of State and Provincial Psychology Boards or a current credential at the doctoral level as a Health Service Provider by the National Register of Health Service Providers; or
- (C) Being licensed in a state participating in the Association of State and Provincial Psychology Boards Reciprocity Agreement; or
- (D) Meeting the requirements to obtain an initial license as set out in 172 NAC 155-004.

007.01 EXAMINATION. Applicants must submit documentation of passing the Nebraska jurisprudence examination with a minimum score of 80%.

007.02 TEMPORARY LICENSE. To obtain a temporary license, an individual must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-129.01 or 38-3120, 172 NAC 10, and 172 NAC 155-007(A) through (D) of this chapter.

008. THIRTY DAYS PSYCHOLOGY PRACTICE WITHIN A ONE YEAR PERIOD. To obtain authority to practice for 30 days within a one year period, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-3119, 172 NAC 10, and this chapter. Applicants must submit documentation of:

- (A) A current license in another jurisdiction; and
- (B) An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The transcript must be submitted directly from the issuing institution, the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register.

009. REGISTRATION. To obtain registration, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of 172 NAC 10, Neb. Rev. Stat. §§ 38-3113 and 38-3116 for applicants who hold a special license as a psychologist, Neb. Rev. Stat. §§ 38-3113 and 38-3122 for provisional licenses, Neb. Rev. Stat. § 38-3113 for assistants or associates, and this chapter.

009.01 PSYCHOLOGICAL ASSISTANTS OR PSYCHOLOGIST ASSOCIATES. Applicants must submit an official transcript, directly by the issuing institution, verifying completion of a masters' degree in clinical psychology, counseling psychology, or educational psychology.

009.02 TERMINATION OF SUPERVISION. If a supervisor or registrant terminates supervision, he or she must notify the Department in writing immediately of the date of termination.

009.03 CHANGE OF OR ADDITIONAL SUPERVISOR. If a change in supervisor occurs or an additional supervisor is added, the registrant must submit an application as set out in 172 NAC 155-009.

010. SUPERVISING LICENSED PSYCHOLOGIST. The supervisor must:

- (A) Hold an active license, which is currently not limited, suspended, or on probation. If disciplined by the Department during the supervisory period, the supervisor must terminate the supervision immediately and notify the Department of the termination.
- (B) Not be a family member.
- (C) Arrange adequate supervision coverage in his or her absence.

011. SUPERVISION. Supervision applies to the following:

011.01 PROVISIONAL PSYCHOLOGY LICENSE. A professional relationship in which a licensed psychologist assumes legal and professional responsibility for the work of the provisional psychology licensee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure. The supervisor must:

- (A) Review raw data from the applicant's clinical work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings; and
- (B) Meet with the provisional licensee at least twice per month for a minimum of 4 total hours. Such meeting may include face-to-face consultation, telephone, video, or other

electronic means of communication and must ensure confidentiality of the conversation. The supervisor is responsible for documenting supervision meetings.

011.02 SPECIAL PSYCHOLOGY LICENSE. The supervisor will be responsible for determining the extent and character of supervision of a special psychology licensee, keeping in mind the education and experience of the supervisee. The supervisor assumes legal and professional responsibility for any work by the supervisee relating to major mental disorders. In all cases the supervisor must be competent to provide the services being supervised.

011.03 PROVISIONAL MENTAL HEALTH PRACTITIONER. A professional relationship in which a licensed psychologist has oversight responsibility for the mental health practice of the provisional mental health practitioner. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure as a mental health practitioner. The supervisor must meet with the provisional licensee in accordance with 172 NAC 94.

011.04 SEEKING AN INDEPENDENT MENTAL HEALTH PRACTITIONER LICENSE. A professional relationship in which a licensed psychologist has oversight responsibility for the independent mental health practice of an individual seeking an independent mental health practitioner license. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure as an independent mental health practitioner. The supervisor must meet with the applicant in accordance with 172 NAC 94.

011.05 PROVISIONAL ALCOHOL AND DRUG COUNSELOR. A professional relationship in which a licensed psychologist has oversight responsibility for the alcohol and drug clinical work of the provisional alcohol and drug counselor. The purpose of supervision is to enhance and promote the alcohol and drug clinical skills and competencies of the supervisee who is earning hours of clinical work experience to achieve full licensure as an alcohol and drug counselor. The supervisor must meet the requirements of 172 NAC 15.

011.06 PSYCHOLOGICAL ASSISTANT OR PSYCHOLOGIST ASSOCIATE. A professional relationship in which a licensed psychologist has oversight responsibility for the psychological work of an individual who administers and scores and may develop interpretations of psychological testing under the supervision of the licensed psychologist. Such individuals are deemed to be conducting their duties as an extension of the legal and professional authority of the supervising psychologist and must not independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. The purpose of this supervision will be to provide oversight that insures competent and ethical practice in accordance with the statutes and Code of Conduct as promulgated by this Board. The supervisor must:

- (A) Review raw data from the assistant or associates work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings; and
- (B) Meet with the assistant or associate at least twice per month for a minimum of 4 total hours. Such meetings may include face-to-face consultation, telephone, video, or other electronic means of communication and must ensure confidentiality of the conversation. The supervisor is responsible for documenting supervision meetings.

012. TEST ADMINISTRATION BY UNLICENSED INDIVIDUALS. An individual who is trained by and is under the supervision of a licensed psychologist may administer and score tests which require no independent professional judgment and no interpretation of results. The individual must receive supervision, orders, and directions from a licensed psychologist. The supervisor must select the test to be administered and is ultimately responsible for the accuracy of the administration and scoring of the tests.

013. RENEWAL, WAIVER OF CONTINUING EDUCATION, AND INACTIVE STATUS. The licensee must meet the requirements set out in 172 NAC 10 and this chapter. All psychology licenses, except a provisional license and temporary license, issued by the Department will expire on January 1 of each odd-numbered year.

014. CONTINUING EDUCATION. Psychologists holding an active license in the State of Nebraska must complete at least 24 hours of acceptable continuing education hours during the 24-month period prior to the expiration date. This section does not apply to individuals who hold a provisional license or temporary license.

014.01 REQUIRED HOURS. At least 3 of the 24 hours of continuing education must be in ethics relating to psychology.

014.02 CONTINUING EDUCATION ACTIVITIES. Continuing education must directly relate to the practice of psychology as defined in Neb. Rev. Stat. § 38-3108. Continuing education hours are determined as follows:

014.02(A) DEVELOPING AND TEACHING A GRADUATE ACADEMIC COURSE. Developing and teaching a graduate academic course in an institution accredited by a regional accrediting agency is an approved continuing education activity. Hours will be granted only for the first time the licensee teaches the course during the renewal period and cannot be used for subsequent renewal periods. 1 semester hour of graduate academic credit equals 15 hours of continuing education.

014.02(B) COMPLETING A GRADUATE LEVEL COURSE. Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency is an approved continuing education activity. Hours will be granted only for the first time it is completed, and it must be completed during the renewal period for which it is submitted. 1 semester hour of graduate academic credit equals 15 hours of continuing education.

014.02(C) AUTHORIZING OR EDITING A PEER-REVIEWED PSYCHOLOGICAL PRACTICE ORIENTED PUBLICATION. Continuing education hours may be earned only in the year of publication or first distribution. Hours are granted as follows:

- (i) Senior or 1st author of a peer-reviewed psychological practice oriented professional or scientific book equals 16 hours of continuing education;
- (ii) Senior or 1st author of a peer-reviewed psychological practice oriented professional or scientific book chapter equals 8 hours of continuing education;
- (iii) Senior or 1st author of a peer-reviewed psychological practice oriented professional journal article equals 8 hours of continuing education; and

- (iv) Editor of a peer-reviewed psychological practice oriented professional or scientific book or journal equals 16 hours of continuing education.

014.02(D) PRESENTING, ATTENDING, OR COMPLETING PROGRAMS. Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, homestudy, or videos are acceptable continuing education activities.

014.02(D)(i) HOUR. 60 minutes of presentation or attendance equals 1 hour of continuing education.

014.02(D)(ii) APPROVED CONTINUING EDUCATION PROVIDERS. Only activities approved by the following organizations are acceptable for renewal or reinstatement:

- (1) American Association of Marriage and Family Therapists (AAMFT) or its state Chapters;
- (2) American Counselors Association (ACA) or its state chapters or National Board for Certified Counselors (NBCC);
- (3) American Nurses Credentialing Center's Commission on Accreditation (ANCC);
- (4) Nebraska Medical Association (NMA);
- (5) Nebraska Nurses Association (NNA);
- (6) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
- (7) National Association of Social Workers (NASW) or its state chapters;
- (8) The Accreditation Council for Continuing Medical Education (ACCME);
- (9) The American Medical Association (AMA) or its state chapters;
- (10) The American Nurses Credentialing Center's Commission on Accreditation (ANCCCA); and
- (11) The American Psychological Association (APA) or its state chapters.

015. REINSTATEMENT. The applicant must meet the requirements set out in 172 NAC 10.

016. FEES. Fees are set out in 172 NAC 2.

017. PSYCHOLOGY INTERJURISDICTIONAL COMPACT. The applicant must meet the requirements set out in Neb. Rev. Stat. § 38-3901.

Model Legislation for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES
FEBRUARY 2019



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Model Legislation for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES 2009

REVISIONS APPROVED FEBRUARY 2019

A. DEFINITIONS

- (1) "Board" means the {state psychology licensing board}.
- (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.dea.gov/controlled-substances-act) and as adopted by {state's Food Drug and Cosmetic Act}.
- (3) "Drug" shall have the same meaning as that term is given in {state's "Food, Drug, and Cosmetic Act"}.
- (4) "Prescribing psychologist" means a doctoral-level psychologist who holds a current and valid license in their state or territory as a psychologist from their state board of psychology or its equivalent; and who has undergone specialized education and training in preparation for prescriptive practice and has passed an examination accepted by the {state board of psychology} relevant to establishing competence for prescribing; and has received from the {state board of psychology} 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 clinical diagnoses and interventions are learned and which are conducted and supervised as part of the training program.
- (6) "Prescription" is an order for a drug, laboratory test, 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, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the {state board of psychology}.

B. CERTIFICATION

- (1) The {state board of psychology} shall certify licensed, doctoral-level psychologists to exercise prescriptive authority in accordance with applicable state and federal laws.
- (2) The {state board of psychology} 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 {state board of psychology}:

- (1) The psychologist must hold a current license at the doctoral level to provide health care services as a psychologist in {the state};
- (2) As defined by the {state board of psychology}, and consistent with established policies of the American Psychological Association for educating and training psychologists in preparation for prescriptive authority:¹
 - a. The psychologist must have completed an organized sequence of study in an organized program offering intensive didactic education, and including the following core areas of instruction: basic science, functional neurosciences, physical examination, interpretation of laboratory tests, pathological basis of disease, clinical medicine, clinical neurotherapeutics, systems of care, pharmacology, clinical pharmacology, psychopharmacology, psychopharmacology research, and 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 completed a postdoctoral prescribing psychology fellowship sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners as determined by the {state board of psychology}.
- (3) The psychologist must pass an examination developed by a nationally recognized body (e.g., the Psychopharmacology Examination for Psychologists offered by the Association of State and Provincial Psychology Boards) and approved by the {state board of psychology}.

D. RENEWAL OF PRESCRIPTIVE AUTHORITY

- (1) The {state board of psychology} shall prescribe by rule a method for the renewal of prescriptive authority at the time of or in conjunction with the renewal of licenses.
- (2) Each applicant for renewal of prescriptive authority shall present satisfactory evidence to the {state board of psychology} demonstrating the completion of {number of} contact hours of continuing education instruction relevant to prescriptive authority during the previous {licensure renewal period}.

¹ A "grandparent" provision may be added to waive certain requirements for psychologists who have obtained relevant training and experience, including but not necessarily limited to (a) psychologists who are dually licensed as physicians, nurse practitioners, or who have comparable prescriptive authority under another license; and (b) psychologists who have completed the Department of Defense Psychopharmacology Demonstration Project.

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, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; and those procedures which are 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 {state board of psychology}.
- (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; and
 - b. be identified as written by the prescribing psychologist in such manner as determined by the {state board of psychology}.
- (4) A record of all prescriptions shall be maintained in the patient's record.
- (5) A prescribing psychologist shall not delegate the authority to prescribe drugs to any other person.

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 number (and the state controlled and dangerous substances license number, if applicable) with the {state board of psychology}.
- (2) The {state board of psychology} shall maintain current records of every psychologist authorized to prescribe, including DEA registration and number.

G. INTERACTION WITH THE {STATE BOARD OF PHARMACY}

- (1) The {state board of psychology} shall transmit to the {state board of pharmacy} an initial list of psychologists authorized to prescribe containing the following information:
 - a. the name of the psychologist;
 - b. the psychologist's identification number assigned by the {state board of psychology}; and
 - c. the effective date of prescriptive authority.
- (2) The {state board of psychology} shall promptly forward to the {state board of pharmacy} any additions to the initial list as new certificates are issued.
- (3) The {state board of psychology} shall notify the {state board of pharmacy} in a timely manner upon termination, suspension, or reinstatement of a psychologist's prescriptive authority.

H. POWERS AND DUTIES OF THE BOARD

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

Possible Additions or Amendments to Existing State Laws

1. Amendment to the state-controlled substances act to ensure that psychologists authorized to prescribe are authorized prescribers of controlled substances.
2. Amendment to the state nurse practice act to ensure that nurses can implement prescriptions written by psychologists authorized to prescribe.
3. Amendment to the state pharmacy act to ensure that pharmacists can dispense drugs ordered by psychologists authorized to prescribe.
4. The laws of 13 states prohibit the prescription of drugs by psychologists. One possible way to address this problem would be to seek legislative authorization to prescribe only for those psychologists who obtain certification, while retaining the general prohibition on prescribing. For these states, state psychological associations may consider including something similar to the following provision:

The practice of psychology shall not include:

Prescribing drugs, with the exception of drugs prescribed by psychologists authorized to prescribe, or by psychologists who have graduated from the U.S. Department of Defense Psychopharmacology Demonstration Program.

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

BACKGROUND

Colorado is in a serious mental health crisis, with a high prevalence of mental health issues in Coloradans and a significant shortage of mental health professionals statewide. For example, nationally, Colorado ranks third for lowest access to mental health services, has the second highest percentage of adults with substance use disorder, and has the third-highest percentage of adults contemplating suicide. Since the COVID-19 pandemic, rates of mental health issues in Coloradans have increased, with nearly 50% of Coloradans experiencing symptoms of anxiety and depression, and a more than a 50% increase in Coloradans calling or texting a crisis hotline.

Nationally, approximately 20% of adults meet criteria for mental illness and 5% meet criteria for severe mental illness, with rates significantly increasing secondary to the COVID-19 pandemic. However, the national average ratio of psychiatrists is 8.9 practitioners per 100,000 population (<.001%), with Colorado's ratio falling lower than the national average. This profound shortage of prescribers results in considerable unmet need, long wait times for patients who are able to access psychiatric providers, and patients turning to primary care physicians for management of their psychiatric needs due to an inability to access psychiatric providers. The delay, or inability, to access care often results in increased severity of mental health issues that are more problematic and difficult to treat. Additional costs to the lack of access to appropriate treatment for patients include increased suicide rates, impairments in social and occupational functioning, and increased medical problems.

From a social justice perspective, marginalized populations, such as racial and ethnic minorities, indigenous communities, individuals in rural areas, LGBTQ+, and low-income populations are more likely to have increased barriers to access of care, are less likely to receive appropriate treatment when it is needed, are more likely to experience the negative effects of untreated mental health issues and have been disproportionately stressed by the COVID-19 pandemic.

CPA Proposal

The Colorado Psychological Association ("CPA") plans to pursue legislation to grant prescriptive authority to licensed psychologists with advanced degrees and training in prescribing psychotropic medications, in attempt to increase access to appropriate mental health treatment for Coloradans. Licensed psychologists have earned a doctoral degree focused on assessment, diagnosis, and treatment of mental health disorders.

To become a prescribing psychologist, a psychologist would need to complete additional qualifications of: (a) completing a two-year (450 hours) postdoctoral master's degree in clinical psychopharmacology, focusing on physiology, pathophysiology, neuroscience, pharmacology, clinical psychopharmacology, and legal/ethical issues, (b) passing the national board examination (Psychopharmacology Examinations for Psychologist), (c) completing a preceptorship under the supervision of a physician (MD/DO) that comprises an 80-hour physical exam experience and a 400-hour clinical rotation seeing at least 100 patients, and (d) prescribing under a conditional prescribing psychology status for two years. We would like to propose that, once these steps have been completed, that the psychologist will be credentialed as an independent prescribing psychologist. The additional post-doctoral education and training for prescribing psychologists are comparable to other prescribers, such as psychiatric nurse practitioners, and the knowledge and competency are comparable to psychiatrists and psychiatric nurse practitioners.

The American Psychological Association (APA) formally recognized prescribing psychologists as a specialty within the practice of psychology, and psychologists have been prescribing psychotropic medications for nearly 30 years, within five states (NM, LA, IL, IA, and ID), the Department of Defense, Indian Health Service, US Public Health Service Corps, and Guam. Since the inception of prescribing psychology nearly 30 years ago, there have been no ethical or malpractice complaints against prescribing psychologists, which speaks to the safety of prescribing psychologists. Given the current high levels of unmet mental health needs, 15 other states are also currently in the process of pursuing prescriptive authority legislation for doctoral-level psychologists who have met the criteria previously defined.

It is important to be clear that this legislation asks to expand the scope of practice for licensed doctoral-level psychologists who fulfill the previously stated criteria to prescribe psychotropic medications. The legislation is not to allow psychologists to practice general medicine or prescribe non-psychotropic medications.

Why This Matters

Given the mental health crisis in Colorado, Governor Jared Polis has promoted the Behavior Health Administration bill and established the Behavioral Health Blueprint for Reform to increase access to care and support elimination of the health disparity among marginalized populations. Granting psychologists' prescriptive authority aligns with the mission of this bill.

For the states that have allowed psychologists to hold prescription privileges, approximately 10% of licensed psychologists have pursued prescribing psychology certificates. In the state of Colorado, 10% of psychologists equates to approximately 300 psychologists who would pursue the certificate, which would expand specialized psychiatric providers in Colorado by approximately 35%. Increasing access to appropriate mental health treatment can help reduce the problems that are associated with unmet mental health needs in Coloradans, such as high suicide rates, impairments in social and occupational functioning, and increased medical problems.

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 23-0051.01 Kristen Forrestal x4217

HOUSE BILL 23-1071

HOUSE SPONSORSHIP

Amabile and Bradfield, Armagost, Boesenecker, Brown, deGruy Kennedy, Dickson, Duran, English, Epps, Froelich, Garcia, Gonzales-Gutierrez, Jodeh, Lindsay, Lindstedt, Mabrey, Marshall, McCluskie, McCormick, McLachlan, Ricks, Velasco, Weinberg, Young

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House Committees

Public & Behavioral Health & Human Services

Senate Committees

Health & Human Services

A BILL FOR AN ACT

101 **CONCERNING THE AUTHORITY OF A LICENSED PSYCHOLOGIST TO**
102 **PRESCRIBE PSYCHOTROPIC MEDICATION FOR THE TREATMENT**
103 **OF MENTAL HEALTH DISORDERS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill adds 2 members to the state board of psychologist examiners (board) and requires 2 of the 9 members of the board to be prescribing psychologists.

The bill allows a licensed psychologist to prescribe and administer psychotropic medications if the licensed psychologist holds a conditional

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.*

SENATE
3rd Reading Unamended
February 23, 2023

SENATE
Amended 2nd Reading
February 22, 2023

HOUSE
3rd Reading Unamended
February 9, 2023

HOUSE
Amended 2nd Reading
February 8, 2023

prescription certificate or a prescription certificate issued by the board.

A licensed psychologist may apply to the board for a conditional prescription certificate and must include in the application satisfactory evidence that the applicant has met specific educational, supervisory, and clinical requirements. The board is required to issue a conditional prescription certificate to the licensed psychologist if the board determines the applicant has met the requirements. The licensed psychologist with a conditional prescription certificate may only administer and prescribe psychotropic medications under the supervision of a licensed physician or advanced practice registered nurse and must maintain a collaborative relationship with the patient's health-care provider.

A licensed psychologist who holds a conditional prescription certificate for 2 years and who meets the specified requirements may apply for and receive a prescription certificate (prescribing psychologist). A licensed psychologist with a prescription certificate may prescribe psychotropic medication to a person if the licensed psychologist:

- Holds a current license in good standing;
- Maintains the required malpractice insurance; and
- Annually completes at least 20 hours of continuing education.

The board is authorized to promulgate rules to:

- Implement procedures for obtaining a conditional prescription certificate and a prescription certificate; and
- Establish grounds for denial, suspension, and revocation of the certificates.

The bill requires a prescribing psychologist and a licensed psychologist with a conditional prescription certificate to file with the board all individual federal drug enforcement administration registrations and numbers. The board and the Colorado medical board are required to maintain current records of every psychologist with prescriptive authority, including registrations and numbers.

The department of regulatory agencies (department) is required to annually collect information regarding prescribing psychologists and licensed psychologists with conditional prescription certificates, to compile the information, and to share the information with the office in the department responsible for conducting sunset reviews for inclusion in each scheduled sunset review concerning the regulation of mental health professionals.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. In Colorado Revised Statutes, 12-245-224, add (3)**

1 as follows:

2 **12-245-224. Prohibited activities - related provisions -**
3 **definition.** (3) (a) THE BOARD SHALL DESIGN AND SEND A
4 QUESTIONNAIRE TO ALL LICENSED PSYCHOLOGISTS WITH PRESCRIPTIVE
5 AUTHORITY WHO APPLY FOR LICENSE RENEWAL. EACH APPLICANT FOR
6 LICENSE RENEWAL SHALL COMPLETE THE BOARD-DESIGNED
7 QUESTIONNAIRE. THE PURPOSE OF THE QUESTIONNAIRE IS TO DETERMINE
8 WHETHER A LICENSEE HAS ACTED IN VIOLATION OF THIS PART 2 OR HAS
9 BEEN DISCIPLINED FOR ANY ACTION THAT MIGHT BE CONSIDERED A
10 VIOLATION OF THIS PART 2 OR THAT MIGHT MAKE THE LICENSEE UNFIT TO
11 PRACTICE PSYCHOLOGY WITH REASONABLE CARE AND SAFETY. THE BOARD
12 SHALL INCLUDE ON THE QUESTIONNAIRE A QUESTION REGARDING
13 WHETHER THE LICENSEE HAS COMPLIED WITH SECTION 12-30-111 AND IS
14 IN COMPLIANCE WITH SECTION 12-280-403 (2)(a). IF AN APPLICANT FAILS
15 TO ANSWER THE QUESTIONNAIRE ACCURATELY, THE FAILURE CONSTITUTES
16 GROUND FOR DISCIPLINE UNDER THIS SECTION. THE BOARD MAY INCLUDE
17 THE COST OF DEVELOPING AND REVIEWING THE QUESTIONNAIRE IN THE FEE
18 PAID PURSUANT TO SECTION 12-245-205 OF THIS SECTION. THE BOARD
19 MAY DENY AN APPLICATION FOR LICENSE RENEWAL THAT DOES NOT
20 ACCOMPANY AN ACCURATELY COMPLETED QUESTIONNAIRE.

21 (b) ON AND AFTER JULY 1, 2024, AS A CONDITION OF RENEWAL OF
22 A LICENSE, EACH LICENSEE SHALL ATTEST THAT THE LICENSEE IS IN
23 COMPLIANCE WITH SECTION 12-280-403 (2)(a) AND THAT THE LICENSEE IS
24 AWARE OF THE PENALTIES FOR NONCOMPLIANCE WITH THAT SECTION.

25 **SECTION 2.** In Colorado Revised Statutes, 12-30-109, **amend**
26 (1)(b), (4)(e), and (4)(f); and **add** (4)(g) as follows:

27 **12-30-109. Prescriptions - limitations - definition - rules.**

1 (1) (b) Prior to prescribing any opioid or benzodiazepine prescription
2 pursuant to this section, a prescriber must comply with section
3 12-280-404 (4). Failure to comply with section 12-280-404 (4) constitutes
4 unprofessional conduct or grounds for discipline, as applicable, under
5 section 12-220-201, 12-240-121, ~~12-245-224~~, 12-255-120, 12-275-120,
6 12-290-108, or 12-315-112, as applicable to the particular prescriber, only
7 if the prescriber repeatedly fails to comply.

8 (4) As used in this section, "prescriber" means:

9 (e) A podiatrist licensed pursuant to article 290 of this title 12; ~~or~~

10 (f) A veterinarian licensed pursuant to part 1 of article 315 of this
11 title 12; or

12 (g) A LICENSED PSYCHOLOGIST WITH PRESCRIPTIVE AUTHORITY
13 PURSUANT TO SECTION 12-245-309.

14 **SECTION 3.** In Colorado Revised Statutes, 12-245-301, **amend**
15 (4), (5), and (6); and **add** (7), (8), (9), (10), (11), (12), and (13) as
16 follows:

17 **12-245-301. Definitions.** As used in this part 3, unless the context
18 otherwise requires:

19 (4) ~~"Licensed psychologist" means a person licensed under this~~
20 part 3 "INDEPENDENTLY LICENSED PRESCRIBING PHYSICIAN" MEANS A
21 PHYSICIAN LICENSED PURSUANT TO ARTICLE 240 OF THIS TITLE 12 WHO
22 SUPERVISES LICENSED PSYCHOLOGISTS PARTICIPATING IN PRACTICUMS
23 DESCRIBED IN SECTION 12-245-309 (2)(a)(IV).

24 (5) ~~"Professional psychological training program" means a~~
25 ~~doctoral training program that:~~

26 (a) ~~Is a planned program of study that reflects an integration of the~~
27 ~~science and practice of psychology; and~~

1 ~~(b) For applicants receiving their terminal degrees after 1990, is~~
2 ~~designated as a doctoral program in psychology by the Association of~~
3 ~~State and Provincial Psychology Boards or the National Register of~~
4 ~~Health Service Psychologists, or is accredited by the American~~
5 ~~Psychological Association or Canadian Psychological Association~~
6 "LICENSED PSYCHOLOGIST" MEANS A PERSON LICENSED PURSUANT TO THIS
7 PART 3.

8 (6) ~~"Telepsychology" means the provision of psychological~~
9 ~~services using telecommunications technologies~~ == "NARCOTIC DRUG"
10 HAS THE SAME MEANING AS SET FORTH IN SECTION 18-18-102 (20).

11 (7) "PRESCRIBING PSYCHOLOGIST" MEANS A LICENSED
12 PSYCHOLOGIST WHO HOLDS A PRESCRIPTION CERTIFICATE.

13 (8) "PRESCRIPTION CERTIFICATE" MEANS A DOCUMENT ISSUED BY
14 THE BOARD, WITH APPROVAL OF THE COLORADO MEDICAL BOARD, TO A
15 LICENSED PSYCHOLOGIST THAT PERMITS THE LICENSED PSYCHOLOGIST TO
16 PRESCRIBE PSYCHOTROPIC MEDICATIONS PURSUANT TO THIS PART 3.

17 (9) "PROFESSIONAL PSYCHOLOGICAL TRAINING PROGRAM" MEANS
18 A DOCTORAL TRAINING PROGRAM THAT:

19 (a) IS A PLANNED PROGRAM OF STUDY THAT REFLECTS AN
20 INTEGRATION OF THE SCIENCE AND PRACTICE OF PSYCHOLOGY; AND

21 (b) FOR APPLICANTS RECEIVING THEIR TERMINAL DEGREES AFTER
22 1990, IS DESIGNATED AS A DOCTORAL PROGRAM IN PSYCHOLOGY BY THE
23 ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS OR THE
24 NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS OR IS
25 ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION OR
26 CANADIAN PSYCHOLOGICAL ASSOCIATION.

27 (10) (a) "PSYCHOTROPIC MEDICATION" MEANS A CONTROLLED

1 SUBSTANCE OR DANGEROUS DRUG:

2 (I) THAT MAY NOT BE DISPENSED OR ADMINISTERED WITHOUT A
3 PRESCRIPTION;

4 (II) FOR WHICH THE PRIMARY INDICATION FOR USE IS APPROVED BY
5 THE FEDERAL FOOD AND DRUG ADMINISTRATION FOR THE TREATMENT OF
6 MENTAL HEALTH DISORDERS; AND

7 (III) THAT IS LISTED AS A PSYCHOTHERAPEUTIC AGENT IN THE
8 MOST RECENT EDITION OF "DRUG FACTS AND COMPARISONS" OR IN THE
9 AMERICAN HOSPITAL FORMULARY SERVICE DRUG INFORMATION
10 COMPENDIUM.

11 (b) "PSYCHOTROPIC MEDICATION" DOES NOT INCLUDE A NARCOTIC
12 DRUG.

13

14 (11) "TELEPSYCHOLOGY" MEANS THE PROVISION OF
15 PSYCHOLOGICAL SERVICES USING TELECOMMUNICATIONS TECHNOLOGIES.

16 **SECTION 4.** In Colorado Revised Statutes, 12-245-302, **amend**

17 (2)(a) as follows:

18 **12-245-302. State board of psychologist examiners - created**
19 **- members - terms.** (2) The board consists of **seven** members who are
20 residents of the state of Colorado as follows:

21 (a) **Four** board members must be licensed psychologists, at least
22 two of whom shall be engaged in the direct practice of psychology **AND**
23 **ONE OF WHOM IS A PRESCRIBING PSYCHOLOGIST; except that, if,** after a
24 good-faith attempt, the governor determines that an applicant for
25 membership on the board pursuant to this subsection (2)(a) who is
26 engaged in the direct practice of psychology OR WHO IS A PRESCRIBING
27 PSYCHOLOGIST is not available to serve on the board for a particular term,

1 the governor may appoint a licensed psychologist who is not engaged in
2 the direct practice of psychology OR WHO IS NOT A PRESCRIBING
3 PSYCHOLOGIST.

4 **SECTION 5.** In Colorado Revised Statutes, **add** 12-245-309 as
5 follows:

6 **12-245-309. Prescription authority - psychotropic drugs -**
7 **prescription certificates - requirements - issuance, denial, renewal,**
8 **and revocation of certification - rules. (1) Prescribing and**
9 **administering psychotropic medications. (a) A LICENSED**
10 **PSYCHOLOGIST MAY ONLY ADMINISTER OR PRESCRIBE PSYCHOTROPIC**
11 **MEDICATION TO A PERSON PURSUANT TO THE REQUIREMENTS AND**
12 **LIMITATIONS SET FORTH IN THIS SECTION.**

13 (b) A LICENSED PSYCHOLOGIST MUST HOLD [REDACTED] A PRESCRIPTION
14 CERTIFICATE IN ORDER TO PRESCRIBE OR ADMINISTER PSYCHOTROPIC
15 MEDICATION.

16 (2) **Prescription certificate.** (a) A LICENSED PSYCHOLOGIST MAY
17 APPLY TO THE BOARD FOR A [REDACTED] PRESCRIPTION CERTIFICATE IN THE FORM
18 AND MANNER APPROVED BY THE BOARD. THE APPLICANT MUST INCLUDE
19 SATISFACTORY EVIDENCE THAT THE APPLICANT:

20 (I) HAS COMPLETED A DOCTORAL PROGRAM IN PSYCHOLOGY FROM
21 AN APPROVED SCHOOL OR FROM A DOCTORAL PROGRAM THAT WAS NOT
22 ACCREDITED AT THE TIME OF THE APPLICANT'S GRADUATION BUT MEETS
23 THE PROFESSIONAL STANDARDS APPROVED BY THE BOARD;

24 (II) HAS SUCCESSFULLY COMPLETED A MASTER OF SCIENCE IN A
25 CLINICAL PSYCHOPHARMACOLOGY PROGRAM THAT IS DESIGNATED BY THE
26 AMERICAN PSYCHOLOGICAL ASSOCIATION OR ANY EDUCATION AS SET
27 FORTH IN RULES PROMULGATED BY THE BOARD WITH APPROVAL OF THE

1 COLORADO MEDICAL BOARD AND THAT CONSISTS OF DIDACTIC
2 INSTRUCTION OF AT LEAST FOUR HUNDRED FIFTY CLASSROOM HOURS IN AT
3 LEAST THE FOLLOWING CORE AREAS OF INSTRUCTION:

- 4 (A) NEUROSCIENCE;
- 5 (B) PHARMACOLOGY;
- 6 (C) PSYCHOPHARMACOLOGY;
- 7 (D) PHYSIOLOGY;
- 8 (E) PATHOPHYSIOLOGY;
- 9 (F) APPROPRIATE AND RELEVANT PHYSICAL AND LABORATORY
10 ASSESSMENT;

- 11 (G) CLINICAL PHARMACOTHERAPEUTICS; AND
- 12 (H) BASIC SCIENCES, INCLUDING GENERAL BIOLOGY,
13 MICROBIOLOGY, CELL AND MOLECULAR BIOLOGY, HUMAN ANATOMY,
14 HUMAN PHYSIOLOGY, BIOCHEMISTRY, AND GENETICS, AS PART OF OR PRIOR
15 TO ENROLLMENT IN A MASTER OF SCIENCE DEGREE PROGRAM IN CLINICAL
16 PSYCHOPHARMACOLOGY.

17 (III) HAS PASSED THE PSYCHOPHARMACOLOGY EXAMINATION FOR
18 PSYCHOLOGISTS DEVELOPED BY THE ASSOCIATION OF STATE AND
19 PROVINCIAL PSYCHOLOGY BOARDS, OR ITS SUCCESSOR ORGANIZATION;

20 (IV) HAS BEEN CERTIFIED BY EACH OF THE APPLICANT'S
21 INDEPENDENTLY LICENSED PRESCRIBING PHYSICIANS AS HAVING
22 SUCCESSFULLY COMPLETED, IN NOT LESS THAN TWELVE MONTHS BUT NO
23 MORE THAN TWENTY-FOUR MONTHS, A SUPERVISED AND RELEVANT
24 CLINICAL EXPERIENCE APPROVED BY THE BOARD AND THE COLORADO
25 MEDICAL BOARD THAT CONSISTS OF:

- 26 (A) A ONE-TO-ONE, IN-PERSON SUPERVISED PRACTICUM, OF AT
27 LEAST SEVEN HUNDRED FIFTY HOURS TREATING AT LEAST ONE HUNDRED

1 FIFTY CLIENTS WITH MENTAL HEALTH DISORDERS UNDER THE SUPERVISION
2 OF ANY ONE OR A COMBINATION OF APPROPRIATELY TRAINED
3 INDEPENDENTLY LICENSED PRESCRIBING PHYSICIANS WHO HAVE BEEN
4 DETERMINED BY THE BOARD AND THE COLORADO MEDICAL BOARD AS
5 COMPETENT TO TRAIN THE APPLICANT IN THE TREATMENT OF A DIVERSE
6 CLIENT POPULATION;

7 (B) INCLUDED IN THE SEVEN HUNDRED FIFTY HOURS REQUIRED IN
8 SUBSECTION (2)(a)(IV)(A) OF THIS SECTION, AT LEAST AN EIGHTY-HOUR
9 PRACTICUM IN OBSERVATIONAL CLINICAL ASSESSMENT AND
10 PATHOPHYSIOLOGY UNDER THE SUPERVISION OF AN INDEPENDENTLY
11 LICENSED PRESCRIBING PHYSICIAN; AND

12 (C) IF THE LICENSED PSYCHOLOGIST IS WORKING WITH PATIENTS
13 UNDER EIGHTEEN YEARS OF AGE OR OVER SIXTY-FIVE YEARS OF AGE, AT
14 LEAST TWO HUNDRED FIFTY OF THE SEVEN HUNDRED FIFTY HOURS
15 REQUIRED IN SUBSECTION (2)(a)(IV)(A) OF THIS SECTION UNDER THE
16 SUPERVISION OF ONE OR MORE INDEPENDENTLY LICENSED PRESCRIBING
17 PHYSICIANS WHO WORK WITH PATIENTS UNDER EIGHTEEN YEARS OF AGE
18 OR OVER SIXTY-FIVE YEARS OF AGE, WHICHEVER IS APPLICABLE, IF THE
19 LICENSED PSYCHOLOGIST IS WORKING WITH SUCH PATIENTS;

20
21 (V) HAS SUCCESSFULLY UNDERGONE A PROCESS OF INDEPENDENT
22 PEER REVIEW AS SET FORTH IN RULE OF THE BOARD AND APPROVED BY THE
23 COLORADO MEDICAL BOARD;

24 (VI) MAINTAINS COMMERCIAL PROFESSIONAL LIABILITY
25 INSURANCE WITH AN INSURER AUTHORIZED TO DO BUSINESS IN THIS STATE
26 OR AN ELIGIBLE NONADMITTED INSURER AUTHORIZED TO PROVIDE
27 INSURANCE PURSUANT TO ARTICLE 5 OF TITLE 10 IN A MINIMUM

1 INDEMNITY AMOUNT OF ONE MILLION DOLLARS PER INCIDENT AND THREE
2 MILLION DOLLARS ANNUAL AGGREGATE PER YEAR; AND

3 (VII) MEETS ALL OTHER REQUIREMENTS AS DETERMINED BY THE
4 BOARD.

5 (b) THE BOARD SHALL ISSUE A PRESCRIPTION CERTIFICATE TO AN
6 APPLICANT WHO THE BOARD DETERMINES HAS MET THE REQUIREMENTS OF
7 SUBSECTION (2)(a) OF THIS SECTION. A LICENSED PSYCHOLOGIST WITH A
8 PRESCRIPTION CERTIFICATE MAY PRESCRIBE AND ADMINISTER
9 PSYCHOTROPIC MEDICATION TO A PERSON IF THE LICENSED PSYCHOLOGIST:

10 (I) HOLDS A CURRENT LICENSE IN GOOD STANDING TO PRACTICE
11 PSYCHOLOGY IN THIS STATE;

12 (II) MAINTAINS THE COMMERCIAL PROFESSIONAL LIABILITY
13 INSURANCE REQUIRED BY SUBSECTION (2)(a)(VI) OF THIS SECTION; AND

14 (III) COMPLETES AT LEAST FORTY HOURS OF CONTINUING
15 EDUCATION EVERY TWO YEARS IN THE AREAS OF PHARMACOLOGY AND
16 PSYCHOPHARMACOLOGY FOR PRESCRIBING PSYCHOLOGISTS OR A GREATER
17 AMOUNT AS REQUIRED BY THE BOARD.

18 (3) **Prescription certificate by endorsement.** UPON PAYMENT OF
19 THE REQUIRED LICENSING FEES AND APPROVAL OF THE APPLICATION FOR
20 A PRESCRIPTION CERTIFICATE BY ENDORSEMENT, THE BOARD MAY CERTIFY
21 BY ENDORSEMENT AND GRANT A PRESCRIPTION CERTIFICATE TO AN
22 APPLICANT WHO HAS:

23 (a) A CURRENT LICENSE IN GOOD STANDING TO PRACTICE
24 PSYCHOLOGY FROM ANOTHER STATE; AND

25 (b) (I) UNRESTRICTED PRESCRIPTIVE AUTHORITY FROM ANOTHER
26 STATE THAT IMPOSES THE EDUCATION, SUPERVISION, AND TRAINING
27 REQUIREMENTS REQUIRED BY THIS SECTION AND BY RULE OF THE BOARD;

1 OR

2 (II) TRAINING FROM THE UNITED STATES DEPARTMENT OF
3 DEFENSE PSYCHOPHARMACOLOGY DEMONSTRATION PROJECT FOR
4 LICENSED PSYCHOLOGISTS OR OTHER SIMILAR PROGRAM THAT IMPOSES
5 THE EDUCATION, SUPERVISION, AND TRAINING REQUIREMENTS REQUIRED
6 BY THIS SECTION AND BY RULE OF THE BOARD.

7 (4) **Rules.** THE BOARD MAY PROMULGATE RULES TO:

8 (a) IMPLEMENT PROCEDURES FOR OBTAINING A PRESCRIPTION
9 CERTIFICATE AND RENEWALS FOR THE CERTIFICATES; AND

10 (b) IN ADDITION TO THE GROUNDS FOR DISCIPLINE IN SECTION
11 12-245-224, ESTABLISH THE GROUNDS FOR DENIAL, SUSPENSION, AND
12 REVOCATION OF A PRESCRIPTION CERTIFICATE, INCLUDING FOR THE
13 SUSPENSION OF A LICENSE TO PRACTICE PSYCHOLOGY UPON THE
14 SUSPENSION OR REVOCATION OF A CERTIFICATE.

15 (5) **Prescribing and administering practices.** (a) A PRESCRIBING
16 PSYCHOLOGIST MAY:

17 (I) PRESCRIBE PSYCHOTROPIC MEDICATION THROUGH THE USE OF
18 TELEPSYCHOLOGY; AND

19 (II) PRESCRIBE AND ADMINISTER PSYCHOTROPIC MEDICATION
20 WITHIN THE RECOGNIZED SCOPE OF PRACTICE, INCLUDING ORDERING AND
21 REVIEWING LABORATORY TESTS IN CONJUNCTION WITH A PRESCRIPTION
22 FOR THE TREATMENT OF A MENTAL HEALTH DISORDER.

23 (b) WHEN PRESCRIBING A PSYCHOTROPIC MEDICATION FOR A
24 PATIENT, THE PRESCRIBING PSYCHOLOGIST _____ SHALL MAINTAIN AN
25 ONGOING COLLABORATIVE RELATIONSHIP WITH THE PHYSICIAN WHO
26 OVERSEES THE PATIENT'S GENERAL MEDICAL CARE TO ENSURE THAT
27 NECESSARY MEDICAL EXAMINATIONS ARE CONDUCTED, THE

1 PSYCHOTROPIC MEDICATION IS APPROPRIATE FOR THE PATIENT'S MEDICAL
2 CONDITION, AND SIGNIFICANT CHANGES IN THE PATIENT'S MEDICAL OR
3 PSYCHOLOGICAL CONDITIONS ARE DISCUSSED.

4 (c) (I) A PRESCRIBING PSYCHOLOGIST SHALL OBTAIN A RELEASE
5 OF INFORMATION FROM A PATIENT OR THE PATIENT'S LEGAL GUARDIAN
6 AUTHORIZING THE PSYCHOLOGIST TO CONTACT THE PATIENT'S PRIMARY
7 TREATING PHYSICIAN, AS REQUIRED BY LAW.

8 (II) IF A PATIENT OR THE PATIENT'S LEGAL GUARDIAN REFUSES TO
9 SIGN A RELEASE OF INFORMATION FOR THE PATIENT'S PRIMARY TREATING
10 PHYSICIAN WHO OVERSEES THE PATIENT, THE PRESCRIBING PSYCHOLOGIST
11 SHALL:

12 (A) INFORM THE CLIENT OR THE CLIENT'S LEGAL GUARDIAN THAT
13 THE PSYCHOLOGIST CANNOT TREAT THE PATIENT PHARMACOLOGICALLY
14 WITHOUT AN ONGOING COLLABORATIVE RELATIONSHIP WITH THE CLIENT'S
15 PRIMARY TREATING PHYSICIAN; AND

16 (B) REFER THE PATIENT TO ANOTHER PRESCRIBER WHO IS NOT
17 REQUIRED TO MAINTAIN AN ONGOING COLLABORATIVE RELATIONSHIP
18 WITH A PHYSICIAN.

19 (III) BEFORE PRESCRIBING OR ADMINISTERING A PSYCHOTROPIC
20 MEDICATION TO A PATIENT, A PRESCRIBING PSYCHOLOGIST SHALL
21 COMMUNICATE TO THE PATIENT'S PRIMARY TREATING PHYSICIAN THE
22 INTENT TO PRESCRIBE OR ADMINISTER THE MEDICATION AND MUST
23 RECEIVE ELECTRONIC WRITTEN AGREEMENT FROM THE PHYSICIAN THAT
24 THE PRESCRIPTION FOR OR ADMINISTERING OF THE MEDICATION IS
25 APPROPRIATE.

26 (IV) IF A PATIENT DOES NOT HAVE A PRIMARY TREATING
27 HEALTH-CARE PROVIDER WHO IS A LICENSED PHYSICIAN, THE PRESCRIBING

1 PSYCHOLOGIST ___ SHALL REFER THE PATIENT TO A LICENSED PHYSICIAN
2 PRIOR TO PSYCHOPHARMACOLOGICAL TREATMENT. THE PSYCHOLOGIST
3 MUST RECEIVE THE RESULTS OF THE LICENSED PHYSICIAN'S ASSESSMENT
4 AND SHALL CONTACT THE LICENSED PHYSICIAN WHO CONDUCTED THE
5 ASSESSMENT PRIOR TO PRESCRIBING A PSYCHOTROPIC MEDICATION TO THE
6 PATIENT.

7 (V) ONCE A COLLABORATIVE RELATIONSHIP IS ESTABLISHED WITH
8 ___ THE PRIMARY TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST
9 REFERS THE PATIENT PURSUANT TO SUBSECTION (5)(c)(IV) OF THIS
10 SECTION, THE PRESCRIBING PSYCHOLOGIST ___ SHALL MAINTAIN AND
11 DOCUMENT THE COLLABORATIVE RELATIONSHIP TO ENSURE THAT
12 RELEVANT INFORMATION IS EXCHANGED ACCURATELY AND IN A TIMELY
13 MANNER. THE ONGOING COLLABORATIVE RELATIONSHIP MUST BE
14 MAINTAINED ACCORDING TO THE FOLLOWING:

15 (A) A PRESCRIBING PSYCHOLOGIST ___ SHALL NOTIFY THE ___
16 PRIMARY TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST REFERS THE
17 CLIENT PURSUANT TO SUBSECTION (5)(c)(IV) OF THIS SECTION IF THE
18 PATIENT EXPERIENCES ADVERSE EFFECTS FROM MEDICATIONS PRESCRIBED
19 BY THE PSYCHOLOGIST THAT MAY BE RELATED TO THE PATIENT'S MEDICAL
20 CONDITION FOR WHICH THE PATIENT IS BEING TREATED BY THE PRIMARY
21 TREATING PHYSICIAN;

22 (B) A PRESCRIBING PSYCHOLOGIST ___ SHALL NOTIFY THE PRIMARY
23 TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST REFERS THE PATIENT
24 PURSUANT TO SUBSECTION (5)(c)(IV) OF THIS SECTION REGARDING
25 RESULTS OF LABORATORY TESTS RELATED TO THE MEDICAL CARE OF THE
26 PATIENT THAT HAVE BEEN ORDERED BY THE PSYCHOLOGIST IN
27 CONJUNCTION WITH PSYCHOPHARMACOLOGICAL TREATMENT; AND

1 (C) A PRESCRIBING PSYCHOLOGIST _____ SHALL NOTIFY A _____
2 PRIMARY TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST REFERS THE
3 PATIENT PURSUANT TO SUBSECTION (6)(c)(IV) OF THIS SECTION AS SOON
4 AS POSSIBLE OF ANY CHANGE IN THE PATIENT'S PSYCHOLOGICAL
5 CONDITION THAT MAY AFFECT THE MEDICAL TREATMENT BEING PROVIDED
6 BY THE PHYSICIAN.

7 (d) IN ACCORDANCE WITH SECTION 12-245-203, A PRESCRIBING
8 PSYCHOLOGIST [REDACTED] SHALL NOT PRESCRIBE MEDICATION TO A PATIENT
9 UNLESS IT IS WITHIN THE PRESCRIBING PSYCHOLOGIST'S SCOPE OF
10 TRAINING, EXPERIENCE, AND COMPETENCE.

11 [REDACTED]
12 **(6) Complaints.** THE COLORADO MEDICAL BOARD SHALL REVIEW
13 COMPLAINTS IN THE NORMAL COURSE OF BUSINESS AND MAKE
14 RECOMMENDATIONS TO THE BOARD REGARDING VIOLATIONS OF THIS
15 SECTION AND DISCIPLINARY ACTION TO BE TAKEN BY THE BOARD, IF
16 APPLICABLE.

17 **(7) Prescription information.** THE ENTITY THAT DISPENSES A
18 PRESCRIPTION FOR A PSYCHOTROPIC MEDICATION WRITTEN BY A
19 PRESCRIBING PSYCHOLOGIST SHALL COMPLY WITH APPLICABLE STATE AND
20 FEDERAL LAWS.

21 **(8) Disclosure.** A PRESCRIBING PSYCHOLOGIST SHALL DISCLOSE TO
22 EACH PATIENT TO WHOM THE PSYCHOLOGIST PRESCRIBES A PSYCHOTROPIC
23 MEDICATION THAT THE PSYCHOLOGIST IS NOT A PHYSICIAN LICENSED TO
24 PRACTICE MEDICINE, AND WILL BE SHARING INFORMATION REGARDING THE
25 DELIVERY OF PRESCRIBING SERVICES TO THE PATIENT'S PRIMARY TREATING
26 HEALTH-CARE PROVIDER AS REQUIRED BY LAW. THE DISCLOSURE MUST BE
27 IN WRITING, SIGNED BY THE PATIENT, AND KEPT IN THE PATIENT'S RECORD

1 ON FILE WITH THE PSYCHOLOGIST.

2 (9) A PRESCRIBING PSYCHOLOGIST SHALL NOT PRESCRIBE ANY
3 DRUG TO A PERSON UNDER EIGHTEEN YEARS OF AGE WITHOUT INFORMED
4 CONSENT FROM THE PARENT OR GUARDIAN OF SUCH PERSON.

5 (10) **Drug enforcement administration number.** EACH
6 PRESCRIBING PSYCHOLOGIST SHALL FILE WITH THE BOARD, IN THE FORM
7 AND MANNER DETERMINED BY THE BOARD, ALL INDIVIDUAL FEDERAL
8 DRUG ENFORCEMENT ADMINISTRATION REGISTRATIONS AND NUMBERS.
9 THE BOARD AND THE COLORADO MEDICAL BOARD SHALL MAINTAIN
10 CURRENT RECORDS OF EVERY PSYCHOLOGIST WITH PRESCRIPTIVE
11 AUTHORITY, INCLUDING THE PSYCHOLOGIST'S REGISTRATIONS AND
12 NUMBERS.

13 (11) (a) THE DEPARTMENT SHALL ANNUALLY COLLECT
14 INFORMATION REGARDING:

15 (I) THE NUMBER OF PRESCRIBING PSYCHOLOGISTS IN THIS STATE;

16 (II) THE LOCATION OF PRACTICE OF EACH PRESCRIBING
17 PSYCHOLOGIST;

18 (III) THE NUMBER OF PRESCRIBING PSYCHOLOGISTS WHO
19 ACCEPT CLIENTS WITH PRIVATE HEALTH INSURANCE OR WHO ARE
20 ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM ESTABLISHED
21 PURSUANT TO PARTS 4 TO 6 OF TITLE 25.5;

22 (IV) THE TYPE OF PRACTICE OF EACH PRESCRIBING PSYCHOLOGIST;
23 AND

24 (V) THE POPULATIONS SERVED BY EACH PRESCRIBING
25 PSYCHOLOGIST.

26 (b) THE DEPARTMENT SHALL COMPILE THE INFORMATION AND
27 SHARE IT WITH THE OFFICE IN THE DEPARTMENT THAT IS RESPONSIBLE FOR

1 CONDUCTING SUNSET REVIEWS PURSUANT TO SECTION 24-34-104. THE
2 OFFICE SHALL INCLUDE THE INFORMATION IN EACH SCHEDULED SUNSET
3 REVIEW CONCERNING THE REGULATION OF MENTAL HEALTH
4 PROFESSIONALS PURSUANT TO SECTION 24-34-104.

5 **SECTION 6. Act subject to petition - effective date.** This act
6 takes effect at 12:01 a.m. on the day following the expiration of the
7 ninety-day period after final adjournment of the general assembly; except
8 that, if a referendum petition is filed pursuant to section 1 (3) of article V
9 of the state constitution against this act or an item, section, or part of this
10 act within such period, then the act, item, section, or part will not take
11 effect unless approved by the people at the general election to be held in
12 November 2024 and, in such case, will take effect on the date of the
13 official declaration of the vote thereon by the governor.