

*****SIDEBAR*****

CALIFORNIA BOARD OF PSYCHOLOGY
STATEMENT ON MEDICATION

ADOPTED AUGUST 29, 1998

California psychologists cannot legally *prescribe* medication. This prohibition is established in Section 2903 of the California Business and Professions Code.

Often, consumers seeking mental health services are taking psychotropic medications or are suffering from conditions that could be treated very successfully by psychotropic medications prescribed by a physician. Psychologists are often the first mental health care providers assessing and treating such consumers. Indeed, many psychologists have extensive training and experience in the applications of psychotropic medications. Psychologists may discuss medications with a patient. A psychologist may suggest a particular medication to a physician to be prescribed by a physician. However, the ultimate decision as to whether a patient should receive medication lies solely with the physician. A psychologist may engage in a collegial discussion with a patient's physician regarding the appropriateness of a medication for the condition being treated. A psychologist has primary responsibility to monitor a patient's progress in psychotherapy which includes changes caused in the patient by drug therapy. Psychologists must maintain a close consultative relationship with physician care givers in order to assure appropriate overall treatment of the patient.

There are many psychological conditions which manifest themselves in physical symptoms. There are physical problems which have psychological symptoms as well. The best interests of the patient demand that psychologists work closely with primary care physicians and psychiatrists who are prescribing medications to the patient of the psychologist. While a psychologist's responsibility may include involvement in limited aspects of a patient's medications, the patient's physician is the only person who may lawfully prescribe and dispense the medication for the patient.

District of Columbia

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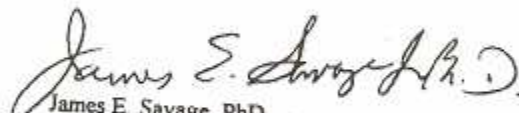
BOARD OF PSYCHOLOGY

DISTRICT OF COLUMBIA

OPINION

Please be advised that it is the opinion of the Board that a psychologist may offer a medication recommendation to the prescribing physician about a patient he or she has evaluated when such recommendation is within the boundaries of his or her competence based on his or her education, training, supervised experience, or appropriate professional experience. It is then incumbent on the physician, based upon all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.

For the Board:


James E. Savage, PhD
Chair, Board of Psychology
District of Columbia

May 15, 1998

Florida

Jennings, Rochelle

From: Hinnefeld, Billie [bjh.apa@email.apa.org]
Sent: Tuesday, July 07, 1998 10:24 AM
To: rxj.apa@email.apa.org
Subject: Re: Recommendation of Medicine

~~for pp file~~

At its meeting on June 27th, the Florida Board of Psychology provided the following "Declaratory Statement" pursuant to a request by Dr. Harry Reiff, FPA's Legislative chair.

"A Florida licensed psychologist may make recommendations for medications to physicians, including psychiatrists, as well as to other health care professionals, who are granted the authority to prescribe medications."

Due to the nature of declaratory statements in Florida, this statement only applies to Dr. Reiff's particular case. (If you do not have a copy of the original petition, please let me know and I will forward.) Regardless, the Board was very clear in its discussions that this was intended to set a precedent into how the Board of Psychology is going to respond to future similar recommendations by psychologists. Additionally, it was crafted particularly vague to allow for future adaptations (e.g. if recommendation includes particular drug/dosage).

This begins to address the concern about such recommendations being the "practice of medicine" but there is still a long way to go. I am expecting serious challenges in the very near future by the Florida Medical Association and the Florida Psychiatric Society. But at least we have this victory under our belts.

Many thanks to APA and Massachusetts for helping bring this interpretation about. We will keep you informed on future developments. (By the way, please pass this on to Elizabeth Cullen's replacement and the CESSPA list- with editorial comments- if you think it is appropriate.)

Tony Carvajal, FPA Executive Director
Execdir@flapsych.com
850/656-2222 - FAX 850/942-4586

Louisiana

Louisiana State Board of Examiners of Psychologists

Opinion 001: Psychopharmacology Assessment and/or Consultation

It is the opinion of the Louisiana State Board of Examiners of Psychologists that it is within the scope of practice of psychology to gain competence in the field of psychopharmacology. Psychologists who gain competence in psychopharmacology may provide consultation to professionals regarding psychotropic medications. 7/30/99

<http://www.lsbep.org/opinions.htm#001>

Maine

12/21/2005 13:39 FAX 207 622 6226

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STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS
55 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS SALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

December 2, 2003

Post-it: Fax Note	7671	Date	12/2/03	# of pages	1
To	Christine A. Gray		Suite		
Co./Dept.	Maine Psychological Association		Co.		
Phone #			Phone #		
Fax #	872-4287		Fax #		

Christine A. Gray, Psy.D.
Maine Psychological Association
PO Box 5435
Augusta ME 04332

Dear Ms. Gray:

At its November 4, 2003, the Board reviewed your letter of June 13, 2003. The Board acknowledges that psychologists have varying levels of expertise in psychotropic medications. It is permissible for a psychologist to discuss medications with a patient and to offer medication recommendations to the patient's prescribing caregivers, provided that the consultative comments are within the bounds of the psychologists competence based on his or her education, training, supervised experience, or appropriate professional experience. It is then incumbent on the physician, based upon all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any medication or medical treatment to prescribe.

Please be advised that this is not a formal advisory ruling, it is a clarification of the board's understanding with regard to appropriate practice by licensees.

If you have any questions, please feel free to contact the Board's office at 207-624-8620 or via email: kally.l.mclaughlin@maine.gov.

Sincerely,

Lucy Quimby
Acting Chair

C: Judith Peters, AAG
Randall Manning, Executive Director Medical Board

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(207) 624-8553 (HEARING IMPAIRED ONLY)

PHONE: (207)624-8620 (OFFICE)

OFFICES LOCATED AT: 123 NORTHERN AVENUE, GARDINER, MAINE

FAX: (207)624-8637

Massachusetts

FROM DEUTSCH WILLIAMS

TO 12023965797

PAGE.002



The Commonwealth of Massachusetts
Division of Registration
Leverett Saltonstall Building, Government Center
100 Cambridge Street, Boston, MA 02202

February 18, 1998

COPY

Dr. Elena Eisman
Executive Director
Mass. Psychological Association
14 Beacon Street, Suite 714
Boston, MA 02108

Dear Dr. Eisman:

The Board of Registration of Psychologists wishes to thank the Massachusetts Psychological Association for its interest and opinions regarding the issue of the standard of practice for licensed psychologists in the area of medication review and recommendations.

Please be advised that it is the opinion of the Board that a psychologist may offer a medication recommendation to the prescribing physician about a patient he or she has evaluated when such recommendation is within the boundaries of his or her competence based on his or her education, training, supervised experience, or appropriate professional experience. It is then incumbent on the physician, based upon all of the evidence before him or her (which may include the recommendations of the psychologist) to decide what, if any, medication or medical treatment to prescribe.

The Board hopes that this will clarify the issues. These comments do not deviate from any previous policy or interpretation offered by the Board.

Sincerely,

A handwritten signature in black ink, appearing to read "D. K. Norman Ed.D.", written over a horizontal line.

Dennis K. Norman, Ed.D.
Chairperson
Board of Registration of Psychologists

Missouri



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

Mel Carnahan
Governor

Division of Professional Registration
Randall J. Singer, Director

Joseph L. Driskill
Director

STATE COMMITTEE OF PSYCHOLOGISTS
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
573-751-0099
573-526-3489 FAX
800-735-2966 TDD
scop@mail.lacare.mo.us

Pamela Groose
Executive Director

RECEIVED SEP 29 1998

September 15, 1998

Danny Wedding
753 Spring Hill Farm Drive
Ballwin, MO 63021

Dear Mr. Wedding:

I am writing to you in my capacity as Executive Director for the State Committee of Psychologists. At their August 28, 1998 meeting, the members reviewed your request for an official opinion regarding medication recommendations by a licensed psychologist to the prescribing physician.

Please be advised that it is the opinion of the Missouri State Committee of Psychologists that a psychologist may offer a medication recommendation to the prescribing physician about a patient the psychologist has evaluated when such recommendation is an informed opinion based on the psychologist's education, training, supervised experience, or appropriate professional experience. It is then incumbent on the physician, based upon all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.

If you have any further questions, please feel free to contact this office at 573/751-0099.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Groose".

Pamela Groose
Executive Director

PG/sp

New Hampshire

April 22, 2003

DECLARATORY RULING

Steven B. Spielman, Ph.D.
875 Greenland Road Ste. B-6
Portsmouth, NH 03801

RE: Declaratory Ruling - RSA 330-A:2 VI

Dear Dr. Spielman:

The Board reviewed your letter dated November 5, 2002 in which you request a declaratory ruling on the last line of RSA 330-A:2 VI "Notwithstanding any other provision to the contrary, no person licensed or registered under this chapter shall assess the need for medications, prescribe medications, or otherwise practice medicine as defined in RSA 329". Please be aware that this ruling applies only to the very specific facts you have raised and only to you, the petitioner, because it is a ruling "as to the specific applicability of a statutory provision or of any rule or order of the agency." See RSA 541-A:1, V

The specific issues you asked the Board to rule on are:

- 1) Are psychologists permitted to make medication suggestions to referring physicians?
- 2) Is the following language acceptable in written reports to referring physicians?:
- 3) Is the following language acceptable in written reports to referring physicians?:
- 4) If the answers to 1 through 3 above are 'No', what does Section 330-A:2 VI allow for psychologists to do in their contracts with referring physicians regarding medication issues and what is acceptable language for written reports regarding medication issues?

The Board suggests the following language be used with referring physicians regarding medication issues: "Without assessing the need for medication, which is your domain, I would like to bring to your attention the following facts and concerns.... The above is based on the following (for example, cited research, cited clinical observation and cited patient history)." This allows for the psychologist to bring forward the science of psychology to the physician who makes the diagnostic and prescriptive decision.

The Board feels it is the role of the psychologist to share information and expertise they have on this matter. Please feel free to contact the Board office if you need further information.

Sincerely,

Peggy Lynch
Administrator

New Jersey

FROM : SCHOOL OF PSYCHOLOGY - FDU

PHONE NO. : 201 6922324

Aug. 31 2004 10:36AM P3

PSYCHOTROPIC MEDICATION STATEMENT

The Practice of psychology may include the observation and monitoring of the effects and effectiveness of pharmacologic interventions on individual's psychological functioning (e.g., affect, mood, cognition and behavior). The monitoring of pharmacologic effects should be grounded in relevant clinical observation, psychological assessment and/or neuropsychological assessment. Psychologists may engage in consultation with physicians regarding the potential or observed effects of medications on psychological conditions; however, psychologists should refer to a physician or appropriate medical provide for the management of medications. Psychologists should be aware of the limitations of their knowledge regarding medications effects (such as medical contra-indications, side effects, drug interactions, or the effects of medications on multiple physiological systems).

Policy statement adopted by the Board on July 12, 2004. NJ

Source: Legal > States Legal - U.S. > Ohio > Statutes & Regulations > OH - Ohio Administrative Code 
TOC: Ohio Administrative Code > ... > Chapter 4732-3 Definitions > 4732-3-01 Definitions.

OAC Ann.4732-3-01

OHIO ADMINISTRATIVE CODE
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*** THIS DOCUMENT IS CURRENT THROUGH MAY 3, 2004 ***

4732 STATE BOARD OF PSYCHOLOGY
Chapter 4732-3 Definitions

OAC Ann.4732-3-01 (Anderson 2004)

4732-3-01 Definitions.

(A) As used in agency-level 4732 of the Administrative Code, the terms "psychologist," "the practice of psychology," "psychological procedures," "school psychologist," "practice of school psychology," "licensed psychologist," "licensed school psychologist," and "certificated school psychologist" have the same meanings as set forth in section 4732.01 of the Revised Code. Effective July 1, 1998, school psychologists may be credentialed with educator licenses, rather than certificates, from the state board of education, pursuant to section 3319.22 of the Revised Code. Certificates may continue in effect until upgraded.

(B) The practice of psychology or school psychology, as distinct from the performance of psychological or school psychological tasks, includes but is not restricted to the use of the title "psychologist" or "school psychologist" and/or the exercise of the professional judgments of psychological or school psychological diagnosis, psychological or school psychological prescription, or psychological or school psychological client supervision.

(1) "Psychological or school psychological diagnosis" is the determination, after study, analysis, and description, that a problem is a psychological problem.

(2) "Psychological or school psychological prescription" is the determination of which psychological procedures should be applied for the prevention, treatment or amelioration of psychological problems.

(3) "Psychological or school psychological client supervision" is the determination of when, in what sequence, and to what degree particular approaches for dealing with the psychological problem of the client shall be initiated, continued, or discontinued. It may include the evaluation and management of patients and psychological effects to determine if prescribed medications might be helpful in alleviating their psychological symptoms and referring a client to a physician for prescription medication(s) if that is in the best interest of the client. When a client is on a prescribed medication, the psychologist may evaluate and monitor the psychological effects of that medication to determine the psychological effects of such medications on the patient, in a consultative relationship with the prescribing physician.

(C) "Consultative relationship" with a physician licensed to practice medicine, as used in section 4732.20 of the Revised Code:

(1) Shall mean that when a licensed psychologist judges the medical problems of his/her client to warrant medical attention, he/she will either determine that the client is under the medical care of a physician or offer to assist the client to obtain the medical help of an appropriate physician, and shall consult with that physician as the psychologist deems necessary for the client's welfare, consonant with section 4732.19 of the Revised Code,

relative to privileged communication.

(2) Shall not be interpreted to imply that the physician is to supervise the licensed psychologist or is necessarily to be the source of referrals of patients/clients to the licensed psychologist.

(3) May include evaluating and managing the psychological effects of various medications on a patient who has been prescribed medications by a physician and reporting, as appropriate for the welfare of the patient, that information to the prescribing physician.

(D) "Board" shall mean the state board of psychology.

(E) "Accreditation" shall be a procedure for recognizing or certifying that an educational institution meets prescribed standards that qualify its graduates for consideration for licensure pursuant to section 4732.15 of the Revised Code or for admission to a licensure examination pursuant to section 4732.10 of the Revised Code or for approval by the board pursuant to division (B) of section 4732.22 of the Revised Code.

(F) "National or regional accrediting agencies" means one of the following agencies:

(1) "Middle States Association of Colleges and Schools - Commission on Higher Education"

(2) "New England Association of Schools and Colleges"

(3) "North Central Association of Colleges and Schools"

(4) "Northwest Association of Schools and Colleges"

(5) "Southern Association of Colleges and Schools"

(6) "Western Association of Schools and Colleges - Accrediting Commission for Senior Colleges"

(G) "Applicant" means any person who applies to the board for licensure pursuant to section 4732.15 of the Revised Code or for admission to a licensure examination pursuant to section 4732.10 of the Revised Code or for approval of the board pursuant to division (B) of section 4732.22 of the Revised Code.

(H) "He" or "she" and "his" or "her" shall be interpreted to mean or include the pronoun of the other gender where appropriate.

(I) Direct effect on client welfare in teaching or research situations, as specified in division (B) of section 4732.01 of the Revised Code, shall mean:

(1) Classroom discussions and/or demonstrations which extend to the participation of students in therapy sessions based upon disclosure of the student's own personal experiences and/or personality traits; and/or

(2) Use in a classroom, practicum, or other instructional or research context by the instructor, the researcher, a student or a research subject of any procedure that:

(a) Creates a likelihood of psychological and/or physical harm or danger, and/or

(b) Utilizes the manipulative distortion, delay, or withholding of information in a manner that may have damaging psychological consequences, and/or

**Oklahoma State Board of Examiners of Psychologists
Statement on Medication**

(Declarative Ruling by the Board, January 23, 1999)

The Oklahoma State Board of Examiners of Psychologists recognizes that consumers seeking mental health services may be taking psychotropic or other medications, or may have conditions for which effective treatment may involve the use of medication(s). Psychologists are often the first mental health care providers assessing or treating such consumers, or may play an important collaborative or collegial role with other health care providers in meeting the needs of such consumers.

It is the formal opinion of the Oklahoma State Board of Examiners of Psychologists that a psychologist may discuss medication issues, including the appropriateness and/or effectiveness of a medication for the condition being treated, with a patient and with a patient's physician or other prescribing health care provider. A psychologist may offer a medication recommendation to a prescribing health care provider about a patient the psychologist has evaluated when such recommendation is an informed opinion within the boundaries of the psychologist's competence based on the psychologist's education, training, or appropriate professional experience. It is incumbent on the prescribing health care provider, based on all the evidence before him or her, to decide what medication to provide. A psychologist has an individual responsibility to monitor the patient's progress in the treatment or other service being provided by the psychologist, which may include monitoring the changes or effects that result from the use of the medication. Psychologists in such a situation should maintain an appropriately close, collaborative relationship with the prescribing health care provider in order to assure the quality of the overall treatment of the patient.

Additional statements not available in original form

State	Statement
Maryland	<p>"The practice of psychology includes that a psychologist may provide psychological consultation and recommendations regarding medication to patients and/or prescribing health professionals when informed opinions are based on the psychologist's education, training, supervised experience or other relevant professional experience." Maryland Board of Examiners (12-07-2007)</p>
New York	<p>"On a regular basis, for years, persons have contacted the State Board Office or other parts of the Department to ask if psychologists may discuss medication with their patients. Of course they can, and should. The Department, including this Office, has regularly told persons who have inquired that psychologists may not prescribe drugs (there is a specific official list of drugs kept by the Board for Pharmacy which need a prescription), but that they should be aware of the medications taken by patients, and, with consent, confer with the prescribing practitioner (nurse practitioner, dentist, optometrist, physician, or midwife), if necessary, regarding this prescribed medication. Inquirers have also been told that for non-prescription medications, herbs, etc., psychologists may certainly discuss their knowledge of such substances and their effects with patients. They may not prescribe these substances to treat or cure, but, we have said, in fact, that psychologists should make known to patients, to the extent that the psychologists are knowledgeable, that these substances exist, so that the patient may look into these things and make decisions for themselves or with the advice of their other practitioners."</p>
Tennessee	<p>From the Tennessee Board of Examiners in Psychology:</p> <p>Practitioners of psychology may discuss with an established patient and/or patient family member and/or recommend to a patient's physician or primary care prescriber any drug(s), laboratory test(s), or any medicine(s), devices(s), or treatment(s) including controlled substances, rational to the practice of psychology, when such recommendation is within the boundaries of his or her competence based on his or her education, training, or appropriate professional experience. It is then incumbent on the physician or primary care prescriber, based upon all of the evidence before him or her, which may include the recommendations of the psychology practitioner, to decide what, if any, medication or medical assessment and/or treatment to prescribe. While practitioners of psychology may discuss medication issues with a patient, these practitioners of psychology acknowledge that a patient's physician or primary care prescriber is the only person who may lawfully prescribe the medication or other medical test or treatment for the patient.</p>
Texas	<p>From: Tom Kozak (mailto:drtkozak@msn.com) Sent: Wednesday, June 04, 2003 9:28 AM To: jeff@hpmaine.com Subject: Re: (PRACTICE) discussing medications with patients</p> <p>I personally went to the Texas State Board and obtained a</p>

	<p>statement from them several years ago. It has been posted in part on the RxP listserv in the past. You may wish to include reference to Texas in any additional posts in order to be accurate.</p> <p>Thomas M. Kozak, Ph.D., FICPP</p>
Vermont	<p>Rules Relating to the Practice of Psychology</p> <p>3.11 Medication Recommendations to Prescribing Physicians A psychologist licensed by the Board may offer a medication recommendation to the prescribing physician about a patient the psychologist has evaluated when such recommendation is an informed opinion based on the psychologist's education, training, supervised experience, or appropriate professional experience. It is then incumbent upon the physician, based on all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.</p>