FENNEMORE.

FACT SHEET, SB 1125, DANGER TO PATIENT SAFETY FROM PSYCHOLOGIST PRESCRIBING BILL

PROMISES VS REALITY:

DANGER IN PSYCHOLOGIST BILL

SUMMARY:

- **Contradictory Board Oversight**: Creates confusion with conflicting language about following recommendations from "both" boards while saying "either" board can make recommendations
- **No Investigation Power**: Psychology Board "may" rather than "must" investigate misconduct referrals from medical boards
- **Undefined Virtual Training**: No specification of which educational components must be conducted in-person versus virtually; PAs, NPs, MDs and DOs all have thousands of in person hours. PAs must have 8,000 hours to prescribe. NPs have an average of 4,000, MDs ad DOs have
- **Accreditation Bypass**: Creates alternative pathways around accreditation, removing incentives for programs to meet rigorous standards
- **Insufficient Clinical Hours**: Requires only 1,900 hours (misleadingly spread over two years as just 18 hours/week) compared to 15,000+ hours for MDs
- **Unenforceable Prescribing Limits**: Claims to restrict prescribing authority but provides no mechanism to monitor or enforce these limitations
- **Critical Science Gap**: Omits chemical reactions coursework despite its essential role in understanding drug interactions
- **Prescription Shopping Risk**: Creates new avenues for prescription drug abuse without infrastructure to prevent provider cycling
- **Unfunded Mandates**: Creates complex reimbursement scheme without board input or adequate funding source
- **Liability Gaps**: Attempts to artificially limit physician liability below standard of care, added without physician input
- **Immediate Multiple Agreements**: Dangerously allows four collaboration agreements immediately, without graduated experience requirements

Documents Referenced: *Appendices*

A. Summary of Changes Made to the Psychologist Prescribing Authority Legislation that were Requested by Psychiatrists and Medical Stakeholders
B. Bill Rough Draft November 26, 2024 03:19 PM Folder 34, Drafter Michele J. Hanigsberg
C. Senate Bill 1125: SB1125 // Text: SB1125P.docx

Table of Contents:

Ignore Medical and Osteopathic Boards

Change Alleged:

REGULATORY BOARD OVERISGHT	The medical stakeholders made the request that the psychologist prescribing authority be regulated by the MD/DO Boards OR to create a new board entirely. After consulting with staff from the Boards of Medical Examiners, Doctors of Osteopath, Psychologists, and Pharmacists it was determined that the language could be written to require the MD/DO Boards to regulate the prescribing aspect	Page 6, Lines 33-37 Page 8, Lines 37-41 Page 11 Section 32-2095.05
	of the psychologist's work while still allowing the Psychology Board to have oversight of the psychology work. Given administratively it was determined this can work and that a new board is not politically viable, the draft has been updated to require the MD/DO boards to review the prescribing aspects of a prescribing psychologist's work. In addition, in multiple elements of the bill, the Board of Psychology is directed to seek input and guidance from the MD/DO boards on matters related to prescribing.	

Issue:

- While proponents claim the bill requires meaningful oversight from the Medical and Osteopathic Boards, the actual language only requires the Psychology Board to "consult" or "receive recommendations" from these medical boards – with no obligation to follow their guidance. This creates a system where critical input from the boards overseeing medical practice can be ignored.
- In addition, SB1125 includes new language that creates an unprecedented and confusing oversight structure by requiring recommendations from both the Medical AND Osteopathic Boards before the Psychology Board "may" take action. This raises serious questions:
    - No existing healthcare profession requires dual-board oversight
    - No clarity on what happens if the boards disagree
    - Still uses permissive "may" language, meaning Psychology Board can ignore both medical boards
    - Creates bureaucratic gridlock that could delay action on serious safety concerns
- The oversight language in SB1125 is internally contradictory and legally confusing:
    - Says board "SHALL" receive AND pursue action based on recommendations
    - But then says from "EITHER" board
    - Creates unclear legal obligations:
        - Does "SHALL pursue action" mean they must follow recommendations?
        - If so, which board's recommendations if they conflict?
        - How can they be required to follow both boards but only need input from either?
    - This confusing language makes enforcement impossible and oversight meaningless

Draft Bill Text:

8. PROVIDE FOR ADEQUATE COLLABORATION BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST AS DETERMINED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.

9. ADDRESS THE TERMINATION OF OR CHANGES TO THE COLLABORATIVE PRESCRIPTION AGREEMENT.

10. CONTAIN THE NATIONAL PROVIDER IDENTIFIER NUMBER OF BOTH THE PRESCRIBING PSYCHOLOGIST AND THE COLLABORATING PHYSICIAN.

- 8 -

Page 8.

32-2095.01. Prescription licenses; qualifications; application process; approval; renewal

A. BEGINNING ON OR BEFORE JANUARY 1, 2027, A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A PRESCRIPTION LICENSE ON A FORM APPROVED BY THE BOARD AND SHALL INCLUDE WITH THE APPLICATION EVIDENCE SATISFACTORY TO THE BOARD THAT THE APPLICANT MEETS ALL OF THE FOLLOWING REQUIREMENTS:

1. COMPLETED A DOCTORAL PROGRAM IN PSYCHOLOGY FROM AN ACCREDITED INSTITUTION OF HIGHER EDUCATION OR PROFESSIONAL SCHOOL, OR, IF THE PROGRAM WAS NOT ACCREDITED AT THE TIME OF THE APPLICANT'S GRADUATION, THE PROGRAM MEETS PROFESSIONAL STANDARDS AS PRESCRIBED BY SECTION 32-2071.

2. HOLDS A CURRENT LICENSE TO PRACTICE PSYCHOLOGY IN THIS STATE.

3. PASSED A NATIONAL CERTIFICATION EXAMINATION APPROVED BY THE BOARD THAT INCLUDES TESTING ON INTEGRATING CLINICAL PSYCHOPHARMACOLOGY WITH THE PRACTICE OF PSYCHOLOGY.

4. SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF GRADUATE-LEVEL EDUCATION THAT INCLUDED IN-PERSON COMPONENTS, THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, AND THAT CONSISTS OF AT LEAST THE FOLLOWING CORE AREAS OF INSTRUCTION:

(a) BIOLOGICAL FOUNDATIONS OF PSYCHOPHARMACOLOGY.

(b) NEUROSCIENCE.

(c) NEUROPHARMACOLOGY.

(d) PSYCHOPHARMACOLOGY.

(e) CLINICAL PHARMACOLOGY.

(f) PROFESSIONAL ISSUES AND PRACTICE MANAGEMENT.

(g) TREATMENT ISSUES IN PSYCHOPHARMACOLOGY, INCLUDING AFFECTIVE DISORDERS, PSYCHOTIC DISORDERS AND ANXIETY DISORDERS.

- 6 -

Page 6.

B. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL RECEIVE RECOMMENDATIONS AND PURSUE ACTION BASED ON THE RECOMMENDATIONS FROM EITHER THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY REGARDING MATTERS RELATED TO PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST.

Page 11.

SB 1125:

8. PROVIDE FOR ADEQUATE COLLABORATION BETWEEN THE COLLABORATING PHYSICIAN AND THE PRESCRIBING PSYCHOLOGIST AS DETERMINED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY.

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32-2095.01. Prescription licenses; qualifications; application process; fees; approval; renewal

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(g) TREATMENT ISSUES IN PSYCHOPHARMACOLOGY, INCLUDING AFFECTIVE DISORDERS, PSYCHOTIC DISORDERS AND ANXIETY DISORDERS.

- 6 -

B. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL BOTH RECEIVE RECOMMENDATIONS AND PURSUE ACTION BASED ON THE RECOMMENDATIONS FROM EITHER THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY REGARDING MATTERS RELATED TO PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST.

Page 11.

No Investigation Power

Change Alleged:

PSYCHOLOGY BOARD REQUIREMENT TO ACT ON RECOMMENDATIONS	The physician stakeholders expressed concern that the Board of Psychology would only have to consider the recommendations of the MD/DO boards regarding disciplinary action for prescribers, with the concerns that the Board of Psychology members may not actually follow through with the recommendation. Therefore, the language has been updated to express that the Board of Psychologist Examiners must pursue action based on the recommendations from the MD/DO board, as applicable.	Page 11, Lines 28-31

Issue:

- The change is alleged to require action based on recommendation but still states "MAY"
- The bill dangerously weakens patient safety oversight: When the Medical/Osteopathic Boards refer cases of potential misconduct for investigation, the Psychology Board "may" investigate – not "must." This permissive language means the Psychology Board can simply ignore serious safety concerns raised by the medical boards, even when they determine an investigation is necessary.

Draft Bill Text:

D. THE BOARD MAY TAKE ACTION PURSUANT TO THIS ARTICLE OR ARTICLE 3 OF THIS CHAPTER ON THE PRESCRIBING PSYCHOLOGIST'S PRESCRIPTION LICENSE IF THE PRESCRIBING PSYCHOLOGIST FAILS TO MEET THE REQUIREMENTS OUTLINED IN THIS ARTICLE.

SB 1125:

D. THE BOARD MAY TAKE ACTION PURSUANT TO THIS ARTICLE OR ARTICLE 3 OF THIS CHAPTER ON THE PRESCRIBING PSYCHOLOGIST'S PRESCRIPTION LICENSE IF THE PRESCRIBING PSYCHOLOGIST FAILS TO MEET THE REQUIREMENTS OUTLINED IN THIS ARTICLE.

Virtual School

Change Alleged:

IN-PERSON EDUCATION	The stakeholders expressed concern that the existing pharmacological education requirements would allow a person to do their training entirely online. The draft now requires that components of the education be in-person.	Page 6, Lines 32-33

Issue:

- No definition of which components will be in person.
- The bill fails to specify which components of psychologists' prescribing education must be conducted in-person versus virtually. Without clear requirements for hands-on clinical training and in-person medical education, psychologists could potentially complete critical medical training through online courses alone – creating dangerous gaps in their practical clinical experience with medications.

Draft Bill Text:

32-2095.01. Prescription licenses; qualifications; application process; approval; renewal

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4. SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF GRADUATE-LEVEL EDUCATION THAT INCLUDED IN-PERSON COMPONENTS, THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, AND THAT CONSISTS OF AT LEAST THE FOLLOWING CORE AREAS OF INSTRUCTION:

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(d) PSYCHOPHARMACOLOGY.

(e) CLINICAL PHARMACOLOGY.

(f) PROFESSIONAL ISSUES AND PRACTICE MANAGEMENT.

(g) TREATMENT ISSUES IN PSYCHOPHARMACOLOGY, INCLUDING AFFECTIVE DISORDERS, PSYCHOTIC DISORDERS AND ANXIETY DISORDERS.

- 6 -

SB1125:

4. SUCCESSFULLY COMPLETED AN ORGANIZED PROGRAM OF GRADUATE-LEVEL EDUCATION THAT INCLUDED IN-PERSON COMPONENTS, THAT IS APPROVED BY THE STATE BOARD OF PSYCHOLOGIST EXAMINERS IN CONSULTATION WITH THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY, AND THAT CONSISTS OF AT LEAST THE FOLLOWING CORE AREAS OF INSTRUCTION:

No Accreditation Necessary

Change Alleged:

EDUCATION ACCREDITATION	The stakeholders expressed concern that in absence of explicit language around "accredited" institutions of higher education, there would be loopholes. Language was explicitly specifying accredited institutions of higher education. Psychologists also added a statutory reference to ARS 32-2071 for programs that were not accredited at time of graduation but met professional standards outlined in statute.	Page 6, Lines 24-27

Issue:

- This does not close the loophole.
- The bill allows prescribing training programs to bypass essential accreditation requirements. By providing alternative pathways around accreditation, the bill removes any incentive for programs to undergo rigorous quality review. This creates a dangerous race to the bottom where programs can avoid the strict educational standards that protect patient safety.

Bill Text:

32-2095.01. Prescription licenses; qualifications; application process; approval; renewal

A. BEGINNING ON OR BEFORE JANUARY 1, 2027, A PSYCHOLOGIST MAY APPLY TO THE BOARD FOR A PRESCRIPTION LICENSE ON A FORM APPROVED BY THE BOARD AND SHALL INCLUDE WITH THE APPLICATION EVIDENCE SATISFACTORY TO THE BOARD THAT THE APPLICANT MEETS ALL OF THE FOLLOWING REQUIREMENTS:

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- 6 -

SB1125:

1. COMPLETED A DOCTORAL PROGRAM IN PSYCHOLOGY FROM AN ACCREDITED INSTITUTION OF HIGHER EDUCATION OR PROFESSIONAL SCHOOL, OR, IF THE PROGRAM WAS NOT ACCREDITED AT THE TIME OF THE APPLICANT'S GRADUATION, THE PROGRAM MEETS PROFESSIONAL STANDARDS AS PRESCRIBED BY SECTION 32-2071.

Inadequate Clinical Training Requirements

Change Alleged:

PRACTICUM LENGTH	Prior versions of the draft required the clinical psychologist to complete a practicum of 14 months. The medical stakeholders did not feel this was sufficient, therefore, Psychologists increased the amount to twenty-four months. In addition, the stakeholders raised concerns with the lack of total hours for supervised training and felt the layout of the section was confusing. This section has been clarified and the total number of hours over the course of twenty-four months is specified.	Page 7, Lines 9-15

Issue:

- The bill's required 1,900 hours of clinical training for psychologists is dangerously inadequate compared to other prescribing professionals:
- Medical Doctors (MDs): 15,000+ clinical hours during residency
- Nurse Practitioners: 5,000+ clinical hours
- Physician Assistants: 2,000+ hours plus 2,000-4,000 hours of prior healthcare experience
- Proposed for Psychologists: Just 1,900 hours (equivalent to part-time work of 18 hours/week for 2 years)
- By spreading minimal hours over two years, the bill creates an illusion of substantial training while allowing dangerously limited clinical exposure

Bill Text:

6. IS CERTIFIED BY EACH OF THE APPLICANT'S SUPERVISING PHYSICIANS AS HAVING SUCCESSFULLY COMPLETED A PRACTICUM THAT IS APPROVED BY THE BOARD. THE PRACTICUM MUST CONSIST OF AT LEAST ONE THOUSAND NINE HUNDRED HOURS TOTAL OVER THE COURSE OF AT LEAST TWENTY-FOUR MONTHS IN CLINICAL ASSESSMENT AND PATHOPHYSIOLOGY UNDER THE SUPERVISION OF A PHYSICIAN. AT LEAST ONE THOUSAND HOURS OF THE PRACTICUM MUST MEET ALL OF THE FOLLOWING CRITERIA:

Page 7

SB1125:

6. IS CERTIFIED BY EACH OF THE APPLICANT'S SUPERVISING PHYSICIANS AS HAVING SUCCESSFULLY COMPLETED A PRACTICUM THAT IS APPROVED BY THE BOARD. THE PRACTICUM MUST CONSIST OF AT LEAST ONE THOUSAND NINE HUNDRED HOURS TOTAL OVER THE COURSE OF AT LEAST TWENTY-FOUR MONTHS IN CLINICAL ASSESSMENT AND PATHOPHYSIOLOGY UNDER THE SUPERVISION OF A PHYSICIAN. AT LEAST ONE THOUSAND HOURS OF THE PRACTICUM MUST MEET ALL OF THE FOLLOWING CRITERIA:

Psychotropic Drugs

Change Alleged:

COLLABORATIVE AGREEMENT	The stakeholders expressed concern that the psychologist would be prescribing medication that was outside the scope of medication that the collaborating physician typically prescribes. The collaborating agreement must now state and define what brands or generic medications the psychologist may prescribe, and that the medication allowed should also be generally used within the collaborating physician's clinical practice.	Page 8, Lines 15-21

Issue:

- The bill's promise to limit psychologists' prescribing authority is unenforceable:
  - Claims psychologists will only prescribe medications used by collaborating psychiatrists
  - But provides no real-time monitoring system to enforce this limitation
  - Creates a dangerous "honor system" for powerful medications
  - Can only punish violations after harm has occurred, rather than preventing it
  - Puts patients at risk by relying on after-the-fact discipline instead of proactive safeguards

Bill Text:

3. IDENTIFY BY BRAND NAME OR GENERIC NAME THE PSYCHOTROPIC MEDICATION THAT THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE. THE PSYCHOTROPIC MEDICATION LISTED IN THE COLLABORATIVE PRESCRIPTION AGREEMENT MAY BE ONLY MEDICATION THAT THE COLLABORATING PHYSICIAN GENERALLY PROVIDES TO THE COLLABORATING PHYSICIAN'S PATIENTS TO TREAT MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN THE NORMAL COURSE OF THE COLLABORATING PHYSICIAN'S CLINICAL PRACTICE.

Page 8.

SB1125:

3. IDENTIFY BY BRAND NAME OR GENERIC NAME THE PSYCHOTROPIC MEDICATION THAT THE PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE. THE PSYCHOTROPIC MEDICATION LISTED IN THE COLLABORATIVE PRESCRIPTION AGREEMENT MAY BE ONLY MEDICATION THAT THE COLLABORATING PHYSICIAN GENERALLY PROVIDES TO THE COLLABORATING PHYSICIAN'S PATIENTS TO TREAT MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN THE NORMAL COURSE OF THE COLLABORATING PHYSICIAN'S CLINICAL PRACTICE.

Page 8.

Dangerous Weakening of Core Science Requirements

Change Alleged:

COURSE WORK	Medical stakeholders raised concerns about the lack of specificity around the undergraduate science course work and whether it was sufficient. The listed coursework has been updated to meet the undergraduate coursework required for undergraduate students applying to medical school. The standards came from a combination of the University of Arizona and Midwestern University's requirements.	Page 7, Lines 2-8

Issue:

- The bill dangerously weakens essential medical education requirements by:
  - Omitting chemical reactions, which are crucial for understanding drug interactions
  - Without chemical reactions coursework, prescribers would lack understanding of:
    - How drugs chemically interact with each other
    - The chemical processes that affect drug absorption and metabolism
    - Why certain drug combinations create dangerous chemical reactions
    - The molecular basis of adverse drug reactions

Bill Text:

5. SUCCESSFULLY COMPLETED SPECIFIC MINIMUM UNDERGRADUATE BIOMEDICAL COURSEWORK, INCLUDING, AT A MINIMUM, THE FOLLOWING SUBJECT AREAS:
(a) CHEMISTRY I AND II.
(b) ORGANIC CHEMISTRY OR BIOCHEMISTRY.
(c) ANATOMY AND PHYSIOLOGY OR PHYSIOLOGY.
(d) GENERAL BIOLOGY I AND II.
(e) MICROBIOLOGY.

Page 7.

SB1125:

5. SUCCESSFULLY COMPLETED UNDERGRADUATE BIOMEDICAL COURSEWORK, INCLUDING, AT A MINIMUM, THE FOLLOWING SUBJECT AREAS:
(a) CHEMISTRY I AND II.
(b) ORGANIC CHEMISTRY OR BIOCHEMISTRY.
(c) ANATOMY AND PHYSIOLOGY OR PHYSIOLOGY.
(d) GENERAL BIOLOGY I AND II.
(e) MICROBIOLOGY.

Page 7.

Prescription Shopping

Change Alleged:

CONJUNCTIVE CLINICAL SERVICES	While it has always been the intent of the proposal that the psychologist would be seeing the patient for clinical services in conjunction with any prescriptive services, the stakeholders raised a concern that a patient would visit a psychologist once for services, get a prescription, and then no longer upkeep the clinical side. Therefore, the Psychologists added explicit language stating that they may only prescribe to a patient whom they have an established relationship with and CONTINUE to see for clinical services.	Page 10, Lines 7-10

Issue:

- The bill dangerously expands opportunities for prescription drug abuse by:
  - Creating a new pool of prescribers without addressing existing problems of "doctor shopping"
  - Having no system to prevent patients from cycling between psychologists to obtain controlled medications
  - Lacking infrastructure to track prescribing patterns or coordinate care between providers
  - Allowing prescriptions after minimal visits without the established safety protocols used by psychiatrists

Bill Text:

F. A PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE ONLY TO A PATIENT WITH WHOM THE PRESCRIBING PSYCHOLOGIST HAS AN ESTABLISHED PSYCHOLOGIST-PATIENT RELATIONSHIP AND MUST CONTINUE TO PROVIDE CLINICAL SERVICES THROUGHOUT THE PERIOD OF PRESCRIBED MEDICATION.

Page 10.

SB1125:

F. A PRESCRIBING PSYCHOLOGIST MAY PRESCRIBE ONLY TO A PATIENT WITH WHOM THE PRESCRIBING PSYCHOLOGIST HAS AN ESTABLISHED PSYCHOLOGIST-PATIENT RELATIONSHIP AND MUST CONTINUE TO PROVIDE CLINICAL SERVICES THROUGHOUT THE PERIOD OF PRESCRIBED MEDICATION.

Page 10.

Unfunded and Unworkable

Issue:

- SB 1125 funding mechanism is unworkable and creates unfunded burdens:
  - Forces a complex reimbursement scheme on medical boards without their input
  - Creates expensive new oversight obligations with minimal revenue (only ~2 graduates/year)
  - Requires complex rulemaking to define reimbursable costs
  - Will drain resources from already stretched medical boards while waiting for reimbursement structure
  - Creates unfunded mandate for medical boards to develop rules and processes before any reimbursement begins
  - Leaves boards vulnerable to costly investigations without clear funding

Number of Conferrals Annually per APA Program

Institutions	2018	2019	2020	2021	2022	Growth (2018-2022)	Year-over-Year Growth
Alliant International University[1]	38	21	20	6	12	-68%	100%
New Mexico State - Main Campus[1]	5	1	5	5	10	100%	100%
Fairleigh Dickenson University - Metropolitan Campus[2]	32	36	24	22	27	-16%	23%
Idaho State University[3]	7	5	8	8	10	43%	25%
The Chicago School of Professional Psychology	Unable to identify						
Drake University	Unable to identify						
Total	82	63	57	41	59	-28%	44%

[1]Reported under CIP Code Psychopharmacology (42.2709)
[2]Reported under CIP Code Neuropharmacology (26.1003)
[3]Reported under CIP Code Psychology, General (42.0101); This is the only Master's level psychology program reported by ISU.

Source: Page 6. Masters of Science in Clinical Psychopharmacology (MSCP) and Prescribing Fellowship in Clinical Psychopharmacology Certificate, January 12, 2024, Amy Wachholtz

SB1125:

E. THE STATE BOARD OF PSYCHOLOGIST EXAMINERS SHALL ENTER INTO AN INTERAGENCY SERVICE AGREEMENT TO ALLOW THE STATE BOARD OF PSYCHOLOGIST EXAMINERS TO REIMBURSE THE ARIZONA MEDICAL BOARD AND THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY FOR ANY COSTS ASSOCIATED WITH ADMINISTERING OR REGULATING A PRESCRIBING PSYCHOLOGIST OR A PHYSICIAN WHO IS A PARTY TO A COLLABORATION AGREEMENT.

Page 11.

Liability Gaps

Issue:

- SB 1125 liability provisions create dangerous gaps in patient protection:
  - Attempts to artificially limit physician liability to only what's in the "collaborative agreement"
  - Ignores reality that patient harm often occurs outside agreement boundaries
  - Creates unworkable division of liability that conflicts with established medical law
  - Medical standard of care cannot be limited by contract, making these provisions legally questionable
  - Added without input from physicians who would bear this liability risk
  - Leaves patients vulnerable when harm occurs outside narrowly defined agreement scope

SB1125:

13. INVESTIGATING ANY CHARGE THAT INVOLVES PRESCRIBING BY A PRESCRIBING PSYCHOLOGIST AND RECOMMENDING TO THE STATE BOARD OF PSYCHOLOGIST EXAMINERS WHETHER THE ARIZONA MEDICAL BOARD BELIEVES THE PRESCRIBING PSYCHOLOGIST ENGAGED IN UNPROFESSIONAL CONDUCT RELATED TO PRESCRIBING OR PROVIDED INCOMPETENT MEDICAL CARE BASED ON THE PRESCRIBING PSYCHOLOGIST'S COLLABORATIVE PRESCRIPTION AGREEMENT. FOR THE PURPOSES OF THIS PARAGRAPH, "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

Page 2.

Zero to Four Prescribers on Day 1?

Issue:

- The bill dangerously allows psychologists to enter up to four collaboration agreements:
    - Dramatic leap from zero to four agreements with no gradual experience requirement
    - Allows a newly authorized prescribing psychologist to oversee four patients' medications immediately
    - No requirement to demonstrate competency with one agreement before taking on more
    - Creates patient safety risk by spreading physician oversight too thin

SB 1125:

A. SUBJECT TO THE RULES ADOPTED BY THE BOARD, A PHYSICIAN MAY ENTER INTO A COLLABORATIVE PRESCRIPTION AGREEMENT WITH A PRESCRIBING PSYCHOLOGIST. A COLLABORATING PHYSICIAN MAY BE A PARTY TO ONLY FOUR COLLABORATIVE PRESCRIPTION AGREEMENTS AT ANY TIME.

B. FOR THE PURPOSES OF THIS SECTION, "COLLABORATING PHYSICIAN", "COLLABORATIVE PRESCRIPTION AGREEMENT" AND "PRESCRIBING PSYCHOLOGIST" HAVE THE SAME MEANINGS PRESCRIBED IN SECTION 32-2095.

Page 3.