Client name	Walter Clapp
Form	Montana Licensing Reform Task Force
Matter	Walter Clapp - Rules
Sent	March 13, 2026 at 10:31 AM
Due	
Submitted	March 13, 2026 at 10:31 AM

Walter Clapp

Date of birth		**Company**	Honor Coin Law, PLLC
Work email	wdclapp@honorcoinlaw.com	**Work address**	5 Pepsi Dr, Suite 107, P2043 Red Lodge, MT 59068
Home phone	4064261424		

Montana Licensing Reform Task Force

This Task Force was created pursuant to Executive Order 1-2026 on January 29, 2026.

Purpose of the Licensing Reform Task Force

The Task Force shall provide the Governor with recommendations and strategies for the State of Montana to reform the professional occupational licensing system for the purposes of:

• identifying and removing burdens and barriers faced by licensees that are not necessary to protect the public; and
• improving access to and availability of professional services for citizens across Montana, including rural communities.

In developing recommendations and strategies, the Task Force shall seek input from Montana citizens, legislators, Montana associations whose members are licensed occupational professionals, professional licensing boards, relevant state agencies, advisory groups and researchers focused on occupational licensing, and other appropriate stakeholders as determined by the Task Force.

Public Record

Please note that all information received through this form is public record.

Which committee would you like to receive your comment?

Full Task Force
Health Care Subcommittee
Construction Subcommittee
Barriers Subcommittee
Sunset Review Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

General comment

What are your comments?

As a Red Lodge based Civil Litigator, I write on behalf of professionals in Montana, and consumers of our broken healthcare system. I know time is precious, so I have kept this short.

Our current Department of Labor and Industry practices of legislating, executing, and adjudicating licensing standards and claims are unconstitutional for at least four reasons. I urge you to consider these factors as you dig into the hard work of licensing reform.

First, I turn your attention to the Supreme Court's recent decision in S.E.C. v. Jarskey, 603 U.S. 109 (2024). In Jarskey, the Supreme Court ruled that the S.E.C.'s enforcement of fines without a jury trial violated our fundamental right to a Jury Trial. That was under the U.S. Constitution. The Montana Constitution is more protective of our right to a Jury trial. Today, evidence is considered on licensing decisions not by a Jury, but by an Administrative Law Judge, usually a executive branch lawyer who lunches with the DOLI attorneys daily. The introduction of evidence on appeal requires "good cause."

Second, I turn your attention to West Virginia v. EPA, 597 U.S. 697 and Loper Bright Enters v. Raimondo, 603 U.S. 369, which further indicate the U.S. approach of clawing back of legislative authority which has been delegated to executive agencies.

Third, I turn your attention to In the Matter of Austin Miles Knudsen, 2025 MT 304. There, the Montana Supreme Court dismissed disciplinary proceedings against an attorney by the Commission on Practice for due process violations.

Fourth, I turn your attention to Article III, Section 1 of the Montana Constitution which states: "The power of the government of this state is divided into three distinct branches-legislative, executive, and judicial. No person or persons charged with the exercise of power properly belonging to one branch shall exercise any power properly belonging to either of the others, except as in this constitution expressly directed or permitted."

Since World War II, America and her States's legislatures have consistently delegated legislative power to executive agencies. And the U.S. Supreme Court blessed this efficient bargain with Chevron deference. No more. A Board of Pharmacy can no longer be staffed with incumbent competitors who legislate, execute, and adjudicate a license.

I presently have confidential litigation challenging these laws in the 13th Judicial District Court. With appropriate protections, I can share more information of the details of my client's case, and the clear analog to Kafka's "The Trial" which our Constitutions protect against.

Client name	Anatoly Levchenko
Form	Montana Licensing Reform Task Force
Matter	Anatoly Levchenko - Rules
Sent	March 12, 2026 at 8:58 AM
Due	
Submitted	March 12, 2026 at 8:58 AM

Anatoly Levchenko

Date of birth	
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Construction Subcommittee

We want to hear from you!

We would like to receive any comments you would like the Task Force, or one of its subcommittees, to review. In addition, we are specifically looking for feedback for:

1. Specific topics a committee or the task force should consider, and
2. Specific people or organizations you think the task force should hear from.

Do you have a general comment or a specific person or topic for the Task Force to hear from?

Specific person or topic

What are your comments?

In regards to plumbing licensing, it was changed during COVID that the practical test portion to acquire a journeyman's license was moved to an online platform rather than the hand ons test. During COVID it was the better option but, now that we have recovered I strongly believe the in person hands on portion should be a requirement once again. As a local licensed plumber I have seen time and time again new licensees acquire their journeyman's without the knowledge or know how to complete a job on their own. Even in a supervisory capacity the knowledge of installing and hands on experience should be required which the recent change of online voids an apprentice from working on the job as the only proof required from the state to apply and approve testing qualifications is the signed approval from the supervising master plumber enabling apprentices to fabricate on the job hours in conjunction with their master plumber.

Outlook

[EXTERNAL] Request to Consider Prescriptive Authority for Psychologists--Healthcare Subcommittee

From Christian Zal-Herwitz <herwitz@gmail.com>
Date Fri 3/13/2026 10:19 AM
To Swanson, Sarah <Sarah.Swanson@mt.gov>
Cc Owen, Jennifer <Jennifer.Owen@mt.gov>; Bragg, Kevin <Kevin.Bragg@mt.gov>; JodeeforMT@gmail.com <JodeeforMT@gmail.com>; MTPharmacyassoc@gmail.com <MTPharmacyassoc@gmail.com>

6 attachments (598 KB)

RxP Op Ed 2.09.docx; Why PA-RxP.doc; PrescriptionPriviledgesInfo 2011.pdf; NAPPP NewsletterApril2007 - 56days.pdf; SPA Statment 06.pdf; MPA House Truth Sheet2.pdf;

Dear Commissioner Swanson,

I am writing to respectfully request that the Healthcare Subcommittee of the Montana Licensing Reform Task Force include prescriptive authority for licensed psychologists as a formal topic of consideration as it develops its scope-of-practice recommendations to Governor Gianforte.

I am a licensed psychologist in solo private practice in Missoula, Montana, and I have been in practice for approximately 11 years. I work with a range of individuals, including many in rural and underserved communities who face serious barriers to timely psychiatric care.

The Task Force's stated mission--to identify and remove barriers to professional services for Montanans, especially in rural communities--maps directly onto one of the most persistent and well-documented gaps in Montana's behavioral health system: the critical shortage of qualified psychiatric prescribers. Montana's suicide rate remains among the highest in the nation. Wait times to see a psychiatrist in many communities have historically stretched from months to over a year. In Missoula, psychiatrists have routinely maintained closed practices. In eastern Montana, individuals may drive hundreds of miles to Billings for care that should be available at home.

Expanding the scope of practice of licensed psychologists to include prescriptive authority is a well-researched, evidence-based response to this crisis. I want to be clear that this is not a new idea in Montana--it has been pursued through the legislative process on multiple occasions, most notably in 2007 and 2011, when a bill passed the Montana Senate 35-15 before narrowly falling short in the House due to organized outside opposition. Those efforts generated extensive documentation of both the public need and the safety record of prescribing psychologists, some of which I have attached for the Subcommittee's reference.

The evidence in support of this proposal is strong:

- Psychologists are already licensed to prescribe in several states and through the Indian Health Service, with an established safety record spanning tens of thousands of prescriptions and no reported adverse effects attributable to prescribing psychologists.
- The Department of Defense Demonstration Project (1991–1997) and subsequent real-world practice in New Mexico, Louisiana, and IHS settings have consistently demonstrated that appropriately trained prescribing psychologists provide safe, high-quality care--a finding affirmed by supervising psychiatrists themselves.
- Training requirements are rigorous: a post-doctoral master's degree in psychopharmacology, a national examination, and supervised clinical experience with a defined patient caseload, all guided by American Psychological Association recommendations.
- On average, prescribing psychologists prescribe fewer medications than physician counterparts, because they bring a broader suite of evidence-based non-pharmacological treatments to the encounter.
- The American Psychological Association Insurance Trust has not raised malpractice rates for prescribing psychologists--a meaningful indicator of the field's confidence in this model.

The Licensing Reform Task Force is in a unique position to advance this issue through a pathway that bypasses some of the political dynamics that have historically complicated legislative efforts. The Task Force's charge is precisely to ask whether existing scope-of-practice restrictions are truly necessary to protect the public--and in this case, the evidence suggests they are not. The restriction does not protect Montanans; it leaves them without access to care.

I would welcome the opportunity to connect the Subcommittee with individuals willing to provide additional information, testimony, or materials. I have attached several documents that may be useful as background, including a fact sheet addressing common objections, historical legislative materials from the 2011 session, and a summary of the safety and training record from national sources.

Thank you sincerely for your service on this Subcommittee and for your consideration of this request. The work you are doing matters enormously to Montanans who are currently going without care.

Respectfully,

Christian Zal-Herwitz, Ph.D.
Licensed Psychologist (PSY-PSY-LIC-3890)
Missoula, Montana
(406) 282-4402
125 Bank Street, Suite 310
Missoula, MT 59801

Opinion Editorial
February 11, 2009

Submitted by: Michael R. Bütz, Ph.D.
Montana Psychological Association
(Contact, *Not for Publication*, drbutz@aspenpractice.net and 406-294-9677)

MONTANA IN CRISIS - MONTANA HAS HIGHEST SUICIDE RATE IN THE COUNTRY

Montana citizens are unnecessarily dying from suicide at the rate of one Montanan every other day. This is double the national average. Montana leads the nation as the No. 1 state in per capita suicides. In fact, Montana has not dropped out of the top 5 in the nation in the past 20 years. The number of attempted suicides is much higher. Montana needs to stop talking and act to save lives.

Some of the highest rates of completed suicides are in rural counties, in fact over 20 of Montana's rural counties have a rate double the national average.

Montanans are not more depressed nor do they have excessive mental health issues. We have a critical shortage of available psychiatric and qualified mental health services, especially in rural areas. This results in waiting months for appointments in urban areas, and no services or minimal psychiatric services in rural areas.

The Montana Strategic Suicide Prevention Plan of 2008 reports that Montana has a severe shortage of psychiatrists, especially child and adolescent psychiatrists. Further, Montana has a shortage of psychiatric mental health nurse practitioners and a shortage of physicians trained to provide appropriate psychiatric medication treatments.

Over 70% of psychiatric medications are prescribed by non-psychiatrist medical providers (physicians, advance practice nurses and physician assistants) that do not have extended or specialized training in psychopathology and psychotropic medications. It is critical that access to qualified mental health care professionals with specialized medications training be improved to prevent our citizens from making this final, irreversible decision.

Recognizing the urgency to improve access two years ago, Senator Dan Weinberg introduced a bill in 2007 Legislature. It was defeated by 6 votes in the Senate. At that time, representatives for psychiatrists told the Montana Legislature they would do better, but the situation has not changed as many are simply overwhelmed by demand. Funding was approved for tele-psychiatry but no psychiatrists would contract with the state of Montana. This year, psychiatrists have offered no suggestions for improvement, and efforts by healthcare organizations have been ongoing and produced no significant increase in the number of these service providers.

Once again, in an effort to improve access to trained and qualified mental health professionals, Senate Bill 233 was introduced last month by Senator Jonathan Windy Boy. This bill, identical to the 2007 proposal by Senator Weinberg, allows prescribing of psychotropic drugs by licensed psychologists with additional training. Extensive training, what amounts to a Post-Doctorate, Master of Science degree in clinical psychopharmacology; supervised medications management of 100 patients, and certification by passing an approved national exam. The bill has been tabled 4-3 in the Senate Public Health Committee.

Is this a new or experimental idea? Absolutely not. Psychologists have written hundreds of thousands of prescriptions for mental health medications for the past 15 years. Not a single negative complaint has been registered against any of these psychologists. Prescribing psychologists, both in uniform and as civilians, are used in all branches of the service and are employed by the Public Health Service.

Prescribing psychologists work with rural and underserved populations. Every Indian Health Services Chief Medical Officer in Montana has endorsed having prescribing psychologists at their facilities.

After passing legislation to allow trained psychologists to prescribe, New Mexico moved from the highest suicide rate in the nation to the fourth. Louisiana has passed similar legislation. Bills are currently pending before a number of other state Legislatures.

The right to prescribe is also the right to un-prescribe when appropriate. The over-prescribing of psychotropics, particularly to children and the elderly, is a national tragedy. Psychologists attempt to use medications as a last resort; they are just one of the approaches used to combat mental and emotional illness and distress.

The Montana Psychological Association's number one priority is to reduce the suicides and devastation to families in Montana. An important first step is to improve the availability of cost-effective, well trained mental health professionals. Four Montana psychologists have completed the post-doctoral master's degree to offer this service; four more are currently in training.

Senate Bill 233 is about saving lives and the Montana Psychological believes it will do just that.

###

Why not Psychological Assessment, and Why Prescription Privileges?

In this legislative session, it has been said that psychologists have barred others from Psychological Assessments and have inappropriately requested prescription privileges; over turf… But, psychologists did not put forward either matter, each matter was brought "to our door" separately and it is time the public got to hear from us on the plain facts of these matters.

What the public does not know about Psychological Assessments is that no other licensing board, aside from the Board of Psychologists, checks the training, supervision, experience or competence of the applicants or licensees in this specific area or practice. To become competent per established national standards takes years of training, supervision and experience. The bill brought forward this session would have allowed lawyers, educators, pastoral counselors, physicians, counselors and social workers to conduct these very complicated assessments, *"just because they 'say' they are qualified to do them."* But, even the most qualified professions among these, had their own professors from Montana universities stand up and say they were no qualified to do the work.

The truth was, psychologists had repeatedly requested members of other professions to train up if they wanted to conduct these assessments and meet national standards for years before this bill came out, and better police their own colleagues. This did not happen, and the bill as it was written required action to protect the public. That is why the Governor's Office vetoed the bill with an amendment.

It is also untrue that citizens of Montana could not receive mental health or substance abuse evaluation services, they just could not be called Psychological Assessments for the reasons stated above.

Why Prescription Privileges? Our rationale was simple on this, first we were asked to take on this work by one of our Senators, and second it is a safe and effective treatment that could be a life-saving addition to the behavioral health services here in Montana. Psychologist who have been trained and licensed to prescribe across the world in the military, Louisiana and New Mexico have been safely prescribing for fifteen years – with not one complaint, or even one case of malpractice. Those who would argue it is not safe have no evidence to support their claims.

Our psychologist colleagues who are prescribing/preparing to prescribe have or are going through essentially another masters degree after receiving their doctorate to ensure that they are well-trained. There are many medical prescribers right now who have just a masters degree, and not one that specializes in behavioral health medications. After this training, there is a requirement of at least seeing 100 patients under supervision, a national exam and a licensing process. Psychologists want, and encourage, their qualifications to be examined, and the proof is in how safe and effective their practice has been.

Why have psychologists weighed into either of these issues, and risked being represented in such a negative light; because we felt it was important to protect the public from those who would practice Psychological Assessment without the appropriate credentials and because properly trained and licensed psychologists do have the credentials to safety prescribe and help stem the behavioral health crisis.

Senate Bill 272 - Prescribing Psychologists
Fiction and Truth Sheet

Fiction: There is no access problem.

Truth: There is an unrefutable access problem both rurally and in Montana's metropolitan areas. People in Eastern Montana drive hundreds of miles to Billings to receive care. In Missoula, people drive to Butte for appointments as it is not possible to obtain an appointment with a psychiatrist in a timely manner. There are two well documented reports that cite that there is a shortage of qualified mental health prescribers.

Fiction: Education is "on-line" and inadequate.

Truth: Alliant University, the Montana approved higher education provider, is a distance learning program. Participants interact with professors and colleagues in "real time." This accepted learning method is not new, and is not unique. It is the same method used by the Montana University System, Gonzaga University, Regis University and many others to train APRN's. The following is quoted from: http://www.montana.edu/nursing/academic/fpmhnp.htm *"The program uses distance learning methodologies and linkages with mental health providers across the state of Montana*."

It is illogical to believe that a student who has achieved a doctorate degree could not pass a bachelor's level organic chemistry or physiology class. As Barb Swella with the Montana Nurses Association explained, doctorate level students are quick to learn information and this is information they learn in their post-doctorate level master's degree courses. Many psychologists have diverse educational backgrounds. An opponent admitted that many psychologists have this knowledge in their undergraduate degree work. What is 'known' is that the master's degree in psychopharmacology is designed to fill the gaps in education. The national exam ensures that the gaps have been filled and the 100 supervised patients are meant to insure the safety to the patient.

Fiction: If they want to prescribe drugs, "just go to medical school."

Truth: Dentists, optometrists, advanced practice nurses, physician assistants and podiatrists did not go to medical school. Each profession develops a university based regimen of medical training particular to their area of expertise. This has served Montanans well for many years. There has not been a single instance that the legislature has returned and removed that authority. Why? Because it's working. Health care is constantly changing and state laws must keep up with those changes.

Fiction: Everything is fine as it is, "leave the system alone."

Truth: Everything is not fine. Study, after study has reported things are not 'fine.' Montanan's are suffering and dying. They are being left untreated due to lack of access to appropriate services. The psychologists have one part of the solution that they can contribute their education and training to help solve. Sometimes it is as simple as a 10 cent medication that can allow a patient to return to a productive life. It may be as simple as monitoring the patient or unprescribing the medication that is causing problem behavioral modifications. Montanans need your vote to receive this help. When is it helpful or acceptable that faced with a crisis, nothing is done**?** **Psychiatrists are asking you to maintain the status quo to protect their turf at the expense of Montanans and Montana lives.**

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Gary L. Spaeth	(406) 439-8898
Tom Rasmussen, OD	(406) 465-9883

56 Days in Montana: Exceeding expectations in prescriptive authority when the opportunity arises.

Michael Bütz, Ph.D., Legislative Chair and Member at Large
William Patenaude, Ph.D., President Elect
George Watson, Ph.D., Federal Advocacy Coordinator
Sandra Micken, Ph.D., President
& Other Members of Montana Psychological Association

While the Montana Psychological Association (MPA) had a focus on the issue of prescription privileges for licensed psychologists for some time, coming into the 2007 Legislative Session the association did not feel fully prepared to take on this issue. But, on January 2nd of this year, Senator Dan Weinberg introduced a draft bill entitled *Prescription Privileges for Licensed Psychologist* (LC2172). Our association was taken entirely by surprise, and below the following email said it all.

From: Marti L Wangen [mailto:mwangen@rmsmanagement.com]
Sent: Tuesday, January 02, 2007 10:26 AM
To: 'Terri Mockel'; MPA Michael R. Butz Ph. D.; 'Sandra Micken'; 'William Patenaude'
Subject: Legislative Alert: Prescription privileges for licensed psychologists!!!!!
Importance: High

Senator Weinberg has a bill draft request in for prescription privileges. LC2172
This is the first I've heard of it. We need to decide what you want to do about it.

My first thought is that someone should call Senator Weinberg (probably Dr. Butz as the Legislative Chair) and ask him for a copy of the bill when it's drafted.

I'm stunned,

Marti L. Wangen, CAE

Dr. Bütz, MPA's Legislative Chair, contacted Senator Weinberg that evening, and conveyed the following information to MPA's leadership.

I did talk with Senator Weinberg this evening, and he stated that he had introduced the bill recently; at the last minute. And, it was after a number of committee meetings, etc. wherein time and again psychiatry was brought up and found wanting; they could not get psychiatrists to take Medicaid, could not recruit for certain positions, etc. When he discussed these matters with state officials, also time and again he proposed that psychologists have prescription privileges and this was universally agreed to as a good idea...


Dr. Michael Butz

But, he is carrying 28 bills; and stated clearly he would need our help substantially, the clock was ticking, 44 days left to get it out there…

MPA's leadership quickly went to work to explore this opportunity, although it was an opportunity that the association was not well prepared to capitalize on at that point in time.

Long discussions ensued among MPA's leadership, and the entire focus was to gain clarity about internal and external support for this initiative and estimate MPA's resources to make the most of this opportunity. To this end, MPA leadership had several conference calls with Deborah Chandler Baker, J.D., Assistant Director for Prescriptive Privileges, Legal & Regulatory Affairs and Dan Abrahamson, Ph.D., Assistant Executive Director for State Advocacy at the American Psychological Association. Ms. Baker and Dr. Abrahamson provided solid advisement to MPA, and in short indicated:

Such initiatives typically involved a long term commitment by a state association,

MPA needed a core group of individuals to support it,

MPA needed to poll its membership to determine support,

And, work on model language for the draft bill.

To that end, Ms. Baker and Dr. Abrahamson supplied MPA with the American Psychological Association's *Model Legislation for Prescriptive Authority* and other resources.

Our leadership immediately went to work on two issues:

First, drafting bill language - Chair for Prescription Privileges, Dr. Zook, made the initial draft, with later revisions and contributions by MPA Leadership and Ms. Baker;
Second, our Executive Director, Ms. Wangen, polled our membership for support.

Several extended conversations as a Board ensued by email, phone and face-to-face discussions (that entailed hundreds of miles of travel by all), and these matters were discussed with Senator Weinberg as well. In addition, MPA made efforts to clarify support with affected hospitals, physicians, state agencies, state-based advocacy and other entities.

The online survey, in short, was responded to by 46 members out of roughly 100, and

(Continued on page 16)

(Continued from page 15)

had the following results:

88.9%, Accepted psychopharmacology as a recognized proficiency area for properly trained psychologists,
90.5%, Favored properly trained Montana Psychologists obtaining prescriptive authority,
47.8%, Were very much in favor,
39.1%, Were somewhat in favor,
And, 42.2%, Indicated that they will make email and/or telephone contacts with legislators.

No respondent to the survey indicated that they would, "…actively work against legislation".

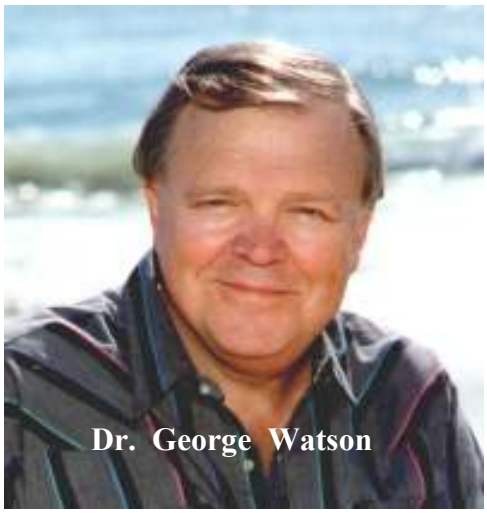
On January 20th, the Board of MPA met and voted to move forward in supporting the prescription privileges draft bill in three forms: to draft and offer model language for the bill, to keep gathering information about supporting the bill, and to 'keep taking steps forward that made sense.' The Committee formed to take on this task, prepared draft language, compiled survey responses, spoke further with the Senator and issued a call to action from the membership to buttress the efforts of the Committee.

In addition, at this time the leadership of the Board of Psychologists within the state, chaired by George Watson, Ph.D., indicated a willingness to hold a special session to determine if they were able to support this effort, and this body recently supported another bill. Another development at that time was that one of the largest hospital systems in the state indicated its support of this bill.

MPA leadership, therefore, had another conference call with APA's Ms. Baker and Dr. Abrahamson on January 30th wherein it was agreed to send forward our draft legislation for review by Ms. Baker, and complete an application for emergency funds via the CAPP Grant process. In that call degrees of success were discussed such as: a study committee being appointed, establishing a core work group, getting to a public hearing, and laying the groundwork for a future effort… These were our markers for success.

Even though the Association had taken the step of support to assist in drafting the bill, there were still questions that remained which needed to be answered before the Association could fully support the Bill. On February 6th MPA was notified that its Emergency CAPP Grant requested had been funded. Even so, it was not until late on the evening of February 7th, after an hour and a half of debate, that Montana Psychological Association chose to fully pursue the matter to the extent that its membership and resources could reasonably manage all that was involved.

Ultimately, Montana Psychological Association decided to support this bill in light of the very reason it was introduced; to assist in stemming the tide of the behavioral healthcare crisis in Montana. In the words of Patrick Davis, Ph.D., Member at Large, that "trumped" every other consideration and the rest of the Board was in agreement. It was the fundamental issue of access to care.


Dr. George Watson

Our association was aware that at an earlier point, in 1995, some licensed psychologists attempted a bill in Montana. This bill failed to emerge from the Committee Hearing on a 9 to 6 vote; and since that time no attempts had been made in this direction by either the Montana Psychological Association or any other group of psychologists.

We knew that it would be stated by those opposed to what was now Senate Bill 522 that psychologists did not possess the medical training required to safely prescribe, or that the medical training they had received or may receive was inadequate. We also knew, however, that the information compiled over the past fifteen years from various sources truly said otherwise…

Anticipating this resistance, and to open a dialogue, Senator Weinberg brought our association's leadership together with psychiatry's leadership a week before the hearing on February 16th. There were the expected objections: potent medications, side effects, central nervous system issues, and that these medications affect other parts of the body, etc. They also noted that Primary Care Physicians were not as well trained in this area, but they did not know how long this training was… They simply objected to the Bill on the basis of patient safety, and their 'notion' of the preparation psychologist's might receive. While these are all issues the association was aware of, and considered very seriously; what was most troubling in this exchange was that:

They had not read the current Bill,

They had not made an effort to obtain information on the examinations for psychologists who wish to prescribe,

They had not made an effort to obtain information on the recommended training psychologists receive,

And, even though all of this is readily available online and was not hard to find…

It was deeply troubling that they had entered this meeting with Senator Weinberg, and our Association, objecting to the Bill without even knowing the most basic facts… It was not our intention to engage in a 'turf battle', rather MPA was responding to a request to 'step-up' and assist the citizens of Montana with the current crisis in behavioral healthcare. This was our focus throughout.

Our Association prepared for the Committee Hearing, by ensuring that agencies and organizations involved in this matter, the Senators who sat on the Committee, and Senator Weinberg were well informed. Our Association shared the following key pieces of information:

MPA stood in support of Senator Weinberg's bill for prescription privileges

(Continued on page 17)

(Continued from page 16)

(and the Association did not introduce the Bill or influence the Senator by requesting it).

MPA understood that Senator Weinberg made this proposal because there was not enough access to appropriate pharmacological care for behavioral health issues. In fact, this lack of access is a crisis. Senator Weinberg heard that psychologists in other states have obtained prescription privileges, and practiced safely.

There is substantial training for psychologists that wish to prescribe and this training is guided by recommendations of the American Psychological Association. There is also a *Psychopharmacology Examination for Psychologists* that can be made available for use by state and provincial psychology licensing authorities when they set requirements to implement newly enacted laws permitting the prescribing of psychotropic medications by qualified psychologists.

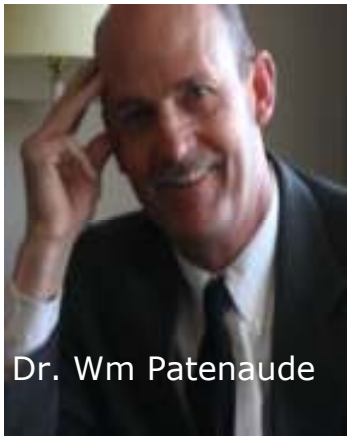
There is a history of safe, competent, prescribing practices by psychologists through the Department of Defense (DoD) Demonstration Project from 1991 to 1997, and other sources. In the DoD project, there were no adverse effects reported by these prescribing psychologists.

Psychologists are licensed to prescribe in Guam, New Mexico and Louisiana already, and this licensure requires that they have completed the extensive post-doctoral training, supervision and experience necessary.

During the time since psychologists were able to prescribe, over 30,000 prescriptions have been written without reported adverse effects in New Mexico and Louisiana. There were over 50 prescribing psychologists practicing at that time in those states (Source - American Psychological Association, Practice Organization).

Research shows that when psychologists do prescribe, they make use of other treatments as appropriate. On average, prescribing psychologists prescribe less medication than their physician counterparts because they have other therapeutic tools. In fact, many psychologists are motivated to be trained so that they are in a position to 'un-prescribe' medications which may not be useful.

Licensed, post-doctoral, prescribing psychologists may well also prescribe differently than do physicians, in that many of our colleagues did not assume a defect or disease in all clientele, and instead practiced with a more holistic integrative approach in mind;



The MPA RxP Committee also had at its disposal, all of the following information to respond to any query made by a Senator or other organization which we sought support from.

Department of Defense Demonstration Project's Final Report 1998, which stated: "Important evidence on this point is that there have been no adverse affects associated with the performance of these graduates!" Also, the U.S. General Accounting Office findings: "Without exception, these supervisors—all psychiatrists—stated that the graduates' quality of care was good." That Guam passed legislation in 1998, New Mexico in 2002 and Louisiana in 2004. Russ Newman, Ph.D., J.D., and his recent statements from the Practice Office about prescribing psychologists in Louisiana and New Mexico: "Out of the nearly 30,000 prescriptions that have been written by psychologists to date, not a single one has resulted in adverse effects. Not a single one!"

T
he American Psychological Association Insurance Trust, a large malpractice insurer for psychologists, had not raised rates for prescribing psychologists per APA's Practice Directorate's inquiries.
Jack Wiggins, Ph.D., who had argued the following: "What about the safety of other nonphysician prescribers? A growing number of nonphysician groups are prescribing, such as dentists, optometrists, podiatrists, and nurse practitioners. The few studies in existence suggest outcomes that are at least equivalent to those of physicians. If safety were being compromised by these providers, one could assume that there would have been a public outcry by now, and physician interest groups would certainly not have remained silent on the issue. There is no evidence that nonphysician prescribers are less safe than physician prescribers."

More than 70 percent of all psychotropic medications are prescribed by nonpsychiatric physicians, typically after six weeks' training in psychiatry. Psychiatrists too have noted concerns about family practitioners prescribing practices given their lack of familiarity with behavioral health issues, and this has been cited in the New York Times and Wall Street Journal repeatedly for the last several years,

Recommended Postdoctoral Training in Psychopharmacology for Prescription Privileges, 1996 and suggested revision;
Psychopharmacology Examination for Psychologists,
Programs that have been providing instruction in these areas Alliant International and Massachusetts School of Professional Psychology were sample programs discussed,

On February 13, Senator Weinberg participated in a conference call Board Meeting with the Montana Board of Psychologists, MPA leadership, Ms. Baker and Dr. Abrahamson from APA; and this body voted in favor of supporting the Bill.

Montana Psychological Association was prepared for the hearing with Senate Public Health, Welfare and Safety Committee on February 23rd, with all of this background and growing support from private and public organizations across the state based on discussions by members and lobbying efforts by Ms. Wangen.

(Continued on page 18)

(Continued from page 17)
In addition, in large part due to the Emergency CAPP Grant, MPA was also able to persuade Elaine LeVine, Ph.D., Prescribing Psychiatrist from New Mexico and President of Division 55, to come to Montana and testify.

While MPA had prepared over forty minutes of testimony, the testimony period for proponents was cut to twenty minutes a day before the hearing, as this was the last day a bill could emerge from a Committee and to the Senate Floor. Ms. Wangen then recruited a consultant who helped prepare those giving substantial testimony for the hearing. At the hearing, Senator Weinberg led and was followed by Dr. Bütz, Dr. Watson, Dr. Earl Sutherland, Dr. LeVine, Dr. Zook, Dr. William Patenaude and Dr. Colleen Hoeben-Wall. Then, despite all the grassroots work that had been done with private and public organizations across the state, MPA was taken by surprise when some of the largest of the state's agencies stepped forward in support: Montana Hospital Association, Montana Department of Corrections, Department of Public Health and Human Services, Sisters of Charity Hospitals, Montana Advocacy Program, and others.

Dr. Bütz spoke to MPA's rationale for support, the overarching issues; and clarified: "What we have been able to supply are just the highlights. Because of this, opponents to this bill have an advantage, as creating fear only takes a moment. Creating understanding, however, requires time, education, and dialogue."
Dr. Watson spoke to the Board of Psychologist's rationale for support, and stated: "They were motivated to consider these matters by the need within the state and persuaded by the safety involved when appropriately trained psychologists prescribe."
Dr. Sutherland spoke to the need in rural communities, that he was in training himself, and that his organization has been attempting to recruit a psychiatrist for over a year,
Dr. LeVine spoke authoritatively to the challenges in New Mexico and that they now have prescribing psychologists in many areas of the state, to the safety of the prescribers, and the training that they receive.
Dr. Zook spoke to the needs of the populations she serves in her forensic practice,
Dr. Patenaude spoke to the needs within his community of Missoula, and that despite the efforts of his organization and a partnering organization they had not been able to recruit a psychiatrist to a relatively urban town with a university,
And, Dr. Hoeben-Wall spoke to the needs of her rural community which numbers thirty to forty thousand which does not have psychiatric care.

The opponents spoke, which included a representative from Montana's National Alliance on Mental Illness, all largely raising fears about allowing psychologists prescribing despite the data presented earlier, challenged some of this data and went about stating that what psychologist's receive is not 'medical' training. Questions


Dr. Sandra Micken

ensued, and were directed to Dr. Watson of the Board of Psychologists and Dr. LeVine from New Mexico. With that, the hearing ended, and the Committee took Executive Action to vote on the Bill at roughly 6:50 that Friday evening; and, Senate Bill 522 emerged from Committee with a vote of 7 to 2 in favor.

In the days that followed, MPA prepared a web-based CapWiz letter via the APA website on advocacy for its membership to send out to senators. MPA's leadership knew that the bill could be heard as early as the following Monday, the 26th of February. On Monday the onslaught of negativity began from parts of the physician community in the state, all aimed at engendering fear regardless of the facts that had been presented.

Senator Weinberg held the Bill for a vote until the 27th to prepare for this very negative, fear-based, set of tactics. MPA supplied him with positive, data-based, arguments about the Department of Defense Study, information compiled by APA's Practice Office about practice in New Mexico, and other fundamental, well-reasoned information. He presented this well, was reasonable and positive in his demeanor.

But, when all was said and done at roughly 5 p.m. on the 27th of February, fear won the day. Several Senators called this Bill an experiment, continued to say that it was unsafe despite the data, and 'who do you trust physicians and nurses or psychologists when it comes to medical practice,' etc., etc… These Senators, several of which were medical providers, won the day by engendering unfounded fears in the ranks of the Senate Members.

Even so, the Bill lost on only a 20 in favor, to 30 opposed vote. *Senator Weinberg's initiative only fell 6 votes shy of achieving its aim in the Senate across just 56 days…*

MPA, on the other hand, exceeded all of its markers for success; and the three lessons learned during this initiative for prescription privileges were:

Work to support behavioral healthcare in your community and your state, and you will be supported in turn,
Be motivated to consider prescription privileges by the need, and persuaded by the safety involved when appropriately trained psychologists prescribe;
And, opponents to these bills have an advantage, as creating fear only takes a moment. Creating understanding, however, requires time, education, and dialogue."

MPA is proud of its effort, its leadership and members; and is thankful to all those who supported this effort.

Foot Notes

Prescribing Psychologists: DoD Demonstration: Participants Perform Well But Have Little Effect on Readiness or Costs. Pub GAO/HEHS-99–98. Washington, DC, US General Accounting Office, 1999.

Yates, A., Wiggins, J., Lazarus, J., Scully, J. and Riba, M. (2004) Patient safety forum: Should psychologists have prescribing authority? *Psychiatric Services* 55:1420-1426,

Ibid.

PRESCRIBING PSYCHOLOGISTS ARE SAFE

(**S**afe, **A**ccessible, **F**reedom of Choice, **E**conomical - cost savings)

What's The Problem?

Provider Shortage. There is a **critical shortage of qualified prescribers** capable of providing appropriate psychiatric medication treatments.

The majority of psychotropic drugs are prescribed by primary care physicians, physician assistants and advanced practice nurses who have limited mental health training.

Wait times to see a psychiatrist typically range from 3 months to a year. Many psychiatrist's practices are simply closed to new patients. Primary care providers are also becoming increasing scarce.

Anyone in crisis, someone in danger a attempting suicide, having thoughts about harming others or in need of immediate intervention, ***cannot wait.***

The most obvious example of the mental health services crisis in Montana is that we have the **second highest suicide rate (Alaska is first)** in the nation. This means that an **average of one Montanan every other day is dying by suicide. 50 Montanans will die by completing suicide during this legislative session.**

We Offer One Solution

What we are currently doing is not working. People are dying or are needlessly institutionalized.

Allowing psychologists to prescribe is one part of the solution to this crisis as a cost effective integrated mental health care provider.

Over the past 17 years Prescribing Psychologists in other states and the Armed Forces, New Mexico, Louisiana and now Indian Health Services have proven this model of care to be safe and cost-effective.

Telepsychiatry is not a Solution

In 2007, $2,000,000 biennially was appropriated for a telepsychiatry service but no one responded to an RFI. The bottom line is there are not enough psychiatrists to staff telepsychiatry, or to see patients. Missoula psychiatrists are accepting no new patients.

Freedom To Choose?

Yes. A patient would **still be able to choose** the kind of provider they want to have service from.

For more information, please contact:

Montana Psychological Association
Executive Director - Marti Wangen - 443-1160
Lobbyist - Sue Weingartner - 459-0452
Lobbyist - Gary Spaeth - 439-8898

Is It Safe?

Absolutely. Clinical (doctorate-level) psychologists are highly trained mental health professionals.

In this bill, these clinical psychologists return to school to earn a **post-doctoral masters degree in psychopharmacology**. In addition, the doctorate-level psychologist in training to prescribe is supervised by an MD while seeing 100 patients (an internship) and must pass a national examination. The training is based on a 10-year study within the Department of Defense, and a curriculum model that has been in place since 1996.

Across the past seventeen years, there have been **NO** disciplinary actions filed against a Prescribing Psychologist.

" Prescribing psychologists offer a comprehensive approach to the treatment of mental illness and are trained to recognize that medications are only one tool for effective treatment."
Earl Sutherland, PhD, MSCP

Is There A Prescribing Psychologist In Montana?

Yes, Dr. Earl Sutherland practices with IHS (Indian Health Services) in Hardin. He holds a prescribing psychologist license in New Mexico. Several other psychologists are enrolled in the training.

Opponents Offer No Solutions.

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SOCIETY FOR PERSONALITY ASSESSMENT

Standards for Education and Training in Psychological Assessment: Position of the Society for Personality Assessment

An Official Statement of the Board of Trustees of the Society for Personality Assessment

The Society for Personality Assessment is a national and international professional organization devoted to research and practice in the field of psychological assessment. As such, it represents practitioners of assessment regardless of discipline or degree.

It is the position of the Society that psychological assessment is a specialty that requires intensive and ongoing education and training to be practiced competently and ethically and in order to protect the public. At a minimum, practitioners should adhere to the appropriate standards for educational and psychological testing (American Educational Research Association, et al., 1999; Turner, et al., 2001). With the pressure of managed care for diversified services, and the burgeoning of shorter degree programs for mental health practitioners, the likelihood that more inadequately trained individuals will begin to practice assessment has increased. Indeed, there have been recent efforts in several states to downgrade the level of professional expertise required to practice assessment by including assessment as a generic service under most or all mental health licenses. While many such programs include education and training in assessment, this is not required for licensure in disciplines other than psychology in most states.

This document will articulate the rationale that psychological assessment, which heretofore has been a specialty within psychology, is not a generic mental health service and set forth standards for education and training in this area.

Editor's Note: This is published as an official statement by the Board of Trustees for the Society for Personality Assessment. A copy may be obtained from the SPA web page at www.personality.org.

I. Need for Standards for Education and Training in Psychological Assessment

Psychological assessment is a complex specialty within psychological practice that requires specific training. Psychotherapy training alone does not prepare the practitioner to provide psychological assessment. Practitioners of competent assessment must be conversant with methods of test construction and the theory of measurement. They must understand the strengths and limitations of particular psychological tests and instruments as well as the proper ways of administering them, interpreting them, and integrating them into a coherent and clinically relevant report.

It is important to appreciate the difference between two aspects of clinical evaluation that are commonly confused: appraisal and psychological assessment. By *appraisal* we refer to either informal assessments of patient problems or the use of rating scales that produce single scores with very specific interpretations. *Psychological assessment,* on the other hand, is a complex task that involves the integration of information from multiple sources, including psychological tests, to answer complex clinical questions. This distinction is important to clarify what has been confusion about precisely what constitutes "appraisal" and what constitutes "assessment." Although all clinicians appraise their clients informally and many use rating scales and other unidimensional instruments, *psychological assessment* involves the use of psychological tests and techniques to derive a complex, detailed, in-depth understanding of an individual from multiple data sources to facilitate diagnosis, treatment, and/or outcome. Integrating the complex information from these instruments and tech-

niques requires specialized expertise and training in order to analyze and formulate the findings competently.

Inappropriate or untrained use of psychological assessment instruments exposes patients to harm. Unreliable or invalid conclusions drawn from psychological assessment can be more dangerous than ineffective psychotherapy for four reasons:

1. Psychological assessment typically involves a relatively brief encounter with the client. As a consequence, the possibility for serious misinterpretations is magnified. Therapists typically have many hours to get to know an individual, thus improving on the possibility of eventually making an accurate diagnosis. In addition, for the same reason, there is a greater likelihood that a client can recognize inadequate treatment and make a change. By contrast, assessments typically occur over the course of one to three sessions, so the opportunity to correct an inaccurate diagnosis or inference on the basis of subsequent information is far less. Furthermore, by the time a client notices that the assessor has erred, the assessment is likely to be concluded.
2. Psychological test reports usually become a permanent part of an individual's medical record and are likely to follow him or her throughout his or her life, carrying with them the imprimatur of scientific fact. While ineffective or poorly conducted psychotherapy can be harmful, it is less likely to leave the kind of record that will influence subsequent medical decisions about the client. The record of treatment will be more easily viewed as the opinion of a single individual and therefore held with less certainty. In addition, psychotherapy notes are more protected under privacy regulations than are the results of psychological assessment.
3. Psychological assessments lead to important decisions about clients' lives. While such assessments are typically used to inform treatment decisions, they can be used in other ways as well. In addition to informing decisions about what kind of psychological, neurological, or psychiatric treatment—including the need for hospitalization—to pursue, psychological assessment is used in other contexts that can significantly influence high-stakes outcomes in the life of an individual or family. Such decisions include: assessing dangerousness, awarding or denying disability benefits or access to special education services, and offering or denying employment or security clearance. Psychological assessment also plays an important role in informing courts and other bodies in various matters concerning decisions as to whether or not an individual is to be awarded or denied custody of his or her children, compensated for alleged emotional trauma as part of civil damages, incarcerated, or put to death. Inadequately trained psychological assessors can have a profound impact on the lives of individuals well beyond the sphere of mental health treatment.
4. Society as a whole is harmed both by inappropriate decisions made about individual clients as well as by the loss of confidence in professional judgment resulting from psychological assessment errors.

II. Education and Training Standards for Competent Practice

Comprehensive education and training are essential for competence in psychological assessment. Assessment requires both specific knowledge and specific training that are not merely an extension of general psychological or psychotherapeutic principles. The following are minimal requirements for competence in assessment:

Education: Two or more courses of graduate education in psychological assessment with additional coursework in psychopathology, diagnosis and treatment of psychiatric disorders as a pre- or corequisite. More education and training is necessary in order to conduct neuropsychological assessments. This coursework should include both didactic instruction and practical experience in the following:

- Psychometric theory, including issues of reliability, validity, reference group norms, limits of generalizability, and test construction.
- Theories of intelligence and human cognition, including the role of race and ethnicity in intellectual evaluation and the administration and interpretation of cognitive assessment instruments.
- Theory, administration, and interpretation of performance-based measures of personality such as the Rorschach and major projective tests.
- Theory, administration, and interpretation of major self-report inventories, such as the MMPI-2 or the PAI, including the applicability of specific population norms to individual clients.
- Appropriate selection of instruments to answer specific referral questions and the construction of a test battery.
- Integration of data from multiple data sources, including interview, psychometric tests, and collateral sources.
- Communication of assessment results to different referring individuals and agencies and feedback to clients themselves.
- Relationship between assessment and treatment.

Training: Supervised practicum, internship, and post-terminal degree training in psychological assessment is also essential for the development of competence. This training should include regular administration of assessment batteries under the supervision of a licensed professional with expertise in assessment throughout the education and training period.

Attainment of minimum education and training requirements in psychological assessment is necessary for entry-

level practice. These minimum standards should not be confused with the necessity for the mental health practitioner to develop competent and ethical practice, which can only be obtained through seeking additional educational and training opportunities through workshops, consultation, and coursework. As is true for any area of mental health practice, it is the responsibility of practitioners to hone their skills, develop new techniques, and remain current with developments in the field

III. Conclusion

Practitioners of any mental health discipline can, in theory, fulfill the educational and training requirements necessary to become proficient in assessment. With this said, historically it is doctoral level psychologists who have received such education in the normal course of their training and who have conducted the bulk of research that serves as the underpinning for competent practice of psychological testing and of assessment training models. It is our position that anyone wishing to practice assessment needs to be held to these standards of training and education in order to protect the public from the adverse impact of incompetent psychological assessment. As mentioned above, practitioners should adhere to appropriate ethical standards. Additionally, Section 9 (Assessment) of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002) provides well-elaborated guidelines for the practice of assessment. For any state to give its imprimatur to the practice of assessment on the part of a group of mental health professionals who do not possess the education and training outlined above risks exposing the public to significant unnecessary risk.

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