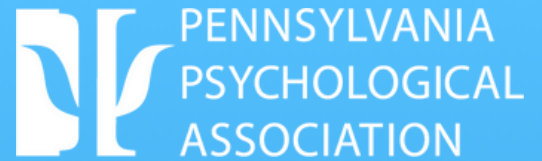


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# Prescriptive Authority for Psychologists

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

PPA RxP Workgroup

John D. Gavazzi, PsyD ABPP  
Lead Author

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

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## EXECUTIVE SUMMARY

Pennsylvania faces a critical mental health crisis exacerbated by a severe shortage of psychiatric providers and systemic barriers to care. Patients wait more than six weeks for psychiatric services. Additionally, rural and underserved urban counties lack psychiatrists entirely. Compounding this issue, only 35.4% of psychiatrists accept Medicaid, and fewer than 25% participate in Medicare, disproportionately harming low-income and elderly populations. National surveys indicate only 18% of psychiatrists are accepting new patients.

By joining the Psychology Interjurisdictional Compact (PsyPACT), Pennsylvania psychologists have already broken down state-line barriers, allowing psychologists to deliver services remotely across member states and thereby expanding access for Pennsylvania residents.

Prescribing psychologists—doctoral-level clinicians with advanced training in psychopharmacology—offer a proven solution. Eight states and multiple federal agencies have safely utilized prescribing psychologists for over two decades, resulting in **8% reductions in mental illness-related mortality** and **4.55 fewer deaths per 100,000 population** (Hughes et al., 2023b). This legislation proposes granting prescriptive authority to qualified psychologists to expand access, reduce wait times, and address systemic inequities in mental healthcare.

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## PPA PROPOSAL

The Pennsylvania Psychological Association (PPA) advocates for legislation permitting licensed psychologists with the following credentials to prescribe psychotropic medications:

1. **Post-doctoral master's degree in clinical psychopharmacology** (450 hours), emphasizing medical assessment, neuroscience, pharmacology, and ethics.
2. **Passing a national board exam** (Psychopharmacology Examination for Psychologists).
3. **Supervised clinical preceptorship** (400 hours, 100 patients) under a physician.
4. **Collaborative relationship** with primary care providers for patient management.

Prescribing psychologists will be *restricted to psychotropics for mental health disorders* and required to complete ongoing psychopharmacology-focused CE hours. Mixed opioid agonist-antagonists, like buprenorphine/naloxone (Suboxone), will also be in the formulary to treat Opioid Use Disorders. Prescribing psychologists will be able to assess vital signs and order lab work, consistent with best practices.

# Why This Matters

## 1. Psychiatric Workforce Shortages:

- **1,000 additional prescribers needed by 2030** (HRSA, 2024). Pennsylvania has only 2,852 psychiatrists and 895 psychiatric nurse practitioners, insufficient for its 12.9 million residents.
- **44% of counties lack a psychiatrist**, and rural areas have 13.1 psychiatrists per 100k people vs. 17.5 in urban centers (Gavazzi et al., 2023).
- There are few pediatric psychiatrists (PCCYFS, 2021) and geriatric psychiatrists in Pennsylvania. Over half of counties in Pennsylvania have neither specialty (Gavazzi et al., 2023).
- An aging workforce & limited new patients availability further tax the system.

## 2. Insurance Access Disparities:

- Medicaid enrollees struggle to access care (Derman, 2024). **64% of psychiatrists reject Medicaid** (Wen et al., 2019), versus 90% of prescribing psychologists in New Mexico who do (Vento, 2014).
- **Fewer than 25% of psychiatrists accept Medicare** (Harris, 2023)—with participation declining annually (Havlik et al., 2025; Oh et al., 2022), critical for Pennsylvania's 2.7 million Medicare beneficiaries.
- Acceptance rates for all insurances, including Medicare, were significantly lower in psychiatry as compared to other medical specialties (Bishop et al., 2014). Psychiatry is the specialty least likely to accept any insurance.

## 3. Systemic Harms of Delayed Care:

- **43-day average wait times** for pediatric psychiatrists & **48-day wait time** for all patients lead to untreated illness escalation (Brooks, 2023; Lad, 2019; NAMI, 2016; NCHWA, 2024; PCCYFS, 2021; Saidinejad et al., 2023; Sun et al., 2023).
- Untreated mental health conditions, such as major depressive disorder, can lead to severe consequences, including suicide attempts and increased reliance on high-cost services like emergency department visits and hospitalizations (Keller, et al., 2023; Santo et al., 2021; Taylor et al., 2023).
- **Only 18.5% of psychiatrists were available to see new patients** (Brooks, 2023)
- Telehealth appointments for psychiatrists also have long wait times (Sun et al., 2023). Telehealth alone is insufficient to meet Pennsylvania's growing mental health needs.

## SAFETY AND EFFICACY

- **No empirically-based safety concerns:** No state or federal agency has discontinued prescribing authority due to safety concerns.
- **Outcome parity:** Symptom reduction equal to psychiatrist-prescribed care after six months and improved compliance over PCPs by 28% (Hughes et al., 2024).
- **Reduced polypharmacy:** Prescribing psychologists use 20% fewer medications per patient (Hughes et al., 2024).
- **Suicide prevention:** States with prescribing psychologists report significant declines in all cause mental health deaths, including suicide rates (Choudhury & Plemmons, 2021; Hughes et al., 2023a).

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## WORKFORCE IMPACT

Research confirms that prescribing psychologists can effectively expand mental health access without disrupting psychiatric practices or the broader mental health system (Shoulders & Plemmons, 2024).

State	Prescribing/Psychologists	Psychiatrists	Prescriber Increase
LA	121/764 (15.8%)	622*	19.45%
NM	60/927 (6.5%)	399*	15.03%
PA	419-1,020**/6,454	2,852*	14.6 to 31%**

- Pennsylvania's 6,454 psychologists could yield **419 to 1,020 new doctoral-level prescribers** (based on estimations from Louisiana and New Mexico), increasing access by 15 to 31%.
- A PPA survey found 14% of psychologists would pursue this path, potentially adding **900 prescribers (a potential 31% increase)**, which is consistent with the information from Louisiana.

\*Data from Taylor and Taylor (2025).

\*\*Estimates based on the data points from Louisiana and New Mexico.

## CONCLUSION

Opposition arguments often rest on hypothetical risks, ignoring the substantial body of evidence confirming the safety of prescribing psychologists and the tangible harm caused by unmet mental health needs. By conflating "safety" with "medical credentials," psychiatry risks prioritizing professional stature over public health. By expanding prescriptive rights to rigorously trained psychologists, Pennsylvania has a no-cost means to:

- Reduce mortality and healthcare costs (\$12.81 million net benefit per Quality-Adjusted Life Years; Hughes et al., 2023b).
- Improve access for Medicaid/Medicare recipients and rural populations.
- Reduce practical and economic strain on PCPs and emergency departments.
- Prevent unnecessary hospitalizations.

Prescribing psychologists complement (rather than replace) psychiatrists, filling critical gaps in a collapsing system (Shoulders & Plemmons, 2024). With seven states and multiple federal departments as successful models, this legislation is a necessary, evidence-based step toward equitable mental healthcare.

Finally, by joining PsyPACT, Pennsylvania psychologists have overcome state-line restrictions to provide remote care across member jurisdictions, demonstrating proactive leadership in expanding access to psychological services for our residents.

For References, please scan this QR code.

