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Interested Party Testimony on House Bill 326  
House Health Committee  
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Chair Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee, thank you for the opportunity to provide written testimony as an interested party in consideration of House Bill 326 (“HB 326”). Disability Rights Ohio (“DRO”) is designated under federal law as the protection and advocacy system in Ohio with the mission to advocate for the human, civil, and legal rights of people with disabilities. Our work includes helping those with mental illness access mental health services in their communities and investigating concerns about abuse and neglect throughout the mental health system.

Additionally, DRO has an advisory council, our PAIMI Council, that advises our mental health work, priorities, and issues that are important to people receiving mental health services in Ohio. DRO’s PAIMI Council membership is comprised of consumers and family members with robust knowledge of the mental health system in Ohio. This diverse work and experience on the mental health system and the needs of individuals living with mental illness, provides DRO a unique perspective on the bill.

As you know, HB 326 would authorize psychologists to prescribe certain drugs and therapeutic devices and issue medication orders to nurses. After consultation with our PAIMI Council, DRO would like to address three (3) concerns with the legislation.

### 1) System Capacity

Disability Rights Ohio understands the need to establish a more robust mental health system to address the needs of individuals with mental illness. However, authorizing psychologists to prescribe medication to individuals does not efficiently address the issue. While, currently, there are unmet needs in the mental health system, simply adding prescribers to the mix is not the answer. Targeted investments should be made in providing for the acute care needs, care coordination, and nursing staff to help alleviate the stress put on psychiatrists. Establishing a more robust front-end system will help in addressing the immediate needs of people with mental illness. A focus on rural and Appalachian regions, which are grossly underserved, is necessary. This bill does neither.

With a mental health system that already is unable to meet the needs of individuals raises the risk of excessive overprescribing of medication to individuals with mental illness. Providing the proper services and supports to help an individual into recovery may avoid the need for prescribing medication. Evidence based services such as peer to peer support and person-centered, self-directed care can mitigate the need for medication. Robust funding for services like home choice will help individuals recover and maintain stability in community-based

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settings and prevent unnecessary and inappropriate confinement into institutions such as nursing homes, where little mental health care other than medication is provided.

## **2) Training and Expertise**

Individuals with mental illness have already expressed concern regarding overprescribing that currently occurs even with professionals who have had robust education and training in psychopharmacology and clinical medicine. Currently, psychiatrists go through an average of eight (8) years of post-undergraduate study to be certified psychiatrists. This includes the four (4) years to complete the education needed to receive a M.D. degree plus the additional four (4) years of residency required. Indeed, some research suggests that general practice, pediatric, and OB/GYN physicians account for the high use of psychoactive medication in some populations, which has been criticized. HB 326 would allow for psychologists, who have not received similar training, to have the same kind of prescribing authority.

HB 326 requires one year clinical supervision of psychologists applying for a prescribing license, but this does not meet the eight (8) years of psychopharmacological study and knowledge that is required for psychiatrists. Additionally, requiring “collaborative agreements” is not enough to ensure individuals are receiving the necessary medication to help them into recovery. Further, this level of knowledge, expertise, and training for psychologists could lead to over prescribing and, potentially, prescribing that does not meet the need of individuals with mental illness.

## **3) State Board of Psychology Membership**

For individuals with mental illness to receive the proper care and treatment needed to live and work in their communities, it is essential these individuals have a voice in their care as patient advocates. HB 326 removes this ability. Specifically, HB 326 reduces “two (from three) the number of patient advocates” and adds a physician to the membership of the state board. DRO and our PAIMI Council see this provision as problematic and could have consequences on the quality of care individuals with mental illness receive. By removing consumer voice, the bill limits the ability for individuals to have direct input in the systems and practices that impact them daily.

Adding membership to the state board would not be as problematic and could be beneficial to the continuum of care for individuals with mental illness. Instead of removing a patient advocate, consideration should be made in adding more people with lived experience to the board. By allowing more consumer input, Ohio would be able to strengthen mental health practices and establish a more robust system for treating and caring for individuals.

Thank you for the opportunity to provide interested party testimony in consideration of HB 326 and offering a vital perspective on how this legislation would impact individuals with mental illness. If you have any questions or wish to discuss the issue further please reach out to our staff (Jordan Ballinger, Policy Analyst; (614) 466-7264 ext. 136, or [jballinger@disabilityrightsohio.org](mailto:jballinger@disabilityrightsohio.org))