

Response to Chapter 18.83 Psychologists Sunrise Review Application

These comments are submitted jointly by ARNPs United of Washington State (AUWS) and the Association of Advanced Practice Psychiatric Nurses. Questions or comments may be directed to Louise Kaplan, legislative chairperson for AUWS at kaplanla@juno.com.

The application of the Washington State Psychological Association (WSPA) contains misinformation regarding ARNPs and other health professionals in Washington State which requires correction. The WSPA response to questions from the Department of Health also merits comment as it appears there is limited understanding of advanced registered nurse practitioner (ARNP) education and practice.

APPLICATION COMMENTS

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“Access to evaluations for medications for mental disorders are limited, because only a small subset of providers can prescribe. Currently only physicians, psychiatrists and Advance Practice nurses (ARNP) may prescribe medication for the treatment of mental disorders.”

In addition to physicians, physician assistants (PAs) and naturopathic physicians have prescriptive authority for medication for treatment of mental disorders. PAs have controlled substance prescribing authority while naturopathic physicians can only prescribe two controlled substances, codeine and testosterone

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“Primary care physicians and ARNPs also prescribe medications to treat mental disorders. However, there is a shortage of primary care physicians. While ARNPs also provide psychiatric services, only an estimated 2% of all ARNP students choose to become psychiatric ARNPs (AANP website).”

There is a shortage of primary care providers, not just primary care physicians. The AANP fact sheet cited is not about students but rather licensed nurse practitioners (NPs). Nonetheless, data from Washington State reveals a different assessment. In a 2018 statewide survey of ARNPs practicing in Washington, 12.7% were certified and practicing as psychiatric mental health NPs (Kaplan & Gill, 2020). Using 2018 data from the Washington State Nursing Care Quality Assurance, an estimated 667 of 4,807 NPs working in Washington were in psychiatric/mental health/substance abuse settings, approximately 13.9% (Stubbs & Skillman, 2019).

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(3)(b) Regulation of the program or service rather than the individual practitioners;

“The service of prescriptive authority for psychotropic medications is already regulated for related professions including psychiatry, psychiatric nurse practitioners, and psychiatric physician assistants.”

Not just psychiatric NPs have prescriptive authority for psychotropic medications. ARNPs who are NPs, certified nurse midwives and clinical nurse specialists have prescriptive authority which encompasses prescribing psychotropic medications with few exceptions, such as neonatal NPs.

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“(4)(c)(i) Whether the proposed regulatory entity would be a board composed of members of the profession and public members, or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners;

Licensed psychologists are governed by RCW 18.83. The regulatory entity for prescribing psychologists would be same as the regulatory entity for all other psychologists in the state; the Examining Board of Psychology (EBOP). For consultation in matters limited to prescribing psychologists, the Board may include a prescribing psychologist as a member and/or an advisory group. **A physician and/or pharmacist may be added to the Board at its discretion.”** An ARNP, typically a psychiatric ARNP, would be an appropriate addition to the Board.

APPLICANT RESPONSE TO FOLLOW UP QUESTIONS COMMENTS

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Question 1 asks about supervision, consultation, and/or collaboration with a physician as occurs in other states with psychologist prescribing. Washington State authorizes full practice authority for ARNPs. It would be important to consider consultation and/or collaboration with ARNPs.

“The department has heard of challenges from applicants for mental health professions requiring supervised hours for licensure in finding a supervisor. Have you studied whether applicants for prescriptive authority will be able to find a “qualified supervisor” willing to provide this service?

We proactively address to issue by broadly defining supervisors as “qualified practitioners, as determined by the Board” in Section 2(2)(d). Supervisors could include:

- Licensed psychiatrists
- Licensed physicians with expertise in psychopharmacology
- Prescribing psychologists
- **Doctoral level licensed psychiatric nurse practitioners”**

In Washington State, the Doctor of Nursing Practice (DNP) degree was first introduced in 2007 as the degree for entry into advanced practice. Five of the six NP education programs in the state offering only this degree at this time. In 2018, a statewide ARNP survey reported 13% of Washington ARNPs help a DNP degree. First, all ARNPs in the state require graduate education. Second, there is no differentiation in licensure based on whether an NP has a master’s or doctoral degree. Third, the majority of the most experienced psychiatric NPs obtained a master’s degree. To require the qualified supervisor to be a psychiatric NP with doctoral education would eliminate a large portion of the pool of the most experienced psychiatric NPs from serving as supervisors.

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Training Will Be Available in Washington State

Antioch University in Seattle just approved the formation of a Master's degree program in psychopharmacology that will meet the American Psychological Association criteria as a designated program to train prescribing psychologists. We expect the first students to start the program in 2021. The American Psychological Association appears to offer designation as a process of quality assurance for this type program. <https://www.apa.org/education/grad/designation>. Is there a plan to develop an accreditation process to assure there is independent review of the program? This is how nursing education assures the public standards are high and that they are met. The Commission on Collegiate Nursing Education is one of nursing accrediting organizations <https://www.aacnnursing.org/CCNE>.

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There are numerous continuing education offerings for ARNPs which include psychopharmacology which should be included as potential CE opportunities. The University of Washington's School of Nursing has a continuing education program which offers annually a full day program on psychopharmacology. Washington's Association of Advanced Practice Psychiatric Nurses and the American Psychiatric Nurses Association also offer CE focused on psychopharmacology.

References

Kaplan, L., & Gill, J. (2020). Advocating for Washington state ARNP payment parity. *The Nurse Practitioner*, 45(2), 38-47.

Stubbs, B.A., & Skillman, S.M. (2020). Washington state's 2019 Advanced registered nurse practitioner workforce. https://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2020/04/WA_ARNP_Survey_2019.pdf