Kimberly M. Kilgore, Ph.D.
Licensed Psychologist
1001 S. 70th Street, Suite 225
Lincoln, NE 68510-7906

kkilgore@AdultSpanCounseling.com

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Members of the Prescribing Psychologist Permit Technical Review Committee
c/o Ron Briel, Program Manager, Credentialing Review Program
Licensure Unit, Division of Public Health
P.O. Box 95026
Lincoln, NE 68509

Re: Credentialing Review Application for the Prescribing Psychologist Certificate submitted by the Nebraska Psychological Association

Dear Mr. Briel and Technical Review Committee Members:

I am writing in support of the proposal submitted by the Nebraska Psychological Association which would allow licensed psychologists, who have completed comprehensive and specialized post-doctoral training in psychopharmacology, to prescribe psychotropic medications under Nebraska law.

I have been in private practice for nearly ten years. During that time I worked for three years at the Lincoln Regional Center and, for eight years prior (including my doctoral internship year), I worked at the Beatrice State Developmental Center. I have been able to witnessed the positive impact psychiatry can have when psychiatric services are readily available and coordinated with skillful and knowledgeable behavioral health care providers.

As a practicing psychologist in a fairly urban area, it has been my experience that there are several barriers facing clients seeking psychiatric evaluations and psychiatric care. Most clients report similar complaints regarding the process of obtaining psychiatric care in the Lincoln area. Complaints typically focus on the extended waiting periods of at least one and sometimes as long as three months for an initial appointment. It is not uncommon for clients to report feeling rushed through the appointment, noting the prescriber clearly had numerous patients to see. Clients frequently tell me they did not feel they had sufficient time to clearly relate their symptomology or questions and concerns with the medications being prescribed. Further, despite any collaborative attempts on my part prior to the session, some clients report that the prescriber did not seem familiar with their case or to have been aware of any concerns I provided as the treating psychologist. This pattern has been evident throughout my private practice experience.

On occasion, I have had clients experiencing intrusive, suicidal thoughts and periods of intentionality, seeking psychiatric care but unable to secure a timely appointment. Though they may not appear actively suicidal and may not meet criteria for in-patient placement, contemplating one to two months of such severe symptomology before being able to be seen by a prescribing practitioner adds significantly to their emotional burden and places them at greater risk for a suicidal event. Periodically, in the absence of available psychiatric care in the community, these clients are psychiatrically hospitalized at the urging of parents or loved ones as means of obtaining more timely psychiatric care; a more disruptive and expensive route to psychiatric treatment.

A considerable percentage of my career and professional training has focused on providing mental health services for individuals who are difficult to serve due to the severity of their mental illness, intellectual disability, socio-economic status and related lack of resources or some combination thereof. Many of these individual's qualify for Medicaid and/or Medicare benefits. Over the past ten years, I have observed a decline of psychiatric service providers who are willing to prescribe for recipients of Medicare and Medicaid benefits. This ever decreasing pool of available Medicare/Medicaid prescribers further exacerbates the need for timely psychiatric care for individuals with severe and persistent mental illness.

It is not my contention that there is a lack of knowledgeable, skilled and caring psychiatric providers in this community. On the contrary, I have worked and collaborated with many psychiatrists and APRN's in the Lincoln area who I believe to be quite skilled and astute. Rather there is clear disparity in the need for psychiatric care relative to the available resources in this area.

Psychologists appear to be primed for additional training in psychopharmacology to allow them to prescribe medications for their clients. Psychologists have already acquired extensive training in psychiatric illness, diagnosis, and assessment; obtain comprehensive medical, psychological and social histories from their clients and maintain regularly scheduled contact with clients. Specially trained psychologists have already been prescribing safely for 20 years in the US military and for over 10 years in New Mexico and Louisiana. Illinois (2014) and Iowa (2016) have both passed legislation promoting prescribing privileges for psychologists with specialized training. Indian Health Services and the US Public Health Services have been using psychologists as prescribing practitioners as well. The American Psychological Association has responded to the need for more psychiatric prescribers by issuing postdoctoral education and training recommendations, practice guidelines, as well as model legislation for prescriptive authority.

There is considerable empirical support that the most efficacious treatment of many psychological disorders is a combination of psychopharmacology and psychotherapy. Psychologists are in a key position to provide the additional treatment of psychoactive medication for clients, given sufficient training. As a practicing psychologist, I would be interested in pursuing this training to enhance the interventions I am able to provide for my clients.

Thank you for your time and consideration of my thoughts regarding this proposal.

Sincerely,

Kimberly M. Kilgore, Ph.D.
Licensed Psychologist