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The Honorable Deb Matthews

October 1, 2012

I am writing at the request of the Ontario Psychological Association's Committee on Prescribing Privileges and their petition before you to obtain this clinical authority. Last Fall I retired as chief of staff for Senator Daniel K. Inouye after serving 38+ years with him. In 2000 I served as President of the American Psychological Association and was elected to the Institute of Medicine in 2008. Over the years, we worked closely with the elected leadership of a number of non-physician health care professions in order to ensure that their practitioners would be able to function to the fullest extent of their training and clinical expertise to best serve their patients. For example, in November 1984 the Senator urged the membership of the Hawaii Psychological Association at their annual convention to seek prescriptive authority. At his suggestion, the Appropriations Committees of the House and Senate subsequently urged the Department of Defense to establish a special psychology psychotropic medication training program which graduated its first two students in June 1994. Prior to initiating this program, we carefully reviewed the relevant literature and discussed its implications with a number of senior medical educators.

Over the years we have observed organized medicine to be consistent in its emotional opposition to the expansion of the scope of practice of any non-physician discipline. The essence of their argument has always been that these non-physician providers represent a "public health hazard" who would affirmatively harm their patients unless closely supervised by a physician (including for example, psychotherapy by psychologists and the delivery of babies by certified nurse midwives). Equally consistently, every objective review that we are aware of that looked at non-physician practices has been most laudatory and patients report being highly satisfied. In the States of New Mexico and Louisiana, as well as throughout the U.S. federal health care system, psychologists have been independently prescribing for approximately a decade while demonstrating outstanding competence. In rural areas and with special populations, such as the indigenous peoples of the United States, these non-physician providers

often represent the only care available a timely fashion. The underlying public policy issues (i.e., access, quality, cost effectiveness, and patient satisfaction vs. an alleged “public health hazard”) also surfaced during the controversy surrounding the Alaskan Native utilization of dental extenders. Authority for expanding this particular approach has been codified within President Obama’s Patient Protection and Affordable Care Act [P.L. 111-148].

I hope my historical public policy perspective is useful in your deliberations.

Aloha,

Pat DeLeon, Ph.D., M.P.H., J.D.