



DEPARTMENT OF HEALTH & HUMAN SERVICE

Public Health Service
Health Center

Fort Belknap

Indian Health Service
669 Agency
Main Street
Harlem,
Montana 59526

9/28/2012

The Honorable Deb Matthews
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Maam:

I am respectfully writing to strongly request your support of prescriptive authority for doctoral level psychologists with appropriate clinical psychopharmacological training.

I am an active duty U S Public Health Service Officer serving in frontier, isolate, Indian country, at Indian Health Service Hospital Ft. Belknap, Montana. My wife and I have spent and committed our personal and professional lives to serve the medically underserved and frontier Indian populations for the past ten years. As the Director of Behavioral Health at multiple Indian sites, I saw the tremendous need for integrated, behavioral health care, especially in remote areas. At a prior duty station serving the Quileute Tribe in La Push, Washington, I was unable to get a single patient of mine in almost five years to receive psychiatric services in Forks, WA due to the lack of psychiatric providers, and racial prejudice. During those early years I decided to return to school and get trained in clinical psychopharmacology, so that I could help.

During the next seven years I completed a Post-doctoral MS in Clinical Psychopharmacology. I studied for sixteen months and failed the national PEP exam. I returned to my books and re-took the national exam after another twelve months and successfully passed. Following the New Mexico state statues for conditional and independent practice of prescribing, I began my clinical hours of supervision with my Clinical Director.

Following that internship, I began a two year conditional prescribing practice while still under direct supervision of a physician. Completing those two years I applied for and received my independent practice certificate, and became the first independent prescribing psychologist in the Indian Health Service.

Needless to say the academic and clinical training is rigorous, thorough, and patient oriented for safe and effective prescribing. Without protest, the medical staff readily endorsed my prescriptive authority within my clinical psychology practice as a "mission multiplier" that increased services to our Indian families, increased clinic billing and receiving, increased patient and staff satisfaction, and reduced patient waiting months to get a psychiatric appointment ninety miles away.

The Indian Health Service (IHS) Behavioral Health Division has endorsed the prescribing medical psychologist model as the new "Gold Standard" of care. They are actively recruiting prescribing psychologists and, to the best of my personal knowledge, have approximately twelve prescribing psychologists in five IHS Regions, all at various stages of completing or having completed all the requirements for independent prescriptive authority. As a prescribing psychologist, I have received nothing but support, encouragement, and professional collaboration from my medical and psychological colleagues.

I know the Indian people of Canada are also in need of greater access of care; integrated behavioral health from doctoral level providers who can offer both cognitive behavioral therapy and appropriate psychopharmacological interventions when appropriate and evidence based. I know because I have received requested from Natives in your country who have relatives that I have served and provided care to. They also have requested "doctors like you" who are culturally mindful; skillful in therapy; and tactful in prescribing. In my practice, no patient receives "pills without skills", as medications do not solve everything.

Advancing doctoral level psychologists with psychopharmacology authority positions the Canadian families to have the highest level, highest trained, behavioral health doctors who are able to provide the most effective, integrated, therapy and medication treatment to their patients safely and efficiently.

This year, Montana and North Dakota legislation will again offer bills of support for prescribing medical psychologists. A

primary motivator for both these bills is the vast expansive nature of the states, limited resources, even more restricted psychiatric care, and frontier Indian families. I and other IHS prescribing psychologists are supporting, testifying, and drafting legislation for both these states efforts. It supports our mission in Indian country, and supports the overall health of all families in Montana and North Dakota.

Our rural legislators have requested our direct efforts in bringing these bills to the House and Senate, as restrictions of travel, incimate weather, poverty, and medical coverage limitations cut deep in the pocket book of most Northern Plains families. I suspect this is true in Ontario as well.

It only makes good business sense to have rural patients see one behavioral health doctor for all their needs, if possible.

If I can be of further assistance, please feel free to contact me at my office:

Fort Belknap Service Unit
PHS Indian Hospital
669 Agency Main Street
Harlem, MT 59526

Office: 406.353.3161

Respectfully,

A handwritten signature in blue ink that reads "Michael R. Tilus, PsyD, MP". The signature is written in a cursive, flowing style.

Michael R. Tilus, PsyD, MP
Director, Behavioral Health
COMMANDER, U S Public Health Service