February 16, 2023

Dear Senate Health and Human Services Committee,

The organizations listed below represent physicians across the country. **Together, we urge you to oppose HB23-1071**.

HB23-1071 concerns us for the following reasons:

- HB23-1071 would allow psychologists – who are not medically trained – to prescribe powerful medications that are used to treat mental illness.
- Medicare does not reimburse for pharmacologic management by prescribing psychologists due to their lack of education and training. Colorado should not authorize prescribing that Medicare, one of our country's largest payers, does not consider safe.
- Allowing non-medically trained providers to prescribe psychiatric medications would make patients seeking mental health treatment second-class patients and increase existing healthcare disparities.
- Patients treated for mental illness are often complex and experience multiple medical issues that are treated concurrently. A physician needs to manage this process to minimize the risk of drug interactions and monitor the patient's progress. There can be serious disabling or deadly side effects of medications if improperly prescribed and managed.
- A better, safer way to ensure high-quality care is to utilize telehealth. Additionally, integrated care like the Collaborative Care Model is a tool where a physician oversees treatment and increases access to care.

- A poll of Colorado patients shows that they prefer a physician-led team for mental health care. Medical providers who treat these patients must be trained to understand and treat all systems of the body to recognize the warning signs of adverse effects.

The undersigned organizations urge you to oppose HB23-1071.

Patient safety must be paramount when considering the change of any law, and HB23-1071 puts some of Colorado's most vulnerable patients at risk of misdiagnosis and unsafe prescribing practices.

Vote no on HB23-1071.

Sincerely,

American Psychiatric Association
American Academy of Child and Adolescent Psychiatry
American Medical Association
American Academy of Dermatology Association
American Society for Dermatologic Surgery Association
American College of Emergency Physicians
American Society of Plastic Surgeons

HB23-107 Testimony

Amanda Jichlinski, MD, FAAP

February 16, 2023

My name is Dr. Amanda Jichlinski. I am a community pediatrician and proud to serve on the board of the Colorado Chapter of the American Academy of Pediatrics. I am coming today to speak in regards to HB23-1071.

As a pediatrician, I serve a population of medically underserved, primarily minority patients. My patients have a high burden of mental health concerns including anxiety, depression, trauma, aggression, and adverse childhood experiences. Given the difficulty accessing psychiatrists who accept Medicaid and uninsured patients, I manage many of these conditions as a primary pediatrician.

I believe that following the most up to date evidence-based practice is essential to providing quality care to our most vulnerable young people. To provide quality medical and mental health care to my patients, I have added to my knowledge-base from my residency training by taking over 30 additional hours of continuing medical education (CME) courses on mental health conditions and prescribing psychotropic medications and I continuously keep up my reading on the latest guidelines for managing pediatric psychiatric conditions.

The care of pediatric patients is unique. It is important to recognize that children are not simply “little adults” and the guidelines that govern management of pediatric mental health conditions are specific to the age and diagnosis of the child. Furthermore, when diagnosing any mental health condition, it is important to rule out physical health conditions that can present with mental health concerns, such as lupus and thyroid disorders. Without a medical background, a patient may not receive the necessary evaluation and work-up to rule out important physical health conditions.

Finally, an essential part of pediatric care is practicing within a medical home that supports all the needs of the child. This includes the social determinants of health that impact a child’s physical and mental health.

Through my work, I recognize daily the limited access patients have to mental health care, especially in resource-limited locations. I strongly believe that all children deserve access to quality medical care supported by a team of experts in pediatrics who follow evidence-based-practice. I encourage the committee to support efforts that focus on ensuring patient safety, quality care, and communication among physicians and psychologists. Thank you for prioritizing the treatment and care of children and adolescents in our state.

Jenny L. Boyer, M.D., J.D., Ph.D.
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Norman, Oklahoma 73072
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Senate Committee on Health and Human Services
200 E. Colfax Avenue
SCR357
Denver, Colorado 80203

February 14, 2023

Dear Chair Fields, Vice Chair Ginal, and members of the Committee:

I am a past Chair of the Board of Licensure and Supervision for Psychologists in Oklahoma as well a past member of the Board of Licensure and Supervision for physicians in Oklahoma. I am presently a full time tele-psychiatrist for the Veterans Administration. These opinions are mine alone and do not represent those of the VA.

I practiced 15 years as clinical psychologist and the reason I went back to medical school in my 40s, even though I already practicing as a clinical psychologist, I hope will be of interest to you.

I was seeing patients independently as a clinical psychologist and I was having success in doing testing and psychotherapy. However, over the years I realized that to be clinically 'safe' for me, and other psychologists, a biological perspective was also required. Some examples may help you understand this perspective:

I had a patient die of a brain tumor because I did not recognize the potential diagnosis of glioblastoma. She had a slightly irregular gait, but I kept doing cognitive behavioral psychotherapy as I was not trained to appreciate sufficient differential diagnosis. She died 4 weeks after I asked a psychiatrist friend to advise me, but it was too late. A patient reported, "panic attacks ," and was also having sleep apnea and who died of a heart attack brought on by an arrhythmia caused by gasping for breath in the middle of the night. I was doing deep relaxation exercises with this patient. I missed sleep apnea and only thought that he was suffering from insomnia, due to generalized anxiety disorder. I had a patient who was depressed, manic and psychotic but then found out that the person had been on prescription steroids. I had a patient die from a combination of high dose Prozac and Valium that I had not prescribed but which I could not warn the patient about the danger of taking too much Valium with the Prozac as I did not realize the danger myself. I had insufficient knowledge about the interaction. I have had completed suicides when I underestimated the contribution of chronic pain and was trying to do cognitive interventions. In my view it is not prescribing that is the problem as much as not having a correct diagnoses and breadth of knowledge to make the diagnosis. One must have a great deal of exposure to all illness to recognize it and only medical school will give you that breadth of exposure. That does not mean that others cannot practice but they cannot be expected to know what they do not know medically.

I finally mustered the courage to go to medical school so I would hopefully not miss critical medically based diagnoses. When I got to medical school, I thought there would be overlap of education, but I was

mistaken. The psychological model is behavioral and cognitive and does not include the biological model. Medical school was an eye-opening experience for me as I learned what I thought I knew, but I had a blind spot as I had been assured in PhD school that psychologists and psychiatrists were equivalent but just had different training. They are not equivalent at all.

I wonder about access to diagnosis and treatment myself. I think psychiatrists cannot see all the patients. I am in favor of biological training as well as supervision and consultation by the more extensively biologically trained mental health professionals. I think you must share what you know, and the best thing is a team approach as I appreciate psychologists and social work colleagues who possess unique perspectives that are also important. They do not have a biological perspective however, even if they take pharmacology classes. They will miss diagnoses. I think perhaps we need to use the collaborative care model more where primary care physicians work with mental health professionals, such as psychiatric physicians and nurse practitioners, to maximize the opportunities for patient improvement and well-being.

This is not a turf war for me. I want access and safety. That is all I want.

Thank you,

Jenny Boyer

Jenny Boyer, M.D., J.D., Ph.D.
Board Certified American Board of Psychiatry and Neurology (in Psychiatry)

Testimony Submitted to Colorado Senate Health and Human Services Committee re HB23-1071

February 15, 2023

My name is Dr. Lia Billington and I am a Colorado licensed psychologist who is also a licensed prescribing psychologist in New Mexico. My legal and primary residence is Colorado, and I have been commuting back and forth between the two states for over 10 years. I have served as Family Medicine Residency faculty in New Mexico, while I was also an active member of the Colorado Family Medicine Behavioral Consortium during that time.

For the last two years, the Colorado Psychological association has been working on a legislative initiative to allow licensed PhD/PsyD psychologists with 3+ formal additional postdoctoral education and training to prescribe a narrow set of medications for the treatment of mental health disorders. HB23-1071 passed the full House last week and will be heard by the Senate Health and Human Services Committee on Thursday Feb. 16.

Five states (NM, LA, IA, ID, IL) license advance practice psychologists who prescribe mental health medications after extensive postdoctoral training and supervision. Both the Department of Defense and the Indian Health Service have licensed these psychologists for over 20 years. Our safety records are unchallenged.

I would like to highlight ways in which patient safety receives the highest priority by prescribing psychologists:

(1) We collaborate with the patient's Primary Care Provider (and specialists when indicated) to ensure that mental health medications are not contraindicated by the patient's health conditions or other medications they are taking. We request a Review of Systems, and interview for all medications, over-the-counter medications, drugs of abuse, and herbal preparations they may be taking. We review or order baseline labs such as CMP, CBC, Thyroid, and others. We run medication interaction checkers via standard software platforms to uncover possible interactions of concern. We are completely educated on more narrow areas such as cytochrome P450 inducers and inhibitors, as well as resultant risk factors relevant to some ethnic groups.
(2) The right to prescribe is also "the right to unprescribe." We evaluate whether it is necessary for a patient to remain on a particular psychotropic medication, and present options to slowly and safely discontinue a medication, and help the patient to evaluate the effects of tapering and discontinuing a medication.
(3) We are informed through evidence-based studies about whether psychotherapy is the preferred treatment of choice (vs. medication), and proceed with psychotherapy first in most instances, which we are fully experienced to perform. Some notable exceptions requiring immediate medication management are severe depression, psychosis, and Bipolar 1 disorder.
(4) Where a medication approach is being considered for a minor or an older person, (after consulting with the primary care provider) we normally would consider the lowest range of the lowest recommended dose, and monitor closely.
(5) We follow standard guidelines and decision trees for psychotropic medication initiation, augmentation, switching medications, etc.

HB23-1071 is based with many similarities to the State of New Mexico Statute where psychologists have safely prescribed since 2005. I myself have been prescribing in New Mexico since 2010. The data has shown this practice to be safe and to provide patients with additional access to prescribers

with an expertise in behavioral health. The many rural areas of New Mexico have prescribing psychologists, will all regions of the state served.

I am a Colorado licensed psychologist who would be immediately available to start pharmacotherapy for patients in Colorado. I received the Major Caraveo National Service Award in 2018 for my serving the underserved in New Mexico with medication management, and would love to serve the underserved in Colorado, my home state in which I primarily reside. There are a number of us who would be immediately able to provide workforce for the underserved in Colorado, as we have already met the proposed requirements in the legislation.

It is our experience that Physicians and Nurse Practitioners in New Mexico, once they get to know us and our collaborative and conservative practices, are eager to have us on their patient's provider team. Physicians who have never worked with a prescribing psychologist generally do not know the components of our training and supervision, or the results we could have with their patients.

I urge the Senate Health and Human Services Committee to pass this in committee for the good of access to care in Colorado. A full senate consideration is in the best interests of Coloradans, especially those who live in rural areas or other areas of high need.

Respectully Submitted,

Lia Billington, Ph.D. M.A. ABMP
Colorado Licensed Psychologist #1204
New Mexico Licensed Psychologist #1128
New Mexico Prescribing Certificate PSY-RXP0027
DEA (Drug Enforcement Administration) Medical Psychologist Registration MB2315023

the Center for Stress Medicine

February 17, 2023

Re: HB23-1071

Dear Senators,

I understand the intentions behind HB23-1071 are meant to improve the state of mental healthcare in Colorado. I ask for your willingness to consider the perspective of a physician board certified in Psychiatry and in Integrative Medicine practicing in the state of Colorado.

My bias is not only as a physician with specialty training in Psychiatry and Integrative Medicine who has practiced in Colorado for over 30 years. I am also a wife, a mother and a grandmother whose extended family, children and grandchildren reside in Colorado. My grandfather homesteaded in Colorado, I am deeply invested in the wellbeing of Coloradans.

The greatest danger of bias is when we don't acknowledge our own bias. Biases are alot like accents, we can hear the biases clearly in others while we remain deaf to our own.

Your consideration of allowing psychologists with only 2 years of training in psychopharmacology is not the answer to our mental health crisis. There are effective solutions available to the State of Colorado and pumping more psychotropics into Coloradans is not the answer. In fact I believe it will further overwhelm those of us still practicing psychiatry in Colorado with more demand for our services and more disjointed medical services to our most vulnerable populations.

- As psychiatrists we have 12 years of intensive training in the basic sciences and the practice of medicine. We train alongside general medicine physicians, surgeons and other physician specialists. In particular we train closely with neurologists with whom we share board certification, both specialties treat the brain, the most complex organ in our body which interacts with and controls the functions of our entire body.
- Your bill suggests our 12 years of general medicine and specialist training can be replaced with 2 years of psychopharmacology. Psychologists are trained to treat the mind not the brain. Despite what the direct to consumer ads for psychotropic medications say, our prescription pads are one of the most dangerous and least effective interventions we perform. Primary care physicians are reluctant to prescribe psychotropics because they know as we do if we get it wrong, things can go very badly.
- All antidepressants carry a black box warning, the strongest alert to prescribers that the FDA imposes. Antidepressants can induce impulsive suicidal behavior, they can induce violent and

Sara Van Anrooy, MD,ABOIM Kayli Meyers, NBC-HWC Jessica Botts, PA-C
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The Center for Stress Medicine

even homicidal impulses especially in teens and young adults. Explore the forensic data on mass shooters in Colorado, how many of them were on antidepressants?

- Many of our antidepressants and antipsychotic medications can induce syncope or sudden death in patients not properly screened for QTc prolongation. Antianxiety medications such as benzodiazepines can cause respiratory failure in patients with untreated sleep apnea, some of our FDA approved sleep aids can induce sleep attacks especially while driving if patients are not properly trained to screen for narcolepsy, frontal lobe seizures present clinically with what appears to be ADHD, prescription of stimulants or dopaminergic medications such as bupropion would lower the seizure threshold and cause more frontal lobe seizures.
- Most of my psychiatric colleagues who have remained in the managed care system by necessity and design have abandoned much of their medical training as they have been transformed into psychopharmacologists.
- Landmark studies like the NIH funded *STAR*D* study validated the unfortunate lack of efficacy in antidepressants that we as current prescribers see everyday, why haven't our political and medical leaders supported the development and use of alternative or synergistic evidenced based interventions which have better outcome?
- The University of Colorado graduates some of the best psychiatrists in our country yet most of them leave our state to practice elsewhere, have you asked them why?
- The University of Colorado built an impressive Anschutz medical campus while closing its psychiatric units. The UC Health campus offers not one inpatient psychiatric bed, have you asked why?
- Medicare, commercial insurers and most state Medicaid programs cover the cost of genetic testing which supports the prescriber in prescribing more safely, more effectively and more efficiently. The Colorado state Medicaid program will not cover the cost of this test. Have you asked why?
- When I graduated from my residency, Colorado had some of the best psychiatric facilities in the country, most of the general medical hospitals had psychiatric units and intensive outpatient programs. Most of these have closed. Have you asked why?
- As psychiatrists we receive the training of a general medical physician and then we receive additional training to develop the ability to identify medical conditions which present as psychiatric conditions as well as comorbid general medical conditions, most of the patients we treat at our clinic have medical comorbidities that have secondary psychiatric symptoms. I use my medical training on every patient I see. As a physician specialist I diagnose and treat medical conditions which primary care physicians are not given the time nor the training to pick up.
- As a physician specialist I recommend to primary care physicians interventions which can collaboratively treat a patient's other medical conditions such as hypertension, diabetes, Irritable Bowel disease, cardiac arrhythmias and seizures just to name a few.
- The psychotropic pharmaceutical industry is a multi billion dollar industry that would love to see this bill passed. Is it a coincidence that as more Coloradans and more Americans are consuming psychotropic medications the prevalence of mental health disorders as well as chronic medical conditions such as obesity and diabetes are on the rise?
- I am confident allowing less medically trained clinicians the right to practice prescriptive medicine in offices separate from physicians and mid level clinicians shifts us away from sustainable solutions.
- Is the state of Colorado going to create a new regulatory division of DORA to oversee this new category of prescribers when we already have avenues for psychologists to take to become medical providers? Will our state medical board be required to hold these new prescribers accountable for our state's medical standards of care or will boards of psychologists and/or

pharmacists take over the monitoring of this new category of clinicians with prescriptive authority? Will pharmacists also be allowed to have prescriptive authority in the future? You are setting a concerning precedent.

Our state has a mental health crisis on its hands, we also have a shortage of psychiatric physician specialists and an over abundance of licensed psychologists. There are many other solutions I ask our state leaders to consider:

- Over my career as I watched shareholders enter into the healthcare business our healthcare industry has transitioned into an expensive illness care model. The interests and needs of shareholders in our country have become more important than the need to effectively improve the health of our citizens. Taking shareholders out of healthcare could create economic instability, this is a complicated problem that demands attention.
- We have data driven, outcome based programs such as *Brain Thrive by 25* which if implemented in our school systems will not only reduce the prevalence of mental illness and the need for psychotropics but will also reduce the amount of our resources needed to address violence, addictions, distracted/dangerous drivers, obesity, heart disease and more. I am attaching an independent outcome study on the *Brain Thrive by 25* program, and its effectiveness makes medical sense.
- Let's create programs which financially support psychologists who want prescriptive authority to pursue medical training, licensure oversight, monitoring of medical standards of care already in place. Let's support them in pursuing training as Nurse Practitioners, Physician Associates/Assistants or Physicians.
- Let's create programs which integrate psychologists and psychiatrists into our current healthcare delivery systems. Primary care physicians need the guidance and additional training that currently we as psychiatrists are not able to effectively provide them.
- Let's assure Colorado Medicaid clients have access to effective, life saving diagnostic tools such as Genomind genetic testing. We now have the ability to identify patients with bipolar genetic tendencies before they get prescribed medications that will likely trigger further destabilization as well as suicidal and violent behavior. We need physicians to have access and training on how to clinically integrate this genetic data.
- Let's create a focus group of the CEOs of all hospital and healthcare delivery systems and listen to the reasons they aren't able to provide greater psychiatric services. I think the answer you hear will be rather simple though the solution is anything but simple.
- Let's find ways to integrate the practices of psychiatry into our healthcare delivery systems, psychiatrists need to be working physically alongside primary care providers and other medical specialists, we don't need more virtual care and collaboration.
- Let's work along with the leadership team at the University of Colorado to help Colorado once again be leaders in providing cutting edge, evidenced based treatment and prevention of psychiatric conditions.
- Those who know me know I have many more suggestions on how Colorado can do better, much, much better. If you are interested in hearing more please contact me.

Sincerely,

Sara Van Anrooy, MD, ABOIM
303.570.2389 cell

February 16, 20213
303 E. 17th Avenue
Suite 400
Denver, CO 80203

Madam Chair and members of the Senate Health and Human Services Committee,

Thank you for allowing me to submit testimony supporting HB23-1071: Licensed Psychologist Prescriptive Authority. One Colorado supports this legislation because it improves access to much needed mental and behavioral health care.

Colorado is facing a mental health crisis, and the increased demand for mental health services has posed a significant challenge for health care providers. Patients often face long wait times for needed care, and this is particularly true for those on Medicaid and Medicare.

In addition, LGBTQ+ Coloradans are disproportionately impacted by mental health issues because of discrimination and systemic injustice. According to Colorado Health Institute:

- Just 22.9% of transgender, nonbinary, and gender diverse Coloradans report having good mental health, compared to 74.8% of heterosexual, cisgender Colorado adults.
- LGBTQ+ Coloradans are also more likely to report not receiving needed mental health services, with 41.8% of LGBTQ+ Coloradans not receiving needed services compared to 15.3% of cisgender, heterosexual counterparts.

This is in part because LGBTQ+ Coloradans face additional barriers in accessing care because of a lack of sufficient providers – especially culturally competent providers who understand and are trained with up-to-date knowledge of the unique needs of the LGBTQ+ community and intersectional identities.

When LGBTQ+ people have access to providers with shared identities, it can help providers to understand, empathize, and better treat their patients. By creating a pathway for psychologists to earn prescriptive authority, HB23-1071 would enable LGBTQ+ psychologists to prescribe life-saving medications for their patients, and give Coloradans access to needed, safe care from a trusted provider.

This bill is one of the many steps we can take to address the mental health crisis we face as a community. It equips our health care workforce to meet community needs, removes barriers to receiving necessary care, and ensures that all Coloradans have timely, streamlined access to the mental health medications they need. Thank you for your time, and I ask for your support of HB23-1071.

Sincerely,

Meredith Gleitz (she/her)
Policy Manager
One Colorado

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LINKS Pediatric and Adolescent Behavioral Health

Caroline Kabel - Kotler, DO, FAAP
6900 E Belleview Ave Suite 205
Greenwood Village, CO 80111
720*772*0130

Dear Honorable Members of the Senate Health and Human Services Committee,

My name is Dr. Caroline Kabel-Kotler, and I am a Board Certified Child and Adolescent Pediatrician, Behavioral Specialist, and Educational Advocate. I'm the owner/director of Links Pediatric and Adolescent Behavioral Health in Greenwood Village, Colorado. I've been practicing for more than twenty five years and have treated and cared for many thousands of patients over my career.

I'm emailing you today in **SUPPORT** of HB23-1071 which would allow highly trained psychologists to prescribe medication for the treatment of mental health disorders.

I've experienced firsthand just how serious of the mental health crisis problem we are facing in Colorado. The pediatric mental health issue has been present for a while, but especially since the pandemic, I am seeing more children than ever coming to my place needing mental health support. However, there are very few psychiatric providers available to diagnose and treat these conditions in Colorado. As a result, patients are relying on their pediatricians to diagnose and manage their mental health conditions, including prescribing and managing psychotropic medications. Pediatricians have very little training and exposure in residency to psychiatry and thus aren't skilled to provide such care and quite frankly, have little interest in doing so.

Having spent most of my career in a busy, suburban private practice seeing both general pediatric and adolescent patients as well as having spent half of my days providing mental health services to my patients. I was lucky to have had an interest and focus in behavioral medicine and many mentors and experience to offer such care. I was unique and not the typical Pediatrician. My partners, like all Pediatricians, didn't have the time to address their needs and felt ill equipped to properly diagnose and treat this patient population.

This patient population requires quality time and care in order to provide them with the level of care and treatment they deserve and it's just not possible in Pediatric and primary care settings.

I have worked with psychologists in my practice and can tell you based on my experience about their in-depth knowledge and expertise in mental health diagnosis and treatment. Allowing highly trained psychologists who undergo and complete the steps outlined in HB23-1071 will add much needed providers in this space. I feel confident that with the additional education and training required these psychologists will provide quality and safe care. While our community is experiencing a mental health crisis like no other we need to utilize all the tools out there. Thank you for your consideration and please don't hesitate to reach out with any questions.

Sincerely,

Caroline Kabel-Kotler, DO, FAAP
LINKS Pediatric and Adolescent Behavioral Health

Good afternoon members of the Senate Health and Human Services Committee,

My name is Robert Rottschafer and I recently retired as a psychologist after 30 years in the Air Force. During my tenure, I served as a clinician and the Deputy Commander of the USAFA's 10th Medical Group, from 2014-2018. I have been an independently privileged, prescribing psychologist since 2007. I am asking you today for a yes vote on HB 1071. Please note my testimony today is as a private citizen and does not necessarily reflect the position of the Department of Defense or the Department of the Air Force.

In 2004, I was as the first military-sponsored psychologist to receive psychopharmacology training from a non-military program. I completed my Masters in Science degree from Nova Southeastern University, and my clinical training, including 1 year of supervised practice under the supervision of a psychiatrist, at MacDill AFB, Florida. In 2007, I was granted independent privileges to prescribe, and treated both active duty and non-active duty patients until my deployment to Afghanistan in 2008. While there, because of my advanced training, I was forward-deployed as the only U.S. mental health provider for more than 8,000 U.S. troops scattered across the southern half of the country. For these efforts, I was awarded the Bronze Star.

In addition to my assignment at USAFA, I have been stationed in many locations with inadequate community mental health resources. In each, my additional training allowed me to increase access to safe, effective, comprehensive mental health care for both active duty and non-active duty beneficiaries. Often, this meant correcting or even stopping medications that had been incorrectly prescribed by non-mental health providers. I often provided consultation to primary care and other medical specialists on appropriate use and dosage of psychotropic medication. For all but three of the 15+ years I was prescribing, my clinical care was peer-reviewed by a psychiatrist and no safety or treatment concerns were ever noted. In short, it was clear to those with whom I worked, including psychiatrists and other physicians, that I was well trained and able to provide safe, effective, comprehensive mental health care.

As you know, communities and citizens in Colorado are suffering because of the lack of access to mental health care. Wait times to see a psychiatrist are measured in months, and the national shortage of psychiatrists is only expected to increase. Prescribing Psychologists have provided safe and effective comprehensive treatment for over twenty years. I've witnessed first-hand the value-add appropriately trained psychologists can bring when they are able to integrate talk therapy and medication management. I ask you today to follow the military and several other states and consider a yes vote on HB 1071 in order to help address the mental health crisis in Colorado. Thank you for your time today. I am happy to answer any questions.

Senate Health & Human Services
02/16/2023 01:30 PM
HB23-1071 Licensed Psychologist Prescriptive Authority
Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Patrice Marqui For themself	I am in support of HB23-1071 for families who have a loved one with mental illness. Is it okay to let someone who presents with a health issue that needs medication to wait one to three months for that medication? This is exactly what has been occurring for many years for people with serious mental illness which is a health issue, a serious brain disorder. Over the years, those with serious mental illness have not warranted the same care as someone with a physical illness. This should not be accepted when there are innovative ways on the table to get people with serious mental illness the help they need when they need it. It can take so much courage for someone with a serious mental illness to walk into a behavioral health facility to ask for help when they are experiencing symptoms. Then they are told there are no appointments until one to three months out to see a psychiatrist or psychiatric nurse practitioner for medication that can begin to stabilize them. In between the long wait time to see a prescriber, the person with a serious mental illness may experience negative circumstances that could have been prevented with medication when they needed it. Below are just a few of those circumstances reported by family members who have a loved one with serious mental illness: *Person decompensates and is arrested for a crime they committed *Person loses their housing due to psychotic behavior and are now homeless *Person is injured by someone, have hurt themselves, or pass *Person is so disorganized in their thoughts that they forget their medication appointment, are deemed a no show or are now missing. *Person shows up in emergency room. The above consequences are all costly to Colorado and do not even begin to address the suffering people with serious mental illness and their families go through. HP23-1071 will help people with serious mental illness get medication when they need it, as any other health care issue. This bill will help prevent unnecessary costs for Colorado and improve the lives of those living with a serious mental illness and their families. I fully support HP23-1071 Patrice Marqui Larimer County
Sandra Fritsch Against	Dear Committee Chair and Members of the Health & Human Services Committee,

themself	I am providing written testimony in opposition to HB23-1071, on behalf of me as a practicing child and adolescent psychiatrist and fully trained pediatrician. I am in opposition for the following reasons: this will not increase access, there are serious safety concerns related to psychotropic medications and lack of medical training of psychologists, and the developing body and brain of the pediatric patient requires specialty training. This will not increase access for patients and families seeking psychiatric care and medication evaluations. Psychologists are not practicing in very rural areas, most do not take insurance, and inequity of care will increase. This additional professional care option will detract from what psychologists are trained to do: diagnostic assessments and testing, therapy, and integrated/collaborative care. Psychotropic medications have potential for significant side effects including death in overdose, kidney and thyroid failure, obesity, metabolic syndrome, severe skin reactions, to name a few. This requires training to assess and address beyond the training in the bill. Our children have bodies and brains that are changing and developing and require knowledge to make treatment recommendations beyond the scope of the psychologist prescriptive authority bill. Safety should be our number one priority. Thank you. Sandra L Fritsch, MD
Amelia Federico For themself	Hello, my name is Amelia Federico. I have lived in Denver my whole life and am a junior at MSU Denver. Thank you committee members for letting me speak before you. I am very grateful to be speaking in support of HB23-1071. This bill would provide prescriptive authority for psychologists. I know from my own lived experience with mental health that the best way to prevent serious mental health emergencies like suicide and hospitalization is to ensure people have access to mental health treatment and services without experiencing barriers. Suicide is the leading cause of death for Colorado kids ages 14-19. Let that sink in. It is not a secret that young adults are facing a mental health crisis, and we must as a collective action on this fact to ensure mental health supports are accessible. Colorado has an opportunity to advance proven, national practices by allowing specially trained psychologists to prescribe mental health medication which would allow for immediate access to needed safe care with a provider they are already working with.

	In my junior year of high school, I was depressed. Simple tasks like making breakfast for myself felt impossible. I needed to seek out help. However, I also knew that the journey to finding a provider was full of obstacles. After months of searching, I finally found a provider that: took my insurance, had availability, and that I felt safe with. I felt like I had won the lottery after months of searching. After a few sessions, we discover that I am extremely anxious, and it was recommended that I take medication. I was informed that I had to go through the process of finding a provider again just to even see if medication would work for me. This took a lot of money, time, and energy a process that feels impossible to someone who is depressed. I remember the feeling when I saw the typical copay for psychiatrists in Colorado. One hundred dollars to see a provider, not including the money for the prescription itself. One hundred dollars is a month's worth of groceries in my house. I was left to choose between basic needs, and seeing a psychiatrist. I could not pay for both a psychiatrist and a therapist so I was not afforded the luxury of medication. We have the opportunity to ensure that, people are not choosing between their anti-anxiety medication and groceries. Together, we can work to ensure Colorado youth have access to mental health support, by voting YES on HB23-1071.