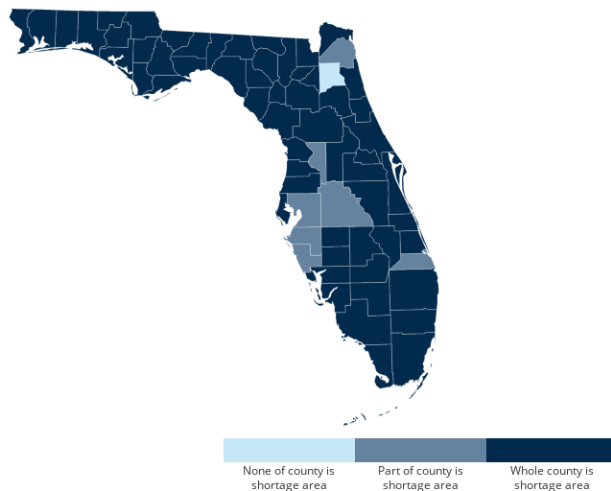


## Adding Psychopharmacology Prescription Privileges for Psychologists to Address Workforce Shortages

### The Need

The US could be facing a [shortage of as many as 21,000 psychiatrists by 2030](#). More than 60% of active psychiatrists in the U.S. were 55 or older in 2021, according to the Association of American Medical Colleges — one of the highest proportions among all physician specialties. About 70% were 50 or older. Some estimates suggest that 96% of the total counties in the U.S. lack access to adequate psychopharmacological services (Thomas et al., 2009). [Fifty-eight out of sixty-seven counties in Florida have a shortage of psychiatrists across the entire county](#) as of October, 2024.

Health Professional Shortage Areas: Mental Health, by County, October 2024 - Florida



*Detailed County  
information may be  
found in the  
Appendix of this*



Source: [data.HRSA.gov](https://data.HRSA.gov), October 2024.

Forbes Advisor recently conducted a [study](#) to find the best and worst states for those seeking mental health treatment in 2025 and found that Florida is the 4th worst state for mental health care: 29.1% of adults with a mental illness do not receive adequate treatment and 61.8% of youth with depression do not receive mental health services. Florida also has the seventh-highest percentage of adults with a mental illness who do not receive any treatment (58.4%).

According to [industry data collected in April 2024](#) by the Kaiser Family Foundation and population figures from the U.S. Census Bureau, Florida is officially designated mental health professional shortage areas due to a lack of psychiatrists. Only 23.9% of Floridians' needs are currently being met. Florida needs 446 psychiatrists, the 3rd highest in the nation, in order to [remove the HPSA designation](#).

The United States Department of Health and Human Services estimated that the U.S. would require almost 3000 more psychiatrists to eliminate the 4000 designated Mental Health Shortage Areas (Health Resources and Services Administration, 2015). Other experts claim that America is shy about 45,000 psychiatrists to meet the need, and that this need may increase, as many psychiatrists are currently near retirement age (Carlat, 2010).

According to Mental Health America's [Access Ranking](#) Report (2024), Florida is 40<sup>th</sup> out of 51 states and territories. The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability. A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment than those ranked 39-51.

The eight measures that make up the Access Ranking include:

- Adults with SUD Who Needed But Did Not Receive Treatment
- Adults with AMI who are Uninsured
- Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs
- Adults with AMI with Private Insurance that Did Not Cover Mental or Emotional Problems
- Youth with MDE Who Did Not Receive Mental Health Services
- Youth with Private Insurance that Did Not Cover Mental or Emotional Problems
- Students (K+) Identified with Emotional Disturbance for an Individualized Education Program

According to the [Association of American Medical Colleges](#):

- "The shortage of psychiatrists is an escalating crisis," notes the physician search firm Merritt Hawkins in a 2017 report. "[The gap is] of more severity than shortages faced in virtually any other specialty."
- According to the 2015 National Survey on Drug Use and Health, nearly [one in five](#) people in the U.S. has some sort of mental health condition. And the disease burden of mental health and substance use disorders was higher than for any other condition in 2015.
- The need for treatment is expected to rise as the number of psychiatrists falls. In 2025, demand may outstrip supply by 6,090 to 15,600 psychiatrists, according to a 2017 [National Council for Behavioral Health report](#). *The Psychiatric Shortage*, explores which explores the shortage's causes and suggests solutions.

With nearly a quarter of Americans taking psychiatric medications, there is a greater need for providers who know how to properly prescribe these medications.

### **One Solution**

An increasing number of states have granted appropriately trained psychologists the right to prescribe psychotropic medications. Patients are able to work with one health care provider for psychological testing, psychotherapy, and medication management, if needed. The following states passed legislation authorizing prescription authority for psychologists: New Mexico (2002), Louisiana (2004), Illinois (2014), Iowa (2016), Idaho (2017), Colorado (2023), and Utah (2024). Twenty-

seven additional states are interested in pursuing legislation granting trained psychologists the ability to prescribe psychotropic medications; twelve are actively pursuing prescriptive authority legislation in 2025-2026.

Most medications to treat mental disorders are prescribed by primary care providers. However, they have not received extensive training in the diagnosis and treatment of mental health disorders, unlike psychologists.

Psychologists trained to prescribe are also able to unprescribe, ensuring that all patients receive the proper combination of therapy and medication when they need it. Simply put, a prescribing psychologist offers an integrated and comprehensive approach to care that can save time and money.

All licensed psychologists are highly-trained, health care professionals holding a doctorate (PhD or PsyD) and extensive training in the diagnosis and management of mental illness. Graduate school for psychologists takes an average of seven years, with coursework that includes the biological basis for human behavior. After receiving their doctorate, a psychologist must complete between 1,500 and 6,000 hours of supervised clinical practice.

Licensed psychologists, in order to prescribe, must complete a 2-year master's degree in clinical psychopharmacology, pass a national standardized exam, and complete hundreds of hours of approved supervised clinical experience on top of standard supervision requirements. The [model curriculum](#) officially recommended by American Psychological Association (APA) consists of at least 400 hours of supervised prescribing experience with at least 100 unique patients, as well as an 80-hour supervised practicum on physical assessment.

Medical doctors are not the only prescribers in Florida. Non-MD health professionals that prescribe independently in Florida are osteopathic doctors (DOs), dentists, optometrists, and podiatrists. Sub-doctoral level health professionals who prescribe under supervision are pharmacists, nurse practitioners and physician assistants.

A [2024 study](#) estimates that if just 10% of licensed Florida psychologists would add prescribing to their current scope of practice, it would result in a 5-7% decrease in suicides and would reduce the unmet mental health needs of Floridians by 3.5% or more.

A [study](#) released in November 2023 shows that prescribing psychologists provide safe and effective care. The rate of adverse drug events is 24% lower among patients treated by Prescribing Psychologists than among patients treated by psychiatrists. Furthermore, the rate of psychotropic polypharmacy (a risk factor for complications) is 20% lower among patients treated by treated by prescribing psychologists than among patients treated by psychiatrists.

[Model legislation](#) developed by APA could be adapted to meet Florida-specific requirements. The following Psychopharmacology is included in the model legislation:

- Sedatives/hypnotics
- Antidepressants
- Antipsychotics
- Mood stabilizers

- Anxiolytics
- Stimulants
- Medications for drug dependence
- Medications for drug adverse effects
- Pediatric psychopharmacology
- Geriatric psychopharmacology (including medications for cognitive impairment, polypharmacy)

In 2023, FPA sent a survey to all Florida psychologists relative to whether or not they would pursue prescription privileges if available. **41% of the responding psychologists indicated they would pursue.**

### **Safety of Prescribing Psychologists**

A recent [study](#) compared examination content-based knowledge of prescribing practitioners. The study found that psychiatrists performed the best, followed by prescribing psychologists, then psychiatric nurse practitioners. There was no statistical difference in the performance of these three groups.

Non-psychiatric physicians and non-psychiatric nurses—*who write 80-90% of psychiatric prescriptions*—performed worse than the first three groups, and non-psychiatric nurses performed significantly worse.

A second approach that has been used to help inform the prescription practices debate is the solicitation of opinions from physicians who know the quality of work prescribing psychologists provide because they have worked side-by-side with a prescribing psychologist. Two such studies have been conducted to date. Shearer and colleagues (2012) surveyed forty-seven primary care physicians who had worked with embedded prescribing psychologists for at least two years in a major U.S. Army medical facility. Those physicians reported that (1) the role of the prescribing psychologist was helpful to the medical practice, (2) that they found no negative impact or concern regarding patient safety, (3) that the presence of the prescribing psychologist added convenience for both the physicians and patients, and (4) that overall patient care was improved by the added services of the prescribing psychologist.

A [2017 study](#) surveyed thirty prescribing psychologists and twenty-four of their medical colleagues. These participants provided opinions regarding the safety and clinical ability of prescribing psychologists. Results indicated that they were “overwhelmingly perceived positively by their medical colleagues.” For example, none of the physicians were concerned that the prescribing psychologist would inappropriately prescribe a medication or prescribe an incorrect dosage, and none of them had concerns that the prescribing psychologist did not know when to refer to other medical providers.

Over ninety-five percent of their medical colleagues agreed that prescribing psychologists were adequately trained to prescribe medication. Over ninety-five percent also agreed that the prescribing psychologist had adequate knowledge of medical tests relevant to prescribing.

### **Impact of Prescribing Psychologists**

A recent study evaluated the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. Immediately following the start of psychologist prescribing (In NM and LA), the rate of deaths attributable to mental illness declined by 4.55 deaths per 100,000 in New Mexico relative to the control, but there was no change in Louisiana. There was no immediate change in the suicide rate in either state; however, the annual change in the overall suicide rate was 0.12 suicides per 100,000 per year lower than expected in Louisiana following implementation.

The evaluators state that the "results provide evidence that policies granting prescriptive authority to psychologists were associated with an immediate reduction in deaths attributable to mental illness in New Mexico and a lower than expected suicide rate in Louisiana. These findings suggest that such policies may be an effective step towards reducing the mental health mortality gap, although considerable questions remain regarding the mechanisms of action underlying the identified changes."

### **Conclusion**

According to the Cato Institute, state lawmakers should end "government-imposed barriers to restrict access to mental health professionals who are competent to prescribe medications. Prescribing clinical psychologists have a nearly 30-year track record of providing skilled, comprehensive mental health care to people with mental illnesses. Amid growing mental health needs and a shortage of mental health resources, state lawmakers should prioritize removing barriers to psychologists prescribing medications. Doing so can increase the supply of competent mental health prescribers and reduce the costs and inconvenience of mental health care."

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## Appendix

### Florida Shortage Areas by County

<b>metro_nonmetro</b>	<b>county_name</b>	<b>value</b>
Metropolitan	Alachua County	Whole county is shortage area
Metropolitan	Baker County	Whole county is shortage area
Metropolitan	Bay County	Whole county is shortage area
Metropolitan	Brevard County	Whole county is shortage area
Metropolitan	Broward County	Whole county is shortage area
Metropolitan	Charlotte County	Whole county is shortage area
Metropolitan	Citrus County	Whole county is shortage area
Metropolitan	Clay County	None of county is shortage area
Metropolitan	Collier County	Whole county is shortage area
Metropolitan	Duval County	Part of county is shortage area
Metropolitan	Escambia County	Whole county is shortage area
Metropolitan	Flagler County	Whole county is shortage area
Metropolitan	Gadsden County	Whole county is shortage area
Metropolitan	Gilchrist County	Whole county is shortage area
Metropolitan	Hernando County	Whole county is shortage area
Metropolitan	Highlands County	Whole county is shortage area
Metropolitan	Hillsborough County	Part of county is shortage area
Metropolitan	Indian River County	Whole county is shortage area
Metropolitan	Jefferson County	Whole county is shortage area
Metropolitan	Lake County	Whole county is shortage area
Metropolitan	Lee County	Whole county is shortage area
Metropolitan	Leon County	Whole county is shortage area
Metropolitan	Levy County	Whole county is shortage area
Metropolitan	Manatee County	Part of county is shortage area
Metropolitan	Marion County	Whole county is shortage area
Metropolitan	Martin County	Part of county is shortage area
Metropolitan	Miami-Dade County	Whole county is shortage area
Metropolitan	Nassau County	Whole county is shortage area
Metropolitan	Okaloosa County	Whole county is shortage area
Metropolitan	Orange County	Whole county is shortage area
Metropolitan	Osceola County	Whole county is shortage area
Metropolitan	Palm Beach County	Whole county is shortage area
Metropolitan	Pasco County	Whole county is shortage area
Metropolitan	Pinellas County	Whole county is shortage area
Metropolitan	Polk County	Part of county is shortage area
Metropolitan	Santa Rosa County	Whole county is shortage area
Metropolitan	Sarasota County	Part of county is shortage area
Metropolitan	Seminole County	Whole county is shortage area
Metropolitan	St. Johns County	Whole county is shortage area

Metropolitan	St. Lucie County	Whole county is shortage area
Metropolitan	Sumter County	Part of county is shortage area
Metropolitan	Volusia County	Whole county is shortage area
Metropolitan	Wakulla County	Whole county is shortage area
Metropolitan	Walton County	Whole county is shortage area
Metropolitan	Washington County	Whole county is shortage area
Nonmetropolitan	Bradford County	Whole county is shortage area
Nonmetropolitan	Calhoun County	Whole county is shortage area
Nonmetropolitan	Columbia County	Whole county is shortage area
Nonmetropolitan	Desoto County	Whole county is shortage area
Nonmetropolitan	Dixie County	Whole county is shortage area
Nonmetropolitan	Franklin County	Whole county is shortage area
Nonmetropolitan	Glades County	Whole county is shortage area
Nonmetropolitan	Gulf County	Whole county is shortage area
Nonmetropolitan	Hamilton County	Whole county is shortage area
Nonmetropolitan	Hardee County	Whole county is shortage area
Nonmetropolitan	Hendry County	Whole county is shortage area
Nonmetropolitan	Holmes County	Whole county is shortage area
Nonmetropolitan	Jackson County	Whole county is shortage area
Nonmetropolitan	Lafayette County	Whole county is shortage area
Nonmetropolitan	Liberty County	Whole county is shortage area
Nonmetropolitan	Madison County	Whole county is shortage area
Nonmetropolitan	Monroe County	Whole county is shortage area
Nonmetropolitan	Okeechobee County	Whole county is shortage area
Nonmetropolitan	Putnam County	Whole county is shortage area
Nonmetropolitan	Suwannee County	Whole county is shortage area
Nonmetropolitan	Taylor County	Whole county is shortage area
Nonmetropolitan	Union County	Whole county is shortage area