

State Opinions Related to Psychopharmacology

California Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: Section 2903; CA Board Statement dated 8/29/1998

Florida Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: FL Board Declaratory Statement dated 6/27/1998

Idaho Allows psychologists with additional training to prescribe

Reference: 54-2316

Illinois Allows psychologists with additional training to prescribe

Reference: (225 ILCS 15/2) (from Ch. 111, par. 5352)

Indiana: Allow DoD prescribing psychologists to prescribe in DoD facilities

Reference: IC 25-33-1-1.1

Iowa- Allows psychologists with additional training to prescribe

Reference: 154B.13 and 154B.14, Chapter 244,

Guam: Allows psychologists with additional training to prescribe

Reference: 10 GCA Health and Safety CH. 12 Medical Practices § 121205

Louisiana Allows psychologists with additional training to prescribe

Reference: Revised Statutes Title 37

Nevada Allows psychologist, within the scope of his or her license and competence, to discuss medications with a patient or consult with a physician regarding medication to be prescribed for the patient.

Reference: NAC 641.208

Pennsylvania Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: Pennsylvania Psychological Association Newsletter

Maine: Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: ME Board Declaratory Statement Dated 12/2/2008

Maryland: “The practice of psychology includes that a psychologist licensed by the Board may provide psychological consultation and recommendations regarding medication to patients and/or prescribing health professionals when informed opinions are based on the psychologist’s education, training, supervised experience or other relevant professional experience”

Reference: MD Board Declaratory Statement Dated 1/9/2008

Massachusetts: Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: MA Board Declaratory Statement Dated 9/18/1998

Missouri: Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: MO Board Declaratory Statement dated 9/15/1998

New Hampshire: The psychology board recommends using the phrase, “without assessing the need for medication, which is in your domain, I would like to bring to your attention the following facts or concerns...The above is based upon”

Reference: Psychology Board Declaratory Statement dated 4/22/2003

New Jersey: The practice of psychology includes the observation of the effects of medications on the individual’s psychological functioning. Psychologists may monitor the effectiveness of

medication based upon observation and psychological assessments. Psychologists may consult with physicians about the effects of medication on the individual's psychological functioning.

Reference: NJ Board statement dated 7/12/2004

New Mexico: Allows psychologists with additional training to prescribe

Reference: 16.22.1.7

New York: "On a regular basis, for years, persons have contacted the State (Psychology) Board Office or other parts of the Department to ask if psychologists may discuss medication with their patients. Of course they can, and should. The Department, including this Office, has regularly told persons who have inquired that psychologists may not prescribe drugs (there is a specific official list of drugs kept by the Board for Pharmacy which need a prescription), but that they should be aware of the medications taken by patients, and, with consent, confer with the prescribing practitioner (nurse practitioner, dentist, optometrist, physician, or midwife), if necessary, regarding this prescribed medication."

Reference: As above

North Carolina: "It is the Board's position that a psychologist: 1) should not make a specific medication recommendation to a patient, but rather may consider suggesting a general classification of medications for which a patient may wish to seek consultation with a physician; and 2) should consider his/her own competence when deciding whether to make recommendations regarding medication to providers"

Reference: North Carolina Psychology Board Newsletter dated 8/2013

Ohio: Allows for psychopharmacological consultation

Reference: Ohio Administrative Codes: 4732-3-01 (C); 4732-5-01 (B) (11)

Oklahoma: Psychologists may recommend medication, so long as it is within their competence based upon education, training, or experience.

Reference: Board declaratory statement dated 1/23/1999

Tennessee: Psychologists may recommend any medicine, laboratory tests, or devices rational to the practice of psychology, so far as the recommendations are within the boundaries of the psychologist's competence based upon education, training, or appropriate professional experience.

Reference: Unreferenced Tennessee State Board Memo

Texas: Psychologists may discuss medications

Reference: Personal communication Tom Kozack, PhD

Vermont: A psychologist licensed by the Board may offer a medication recommendation to the prescribing physician about a patient the psychologist has evaluated when such recommendation is an informed opinion based on the psychologist's education, training, supervised experience, or appropriate professional experience. It is then incumbent upon the physician, based on all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.

Reference: Administrative Rules of the Board of Psychological Examiners Part 6.5

Washington DC: Psychologists can make recommendations to physicians or other prescribers concerning medications within the scope of their competence.

Reference: Board Opinion Statement Dated 10/1/1999