Calif. Implements Psychologist Admitting Privileges

California psychiatrists are wondering whether prescribing will be next, now that newly issued state regulations vest power for the state to have admitting privileges for psychiatric patients. “This would be a prelude to that, if you want to think about it from the psychologists’ perspective,” said Randall Hagar, director of government affairs at the California Psychiatric Association in Sacramento. “Getting this kind of privilege would be ‘physiciandom’ [so now they will say], ‘In order to better treat our patients, we need to be able to handle the medical complications that go along with it. We’re pre-screened from taking good care of our patients until we get this privilege.’ ”

Psychology groups, however, reject the notion that getting these regulations into place is a stepping-stone to prescribing. “The big difference between prescribing and the hospital practices at issue with these laws is that the activities being envisioned by these regulations are already within the scope of the psychologist’s license,” said Russ Newman, Ph.D., executive director of the American Psychological Association in Washington. “Prescribing is not; it would require a psychology licensure change.”

The regulations, which apply to patients at psychiatric hospitals as well as those in psychiatric wards of acute-care facilities, permit psychologists to admit patients, order therapy, ask for consultations, and approve ground and weekend privileges, said Charles Faltz, Ph.D., director of professional affairs at the California Psychological Association in Sacramento.

Dr. Faltz added that although such privileges may be very new to some psychologists, others have already been doing much of the admitting work themselves. “I’ve been working at the association, he was on the full medical staff of a hospital and was admitting and managing patients. “The way it’s done is in collaboration with a physician—usually with both the primary care physician and the psychiatrist who prescribes medications,” he said.

One of the issues in dispute with the California regulations—which were first promulgated in 1978 and finally issued in April in a way in which they were approved— involves the usual regulatory process, which requires public hearings, these regulations ended up going through the courts—with little public input.

Psychologists' particular regulations were made using Rule 100, which [means that] if the courts interpret a particular law and say “This is what the law means,” the regulatory agencies have no particular ability to change it,” Dr. Faltz said. “So there has been no regulatory process through, and they don’t have public hearings, because it isn’t possible for the public to change the court’s interpretation.”

But Mr. Hagar said the regulations were the result of the attempts by the psychologists to get the regulations put without public notice or input. “This attempt succeeded, and we’re having a hard time figuring that there’s anything else but politics involved,” he said.

Both physicians and psychologists were interested getting the psychologists privileges to order and re-lease seclusion and restraint treatments. Mr. Hagar continued. “This time, they got the seclusion and restraint orders and also got the ability to put someone in a hospital and release them, and also to transfer them.”

Mr. Hagar said psychologists should be forewarned that their liability rates might increase now that they have these new privileges. But Faltz said psychologists were not concerned about such a possibility, because their experience to date with collaborative practice has proved otherwise.

“There have never been any instances where it was shown that . . . psychologists practicing in hospitals in this way have had increased liability for psychologists or hospitals,” he said. “In fact, when something goes wrong, all the practitioners involved with the patient are safe. If a psychiatrist managing the patient and the psychologist consulting or doing testing, all involved are safe. It’s equal opportunity.”

So far, 17 other states and the District of Columbia have hospital privileging laws in addition to California, but the psychologists are not expecting many more of them to be passed, Dr. Newman said.

### Reference

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