



## CITIZENS COMMISSION ON HUMAN RIGHTS

May 13, 2026

Senate Finance Committee

### SB 147- PHARMACIST PRESCRIPTION AUTHORITY

Dear Senator:

Please vote NO on SB 147. As a psychiatric watchdog organization, our concern is the mental health impact of pharmacist prescribing.

Allowing pharmacists with a practice specialty in psychiatric medications to prescribe simply opens the door to more psychiatric treatment failures like those we have been experiencing over the last 50 years.

**“Whatever we’ve been doing for five decades, it ain’t working.** And when I look at the numbers—the number of suicides, number of disabilities, mortality data—it’s abysmal, and it’s not getting any better.” - Thomas Insel, *former Director of National Institute of Mental Health*

A pharmacist is not a stand-alone healthcare practitioner. The training for a Psychiatric Pharmacist contains repeated mentions of collaboration with a team, such as at a clinic or hospital. The other part of the equation, different from an infection or other physical diseases, is that mental health disorders are not based on traditional healthcare, but rather subjective diagnosis, in the eye of the practitioner.

**“There are no objective tests in psychiatry-no X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder.”** Allen Frances, Psychiatrist and former DSM-IV Task Force Chairman

We must not be misled by psychiatric marketing hype that behavior is a disease. And we must not let this *behavior equals a drug* way of thinking pervade our healthcare delivery system, because a psychiatric label and mind-altering drugs are not healthcare, it is marketing. What people need is medical care.

**“Were you told that your only hope is to manage your symptoms by taking lifelong medications? ... “This is why it’s all the more important to explore reversible causes of what we are calling depression.”** – Kelly Brogan, M.D. - *Five Lab Tests Your Doctor Isn’t Ordering*

Creating a new category of psychiatric drug prescriber in effect forwards the drug delivery system and this is not healthcare.

"In short, with DSM, [Diagnostic and Statistical Manual of mental disorders] the psychiatrist no longer needs to spend tedious hours searching for the reasons why a patient suffers from fatigue, anxiety, dizziness, or other symptoms. He or she simply has to identify a sufficient number of such symptoms to shoehorn the patient into a "diagnostic" category." – Dr. Sydney Walker III – *A Dose of Sanity*

What individuals need is real medical care by a doctor who understands the limitations of psychiatric labels, and is able to do the type of physical exam necessary to discover medical causes that can be successfully addressed.

“Many doctors don’t do physical exams before prescribing psychiatric drugs...[children] see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving the child an ADHD diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, **I was taught to do a complete history and physical exam. I was taught to consider a ‘differential diagnosis.’ To do this, one must consider all possible underlying causes of the symptoms.**” - Dr. Mary Ann Block

Please vote no on SB 147. Pharmacists should not be given the power to prescribe mind-altering psychiatric drugs.

Sincerely,



Steven Pearce  
Director