

**PRESENTATION OF THE
BOARD OF MEDICAL EXAMINERS**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FOURTH LEGISLATURE
Regular Session of 2008

Wednesday, February 6, 2008
11:45 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 2411, RELATING TO HEALTH.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Board of Medical Examiners ("Board") thanks you for the opportunity to testify on H.B. No. 2411, which authorizes qualified psychologists to prescribe at federally qualified health centers. The Board is in strong opposition to this bill.

The Board does not consider the proposed training to be adequate for the safe prescribing of psychotropic medications, does not agree that psychologists should be able to prescribe controlled substances without physician supervision, and believes that psychologists are ill-equipped to deal with the drug interactions and medical conditions of their patients.

With regard to the training proposed in the bill, the Board believes it falls short of the training model for the Department of Defense Psychopharmacology Project Program ("PDP"). This is of significant importance as a 2007 report done by the Legislative Reference Bureau ("Bureau") states "that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the PDP program." The

report, entitled "Prescriptive Authority for Psychologists: Issues and Considerations" was done at the request of the Legislature, through a Senate resolution adopted during the 2006 Regular Session.

While the PDP requires 650 to 700 classroom hours in certain core areas, the bill proposes 660 hours of classroom hours but lacks a core area contained in the PDP program (cell biology).

For clinical training, 2,000 hours of clinical training were required by the PDP. In contrast, the bill allows psychologists to obtain two years of prescribing experience under the supervision of a physician. However, the number of hours is not delineated and therefore, may fall short of the 2,000 hours required in the PDP Program.

Additionally, the PDP clinical training included six months of inpatient and six months of outpatient clinical experience at Walter Reed Army Medical Center ("Walter Reed") or Malcolm Grow Medical Center ("Malcolm Grow"). Unlike the PDP Program, inpatient and outpatient experiences are not required by the bill.

Furthermore, according to the Bureau's 2007 report, all participants during the PDP clinical training "treated patients between the ages of 18 to 65, who had mental conditions, but who were without medical complications..." In contrast, the bill allows psychologists to treat a diverse population.

Finally, as pointed out by the Bureau's 2007 report, the PDP "clinical training at Walter Reed or Malcolm Grow provided participants an optimum learning environment in a comprehensive medical center that offered a wide range of medical care, proximity to a large number of physician and nonphysician health care providers, available

diagnostic and treatment equipment and facilities, and other advantages or learning experiences that may not be available at small medical facilities." The bill, on the other hand, provides for practicum training in smaller, federally qualified health centers which would not be as well integrated as that of Walter Reed's and Malcolm Grow's.

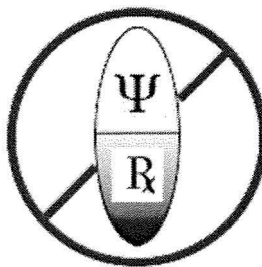
With regard to drug interactions and medical conditions, the Bureau's 2007 report points out that while "it is true that nonphysician health care prescribers have successfully held prescriptive authority for several years, the classroom and clinical training of these prescribers provide a medical background that clinical psychologists lack." The Board believes psychologists treat mental illness as social scientists, from a behavioral perspective while nonphysician health care prescribers treat patients from a medical perspective. Without the necessary and complete science-based training, psychologists are ill-equipped to determine the effects and interactions that medications have on patients. Additionally, patients presenting symptoms suggesting a mental health condition may in fact have an underlying medical condition. That medical condition may produce symptoms that mimic mental health problems and lead to an incorrect or delayed diagnosis if the practitioner lacks broad medical training and background.

With regard to prescribing controlled substances, it should be noted that aside from podiatrists, only one other health-related profession, physician assistants ("PA"), has the ability to prescribe controlled substances and it is done under physician supervision. Another profession, advance practice registered nurses with prescriptive authority ("APRN Rx"), will also be able to prescribe controlled substances under

physician supervision once administrative rules are in place. Conversely, this bill will allow psychologists with prescription certificates to prescribe controlled substances without physician supervision and, in the Board's opinion, inadequate training.

Given the concerns above, the Board believes that allowing psychologists to prescribe psychotropic medications puts the public at risk as psychologists would be unable to safely prescribe complex psychotropic medications, recognize medical conditions, and understand potential drug interaction.

In light of the foregoing, the Board of Medical Examiners strongly recommends that this bill be held. Thank you for the opportunity to provide written comments on H.B. No. 2411.



PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

POPPP
P.O. Box 337
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Website: <http://psychologistsopposedtoprescribingbypsychologists.org/>

February 4, 2008

RE: **OPPOSITION HB 2411**

We are a group of psychologists who OPPOSE this bill because it is designed to allow psychologists to prescribe medication with less than half of the medical training required of other prescribing professionals.

We believe that psychologists have made major contributions to human health and well-being and will continue to do so. The profession of psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence.

Our opposition is based on the following considerations:

1. Psychologists are divided about obtaining prescription privileges.

Only about half of surveyed psychologists support prescription privileges. (Walters, G.D., 2001, A meta-analysis of opinion data on the prescription privilege debate, *Canadian Psychology*, 42, pp. 119-125).

When allied medical professions such as optometrists have sought an expansion of scope of practice in the form of prescription privileges, doing so originated by members of the profession and was not controversial. This is not the case within psychology. Instead, the pursuit of prescription privileges became a policy of the American Psychological Association without input from the membership (DeNelsky, 2001, *The National Psychologist*, 10 [4], p.5)

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In addition, prescribing medication by psychologists has not been supported by patient advocacy groups.

2. Risk to the consumer

As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed *only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions*. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does *not* equip them to prescribe and manage medications safely.

3. Inadequate medical training

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain prescription privileges does *not* match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in *terms of* their overall training in matters directly related to managing medications.

The APA model is *substantially less rigorous and comprehensive than the training required for all other prescribing disciplines*. Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is *not* the case for training in clinical psychopharmacology.

The APA training model for prescribing even fails to meet the recommendations of APA's own experts in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; accreditation of programs).

It is noteworthy that the APA training model is substantively *less rigorous* than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot

program, which precludes generalizing from it, the fact that the current training model is *far less comprehensive*, and the fact that inadequacies *were* noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not!

4. Psychology regulatory boards are not prepared to monitor the practice of medicine

Psychology regulatory boards have limited expertise to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have *not* overseen prescribing, we question whether regulatory boards have the resources and systems to provide effective oversight of psychologist prescribing.

5. Integrative care is a viable solution to providing psychoactive medication

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. For example, they point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they *are* highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available *collaborative* models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

Thank you for your kind consideration of our opinion.

Sincerely,

Board of Advisors
Psychologists Opposed to Prescription Privileges for Psychologists

House Committee on Health
House Health Hearing:
Wednesday, February 6, 2007
11:45 am in Conference Room 329

Re: SB 2411, Relating to Health

Dear Senate Committee Members:

We, who are listed at the end of this testimony, submitted testimony to the Twenty-Fourth Legislature 2007 in opposition HB 1456 and SB 1004. SB 2415, Relating to Psychologists and HB 2411, Relating to Health are substantially the same as last year's legislation. There is nothing of significant relevance that is changed from the 2007 bills in the measure before your committee. Rather than take up time with re-submission of our previous testimony, we will stand by our testimony submitted last year in opposition to the measure.

Drs:

Iqbal "Ike" Ahmed	Gene Altman	
Gale Beardsley	Phil Bohnert	
Alan Buffenstein	George Bussey	Derick Chae
M. Chang	Harry Chingon	Joe Cook
De Guzman	John Draeger	Byron Eliashof
Todd Elwyn	Leslie Gise	Rupert Goetz
Wm Haning	Huan Hassanin	Mark Herbst
Joy Hiramoto	Mya "Moe" Hla	Gary Huang
Peter In	Lili Kelly	Dennis Lind
Kristen Low	Kara Lum	Dan Mardones
Lori Murayama	Courtney Matsu	Daryl Mathews
Denis Mee Lee	Susan Mikami	Carol Minn
Shalani Mishra	Celia Ona	Sonia Patel
Don Purcell	Amber Rohner	Toshi Shibata
Chanida Siraparat	Donna Sliwowski	Hiro Sung
Rika Suzuki	Junji Takeshita	Sherri Tisza
John Viesselman	Carols Warter	Nancy Withers
Jena Worley	Mike Zafrani	

The Hawaii Psychiatric Medical Association (HPMA) has kept its commitment to the Twenty-Third Legislature 2006 to assist in improving access to quality health care. The HPMA leadership shifted its limited resources to better address the access issue and several dedicated members have stepped forward to provide services to rural areas and other shared their expertise to help develop better policies for Hawaii.

In May 2006, the HPMA established the Psychiatric Access Collaboration and has born all expenses to bring in stakeholders from around the state by video-conference and in

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person to the host sites on Oahu. The Collaboration initially met monthly to study the complex problems contributing to lack of access and to develop strategies for immediate to long-term solutions. Solutions were formed and implementation begun. In second half of 2007 the meeting schedule changed to quarterly with focus on implementation of the Collaboration initiatives. (see below).

There have been other, concurrent changes in the mental health landscape to include the 2007 Hawaii award of a five-year \$11.2 million Mental Health Transformation Grant from the DHHS Substance Abuse Mental Health Services Administration to transform Hawaii's mental health system with a focus on access. The first year of the grant is to plan and develop a Hawaii Mental Health Plan. The second year is for implementation and years 3-5 to help support the implementation of the Mental Health Plan.

In addition, Hawaii was awarded \$6.4 million by the Federal Communication Commission (FCC) to develop build a single, expanded bandwidth for Hawaii and the Pacific Region. The new bandwidth will be in real time with a significant ease of linkage. The Hawaii Psychiatric Access Collaboration worked closely with the University of Hawaii Telecommunication Information Policy Group (TIPG) to develop the grant and community participation.

We ask your committee to support the several bills introduced this year to improve access to medical providers: These bills include appropriations for improved reimbursements, an integrated behavioral health model pilot, student loan payback programs, physician stipends to work in rural areas, tax credits. Other bills that would also impact access but would not require a state appropriations are the Good Samaritan bill to remove possibility for being sued for civil damages if working in a rural area, tort reform,

Actions Taken to Improve Access to Quality Health Services:

1. Telepsychiatry: Community Clinic of Maui
Molokai General Hospital Out-Patient Clinic
Lanai Community Center
Hana Community Center/Health Center

Two psychiatrists go once a month to the above sites, provide services via telepsychiatry once a week during the interim and are available by telephone for mental health provider consultation

2. Integrated Behavioral Health Model carving in psychiatry to the federally qualified health centers: Hamakua Health Center
Kohala Health Center
HB 2572 for the Bay Clinic Pilot Project
3. Maui Memorial: Reopened the Molokini Unit as a result of being able to hire a psychiatrist.

4. Molokai:
 - a. Private Practice Psychiatrist: Sonia Patel, MD, on Molokai once a week through a private company and in private practice.
 - b. Adult Mental Health has an adult psychiatrist on Molokai once a week, all day. There are often openings in the schedule.
 - c. DOE has a child psychiatrist available three days/month.
 - d. University of Hawaii, Department of Psychiatry, two psychiatrists once a month.
 - e. CAMHD has a child psychiatrist on Molokai twice a month, more days are available but do not appear to be needed.

5. Hana and Lanai: Once a month AMDH and CAMHD providers. Telepsychiatry is now in place to provide for continuity of care.

6. Department of Health:
 - a. Approval received to increase salaries to nationally competitive levels.
 - b. Established psychiatric hospitalist positions for the Hilo and Kona hospitals.

7. Legislation:
 - a. Increased reimbursements for psychiatry related codes to 100% of medicare plus \$30/visit neighbor island differential. The fiscal impact is \$3.1 million and was approved by the 2007 executive branch.
 - b. Direct payment to providers
 - c. Support HB 2572 for a Bay Clinic pilot project.
 - d. Support legislation for student loan payback programs and physicians stipends

Thank you for your consideration to hold this measure.

Koolauloa Community Health Center
Miriam Chang, MD
Family Physician
P.O. Box 185, Kahuku, HI 96731

RE: SB2415 and HB 2411, Relating to Psychologists

Credentials: FQHC Family Physician
Position: OPPOSED

Dear Members of the Hawaii State Legislature:

I am a Family Practitioner and the Medical Director of the Koolauloa Community Health and Wellness Center, a federally qualified health center (FQHC) in Kahuku, Hawaii.

The above referenced bills make several sweeping generalizations that seem to imply that all primary care physicians at FQHCs endorse abbreviated medical training for psychologists. This perception, like many other perceptions implied throughout the bills, is misleading.

I am adamantly opposed to what is being proposed. The amount of education that psychologists would be mandated to receive is woefully inadequate to prepare them for the responsibility of prescribing potentially dangerous drugs. I fear for the safety of my patients, my family and my friends if they should be prescribed medications by a psychologist trained in accordance to this bill.

I am a member of the Primary Care Association of Hawaii. As a member I have made it clear that I am adamantly opposed to this measure. As a primary care physician, I feel that my patients are safer and will get safer medication management if I prescribe their medications in collaboration with a Psychiatrist.

Please vote NO.

Respectfully,

Miriam Chang, MD, Medical Director
Koolauloa Community Health and Wellness Center, an FQHC
(electronically signed 4/10/07)

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Hawaii Medical Association
1360 S. Beretania St.
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(808) 536-7702
(808) 528-2376 fax
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February 6, 2008

To: Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee

From: Cynthia J. Goto, M.D., President
Linda Rasmussen, M.D., Legislative Co-Chair
Philip Hellreich, M.D., Legislative Co-Chair
Paula Arcena, Executive Director
Dick Botti, Government Affairs Liaison

PLEASE DELIVER to:

Health Committee

Wed.
2/6/08
11:45am
Room 329

Re: HB2411 Relating to Health (Authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.)

Hawaii Medical Association strongly opposes HB2411 for the following reasons:

- Inadequate training for psychologists -- an 18-month part-time training program is grossly inadequate.
- Jeopardizes patient safety --allows these poorly trained psychologists to prescribe to children, elderly, and patients with co-occurring medical conditions.
- Hurts our poorest and sickest residents --allows psychologists to prescribe in federally qualified health centers, which are located in rural areas with populations that have a higher incidence of co-occurring disorders such as substance abuse, diabetes, hypertension, etc.
- Lack of openings for psychiatrists -- Psychiatrists are available to work in rural areas, however until recently there were no positions open.
- Strong opposition -- Hawaii Board of Psychology, Legislative Reference Bureau, Department of Health, NAMI-Hawaii, HI Disability Rights Center, nurses, many psychologists, physicians, mental health consumers and consumer advocacy groups, and others.

This bill is poor public policy that will jeopardize the health of Hawaii's residents.

We respectfully request that the committee hold this bill.

Thank you for the opportunity to provide this testimony.

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Hawai'i Primary Care Association
345 Queen Street, Suite 601 Honolulu, HI 96813
Tel (808) 536-8442 Fax (808) 524-0347

To: **House Committee on Health**
The Hon. Josh Green, MD, Chair
The Hon. John Mizuno, Vice Chair

Testimony in Support of House Bill 2411
Relating to Psychologists
Submitted by Beth Giesting, CEO
February 6, 2008. 11:45 a.m. Room 329.

Community health centers across the state and the Hawai'i Primary Care Association strongly endorse this bill, which addresses prescriptive authority for certain psychologists. We believe that the requirements outlined in these bills regarding psychopharmacological training, supervised practice, standardized testing, board review and authorization, restricted formularies, and practice only within community health center settings will ensure that patients will be well-served rather than jeopardized.

As primary care providers, community health centers are best able to serve the *primary behavioral health* needs of patients. This legislation is key in enabling us to implement a model of behavioral health care for patients at community health centers that is provided in an integrated manner by a team of professionals providing a continuum of care. This team includes the primary medical care clinician who can refer to a licensed clinical social worker or psychologist for behavioral health needs. By "integration" we mean that medical and behavioral health clinicians work from a common set of protocols and refer patients back and forth as appropriate to the needs of the patient, and freely communicate with each other about their care and management. The integrated team should be supported by consultation with a psychiatrist on treatment decisions who would also be available to provide direct clinical care to referrals who are seriously mentally ill. In most community health centers, the *specialty* services provided by a psychiatrist are needed on a very limited basis.

Why do we think this is the best behavioral health model for community health centers in Hawai'i?

- **Significant needs.** Hawai'i's 14 nonprofit community health centers on six islands care for more than 100,000 people who are at risk for not getting the health care they need because of poverty, lack of insurance, language and cultural gaps, or just because they live in rural areas where few doctors practice. Increasingly, community health centers – both in rural and urban areas – are the providers of behavioral health care in underserved communities because their patients, who typically have a number of co-occurring social, educational, economic, and health problems, are more susceptible even than the norm to depression, anxiety, and other mental disorders. At the same time, they are much less likely to have access to any behavioral health care providers other than those who work at the health center.
- **Training fits needs.** The psychologists who would be affected by these bills go through a thoroughly vetted training program to prescribe the drugs that are included in a limited formulary. The psychologists are also trained to be part of the primary care treatment team at community health centers. As such, they understand the needs and circumstances of the patients, the resources of the health center, and their role as part of the clinical team.
- **Workforce availability.** While this legislation affects a relatively small number of psychologists, their number and availability to community health centers is roughly equivalent to the demand for their services. As there is a shortage of psychiatrists available even to serve privately insured patients living in urban areas, the long-term availability of psychiatrists to community health centers is questionable.
- **Appropriate to needs.** Psychologists are well-suited both to the needs of community health centers and to their financial resources. Psychiatrists are scarce, command high salaries, and are necessary to health centers primarily as consulting specialists on a limited basis. It makes a lot more sense to us to get the most from our psychologists. Moreover, it isn't fair to unnecessarily take up the time of psychiatrists, who are in such short supply, when others really need them.

We believe the thousands of underserved patients cared for by community health centers will appreciate this legislation. Thank you for the opportunity to support it.

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Hiro Sung, MD, Internal Medicine

2756 K Pali Hwy

Honolulu, Hawaii 96817

Ph: (808) 351-8487

COMMITTEE ON CPH

SB 2415 and HB 2411 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

My name is Hiro Sung and I am in Internal Medicine and I strongly oppose the bill that would allow non-physicians to prescribe psychotropic medications because of my fears for patient safety and because of my vow upon entering medicine to first and foremost “do no harm”. Harm is what could potentially be inflicted on patients who are prescribed medications by those who have not had the proper training. These psychotropic medications carry effects that extend far beyond the mind and the brain. The effects of the medications themselves as well as their interactions with other commonly prescribed medications can have potentially devastating toxic effects on nearly any organ system of the body if taken inappropriately. This bill does not simply address the question of “who prescribes?” It should also address the equally important questions of: “Who is able to recognize the ill effects of these medications?” “Who can take the steps to correct these effects?” It would be irresponsible to pass this bill if the prescriber is unwilling to be accountable for these questions as well. Unfortunately these tough questions cannot be answered with a crash course or a training manual. There is no substitute for rigorous clinical training and experience. Mental health patients in 47 of the other states in the nation have the benefit receiving the standard of medical care by having physicians prescribe psychotropic medications. Why should our fellow citizens be denied the same standard of care? In our united goal of “doing no harm”, I ask that you reconsider the passing of this bill.

Thank you.

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Wailua Brandman APRN-Rx BC

Ke'ena Mauliola Nele Paia, LLC

615 Piikoi Street

Honolulu, Hawaii 96815

February 3, 2008

RE: SB 2415 and HB 2411 Relating to Psychologists
Hearing Date: Wednesday, February 6, 2008

POSITION: Opposed

My name is Wailua Brandman, MSN APRN Rx BC, President of the Hawaii Association of Professional Nurses (HAPN), Director of the Board of Directors of the American psychiatric Nurses Association Hawaii Chapter. Thank you for this opportunity to testify in OPPOSITION.

In presenting the following educational information to you, let me say that I do not object to appropriately educated professionals prescribing medications, even psychologist.

Psychologists have been promoting this privilege to the Legislature for over twenty years instead of going back to school to prepare themselves for prescribing by becoming a physicians or an advance practice registered nurse. They need to earn the privilege to prescribe by means already available to them. Prescribing medications is in the physical domain, one in which psychologists are not now nor have ever been educated. Prescribing medications is, understandable, not within their scope of practice. There are those currently proscribing psychologists who have taken the acceptable route, that of retuning to school to learn the physical domain of health care, medical or nursing school. I know of advanced practice nurses who have returned to school to become licensed psychologists as well. **What is the real motivation of spending two decades to legislate a practice which is not within their knowledge base?** We need to look beyond the politics here and face reality.

As to the needs of this state, we already have the resources available to us to fill the needs in the federally qualified health centers, we simply have not created the means in the respective administrative systems to fill the needs. There are several bills currently before this legislature which begin to change the system and fill those needs. The Psychiatric Access Collaboration is also addressing, articulating and taking action to resolve the needs of the mental health population in rural areas. Let's put our current resources to work and stop wasting time mulling over legislating privileges that, by all rights, should be earned by matriculating from approved programs of medicine and nursing. I urge you to hold this bill in committee.

Mahalo for your consideration and the opportunity to testify against this bill.

Wailua Brandman APRN-Rx BC

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mizuno1-Edgar

From: Jerry Allison [jallisonmd@yahoo.com]
Sent: Monday, February 04, 2008 8:07 PM
To: HLTtestimony
Subject: HB2411 Comm on Health Hearing 2/6/08 1145am

February 6, 2008

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee
Hearing Scheduled for: Wednesday February 6, 2008, 11:45 am, Room 329

From:
Jerry Allison, MD
99-969 Aiea Heights Dr., Unit K
Aiea, HI 96701

Re: HB 2411 Relating to Health

I am a Hawaii physician and I strongly oppose HB 2411 for the following reasons:

- **Inadequate training for psychologists:** an 18-month part-time training program is grossly inadequate.

- **Jeopardizes patient safety:** allows these psychologists to prescribe to children, elderly, and patients with co-occurring medical conditions.

This is of a major concern to me. In a time when primary care physicians are being even more cautious in prescribing antidepressant and psychotropic medications due to the risks of "suicide" and other side effects in patients with co-morbid illnesses, why would a non-physician wish to take this risk? Why would the government allow this to happen?

- **Hurts our poorest and sickest residents:** allows psychologists to prescribe in federally qualified health centers, which are located in rural areas with populations that have a higher incidence of co-occurring disorders such as substance abuse, diabetes, hypertension, etc.

This in essence creates a "double-standard." Do the residents in these areas deserve a lower standard of care? We need to offer real solutions to the healthcare crisis throughout Hawaii.

- **Lack of openings for psychiatrists:** Psychiatrists are available to work in rural areas, however until recently there were no positions open.

- **Strong opposition:** Hawaii Board of Psychology, Legislative Reference Bureau, Department of Health, NAMI-Hawaii, HI Disability Rights Center, nurses, many psychologists, physicians,

mental health consumers and consumer advocacy groups, and others.

This bill is poor public policy that will jeopardize the health of Hawaii's residents. Please hold this bill.

Thank you for the opportunity to provide this testimony.

Jerry

Jerry A. Allison, MD, MS
Emergency Medicine/Family Medicine
Hawaii, USA

**Don Purcell, M.D.
Internist/Psychiatrist
CA DMH/SVPP**

**RE: SB 2415, RELATING TO PSYCHOLOGISTS
HB 2411, RELATING TO HEALTH**

I submit my testimony to you today in opposition.

I have been practicing medicine for the better part of twenty years, having completed two residencies (Internal Medicine and Psychiatry). I have worked in the areas that overlap these two disciplines, and am often called upon to treat patients with both medical and psychiatric concerns - a very common entity that is becoming more the rule than the exception these days.

I can honestly attest that the treatment of patients - even with the newest "safest" antidepressants and psychotropic agents - requires the experience only provided by rigorous medical training coupled with years of clinical patient contact through direct (comprehensive) medical care. Without this, conditions can be easily overlooked which may lead to dangerous drug-drug and/or drug-medical interactions not recognized by those without extensive training in pharmacology and direct (physical "hands on") patient care. For instance, unless someone understands how to interpret the laboratory findings and physical signs and symptoms of such things as The Metabolic Syndrome or Neuroleptic Malignant Syndrome, subtleties of these potentially lethal conditions can be easily missed in their early stages. I know this to be true as I deal with outcomes such as these routinely. Psychiatrists are trained to recognize these conditions for appropriate management and/or referral - something someone of lesser training may not even realize although an afflicted patient is sitting right before them.

Even a thorough course in pharmacology and/or introductory experience in clinical patient care is not sufficient to recognize and manage these complex medically-based patients we are seeing on an ever increasing basis, and whom often present with serious medical conditions in subtle - and indirect - ways.

Very truly yours,

Don Purcell, M.D.
Internist and Psychiatrist
CA DMH/SVPP

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DARYL MATTHEWS, M.D., PH.D.
TERESA LATHROP, M.F.T.
DARYL FUJII, PH.D.
TODD ELWYN, J.D., M.D.
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FORENSIC CONSULTANTS IN PSYCHIATRY,
PSYCHOLOGY, AND THE BEHAVIORAL
SCIENCES

**RE: SB 2415 RELATING TO PSYCHOLOGISTS
HB 2411 RELATING TO HEALTH**

Position: Oppose

Dear Chair and Committee Members:

I submit my testimony in opposition to this measure because I am very concerned about the quality of professional training received by many psychologists now practicing in Hawaii. Hawaii's only doctoral-granting program in psychology, other than the University of Hawaii at Manoa is Argosy University. Argosy is a for-profit, proprietary institution, carrying the potential that educational quality could be compromised for owner profits. The profession of medicine abolished for-profit medical schools in the U.S. in the 1920's because of the poor quality of such schools, and medicine has never allowed them to return.

Argosy is producing and will produce the bulk of Hawaii's psychologists for the 21st century, and its training program is only reviewed and accredited by the American Psychological Association, the psychologists' own professional association. This is in contrast to medical schools and psychiatry training programs, which are each reviewed for their adequacy by several independent outside agencies, for the purposes of protecting the public. It is also especially alarming given the proprietary nature of the school. I am a former psychiatry residency training director, and also am an accrediting inspector for the outside agency that accredits psychiatry residency programs. I can vouch for the intensity and integrity of the accreditation review process in psychiatric education. There is no such process in psychology education, and in my opinion, and that of many psychological educators at traditionally run universities, one is sorely needed. Surely before the profession ventures into what traditionally has been the practice of medicine.

Hawaii's proprietary psychology school continues to expand and produce greater numbers of psychologists, without meaningful educational programmatic oversight by any outside group. Faculty of Argosy are among the bill's chief supporters.

Even if a short course in prescribing would be adequate for some psychologists, would it be adequate for the new breed of psychologists being turned out in Hawaii? Psychologists have not publicly raised this question because it would reveal the underlying splits in the profession over both prescribing and the for-profit schools themselves. Physicians have not raised it largely because of lack of familiarity with psychology education in general and Argosy in particular. Because I have a Ph.D. in sociology and am a forensic psychiatrist, I have supervised doctoral students in psychology at both Argosy and UH, have lectured at both schools, and I have been concerned about the knowledge base of the Argosy students, who generally are not as carefully selected or as well trained as the UH students.

I do not practice psychiatry or any other medical specialty, do not prescribe medications, and personally feel no occupational threat from psychology prescribing. However I would be quite concerned to have a friend or family member treated with medications by many Hawaii psychologists, no matter what training program they may eventually complete.

000057

Gary Huang, MD, Pediatrician

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OPPOSED SB 2415, Relating to Psychologists
OPPOSED HB 2411, Relating to Health

I submit my testimony in opposition. As a pediatrician, I understand the need for anyone prescribing medications to have appropriate medical knowledge. Child psychiatrists have gone through training in medical school and residency to study how the body works and different systems relate to one another. Psychologists, on the other hand, are valuable in providing therapy for pt. they however, do not get any medical training. it is dangerous for psychologist to be prescribing medications as all medications have side effects and potential interactions with other medications and effects on other body systems.

I understand the need for more mental health providers. it would be great to have a team composed of psychiatrists who prescribes the medications while the psychologist provide the therapy. There are plans to increase patients' access to psychiatrists on the neighbor island, and this is a better solution. Patients on the neighbor islands deserve the same treatment. I hope you support efforts such as telemedicine and increased funding for psychiatrists instead of bills with danger to the children and different treatment for patients on neighbor islands.

Gary Huang, M.D.
Pediatrician

000058

CRAIG WILLERS
MENTAL HEALTH CONSUMER
CONCERNED VOTER

OPPOSE

SB 2415, Relating to Psychologists
HB 2411, Relating to Health

I have been watching the progress of the push to train and license Psychologists to prescribe and monitor medications used to treat various forms of Severe Mental Illness and wanted to weigh in on the subject.

The care and treatment of those who suffer with these illnesses is near and dear to my heart as I have been a Psychiatric Patient for over twenty years. I have been diagnosed with Paranoid Schizophrenia, Major Depression, Anxiety and PTSD amongst other disorders. I have seen firsthand how skilled Psychiatrists can treat and alleviate some of the symptoms of these illnesses and bring much needed relief and clarity to me personally and I believe however imperfect these methods are, they are a giant leap forward in the treatment and understanding thereof.

We have been shackled to attic beds and put on the proverbial "funny farms" to work out our days of madness and woe. We have been shocked and institutionalized and sent out into a hostile world with no clear understanding of who we are and what we need to survive. We were the "useless eaters" in Nazi Germany sent to our death with the Jews, Homosexuals and the Jehovahs Witnesses. We have come to far to see this kind of a "turf war" rage at our behest and sit idly by and watch like helpless spectators.

What we, The Mentally Ill, need, is for both sides of this conflict to come together and partner in the proper and humane care we absolutely deserve.

Psychologists: What are you thinking? Maybe you went through the wrong track in school if you find yourselves suddenly so interested in our welfare. What's wrong with going the same route as your Psychiatrist colleagues and really learn what they have learned? Why do you want a "shortcut" to get where they are? You are being very presumptuous and disrespectful of your partners and friends in this battle.

Psychiatrists: Ah, my old friends. Maybe this is a wakeup call for you to start encouraging budding students in Mental Health to tackle this field and take your side. There does seem to be a need for expanded outreach and care that is being unmet.

Both sides need to do some sober soul-seeking and come to some sort of mutual understanding and actually support each other instead of this kind of divisive politicking. There's more than enough work for all of you and you all really count.

Thanks for listening and Aloha,

Craig S. Willers
91-271 Hanapouli Circle Apt. I
Ewa Beach, Hawaii 96706

000059

From: Sherry Hester, MSN, APRN, BC

Subject: **OPPOSE SB 2415**, Relating to Psychologists
OPPOSE HB 2411, Relating to Health

Thank you members of the Committee on Health for this opportunity to provide you an explanation for my opposition to this measure. I have been a licensed nurse for almost 30 years and a board certified advanced practice psychiatric-mental health nurse for 21 years in 2 states. Almost half of my APRN practice has been in the public sector and case management. The care of the mentally ill is a serious issue: about 6 percent (1 in 17) of Americans suffer from a serious mental illness; mental illness affects 1 in 5 families in the US.

I have one key point of concern regarding this bill: Prescriptive expertise requires knowledge of physiologic processes in the body and their complex interactions. Mental illnesses are biologically-based brain disorders which require psychotropic medications to treat the brain dysfunction. The requirements for education in this year's bill do not provide adequate basic knowledge or sufficient practice to master the complexities of interaction between physical illness and mental health problems or the interactions of medicines prescribed for physical illness and those prescribed for mental health promotion.

Focused content courses and practice cannot make up for the absence of foundational knowledge, the breadth of physiologic education or the supervised practice that occurs continuously throughout physicians' and nurses' education. Education in nursing and medicine begins with courses that provide foundational knowledge for healthcare by requiring courses in biology, chemistry, anatomy, physiology. In many colleges and universities medical and nursing students are in the same classes. Later educational requirements address pharmacology and integrated wholistic assessment and treatment of persons seeking care. Extensive clinical practice hours, required in

both nursing and medical schools, are regulated by national bodies and/or the state's professional boards. In contrast, the academic curricula of doctoral level psychology programs is based in social and behavioral sciences with supervised clinical training that *focuses only on assessment, diagnosis, treatment and monitoring of behavioral problems and mental disorders* or related research. In all levels of education for psychologists there is no education or supervised experience in providing physical health assessment and care. There is significant doubt that someone receiving supplemental education can quickly develop the thought processes involved in integrated assessment when compared to physicians and advanced practice nurses whose education has emphasized integrated assessment and planning of treatment throughout every level and clinical experience.

Recent findings about the overall health status of persons with serious mental illness have shown that they die earlier than persons without a mental illness. This is in large part due to poor quality physical health care or a complete lack of physical health care. Having psychologists prescribe psychotropic medications would increase the risk of inferior quality physical health care. There is no adequate justification for why psychologists should be exempt from the same basic education and training required of all other professionals who have prescribing responsibilities.

Persons with mental health problems or mental illness deserve practitioners who are well educated to provide integrated physical and psychiatric care. Psychologists who are focused on the treatment of mental illness are at risk of failing to assess or interpret signs of significant physiological problems or medication interactions. Thank you again for this opportunity to testify before your committee. I urge the Health Committee to this measure.

STEPHEN B. KEMBLE, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

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February 4, 2008

Re: HB 2411, Relating to Health (Psychologists prescribing psychotropic medications)

I am a practicing psychiatrist who prescribes psychotropic medications every day. I am opposed to this bill because I believe it fails seriously to come to grips with the reality of prescribing psychotropic medications.

- There is no clear distinction between psychological symptoms and symptoms of general medical illness, and both are often mixed together. Patients often report symptoms in ways that do not fit the textbook list of symptoms that correspond to an official psychiatric diagnosis, or that would be taught in a course in psychopharmacology.
- There is no such thing as a psychotropic medication that only affects the mind (psychology) and not the rest of the body, and the ability to assess the significance of non-psychological illnesses and symptoms is essential to appropriate and safe prescription of psychotropic medications.
- A large percentage of my patients in a general psychiatric practice (probably 2/3) have concurrent general medical conditions and non-psychiatric medications presenting issues relevant to psychiatric diagnosis and choice of psychoactive drugs. These interactions cannot be properly evaluated without general medical training that psychologists do not have, and would not have under HB 2411.
- Psychopharmacology and basic medical science courses are completely inadequate training for the practice of psychopharmacology. Course work must be supplemented with years of supervised experience treating actual general medical patients in a clinical setting. This kind of clinical training is only addressed by a full 4-year medical school curriculum plus at least a year of internship, which is far more clinical training than proposed for prescribing psychologists in this bill.
- The formulary for psychologists in this bill is limited to antidepressants and anti-anxiety medications, some of which are highly addictive if used for more than a short time. All of the drugs relevant to treating psychosis, drug addiction, and bipolar disorders are left out, because they have serious risks of general medical complications. A psychologist prescribing with this limited formulary would be able to appropriately treat a minority of those needing psychotropic medications, and would be tempted to treat inappropriately for those patients who really need a medication beyond the limited formulary.
- This bill would not solve any of the access problems or the shortage of psychiatrists in rural areas. The answer is not giving under-trained psychologists limited prescription privileges, but increasing support for fully trained psychiatrists to serve in these areas, including hiring them in community health centers.

Stephen B. Kemble, M.D.

000062

Marie-louise devegvar, m.d.
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PSYCHIATRY

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February 4, 2008

To Whom It May Concern:

I would like to express my deep concern regarding the psychologists in Hawaii who want to prescribe medication. Unfortunately, they do not appreciate the substantial risks of giving patients medication without the benefit of four years of medical school and four years of psychiatry residency.

In my practice, I treat a number of patients with medical problems such as asthma, hypertension, and diabetes. A psychiatrist has the comprehensive knowledge of the basic sciences and medicine to safely prescribe medications to these patients. Each psychotropic medication may or may not have an adverse effect on the person's underlying medical condition. Each psychotropic medication may or may not also have an adverse effect on the person because of potential interactions with medications he or she is already on for the treatment of other illnesses.

I therefore ask you to vote against any bills which would allow psychologists to have prescription privileges. I truly believe it will put the people of Hawaii at risk for potentially serious medical complications.

Sincerely,

Marie-Louise deVegvar, M.D.

000063

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RE: SB 2415, Relating to Psychologists
HB 2411, Relating to Health (psychologist prescribing)

OPPOSE

My impression is that HB 2411 and SB2415 represent an aggressive effort by the psychologists to take advantage of the shortage of psychiatrists in the rural areas of Hawaii. I believe this issue has much more to do with a group of psychologists wanting to practice medicine than with addressing the shortage issue. The psychologists are proposing an extreme example of top down learning. In Hawaii there are licensed psychologists who have never taken a college course in chemistry or have ever taken someone's blood pressure. Without clinical training in medicine how will a psychologist be able to tell the difference between a symptom of a particular medical illness from a side effect with a psychiatric medication.

With this measure the psychologists would be able to treat elderly patients with multiple medical problems and also young children. As a pediatrician and a child and adolescent psychiatrist, I am familiar with how even adult psychiatrists and pediatricians seldom prescribe psychiatric medications to children because of their limited training in this area.

The bill would allow a profession without any medical education or clinical medical experience to prescribe psychiatric medication to children after approximately 650 hours of schooling for all ages of patients.

It should be noted that after completing the M.D. degree and a minimum of three years in adult psychiatry, that training in child and adolescent psychiatry is a two year program with some night calls. This child and adolescent training alone amounts to at least 4,000 hours.

I believe this measure is woefully inadequate in training people without a medical background to prescribe psychiatric medication.

Sincerely,

Steven R. Williams, M.D.

000064

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Testimony in Support of HB 2411, Relating to Psychologists
February 6, 2008

Honorable Chair Green, Vice-Chair Mizuno, and members of the committee, my name is Dr. Robin Miyamoto. I am a Clinical Psychologist and immediate Past-President of Hawaii Psychological Association. I would like to provide testimony in support of HB 2411 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs) or in medically underserved areas (MUAs).

Critical Need for Access of Care

MUAs are identified as federally designated communities with a severe shortage of primary care health professionals. These MUAs have a history of mental health needs, which have gone underserved. Medical Psychologists are positioned to provide timely and efficient mental health treatment for these underserved populations. This important legislation would greatly enhance patients' access to mental health care in these FQHCs. It is estimated there are currently 55,000 Hawaii residents in need of mental health services. The Department of Health's Adult Mental Health Division is only able to service 5,500 patients and is discharging patients from their rosters at shocking rates.

Limited to appropriately trained psychologists practicing at FQHCs or in MUAs

All Psychologists receive extensive training in the diagnosis, assessment, and treatment of mental and emotional disorders. Before being licensed to practice, each psychologist must pass an average of seven years of doctoral study, 3,000 hours of supervised practicum and internship, a year of post-doctoral supervised residency, qualifying exams, a dissertation, and a national proficiency exam. HB 2411 would allow these licensed psychologists to prescribe a limited formulary when practicing at a FQHC or in MUAs, **only after having completed an additional 18 months of psychopharmacology class work, a 1-year practicum, and 2 years of supervised practice.**

The proposed curriculum provides adequate training for the prescription of psychotropic medications

The proposed curriculum includes a minimum of 43 credit hours (the same as the APRN curriculum) in at least the following core areas of instruction:

- Anatomy & Physiology
- Biochemistry
- Neurosciences (neuroanatomy, neurochemistry, neurophysiology)
- Pharmacology and clinical pharmacology
- Psychopharmacology
- Pathophysiology
- Health assessment, including relevant physical and laboratory assessment; and
- Clinical pharmacotherapeutics

This is a model curriculum developed by American Psychological Association based on the deliberations and recommendations of a Blue Ribbon Panel that consisted of an extraordinary group of nationally recognized health professionals and scientists with expertise in medicine, psychiatry,

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nursing, pharmacy, the neurosciences, psychology, public policy, as well as gender and multicultural factors relevant to psychopharmacology. This curriculum represents necessary and sufficient training to deliver the standard of care as set by the American Medical Association. The context of the training, whether it be medical school, nursing school, or post-doctoral training, is irrelevant.

The intent of this curriculum is not to make us physicians or nurse practitioners. It is meant to provide us the appropriate training to prescribe 1% of existing medications, to recognize the impact of these medications on the human body and conversely to recognize the impact of co-morbid conditions on the appropriateness of such medications. As prescribing psychologists, we are trained to view human health as a series of homeostatic envelopes and recognize when a patient is outside that envelope. By maintaining collaboration with the patient's PCP, any system imbalance is immediately reported and appropriately handled by the physician.

Swimming upstream to provide early intervention

Behavioral health care at the Community Health Centers is based on an early intervention model. We are focusing on "swimming upstream" to address problems early on. Hopefully, this allows us to prevent severe disease, while at the same time help more people. If we can prevent even one individual from entering the bottom tier of care (severely mentally ill), that is a savings to the state of \$9000 a year (see attached chart).

Based on a well-documented study by Nicholas Cummings in 1991, 70-80% of patients presenting to Primary Care have some mental health symptoms. Based on this estimate Prescriptive authority within the CHCs could impact 55,000 pts a year at its fullest capacity. Our opponents may balk and say this figure is highly inflated, however, statistics taken from their own reports state that the Substance Abuse and Mental Health Services Administration (SAMHSA) has estimated that 200,000 of Hawaii's resident have a diagnosable mental illness. Additionally, by taking these patients off the hands of the Primary Care Providers, who typically prescribe 85% of psychotropic medications, we increase their ability to see more patients with significant physical illness including diabetes, hypertension, and heart disease.

Generalist vs. Specialist

Medical Psychologists typically practice as Primary Care Providers. We are "generalists" who treat mental illness while maintaining an awareness of other factors impacting the patient; whereas psychiatrists are viewed as "specialists", a role typically not supported at the CHC level. We are members of an interdisciplinary team, which requires integration and collaboration with physicians. It is this method of practice that makes psychology relevant at the Community Health Centers. Prescriptive authority would serve as a logical supplement to current services and increase the ability of the CHC team to meet patient needs.

The purpose of this bill is not to suggest that psychiatrists are unnecessary, quite the contrary. What the community health centers are proposing is to use every resource in the community to its fullest capacity. This means utilizing psychologists for patients with psychosocial problems, and again, from the literature we know that the best way to do this is through a combination of therapy and medication. Why put up another barrier to care by sending a patient to two different providers when they can get safe, effective, quality care from one provider. Psychiatrist will continue to be a valuable and highly demanded part of the team, utilized for the severely mentally ill, treatment-resistant patients, and consultation. But, at their own admission, there are simple not enough of them to provide services to the 200,000 or even 55,000.

Claims of a two-tiered system of care

There have been claims made in the past that prescribing psychologists are immoral, happy to provide second class care to the state's neediest residents, a large proportion of them Native Hawaiian. I would first like to point out that this is not sub-standard care. A summary of a 2001 report by the Surgeon General addressing mental health, culture, race, and ethnicity details the access problems we continue to site. However it also calls for the integration of mental health care and primary care, as this is the setting in which minority individuals prefer to receive mental health care. The report calls for innovative strategies for training providers and delivering services as a means to match the needs of the diverse communities they serve. I believe that prescription privileges for medical psychologists working in FQHCs and MUAs would help to alleviate access issues, relieve an overburdened mental health system, and begin to decrease the tremendous health disparities existing for ethnic minorities and the poor.

Secondly, what they fail to point out is that the system is currently providing a two-tiered system of care, those who get care and those who do not. The state is witnessing first hand the effects of this two-tiered system. In Hawaii, there is roughly one death every three days from suicide. Hawaii is ranked 4th in the nation for numbers of homeless and we have a crystal meth rate that is unparalleled across the nation.

I believe that prescription privileges for medical psychologists working in Federally qualified health centers (FQHCs) and Medically underserved areas (MUAs) would help to alleviate access issues, relieve an overburdened mental health system, and begin to decrease the tremendous health disparities existing for ethnic minorities and the poor. Thank you for your attention and consideration. Thank you for considering my testimony in support HB 2411.

Respectfully Submitted,

Robin E. S. Miyamoto, Psy.D.
Clinical Psychologist
Immediate Past-President, Hawai'i Psychological Association

Bradley T. Klontz, Psy.D.

P.O. Box 529
Kapaa, HI 9674

February 4, 2008

House Health Committee

RE: TESTIMONY IN SUPPORT OF HB 2411 Relating to Psychologists

Hearing date: Feb 6, 2008

TIME: 11:45 PM

PLACE: State Capitol, 415 South Beretania Street

Honorable Chair Green, Vice Chair Mizuno and members of the House Health committee,

I would like to provide testimony in support of Senate Bill 2415. Please support this prescription bill for psychologists. This really is the right thing for Hawai'i residents, many of whom don't have access to the mental health care they need to keep them safe and healthy. The United States Department of Defense already allows medically trained psychologists to prescribe, as do a growing number of states. Bills like this one are being voted on in many other states this year, and it is only a matter of time until this practice will be universally accepted.

However, in the meantime Hawai'i residents, especially the rural poor, are suffering and cannot afford to wait. Given appropriately trained psychologists have been prescribing for years with literally NO PROBLEMS (tens of thousands of prescriptions over the past decade), the opposition has no legitimate argument with regard to safety.

Thank you for your consideration of my testimony in support of HB 2411.

Respectfully submitted,

Bradley T. Klontz, Psy.D.
HI Licensed Clinical Psychologist

000068

mizuno1-Edgar

From: RUSKELLY@aol.com
Sent: Monday, February 04, 2008 11:42 PM
To: HLTtestimony
Subject: Psychologist not to be allowed to prescribed.

please do not support this measure of allowing psychologist to prescribe. This will be bad medicine. This people are not trained to prescribe medicines this dangerous for the consumers. this will be set a dangerous president. Thank you very much Say NO NO

Russell Kell M.D. of ewa Beach Hawaii

Who's never won? [Biggest Grammy Award surprises of all time on AOL Music.](#)

ALLERGY/ASTHMA SPECIALTIES, INC.
 RICHARD E. ANDO, JR., M.D.
 405 N. Kuakini St., Suite 903
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PH: (808) 538-1915

February 4, 2008

TO: Rep. Josh Green, M.D., Chair
 Rep. John Mizuno, Vice Chair
 House Health Committee FAX: (808) 586-6051
 Hearing Scheduled for: Wednesday February 6, 2008, 11:45 am, Room 329

TO: Sen. David Ige, Chair
 Sen. Carol Fukunaga, Vice Chair
 Senate Health Committee FAX: (808) 586-6659
 Hearing Scheduled for: Wednesday, February 6, 2008, 2pm, Room 016

RE: HB2411 Relating to Health & SB2415 Relating to Health

Dear Representatives and Senators,

I have been a Hawaii physician for 21 years and I strongly oppose HB2411 and SB2415 for the following reasons:

- Inadequate training for psychologists: an 18-month part-time training program is grossly inadequate versus years of physician training in medical school, residency and fellowships .
- Jeopardizes patient safety: allows these poorly trained psychologists to prescribe to children, elderly, and patients with co-occurring and chronic medical conditions. This increases risk of medical liability for all health providers.
- Hurts our poorest and sickest residents: allows psychologists to prescribe in federally qualified health centers, which are located in rural areas with populations that have a higher incidence of co-occurring and chronic disorders such as substance abuse, diabetes, hypertension, etc.
- Lack of openings for psychiatrists: Psychiatrists are available to work in rural areas; however until recently, there were no positions open.
- Medical liability: increases risks of medical liability for psychologists and federally qualified health centers. This can lead to increases costs of medical liability for all health providers in Hawaii.
- Strong opposition: Hawaii Board of Psychology, Legislative Reference Bureau, Department of Health, NAMI-Hawaii, HI Disability Rights Center, nurses, many psychologists, physicians, mental health consumers and consumer advocacy groups, and others advocate against this bill.

This bill is poor public policy that will jeopardize the health of Hawaii's residents. Please hold this bill.

Thank you for the opportunity to provide this testimony.

Sincerely,



Richard E. Ando, Jr., M.D.

000070

Jason Worchal, M.D.
Community Psychiatrist: East Hawaii, Puna to Kohala

TESTIMONY FOR COMMERCE, CONSUMER PROTECTION AND
AFFORDABLE HOUSING

“To allow psychologists to practice as physicians will result in the destruction of the psychiatric residency, further eroding the possibility of keeping our local residents practicing in this state.”

SB 2415 and HB 2411 Relating to Psychologists
OPPOSED

I would like for the members of the Committee to know we are aware of our physician shortages in East Hawaii and are working toward solutions our community finds acceptable. As a practicing, community psychiatrist in these areas, from Puna to Kohala, I have first hand knowledge of the availability of psychiatrists and APRN-RX. We currently have 4 psychiatrists and 4 APRN RX working for the state. There are private APRN's and multiple private psychiatrists in Hilo, Waimea and other areas in East Hawaii. We are in the process of finalizing recruitment to hire additional psychiatrists for East and West Hawaii. Our barriers to hire psychiatrists were not so much about lack of psychiatrists but poor working conditions and underpayment for services. Now that those two factors have been improved, hiring and retaining psychiatrists and/or APRNs will not be difficult.

The Bay Clinic has not attempted to hire psychiatrists. They refer patients to the mental health clinic and we always are able to see their patients. We have no waiting list for new assessments. The opposite is not true. We can not find primary care physicians, including those at the Bay Clinic willing to take new patients. We are in need of other specialties, such as orthopedic surgeons, cardiologists, neurologists, rheumatologists, dermatologists, etc. It is a disgrace that the politicians would even consider relegating our most vulnerable patients to the second rate care they would receive from psychologists prescribing medications. This is even more egregious when the rationale is based upon the false basis there is a lack of highly trained psychiatrists in rural areas. I doubt they would send their own family members to a psychologist for the diagnosis and medication treatment of serious mental illness. They must know it is not possible for a psychologist to acquire the requisite knowledge to differentiate medical illness from psychiatric illness or diagnose and treat the myriad of complications caused by psychotropic medications without the rigors of a medical education and residency training.

The politicians must know that to allow psychologists to practice as physicians will result in the destruction of the psychiatric residency, further eroding the possibility of keeping our local residents practicing in this state. I have already had calls from colleagues saying they would not relocate to a state that allowed psychologists to prescribe medications. We will lose our ability to attract and retain psychiatrists if this is passed.



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Child and Adolescent Psychiatry Kahului, Hawai'i 96732
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ARENSDORA001@Hawai'i.rr.com

Re: Relating to Psychology

OPPOSE

I am a Hawai'i child psychiatric physician practicing on a neighbor island of Maui and I strongly oppose this measure relating to psychology. I understand the Maui Health Task Force has issued, as part of its solutions, legislation to train psychologists to prescribe psychotropic medications. However, that suggestion did not specify the training. I would hope that the Maui Health Task Force would recognize the training would have to be, at the minimum, the same as is required of an APRN.

I oppose this bill for the following reasons:

- On Maui and for Maui County, we have taken preferred steps to resolving access issues that do not include undertrained psychologists.
 - Community Clinic of Maui: 2 psychiatrists come once a month then are available during the interim by video teleconferencing and direct consultation. Having two psychiatrists available by phone during clinic hours to provide timely consultations regarding the FQHC patients.
 - Molokai: A child psychiatrist has set up private practice on Molokai once a month, a child psychiatrist see DOE clients three times a month, one adult psychiatrist sees patients once a week. Telepsychiatry is now offered at the Molokai General Outpatient clinic: two psychiatrists once a month, then once a week by telepsychiatry and available by phone during the interim.
 - Hana: One adult and one child psychiatrists serve Hana twice a month and telepsychiatry is now available as well once a week and by immediate consultation, when needed.
 - Lanai: Two psychiatrics are there once a month and telepsychiatry is now available once a week and by immediate consultation, when needed.
 - A child and adult psychiatrist has been hired to cover Maui Memorial Hospital call and inpatient services. Which allowed Maui Memorial to re-open is Molokini Unit.

1. Psychiatrists are present either directly on staff or in collaboration with FQHCs in more communities than there are psychologists.

2. Primary Care Physicians have no trouble assisting patients with their moderate mental health problems such as sleep disorders, stress, depression, or anxiety. The majority of patients who seek mental health assistance from their PCP do so because they do not 'want to talk about it', they just want the help.

3. Primary Care Physicians need assistance with the unstable, psychotic patient. For these patients psychologists have said they would not be involved but would refer to a psychiatrist. This is exactly the same area where primary care physicians need the assistance.

4. The psychologists are not proposing a 2-year Full-time training program. They are proposing to have 1 year to complete 450 hours of 'didactics' which can be completed over their home computer. A medical student can complete that in under 12 weeks and a resident could complete that in under 6 weeks. The second so-called year is to complete 400 hours in which 100 patients must be seen. It is not specified how much of this is to be supervised nor by whom. The lack of supervision and accreditation standards in this bill is appalling.

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As the Honolulu Advertiser observed in last week's editorial, "When a crisis is at hand, it's tempting to seize the quick fix and hope it buys enough time for a real solution to be in place." An impetuous solution "... may cause more problems in the future than it would solve in the near term."¹

Thank you for the opportunity to provide this testimony,

Alfred M. Arensdorf, M.D.

SAMPLE TESTIMONY

February 6, 2008

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee
Hearing Scheduled for: Wednesday February 6,
2008, 11:45 am, Room 329

Sen. David Ige, Chair
Sen. Carol Fukunaga, Vice Chair
Senate Health Committee
Hearing Scheduled for: Wednesday, February
6, 2008, 2pm, Room 016

From:
Your Name **GREGORY N. HAYASHI M.D.**
Your Address **1010 S. KING ST #604**
Your Phone Number **(808) 5971624**

Re: HB2411 Relating to Health & SB2415 Relating to Health

I am a Hawaii physician and I strongly oppose HB2411 for the following reasons:

- *Inadequate training for psychologists -- an 18-month part-time training program is grossly inadequate.*
- *Jeopardizes patient safety --allows these poorly trained psychologists to prescribe to children, elderly, and patients with co-occurring medical conditions.*
- *Hurts our poorest and sickest residents --allows psychologists to prescribe in federally qualified health centers, which are located in rural areas with populations that have a higher incidence of co-occurring disorders such as substance abuse, diabetes, hypertension, etc.*
- *Lack of openings for psychiatrists -- Psychiatrists are available to work in rural areas, however until recently there were no positions open.*
- *Strong opposition -- Hawaii Board of Psychology, Legislative Reference Bureau, Department of Health, NAMI-Hawaii, HI Disability Rights Center, nurses, many psychologists, physicians, mental health consumers and consumer advocacy groups, and others.*

This bill is poor public policy that will jeopardize the health of Hawaii's residents. Please hold this bill.

Thank you for the opportunity to provide this testimony.

FOR MORE INFORMATION, CONTACT

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mizuno1-Edgar

From: Kohal, Betty J. [BJKohal@hsh.health.state.hi.us]
Sent: Tuesday, February 05, 2008 7:57 AM
To: HLTtestimony
Subject: Testimony

Regarding HB 2411 AND SB 2415

I am Dr. Betty Kohal, an APRN with prescriptive authority. I am Professor of Nursing at HPU and a Clinical Nurse Specialist at HSH.

I do oppose both HB 2411 and SB 2415. The reasons for my opposing both of these bills are as follows:

1. Prescribing medication requires a thorough understanding of the neurobiology of the human body which involves more than taking several courses.
2. Nurses with prescriptive authority have undergone several years of administering medication UNDER SUPERVISION prior to going on for their advanced specialty degree.
3. Nurses have spent anywhere from 2 to 4 years studying the effects of medication on the human body in both the classroom and the clinical lab setting. They have the assessment skill knowledge, as well as, the clinical laboratory experience which aids them in providing comprehensive care based on strong assessment skills.
4. The psychotropic medications which the psychologist would be administering can be considered as chemical restraints. This is the reason that all patients must sign an informed consent regarding agreeing to take them prior to administration.

These comments should help you understand that the medications the psychologist would be administering are very powerful medications. In both medicine and nursing, students spend two plus years under the direct supervision of their professor before being allowed this task

Thank you for your time. ALOHA Dr. Betty J. Kohal

May Mizuno

From: David Peters [dpkauai@hoolalahui.org]
Sent: Tuesday, February 05, 2008 10:15 AM
To: HLTtestimony
Subject: Testimony In Support of HB 2411

TO: Representative Josh Green, Chair
 Representative John Mizuno, Vice-Chair
 House Committee on Health

FROM: David Peters, Chief Executive Officer of Ho`ola Lahui Hawai`i

SUBJECT: **Support of HB 2411 Relating to Psychologists**

Deliver to on Wednesday, February 6, 2008 @11:45 a.m. to Conference Room 329

We support HB2589, which allows professionally trained clinical psychologists who work at Federally Qualified Health Centers, to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law.

Ho`ola Lahui Hawai`i on Kaua`i the island's only federally qualified health center sees many patients suffering from chronic mental health conditions. Psychiatric care on Kaua`i for the uninsured is severely limited. There is a paucity of psychiatrists on Kaua`i and our physicians would greatly benefit from trained psychologists in treating and prescribing for patients with certain mental health conditions.

The model of care currently employed at our health center is one of integration in that clinical psychologists work directly with physicians to diagnose mental health conditions and recommend courses of treatment. This bill would enhance our ability to treat patients with mental health conditions in an effective manner by giving psychologists the prescriptive authority thus freeing our physicians to concentrate on the medical needs of our patients which is their training. Federally Qualified Health Centers are an ideal place for this type of service.

Federally Qualified Health Centers are regulated by the federal government with strict standards of quality assurance—among the strictest of any health care entity. This bill is critical to the continued success of our health center. Please give it your full support.

We appreciate the opportunity to testify on this most important legislation.

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May Mizuno

From: jhogan9665@aol.com
Sent: Tuesday, February 05, 2008 11:02 AM
To: HLTtestimony
Subject: Testimony

Please consider the logic of this bill, especially from the clients' perspective.

Jeanne R. Hogan, Ph.D.
Clinical Psychologist
Hawaii State Licensed

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February 5, 2008

To: Committee on Health
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice-Chair

RE: **Testimony in SUPPORT of HB 2411 Relating To Health**

Aloha,

I am a medical doctor and a community health center medical director who **supports** giving prescriptive authority to specially trained psychologists. I support this legislation because I have seen the needless suffering, day after day, for years, caused by the chronic shortage of psychiatrists and other doctors not available to treat the mental health needs of Hawaii's citizens. In Waianae over 65% of Primary Care or ER Visits have a mental health component (anxiety, depression, abuse, anger). Traditionally this component went untreated, but now we integrate clinical psychologists into our Primary Care Clinics and ER to address these issues. Many physical health problems do not get better because the mental health issues interfere with treatment. This makes meeting our patients mental health needs an absolutely essential component of good physical health care.

At Waianae Coast Comprehensive Health Center, we are strategically hiring qualified Clinical Psychologists to fill the Behavioral Health void created from a lack of Psychiatrists. We have recently integrated our Psychologists into our Substance Abuse program and we are finding that 50% of the "Ice" abusers have a mental health co-morbidity. The plan is to integrate behavioral health into our Women's Health (domestic violence), Pediatrics (child abuse) and Dental (anxiety) Programs. With the opportunity to have "Medical Psychologists", these initiatives become even more efficient and effective.

I have worked with these clinical psychologists and have found them to be exceptionally competent and qualified. Despite the overwhelming need, they remain dedicated and treat the patients with compassion. Most importantly, they are willing to serve in our rural communities.

Sincerely,

Ricardo C. Custodio, M.D., M.P.H.
Medical Director
Waianae Coast Comprehensive Health Center

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Don Shaw AIA
Architect / Planner
41-949 Laumilo Street
Waimanalo, Hawaii 96795

February 5, 2008

To: Members of the State Legislature COMMITTEE ON HEALTH
(Rep. Josh Green, M.D., Chair, Rep. John Mizuno, Vice Chair)

Subject: HB 2411 -Psychologist's prescribing legislation

Dear Sirs / Madams:

This legislation (HB 2411) should not become law. It sets the very dangerous precedent of substituting political pressure for proper professional training and education. If we architects lobby hard enough, will you pass legislation to let us practice as structural engineers? How about interior decorators?

Speaking as a former UH professor, this law would also play havoc with professional education standards. Each profession has its own curriculum, which has been carefully crafted by academics and professionals who know their field. When the legislature by passes the university to grant privileges not based on educational abilities or attainment, this is a very, very bad precedent to set. Can you imagine the outcry from the legal community if people with other degrees were allowed to practice law, simply because of intense lobbying efforts?

As someone with both psychologists and psychiatrists in the immediate family, I have respect for both professions and for their very different educational backgrounds. I have attended legislative hearings on the matter. After hearing some of the arguments in support of this legislation, I am astounded and appalled that it is being considered seriously.

A brief review of the admissions requirements for medical school and clinical psychology reveals stark differences in the basic science requirements. There is no substitute for high achievement in rigorous basic sciences. You can't even get into medical school without this background, yet you can get certified as a clinical psychologist without ever taking organic chemistry. Why expand the scope of psychologists' practice if no steps have been taken to make their basic education more rigorous?

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As a resident of Waimanalo for nearly a quarter century, I was particularly offended by arguments, (from a *malahini haole* psychologist), stating that native Hawaiians here cannot possibly get access to any form of mental health treatment, unless it is provided to them by psychologists. Given the fact that the head of the Psychiatry Department at the medical school, Naleen Andrade, M.D., happens to be a native Hawaiian, this is a very condescending attitude. If the legislature is concerned about psychiatric care for rural Hawaiians, why not ask Dr. Andrade how much money she needs to help solve the problem?

Regards,

Don Shaw

Don Shaw AIA
808-295-7429 cell
808-259-0028 fax

P.S.

Almost anyone with the tuition money can get into some psychology programs. Medical schools are highly selective; only the best and brightest are admitted. Who would you rather have administer (potentially dangerous) medications to your family?

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Rupert R. Goetz, M.D., D.F.A.P.A.
Diplomate, American Board of Psychiatry and Neurology
P.O Box 154
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(808) 237-7083
r.r.goetz@att.net

Re: HB 2411 Relating to Health
Hearing: 2/6/08 at 11:45 am in Rm. 329

SB 2415 Relating to Psychologists
Hearing: 2/6/08 at 2:00 pm in Rm. 016

OPPOSE

Allow me to submit my written testimony in strong opposition to HB 2411 and SB 2415. My reasons in opposition are related to the following:

1. This is a clinical safety problem:
 - a. With the advent of ice, differentiating medical, drug-related and psychiatric conditions has become much more difficult to diagnose. Indeed, these three conditions now generally coexist in patients with more severe disorders and a person with medical experience must be involved in the diagnostic process.
 - b. Treatment is also more complex, not simpler. A brief primer on newer psychiatric medications that now have much fewer side effects seems tempting and safe. However:
 - i. Medical disorders frequently coexist with psychiatric conditions and their subtle presentation can be easily mistaken. (E.g.: Low thyroid conditions can produce symptoms of depression; treatment with antidepressants without ordering thyroid tests will lead to more damage to physical health.)
 - ii. Psychiatric medications can cause more slowly emerging medical problems, such as diabetes and heart rhythm ("QT") problems that require laboratory and even EKG monitoring to be prescribed safely.
2. No improvement in community access to psychiatric medication services is to be expected:
 - a. In other states where these arguments were made, Psychologists were located in the same places as psychiatrists.
 - b. In shortage areas it was not psychologists, but primary care physicians and nurse practitioners picking up the pieces.
3. There is already a path for psychologists to prescribe medications:
 - a. They can attend medical school and become physicians
 - b. They can attend nursing school and become Advanced Practice RNs

Thank you for the opportunity to express my personal beliefs and thank you for your consideration to HOLD this measure in committee.

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