SB2415

Measure Title:
RELATING TO PSYCHOLOGISTS.

Report Title:
Prescriptive Authority; Psychologists

Description:
Authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.

Package:
Maui Health Initiative Task Force

Introducer(s):
TSUTSUI, BAKER, ENGLISH

Current Referral:
HTH, CPH

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH

S.B. 2415, RELATING TO PSYCHOLOGISTS

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

February 6, 2008, 2:00 p.m.

Department's Position: The department opposes this measure. This measure appears to be very similar to SB 1004, SLH 2007 that the department opposed, and that was vetoed by the Governor (GM1043-Statement of Objections).

Fiscal Implications: None.

Purpose and Justification: The stated goal of this legislation, to increase and improve access to mental health care in rural areas by establishing prescriptive authority for some psychologists in Federally Qualified Health Centers (FQHCs), is questionable. The lack of data provided to support this bill makes it difficult to evaluate the actual need for psychologist prescription certification. It should be required that mental health data on service needs be provided by those parties advocating prescription privileges, specifically within the FQHCs. Minimally, this data would include unduplicated counts of the number served requiring mental health treatment, diagnostic data, and length of stay in treatment for different categories of illnesses, and the role and impact of third-party payors in providing mental health services within the FQHCs. The department believes that there are far better approaches to addressing mental health needs across the state rather than extending the scope of psychology practice beyond national standards.

There are successful models of cross-disciplinary collaboration occurring throughout the state. In the Hamakua area of the Big Island, on Kauai, and in other areas of the state between federally qualified health centers and the department's community mental health centers, appropriate psychiatric care is being provided. Other major endeavors have been the Psychiatric Access Collaboration, which has resulted in the introduction of a number of measures addressing including increased reimbursements, student loan payback, physician stipends, tort reform, and FQHC pilot projects. Additionally, the Mental Health Transformation grant also seeks to increase access and the FCC grant seeks to establish a uniform bandwidth for the Pacific Region to implement telepsychiatry in rural areas across the state.

The Department of Health strongly supports cross-disciplinary collaboration and a team approach to mental health care. Psychologists are clearly important members of these teams and can and should take a leadership role in patient care and in consulting with other team members. However, the department does not support the extension of prescription practices to psychologists.

Thank you for the opportunity to present testimony on this measure.

PRESENTATION OF THE
BOARD OF PSYCHOLOGY

TO THE SENTATE COMMITTEE ON HEALTH

TWENTY-FOURTH LEGISLATURE
Regular Session of 2008

Wednesday, February 6, 2008
2:00 p.m.

TESTIMONY ON SENATE BILL NO. 2415, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Board of Psychology ("Board") thanks you for the opportunity to testify on S.B. No. 2415. While the Board has not had an opportunity to review this bill, it appears to be very similar to a bill that was vetoed last year (S.B. No. 1004), to which the Board testified in **opposition**. Therefore, the Board relies on the same points of opposition as it raised last year.

The bill proposes to effectuate the recommendations of the Maui Health Initiative Task Force established pursuant to Act 219, Session Laws of Hawaii 2007, by authorizing appropriately trained and supervised psychologists to prescribe psychotropic medications for the treatment of mental illness at federally qualified health centers.

As written, the Board opposes this bill for the following reasons:

- Clinical Training Requirements

  The Board raised several problematic areas of concern such as substantive inconsistencies with the preferred training model for prescriptive authority of the Department of Defense's Psychopharmacology Project ("PDP"). Specifically, the bill's clinical

training experience requirement is significantly lower when compared to the PDP. The PDP required one year of full-time clinical training with six (6) months of "in-patient" experience and six (6) months of "out-patient experience". The bill only requires that psychologists complete at least one (1) year of supervised practicum experience, but does not state that psychologists must complete one (1) full year of full-time clinical training that consists of equal in-patient and out-patient experience. Additionally, the PDP model required that psychologists complete the clinical training in a military medical facility which was to be supervised by a psychiatrist who had advanced training in psychopharmacology. The bill on the other hand does not specify where the clinical training experience must be completed and allows the supervisor to be a physician and psychiatrist. Furthermore, it only requires that the supervisor provide two (2) hours of weekly supervision. The Board prefers the PDP model of clinical training as it provides a stronger foundation of training to ensure competency in prescribing psychotropic medications. While the PDP clinical training is more stringent than the practicum requirements of the bill, the Board believes more stringent clinical training would better protect the public.

- Scope of Practice

  The proposed scope of practice allows psychologists to prescribe psychotropic medications to patients of all ages including patients who have medical illnesses in addition to mental conditions. Since this bill does not restrict psychologists to prescribe psychotropic medication to a

certain age group, the Board believes that the scope of practice, being as broad as it is, may create a greater risk to the public. The Board's position is that many psychotropic medications should not be prescribed to children, and that psychotropic medication may have different effects when used by patients who are over the age of sixty-five (65). Further, the Board believes that, in general, psychotropic medication may produce serious harm to patients, with side effects either from the medication itself or from an interaction between other medications that the patient is taking. Therefore, limiting the scope of practice to patients between the ages of eighteen (18) to sixty-five (65) and supervision by a psychiatrist who has advanced training in psychopharmacology would better ensure public safety.

Given the substantive issues that are contained in this bill, the Board would like an opportunity to present its comments on S.B. No. 2415 after it has had the opportunity to meet and review this bill. The Board's next meeting is scheduled for February 15, 2008.

The Board understands the importance of this bill and has been diligent in evaluating the requirements that the Legislature has deemed are necessary for psychologists to prescribe psychotropic medications. It will continue in its endeavor to ensure that this bill, if enacted, will afford protection to all consumers.

Thank you for the opportunity to testify on S.B. No. 2415.

PRESENTATION OF THE
BOARD OF MEDICAL EXAMINERS

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FOURTH LEGISLATURE
Regular Session of 2008

Wednesday, February 6, 2008
2:00 p.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 2415, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Board of Medical Examiners ("Board") thanks you for the opportunity to testify on S.B. No. 2415, 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 S.B. No. 2415.

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1/29/07

Re: OPPOSITION TO S2415
Relating to Psychologists
Hearing: 2/6/08 at 2:00 pm

Dear Honorable Members of the Committee

Since 1981, I have been a professor of psychology at the University of Hawaii at Manoa. My primary duties have been to train clinical psychologists. I have been a licensed psychologist in Hawaii since 1982 and currently serve on the Board of Psychology. This testimony reflects my personal position and is not the official testimony of the University or the Board.

I am writing AGAINST this bill because the amount of training in this bill involves conducting a dangerous experiment upon Hawaii's poorest citizens.

1. This bill would permit licensed psychologists to prescribe medication with less than half of the medical training required for all other prescribing professions in Hawaii.

2. Proponents of this bill cite the U.S. Department of Defense Psychopharmacology Demonstration Project (PDP) as a justification for the amount of training required. However, the DoD Project required about 3 times the amount of training than that included in this bill. Independent evaluations of this Project concluded that less training would be inadequate. Similarly, the *State of Hawaii Legislative Reference Bureau's 2007 Report* "Prescriptive Authority for Psychologists: Issues and Considerations" concludes on page 76 that any authorization of prescription privileges for psychologists should involve "training requirements *no less rigorous than the PDP program training* model and a scope of practice and formulary for graduates that is no broader than limitations applied to PDP program graduates".

3. Proponents of this bill cite recent prescribing laws in the states of New Mexico and Louisiana as evidence that the amount of training required in this bill is adequate. However, the consumer safety consequences of the laws in these states have not yet been independently evaluated.

4. Psychologists who wish to enhance access to psychoactive drugs can currently do so by completing the required and widely accepted training for advanced nurse practitioners or physicians. Psychologists have done so in many states. This solution to concerns about access requires no legislation, no new training programs that duplicate those already offered at the University of Hawaii, and no new regulatory agents. Had psychologists who have been pursuing the privilege to practice medicine for the past 15 years undergone training in nursing or medicine, there would be no access problem in the State of Hawaii.

Thank you for your kind consideration of this opinion.

Respectfully,

Elaine M. Heiby, Ph.D.
Psychologist (HI license 242)
Professor of Psychology

Cynthia M. Stuhlmiller RN, MS, DNSc.
Mental Health Services Research Evaluation & Training, and
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February 5, 2008

RE: HB 2411 Relating to Health, 2/6/08 at 11:45 am in Rm. 329
SB 2415 Relating to Psychologists, 2/6/08 at 2:00 pm in Rm 016

I am opposed to this bill because it does not reflect any substantive changes from last year's proposal. Here are my continued reasons for non-support:

- there is no provision in the training for the depth and breadth of knowledge about physical health conditions required of safe prescribers,
- prescribers with minimal background in medical/psychiatric co-morbidities will be unable to discern medication side effects from other physical health conditions.
- the proposed training does not meet the educational standards required of other prescribers who are medically trained.

Thank you for the opportunity to testify in opposition.

CYNTHIA STUHLMILLER, RN, MS, DNSc.

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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

The Hawaii Psychiatric Medical Association has submitted previous testimony and testified on this bill referring to the inadequacy of the training required. Passing this of this measure would set a policy for Hawaii with a compromised, inadequate standard of care for those being treated by the federally qualified health centers.

This training process proposed in this measure is poorly designed, the concept ill-conceived, provides little oversight and has no evaluation standard except by those who created the program in the first place. Additionally, the bill does not provide restrictions as to age, medical complexities or potentially medically fragile patients. We respectfully request the vote on this bill be "No".

Instead, we request this committee give favorable consideration to the bills introduced this year to improve access to quality health services in Hawaii's underserved areas.

Hawaii Psychiatric Medical Association (HPMA) dedicated members have worked long, hard hours over the past 10 years in collaboration with the Department of Health and the University of Hawaii, Department of Psychiatry to bring Hawaii out of its abysmal mental health system of 1997/98 to where we are today. Ten years ago, Hawaii was under two federal consent decrees, had no community mental health support services and was serving barely 4,000 of Hawaii's seriously mentally ill when it was estimated that there were 10,000 needing services. Also in 1997, Hawaii was ranked 51st, coming behind Puerto Rico, for its mental health services.

Today Hawaii is free of both consent decrees, serves almost 13,000 within the Department of Health mental health system, has but in place a 24/7 Access Line, Crisis Teams are present on every island, ACT (Assertive Community Treatment) teams in every County, mental health clubhouses and 19 community mental health centers are networked throughout the state as well as other community based services designed to improve mental health patient treatment outcomes. These improvements have brought Hawaii recognition as "the most improved state in the country for mental health services". Hawaii has come up from the 51st to being among the top 15 states in the country for mental health services by the Nationally Alliance for Mental Illness.

Do we have more work to do? Yes. Hawaii is #9 nationally for overall number of psychiatrists per capita and is #2 for child psychiatrists. The problem related to access to services is not about the number of providers; it is about the distribution of mental health providers. Where we are seeing access problems to mental health services are in Neighbor Island rural communities where there is a high incidence of uninsured and MedQuest populations. Physicians are unable to serve these populations except from salaried positions. A physician cannot go into private practice serving a combination of uninsured and MedQuest patients and expect to stay in business. Low reimbursements are the #1 problem cited by psychiatrists who have closed doors to MedQUEST patients.

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-teleconference and in 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, some of which are listed below:

1. Integrated behavioral health model. As Hawaii's healthcare safety net, the FQHCs see a high incidence of MedQUEST and uninsured patients. Of these patients, the FQHCs state 50% or more have a mental health complaint. It is time that we help the FQHCs to build resources that will allow them to have truly integrated behavioral health models that carve in psychiatry. The Hamakua and Kohala Health Centers now have a psychiatrist on staff and are working to demonstrate that it is a sustainable model. The Bay Clinic, through either an legislative appropriate or a grant-in-aid is hoping to replicate the Hamakua model this year.
2. Telepsychiatry now serving the Community Clinic of Maui, Molokai, Hana and Lanai. DHS has partnered with the UH JABSOM Dept of Psychiatry and funded a feasibility study for telepsychiatry for the Island of Hawaii. Two psychiatrists go to each site once a month to see patients. During the interim, visits are by VTC. Additionally, the primary care physicians have 24/7 access to the two psychiatrists for diagnostic consultation and medication management. IMPORTANT: While it is desirable to have psychiatrists on staff 100% of the time, several of the FQHCs have big capacity concerns. They simply do not have the office space for an additional provider. For these FQHCs, telepsychiatry has offered a most welcome, appreciated solution.

3. Neighbor Island Differential for DOH adult mental health psychiatrists raising the salaries a level that attracts and retains psychiatrists in rural areas.

4. Three new full-time psychiatrist hospitalists to cover Maui Memorial Hospital, Kona Community Hospital and Maui Medical Center for emergency room patients and inpatient services relieving community psychiatrists from having to cover hospital call.

5. Increased collaboration between the CHC system and the DOH Adult and Child Mental Health Divisions to share patient care. We are a small State with limited resources. To be duplicating mental health systems in the community health centers for the seriously, chronically mentally ill, simply does not make sense. The recently awarded $4.3 million, 4-year Mental Health Transformation awarded to Hawaii from the Substance Abuse Mental Health Services Administration will be reviewing these separate community health center and community MENTAL health centers for recommendations for more efficient and effective patient care.

6. Increased number of child psychiatrists on Molokai, Maui and East Hawaii. The hire of just one new child psychiatrists on Maui allowed the Maui Memorial Hospital to re-open its Molokini Unit for acute psychiatric beds for children and youth. The hiring of just one psychiatrist for each of underserved areas, will demonstrate immediate access to care.

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. .

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.

Hawaii has seen this bill requesting prescriptive authority for psychologists in one variation or another since 1984, twenty-four years ago. During all that time HPMA has stated again and again, there is no reason why psychologists can't prescribe, as long as they have adequate medical training. In the 1980s and early 1990s the standard was medical school. In 1995 and 1996, advanced practice nurses requested prescribing authority. Publicly and as a matter of public record, the HPMA SUPPORTED the nurses for prescriptive authority based on the strength of their medical training.

We strongly urge this bill be held in committee or replaced with language requiring psychologists to receive training no less rigorous of that required by Advance Practice Registered Nurses Rx.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

Senate Committee on Health
Senate Health Hearing:
Wednesday, February 6, 2007
2:00 pm in Conference Room 016

Re: SB 2415, Relating to Psychologists

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 Siraprarat	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-teleconference and in

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.

February 6, 2008

PLEASE DELIVER to:
Senate Health Committee
Wed.
2/6/08
2pm
Room 016

To: Sen. David Ige, Chair
Sen. Carol Fukunaga, Vice Chair
Senate 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

Re: SB2415 Relating to Psychologists (Authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.)

Hawaii Medical Association strongly opposes SB2415 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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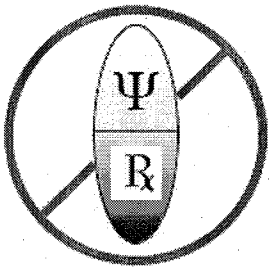

PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

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February 1, 2008

RE: **OPPOSITION SB 2415**

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)

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

NAMI HAWAII- National Alliance on Mental Illness Hawaii
770 Kapiolani Blvd., Suite 613
Honolulu, HI 96813
(808) 591-1297

The Senate Committees on Health and Human Service and Public Housing
Senator David Y. Ige, Chair
Senator Susan Chun Oakland, Chair

Wednesday, February 6, 2008
2 pm Conference Room 061
Hawaii State Capitol

Testimony inSTRONG OPPOSITION of SB 2415 RELATING TO PSYCHOLOGISTS

Testimony by: Marion Poirier, Executive Director

NAMI HAWAII strongly opposes SB 2415 Relating to Psychologists, as we did last year. We take this position for the following reasons:

- Even as stated in this bill, psychologists do not have the appropriate educational focus or training.
- Licensed Advanced Practice Registered Nurses can already qualify to prescribe medications in Hawaii, and in all other states. Let us start using these nurses to better advantage.
- NAMI HAWAII is a member of the Psychiatric Access Collaborative. The Collaborative has brought forth to this legislative session many initiatives to ease access issues on neighbor islands and other rural communities. Please consider items such as tele-psychiatry, student pay-back loans, etc. as a superior methodology for successful outcomes.
- Furthermore, we critically need psychologists to do their existing work. Psychologists providing medical management of any sort will in the not too distant future actually increase the cost of overall medical care.
- As an advocacy organization, NAMI HAWAII looks forward to raising the bar for healthcare delivery, not lowering it.
- Let us review the New Mexico experience for at least the next few years before Hawaii becomes another guinea pig.

We urge you to hold this bill in your committees. If we can be of further assistance, please call upon us. Thank you for the opportunity to present this testimony in OPPOSITION TO SB 2515.

Na Pu`uwai
Native Hawaiian Health Care System
PO Box 130 Kaunakakai, Hawaii 96748
(808) 560-3653 • Fax (808) 560-3385

Na Pu`uwai Fitness Center (808) 553-5848 • Na Pu`uwai Clinical Services: (808) 553-8288 • Fax (808) 553-8277
• Ke Ola Hou O Lana`i • PO Box 630713 Lana`i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

TESTIMONY IN SUPPORT OF S.B. 2415
RELATING TO PSYCHOLOGISTS

February 6, 2008

TO: Senator David Y. Ige, Chair, Senate Committee on Health
Senator Carol Fukunaga, Vice Chair
Senator Rosalyn H. Baker, Member
Senator Ron Menor, Member
Senator Paul Whalen, Member

FROM: Dr. Jill Oliveira, Licensed Clinical Psychologist

Honorable Senator Ige, Vice-Chair Fukunaga, and Members of the Senate Committee on Health, my name is Dr. Jill Oliveira and I am a Licensed Clinical Psychologist and Native Hawaiian Health Professions Scholarship recipient. I am employed by Na Pu`uwai Native Hawaiian Health Care System on Moloka`i and have been Director of the Behavioral Health Program there since 2003. **I would like to submit this testimony in strong support of Senate Bill 2415.**

Prescriptive authority for appropriately trained psychologists who work in federally qualified health centers (FQHCs) would significantly improve and increase access to sorely needed comprehensive mental health services. Despite recent efforts by the state and psychiatrists to improve mental health provider shortages in rural, medically underserved areas, there still remains significant need, particularly from a preventative and ongoing care standpoint. We need multiple efforts from all mental health providers over a consistent and extended period of time before mental health needs across our state will be adequately met. S.B. 2415 provides another effective means whereby highly trained mental health providers will be maximally utilized to conduct quality patient care.

Psychologists are already employed in 6 of the 13 FQHCs, making recommendations regarding psychotropic medications while working collaboratively with primary care physicians. These psychologists are poised to maintain this presence and continue to expand via existing training programs that are already up and running. A newly formed psychology training program, called, I Ola Lahui was established last year to train psychologists at the intern and post-doctoral level full-time in the FQHCs. Collaborative arrangements were completed between I Ola Lahui and two FQHCs (Waimanalo Health Center and Molokai Community Health Center) to support two psychology intern positions during the training year from 2007-2008. This training will continue in these FQHCs and likely expand to West Hawaii Community Health Center for the 2008-2009 training year, and add post-doctoral positions in addition to those at the intern level.

The psychiatrists that do work in rural Hawaii are overworked, and as a result are not able to meet with patients as often as is needed, or give them the level of close monitoring in order to enhance treatment compliance, adherence to medication regimes, and improve patient satisfaction. I have been working on Molokai for the past 5 years and have witnessed first hand what is needed to achieve good treatment outcomes with rural residents. Despite recent increases in psychiatrists who provide services on Molokai, there are still considerable delays in initiating and maintaining treatment and reported hesitancy from patients on following through with these providers due to problems associated with stigma and mistrust. Thus, merely increasing the status quo with regard to a system of care in Hawaii that is focused on acute psychiatric care, versus holistic, integrative, culturally appropriate care, will lack the impact needed to truly address Hawaii's mental health problems.

I firmly believe that the passage of this bill will help to reduce the needless suffering of thousands of Hawaii's residents. While it is a partial solution, it is one that has provided significant relief to thousands of patients in the states of New Mexico and Louisiana where this same legislation has been passed, and in Hawaii, will offer more than the status quo has been able to provide in decades.

Respectfully submitted,

Dr. Jill Oliveira

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

To: **Senate Committee on Health**
The Hon. David Ige, Chair
The Hon. Carol Fukunaga, Vice Chair

Testimony in Support of Senate Bill 2415
Relating to Psychologists
Submitted by Beth Giesting, CEO
February 6, 2008. 2:00 p.m. Room 016.

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 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 13 nonprofit community health centers on five islands care for about 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.

Thomas Grollman, MD
Kauai Medical Group
PO Box 1607
Lihue, HI 96766
(808) 245-4824

February 5th 2008

Regarding: SB 2415 Relating to Psychology
Hearing: 2/6/08 at 2:00 pm in Conf. Rm 329

House bill 2411 Relating to Health
Hearing: 2/6/06 at 11:45 am in Conf. Rm 016

From: Thomas Grollman, M.D.

I am an Orthopedic Surgeon on the island of Kauai, I want no express my strong opposition to Senate Bill 2415 and House Bill 2411. These bills seem little different from bills that have been introduced over the past several years.

Specifically, I am opposed to their passage for the following reasons:

We have adequate psychiatric coverage for the care and treatment of patients with psychiatric disorders on this neighbor island. We do not need to have an additional group of largely untrained professionals with prescriptive privileges for some of the most complex medications and illnesses that we see in medical practice.

We need to think very carefully about the amount of preparation in the basic sciences that an individual needs to be able to prescribe medications. I'm concerned that psychologists won't even grasp what they don't know and will falsely believe that prescribing psychotropic medications is easy.

We have adequate medical tracks available for the granting of prescriptive privileges, either through attendance at an approved medical school, advanced practitioner programs in nursing schools or colleges for the training of physicians assistants.

Issues of access to psychiatric care do not appear to be problematic on Kauai. I understand that the psychiatric association, the mental health division of the Department of Health and medical school are working in a collaborative project to address the access issue on some of the more remote communities of our state.

The granting of prescription privileges to individuals with no scientific background or training will put many of our most vulnerable citizens at high risk.

Sincerely,

Thomas Grollman, M.D.
(electronic signature approved)

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)

February 5, 2008

To: Committee on Health
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice-Chair
Committee on Human Services and Public Housing
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

RE: **Testimony in SUPPORT of SB 2415 Relating To Psychologists**

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

K. Beth Yano, PhD
Clinical-Community Psychologist
West Hawai`i Community Health Center
75-5751 Kuakini Hwy
Kailua-Kona, HI 96740
kbethyano@hawaii.rr.com

February 4, 2008

To: Senate Committee on Health
DATE: Wed, Fed 6, 2008
TIME: 2:00 PM
PLACE: Conference Room 016

RE: Support for SB 2415, Psychologist Prescriptive Privileges

I have had the privilege of working as a psychologist with underserved, rural communities on O'ahu, Mau'i, Moloka'i, Kaua'i and the Big Island over the past 17 years. It has been primarily a fulfilling experience as I work with multidisciplinary teams to address the complex needs of our challenged clientele. However, what has become more pronounced over the years is the need for psychologists in these underserved areas to provide more comprehensive services – to include addressing the inherent biological bases of mental health problems via the use of psychotropic medications. Psychologists with additional intensive psychopharmacological training and practice are able to fill a void in rural, underserved communities – communities that often have limited or no access to psychiatric services, and primary care physicians whose time is consumed with meeting the medical needs of patients. Pharmacological prescriptive privileges, with required intensive training, would give psychologists the additional tools and authority needed to truly provide effective, comprehensive interventions to address the mental health needs of our clientele. The bottom line is allowing increased quality services to peoples in underserved communities.

I therefore offer strong support of **SB 2415**, which would allow appropriately trained psychologists who work in federally designated medically underserved areas, to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii State Law.

In summary, reasons to support this bill include:

- In Hawaii there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to appropriately trained psychologists.
- Hawaii psychologists in community health centers provide integrated health care in collaboration with medical and dental providers. They have immediate access to patient medical records and treat with consideration of all information.
- Psychologists have been successfully prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense. In addition, the state legislatures of New Mexico and

Louisiana have recently passed laws allowing prescriptive privileges for specifically trained psychologists.

- The U.S. Department of Defense Psychopharmacology Demonstration Project (PDP) clearly demonstrated that appropriately trained psychologists can safely and effectively prescribe psychotropic medications.
- The education and training outlined in this bill, based in part on the already proven training of the PDP, and consistent with the American Psychological Association (APA) Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Generally, psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. Organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and continue to distort and mislead others. It is most disheartening that, for psychiatry, the goal is to keep psychologists from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide comprehensive, quality mental health services to underserved communities. SB 2415 will expand on our ability to do exactly that.

Mahalo for your outstanding work and for your consideration of this bill.

Sincerely,

K. Beth Yano, PhD

John J. Culliney, M.D., M.S., D.A.B.R
Chairman Department of Radiology
Radiation Safety Officer
3-3420 Kuhio Highway, Suite B
Lihue, Hawaii 96766
Phone: (808) 245-1293
Fax: (808) 246-2914
jculliney@wilcoxhealth.org

February 5, 2008

Re: HB2411, Relating to Health; Psychologists Prescribing
Hearing: 2/6/08 at 11:45 am

SB 2415, Relating to Psychologists

POSITION: OPPOSE

I am a radiologist practicing at the Kauai Medical Clinic. I am strongly against passage of Senate bill 2415 and House bill 2411. These bills come up year after year, never seem to address the primary issue of lack of adequate scientific training in Ph.D. psychology programs to adequately prepare psychologists for the complex issues involved in prescribing psychotropic drugs. I have personally spent one year in a Psychiatry training program and personally appreciate the value of a medical degree to assure that the patient is treated properly and to minimize any untowards effects, especially in patients with multiple medical problems where drug-drug interactions become a major issue.

1. Psychology training programs lack courses in a basic sciences which formed the prerequisite training for all physicians before they can even enter medical school.

2. Prescribing psychotropic drugs is a complex matter has these are used to treat brain disorders that require a great deal of knowledge and experience in medicine would psychologists don't have and cannot get with a few hundred hours of training.

3. Lack of access issues are being addressed by the Hawaii psychiatric medical association in concert with the medical school in several ways, including telemedicine programs to provide direct consultation to remote parts of the state, as well as placing psychiatrists in community health centers.

I urge the respective committees not to pass these bills.

Sincerely,

John J. Culliney, M.D., M.S., D.A.B.R
Chairman Department of Radiology
Radiation Safety Officer

Kenneth A Hirsch, PhD, MD
2180 Halakau Street, Honolulu Hawaii 96821
Office: 808-433-0062 Home: 808-373-1783
KAHirsch@Withers-Hirsch.com

SENATE COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair
Senator Rosalyn H. Baker
Senator Ron Menor
Senator Paul Whalen

DATE: Wednesday, 6 February 2008 2:00 PM.

SB2415: RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE AS WRITTEN – please see recommendations for modification**

Background – Kenneth A Hirsch, PhD, MD

a. PhD in Clinical Psychology with eleven (11) years of post-doctoral practice (prior to earning the MD degree)
    i. Four (4) years as Army psychologist
    ii. Seven (7) years as civilian psychologist

b. MD with seventeen (17) years of post-residency practice
    i. Certified in General Psychiatry
    ii. Certified in Addiction Medicine
    iii. Four (4) years as Army psychiatrist
    iv. Eleven (11) years as Navy psychiatrist
    v. One+ (1½) years as Veterans Administration Psychiatrist

c. Current positions:
    i. Manager, Traumatic Stress Disorders Program
    Veterans Administration – Pacific Islands Health Care System
    ii. Senior Advisor, National Center for PTSD, Pacific Islands Division

In the following, I have attempted to identify in precisely what ways the bill could be modified in order to make its provisions safe and in accordance with the DoD Psychopharmacology Demonstration Project which is cited as the model and the precedent for the bill.

Comments on SB2415: Pertaining to Psychologists

Errors of Fact:

1. Page 1, Line 11. "Psychologists with appropriate credentials have been allowed to prescribe medications to active duty military personnel and their families in federal facilities and the Indian Health Service for years."

   Psychologists who have prescribed for families of active duty military personnel have been carefully limited in their practice to healthy adults aged 18 though 65. Scope of practice specifically excluded children, the elderly and those who were medically compromised.

2. Page 6, Line 3. "Independent evaluations of the Department of Defense Psychopharmacological Demonstration Project by the United States General Accounting Office and the American College of Neuropsychopharmacology have found that appropriately trained medical psychologists prescribe safely and effectively."

   Such independent evaluations did indeed report the above findings, with the report of the American College of Neuropsychopharmacology (ACNP) being particularly supportive (and this was the most carefully conducted of the studies). However, the ACNP also concluded that the training and scope of practice parameters which characterized the Department of Defense Psychopharmacology Demonstration Project (DoD PDP) should be rigorously maintained by any program leading to prescriptive authority for psychologists.

Shortcomings of SB2415:

1. Page 7, Line 20. "The training shall include a two-year postdoctoral program of no less than forty-four credit hours (six hundred sixty hours of classroom instruction) in at least the following core areas of instruction…"

   The requirement for 660 hours of classroom instruction is a significant improvement over past iterations of the bill, and represents some degree of concordance with the shortest version of the DoD PDP training. However, the DoD PDP, in each of its iterations, included many hours of laboratory study in addition to the classroom instruction listed. Those laboratory hours are excluded from SB2415. Additionally, according to the ACNP report (page 12), the shortest iteration of the DoD PDP required 712 classroom hours, not 660. SB2415 should be modified to mandate a number of required classroom and laboratory hours in addition to classroom (didactic hours) consistent with the DoD PDP.

   While the listing of core areas of instruction is useful, in the requirements for both medical training and other psychology training programs, the actual mandatory course content is carefully specified, not just the course names. Given that the

accrediting entities for both medicine and psychology specify mandatory content in all other training programs, this should be similarly specified for this program. Because the American Psychological Association has not specified the content, it is incumbent upon the authorizing legislation to do so, else there will be no criteria by which to judge program adequacy. SB2415 should be modified to specify the details of mandatory course content, not just course titles.

2. Page 8, Line 13. "Has successfully completed twelve credit hours consisting of a supervised practicum (a) of at least one year, (b) involving four hundred hours treating a diverse population of no fewer than one hundred patients with mental disorders, and, (c) supervised by a medically trained and licensed physician or psychiatrist who accepts professional responsibility for the provision of psychopharmacotherapy and who is not in the employ of the person being directed or supervised."

This requirement is essentially unchanged from prior version of this bill, and therefore suffers from the same deficits.

- *The DoD PDP required a year of full-time clinical practicum, which would be the equivalent of 2,080 hours, not just 400. This is five times more clinical supervised practice. SB2415 should be modified to require the equivalent of a full-time year of supervised clinical work involving prescriptive practice, e.g., 2,080 hours.*

- *While the bill requires a "diverse population", there is no definition provided of this. Psychiatry residency programs, psychology internship programs and the DoD PDP all have detailed requirements for the diversity in patient diagnosis, characteristics, etc. which is entirely lacking for this program. SB2415 should be modified to specify diagnostic, age, gender and other diversity requirements.*

- *The DoD PDP included in its requirements minimum experience with each of the various families of psychotropic medication. As written, SB2415 does not require that any of the patients seen by the certificate candidates be prescribed any psychotropic medication. Thus, a conditional certificate could be granted to an individual who had never prescribed medication to a single patient. SB2415 should be modified to reflect minimum supervised prescribing experience with each family of medications and with certain specific psychotropic agents.*

- *The DoD PDP required clinical supervision by board-certified psychiatrists only. In accordance with the recommendations of the American College of Neuropsychopharmacology that the training requirements of the DoD PDP be maintained, SB2415 should be modified to require that the practicum be supervised by a board-certified psychiatrist.*

3. Page 9, Line 17. "Is employed or contracted by, and will practice the prescribing authority at a federally qualified health center established under Title 42 United States Code Section 1396"

   As written, this would permit a psychologist "employed or contracted by" such an agency to practice the prescribing authority at locations other than only a federally qualified health center, because there is no exclusionary language included. While this is somewhat limited by Page 11, Line 11("Prescribe only those medications in paragraph (1) to patients under the care of the psychologist and who are enrolled at the federally qualified health center") it would still be legal for the prescribing psychologist to see a patient registered at a federally qualified health center in the psychologists alternate practice location. SB2415 Page 9, Line 17 should be modified to specify "...and will practice the prescribing authority ***only*** *at a federally qualified health center..."*

4. Page 13, Line 3. "Was been issued a conditional prescription certificate and has successfully completed two years of prescribing psychotropic medication as certified by the supervising physician"

   This requirement is essentially unchanged from prior version of this bill, and therefore suffers from the same deficits.

   - *The bill does not specify the intensity of supervised practice, e.g., this could be full-time, or could be one hour per year. SB2415 should be modified to require the equivalent of two years of full-time supervised practice (allowing, for example, four years of half-time, supervised clinical practice).*

   - *The bill does not specify the number of patient contact hours, the parameters of patient diversity and the amount of practice experience prescribing psychotropic medication. SB2415 should be modified to specify all of these parameters.*

5. Page 16, Line 5. "Exclusionary formulary list..." As written, SB2415 includes a variety of controlled substances and certain particularly dangerous agents in the formulary. *SB2415 should be modified to specifically exclude benzodiazepines, barbiturates and anticonvulsants.*

DoD PDP: Highlights of the Report of the American College of Neuropsychopharmacology

Full Report is at http://www.acnp.org/Docs/BulletinPdfFiles/vol6no3.pdf

Page	Topic
6-8	**Executive Summary** 1. Effectiveness: *All 10 graduates of the PDP filled critical needs, and they performed with excellence wherever they were placed.* 2. Medical safety and adverse effects: While the graduates were for the most part highly esteemed, valued, and respected, there was essentially unanimous agreement that the graduates were weaker medically than psychiatrists… Nevertheless, all graduates demonstrated to their clinical supervisors and administrators that they were sensitive and responsive to medical issues. *Important evidence on this point is that there have been no adverse effects associated with the practices of these graduates!* 3. Outstanding individuals: One indicator of the quality and the success of this group of graduates was that eight out of 10 were serving as chiefs or assistant chiefs of an outpatient psychology clinic or a mental health clinic… …Other indicators of quality and achievement that characterized this cohort were present when they entered the program. They all had not only a doctorate in clinical psychology but also clinical experience that ranged from a few to more than 10 years… …They certainly suggested that *the selection standards should be high, indeed, for candidates for any future prescribing psychologist training, be it military or civilian.* 4. Should the PDP be emulated? There was discussion at many sites about political pressures in the civilian sector for prescription privileges for psychologists. *Virtually all graduates of the PDP considered the "short-cut" programs proposed in various quarters to be ill-advised. Most, in fact, said they favored a 2-year program much like the PDP program conducted at Walter Reed Army Medical Center, but with somewhat more tailoring of the didactic training courses to the special needs, and skills of clinical psychologists. Most said an intensive full-time year of clinical experience, particularly with inpatients, was indispensable.* 6. Scope of practice and formulary: *The practice of pharmacotherapy was restricted to adults age 18-65 for all graduates*… <In terms of actual formulary, there was considerable variation. – text inserted> …Most graduates regarded the current formulary restrictions as no more than minor nuisances. 11. Independent provider vs proctored status: *All graduates were initially proctored by psychiatrists. Half of them had advanced to independent provider status, with its standard minimum review of 10% of medication case <this peer review was by psychiatrists – text inserted>.* 12. A final comment: As the preceding synopsis and the following detailed report indicate, the PDP graduates have performed and are performing safely and effectively as prescribing psychologists. Without commenting on the social, economic, and political issues of whether a program such as the PDP should be continued or expanded, ***it seems clear to the Evaluation Panel that a 2-year program - one year didactic, one year clinical practicum that includes at least a 6-month inpatient rotation - can transform licensed clinical psychologists into prescribing psychologists who can function effectively and safely in the military setting to expand the delivery of mental health treatment to a variety of patients and clients in a cost effective way.***
12	Didactic Curriculum: 712 hours of didactics, *plus labs, etc.* after reduction from 1418 hours of the original program (first year-group), over a span of nine months.
13	Practicum Curriculum: After the more demanding first year-group, with minor iterative changes, six months inpatient and six months outpatient, fulltime, under supervision of psychiatrists. Some did a rotation on consultation/liaison psychiatry.

SONIA G. PATEL, M.D., INC.

3465 Waialae Avenue
Suite 270
Honolulu, HI 96816
808-271-0537

February 4, 2008

Dear Honorable Representatives and Senators:

I am writing in regard to SB 2415 and HB 2411 that would give psychologists prescriptive privileges. I am opposed to this bill.

This bill is unnecessary because we already have a system in place to train physician psychiatrists to prescribe medications safely. The problem lies not with psychiatrists and their willingness to serve in rural areas, but rather with the unfortunate reality of the lack of jobs in rural areas for physician psychiatrists. Over the past few years, I have been seeking a job as a psychiatrist on Molokai. I have a special place in my heart for Molokai because I am a graduate of Molokai High School. I inquired at all the health centers on the island, but there was no regular full-time or part-time job as a psychiatrist available for me. However, I am now providing psychiatric care to the people of Molokai once a week. I was able to secure contract work through a Maui-based company which has given me the opportunity to provide psychiatric care to children and adolescents at all of the Molokai public schools. Furthermore, a Molokai based community organization has given me the opportunity to provide occasional psychiatric consultations to abused children on the island. In addition, I started my own private psychiatric practice on Molokai, in which I provide care to children, adolescents, and adults. I have to pay for my own airfare, car rental, and office space rental for this private practice. This would not be such a burden, except that I have not been paid by most of the insurance companies since I began this private practice in September 2007. The psychologists who support this bill are fortunate that they have jobs created for them in rural areas, jobs that pay for their transportation, office rent, and salaries. It makes me sad that psychiatrists do not have the same opportunities. Perhaps we need to focus on creating equal opportunities for psychiatrists to work in rural areas, rather then trying to create substandard prescribing courses for psychologists.

Thank you for your attention to this matter, and please support me in opposing this bill.

Sincerely,

Sonia G. Patel, M.D.

ALLERGY/ASTHMA SPECIALTIES, INC.
RICHARD E. ANDO, JR., M.D.
405 N. Kuakini St., Suite 903
Honolulu, HI 96817-6302
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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.

STEPHEN B. KEMBLE, M.D.
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February 4, 2008

Re: SB 2415, Relating to Psychologists

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.

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Testimony in Support of SB 2415, Relating to Psychologists
February 6, 2008

Honorable Chair Ige, Vice-Chair Fukunaga, 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 SB 2415 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,

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 SB 2415.

Respectfully Submitted,

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

Marie-louise devegvar, m.d.
THE QUEEN'S PHYSICIANS OFFICE BUILDING I
1380 LUSITANA STREET, SUITE 511
HONOLULU, HAWAII 96813

PSYCHIATRY **TELEPHONE: (808) 526-0313**

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.

SB 2415

Steven R. Williams, MD
Board Certified in Pediatrics, Adult and Child Psychiatry
The Queen's Physician Office Bldg. I
1380 Lusitana St, Suite 511
Honolulu, Hawaii 96813
Tel.# (808) 537-3433, Fax # (808) 531-8884

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.

February 4th 2008

To: Sen. David Ige

Regarding: SB 2415, Relating to Psychologist Prescribing

From: Geri Young, MD

Gear Sen. Ige,

I am writing to oppose Senate bill 2415, relating to psychologist prescribing. I am a practicing pediatrician on the island of Kauai and am opposed to non physicians being allowed prescriptive privileges for psychiatric disorders.

This bill would allow psychologists to prescribe psychotropic medications to children after a relatively few weeks of training to learn how to prescribe very complex psychotropic drugs.

Psychologists are well educated individuals who make a valuable contribution to our society through their practice of psychological treatments for individuals. However, they lack the extensive scientific foundation that is needed before we even allow students to enter medical school. They obviously don't have the four years of rigorous training in medical school , nor the three years of residency training in the treatment of psychiatric disorders to be able to understand the complexities of these brain disorders and the skill in differential diagnosis, pharmacology and drug interactions to be able to safely prescribe these medications.

We have sufficient psychiatrists on our island to obtain timely consultation and treatment of children with psychiatric disorders. We should not be entrusting our children, nor anyone else without adequate medical training, to undertake this task.

I appreciate your continued efforts and those of the other committee members in ensuring the health and safety of the citizens of Hawaii.

Sincerely,

Geri Young, M.D.
Pediatrician

e-mail to: testimony@capitol.hawaii.gov

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

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 politicing. 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

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.

February 6, 2008

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

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

Re: SB2415 Relating to Health

I am a Hawaii physician and I strongly oppose SB 2415 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

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

Gary Huang, MD, Pediatrician

1356 LUSITANA ST., 4th FLOOR
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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

DARYL MATTHEWS, M.D., PH.D.
TERESA LATHROP, M.F.T.
DARYL FUJII, PH.D.
TODD ELWYN, J.D., M.D.
SHEILA WENDLER, M.D.

HAWAI'I FORENSIC ASSOCIATES, LLC
345 QUEEN STREET, SUITE 900
HONOLULU, HAWAI'I 96813
PHONE: 808-735-8505
FAX: 808-356-0739

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.

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.

Jason Worchel, MD

Bradley T. Klontz, Psy.D.

P.O. Box 529
Kapaa, HI 9674

February 4, 2008

RE: TESTIMONY IN SUPPORT OF SB 2415 Relating to Psychologists

Hearing date: Fed 6, 2008
TIME: 2:00 PM
PLACE: Conference Room 016, State Capitol, 415 South Beretania Street

Honorable Chair Ige, Vice Chair Fukunaga and members of the Committee on Health:

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 save 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 SB 2415.

Respectfully submitted,

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

PSYCHOLOGICAL RESOURCES HAWAII

3577 Pinao Street Honolulu, Hawaii 96822 (808) 988-7655 - voice (808) 988-2323 - fax

Testimony in Support of SB 2415 Relating to Psychologists
February 6, 2008

Honorable Chair Ige, Vice-Chair Fukunaga, and Members of the Committee,

My name is Dr. Raymond Folen. I would like to provide testimony in strong support of SB 2415 that will allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs):

1. There is a huge need for mental health services in rural and underserved areas in Hawaii. This is an undisputed fact.
2. For many years, the community health centers and community groups have proposed a no-cost, safe and effective solution. Providing appropriately trained psychologists, who already live and serve in these underserved areas, the authority to prescribe will have a significant positive impact on these communities.
3. The training requirements the bill proposes in order for a psychologist to prescribe will insure patient safety and quality care. This has been demonstrated in numerous studies as well as current practices in those states where psychologists prescribe. Unfortunately, organized psychiatry continues to distort and mischaracterize the training requirements with fictional graphs, charts and disparaging statements. Let us put the training issue to rest: the training proposed in this bill is essentially equivalent to the training received by the psychologists in the extremely successful DoD Demonstration Project. The success of that program was confirmed in several objective and independent studies. Last year, the legislature received testimony from the former director of the DoD Demonstration Project – a noted psychiatrist – who confirmed that the training proposed in this bill is essentially equivalent to the DoD program. You have this very clear, definitive statement from the psychiatrist who ran the program.
4. Over the last 20 years, psychiatry has provided little to underserved and rural areas. Their interest in providing such services seems directly proportional to the threat they perceive to their turf. The promises they made 20, 15, 10 and 5 years ago have failed to materialize. Their solution: give us more money. But that is not the problem. It is no secret that psychiatry residencies are difficult to fill. 40% of these positions have to be filled by foreign graduates or otherwise go vacant. The University of Hawaii graduates two or three psychiatry residents last year, a mere drop in the bucket when viewed in light of the tremendous need. It is difficult to find an available psychiatrist in downtown Honolulu, let alone in rural communities on the neighbor islands.
5. Rather than relying on psychiatry to spread - even more thinly - their very limited resources, we are offering a solution based on demonstrated success. Hawaii's psychologists are now well represented in the rural communities, and at no cost to the State. Please pass SB 2415 so we can deliver a full range of mental health services to the people who need them.

Kathleen Sitley Brown, Ph.D.
98-707 Iho Place #805
Aiea, Hawaii 96701
Phone: (808) 487-3262

February 4, 2008

Chair, Senate Committee on Health

RE: Support for SB 2415 Relating to Psychologists

I am writing as a constituent in strong support of SB 2415, which would allow appropriately trained psychologists who work in community health centers, to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law. I want to address the two primary training concerns of psychiatrists and legislators that I have heard in my visits to the legislature and in discussions with my psychiatry colleagues. I respect the committee's concerns about the safety and quality of the psychopharmacology training program of psychologists. As a psychologist, I too am concerned about such issues, as the health and safety of the consumers I serve is paramount to my practice, both clinically and ethically.

I. Length of Training
I understand that both the length and content of the training is one of the central concerns of this committee. In evaluating this issue, I urge your committee to look at the available evidence as seen by the educational requirements and the safety and efficacy record of prescribing psychologists within other venues, e.g. Indian Health Service, Department of Defense and now in two states, Louisiana and New Mexico; the current practice of psychology within the community in which collaboration with primary care physicians around the medical needs of their patients is a daily occurrence, as psychiatrists are valiantly attempting to meet the needs of the seriously mentally ill via the community mental health centers; and to balance the safety needs of the consumer with the expressed strategy of some psychiatry colleagues to delineate the training as so onerous that it defeats the ability of psychologists to fulfill such training requirements and meet the intent of this law.

II. Type of Training
Psychiatry has used the same argument about the need for medical school and safety risks against other professions who sought prescriptive

authority, such as nurses, podiatrists, optometrists, dentists and doctors of osteopathy.

I am particularly sensitive to this issue having started my career in nursing and worked in that field for 8 years prior to returning to graduate school in psychology. Now 20 years in practice as a health psychologist, despite my advanced education and training *beyond* what would have been expected for an advanced nursing degree, including practica and internship training in hospitals and in other health care settings, I am often told by my psychiatry colleagues that medical school is the only mechanism by which I can detect medical conditions requiring intervention by a physician. In fact, daily I encounter patients whom I refer for medical evaluations as the mind and body are linked, and mental disorders often co-exist with physical disorders, requiring both psychological and medical evaluations to arrive at a satisfactory collaborative treatment plan. This is the norm in my practice, as a health and rehabilitation psychologist, rather than the exception.

Physicians and other health care professionals routinely turn to psychologists for their diagnostic capabilities and services. In addition to mental health, psychologists provide primary, preventive and chronic care services for patients dealing with both mental and physical disorders. As behavioral risk factors are significant precursors to the top 10 medical conditions in Hawaii, such as diabetes, kidney disease and cardiac conditions, psychologists are currently involved in the care of patients with chronic medical illness. The psychosocial risk factors and consequences, such as depression, to these medical conditions can be profound and potentially fatal if appropriate interventions are not collaboratively addressed. Some of my psychiatry colleagues would have legislators believe that the mind and body are separate and psychologists have been addressing only the emotional and mental health issues of patient without consideration for the health and medical status of patients. In fact, ethically, we must insure that medical conditions are ruled out before proceeding with our care; thus, such evaluations are the rule to our practice rather than the exception.

Medical school has never been designated as the only or best way to produce quality prescribers. The evidence of prescribing psychologists and other prescribing professions demonstrates such as seen by a record of safe prescribing among these professions.

This bill does not pertain to all psychologists but *only* those psychologists who have gone on to complete the additional postdoctoral training to become a prescribing psychologist AND are working at or with a community health center serving a medically underserved area/population.

I respectfully request your support of SB 2415to permit those psychologists, who are appropriately trained, to provide a full range of mental health services to those unserved and underserved in our communities.

Thank you for your thoughtful consideration of SB 2415 Relating to Psychologists.

Respectfully submitted by,

Kathleen Sitley Brown, Ph.D.

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:

Kawika A. Mortensen, MS-2
444 N. Kalaheo Ave.
Kailua, HI 96734
(808)781-4036

Re: HB2411 Relating to Health & SB2415 Relating to Health

I am currently a second year medical student at the John A. Burns School of Medicine and I strongly oppose HB2411 for the following reasons:

- Inadequate training for psychologists: an 18-month part-time training program is grossly inadequate to providing quality care to patients.

- Jeopardizes patient safety: allows these poorly trained psychologists to prescribe medications to our children, elderly, and patients with co-occurring medical conditions that can go undiagnosed

- 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

To: Reps. Green & Mizuno
House Health Committee

Sens. Ige & Fukunaga
Senate Health Committee

Re: HB2411 & SB2415

From: James Ruiz MD
Po Box 2149
Kealakekua, HI 96750
(808)322-1733

I am a physician in Hawaii, Big Island. I strongly oppose the above proposals. While there is a shortage of medical providers this is a very inadequate method of resolution to this problem. I have direct experience that psychologists are not trained or qualified to prescibe medications.

Thank You - James Ruiz MD

To: Senate Health Committee

For Hearing February 6, 2008, 2:00 PM

February 4, 2008

RE: Strong Support of SB 2415 Relating to Psychologists

Dear Chairman Ige,

I am a licensed psychologist who worked at the Waimanalo Health Center for three years. I have seen first hand the impact of the lack of psychiatry's ability to meet the needs of our neediest fellow Hawaiians. Those in opposition to this bill claim that there will be a two-tiered standard of care if psychologists prescribe. This is ignoring that fact that for 20 years there has been a two-tiered system whereby those with commercial insurance have access to comprehensive mental health care and those with Medicaid or without insurance do not. Further, there is history in the DOD, in New Mexico, and in Louisiana that shows psychologists have prescribed psychotropic medication safely and effectively.

I am writing to urge you to support HB 2589, which would allow appropriately trained psychologists who work in federally designated medically underserved areas, to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law. This bill is important to Hawaii's residents for numerous reasons:

- **Safe Model of Practice based on a Proven Curriculum**
  - The U.S. Department of Defense Psychopharmacology Demonstration Project (PDP) clearly demonstrated that appropriately trained psychologists can safely and effectively prescribe psychotropic medications. DOD Psychologists have been prescribing medications since 1974. <u>This track record of more than 30 years has been proven to be not only safe but effective. If it is safe enough and effective enough for our young men and women in service, it will be safe and effective for our neediest Hawaiian residents.</u>
  - In the 2005 safety data from Louisiana, nearly 10,000 prescriptions were written and there were <u>no adverse events</u> associated with this expanded practice.
  - The education and training outlined in this bill, based in part on the already proven training of the PDP, and consistent with the American Psychological Association (APA) Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. The training is part of a Post-Doctoral degree, the cost of which would be covered

by the individual psychologist. These programs do not cost the state a single penny.

- **Access to Mental Health Care for Hawaii's Neediest Families via Community Health Centers**
  - In Hawaii there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to appropriately trained psychologists.
  - This bill would provide care to approximately 55,000 of the state's needest residents who do not qualify for services through DOH's Adult Mental Health Division
- **The Psychological Model involves a Comprehensive Approach**
  - Psychologists will use - or choose not to use - pharmacotherapy based on a psychological model of treatment in contrast to a medical one. Within this model, medication, when appropriate, is but one aspect of treatment, not the only one. In addition to psychopharmacology, our practice involves individual and family therapy for patients of all ages that focuses on treatment compliance, medication compliance, chronic illness and pain management, lifestyle change, anxiety and depression management, and many other behaviorally based modalities.
- **Integrated Treatment**
  - This bill will allow psychologists to participate fully in the interdisciplinary approached utilized in the Community Health Centers. The psychologist collaborates on a regular (daily for myself) basis with the primary care physician and other members of the health care team. Additionally, it will enable a psychologist, in one person, to offer comprehensive services, including assessment, consultation, psychotherapy, and medication when indicated.

Thank you for your consideration.

Sincerely,

Thomas A. Cummings, Ph.D.

Licensed Clinical Psychologist

25 Maluniu Ave, #203

Kailua, HI 96734

808-292-0962

SB2415

Dear Sir or Madam:

I have been a practicing primary care physician for over 20 years. It is only through intensive medical training and residency that I felt even barely qualified to prescribe psychiatric medications. These are some of the most potential harmful drugs we prescribe. There can be interactions with other medications as well as terrible consequences if incorrectly used. Psychologists are not trained to take care of the consequences of psychiatric medications side effects. It takes years of preparation and guidance from experts to safely prescribe medications. I would be very concerned if a non-medical person were prescribing drugs to my patients. Who looks after them when something bad from the drugs occurs? Their primary care doctor is the one or the emergency room physician. Please consider carefully the dangerous precedent that SB2415 would set. Thank you for your consideration.

Anne E. Biedel, MD
Maui Medical Group

Joseph.R.Dicostanzo@kp.org

*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.

LATE

Nancy W. Withers M.D., Ph.D.
Staff Psychiatrist, Pacific Islands Veterans' Affairs Healthcare System
Honolulu, HI

SB 2415
The Senate
Committee on Health; Senator David Y. Ige, Chair
2/6/08 at 2:00 pm

HB2411
The House
Committee on Health; Representative Joshua Green, MD, Chair
2/6/08, Wednesday at 11:45 am

POSITION: OPPOSE

I respectfully submit written testimony in opposition to this measure, which authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.

I oppose this bill because: the training delineated in both HB 2411 and SB 2415 is inadequate. Dr. Hirsch has delineated the appropriate, minimum training and supervision requirements for psychologists to prescribe. Unless the bill is modified, the prescriptive authority for psychologists will place Hawaii's citizens at risk for adverse health events. No one should prescribe medications without appropriate medical training, supervision, and monitoring.

Thank you for your consideration.

Sincerely,

Nancy W. Withers M.D., Ph.D.
NancyW.Withers@va.gov
808 433 0618

LATE

Daniel Sciaroni, M. D.
Family Practice

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

POSITION: OPPOSED

Dear Health Committee Chair and Committee Members

I submit my testimony in opposition to this measure for a number of reasons:

1. Training is an issue: There is no reason why psychologists or anyone else cannot prescribe, if they have adequate training. To allow a recognized professional to gain medical authority with only compromised training causes me to have grave concern for the safety of Hawaii's mentally ill. 660 hours of didactics is not adequate.

2. The access issues that are often used as justification for psychologist prescribing are being addressed by the Department of Health, the SAMSHA Mental Health Transformation Work Groups, the Legislature, University of Hawaii and the JABSOM Department of Psychiatry as well as private sector entities such as the Psychiatric Access Collaboration. New technologies such as telemedicine, as well as placing psychiatrists in key community health centers around the state will go far to improve access.

3. Kauai is fortunate in its ability to collaborate and refer patients with relative ease. As a family practitioner on Kauai I am able to get timely psychiatric consultations on my patients and treatment for those who need the specialized care of a psychiatrist.

Sincerely,

Daniel Sciaroni, M. D.
Family Practice

James Scamahorn, M.D.
Emergency Medicine
Kauai

February 5th 2008

Regarding: House Bill 2411 Relating to Health; Psychologists
Senate Bill 2415 Relating to Psychologists

From: James 0. Scamahorn, M.D.

I am writing to express my opposition to Senate bill 2415 and House bill 2411, relating to psychologist prescribing. Once again, these bills are introduced for legislative consideration.

My opposition is based on the following considerations:

- There is nothing new in these bills over similar bills presented last year and in the past. They offer more hours of training, but do not address the main issue that training in prescribing practices does not equal competence in understanding the complexities that accompany psychiatric disorders.

- Psychologists do not have adequate preparation or training to prescribe medications for some of the most complex disorders with which physicians deal on a daily basis. Making accurate diagnoses of depression, bipolar disorder and schizophrenia require a great deal of training and skill, as these disorders are frequently mimicked by other medical conditions.

- Psychologists lack the basic science preparation to fully comprehend the concepts that are taught to medical students in biochemistry, physiology and pharmacology. Trying to fast track professionals with inadequate basic science preparation is a mistake.

- I work as an emergency room physician on the neighbor island of Kauai. I see patients with complex psychiatric, addictive and medical disorders on a daily basis. It is a frightening thought that some psychologists think they can adequately handle these conditions and prescribe the appropriate medicines to treat them, without the most fundamental basic science preparation.

- We are most fortunate to have excellent psychiatric coverage on an emergency basis for patients on our island. There is a two-tiered call system and the response from the psychiatrists on call is generally prompt and helpful.

- Access issues in some of the more remote parts of our state are being adequately handled by the psychiatrists working in concert with the medical school and Department of Health.

Thank you for taking the time to read and consider my testimony.

Sincerely,

James Scamahorn, M.D.
Emergency Medicine

LiLi Kelly, M.D.

Adult and Adolescent/Child Psychiatrist,
Maui Memorial Medical Center, Wailuku, Maui
Hamakua Health Center, Honokaa, Big Island

HOUSE COMMITTEE ON HEALTH
Re: HB 2411, Relating to Health

SENATE COMMITTEE ON HEALTH
Re: SB 2415, Relating to Psychologists

DATE: **Wednesday, February 6, 2008.**

POSITION: **OPPOSE**

My testimony is submitted in opposition to this bill, relating to psychologists.

I am opposed to this measure because:

1. **The Transformation Grant, the Psychiatric Collaboration Committee, the John A. Burns School of Medicine, the Hawaii Psychiatric Medical Association and the Department of Health are all working to reduce system barriers to mental health services and helping to improve access to quality health care to all mental health consumers.**

2. **Psychologists have a path open to them to obtain prescribing authority in Hawaii via the two year APRN program at the School of Nursing at the University of Hawaii. This is an accredited and nationally regulated training curriculum.**

3. **Legislation first appeared in Hawaii in 1984, twenty-four years ago, requesting prescriptive authority for psychologists. Legislation has continuously been declined. Nurses, osteopaths, optometrists and dentists have all been able to expand their scope of practice based on their strength of training. Psychologists have been continuously denied due to a demonstrated lack of a medical curriculum, regulated schools of psychology, and no standardization of training.**

Thank you for your consideration to HOLD this bill in committee.

LiLi Kelly, M.D., Adult and Adolescent/Child Psychiatrist,
Maui Memorial Medical Center, Wailuku, Maui
Hamakua Health Center, Honokaa, Big Island

Gerald J. McKenna, MD
Psychiatrist

February 5th, 2008

Regarding: Senate bill 2415, Relating to Psychologists
House bill 2411, Relating to Health

From: Gerald J. McKenna M.D.

I am writing in opposition to Senate bill 2415 and House bill 2411. As a psychiatrist practicing on a neighbor island I am very familiar with the practice of psychiatry in a rural setting. I work in a collegial manner with the other psychiatrists on Kauai and with many of the psychologists as well.

By opposition to these bills stands from my long experience has a practicing psychiatrists now for almost 40 years and from my understanding of the unique needs of the population that we serve.

- These bills do not differ in any appreciable sense from the bills that were submitted last year. Adding 200 more hours of training does nothing to address the issue of the lack of basic science training in the education of the vast majority of psychologists.

- The access issue, frequently put forward as the main reason for requesting passage of these and similar bills is based on false assumptions. The presumption is that psychologists will choose to practice in the most remote areas of our state, where his data available for this state and for other states indicate that psychologists congregate in the urban centers.

- We realize that we do have unique access problems in our archipelago state. Our psychiatric association, in collaboration with the division of mental health of the Department of Health, as well as the medical school have formed a collaborative effort to address these issues. We have the capability of telemedicine to reach even the most remote communities and we are working to play psychiatrists and community health centers around the state.

- Psychiatric disorders and their treatment are among the most complex issues facing medicine. Ongoing research is indicating the essential neurological nature of most of these chronic psychiatric disorders. One doesn't get an understanding of brain disorders from a few hundred hours of training prescribing practices. The basic science requirements for entrance into medical school have been in place for the past hundred years with good reason. One cannot understand the complex subjects taught in medical school without that fundamental basic science preparation.

- There are several tracks currently available for any psychologist that wishes

further training in order to be able to prescribe medications. Medical school is the most obvious track and some psychologists have, in fact, obtained medical degrees. The prescriptive privileges can also be gained by attending advanced practice nursing programs available in most of the nursing schools throughout the state or by obtaining a degree has a Physicians assistant.

- We don't need to increase the pool of people available to prescribe very complex medications used in the treatment of even more complex disorders without a thorough understanding of the coal occurring medical disorders frequently seen in patients with psychiatric disorders.

I appreciate your willingness to consider this testimony and applaud your efforts on behalf of the health and welfare of Hawaii's citizens.

Sincerely,

Gerald J. McKenna M.D.
President-elect
Hawaii Psychiatric Medical Association

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
79-1020 Haukapila Street, Kealakekua, Hawaii

February 5, 2008

RE: HB 2411, RELATING TO HEALTH
Hearing: 2/6/08 at 11:45 am in 329

SB 2415, RELATING TO PSYCHOLOGISTS
Hearing: 2/6/08 at 2:00 pm in 016

Dear Health Committee Chair and Committee Members:

I believe that I am uniquely qualified to speak to the matter of prescriptive privileges for psychologists.

I am both a board-certified psychiatrist and a PhD clinical psychologist, and I received both my psychiatric and psychology training at the same institution, viz. The University of Minnesota. I am very proud to have studied clinical psychology under the late Drs. Paul Meehl (Regents Professor and past-president of the American Psychological Association) and Starke Hathaway (author of the MMPI).

I believe that my training in psychiatry was also exemplary.

Having studies each discipline within the same institution, I can state unequivocally that psychiatrists, are not, by dint of their training, qualified to administer psychological testing, much less interpret these tests and formulate a psychological profile on the basis of these instruments. (Not even the Minnesota Multiphasic Personality Inventory, which some feel qualified by geographic osmosis.) This is uniquely the province of the clinical psychologist.

By the same token, the psychologist (even a neuropsychologist or clinical psychologist) is not qualified to prescribe medications. The psychologist in training has virtually no core training in human biochemistry, neurophysiology, pharmacology, or other medically germane subjects except as they ELECT to study during the course of their doctoral training.

It takes four years of medical study to become a physician, and another four years to become a psychiatrist trained and skilled in the prescriptioin of psychotropic medication. With all due respect to psychologists (and respect them for their intellectual pursuits and expertise I do), they simply do not have the medical understanding and underpinnings to qualify them to prescribe medications that can have such a profound effect on a patient's physiology and neuropsychological functioning.

And this medical grounding cannot be obtained in a crash course geared to the prescription of psychotropic medications. The psychologist who, following such a course of study, would presume to prescribe medications is exhiting considerably more hubris than understanding.

A prescription uttered by a psychologist is a prescription for disaster.

Rodger C Kollmorgen, MD, PhD, JD
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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.

Don Shaw AIA
Architect / Planner
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February 5, 2008

To:
Members of the State Senate
COMMITTEE ON HEALTH
COMMITTEE ON HUMAN SERVICES AND PUBLIC HOUSING

Subject: SB 2415 -Psychologist's prescribing legislation

Dear Sirs / Madams:

This legislation (SB 2415) 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?

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 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
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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?