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LATE

Testimony in Support of House Bill 252
Submitted by Halona W. Tanner, Psy.D.
Date: February 6, 2009

Honorable Chair Yamane, Vice-Chair Nishimoto, and Members of the House Committee on Health, my name is Dr. Halona Tanner. I am a Licensed Clinical Psychologist and Native Hawaiian Health Scholarship recipient. I am employed by the Ko'olauloa Community Health and Wellness Center and have been Director of the Behavioral Health Program there since 2007. **I would like to submit this testimony in support of House Bill 252 that would allow appropriately trained psychologists to prescribe in federally qualified health centers in medically underserved areas.**

I would like to prelude this testimony with the following caveat: although I support the spirit and intent of HB 252 and appreciate it being heard today, I would like to request that the committee consider replacing the content of HB 252 with that of HB 666.

Prescriptive authority for psychologists would help to address the critical need for comprehensive mental health care to Hawaii's underserved population. Current programs and initiatives have been unable to adequately meet the significant mental health needs of Hawaii's rural, poor, and underserved areas. The populations currently lacking of access to appropriate and effective mental health care are important and vital components of our island community and deserving of adequate, safe, and comprehensive services.


Psychologists are highly trained mental health specialists who are actively engaged in providing and expanding access to care to the beneficiaries of this bill; the underserved populations of Hawai'i. Psychologists are currently employed in 9 of Hawaii's 13 FQHCs. These psychologists provide a critical link in our States safety net by providing high quality and highly efficient mental health care, which includes active collaboration and consultation with Primary Care Physicians on a range of issues including psychotropic medications. Psychologists are experts in the diagnosis, assessment and treatment of mental and emotional disorders with an average of seven years of doctoral training. The pursuit of prescriptive authority involves a commitment to an additional 2 years of psychopharmacology coursework, a 1-year practicum and 2 years of supervised training.

Psychologists have been prescribing safely for over 10 years. Since 1995, the U.S. DOD Psychopharmacology Demonstration Project has proven that adequately trained psychologists can prescribe psychotropic medications safely and effectively. This was convincingly established through independent evaluations by the U.S. General Accounting Office (GAO) and the American College of Neuropsychology. These studies on the have shown that Psychologists were very successful in this practice of prescriptive authority. In fact, patients reported a high degree of satisfaction with the Psychologists. Medical psychologists have been actively prescribing in New Mexico and Louisiana, since 2002 and 2004 respectively, with no serious adverse events. HB 252 incorporates sufficient safeguards to insure adequate training, supervision, and oversight for prescribing psychologists.

Our communities need your help to close this large and critical healthcare gap, a gap that delays access to effective integrated care, overburdens primary care physicians and leads to out-of control pharmacy costs. I firmly believe that this bill will be part of the solution by helping patients access the help they need more quickly, more efficiently, and more cost effectively. Thank you for considering this testimony in support of HB 252.

Respectfully submitted,

Halona Tanner, Psy.D.



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To: **The House Committee on Health**
The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 252
Relating to Psychology
Submitted by Dana Alonzo-Howeth, Executive Director
February 6, 2009, 8:30 a.m. agenda, Room 329

**COMMUNITY
CLINIC
OF MAUI**



Where Aloha is more than just a word

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The Community Clinic of Maui fully supports HB 252 in order to broaden the scope of services so badly needed by Hawaii's Community Health Centers' ability to serve the myriad of patients who present to our centers needing mental health services. For our health center approximately 6% of the clients we serve have a mental health or substance abuse condition. In Maui County alone, there are extremely limited mental health services and those that are available cannot be accessed by the underserved, mainly due to lack of insurance or poor mental health provider reimbursement rates. Those that are available are typically reserved for the chronically mentally ill. It goes without saying that health centers are the perfect venue for diagnosing and treating patients needing mental health services who are already accessing other services within our centers. By serving them in a one-stop shop capacity we can have the greatest opportunity to impact their clinical and mental health outcomes. We desperately need to be able to offer as many options to our patients as possible and providing prescriptive authority for trained psychologists has the potential to serve as one of the most cost effective and efficient ways to deliver care to those with virtually no options for mental health treatment requiring medications. Our practitioners face day-to-day dilemmas in knowing that their patients' medical and mental health conditions won't improve without such needed services, yet they do the best they can. Practitioners who work in our centers deserve this type of back up and support. We believe that this measure could create a model that can have the greatest impact on the mental health of underserved communities.

Thank you for the opportunity to testify on this extremely vital bill.



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KALIHI-PALAMA HEALTH CENTER
Hale Ho'ola Hou – House of New Life

To: House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair

Testimony in Support
House Bill 252, Relating to Psychologists
Friday, February 6, 2009, 8:30 a.m., Room 329

My name is Darrin Sato and I am a staff member of Kalihi-Palama Community Health Center.

Our health center provides health care for about 15,000 people annually. We provide care with compassion and do everything we can for the people we serve. Many of them need mental health services and we provide that. Unfortunately, that number is growing and we can't meet the needs of them all.

It is really important to us to have psychologists available to take care of our patients. We especially need the services of psychologists who have been trained to prescribe medications.

It is our mission to meet the needs of the people of our community. We strongly support this bill because it will help us provide our services and we ask that you do, too.



KALIHI-PALAMA HEALTH CENTER is a 501(c)3 non-profit, federally qualified, community health care center.

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From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Thursday, February 05, 2009 6:42 PM
To: HLTtestimony
Subject: FW: HB 252, 266

From: Barbara Hughes [mailto:bhughes5252@hotmail.com]
Sent: Thursday, February 05, 2009 6:10 PM
To: Rep. Ryan Yamane
Cc: Jeffrey Akaka
Subject: HB 252, 266

To: Representative Ryan Yamane
Chair, House Health Committee

February 6, 2009

Re: HB 252 and HB 666

Position: Opposed

Dear Representative Yamane:

I am an Advanced Practice Registered Nurse with Prescriptive Privileges (APRN-RX). Since 2007, I have worked at the Ka'u Community Mental Health Center in Na'alehu, providing psychotropic medication treatment and monitoring for our rural community members with a full range of mental illnesses. Close collaboration with experienced psychiatrists has been an essential feature of this service.

The education and training that prepared me to provide this healthcare was both extensive and intensive. My over six years of post-secondary nursing education included a solid grounding in the physical sciences and pharmacology, as well as clinical training experience in both inpatient and outpatient mental healthcare settings: emergency rooms, crisis shelters, state hospitals, community clinic and homes.

I believe the medication needs of persons with mental illness are best met by the collaborative efforts of APRNs-RX and psychiatrists. Your support for increasing opportunities for APRN-RX practice in rural and underserved areas would be the most effective strategy to address this issue, in my opinion.

Thank you for considering my testimony.

Barbara Hughes APRN-RX

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Re: HB 252, Relating to Psychologists
HB 428, Relating to Psychologists

OPPOSE

Hawaii enters the 25th year since this bill was first introduced. Obviously, the legislature has continued to find substantial flaws in the training program proposed by psychologists. Legislation was proposed 12 years ago providing APRNs with prescriptive authority.

Hawaii has an excellent roster of Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx). APRN Rx have solid medical training and are capably and currently providing services to patients in underserved areas, particularly on the Island of Hawaii.

Instead of giving expensive licensing consideration for a few psychologists that have received limited training beyond current standard training, 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 by providing the already licensed Advanced Practice Registered Nurses with Prescriptive Authority with global signature and recognition as primary care providers.

Other 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:

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- 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.