



**HAWAII HEALTH SYSTEMS**  
C O R P O R A T I O N

*"Touching Lives Everyday"*

LATE

**House Committee on Health**  
Representative Ryan I. Yamane, Chair  
Representative Scott Y. Nishimoto, Vice Chair

**Friday, February 6, 2009, 8:30 a.m.**  
**Conference Room 329**  
**Hawaii State Capitol**

**Testimony Supporting HB252 Relating to Healthcare**  
Authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.

Thomas M. Driskill, Jr.  
President & Chief Executive Officer  
Hawaii Health Systems Corporation

Thank you for the opportunity to provide testimony in support of HB 252.

On behalf of the Hawaii Health Systems Board of Directors, we strongly support this proposed legislation.

Respectively yours,  
Thomas M. Driskill, Jr.

LATE

## HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

1360 S. Beretania Street, 2<sup>nd</sup> Floor, Honolulu, HI 96814

Ph: (808) 263-3070

Fax: (808) 262-5966

www.HawaiiPsychiatric.org

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Re: HB 252 Relating to Psychologists  
Hearing: 2/6/09 at 8:30 a.m. in Rm 329

### OPPOSE

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

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

Instead of giving expensive consideration to a cadre of professionals training in a social model of 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.

#### **Access issues in Hawaii are being addressed:**

- 1. Telepsychiatry, West Side Hawaii:** A partnership between nursing and psychiatry led to nurses in the State of Hawaii obtaining prescriptive authority. Psychiatrist, Michael McGrath, MD introduced the first use of telepsychiatry in the State of Hawaii in 1996. In support of McGrath's proposal and the UH School of Nursing APRN training program, the HPMA supported legislation to authorize Advanced Practice Registered Nurses with prescriptive authority. As a result, a successful telepsychiatry program was initiated for West Hawaii, a program which is active today.
- 2. Telepsychiatry: UH Rural Health Initiative:** Chad Koyanagi, MD and Mike Fukuda, MSW and Associate Chair, JABSOM Department of Psychiatry (DOP) initiated the DOP Rural Health Initiative in 2006. A telepsychiatry learning service model has been successfully servicing Wailuku, Hana, Molokai and Lanai. More recently and through a partnership with the Department of Human Services, telepsychiatry services are now being offered to patients of the Bay Clinic on Hawaii.
- 3. Kau: Full-time mental health APRN-Rx, Monday – Friday, 7:30 a.m. – 4:30 pm.** Psychiatrist Mick McGrath, MD provides additional support once a month and via telepsychiatry once a week and as needed.
- 4. Molokai:** Sonia Patel, MD, raised on Molokai, and recent graduate of the JABSOM Dept of Psychiatry residency program, and Board Certified not only in adult but in

Testimony of the Hawaii Psychiatric Medical Association

Child Psychiatry, Has returned to Molokai twice each month to practice child psychiatry, one week on behalf of the DOE, and one week for her private practice. She had actually gone more often, 3 times each month, but found that the need for going that often simply wasn't there. She further reports that many of her Molokai patients come to Honolulu to see her--as their insurance covers them flying over to see her, and some prefer seeing her here

5. **Primary Care Physician Mental Health Training Program:** The Hawaii Psychiatric Medical Association developed a five (5) CME Category 1 mental health training program for primary care and family health physicians. The statewide training programs target rural health providers. (Flyer attached). The training program offers ongoing psychiatrist liaison support to participating primary care and family health physicians.
6. **Increase Reimbursements for Neighbor Island Mental Health Services, 2008 Legislative Session:** With support from the Department of Human Services, a bill was introduced to increase reimbursements for Neighbor Island psychiatrists, the measure's scope expanded and a budget line item was passed for a Neighbor Island differential for all physicians. While the Governor supported the measure, she was unable to release funds due to the economy. The HPMA will be asking this measure be reconsidered if the Medicaid FMAP is increased as a result of the stimulus package.

#### **Access to Mental Health Services Still Unresolved in Louisiana and New Mexico:**

These are two states that adopted psychologist prescribing in an effort to improve access. Bottom line, it didn't work. New Mexico telehealth consortium has been in contact with the HPMA and the University of Hawaii JABSOM Department of Psychiatry requesting our assistance to establish an effective telepsychiatry system in New Mexico. New Mexico went through considerable state expenditure to establish a training and oversight board for psychologist prescribing only to find too few psychologists responded and those that did remained in urban areas. Louisiana psychologist program has also proved to be a failure as psychologists there again provide services in urban "under-served" areas.

Thank you for your consideration in opposition to this measure.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

**Fenner-Marie Makapihaikamalamalamaokalani Shupe, R.N.**

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From: Fenner-Marie Makapihaikamalamalamaokalani Shupe  
Native Hawaiian Registered Nurse  
Mental Health Consumer

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RE: HB 252, Relating to Psychologists

POSITION: OPPOSE

Dear Chair, Rep. Yamane; Vice-Chair Rep. Nishimoto; and Committee members

The following is my testimony:

I oppose this bill.

My degree is a Bachelor of Science in Nursing, which consisted of 2 years of pre-nursing, and three years of nursing, including college level biology, chemistry, biochemistry, and anatomy, in addition to what psychologists think is an adequate course of study in order to prescribe medication. There is no way I would entrust myself to a psychologist to prescribe my psychotropic medications, nor would I entrust my fellow native Hawaiians to such a dangerous practice.

My degree is from Emory University School of Nursing in Atlanta, Georgia. I am sure the powers that be at Emory University's Medical School would be appalled to learn that Hawaii is considering allowing psychologists to prescribe medicine.

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nishimoto2-Bryce

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**From:** Anne Leake [aleake@hawaii.edu]  
**Sent:** Friday, February 06, 2009 11:12 AM  
**To:** HLTtestimony  
**Subject:** Health Committe hearing 2/6/09 HB252 in support back up to oral testimony

Anne Leake PhD, ARRN-Rx, Family Nurse Practitioner with UH, Manoa School of Nursing and Dental Hygiene and Kalihi-Palama Health Center

House Health Committee  
Hearing 02-06-09 8:30 AM in House conference room 329

HB252 testimony in favor  
Committee is requesting 3 copies

I gave oral testimony in favor of HB 252 this morning, and this is my written testimony in support. I have been a family nurse practitioner in primary care for 31 years, 16 of those in Hawaii at community health centers. I support HB252 because it will provide access to mental health professionals for the most vulnerable people in Hawaii, those without health insurance those without income, those who cannot qualify for Medicaid because of insufficient time of residency, those who have insurance but live in rural areas with few providers. I want to add three points that I did not hear in the testimony of supporters this morning about competency, safety and continuity regarding prescriptive authority for psychologists:

**Competency:**

I have taught advanced pharmacology to APRNs and basic pharmacology to nursing students at UH Manoa. I have also taught basic pharmacology and pharmacotherapeutics to psychology fellows at Tripler through Argosy University. The psychologists in the fellowship at Tripler also take psychopharmacology from someone expert in that field. This level of educational preparation in pharmacology is equivalent to that of APRNs with prescriptive authority.

**Safety:**

Technology supports safety in prescribing because of the availability of free software called eprocrates that can run a drug interaction report from a hand held PDA or Smart Phone. Psychologists treating patients on other medicine for medical conditions can easily check for drug interactions in less than one minute to prevent adverse reactions.

**Continuity:**

When patients of non-prescribing therapists need medication, they have to find a psychiatrist for medication consultation. Patients are often reluctant to go and see a new person and retell their story. HB252 will allow competent therapists to also prescribe, increasing the likelihood that patients will have access to often life-saving medicine for depression and anxiety.

Anne Leake PhD, ARPN-Rx, FNP  
Assistant Professor/Family Nurse Practitioner 46-395A Kahuhipa St.  
Kaneohe, HI 96744  
247-4737 or cell 222-1145

Anne Leake PhD, APRN-Rx  
Assistant Professor  
School of Nursing and Dental Hygiene  
2528 McCarthy Mall Webster 436  
Honolulu, HI 96822  
Office 808-956-0987  
Cell 808-222-1145  
Fax 808-956-7396

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**From:** Danielle Bass on behalf of Rep. Ryan Yamane  
**Sent:** Friday, February 06, 2009 7:43 AM  
**To:** HLTtestimony  
**Subject:** FW: Psychologists prescribing HB252 HB666

LATE

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**From:** Pualani Akaka [mailto:akaka\_mkk@yahoo.com]  
**Sent:** Thursday, February 05, 2009 8:17 PM  
**To:** Rep. Ryan Yamane  
**Subject:** Psychologists prescribing HB252 HB666

Aloha, Chair of the Health Committee, Rep Ryan Yamane,

My name is Pualani S. Akaka, resident of and teacher on Moloka'i and am against psychologists prescribing. Thank you for your support in the past. I know this issue is raised each legislative season, and I am very grateful that common sense has prevailed thus far. I know, also, there is pressure from many camps claiming it is in the best interest of rural communities to allow psychologists to prescribe.

Let me reassure you, as a public school educator of elementary-aged children and as a resident, that to allow psychologists to prescribe would be foolish. We know the high, unnecessary risk to those most vulnerable.

Please continue to allow common sense to prevail. Please continue to protect the Moloka'i community from the effects these bills would have on the most vulnerable.

Sincerely,

Pualani S. Akaka  
P.O. Box 31  
Kualapu'u, Moloka'i 96757

nishimoto2-Bryce

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**From:** Danielle Bass on behalf of Rep. Ryan Yamane  
**Sent:** Friday, February 06, 2009 7:43 AM  
**To:** HLTtestimony  
**Subject:** FW: HB 252 and HB 666

LATE

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**From:** Debbie Zimmerman [mailto:debbiez@hawaii.rr.com]  
**Sent:** Thursday, February 05, 2009 9:34 PM  
**To:** Rep. Ryan Yamane  
**Subject:** HB 252 and HB 666

Dear Representative Yamane,

I am writing you against HB 252 and HB 666.

As the mother of a child diagnosed with ADHD, I have seen both medical doctors and psychologists to help me son. While psychologists are brilliant at suggestions for behavioral interventions, the thought of having minimally trained professionals prescribe drugs is scary and dangerous to me. Many of the medications used to help keiki with ADHD, or other behavioral conditions, are extremely strong. They need to be administered with careful consideration of the child's complete medical history, as well as knowledge of potential drug interactions. Moreover, because of the dynamic nature of research, I believe these prescription medications should be administered by professionals who are immersed in the day to day practice of medicine and stay current with the latest scientific findings – which are seemingly ever changing.

I recognize the dire need for psychiatric services in rural communities. Perhaps patients in these areas could be helped with telemedicine, or nurse practitioners with prescriptive authority who work under physicians. Regardless, no care is better than malpractice. When the legislature authorizes who can administer medical care, they undertake a terrific social responsibility.

As a parent, and an individual with extensive professional background in mental health, you are probably well aware of the issues I address. I'm thankful that someone with your experience is at the helm of the Health Committee and I appreciate your service to our state.

Sincerely,

Debbie Zimmerman

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Cynthia M. Stuhlmiller RN, MS, DNSc.

February 5, 2009

RE: HB 252 Relating to Psychologists, 2/6/09 at 8:30 a.m., Conf. Rm 329

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 STUHMILLER, RN, MS, DNSc.

Cynthia M. Stuhlmiller RN, MS, DNSc.  
Email: [cstu@hawaii.edu](mailto:cstu@hawaii.edu)



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

LATE

ONE KAPIOLANI BUILDING, SUITE 402  
600 KAPIOLANI BOULEVARD  
HONOLULU, HI 96813  
TELEPHONE (808) 537-2665  
FAX (808) 524-3747

February 4, 2009

Re: HB 252, Relating to Psychologists

**OPPOSE**

**1. Prescribing privileges should be granted on the basis of training, not political lobbying.**

Training requirements for physicians, including psychiatrists, were not developed to exclude other professions. They were developed based on what was felt to be necessary and relevant for practicing medicine, including prescription of medications. All drugs are distributed throughout the body and may affect any organ system, so general medical training is highly relevant to the prescriptions of psychiatric drugs. Short-circuiting this general medical training for psychologists will compromise public safety.

**2. Psychiatric medications can affect the whole body, and general medical training is necessary to manage them competently.**

As a practicing psychiatrist who prescribes medications every day, I can say that patient reports of symptoms that could be side effects of their medications, or could be incidental, or could be related to their other non-psychiatric medications or medical conditions, are extremely common. True medication side effects may likewise affect any organ system. A psychologist prescribing psychiatric medications without adequate supervised clinical general medical training would not be in a position to properly evaluate and treat these issues.

**3. Allowing psychologists to prescribe antipsychotic medications, which commonly cause severe and sometimes permanent neurological side effects, is dangerous to the public.**

If psychologists were allowed to prescribe antipsychotic medications (H.B. 666, S.B. 428), they would not be competent to evaluate and manage neurotoxic and endocrine side effects from these medications, which in some cases can be permanent, without extensive clinical general medical training and the ability to prescribe non-psychiatric medications. Similar risks can on occasion apply to all the other psychotropic medications as well. Adequate training to diagnose and manage these risks would require something very close to medical school and a psychiatric residency (i.e. full training as a psychiatrist).

**4. Psychologists with limited prescription privileges would not be effective in serving the needs of underserved areas.**

Psychologists have argued that they would be able to expand access by practicing and prescribing psychiatric medications in under-served areas, such as the Big Island. However, the most serious and widespread psychiatric problem on the Big Island is amphetamine abuse, and the class of medications most relevant to treating this problem is the antipsychotics. Due to concerns about neurotoxicity, H.B. 252 has a restricted formulary that excludes antipsychotic medications. What would a psychologist with limited prescription privileges do when a patient presented with psychosis due to

amphetamine abuse? Would they be tempted to treat that patient with an inappropriate medication, or would they have to call in a psychiatrist?

- 5. If we need psychiatrists in underserved areas, the legislature should focus on training more psychiatrists and giving them incentives to practice in these areas, instead of spending money training psychologists whose practice would be so limited that they would not be able to treat the real needs in these areas.**

LATE

Marvin A. Oleshansky, M.D.  
2418 Round Top Drive  
Honolulu, HI 96822

February 4, 2009

The Hawaii State Legislature  
State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane and Members of the Health Committee,

As the former Director of Training of the Department of Defense Psychopharmacology Demonstration Project (PDP), I would like to provide you with a brief history of the program and my assessment of the program's similarities to the training being proposed in HB ~~254~~ and HB 666. <sup>252</sup>

In response to directives from the U.S. Congress, the Department of Defense began to train psychologists to prescribe psychoactive medications in 1991. The program went through a number of iterations and refinements, eventually resulting in a curriculum that consisted of 660 hours of coursework and a one year practicum experience treating no less than 100 patients. Had the program continued, there would have been further refinements of the coursework and the elimination of didactic elements that were found to be of limited relevance to the practice of psychologists prescribing psychoactive agents.

I have reviewed the training requirements outlined in HB 254 and HB 666. I have also reviewed the curriculum currently being taught at Argosy University in Hawaii. It is my considered opinion as a physician, a psychiatrist, and the former Director of Training of the DoD PDP, that the training outlined in HB 666 is essentially equivalent to the instruction and relevant experiences that was provided to the PDP students. The training required in HB 666 is more than adequate to produce competent and safe prescribing psychologists. It is similar to the standards currently set by the U. S. Navy, U. S. Air Force and states where psychologists have been safely prescribing for a number of years. I recommend the training requirements of HB 254 be replaced with those of HB 666.

Following the completion of their training, the PDP graduates served with distinction in all branches of the service. The care they provide, to include prescribing a broad range of psychoactive medications, was deemed by their superiors to be safe, efficacious, and of the highest quality. I would expect the same of those that will graduate from the training program in Hawaii.



Marvin A. Oleshansky, M.D.  
Colonel (retired)  
United States Army Medical Corps