LATE

PLEASE DELIVER TO: Health Committee, Room 016
February 11, 2009, 3:00 pm

To: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, MD, Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: SB428 Relating to Psychologists

In Opposition

Chairs & Committee Members:

Hawaii Medical Association (HMA) strongly opposes SB 428 unless the measure places the psychologist under direct supervision of a psychiatrist.

Psychoactive medications are powerful and complex medications that can cause serious cardiac and neurological side effects. By virtue of their education and training, physicians are able to weigh multiple factors, including the patient's underlying medical condition, before prescribing medications. They are also able to recognize the adverse effects and side effects that may occur without warning. However, physicians themselves are hesitant to prescribe many of these drugs to patients, and refer the patient to a psychiatrist.

We do not agree that psychologists are qualified to prescribe medications. The core education and training psychologists receive is not medical and psychologists do not have the foundation for prescribing medications.

Appropriate training for psychologists is available in Hawaii through the two-year Advanced Practice Registered Nurse (APRN) available at the University of Hawaii School of Nursing. The program is an accredited and nationally regulated training curriculum, and will allow for prescriptive authority that cannot be disputed. The basic facts are that until such time as they are properly trained in the medical profession, they simply do not know what they do not know.

Thank you for the opportunity to provide this testimony.

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SENATE COMMITTEE ON HEALTH

Senator David Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

SB 428: RELATING TO HEALTH

POSITION: **OPPOSE AS WRITTEN**

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 psychiatric 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. Two+ (2½) years as Veterans Health Administration Psychiatrist

c. Teaching Faculty History: both Psychology Internship and Psychiatry Residency at,
   i. Eisenhower Army Medical Center (as a psychologist)
   ii. Letterman Army Medical Center (as a psychologist)
   iii. Naval Medical Center San Diego (as a psychiatrist)

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

The following is a copy of SB428 with annotations as to potential problem areas and recommendations on what may constitute ways to improve the bill and fulfill its purposes. Appended at the end are one-page excerpts of (1) the favorable report on the DoD PDP by the American College of Neurosychopharmacology and the 2007 report of the Legislative Reference Bureau.

Report Title:
Prescriptive Authority; Psychologist

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

THE SENATE
TWENTY-FIFTH LEGISLATURE, 2009
STATE OF HAWAII

S.B. NO. 428

A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there is limited access to mental health care treatment services for citizens across the State of Hawaii. The delivery of comprehensive, accessible, and affordable mental health medical care may be enhanced by providing trained medical psychologists, licensed in Hawaii, with prescriptive authority. The legislature has previously authorized prescription privileges to advanced practice registered nurses, optometrists, dentists, podiatrists, osteopaths, and physician assistants.

The legislature acknowledges that the United States Public Health Service, Health Resources and Services Administration, has officially designated much of the State of Hawaii as a mental health professional shortage area. In addition to rural areas where geographic isolation is an obvious reason for shortage problems, urban areas located minutes from downtown Honolulu, such as Kalihi-Palama and Kalihi Valley, have also received this shortage designation. The nearly statewide shortage designations indicate that both rural and urban areas suffer when it comes to accessing mental health care.

The legislature acknowledges that the mental health needs of the State continue to outweigh present capacity. From 2000-2004, more people died from

suicide than from automobile accidents or homicides. At 22.5 per cent, Hawaii's suicide rate is higher than the national average. While causes for suicide are complex, the most commonly reported reasons include depression, relationship problems, and serious medical problems, conditions with significantly high rates of occurrence within the general population.

In 2008, six domestic violence murders (three of which were murder-suicides) occurred within six months compared to an average of nine domestic killings from 1996 through 2006. The Hawaii State Coalition Against Domestic Violence acknowledged that these are the highest numbers they have witnessed in decades. Many perpetrators of these types of killings are not obviously troubled. They represent individuals from the general population, and from both rural and urban areas of Hawaii.

Last year, a review by the Honolulu police department revealed that in 2006, 1435 people were involuntarily taken to emergency rooms for psychiatric evaluation and treatment.

During the first four months of 2007, the Honolulu police department responded to four hundred four calls to assist in psychological crisis who required emergency attention. Based on a review of the records, approximately fifty-four per cent of these calls resulted from inadequate medication management.

At the same time that mental health needs are apparently growing, resources available for treatment and assistance are being reduced. Due to the State's anticipated budget short-fall, the department of health recently announced a $25,000,000 funding cut-back for fiscal year 2009 and plans reductions up to an additional twenty per cent for fiscal year 2010.

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. In recent years, Louisiana and New Mexico adopted legislation authorizing prescriptive

authority for appropriately trained psychologists without regard to the service setting.

Since 2000, twenty psychologists, all born and raised in Hawaii, have received psychopharmacological training through the Tripler Army Medical Center, psychology training program. These psychologists have actively collaborated with primary care physicians to provide combined therapy and psychopharmacological care to a medically underserved patient population at eleven federally qualified health centers, Bay Clinic, Hana, Molokai, Kauai, Waianae, Kalihi-Palama, Waimanalo, Ko'olauloa, West Hawaii, Kokua Kalihi Valley, and Waikiki, as well as a native Hawaiian healthcare system clinic located in a federally designated medically underserved area on Molokai.

To date, thousands of native Hawaiians and other ethnic minorities have received the necessary combined therapy and psychopharmacological care that has been historically lacking to address significant mental and behavioral health care needs. For example, psychologists at the Waianae Coast Comprehensive Health Center completed approximately 3,840 patient encounters in 2004; seventy per cent of these patients received necessary psychotropic medication for the treatment of mental illness. Psychologists in several federally qualified health centers in the State have formed successful collaborative relationships with primary care physicians for mental health treatment of the underserved.

Psychologists are licensed health professionals with an average of seven years of post-baccalaureate study and three thousand hours of post-graduate supervised practice in the diagnosis and treatment of mental illness. Because the current scope of psychologists' practice does not include prescribing medications, patients must consult with and pay for another provider to obtain prescriptions. However, practitioners with prescriptive authority are not readily available in some areas and to some populations.

Research data soundly demonstrates that there is an insufficient amount of prescribing mental health care providers available to serve the needs of the people in Hawaii. Based on prevalence rates provided by the Substance Abuse and Mental Health Services Administration and reported in "The Behavioral Health Workforce in Hawai'i: A Status Report" (January, 2008), 40.4 per cent of the population diagnosed with severe and persistent mental illness received services by the department of health, adult mental health division. In 2007, 14,276 out of a total of 52,064 adults with severe mental illness received services through the adult mental health division, indicating that approximately 37,788 individuals may not have received services. Adults diagnosed with severe mental illness represent 5.2 per cent of the total state population and do not include other individuals with other clinical diagnoses such as substance abuse, post-traumatic stress disorder, or a prior experience with domestic violence that may require treatment.

Since 1988, federal law has recognized the extraordinarily poor health of native Hawaiians. In Hawaii, native Hawaiians have the highest rate of untreated medical and psychological concerns, and higher rates than other indigenous and minority individuals in the United States. Recent concerns include the impact of the crystal methamphetamine epidemic, which is especially prevalent in areas with a large native Hawaiian population, such as Waianae, Molokai, Waimanalo, Maui, Puna, and Kau, and related issues. This epidemic, coupled with the economic and cultural distress of the native Hawaiian population, has created unprecedented demands for services from an already over-taxed mental health system. Further exacerbating the dire need for mental health treatment in areas across the State is the fact that patients from some cultural backgrounds are sometimes reluctant to seek treatment due to the stigma of mental health problems. Timely access to accurate diagnosis and effective treatment of emotional and behavioral disorders may contribute substantially to the State's responsibilities to

Hawaii's "Felix" children and needy adults in underserved rural and urban areas.

The United States Congress, through the native Hawaiian health care professions scholarship program, requires scholarship recipients to work in federally designated medically underserved areas for a number of years (typically four) equal to the number of years they received scholarship funding. Under this program, psychologists of native Hawaiian ancestry are now using modern training and education to deliver health care in a culturally appropriate manner to other native Hawaiians through their placement in federally qualified health centers, native Hawaiian health systems clinics, and other federally designated health clinics in medically underserved areas.

The American Psychological Association has developed a model curriculum for a master's degree in psychopharmacology for the education and training of prescribing psychologists. 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.

The purpose of this Act is to authorize appropriately trained and supervised licensed psychologists to prescribe psychotropic medications for the treatment of mental illness.

SECTION 2. Chapter 465, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"**PART** . PRESCRIPTION CERTIFICATION

§465-A Definitions. As used in this part, unless the context otherwise requires:

"Board" means the board of psychology established under chapter 465.

Comment [KAH1]: In the absence of an accepted accrediting entity for psychology prescribing programs, it is incumbent upon the legislation itself to be more specific in the details that define the rigor of the training program and the practice standards.

Comment [KAH2]: Nowhere in this bill is scope of practice discussed. In the DoD PDP the scope of practice for prescribing psychologists was strictly limited to healthy adults age 18-65. Most board-certified general psychiatrists (such as myself) do no prescribe to children, adolescents and the severely medically compromised, because of limited expertise, to do so would be to violate our ethical scope of practice. Yet this bill permits prescribing by psychologists to those populations without restriction.

"Clinical experience" means a period of supervised clinical training and practice in which clinical diagnoses and interventions are learned and which are conducted and supervised as part of the training program.

"Narcotics" means natural and synthetic opioid analgesics, and their derivatives used to relieve pain.

"Prescription" is an order for a drug, laboratory test, or any medicine, device, or treatment, including a controlled substance, as defined by state law.

"Prescriptive authority" means the authority to prescribe, administer, discontinue, or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the board.

"Psychologists certified to prescribe" means a licensed, doctoral-level psychologist who has undergone specialized education and training in preparation for prescriptive practice and has passed an examination accepted by the board relevant to establishing competence for prescribing, and has received from the board a current certificate granting prescriptive authority, which has not been revoked or suspended.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders, including controlled substances except narcotics.

"Supervising physician" means a medically trained and licensed physician or psychiatrist who accepts professional responsibility for the provision of psychopharmacotherapy.

§465-B Conditional prescription certificate; application. (a) A psychologist who applies for a conditional prescription certificate shall

Comment [KAH3]: As written this bill includes prescriptive authority for all agents used for psychiatry, addictions, withdrawal management... PA's and APRN-Rx's (who have more medical training) do not have this broad a formulary. PA's require direct supervision, on-site. APRN-Rx's can only prescribe agents which have FDA approval for the specific applications, eg, no "off-label use", which excludes most anticonvulsants and some other agents and applications. They can prescribe no controlled substances.

Prior versions of this bill, including the House version of last week, have included an exclusionary formulary and a mechanism for reviewing the formulary (with substantial involvement of psychologists in that mechanism). Neither is included in this bill, and both should be.

Comment [KAH4]: As proposed, these are the same primary care physicians that are seeking advice from the current graduates of the TAMC program, eg, they seek advice from the very people they are to supervise.

By analogy, I prescribe antihypertensives for my patients on my residential unit if their HTN is uncomplicated, but not for complicated cases, and I would not presume to teach or supervise the treatment of even basic HTN.

This bill has non-experts supervising the trainees, non-experts who currently seek the advice of the presumptive supervisees on the very issues on which they are to be supervised. This makes no sense.

demonstrate all of the following by official transcript or other official evidence satisfactory to the board:

(1) The psychologist holds a current license in good standing to practice psychology in Hawaii;

(2) As defined by the board, and consistent with established policies of the American Psychological Association for educating and training psychologists in preparation for prescriptive authority:

(A) The psychologist shall have completed a master's degree in psychopharmacology or the equivalent. This is an organized sequence of study in an organized program offering intensive didactic education, and including the following core areas of instruction: basic life sciences, neurosciences, clinical and research pharmacology and psychopharmacology, clinical medicine and pathophysiology, physical assessment and laboratory examinations, clinical pharmacotherapeutics, research, professional, ethical and legal issues; and

(B) The psychologist shall have obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of a supervising physician. This consists of at least one year, involving four hundred hours treating a diverse population of no fewer than one hundred patients with mental disorders including at least two hours of weekly supervision. The supervising physician shall not be in the employ of the person being directed or supervised;

(3) The psychologist shall pass an examination developed by a nationally recognized body (e.g., the American Psychological

Comment [KAH5]: There is no requirement that this degree be granted by an accredited educational institution. This can be a mail-order or internet degree.

What is the meaning of "or the equivalent"? Who makes the determination of what is equivalent?

Comment [KAH6]: This identifies only course titles, with no specification of content or depth thereof. I have appended as an endnote a sample model for this guideline.

Comment [KAH7]: 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. SB428 should be modified to specify diagnostic, age, gender and other diversity requirements, as for example, in the flowing:

"Diverse population of patients" means a range of patients across the spectrum of psychiatric diagnoses. This must include at least ten patients suffering from each of: major depressive disorder, dysthymic disorder, generalized anxiety disorder, panic disorder, bipolar spectrum disorders, schizophrenic spectrum disorders and substance use disorders (exclusive of tobacco use disorder). Patients should include both males and females."

Comment [KAH8]: This bill does not specify the responsibilities of the supervising physician. In accredited training programs in Psychology, Psychiatry and Social Work, the requirement is that all clinical notes be reviewed and individually cosigned by the supervisor. While this should not apply to the two-year period that leads to full certificate, it should apply in this training practicum.

Comment [KAH9]: 400 hours of supervised experience is the equivalent of ten weeks of full time clinical work (40 hours/week). The DoD PDP required a year of full-time clinical practicum, (2,080 hours), not just 400, plus required evening, night and weekend emergency duty. This is greater than five times more clinical supervised practice. SB428 should be modified to require the equivalent of a full-time year of supervised clinical work involving prescriptive practices. To allow for vacation time, sick days, etc., actual supervised clinical time should be no less than 1,900 hours.

Comment [KAH10]: This examination is in psychopharmacology. It should therefore be developed or at least approved by a nationally recognized body that reflects that expertise, to wit, either the American Psychiatric Association or the American College of Neuropsychopharmacology.

Association's Practice Organization's College of Professional Psychology) and approved by the board;

(4) The psychologist shall obtain a federal Drug Enforcement Administration registration number for limited use as restricted by state law;

(5) The psychologist shall have malpractice insurance in place sufficient to satisfy the rules adopted by the board, that covers the applicant during the period the conditional prescription certificate is in effect;

(6) The psychologist has met all other requirements, as determined by rules adopted by the board pursuant to chapter 91, for obtaining a conditional prescription certificate; and

(7) The psychologist is employed or contracted by and will practice the prescribing authority at a federally qualified health center established pursuant to Title 42 United States Code Section 1396.

(b) The board shall issue a conditional prescription certificate if it finds that the applicant has met all of the requirements of subsection (a).

(c) The conditional prescription certificate shall be immediately relinquished by the psychologist if the psychologist no longer meets the requirements of subsection (a).

§465-C Conditional prescription certificate; powers, duties, and responsibilities. (a) A psychologist holding a conditional prescription certificate shall:

(1) Continue to hold a current license to practice psychology in Hawaii and continue to maintain malpractice insurance;

(2) Inform the board of the name of the supervising physician under whose supervision the psychologist will prescribe psychotropic medication; provided that the psychologist shall promptly inform the board of any change of the supervising physician; and

Comment [KAH11]: Modify to "... and will practice the prescribing authority exclusively at a federally qualified..."

Comment [KAH12]: As noted previously, the supervisor should be a board-certified psychiatrist.

(3) Maintain an ongoing collaborative relationship with the doctor of medicine who oversees the patient's general medical care.

(b) A psychologist holding a conditional prescription certificate shall be authorized to prescribe, administer, discontinue, or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders and relevant to the practice of psychology, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the board. The authorization shall be limited to services provided to patients under the care of the psychologist and who are enrolled at the federally qualified health center identified by the board.

(c) When prescribing psychotropic medication for a patient, a psychologist holding a conditional prescription certificate shall maintain an ongoing collaborative relationship with the doctor of medicine who oversees the patient's general medical care to ensure that:

(1) Necessary medical examinations are conducted;

(2) The psychotropic medication is appropriate for the patient's medical condition; and

(3) Significant changes in the patient's medical or psychological condition are discussed.

(d) A prescription written by a psychologist holding a conditional prescription certificate shall:

(1) Comply with applicable state and federal laws;

(2) Be identified as issued by the psychologist as "psychologist certified to prescribe"; and

(3) Include the psychologist's board number or the identification number assigned by the department of commerce and consumer affairs.

(e) A psychologist holding a conditional prescription certificate shall not delegate prescriptive authority to any person. Records of all prescriptions shall be maintained in the prescribing psychologist's patient records.

(f) When authorized to prescribe controlled substances, a psychologist holding a conditional prescription certificate shall file with the board, in a timely manner, all individual federal Drug Enforcement Administration registration numbers.

§465-D Prescription certificate. (a) A psychologist who applies for a prescription certificate shall demonstrate all of the following by official transcript or other official evidence satisfactory to the board:

(1) The psychologist has been issued a conditional prescription certificate and has successfully completed two years of prescribing psychotropic medication as certified by the supervising physician;

(2) The psychologist has successfully undergone a process of independent peer review approved by the department of commerce and consumer affairs;

(3) The psychologist holds a current license in good standing to practice psychology in Hawaii;

(4) The psychologist has malpractice insurance in place, sufficient to satisfy the rules adopted by the board, that will cover the applicant as a prescribing psychologist; and

(5) The psychologist meets all other requirements, as determined by rules adopted by the board pursuant to chapter 91, for obtaining a prescription certificate.

(b) The board shall issue a prescription certificate if it finds that the applicant has met all of the requirements of subsection (a).

Comment [KAH13]: The bill does not specify the intensity of supervised practice, e.g., this could be full-time, or could be *one hour per year*. SB428 should be modified to require the equivalent of two years of full-time supervised practice (allowing, for example, four years of half-time, peer-reviewed 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. SB428 should be modified to specify all of these parameters.

Comment [KAH14]: Again, this should require that the supervisor be a board-certified psychiatrist, not a "supervising physician".

Comment [KAH15]: There must be clarification of the peer review process.

(c) A psychologist with a prescription certificate may prescribe psychotropic medication if the psychologist:

(1) Continues to hold a current license to practice psychology in Hawaii and continues to maintain malpractice insurance;

(2) Annually satisfies the continuing education requirements for prescribing psychologists, as set by the board, which shall be no fewer than twenty hours each year, at least half of which shall be in pharmacology or psychopharmacology; and

(3) Continues to maintain an ongoing collaborative relationship directly or by telecommunication with the doctor of medicine who oversees the patient's general medical care to ensure that:

(A) Necessary medical examinations are conducted;

(B) Psychotropic medication prescribed is appropriate for the patient's medical condition; and

(C) Significant changes in the patient's medical or psychological condition are discussed.

Comment [KAH16]: This is a rather low number of continuing education credits.

(d) The prescription certificate shall be immediately relinquished by the psychologist if the psychologist no longer meets the requirements of subsection (a).

§465-E Administration. (a) The board shall adopt rules pursuant to chapter 91 establishing the procedures to be followed to obtain a conditional prescription certificate, a prescription certificate, and renewal of a conditional prescription certificate and prescription certificate. The board may set reasonable application and renewal fees.

(b) The board shall adopt rules pursuant to chapter 91 establishing the grounds for denial, suspension, or revocation of conditional prescription certificates and prescription certificates, including provisions for suspension or revocation of a license to practice psychology upon suspension or revocation of a conditional prescription certificate or prescription

certificate. Actions of denial, suspension, or revocation of a conditional prescription certificate or a prescription certificate shall be in accordance with this chapter.

(c) The board shall maintain current records on every prescribing psychologist, including federal registrations and numbers.

(d) The board shall provide to the board of pharmacy an annual list of psychologists holding a conditional prescription certificate or prescription certificate that contains the information agreed upon between the board and the board of pharmacy. The board shall promptly provide the board of pharmacy with the names of any psychologists who are added or deleted from the list.

§465-F Narcotics; prohibited. This part shall not be construed to permit a psychologist holding a conditional prescription certificate or prescription certificate to administer or prescribe a narcotic."

SECTION 3. Chapter 465, Hawaii Revised Statutes, is amended by designating sections 465-1 to 465-15 as part I and adding a title before section 465-1, Hawaii Revised Statutes, to read as follows:

"**PART I. GENERAL PROVISIONS**"

SECTION 4. Section 465-3, Hawaii Revised Statutes, is amended to read as follows:

"**§465-3 Exemptions.** (a) This chapter shall not apply to:

(1) Any person teaching, lecturing, consulting, or engaging in research in psychology insofar as the activities are performed as part of or are dependent upon employment in a college or university; provided that the person shall not engage in the practice of psychology outside the responsibilities of the person's employment;

(2) Any person who performs any, or any combination of the professional services defined as the practice of psychology under the

direction of a licensed psychologist in accordance with rules adopted by the board; provided that the person may use the term "psychological assistant", but shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(3) Any person employed by a local, state, or federal government agency in a school psychologist or psychological examiner position, or a position that does not involve diagnostic or treatment services, but only at those times when that person is carrying out the functions of such government employment;

(4) Any person who is a student of psychology, a psychological intern, or a resident in psychology preparing for the profession of psychology under supervision in a training institution or facility and who is designated by a title as "psychology trainee", "psychology student", "psychology intern", or "psychology resident", that indicates the person's training status; provided that the person shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(5) Any person who is a member of another profession licensed under the laws of this jurisdiction to render or advertise services, including psychotherapy, within the scope of practice as defined in the statutes or rules regulating the person's professional practice; provided that, notwithstanding section 465-1, the person does not represent the person's self to be a psychologist or does not represent that the person is licensed to practice psychology;

(6) Any person who is a member of a mental health profession not requiring licensure; provided that the person functions only

within the person's professional capacities; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological; or

(7) Any person who is a duly recognized member of the clergy; provided that the person functions only within the person's capacities as a member of the clergy; and provided further that the person does not represent the person to be a psychologist, or the person's services as psychological.

(b) Nothing in this chapter shall in any way restrict any person from carrying on any of the psychological activities as defined in section 465-1; provided that [~~such~~] the person does not offer psychological services as defined in this chapter except as such activities are incidental to the person's lawful occupational purpose.

(c) A person may use the title of industrial/organizational psychologist, provided that the person registers with the board, and:

(1) Is professionally competent in the practice of industrial/organizational psychology; [~~and~~]

(2) Holds a doctoral degree from an accredited institution of higher education with training and education in industrial/organizational psychology, satisfactory to the board; and

(3) Provides psychological service or consultation to organizations [~~which~~] that does not involve the delivery or supervision of direct psychological services to individuals or groups of individuals, without regard to the source or extent of payment for services rendered.

(d) Nothing in this chapter shall prevent the provision of expert testimony by a psychologist who is otherwise exempted by this chapter.

~~[(c) Nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State.]~~"

SECTION 5. In codifying the new sections added by section 2 of this Act, the revisor of statutes shall substitute appropriate section numbers for the letters used in designating the new sections in this Act.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect on July 1, 2009.

INTRODUCED BY: David Ige, Roz Baker, Kalani English, Carol Fukunaga, Josh Green, Robert Bunda

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 board-certified psychiatrists.** Some did a rotation on consultation/liaison psychiatry.

Highlights of the Report of the Hawaii Legislative Reference Bureau, 2007
Excerpts from "Findings and Summary"

Full Report is at http://hawaii.gov/lrb/rpts07/rxauth.pdf

- **American Psychological Association (APA) Training Standards**
  - No postdoctoral training program in psychopharmacology that meets the APA training recommendations has been externally evaluated and deemed successful.

- **Psychopharmacologic Training in Hawaii**
  - There is no postdoctoral training in psychopharmacology for clinical psychologists in Hawaii that has high selection standards to choose participants or that meets the classroom and clinical training requirements of the PDP program.

- **Didactic Training**
  - (The PDP program included) a one year full time classroom training at a university that included medical science courses and courses tailored to participants needs.

- **Supervision**
  - (The PDP program included) a one year full time clinical training at a medical center that included inpatient and outpatient experience and supervision by psychiatrists.
  - DoD PDP graduates received supervision by psychiatrists during their initial postgraduate medical facility assignment.

- **Scope of Practice**
  - In contrast to patients treated by PDP graduates, clients who need mental health services at Hawaii community health centers include children and seniors and persons having both a serious mental illness and a serious medical condition.
  - There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe.
  - No current psychopharmacology training programs appear to offer specialized training on the effects of medication on children and seniors.

- **Closing Comments in LRB Report**
  - If the Legislature deems it appropriate to authorize prescriptive authority for qualified clinical psychologists who practice in community health centers, the Legislature may wish to consider requiring a training model that requires minimum classroom and clinical 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. *[second to final paragraph]*

[i] *While the listing of core areas of instruction in this bill 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. SB428 should be modified to specify the details of mandatory course content, not just course titles. I would propose the following, with the notation that the total number of credit hours proposed is less than that required by HB252, and less than that required in any iteration of the Department of Defense Psychopharmacology Demonstration Project.*

The didactic training shall include a minimum of 625 contact hours of classroom instruction in at least the following core areas of instruction, augmented by appropriate associated laboratory study. The contact hours listed for each content area represent guidelines which may be modified up to 10 percent (10%) for any content area.

Course Content	*Contact Hours*
Anatomy/Cell Biology	*30*
Neuroscience	*90*
Biochemistry	*50*
Physiology	*50*
Pathophysiology	*30*
Health Assessment	*40*
Pharmacology	*100*
Clinical Pharmacology	*105*
Clinical Medicine	*100*
*Other Clinical Psychopharmacology Content**	*30*
Total	***625***

* The DoD PDP provided for a 34 credit hour symposium in clinical psychopharmacology. In order to provide flexibility and responsiveness to the needs and interests of the individual trainee, this has been replaced with 30 contact hours of didactics in any clinically applicable psychopharmacology content area(s).

Levels of required training complexity and detail are defined by the following training equivalency:

(a) School of Medicine: neuroscience, pharmacology, clinical medicine, clinical pharmacology and clinical psycho-pharmacology. These courses must be taken either in an accredited school of medicine or in a program deemed by an accredited school of medicine to be the full equivalent. Passing grades are to be determined by the same standards by which medical students are judged in these five content areas.

(b) School of Nursing: anatomy and cellular biology, biochemistry, pathophysiology, physiology and health assessment. These courses must be taken either in an accredited school of nursing or in a program deemed by an accredited school of nursing to be the full equivalent. Passing grades are to be determined by the same standards by which nursing students are judged in these two content areas.

Testimony
Committee on Health
Senator David Y. Ige, Chairman
Senator Josh Green, M.D., Vice Chairman

Wednesday, February 11, 2009

S.B. 428
Relating To Psychologists

Good afternoon Senator Ige, Senator Green, and members of the Senate Committee on Health. My name is Nancy McGuckin and I am testifying in support of S.B. 428 Relating To Psychologists.

Psychologists who are educationally prepared to prescribe, practice within their scope of practice, and supported by health care policies and procedures directed towards quality care and patient safety should be allowed to prescribe.

The argument that psychologists are not sufficiently educated to prescribed has been demonstrated to be untrue. Across the country psychologists are prescribing within their scope of practice and consumers are accessing important mental health services.

From a policy perspective, the sooner we can remove artificial barriers and allow qualified practitioners to provide services the better off our community will be. SB 428 provides an opportunity for psychologists to prescribe in the State of Hawaii and I ask for your support of this measure.

Thank you for this opportunity to testify.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION
1360 S. Beretania Street, 2nd Floor, Honolulu, HI 96814
www.HawaiiPsychiatrists.org

Re: SB 428 Relating to Psychologists
Hearing: 2/11/09, Senate Committee on Health
3:00 pm, Conference Room 016
Senator David Ige, Chair
Senator Josh Green, MD, Vice-Chair
Senator Rosalyn Baker
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

OPPOSE

The Hawaii Psychiatric Medical Association (HPMA) submits its testimony in opposition to SB 428 due to the inadequacy of the training. Passing 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. In fact the 2007 LRB report does not support the training level as proposed by SB 428. The exact LRB recommendation was, "...a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP [Department of Defense Psychopharmacology Demonstration Project." HB 252 falls considerably short of the PDP minimum requirements. SB 428 appears to have fewer requirements than HB 252.

There is a premise that individual's mental health needs are not being met, however data to support the argument has not been documented and the extent of the need not described. Certainly the recent changes within the DOH Adult Mental Health Division give rise to some concern, however there is much uncertainty regarding impact or extent of impact from the recent AMHD decisions. It is opportunistic to offer a solution before knowledge if whether or not an issue exists. The HPMA strongly urges legislators to fully utilize Hawaii's 300+ psychiatrists, roster of APRN Rx, network of community mental health centers, community health centers and rural health initiatives to meet the current need.

Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx) have appropriate medical training and are capably, currently providing services to patients in underserved areas, particularly on the Island of Hawaii. On Hawaii APRNs been working in partnership with psychiatry since 1996 to provide quality mental health services.

Instead of giving expensive consideration to a cadre of professionals trained 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 and promoting the expansion of telehealth.

Access issues in Hawaii are being addressed:

1. **Telepsychiatry, West Side Hawaii: In 1996, a partnership between nursing and psychiatry** led to Advanced Practice Registered Nurses (APRNs) in the State of Hawaii obtaining prescriptive authority. The Departments of Psychiatry and Nursing through the State (AMHD)-University Collaboration agreement developed a demonstration project in the mid-1990s to provide psychiatric services at the rural mental health clinics on the Big Island. APRNs provided care in places such as Kau, Puna, and Honakaa through collaboration with psychiatrists located in Kona and Hilo. **In support of this program and the UH School of Nursing APRN training program, the HPMA consistently supported legislation in 1996 and moving forward to authorize APRNs with prescriptive authority**. While the demonstration project ended about 5 years ago, a successful telepsychiatry program was established and continues today in West Hawaii and Kau under the leadership of Dr. Michael McGrath.

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 in partnership with the Department of Human Services MedQUEST Division, a telepsychiatry program is currently being developed to provide mental health services 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 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.

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 Medicaid 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. If funds become available, the HPMA will be asking this measure be reconsidered.

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 contacted the HPMA and the University of Hawaii JABSOM Department of Psychiatry requesting input 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 only seven 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 areas.

Thank you for your consideration in opposition to this measure.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

Rob Long (4th year psychiatry resident--chief resident this year)
710 Lunalilo St. # 805
Honolulu, HI 96813
ROBERT LONG, MD.
710 LUNALILO STREET, #805, HONOLULU, HAWAII 96813

Re: SB 428, Relating to Psychologists

OPPOSE

Psychiatric medications can affect the whole body, and general medical training is necessary to mange 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 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.

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, 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).

Please vote NO to this measure.

ROBERT LONG, MD
Chief, Psychiatry Resident
JABSOM Department of Psychiatry

Kristen Low, M.D., B.S. in Psychology
91-848C Makule Rd.
Ewa Beach, HI 96706
Ph: (808) 689-5338

SB 428 Relating to Psychologists

POSITION: **OPPOSE**

I submit my testimony in opposition.

First, I was born and raised in a rural area. I currently still live in Ewa Beach and have family members with mental illness. Therefore, I am fully aware of the issues of access to mental health care in underserved areas.

Second, in college, I received a degree in psychology, which emphasizes a social model, NOT a medical one. For that reason, I can substantiate the LACK of training in BASIC sciences as a psychology major. It took an additional 2 years (minimum 90 credit hours) to complete the PREREQUISITES for medical school. It is impossible for 10 weeks of training (450 hours / 30 credit hours, as stated in Senate Bill) to be adequately qualified to prescribe medication.

Finally, as a psychiatrist, my most important concern is patient SAFETY. As a resident psychiatrist, I have first hand experience of a BAD OUTCOME when a patient was prescribed medications from a psychologist who "actively collaborate(d) with primary care physicians to provide combined therapy and psychopharmacological care to a medically underserved patient population..."(SB 1004, p. 3). Unfortunately, the psychologists did not consider the patient's significant medical conditions and prescribed medications that worsened the illness and required a prolonged hospitalization, including intensive care.

In summary, FIRST DO NO HARM. This is the underlying principle in medicine. As members of the consumer PROTECTION committee, patient SAFETY should be the central issue.

- All medications have adverse effects and multiple drug interactions, even common medications included on a *limited* formulary, are dangerous when prescribed by *under* qualified providers.
- SAFER alternatives are currently available to address the access issue, such as telepsychiatry and logistically allowing more psychiatrists to practice in community health centers.

Thank you for your time and consideration.

Kara Lum, M.D.

SB 428 Relating to Psychologists

Position: OPPOSED

Having "Doctor" as a title does not automatically give anyone the right to prescribe medications.

To Whom It May Concern:

I am a concerned citizen who is writing in opposition to the psychologist prescribing bill. I feel that this bill, if passed, would allow people who are unqualified to prescribe dangerous medications to some of our most vulnerable citizens.

As some form of this bill is brought out every year, it has become more and more clear that every year, patients and their advocates (such as NAMI, The Hawaii Disability Rights Center and the Kokua Council) stand in opposition. It is unfair to force this unwanted and unnecessary change upon the very people that this bill is supposed to "benefit."

In addition, I would like to make it clear that the education for a psychologist is quite different from that of a medical doctor or advance practice nurse, who both are trained in the "medical model." Medical doctors must undergo years of classroom studies and direct, supervised training in the medical sciences in both undergraduate and postgraduate work, in addition to another 3-5 years of training in a general residency program. Having "Doctor" as a title does not automatically give anyone the right to prescribe medications. (Consider: A friend of mine is getting her PhD in Education. She will soon be a "doctor," yet she is not asking to be able to prescribe narcotics to the citizens of Hawaii. What this bill is asking you to do is to allow is the same thing.)

This is bill is dangerous, perhaps even deadly, and unwanted by the very people it is supposed to serve. It must be stopped.

Thank you.

Kara W. Lum, MD
1165 Kamehame Dr.
Honolulu, HI 96825

Daniel J Mardones, M.D., RR 2 Box 4753, Pahoa, HI 96778
RURAL PSYCHIATRIST ON THE ISLAND OF HAWAII - PAHOA

RE: SB 428, Relating to Psychologists

I am submitting my testimony in opposition. I am a psychiatrist who dedicates a day or more weekly to treat chronic mentally ill patients in the rural district of Puna on the Big Island of Hawaii.

I am board certified by the American Board of Psychiatry and Neurology in both the medical specialty of Psychiatry as well as in the medical subspecialty of Child and Adolescent Psychiatry.

One of the principal roles of a psychiatrist, such as myself, is to integrate the medical knowledge I have acquired by completing 4 years of medical school with the additional 5 years of knowledge I have acquired by completing a residency training program in the medical specialty of psychiatry in order to render complex decisions about the most safe and appropriate psychotropic agents that I might consider prescribing in order to alleviate pain and suffering in my patients.

I find it unconscionable that any serious consideration be given to permitting the training of a psychologist to prescribe psychotropic medication.

We live in an era of expansive growth in medicine. There never has been and never will be a specialty board that could justify support of any measure that would permit a non-medical health care provider such as a psychologist to perform medical duties such as prescribing psychotropic medication. There are multiple drug interactions and potentially serious medical complications that can and do result from providing a patient with a psychotropic medication. Only an extensively medically trained health care provider can safely prescribe to patients.

Thank you for listening to an advocate for chronic mentally ill patients, many of whom would not even be capable of comprehending the serious threat to their safety that is posed by considering granting the privilege of authorizing medical prescriptions by a non-medically educated and trained provider.

I regret that I can not be personally present to speak with you today since I am serving in rural Pahoa Village/City as a community psychiatrist on this day. I would, of course, be pleased to meet with any of you to discuss this issue farther.

Thank-you sincerely,
Daniel J Mardones, M.D.
Board Certified by the American Board of Psychiatry and Neurology for Adult, Child and Adolescent Psychiatry.
e-mail: danmardones@hotmail.com

Lori Murayama
2756 L Pali Hwy
Honolulu, Hawaii 96817
Ph: (808) 222-9575

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Dear Chair and Committee members,

My name is Lori Murayama, M.D. I strongly oppose this measure, which gives psychologists the authority to prescribe medication because I am concerned for the safety of patients in Hawaii.

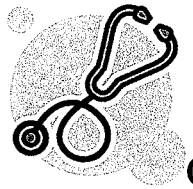
As a psychiatrist, I can testify first-hand that it will take more training time to prescribe psychotropic medications than what this bill proposes. I have recently completed psychiatric training where I have worked 60-80 hours a week for 50 weeks a year. This does not even take into account the thousands of hours I have spent in science classes prior to medical school and my training time during medical school.

Despite the thousands of hours I have spent, I still get nervous at times prescribing psychotropic medications because my training has made me realize how complicated prescribing can be. It is not as simple as giving an antidepressant to someone who is depressed. It is about ruling out medical diseases and medications that may be presenting as psychiatric illnesses. I often remind myself how devastating it would be to symptomatically treat a person for depression if the reason they had that depression was because they had hypothyroidism or pancreatic cancer. I have seen first hand, a patient who was deemed as "psychiatric" who was later admitted for a head bleed because we had enough clinical suspicion to order a scan of his head.

Before one even prescribes, it is also about taking into consideration what medications or co-morbid illnesses the patient has so that the medications prescribed do not cause further problems. Antidepressants, such as those described in this bill, can increase the risk of bleeding on blood thinner medications, can increase blood pressure, and can increase or decrease the blood levels of other medications that patient may be taking. I have had 3 years of training in psychiatric medications, and I am still learning these things.

I respect the role psychologists play in the mental health treatment of patients but to have them accept roles for which they are not adequately trained is dangerous. I understand that access to underserved areas has been limited but why not fund psychiatrists in these areas instead? I have spoken with many of my fellow residents and if positions were available, I know many of us would consider working in these areas.

I strongly urge you to oppose this bill. Thank you for giving me the opportunity to speak to you on such an important issue.



Courtney Matsu, MD, JABSOM UH Dept of Psychiatry

"Those living in rural areas deserve care...quality, qualified care."

RE: SB 428 RELATING TO PSYCHOLOGISTS

Dear Committee Chair and Members,

I am submitting my testimony in OPPOSITION.

It would be shortsighted to grant prescriptive authority to psychologists. When is substandard care an acceptable substitute for standard of care? I believe those living in rural areas deserve care...quality, qualified care, as we all do. In fact, they may need even more protection and advocacy for qualified care given the limited resources to outlying, underserved areas.

I hope you will oppose this measure.

Sincerely,

Courtenay Matsu, M.D.

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 428 RELATING TO PSYCHOLOGISTS

Position: Oppose

Dear Chair Ige, Vice Chair Green, MD 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.

WILCOX MEMORIAL HOSPITAL

PRESENTS:

"Primary Physician Mental Health Training Program"

Friday, February 6, 2009
10:30 a.m. – 4:00 p.m.
Wilcox Memorial Hospital CR ABC
3-3420 Kuhio Highway, Lihue, HI 96766-1099

Presenters/Topics:

10:30 - 11:30:	**JB Sampsell, M.D.** "Bipolar Disorder"
11:30 - 12:30:	**Harold Goldberg, M.D.** "Diagnosis and Treating Major Depression."
12:30 - 1:00 :	***Lunch**
1:00 - 2:00 :	**Jon Nakamura, M.D.** "ADHD and ADD Treatment."
2:00 - 3:00 :	**Gerald McKenna, M.D.** "Addiction Medicine & Gero-Psychiatry for Family Medicine."
3:00 - 4:00 :	**Mark Kang, M.D.** "Psychiatric Emergencies for Primary Care Physicians."

Objectives

After the presentation, participants will be able to:

1) Understand the challenge of treating the mental health and/or substance abuse patient in a primary care setting.
2) Understand the role of medication in the treatment of psychiatric illnesses for children, adults and geriatric populations.
3) Review of psychiatry expertise in interviewing, assessment, diagnosis, pharmacology, and administration.

***Lunch is provided courtesy of The Hawaii Psychiatric Medical Association.**
(This CME event offers a maximum of five AMA PRA Category 1 Credits(s) TM.)

[RSVP (808) 245-1173 by February 3rd, 2009]

Wilcox Memorial Hospital is accredited by the Hawaii Medical Association to provide continuing medical education for physicians.

Wilcox Memorial Hospital designates this educational activity for a maximum of one AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

Wilcox Memorial Hospital fully complies with the legal requirements of the Americans with Disabilities Act (ADA) and the rules and regulations thereof. To request disability accommodations, please contact Medical Staff Services at 245-1299 with a minimum of 1 day prior to the activity.

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 6, 2009

Re: SB 428, Relating to Psychologists

POSITION: OPPOSE

I am a radiologist practicing at the Kauai Medical Clinic. I am strongly against passage of this measure. 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

Denis Mee-Lee, MD
Director, Hawaii Clinical Research Center
1750 Kalakaua Ave., Suite 2602
Honolulu, Hawaii 96826

RE: SB 428, RELATING TO PSYCHOLOGISTS

I am submitting testimony in opposition.

I oppose this measure because I do not believe that the short term education of any professional is adequate and safe given the increasing complexity of the mechanism of action of many psychiatric medications, the intricate interplay with complicating medical and other psychiatric illnesses and medications, the ongoing responsibility to evaluate and monitor serious adverse events that may be caused by these medications, and the medical responsibility and liability incurred by medication prescribing practice.

Psychologists are significantly needed to provide leadership to the treatment team in the specialized assessment protocols so essential for better treatment to our patients, and therapeutic leadership in demonstrating those specialized cognitive-behavioral and other therapeutic techniques that are neglected areas of our treatment continuum as equally important as medication treatment.

The mentally ill individuals of Hawaii lack access to many of these essential treatment components, not just medication treatment. Let us not rush to the aid of medication treatment, whether done safely or not, and further neglect the strength of an interdisciplinary, specialized treatment team that can best respond to complex psychiatric illnesses drawing from a broad set of therapeutic skills.

I thank you for the opportunity to provide testimony and request that the Committee not act favorably on this bill.

Sincerely,
Denis Mee-Lee, M.D.

Susan Mikami, MD 1356 Lusitana St., 4th Fl., Honolulu, HI

THE TWENTY-FIFTH LEGISLATURE 2009

SENATE COMMITTEE ON HEALTH

RE: SB 428, Relating to Psychologists

Dear Committee Chair and Members:

I am writing to oppose this bill regarding psychiatrist's prescribing rights. As a psychiatrist-in-training, I have spent many years and much effort in college and medical school to learn all the anatomy, physiology, chemistry, biochemistry and pharmacology to safely prescribe medication. I am currently undergoing *several more years* of training in residency, with *daily supervision* by medical school faculty to be able to carefully monitor patients on psychotropic medications using careful and directed medical history-taking, physical exam skills and routine laboratory studies. I do not believe that psychologists can be adequately trained in a crash course to safely prescribe these medications as well as monitor patients on them. This is a dangerous matter, and I strongly urge you to protect our psychiatric population and prevent further morbidity and mortality, not to mention malpractice, by stopping this measure allowing prescribing privileges to psychologists.

Sincerely,
Susan Mikami, MD
Psychiatry/Child Psychiatry/Pediatrics Resident, level 4
University of Hawaii/John A. Burns School of Medicine

Carol E. Minn, MD, MSPH
2222 Citron Street, #1802
Honolulu, HI 96826
Cellphone: 808-927-7470

HB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I am a board-certified psychiatrist and medical director of one of 4 state-run community mental health centers (CMHCs) on Oahu. This testimony is being submitted as a private citizen who is seriously concerned about the repeated attempts to allow psychologists to prescribe medications to mentally-ill persons who are least able to fend for themselves.

Please oppose this measure. There is absolutely no need for legislation which would discriminate against the mentally ill and subject them to dangers inherent in the practice of medicine without proper training.

Unlike previous years, tangible efforts are already underway to identify barriers to mental health services in rural and other underserved areas and to develop viable solutions for sustainable access to quality psychiatric services. A Psychiatric Access Collaboration involving a wide range of stakeholders from the community was established in May 2006. On February 22nd, just 3 weeks from now, a special "Primary Care & Behavioral Health Care Integration Forum" will convene all day at the Hilton Hawaiian Village to address mental health needs within the primary care framework (e.g., the federally-qualified health centers, FQHCs, mentioned in HB1456).

Increased collaboration is starting to occur between CMHCs and FQHCs. Within our CMHC in Central Oahu, I am currently supervising a 4th year psychiatric resident who has a J-1 visa. As such, following completion of residency later this year, she would need to seek employment in an underserved area or FQHC to continue residing in Hawaii. If all goes as planned, she will transition from our CMHC to Waianae Comprehensive (which is a federally-qualified health center) to provide psychiatric services.

Properly-trained psychiatrists on a J-1 visa are eagerly seeking opportunities to serve in FQHCs. It makes absolutely no sense to bypass these skilled physicians by offering a crash course in prescribing to psychologists who lack the medical training necessary to provide safe and effective treatment to mentally-ill patients who often have complex problems.

Please oppose HB1456 HD1 Thank you.

SHALINI MISHRA, MD

RE: SB 428, Relating to Psychologists

POSITION: OPPOSE

Psychiatrists see a lot of mentally ill people with co-morbid medical conditions such as diabetes, high blood pressure, stroke, renal disease etc. Providing proper health care to those to co-morbid conditions makes providing good treatment more challenging on a day to day basis. Most underserved areas in Hawaii lack professional psychiatrists and hence these mentally and medically challenged people often do not receive adequate treatment.

Psychologists will not be able to provide professional and safe mental health care in this population. Allowing them to prescribe after only a abridged training program could cause more harm than good.

Shalini Mishra, MD

CELIA ONA, MD
Psychiatrist

SB 428 Relating to Psychologists

I oppose psychologist prescribing for several reasons:

- Training proposed is extremely inadequate to address the risks involved in prescribing psychotropic medications that require comprehensive knowledge not only with drug-drug interaction, but a broad understanding of the latest in pharmacology, molecular biology, and genomic pharmacotherapy.
- Safety is a major issue- even with fully trained physician MD who underwent rigorous medical school and background knowledge in anatomy, physiology, pharmacology, pathology, microbiology, clinical skills preceptorship, internship, and Residency-the challenge to keep abreast with evidenced based best practice is daunting. I seriously doubt that psychologist will be able to safely prescribe medications without this background knowledge, rigorous training and experience.
- The third reason which is very close to my heart is based on the Oath of Hippocrates the guiding principle in my practice " I will prescribe a regimen for the good of my patient according to my ability and my judgment and never do harm to anyone". I believe allowing this bill allowing psychologist prescribing will do harm to patients who are most vulnerable.

Respectfully submitted,

Celia M. Ona, MD

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

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

OPPOSE

Dear Honorable Representatives:

I am writing in regard to SB 428 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. 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.

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

RE: SB 428 RELATING TO PSYCHOLOGISTS

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

Rodney Yamaki, MD
Child Psychiatry Fellow
99-019 A Kaamilo St.
Aiea, HI 96701

February 10, 2009

Senate Committee on Health
Sen. David Ige, Chair
Sen. Josh Green, MD, Vice-Chair
Sen. Rosalyn Baker
Sen. Willie Espero
Sen. Clarence Nishihara
Sen. Fred Hemmings

Re: SB 428, Relating to Psychologists
OPPOSED

Dear Committee on Health:

My name is Rodney Yamaki, MD and I am a child fellow. Before being accepted into the Fellowship program I complete four years of undergraduate school majoring in science, four years of medical school, four years of psychiatric residency training and now a one year fellowship program.

SB 428 fails to provide important fundamental training essential to patient safety.

Thank you for your consideration of a no vote on this measure.

Rodney Yamaki, MD

Rodney Yamaki, MD
Child Psychiatry Fellow
99-019 A Kaamilo St.
Aiea, HI 96701

February 10, 2009

Senate Committee on Health
Sen. David Ige, Chair
Sen. Josh Green, MD, Vice-Chair
Sen. Rosalyn Baker
Sen. Willie Espero
Sen. Clarence Nishihara
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Re: SB 428, Relating to Psychologists
OPPOSED

Dear Committee on Health:

My name is Rodney Yamaki, MD and I am a child fellow. Before being accepted into the Fellowship program I complete four years of undergraduate school majoring in science, four years of medical school, four years of psychiatric residency training and now a one year fellowship program.

SB 428 fails to provide important fundamental training essential to patient safety.

Thank you for your consideration of a no vote on this measure.

Rodney Yamaki, MD

Amber Rohner, M.D.
2250 Pauoa Rd., #1-B
Honolulu, HI, 96813
Ph: (808) 870-1093

TO: SENATE COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2008

HB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Amber Rohner, and I am a 4th year psychiatry resident from Maui in the UH Psychiatry Residency Program. I am testifying on my own behalf in ***strong opposition*** of SB 428, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I have gone through 4 years of undergraduate education with emphasis on science courses relevant to medicine, 4 intense years of medical school, and will endure at least another 4 years of residency before I'm fully trained and licensed to prescribe psychotropic medications on my own. Wow! Twelve years of school to learn about all the aspects of medicine and to become a doctor capable of prescribing medications. I would be terrified if someone told me I had to cram all that learning into an 11 week training session! Even if it were only so I could prescribe a quarter of the medications I'm currently learning to use, I would still be quite wary of my ability to learn so much in such a short time.

Every day when I see my patients, I am constantly thinking about questions like: Did I order the right lab tests to know if this medication is affecting my patient's liver or platelets? Am I monitoring them for side effects and treating side effects if they occur? Did I order the test to see if the medication is at a therapeutic blood level? Is the medication I'm prescribing interacting with their hypertension or their medications for high blood pressure? Will it make their diabetes worse and have I checked their blood sugar lately? Did I check an EKG to make sure I haven't made their cardiac condition worse? How much should I adjust the amount of medication I'm giving to my patients with kidney failure? Can I stop the medication when they need a surgical procedure done? Is this medication safe for a pregnant woman? These are complex questions, even for doctors like me who have had training in things like obstetrics and gynecology, surgery, and internal medicine during medical school.

I believe that the proposed training for psychologists who wish to prescribe would not be enough to safely take care of patients. Psychologists would need to learn about the medications themselves, but also the interactions with other medications and health conditions. They'd need to learn about proper laboratory monitoring and interpretation of

lab results. They'd also need authority to order these labs. This seems like it would be quite an undertaking for someone with no medical background. The psychological tests that psychologists often administer are quite complex, and I would not feel qualified to give them with a crash course a few weeks or months long.

I think we need to invest in other ***safer*** strategies to improve the availability of psychiatric care and medications to our underserved populations. Simply giving psychologists prescriptive privileges would not solve the problem, especially since there is also a shortage of psychologists in those same areas. Creating positions for psychiatrists in the community health centers would greatly help. Research shows that when psychiatry is carved-in, the ability of all providers in the primary care setting goes up in the treatment of patients, and patient outcomes improve. Also, supporting and expanding telepsychiatry would help. Lastly, offering help with loan repayment programs or tax breaks would help give psychiatrists the incentives and ability to practice in rural areas where they might not otherwise be able to afford to practice. I personally intend to return to Maui once my training is complete. I also know of several other residents in our program who plan to practice psychiatry on the Big Island, Moloka'i, rural/underserved areas of O'ahu (North Shore & Kalihi Valley), and also possibly Maui.

Again, I strongly urge the committee to oppose this measure. I do not believe it is the right answer to the problem we have with getting enough mental health coverage in rural areas.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Amber Lea Rohner, M.D.

Jason Sakuda
2250 Pauoa Road, #1B, Honolulu, HI 96813

TESTIMONY TO

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSED

Legislation proposes to lower the quality of health care.

Dear Chair, Vice-Chair and Members of the Committee:

I submit this testimony in strong opposition to this measure. I have family members who would impacted by Hawaii lowering its standard of care for the mentally ill. If the intent of the measure is to increase access to mental health services, this bill will not provide that. The only outcome of this measure will be Hawaii endorsing two systems of health care: one for the rich and one for the poor.

I do not agree with that. This bill proposes a training standard which is unacceptable and discriminatory.

Please vote NO.

Jason Sakuda
Teacher

Bruce Schaaf
Ph: 728-1619

TESTIMONY TO

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSED

Legislation proposes to discriminate against the Mentally Ill

Dear Chair, Vice-Chair and Members of the Committee:

I submit this testimony in strong opposition to this measure. I have family members who would impacted by Hawaii lowering its standard of care for the mentally ill. If the intent of the measure is to increase access to mental health services, this bill will not provide that. The only outcome of this measure will be Hawaii endorsing two systems of health care: one for the rich and one for the poor.

I do not agree with that. This bill proposes a training standard which is unacceptable and discriminatory.

Please vote NO.

BRUCE SCHAAF

Daniel Sciaroni, M. D.
Neighbor Island Family Practice

RE: SB 428, 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

Received by Email: William Sheehan, MD

February 7, 2009

Re: SB 428
Relating to Psychologists
OPPOSE

Dear Senator Ige and Members of the Senate Committee on Health,

I am in opposition to Senate Bill 428. I believe there is unacceptable risk to consumers if psychologists were granted prescriptive authority. I also believe the background and rationale used to justify the request for granting this authority, as outlined in the Bill, is not 'the whole truth'.

In my job as a psychiatrist administrator, I have seen first hand the challenges, problems, and adverse outcomes associated with the use of the types of medications proposed in the legislation. Psychotropic medications, all of them, have effects on a person's whole body, not just the brain, and interact with other medical conditions and other medications. Known as 'adverse events' or, if severe enough, 'sentinel events', complications occur from the use of these medications by even the most experienced of psychiatric physicians. Psychiatrists, by virtue of their medical training, know how to minimize the risk of, and successfully manage, complications if and when they occur. The other professions who currently hold prescriptive authority are trained to manage adverse outcomes, as well. Psychologists, under the provisions of this Bill, would not (and do not) have the medical background, training, or expertise to safely prescribe and manage the adverse effects of psychotropic medications.

Additionally, I know that there is much, much better geographic availability of psychiatrists than is described in Bill 428. In my job, I oversee psychiatrists working in centers very close to federally qualified health centers in virtually every area of our State. I also believe that several psychiatrists have offered to work at federally qualified health centers, and had those offers declined. So, the notion that psychiatrists are not available statewide is simply not accurate. I know the Department of Health/Adult Mental Health Division has psychiatrists and advanced practice nurses with prescriptive authority available to citizens who reside in every catchment area of Hawaii.

Please join with me in opposition to this bill.

Sincerely,

William P. Sheehan, M.D.
2206 Aha Niu Place
Honolulu, Hawaii 96821

TOSHIYUKI SHIBATA

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

SB 428RELATING TO PSYCHOLOGIST:

OPPOSE

Dear Chair and Committee Members:

I am writing to you as a concerned citizen and to voice my opposition to this measure. This is a dangerous bill which would allow inadequately trained psychologists to prescribe powerful medications after a few hundred hours of medically related courses.

Medical doctors have undergone more than ten thousand hours and registered nurses and optometrist thousands of hours of rigorous studies, training, and supervision in the sciences and medicine before they are allowed to prescribe medicines. It is inconceivable that psychologist, many without any science or medical background, could safely be trained to prescribe medications that affect a person's brain and other organ systems after a few hundred hours of courses and supervision. Would you want a seriously ill family members or loved one to be treated and prescribed medicine by an inadequately trained health professional? This is what you would be allowing by passing this bill. Previous attempts at psychologist prescription privileges have been found to be extremely costly, inefficient and ineffective.

There are safer and more effective means to provide safe mental health access for the residence of Hawaii. Please do not subject the people of Hawaii to a dangerous and costly program. I urge you to vote NO.

Sincerely,

Toshiyuki Shibata

Chanida Siripraparat, MD

OPPOSE:

SB 428, RELATING TO PSYCHOLOGISTS

I write in opposition.

My personal experiences have helped me understand why there may be a shortage of psychiatrists on neighbor islands. As an international medical graduate who underwent psychiatry residency training in the US on J1 Visa status, I was required to either return to my home country for 2 years or work in an underserved area at the conclusion of my training. Because of my connections and experience with Hawaii, I sought a position in Hawaii and inquired about work in community health centers and hospitals in the neighbor islands. Before graduating from fellowship training in June 2005, I contacted many of the community health centers in all of the areas in Hawaii that are considered underserved including, Hilo, Kona, Molokai, Maui, Kauai, Waianae, Waimanalo. However, I was informed that most of these clinics and hospitals did not have any openings for psychiatrists at the time. I contacted Dr. Robert Young at Waianae Comprehensive Health Center who told me that while they needed more psychiatrists, they didn't have enough "office space" and so they were unable to hire more psychiatrists at that time.

I next applied to Hana Community Health Center. I was informed that one of my duties would be supervising the psychology interns working at the clinic who were "managing medications" for the patients. As I considered their training inadequate to provide quality medical care, I informed them that I would need to see all patients together with the psychology interns and in that capacity would be willing to supervise them. The director of the clinic told me they would be unable to pay me the same rate as the average psychiatrist earns because of their funding. However, I told them I was amenable to discussing this as I was having trouble finding a job in an underserved area in Hawaii and I was set to graduate in a month. Because I really wanted to stay in Hawaii, I was willing to work at Hana Community Health Center even though it is located in very remote area. I interviewed at the facility and was willing to commit to working there for at least 3 years before working anywhere else. I made this clear to them. However, 2 weeks later I received a letter from the Hana Community Health Center thanking me for my interest in the "Psychologist position" but indicating they would prefer to continue the search for a Psychologist for the clinic, despite the fact that they only had one psychiatrist traveling to Hana from Kahului about once every two weeks.

I also attempted to apply for a psychiatrist position at the Hilo Community Mental Health Center, which I was told had a serious shortage of psychiatrists for many years. However, despite my inquiries to AMHD, it took almost 6 months for the authority in charge of the hiring process to contact me back. I interviewed and was accepted for a position starting

August 2005. However, in order to work in this underserved area I had to change my visa by getting a J1 waiver and applying for an H1B visa. The responsibility for starting the visa process lay with AMHD, but for some unclear reason, my lawyer had difficulty getting the required feedback and necessary paperwork from AMHD. As I had been unemployed for at least 5 months and there still was no progress being made from AMHD, I searched for other opportunities. Fortunately at the end of November, 2 part-time positions became available in underserved areas in Honolulu. Staff at these programs were very eager to help me obtain the J1 waiver and H1B visa, although the process took about 7 months before I could start working. I had to return to my home country about 6 months to wait for my working visa.

Psychiatrists graduating from foreign medical schools who have undergone residency training in the United States face very real and painful experiences when trying to find work in underserved areas in Hawaii. My experiences opened my eyes to some reasons for the shortage of psychiatrists on our neighbor islands:

1. An ineffective recruitment and hiring process. At the Adult Mental Health Division there was only one person in charge of hiring all psychiatrists for the neighbor islands. Getting in contact with this person was extremely difficult. Despite my repeated efforts to call this person and have him call me back, my inquiries went nowhere. I spoke with another applicant for the position on the Big Island, a former classmate, and he reported experiencing the same problem. He now works in California and the Big Island is still without a permanent psychiatrist.
2. Most of the community clinics I contacted told me they didn't have any positions for psychiatrists, but only for psychologists. I was extremely surprised to learn that finding a job as a psychiatrist—which is supposedly a profession in dire shortage—is not so easy after all.

I hope that my experience would help you understand the deeper issues of the mental health system in Hawaii. The problem is not a lack of psychiatrists willing to serve in remote areas but a lack of an appropriate recruitment system and funding structures to support hiring them.

Chanida Siripraparat, M.D.

Donna Sliwowski, MD
Ph: 741-1410

RE: SB 428 Relating to Psychologists – OPPOSE

I work as a psychiatrist for community mental health provider agency. My interest has been to work on neighbor islands however positions are not available. I would appreciate more legislative work to solve barriers instead of pushing an agenda on a poor solution objected to by many.

I have concerns that if you are to take this leap to allow someone outside of the medical training arena to prescribe after only a year of didactic training, how long will it be before psychologists with a PsyD degree will also want prescriptive authority with only minimal training or others such as social workers and case managers?

It seems so many falsehoods and half-truths are being told in an effort to push this measure forward it has become difficult to review rural health needs objectively.

Sincerely,

Donna Sliwowski, MD

February 9, 2009

RE: SB 428, Relating to Psychologists

Dear Senate Health Committee Members:

Once more the public's health is at risk in our legislature. This time a bill to allow psychologists [Ph.D.s] to prescribe medication, SB 428.

The public often confuses psychiatrists and psychologist because they both begin with "psych" and overlap in doing talking therapy. But psychiatrists are *physicians* [M.D.s] who go through the strenuous medical education of four years and then at least four more years of supervised patient care during a residency. . Psychotropic medications are among the most powerful of medicines. This bill, now in the Senate, is an attempt to "end-run" this rigorous training and it needlessly endangers the public's health.

The issue is presented as fulfilling a need in rural areas, but psychologists like to practice where psychiatrists do— in urban areas. Unless funding incentives are dedicated to get physicians to rural areas, we will continue to see a lack of all specialty medical care in rural areas.

I had a psychologist in my residency who went to medical school to become a psychiatrist. That path is always open. But why do by academic *degree* when you can just get a legislative *decree*? The hardest task for our elected representatives is to say no to special interests when public safety is involved, but it is their most important duty.

Mark Dillen Stitham, M.D., F.A.P.A.
Diplomate American Board of Psychiatry and Neurology:
334 Ilimalia Loop
Kailua, HI 96734

254 3838

CYNTHIA M. STUHLMILLER RN, MS, DNSc.

February 7, 2009

RE: SB 428 Relating to Psychologists, 2/11/09 at 3:00 p.m., Conf. Rm 016
Senate Committee on Health, Sen. David Ige, Chair

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.

Cynthia M. Stuhlmiller RN, MS, DNSc.
Email: cstu@hawaii.edu

Hiro Sung, MD, Internal Medicine
2756 K Pali Hwy
Honolulu, Hawaii 96817
Ph: (808) 351-8487

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

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

Thank you.

Rika Suzuki, M.D.

February 13, 2007

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

15 Weeks of Training versus 8 Years: Who do you want treating your loved ones?

My name is Rika Suzuki, MD -- I am testifying in ***strong opposition*** of this measure, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I plan to specialize in geriatric psychiatry and have a special interest in this issue because of the enormous and unacceptable risks this bill would pose for elderly patients needing psychiatric care. All patients, but particularly the elderly have sensitive and individualized physiological responses to medicines. Additionally, because many of our elderly in Hawaii have multiple medical conditions, they tend to need multiple medications-- what we refer to polypharmacy. Though we try to minimize and streamline every patient's medication regimen, in the elderly, who require various medications, this is a unique challenge.

The human body responds differently to medications as it ages, and what may not be harmful to a young adult can be dangerous to our aging patients. The more medications a patient is on, the greater the challenge of considering drug interactions and adverse reactions, weighing benefits and risks at all times. For this reason, current medical training in this country places tremendous emphasis on this understanding of biochemical and physiological responses to chemicals in medicines. This is accomplished via pharmacology classes, but virtually every other discipline in the medical curriculum-- anatomy/physiology, biochemistry, and then the systems-based academic units (i.e., cardiology, pulmonology, endocrinology, gastrointestinal medicine, behavioral sciences and neurology, to name just a few).

I strongly urge you to consider that medication prescription is a learned scientific skill that cannot be replaced by courses in pharmacology to augment a rigorous training in Psychology. Medication prescription commands intensive and holistic systems-based medical training, so as not to place our patients' health and lives at stake.

Thank you for your time and consideration to oppose this bill.

Sincerely,
Rika Suzuki, M.D.

Junji Takeshita, M.D.

1356 Lusitana Street, 4th Floor

Honolulu, HI 96813

(808) 586-2927 Fax: (808) 586-2940

COMMITTEE ON HEALTH
Senator David Ige, Chair
Senator Josh Green, MD, Vice-Chair

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

The solution is not to provide the mentally ill with a "lower standard of care" but rather to have new models which provide access and improve patient outcomes.

Dear Chair and Committee Members:

I submit my testimony in opposition to this measure.

In my clinical role I frequently see psychiatric patients whose medical problems are seriously impacted by their psychotropic medications. Many of these patients are managed by primary care practitioners who have 4 years of college, 4 years of medical school, and at minimum 3 years of residency training. Even with such training, the complexity of modern psychopharmacology results in frequent drug interactions with serious consequences. The idea that psychotropic medications even if improperly used is better than nothing at all is appalling.

I recall seeing one middle aged woman who nearly died from an overdose due to a combination of psychiatric medications prescribed by an internist (two commonly used antidepressants). She required prolonged hospitalization in the intensive care unit. A routine psychiatric consultation would have clearly picked up the error. I wonder if a psychologist with minimal training would have recognized a problem missed by a board-certified internist.

Finally, I agree that access to psychiatrists is a serious problem for the mentally ill especially in the outer islands. The solution is not to provide the mentally ill with a "lower standard of care" but rather to have new models which provide access and improve patient outcomes. For Hawaii, the best example would be telepsychiatry. Telepsychiatry bridges the distance between patient and provider. With adequate funding, the resources of psychiatrists from Honolulu could easily assist the rural communities.

Please hold this measure in committee.

JUNJI TAKESHITA, MD

Scott Teraoka, MD
2nd Year Child Fellow with 3 Years General Psychiatry
98-1378 Kaohohi Street
Aiea, Hawaii 96701

February 9, 2009

RE: SB248, Relating to Psychologists
Hearing Date: Wednesday, 2/11/09

POSITION: Opposed

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. . I urge you to hold this bill in committee.

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

Scott Teraoka, MD

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

February 7, 2009

Regarding: SB 428 Relating to Psychology
Hearing: 2/11/09 at 3:00 pm in Conf. Rm 016

OPPOSE

From: Thomas Grollman, M.D.

I am an Orthopedic Surgeon on the island of Kauai, I want no express my strong opposition to this measure. 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)

Sharon M. Tisza, MD, 2009 Makiki St. #C Honolulu, HI 96822

Passing this bill still will not improve access to psychiatric services; it will only create a lowered standard of care.

Re: SB 428 Relating to Psychologist

I am writing in opposition to this measure.

I have been a physician in the state of Hawaii since 1996. I have had extensive training in Adult Psychiatry, Child and Adolescent Psychiatry, Addiction Psychiatry, Forensic Psychiatry and Pediatrics. Following four years of undergraduate school and four years of medical school, my residencies and fellowships took seven years to complete. I am now board certified in Adult Psychiatry, Child and Adolescent Psychiatry and Forensic Psychiatry and all three of these certifications were possible after a total of *fifteen years* of training, supervision and studying.

It is with great concern that I write this testimony related to psychologists, who with minimal additional training, believe that they can safely, competently, *and independently* prescribe psychotropic medications.

There are numerous deficiencies in psychologists training that do not support the ability to prescribe psychotropic medications:

a. The lack of adequate medical education about physical disease that can contribute to psychiatric presentations as well as severe and life threatening side effects that are possible with these powerful central nervous system agents

b. The lack of adequate grounding in the basics of organic chemistry, biochemistry, normal and abnormal physiology, anatomy, and general pharmacologic principles.

c. Inadequate experience in the care and treatment of the seriously mentally ill and patients with dual medical and psychiatric illnesses.

Thank you for your consideration to oppose this measure.

Sharon M. Tisza, MD

"We did not receive our diploma to practice medicine from a philosophy program"

RE: SB 428, Relating to Psychologists

Testimony of John O. Viesselman, D.O.
Position: OPPOSE

I submit my testimony in opposition to this bill.

I am a board certified adult and child psychiatrist. I am a clinical associate professor of Psychiatry at the John A. Burns School of medicine. I am involved with training psychiatric physicians. I am opposed to crash course prescribing by psychologists. It is based on greed, not patient need. This bill is a foot in the door approach.

If psychologist submitting this measure truly were concerned about patient medical need with regard to medical care, they would have gone to medical or nursing school since that is a time and scientifically proven training method designed to maximize patient safety and minimize quackery.

Please keep saying "no" each time this comes up. It will continue to come up in upcoming years. Psychologist strategy is to willfully wear down legislative resistance by re-introducing this measure each year until legislators give up and pass it. Don't give in. Just say no. Keep saying no and move on to more substantive issues.

1. With regard to access. This is a red herring to justify crash course prescribing. Family pracitioners, pediatricians, psychiatrists, child psychiatrists, other physicians, and APRN nurses all can precribe and have the training for it. Legislation helping the available workforce would be better than creating a pseudo medical tier of inadequately trained people to give our underserved patients and families what amounts to 10th rate medical care (based on training hours proposed). Would you or your family want 10th rate medical care?

2. With regard to training and safety, crash course prescribing is dangerous. Medicine is life and death. We deal daily with medical issues and health. We did not receive our diploma to practice medicine from a philosophy program. Without medical training and medical oversight patient safety will suffer. Adequate training to prescribe has clearly been defined as medical school or nursing school with advanced nursing training.

John Viesselman, D.O.

CARLOS WARTER M.D. , PSYCHIATRIST
4211Waialae Ave Suite 207
Honolulu Hi 96816

"Access to psychiatric services can be improved through telepsychiatry and by carving-in psychiatry to community health centers."

SB 428 Relating to Psychologists

POSITION: **OPPOSE**

I am writing in opposition to this bill.

I am a Chilean Born physician, trained in Chile, UK, Harvard and Colorado who has made Hawaii home for me and my family. I am a psychiatrist specializing in caring for people suffering from severe diseases such as schizophrenia, bipolar disorder, depression and PTSD. I also have published 20 books in the field and created a Foundation which 20 years ago received the Messenger of Peace Award from the United Nations for its charitable contribution to the underserved in 3 continents. I also specialize in issues of personal growth, identity crisis and spirituality. I have been a doctor for 36 years in practice

I firmly oppose this measure because:

- Psychopharmacological inadequate training is not human physiology and Pharmacology. There is more to prescribing that knowing one area of pharmacology. One would not want to receive heart disease medicines or cancer therapeutics by someone trained for only one exclusive part of a human global functioning

- ***Access to psychiatric services*** can be improved through telepsychiatry and by carving-in psychiatry to community health centers.

Please do not pass this measure out of your committee. Please instead support other bills to improve access on neighbor islands.

Thank you.

Carlos Warter M.D.
Associate Clinical Professor of Psychiatry University of Miami School of Medicine
Assistant Clinical Professor Complementary and Alternative Medicine University of Hawaii JABSON School of Medicine

CRAIG WILLERS
MENTAL HEALTH CONSUMER
CONCERNED VOTER

OPPOSE

SB 428, Relating to Psychologists

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
685-8823

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 428, Relating to Psychologists

OPPOSE

My impression is that SB 428 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.

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

SB 428
The Senate Committee on Health
Senator David Ige, Chair
Senator Josh Green, MD, Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings
2/11/09, Friday at 3:00 pm
Conference Room 016

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 HB 252 is inadequate. Dr. Hirsch, in his testimony, 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

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."

HB 252 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

Michael B. Zafrani MD

"Psychiatrists are already willing to serve in rural clinics but there are no positions available."

RE: SB 428, RELATING TO PSYCHOLOGISTS

OPPOSE

Dear Chairman and Members of the Committee:

As a physician I feel that all my hard 14 years of graduate work in Medicine were in vain if a Psychologist who has no medical training could prescribe Psychotropic medications after a preparatory course. The problem of under serviced areas cannot be solved by creating another problem of introducing incompetent people to service the area.

Rather the Hawaii Psychiatric Medical Association is taking action to get Telepsychiatry to be paid for by insurance. We make ourselves available to consult with primary care physicians to treat the mentally ill in emergency, until we can see them. We are requesting psychiatric positions at the mental health clinics to be made available. Psychiatrists are already willing to serve these rural clinics but there are no positions available. Please defeat this bill and let's offer a real medical solution rather than a flimsy band-aid.

Sincerely,

Michael B. Zafrani MD

TO: Senate Committee on Health

FROM: Debbie Zimmerman

DATE: February 10, 2009

RE: SB 428, Relating to Psychologists

Dear Senator Ige and members of the Senate Committee on Health,

I am writing you against SB 428.

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
debbiez@hawaii.rr.com

From: **Gayln Akaka** <kongakaka@gmail.com

Senator David Ige, Chair
Senate Health Committee

Senator Josh Green, MD
Vice Chair, House Health Committee

February 7, 2009

Re: SB 428 February 11, 2009

Position: Opposed

Dear Senator Ige,

I am a social worker who worked for 7 years in VA Mental Health Clinics, both here and on the mainland. I have worked closely with physicians and medical students, as well as psychologists and psychology students. Both professions take years to learn, but otherwise have no comparison. One should not be substituted for the other.

The medical students' training involves constant interrogation by their professors on every aspect of their patients body: liver, kidney, heart, etc. The psychology students spend years learning counseling, how to work with individuals, families, and groups and certainly deserve credit for that. But counseling is not chemistry. Psychology is not medicine. Both are valuable, but are very, very different kinds of training designed for very different purposes.

Would you let a medical student with half a year of medical school, who never set foot in a hospital, nor had any training under a real physician professor, to practice medicine on you or on your mother? These bills require even less.

It is disturbing to hear that the local NASW may be in support of this. I do not know why, because they certainly do not speak for me, nor for the social work colleagues and friends of mine, who are abhorred by this idea.

Please vote no on SB 428.

A far better alternative would be to help Advanced Practice Registered Nurses serve psychiatric patients in underserved areas and in Federally Qualified Health Centers. The 7 + years of medical training that they have is way better than the 4 months of training called for by the above bills. Some APRNs are already legally providing psychiatric care in collaboration with medical doctors in

Neighbor Island differential for all physicians. While the Governor supported the measure, she was unable to release funds due to the economy. If funds become available, the HPMA will be asking this measure be reconsidered.

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 contacted the HPMA and the University of Hawaii JABSOM Department of Psychiatry requesting input 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 only seven 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 areas.

Thank you for your consideration in opposition to this measure.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

underserved areas. For years there has been an APRN providing psychiatric care in Hamakua, and since 2007 an APRN RX has been providing psychiatric care full time in Ka'u.

Thank you for your consideration of my testimony.

Gayln Akaka, MSW

TESTIMONY OF JEFF AKAKA, MD

Re: SB 428

Possition: Opposed

Dear Senator Ige and members of the Senate Health Committee:

Please hold SB 428 for the following reasons:

While it contains some statements that are true, it also contains a number of substantial inaccuracies.

Despite numerous assertions that such a program is safe, there are no scientifically valid studies of any merit, by an objective party, proving this. The closest was our own Hawaii Legislature which ordered the Legislative Research Bureau to do such a study which found in 2007, that such programs could not be considered safe, and bore no comparison to the often reference Department of Defense, Psychopharmacology Demonstration Program

Often repeated testimony that thousands of patients have been prescribed medication by psychologists without a single adverse outcome, have no basis in any scientifically valid study. Given adverse reactions to all drugs, including fake drugs called placebos, such statements not only strain but break medical credibility. First hand testimony of a witness to actual patient harm, reporting that a patient who had to be hospitalized in the intensive care unit in heart failure, because she followed the advice of a psychologist to take certain psychiatric medications, was presented in a House Health Committee 2 years ago.

Extensive outreach efforts to rural areas have been made over the past few years. Additional psychiatrists, and APRN-Rxs, have been hired by the Adult Mental Health Division in the past few years. They serve Honolulu, Central Oahu including a full time psychiatrist in Wahiawa, and Waianae (including Makaha). They serve East Hawaii (four psychiatrists and one APRN-Rx covering Hilo, Honokaa, Puna and the Hilo Medical Center), West Hawaii (3 Full time and one back-up psychiatrist, plus one APRN-rx covering Kona Hospital, the Kona outpatient clinic, and full time coverage at the Kau Satellite of the Kona Community Mental Health Center). For years the AMHD has supplied regular psychiatric coverage to Molokai, Telepsychiatry has been implemented through the Department of Psychiatry, and Sonia Patel, MD started a private practice on Molokai, adjusting her practice to the actual need.

A school of thought that promotes the idea that less than one semester of Medical School, (660 hours = four months if done at a medical school level of intensity) is enough to safely practice medicine, is a school that no one should enroll in.

Thank you for your consideration of my testimony.

Aloha and mahalo,

Jeffrey Akaka, MD

prescribe medications. I do not object to psychologists prescribing medications after going to medical school.

2. **Access to mental health care:**
   a. Issues associated with access to medical care are real and the committee has valid concerns. However the solution is not just increasing the number of providers, but by increasing the right type of providers. This can be done in several ways

   b. Increasing the number of graduating psychiatrists from the residency programs who would serve in underserved areas. This could be done by offering public or rural psychiatry stipends during the training years with payback by serving the same number of years as they received the stipend (e.g.: 3 year payback for 3 years of stipend). There was a similar program a few years ago at the University of Hawaii residency program till the funding ran out. Reinstating State funding (about $ 15,000 a year per psychiatric resident) can help meet the needs of underserved areas. Graduates of this program went on to serve the Hawaii State Hospital, the islands of Hawaii, Maui, Kauai, and Molokai.

   c. Offering other incentives to psychiatrists would be programs such as J-1 visa waiver programs for international medical graduates who are willing to serve in federally designated underserved areas. A number of states in the country staff their rural areas through this program.

   d. Collaborative efforts involving advanced prescriptive practice nurses working with psychiatrists can meet needs in rural areas. An example of this type of program was the IMUA program of the Adult Mental Health Division and the University of Hawaii on the island of Hawaii.

   e. Telemedicine programs funded through State and Federal grants can also bring access to high quality psychopharmacologic care in the context of multidisciplinary mental health care to rural areas. A number of states have used this approach. Elements of this have also been used on the island of Hawaii through the IMUA project. There are already efforts underway in the State with the psychiatric community taking a lead in this.

In conclusion, access to care and high quality psychopharmacologic services are not mutually exclusive. I would urge the committee to not come up with a solution that is worse than the problem by pass the psychology prescribing bill. As the Hippocratic Oath states: "Primum non nocere" or First do no harm

Thank you for your consideration to hold this measure in committee.

Iqbal "Ike" Ahmed, M.D., MRCPsych (U.K)

Iqbal 'Ike' Ahmed, M.D.

SB 428 Relating to Psychologists

Position: OPPOSED

I submit my testimony in opposition to this measure. I am a psychiatrist, a clinical psychopharmacologist, and a professor of psychiatry. I am responsible for teaching the psychopharmacology course to psychiatry residents in training at the University of Hawaii and provide psychiatric consultations, and do research in psychopharmacology. My reasons in opposition are related to:

1. **Concerns about patient safety and well being**
   a. The lack of adequate medical education of psychologists, even with the proposed psychopharmacology training, about physical disease that can contribute to psychiatric presentations or complicate the pharmacologic management of psychiatric disorders. Didactic teaching and supervised prescribing for a few hundred hours is not enough. Psychiatrists' training in doing physical examinations on patients, and treating medical diseases gives them a grasp of the type of side effects seen with medications, and complexity of treating patients co-existing medical and psychiatric diseases. Having a non-psychiatric physician treat the medical component without sufficient grasp of psychiatric problems with a psychologist prescribing psychiatric drugs leads to un-integrated and potentially risky medical and psychiatric care.

   b. Modern psychopharmacology is more complex than is realized. We are dealing with rapidly growing fields of neuroscience and psychopharmacology, with a large number of medications coming out, and the brain being the most complex organ in the human body (with one trillion cells, and several dozen brain chemicals). What goes on in the brain affects the body and vice versa.
      A number of the psychiatric medications have side effects which can be life threatening. In addition, since patients are on a number of medications (both medical and psychiatric medications) simultaneously, there is a high risk of drug interactions that can lead to poor response to the medications, or even produce dangerous drug reactions that can lead to hospitalization and death. <u>As it is adverse drug effects are the 5th leading cause of deaths in the U.S. Do we really want to make thing even worse in Hawaii?</u>
      Whether a medication is beneficial or harmful to a patient depends not just on how good the medication is, but how good the prescriber is.

   c. What is necessary is having as skilled as possible, not less skilled and knowledgeable practitioners. As a result of this bill, I am afraid we are looking to develop not "excellent practitioners", but not even "good enough practitioners. We should be looking to enhance training of psychiatrists in psychopharmacology through strong undergraduate, graduate and continuing medical education of psychiatrists, not look for less trained practitioners by having psychologists

Ruby Agoha, M.D.
3rd Year Triple Board
Psychiatrist, Child Psychiatrist, Pediatrician

RE: SB 428 RELATING TO PSYCHOLOGISTS

I submit my testimony to you today in opposition.

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.

Psychologist simply do not have the foundation education in physiology of medications and biological effects. This cannot be learned in the short course proposed.

Very truly yours,

Ruby Agoha, MD

Gene Altman, MD
Suite 1125, 1001 Bishop St.
Honolulu, HI 96813
ph: 587-7077 fax: 587-7076

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

I submit my testimony in opposition to this measure.

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.

Please vote no.

Gene Altman, MD

GALE R. BEARDSLEY, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

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

Hawaii State Capitol
Honolulu, Hawaii 96813

RE: SB 428, Relating to Psychologists

Dear Chair and Committee Members,

IN OPPOSITION

I am writing to you as a psychiatrist in private practice on Oahu. I am asking that you hold this bill in committee. I have at least three concerns about this bill.

1) There are preferable ways to improve access to psychiatric services in the Federally Qualified Health Centers. Please help us "carve in" psychiatric services in these primary care clinics.

2) As the LRB study reported there are significant concerns about safety when it comes to psychologists prescribing medicine. The training in this measure is insufficient to ensure safety.

3) Our Native Hawaiian residents and the others who get there care at FQHC's deserve the same quality of care as every other state resident. Do not create a second tier level of care which this bill would do.

Thank you for allowing me to provide this testimony in opposition.

Sincerely,
Gale R. Beardsley, MD

Adam Sprouse-Blum
45-615 Halekou Pl.
Kaneohe, HI 96744

SENATE COMMITTEE ON HEALTH

Senator David Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

DATE: Wednesday, February 11, 2009 at 3:00 pm

SB 428: RELATING TO HEALTH

My name is Adam Sprouse-Blum, MD and I submit my testimony in opposition to SB 428.

Instead of giving expensive consideration to a cadre of professionals trained 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 and promoting the expansion of telehealth.

Thank you for your "No" vote.

Adam Sprouse-Blum, MD

Phil Bohnert, MD
Former Vice Chairman and Behavioral Science Director
Department of Family Medicine and Community Health
John A. Burns School of Medicine

RE: SB 428

POSITION: OPPOSE

I am a psychiatrist in strong opposition to this measure for the safety of consumers. I maintain my position for quality health care for all Hawaii residents.

Thank you for your consideration.

Phil Bohnert, MD
Ret. Vice Chairman and Behavioral Science Director
Dept. of Family Medicine and Community Health
John. A. Burns School of Medicine

Derick Chae, M.D.

To Whom is May Concern,

SB 248, Relating to Psychologists

Position: OPPOSE

Dear Chair and Committee Members:

My name is Derick Chae. I am a child psychiatrist in opposition to this measure. Our patients deserve better treatment than the trial and error method that may come to pass.

I was born in Korea, lived in Michigan, Virginia, and New Jersey before moving to Hawaii four years ago to for my adult and child psychiatry training

I feel very fortunate to be able to call Hawaii home. I love my job as a psychiatrist and feel confident on depending on my medical and psychiatric training during my medical school and residency years to benefit my patients. The psychologists that I've met are excellent at what they do - which is psychotherapy. I've met many excellent psychologists and am thankful for the expertise in helping our patients. However, it is difficult for me to understand how a 10 week training class will allow them to safely prescribe medications that are potentially disabling and even lethal.

The people that may suffer from granting psychologists prescribing rights are the indigent population of Hawaii. These are the people that need our help the most, and we are offering them a dangerous alternative. Why not offer the best care by offering psychiatrists stipends to enter underserved areas? I know many residents, including myself, that would be thrilled to do this. Why send people that have minimal medical knowledge to prescribe medications to our patients?

I hope that we can work to prevent such dangerous bills to protect the people of Hawaii.

Sincerely,

Derick Chae, MD

Harry Chingon, M.D.
98-211 Pali Momi Street, Suite 414
Aiea, Hawaii 96701-4318
Ph: (808) 484-9200 Fax: (808) 484-9299

TO: Senate Health Hearing
Sen. David Ige, Chair
Sen. Joshua Green, MD, Vice-Chair

RE: SB 248, RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I submit my testimony in opposition to this bill because a comprehensive medical education is necessary to safely prescribe psychotropic medications. My medical training required five years of residency training in hospital residency programs in addition to four years of medical school and a four-year Bachelor of Science degree. Allowing psychologists to prescribe medications without adequate medical training will only serve to degrade the level of medical care in Hawaii. We are fortunate to have the John A. Burns School of medicine in our state, which has raised the quality of medical training and care in Hawaii. The use of medications in psychiatry has become increasingly complex as risks and side effects of new powerful medications become apparent. Risks involved with the use of powerful psychiatric medications include but are not limited to diabetes, metabolic syndrome, suicidal ideation, cerebral vascular accidents, growth retardation, anorexia, tachycardia, hypertension, psychosis, intestinal entrapment, neurologic disorders, glaucoma and sudden cardiac death.

In order to safely prescribe medications, in addition to my thirteen years of medical school education, residency training, and science education, I am regularly attending conferences both here and on the mainland to keep up to date to ensure that the people of Hawaii are given only the best medical/psychiatric care available.

Mya Moe Hla, MD, MPH, PhD
625 Auwina Street
Kailua, HI 96734
Ph: (808) 263-0180 Fax: (808) 843-8382

SB 428 RELATING TO PSYCHOLOGISTS

In Opposition

Honorable Chair and Committee Members:

I had been working at a Federally Qualified Community Health Center for over 10 years developing programs for comprehensive health care. Seeing a need of mental health in underserved population inspired me to pursue Residency Training in Psychiatry.

Psychologist prescribing psychotropic medication is not the answer to improving access for mental health care. Psychiatry services should be carved-in to the community health center in primary care setting. Research shows when psychiatry is carved-in the ability of all providers in the primary care setting goes up in the treatment of patients with improvement in patient outcomes.

I am planning to return to work at a Community Health Center, and also to have part of my residency training in a community health center setting. Likewise, a number of colleagues who are psychiatry training have intention to work in underserved areas across the State of Hawaii. Promoting training of psychiatrists in community and telepsychiatry services are some of the promising ways to improve access to mental health service in underserved areas.

I strongly believe that Psychiatrists are essential part of a team in providing mental health care assuring quality and clinical safety. Population served by Community Health Centers deserves the direct access to services by Psychiatrists.

Thank you very much giving me opportunity to testify at this hearing.

Respectfully,

Mya Moe Hla

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 Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

DATE: Wednesday, February 11, 2009 at 3:00 pm

SB 428: RELATING TO HEALTH

POSITION: **OPPOSE AS WRITTEN – please see recommendations for modification. I have proposed specific changes to SB428 which, while being less rigorous than the Department of Defense Psychopharmacology Demonstration Project, still provide for adequate training. A formal proposal is attached at the end of this testimony.**

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. Two+ (2½) years as Veterans Health Administration Psychiatrist

c. Teaching Faculty History: both Psychology Internship and Psychiatry Residency at,
   i. Eisenhower Army Medical Center (as a psychologist)
   ii. Letterman Army Medical Center (as a psychologist)
   iii. Naval Medical Center San Diego (as a psychiatrist)

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

Comments on SB428: Pertaining to Health

Errors of Fact:

1. "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.*

   - *In the introduction and justification for this bill, the proponents specifically included services to "FELIX" children. Most psychiatrists who are not residency-trained in child psychiatry would not prescribe for such children, nor for the elderly, feeling that they are not adequately trained for either of these scopes of practice. Similarly, medically compromised patients require special care, usually provided by psychiatrists who have specialized in consultation/liaison psychiatry. The proponents of this bill seem comfortable with allowing minimally trained psychologists with no training specific to these patient groups free rein to prescribe to these special, higher-risk populations. SB428 should be modified to reflect scope of practice limited to healthy adults age 18 to 65.*

2. "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. SB428 should be modified to reflect the training and practice parameters of the DoD PDP in all respects.

Shortcomings of SB428:

1. **§465-B (a) (2) (A)** "The psychologist shall have completed a master's degree in psychopharmacology or the equivalent." *The requirements for a master's degree in psychopharmacology are less than the requirements of prior iterations of this bill. For such a master's degree, a total of thirty-two (32) semester hours are needed, compared to, for example, forty-four (44) required by HB252* ("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…").

   While the listing of core areas of instruction in this bill 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. SB428 should be modified to specify the details of mandatory course content, not just course titles. I would propose the following, with the notation that the total number of credit hours proposed is less than that required by HB252, and less than that required in any iteration of the Department of Defense Psychopharmacology Demonstration Project.

   The didactic training shall include a minimum of 625 hours of classroom instruction in at least the following core areas of instruction, augmented by appropriate associated laboratory study. The credit hours listed for each content area represent guidelines which may be modified up to 10 percent (10%) for any content area.

Course Content	*Credit Hours*
Anatomy/Cell Biology	*30*
Neuroscience	*90*
Biochemistry	*50*
Physiology	*50*
Pathophysiology	*30*
Health Assessment	*40*
Pharmacology	*100*
Clinical Pharmacology	*105*
Clinical Medicine	*100*
*Other Clinical Psychopharmacology Content**	*30*
Total	***625***

* The DoD PDP provided for a 34 credit hour symposium in clinical psychopharmacology. In order to provide flexibility and responsiveness to the needs and interests of the individual trainee, this has been replaced with 30 hours of didactics in any clinically applicable psychopharmacology content area(s).

Levels of required training complexity and detail, per the above Report, are defined by the following training equivalency:

(a) School of Medicine: neuroscience, pharmacology, clinical medicine, clinical pharmacology and clinical psycho-pharmacology. These courses must be taken either in an accredited school of medicine or in a program deemed by an accredited school of medicine to be the full equivalent. Passing grades are to be determined by the same standards by which medical students are judged in these content areas.

(b) School of Nursing: anatomy and cellular biology, biochemistry, pathophysiology, physiology and health assessment. These courses must be taken either in an accredited school of nursing or in a program deemed by an accredited school of nursing to be the full equivalent. Passing grades are to be determined by the same standards by which nursing students are judged in these two content areas.

2. **§465-B (a) (2) (B)** "The psychologist shall have obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of a supervising physician. This consists of at least one year, involving four hundred hours treating a diverse population of no fewer than one hundred patients with mental disorders including at least two hours of weekly supervision. The supervising physician shall not be 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. ***400 hours of practicum, if performed on a full-time basis, represents only ten (10) weeks of full-time practicum.***

- *The DoD PDP required a year of full-time clinical practicum, which would be the equivalent of 2,080 hours, not just 400, plus required evening, night and weekend emergency duty. This is greater than five times more clinical supervised practice. SB428 should be modified to require the equivalent of a full-time year of supervised clinical work involving prescriptive practice, e.g., at least 2,080 hours. The following is therefore recommended:*

  Has completed a supervised practicum of at least one year involving one thousand and nine hundred (1,900) hours treating a diverse population of no fewer than one hundred and fifty (150) patients with mental disorders for whom the psychologist has prescribed and managed psychotropic medication. A board-certified psychiatrist shall supervise the practicum, such supervision including at least two hours of weekly supervision and

the supervisor shall not be in the employ of the person being directed or supervised. In accordance with the supervisory requirements required by the disciplines of both psychology and psychiatry, all medical record notes for the supervised cases must be co-signed by the supervising psychiatrist.

The figure of 1,900 represents a decrease from one full time year (2,080 days) to allow for sick days, holidays and vacation days (47.5 days).

The requirement for at least 150 patients to be treated during the practicum is less than the average seen by any but the first group of DoD PDP fellows, which had a 6-month inpatient rotation and thus spent less time in outpatient settings. The supervised practicum is the training experience wherein the prescribing psychologist gains the most important psychopharmacological clinical skills. This requirement is to assure that the trainee has the necessary training experience, *e.g.*, his/her practicum experience cannot be predominantly patients for whom it is determined that psychotropic medications are not appropriate, and must include a sufficient number of patients for whom he/she prescribes and manages psychotropic medication.

In the DoD PDP, all supervision was provided by psychiatrists. Prior iterations of this Bill have proposed supervision by "prescribing mental health professionals", *e.g.*, "medically trained and licensed physician, psychiatrist, advance practice nurse, or nurse practitioner specializing in mental health care".

a. Advance practice nurses and nurse practitioners specializing in mental health are not permitted to prescribe psychotropic medication in a fully independent manner. Supervision of clinical practice should be by professionals who are licensed to practice independently in the area of supervision.
b. Other than psychiatrists, there are no licensed physicians "specializing in mental health care" unless such a physician is practicing outside of his/her scope of practice. No provider should practice outside of his/her defined and authorized scope of practice, and a physician doing so should certainly not be used as a clinical supervisor.
c. Therefore, only psychiatrists should provide the supervision for the practicum, consistent with the DoD PDP.

Guidelines for the professional disciplines of both psychology and psychiatry require that all clinical notes of supervisees by co-signed by the respective supervisor. In order to meet the

standards of training in both professions, the same requirement is articulated here for clarity.

- *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. SB428 should be modified to specify diagnostic, age, gender and other diversity requirements, as for example, in the flowing:*

  > *"Diverse population of patients" means a range of patients across the spectrum of psychiatric diagnoses. This must include at least ten patients suffering from each of: major depressive disorder, dysthymic disorder, generalized anxiety disorder, panic disorder, bipolar spectrum disorders, schizophrenic spectrum disorders and substance use disorders (exclusive of tobacco use disorder). Patients should include both males and females.*

- *The DoD PDP included in its requirements minimum experience with each of the various families of psychotropic medication. As written, SB428 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. SB428 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, SB428 should be modified to require that the practicum be supervised by a board-certified psychiatrist.*

- *As a point of comparison, the Honolulu VA recently established a supervisory requirement for a senior nurse (prescribing APRN) who wished to be privileged to provide very limited biofeedback services (relaxation only, not for treatment of migraine headache, hypertension, esophageal reflux disease, etc. – only for relaxation). She had completed her required didactic training. She is required by the VA to have 72 hours of supervised practicum, 100% of which must be in the specific provision of biofeedback services.* ***This bill requires 400 hours of mental health services, none of which is required to be medication related.***

3. **§465-B (a) (7)** "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"

   *SB428 should be modified to specify "...and will practice the prescribing authority **only** at a federally qualified health center..."*

4. **§465-D Prescription certificate.** "The psychologist has 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. SB428 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. SB428 should be modified to specify all of these parameters.*

   - *The supervision as stated is by "the supervising physician", an issue addressed in the foregoing. SB428 should be modified to require supervision by a board-certified psychiatrist.*

5. **§465-A Definitions.** "Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders, including controlled substances except narcotics. Prior versions of this bill, including HB252, included an "Exclusionary formulary list..." As written, SB428 permits the broadest range of prescriptive practice of any recent version of this proposal. By contrast, HB252 prohibited the prescribing of:

   (1) All narcotics;
   (2) All monoamine oxidase inhibitors;
   (3) All anti-psychotic medications;
   (4) All amphetamines;
   (5) All non-psychotropic medications;
   (6) Lithium; and
   (7) Serzone.

   SB428 should be modified to specifically exclude these agents, and to institute an exclusionary formulary and a panel to determine its content on an ongoing basis.

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 board-certified psychiatrists.** Some did a rotation on consultation/liaison psychiatry.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION
1360 S. Beretania Street, 2nd Floor, Honolulu, HI 96814
www.HawaiiPsychiatrists.org

Re: SB 428 Relating to Psychologists
Hearing: 2/11/09, Senate Committee on Health
3:00 pm, Conference Room 016
Senator David Ige, Chair
Senator Josh Green, MD, Vice-Chair
Senator Rosalyn Baker
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

OPPOSE

The Hawaii Psychiatric Medical Association (HPMA) submits its testimony in opposition to SB 428 due to the inadequacy of the training. Passing 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. In fact the 2007 LRB report does not support the training level as proposed by SB 428. The exact LRB recommendation was, "...a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP [Department of Defense Psychopharmacology Demonstration Project." HB 252 falls considerably short of the PDP minimum requirements. SB 428 appears to have fewer requirements than HB 252.

There is a premise that individual's mental health needs are not being met, however data to support the argument has not been documented and the extent of the need not described. Certainly the recent changes within the DOH Adult Mental Health Division give rise to some concern, however there is much uncertainty regarding impact or extent of impact from the recent AMHD decisions. It is opportunistic to offer a solution before knowledge if whether or not an issue exists. The HPMA strongly urges legislators to fully utilize Hawaii's 300+ psychiatrists, roster of APRN Rx, network of community mental health centers, community health centers and rural health initiatives to meet the current need.

Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx) have appropriate medical training and are capably, currently providing services to patients in underserved areas, particularly on the Island of Hawaii. On Hawaii APRNs been working in partnership with psychiatry since 1996 to provide quality mental health services.

Instead of giving expensive consideration to a cadre of professionals trained 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 and promoting the expansion of telehealth.

Access issues in Hawaii are being addressed:

1. **Telepsychiatry, West Side Hawaii: In 1996, a partnership between nursing and psychiatry** led to Advanced Practice Registered Nurses (APRNs) in the State of Hawaii obtaining prescriptive authority. The Departments of Psychiatry and Nursing through the State (AMHD)-University Collaboration agreement developed a demonstration project in the mid-1990s to provide psychiatric services at the rural mental health clinics on the Big Island. APRNs provided care in places such as Kau, Puna, and Honakaa through collaboration with psychiatrists located in Kona and Hilo. **In support of this program and the UH School of Nursing APRN training program, the HPMA consistently supported legislation in 1996 and moving forward to authorize APRNs with prescriptive authority**. While the demonstration project ended about 5 years ago, a successful telepsychiatry program was established and continues today in West Hawaii and Kau under the leadership of Dr. Michael McGrath.

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 in partnership with the Department of Human Services MedQUEST Division, a telepsychiatry program is currently being developed to provide mental health services 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 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.

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 Medicaid reimbursements for Neighbor Island psychiatrists, the measure's scope expanded and a budget line item was passed for a

Jullyn Chargualaf, MD
1200 Queen Emma St. # 1904
Honolulu, HI 96813

SENATE COMMMITTEE ON HEALTH
Sen. David Ige, Chair

RE: SB 428, Relating to Psychologists

Dear Senate Committee on Health:

Please accept my testimony in strong opposition to SB 428. SB 428 offers 12 credit hours less than HB 252 which was heard and deferred last week by the House Committee on Health.

I am a resident of Guam where I plan to return to practice psychiatry upon completion of my psychiatric residency program in 2010. I can assure in underserved areas, we do not want poorly trained health professionals. We are in need of those who can provide competent, clinical care.

Please vote NO on this measure.

JULLYN CHARGUALAF, MD

Rose Clute, APRN
46-106 Humu St.
Kaneohe Hawaii 96744
(o) 537-7792

Senate Health Cmte
Senator David Ige, Chair
Senator Josh Green, Vice Chair

DATE: Wednesday February 11, 2009

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Rose Clute and I am an Advanced Practice Registered Nurse with over 30 years in this community as a nurse and 12 as advanced practice. I am testifying on my own behalf in ***strong opposition*** of SB 428, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I have gone through 4 years of undergraduate education with emphasis on science courses relevant to nursing. After practicing nursing at the bedside for almost 15years, I returned to school for my master's in nursing and then post-masters degree. This is the educational preparation I needed to be able to prescribe medications in a safe and effective manner.

I know that the proposed training for psychologists would not be enough to safely take care of patients. Psychologists would need to learn about the medications themselves, but also the interactions with other medications and health conditions. They'd need to learn about proper laboratory monitoring and interpretation of lab results. They'd also need authority to order these labs. This seems like it would be quite an undertaking for someone with no medical background.

Again, I strongly urge the committee to oppose SB 428.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Rose Clute, APRN-RX

Testimony to the Hawaii Legislature
Rep. Ryan Yamane
Chair, House Health

SB 248, Relating to Psychologists

10,000+ HOURS OF TRAINING WITH 1.5 YEARS TO GO

Dear Chair and Committee Members:

I submit my testimony in opposition to this measure. I am a psychiatrisit so am qualified to know what it takes to become well trained to prescribe. I am not in favor of radically short-cut programs to benefit psychologists over the welfare of patients.

It is my belief that what is proposed in this bill will not be safe for patients and therefore violates the "due no harm" tenant of medical practice. Access to rural areas has improved with a better understanding of what are the barriers to access, the growing utilization of telepsychiatry through the University of Hawaii and with the work of the Psychiatric Access Collaboration to increase the number of positions in rural areas for our graduating residents to fill on the neighboring islands

Thank you for your time.

Joseph A. Cook, MD
8,000 hours + of training and still learning

PETER COLLORI, M.D.

➢ "

I've listened to the banter about psychologist prescribing for some time now and hoped to share a few thoughts. Please process them as you see fit or contact me via phone or email if you would like me to elaborate:

Clearly, the community's need exceeds available prescribers. The temptation to extend prescribing privileges to psychologists simply to increase numbers is no doubt tempting. Upon further consideration, several questions come to mind.

One must ask the question "Is prescribing medication the same as practicing medicine?" Clearly, anytime an agent is systemically introduced in order to alter an organism's physiology, one would hope that it is done with a firm, experientially based understanding of the whole organism. That is, medications do not just affect the brain, they affect and indeed interact with the entire organism and all of its subsystems. This is why all physicians are required to study and develop competence in general medicine before branching out into a subspecialty. If a cardiologist were to prescribe a medication that could potentially affect the skin or reproductive organs, it may help to understand this in principle, however dealing with and indeed recognizing these events is near impossible without adequate clinical experience in the relevant fields of medicine. One might be a bit hesitant to take such a medication from a cardiologist that has never actually treated liver patients or dermatology patients.

The implication here is that practicing cardiology requires means more than having an understanding of the heart and of pharmacology. It requires the experience of a general physician with additional training in cardiology. Similarly, in psychiatry, medications can and do affect multiple organ systems. Moreover, psychiatric conditions are often mimicked by medical conditions. Differentiating between a patient who is depressed and another who is hypercalcimic or suffering from a paraneoplastic syndrome is near impossible without clinical experience in general medicine. Moreover, the very field of psychopharmacology is a specialty of its own. The medications prescribed are neither harmless nor nonspecific. We suffer from the seductive illusion of medications marketed as "antidepressants" or "mood stabilizers" or "antipsychotics." Indeed, it is not nearly so simple.

There are complex agents that, regardless of their comforting and simplistic names, have widely varied effects. They treat neurochemistry and systemic physiology. They do not treat "depression" or "mood" or "psychosis." Certainly, in skilled hands they may have the latter as an observable result. In unskilled hands, however, their effects can be devastating. Most psychopharmacologists, people who devote their entire practice to the study of neurophysiology and drugs, would argue that it takes many years to even begin to understand. A psychiatrist with 4 years of medical school and 4 years of residency training is in a position to just begin developing competence in altering the single most complicated organ system known to humankind.

Though long-winded, the implication appears to be that yes, prescribing medication means practicing medicine. In this case it begs the question "Should we allow people without medical training to practice medicine?" Psychologists are an enormously valuable asset. They are the experts in their field -- psychology, not medicine. As a physician, I am thankful for their expertise and extraordinarily valuable contributions, viewing such practice with the utmost respect. Similarly, as a physician, I recognize my own limitations even in prescribing medications. This is the very field I trained in for the past 7 years, and even now feel that my own knowledge is just in its infancy. What road are we heading down if people who have not trained as physicians are given license to practice medicine? Psychiatric medications are medications. There is no getting around that. They have medical consequences and play a role in overall health. If

nonphysicians begin to practice this area of medicine, one can come just short of guaranteeing an increase of adverse events, some of which are vastly debilitating or even lethal. Moreover the patients who are the recipients of such malpractice will do much to contribute to the suspicion and disdain for an already stigmatized field.

As a final thought, who will pay for it when things go wrong? Will it be the psychologist, the taxpayers, or will it be the legislators who pass the bill?

Sincerely,
Peter Collori, MD

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

February 6, 2009

Re: SB 428, Relating to Psychologists

POSITION: OPPOSE

I am a radiologist practicing at the Kauai Medical Clinic. I am strongly against passage of this measure. 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

Doreen Fukushima, MD, 3rd year Psychiatry Resident
98-1813 Hapaki Street, Aiea, HI 96701

To: Senate Committee on Health

RE: SB 428 Relating to Psychologists

My name is Doreen Fukushima and I am a physician, psychiatrist, and 3rd year psychiatry resident at the UH JABSOM Department of Psychiatry. I submit my testimony in opposition to SB 428.

As a psychiatry resident I am familiar with the direction that health care organizations are taking vis a vis training, education and experience. That trend is towards more training and experience, not less. And when mid-level practitioners are involved, the trend is towards more direct supervision, not less. The creation of an entirely new educational pathway for individuals with no medical training background is NOT congruent with trends towards increased training, knowledge and experience.

Thank-you for the opportunity to provide this testimony in opposition to SB 428.

LESLIE GISE, MD
leslieg@maui.net

I am opposed to SB 428. Psychologists should not prescribe medication to patients because they are not medically trained. The primary care doctor is the first stop for patients with nervous and emotional problems. Advanced practice nurses are licensed in this state to prescribe medication especially when there are not enough psychiatrists to go around. Nurses are medically trained. They work in hospitals and are used to working with doctors. The culture of medicine, which is shared by nurses, includes a humility and deep appreciation of our enormous power to harm as well as to help. Psychology has much important expertise which we need but does not include this tradition of caution and emphasis on medical complications, drug side effects, drug-drug interactions, etc. Allowing psychologists to prescribe medicine is dangerous and does a great disservice to our patients.

Please vote NO to this measure.

LESLIE HARTLEY GISE, MD

Rupert R. Goetz, M.D., D.F.A.P.A.
Diplomate, American Board of Psychiatry and Neurology
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Re: SB 428, Relating to Psychologists

OPPOSE

Hawaii enters the 25th year since this bill was first introduced. The Legislature has continued to find flaws in the training program proposed by psychologists. However, legislation related to medical model training models have been able to move forward such as legislation for prescriptive authority for APRNs.

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:

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.

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 Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Senator Rosalyn Baker
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

DATE: Wednesday, February 11, 2009 at 3:00 pm

SB 428: RELATING TO HEALTH

POSITION: **OPPOSE AS WRITTEN**

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 psychiatric 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. Two+ (2½) years as Veterans Health Administration Psychiatrist

c. Teaching Faculty History: both Psychology Internship and Psychiatry Residency at,
    i. Eisenhower Army Medical Center (as a psychologist)
    ii. Letterman Army Medical Center (as a psychologist)
    iii. Naval Medical Center San Diego (as a psychiatrist)

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

Comments on SB428: Pertaining to Health

1. I have testified in past years that I would support prescriptive authority for psychologists were a bill put forth which provided adequately for the training, supervision and scope of practice for such authority. To that end I have been consulting with Dr. Marvin Oleshansky to develop the parameters of such a bill. Dr. Oleshansky, who now resides here on Oahu, was the psychiatrist who directed the Department of Defense Psychopharmacology Demonstration Project (DoD PDP) and is a strong advocate of prescriptive authority for psychologists. As a result of those conversations, I have reduced the rigor of some of my recommendations, while increasing others. My comments today reflect my own views, impacted by those of Dr. Oleshansky, the report of the American College of Neuropschopharmacology on the DoD PDP and the 2007 report by the Hawaii Legislative Reference Bureau. Dr. Oleshansky and I have not yet had time to discuss the specifics of SB428, but have discussed prior iterations of proposed legislation.

2. SB428 requires less rigorous training and provides the broadest scope of practice of any prescriptive authority bill in the recent past. Specific problem areas include:

    a. The didactic training required provides a listing of course topics, but does not address the level of detail or content within those topic areas, with no differentiation between low-level introduction to topics versus comprehensive content matter. Without such guidance, superficial content will tend to be the norm. *The bill should include specification of content: a sample of such recommended specification can be provided upon request.*

    b. As written, the practicum requirements for conditional prescriptive certificate could be met by working full time for ten weeks, without ever considering, much less utilizing, psychotropic medication for a single patient. The required supervised experience for independent prescriptive certificate has fewer actual standards. Neither experience specifies range of diagnoses, range of medications, etc. In both my view and that of Dr. Oleshansky, *these direct clinical experiences represent the most critical part of the training for prescriptive authority, and should be very rigorous.*

    c. I have practiced psychiatry for over 17 years. I have never prescribed for children, adolescents or the elderly, because I do not possess the expertise to do so. My license permits me to do so, but to do so would be outside my ethical scope of practice. Yet proponents of this bill state in its introduction the intent to prescribe psychotropics to children, and given the patient composition of the involved clinics, to the elderly and the medically compromised, without any specialized training. *Scope of practice should be limited, like in the DoD PDP, to healthy adults aged 18-65.*

    d. Prior iterations of this bill have included a limitation of the formulary available to prescribing psychologists. This bill specifies "psychotropic medication ... except narcotics". This is an extremely broad range of medications, including agents which

are systemically very dangerous, and which have been excluded from prior iterations of this bill. Further, prior iterations provided for an "exclusionary formulary" that would be modified as appropriate by a standing committee composed of professionals from a variety of disciplines including pharmacy, psychology, general medicine and psychiatry. No provision is made in this bill for changes in prescriptive formulary other than by rescission of the statue itself. *This bill should include both an exclusionary formulary and provision for ongoing modification of such, as have previous iterations of the bill.*

e. This bill provides for clinical supervision during training by a "supervising physician". However, the guidelines of the DoD PDP, the report of the ACNP and the report of the LRB all advise that psychiatrists should provide such supervision. By analogy, I can and do prescribe antihypertensive agents for some of my patients with uncomplicated hypertension, but I would not attempt to treat complicated cases, and I certainly would not teach or supervise trainees in how to do so. *Supervision both during training for the conditional prescriptive certificate and during the clinical experience leading to full prescriptive certificate should be exclusively by board-certified psychiatrists.*

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 board-certified psychiatrists.** Some did a rotation on consultation/liaison psychiatry.

Highlights of the Report of the Hawaii Legislative Reference Bureau, 2007
Excerpts from "Findings and Summary"

Full Report is at http://hawaii.gov/lrb/rpts07/rxauth.pdf

- **American Psychological Association (APA) Training Standards**
  - No postdoctoral training program in psychopharmacology that meets the APA training recommendations has been externally evaluated and deemed successful.

- **Psychopharmacologic Training in Hawaii**
  - There is no postdoctoral training in psychopharmacology for clinical psychologists in Hawaii that has high selection standards to choose participants or that meets the classroom and clinical training requirements of the PDP program.

- **Didactic Training**
  - (The PDP program included) a one year full time classroom training at a university that included medical science courses and courses tailored to participants needs.

- **Supervision**
  - (The PDP program included) a one year full time clinical training at a medical center that included inpatient and outpatient experience and supervision by psychiatrists.
  - DoD PDP graduates received supervision by psychiatrists during their initial postgraduate medical facility assignment.

- **Scope of Practice**
  - In contrast to patients treated by PDP graduates, clients who need mental health services at Hawaii community health centers include children and seniors and persons having both a serious mental illness and a serious medical condition.
  - There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe.
  - No current psychopharmacology training programs appear to offer specialized training on the effects of medication on children and seniors.

- **Closing Comments in LRB Report**
  - If the Legislature deems it appropriate to authorize prescriptive authority for qualified clinical psychologists who practice in community health centers, the Legislature may wish to consider requiring a training model that requires minimum classroom and clinical 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. *[second to final paragraph]*

Gary Huang, MD, Pediatrician

1356 LUSITANA ST., 4th FLOOR
HONOLULU, HI 96814
TELEPHONE (808) 536-2900
FAX (808) 262-5966

OPPOSED SB 248, Relating to Psychologists

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

To: Senator David Ige, Chair
Senator Josh Green, Vice Chair
Senate Committee on Health

Senate Committee on Health

February 11, 2009

Re: SB 428, Relating to Psychologists

Position: Opposed

Dear Chairman Ige and Members of the Senate Committee on Health:

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

HOUSE COMMITTEE ON HEALTH

DATE: Friday, February 7, 2008.

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

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

I am opposed to this measure because:

1. I have committed my career to serving rural mental health needs on Maui. Through my efforts in-patient services were restored to the Island of Maui. At no time were there psychologists joining me in this important restoration of vitally needed medical care.

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-five 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
808 371 3701

DIANA T. KIM
916 Hunakai Street, Honolulu, HI 96816

SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair
Senator Josh Green, Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

Re: SB 428 Relating to Psychologists
Hearing: 2/11/09, Senate Committee on Health

OPPOSE

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.

DIANA T. KIM, MD

Kenton Ko, MD
1909 Kihi St.
Honolulu, HI, 96821

RE: **SB 428**

POSITION: **OPPOSE**

I am a psychiatrist in my 2nd year of child fellowship training after first receiving four years of general psychiatry training. **My six years of practicum** (vs. **SB 428 of one year**) come in addition to four years of medical school and four years of undergraduate study. I am almost 14 years into training before I will be able to treat patients under my own name.

I am in strong opposition to this measure for the safety of consumers. I maintain my position for quality health care for all Hawaii residents.

Thank you for your consideration.

Kenton Ko, MD
2nd Year Child Fellow, Psychiatry

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

February 3, 2009

RE: Sb 428, RELATING TO Psychologist
Hearing: 2/11/08 Senate Health Committee

Dear Senate 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 prescription 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 exhibiting considerably more hubris than understanding.

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

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
Distinguished Life Fellow, American Psychiatric Association

Louise M. Lettich MD
811 Kaipii Street
Kailua, HI 96734
Ph: (808) 254-5445 Fax: (808) 254 5445

SENATE COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2009 3:00 PM.

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

My testimony is submitted in opposition to SB 428, relating to psychologists.

I am opposed to this measure because:

1. The proposal does not follow a medical model of training. The proposal only offers a cap of training which is not sufficient,

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

3. 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.

4. Legislation first appeared in Hawaii in 1989, seventeen 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.

5. Mental health consumers deserve to receive the same quality healthcare as all others.

6. While two states have granted prescriptive authority (New Mexico and Louisiana), New York State passed legislation banning psychologists from being able to prescribe,

7. The two states that passed legislation did so for reasons of improved access. An evaluation must be completed to determine if access to mental health services has improved in New Mexico and Louisiana. An evaluation is still at least three years from being performed.

Thank you for your consideration to vote NO

Louise M. Lettich MD

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

February 3, 2009

RE: Sb 428, RELATING TO Psychologist
Hearing: 2/11/08 Senate Health Committee

Dear Senate Health Committee Chair and Committee Members:

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

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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 exhibiting considerably more hubris than understanding.

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

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
Distinguished Life Fellow, American Psychiatric Association

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811 Kaipii Street
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Ph: (808) 254-5445 Fax: (808) 254 5445

SENATE COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2009 3:00 PM.

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

My testimony is submitted in opposition to SB 428, relating to psychologists.

I am opposed to this measure because:

1. The proposal does not follow a medical model of training. The proposal only offers a cap of training which is not sufficient,

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

3. 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.

4. Legislation first appeared in Hawaii in 1989, seventeen 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.

5. Mental health consumers deserve to receive the same quality healthcare as all others.

6. While two states have granted prescriptive authority (New Mexico and Louisiana), New York State passed legislation banning psychologists from being able to prescribe,

7. The two states that passed legislation did so for reasons of improved access. An evaluation must be completed to determine if access to mental health services has improved in New Mexico and Louisiana. An evaluation is still at least three years from being performed.

Thank you for your consideration to vote NO

Louise M. Lettich MD

TO: HAWAII STATE LEGISLATURE
SENATE COMMITTEE ON HEALTH

FROM: DENNIS LIND, M.D.

RE: SB 428, Relating to Psychologists;

POSITION: OPPOSED

I am strongly opposed to psychologists prescribing as proposed in this legislation. If they want to prescribe, they should, just as I did, by using their good college grades, apply to medical school to get a clinical orientation to study the human from that perspective. Psychologists are intelligent, but their training and perspective is not medical, and simply by taking a few hours of academic courses will not give them the comparable sense of the human organism as a whole complex interaction, coupled with the multiple disease models which medical doctors and personnel have to experience in their training. Please keep the prescription of drugs in the medical model.

Thank you for the opportunity to testify in strong opposition to this measure.

DENNIS LIND, M.D.

Gerald J. McKenna , MD
4374 Kukui Grove St, Ste 104
Lihue Hi., 96766
808 246-0663

To: The Senate Health Committee
David Ige, Chair

Re: Senate Bill number 428

Dear Senators,

I am writing in opposition to Senate Bill 428 regarding psychologist prescribing. The main reasons for my opposition are as follows.

1. The primary reason for this bill appears to the lack of access to mental health care, particularly prescription medicines, for the care of our residents with neuro-psychiatric illness. The bill states that there are insufficient numbers of mental health providers with prescribing privileges currently to provide for the needs of this population on all the islands of our state. It further states that providing psychologists with such prescribing privileges will relieve this lack of access to care.

2. The Hawaii Medical Psychiatric Association recognizes that primary care physicians in all areas of our state, rural as well as urban, are currently prescribing most of the psychiatric medications used by residents with neuro psychiatric illness. They are doing this in private practice settings, in rural health care settings, in federally funded health centers around the state. These physicians are trained in all of the basic sciences required in pre-medical training, have gone through the rigorous curriculum of medical school, have completed an internship and residency in one of the primary care specialties and are fully qualified to prescribed these psychotropic medications.

3. The Hawaii Psychiatric Medical Association, in collaboration with members of the Hawaii Family Practice Association have designed a training program to enhance the efficiency of primary care physicians in prescribing these complex medications. We have also designed a program that will allow primary care physicians in all areas of our state to have ready access to the additional pharmacological expertise of practicing psychiatrists through this collaborative effort. This program is physician to physician in a mutually collaborative effort to enhance the access of all our citizens to the most expert training and ability in the prescription of psychiatric medications.

4. We recently started this program on the island of Kauai and will continue it on all the islands this year and in succeeding years.

5. We understand that access is a serious problem and we wish to ensure this committee that Hawaii's physicians are doing everything in their power to ensure that all our citizens have access to the best psychiatric medications available, that are prescribed by the most qualified people to handle this responsibility.

6. The current bill states that following the completion of training by psychologists, they will serve an internship and be monitored under the guidance of the very physicians they are supposed to be helping to prescribed psychiatric medications. They will be monitored by the physicians who are currently prescribing these medications, or by psychiatrists who are helping these physicians support their prescribing practices and who have not asked for additional assistance.

7. A serious objection to the whole idea of psychologist prescribing is based in the lack of scientific training in any aspect of the undergraduate or graduate education of many psychologists. Unlike medical training, which has been standardized in the United States since the 1930s, there is no standardization in training programs for psychologists. Some are outstanding university-based training programs that teach the skills necessary to be a competent clinical psychologist. Others are fly-by-night schools that are little more than Ph.D. educational mills, giving doctorates to those who can afford to attend the school. This was exactly the problem in American medicine in the early part of the 20th century, where most of the schools of medicine were privately owned, the curricula were varied and not standardized , resulting in physicians being granted MDs who are incompetent to practice.

The Flexner report recommended the standardization of medical school curricula, so that students in every medical school in the United States and Canada would take the same courses. This change in medical school education was a revolutionary change that enable to American medicine to assume leadership in research and clinical care throughout the world.

We would strongly suggest that the professional psychology do something similar and introduce a system of scientific education starting in the undergraduate years to ensure some standardization and training and a strong scientific basis for the training of psychologists who wish to prescribed medications.

8. The bill compares psychologist prescribing training to that of Advanced Nurse Practitioners and Physicians Assistants. The training programs of both of these disciplines are based on a strong foundation in basic science and in the science of clinical medicine. Both of these are missing in the training of psychologists.

Thank you for allowing me to provide you with his testimony. I wish you well in your awesome responsibility of reviewing legislation to include the health care of our citizens.

Respectfully Submitted,

Gerald J. McKenna M.D., FASAM, DLFAPA
President, Hawaii Psychiatric Medical Association
Past President, Hawaii Medical Association

Denis Mee-Lee, MD
Director, Hawaii Clinical Research Center
1750 Kalakaua Ave., Suite 2602
Honolulu, Hawaii 96826

RE: SB 428, RELATING TO PSYCHOLOGISTS

I am submitting testimony in opposition.

I oppose this measure because I do not believe that the short term education of any professional is adequate and safe given the increasing complexity of the mechanism of action of many psychiatric medications, the intricate interplay with complicating medical and other psychiatric illnesses and medications, the ongoing responsibility to evaluate and monitor serious adverse events that may be caused by these medications, and the medical responsibility and liability incurred by medication prescribing practice.

Psychologists are significantly needed to provide leadership to the treatment team in the specialized assessment protocols so essential for better treatment to our patients, and therapeutic leadership in demonstrating those specialized cognitive-behavioral and other therapeutic techniques that are neglected areas of our treatment continuum as equally important as medication treatment.

The mentally ill individuals of Hawaii lack access to many of these essential treatment components, not just medication treatment. Let us not rush to the aid of medication treatment, whether done safely or not, and further neglect the strength of an interdisciplinary, specialized treatment team that can best respond to complex psychiatric illnesses drawing from a broad set of therapeutic skills.

I thank you for the opportunity to provide testimony and request that the Committee not act favorably on this bill.

Sincerely,
Denis Mee-Lee, M.D.

Susan Mikami, MD 1356 Lusitana St., 4th Fl., Honolulu, HI

THE TWENTY-FIFTH LEGISLATURE 2009

SENATE COMMITTEE ON HEALTH

RE: SB 428, Relating to Psychologists

Dear Committee Chair and Members:

I am writing to oppose this bill regarding psychiatrist's prescribing rights. As a psychiatrist-in-training, I have spent many years and much effort in college and medical school to learn all the anatomy, physiology, chemistry, biochemistry and pharmacology to safely prescribe medication. I am currently undergoing *several more years* of training in residency, with *daily supervision* by medical school faculty to be able to carefully monitor patients on psychotropic medications using careful and directed medical history-taking, physical exam skills and routine laboratory studies. I do not believe that psychologists can be adequately trained in a crash course to safely prescribe these medications as well as monitor patients on them. This is a dangerous matter, and I strongly urge you to protect our psychiatric population and prevent further morbidity and mortality, not to mention malpractice, by stopping this measure allowing prescribing privileges to psychologists.

Sincerely,
Susan Mikami, MD
Psychiatry/Child Psychiatry/Pediatrics Resident, level 4
University of Hawaii/John A. Burns School of Medicine

Carol E. Minn, MD, MSPH
2222 Citron Street, #1802
Honolulu, HI 96826
Cellphone: 808-927-7470

HB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I am a board-certified psychiatrist and medical director of one of 4 state-run community mental health centers (CMHCs) on Oahu. This testimony is being submitted as a private citizen who is seriously concerned about the repeated attempts to allow psychologists to prescribe medications to mentally-ill persons who are least able to fend for themselves.

Please oppose this measure. There is absolutely no need for legislation which would discriminate against the mentally ill and subject them to dangers inherent in the practice of medicine without proper training.

Unlike previous years, tangible efforts are already underway to identify barriers to mental health services in rural and other underserved areas and to develop viable solutions for sustainable access to quality psychiatric services. A Psychiatric Access Collaboration involving a wide range of stakeholders from the community was established in May 2006. On February 22nd, just 3 weeks from now, a special "Primary Care & Behavioral Health Care Integration Forum" will convene all day at the Hilton Hawaiian Village to address mental health needs within the primary care framework (e.g., the federally-qualified health centers, FQHCs, mentioned in HB1456).

Increased collaboration is starting to occur between CMHCs and FQHCs. Within our CMHC in Central Oahu, I am currently supervising a 4th year psychiatric resident who has a J-1 visa. As such, following completion of residency later this year, she would need to seek employment in an underserved area or FQHC to continue residing in Hawaii. If all goes as planned, she will transition from our CMHC to Waianae Comprehensive (which is a federally-qualified health center) to provide psychiatric services.

Properly-trained psychiatrists on a J-1 visa are eagerly seeking opportunities to serve in FQHCs. It makes absolutely no sense to bypass these skilled physicians by offering a crash course in prescribing to psychologists who lack the medical training necessary to provide safe and effective treatment to mentally-ill patients who often have complex problems.

Please oppose HB1456 HD1 Thank you.

SHALINI MISHRA, MD

RE: SB 428, Relating to Psychologists

POSITION: OPPOSE

Psychiatrists see a lot of mentally ill people with co-morbid medical conditions such as diabetes, high blood pressure, stroke, renal disease etc. Providing proper health care to those to co-morbid conditions makes providing good treatment more challenging on a day to day basis. Most underserved areas in Hawaii lack professional psychiatrists and hence these mentally and medically challenged people often do not receive adequate treatment.

Psychologists will not be able to provide professional and safe mental health care in this population. Allowing them to prescribe after only a abridged training program could cause more harm than good.

Shalini Mishra, MD

CELIA ONA, MD
Psychiatrist

SB 428 Relating to Psychologists

I oppose psychologist prescribing for several reasons:

- Training proposed is extremely inadequate to address the risks involved in prescribing psychotropic medications that require comprehensive knowledge not only with drug-drug interaction, but a broad understanding of the latest in pharmacology, molecular biology, and genomic pharmacotherapy.
- Safety is a major issue- even with fully trained physician MD who underwent rigorous medical school and background knowledge in anatomy, physiology, pharmacology, pathology, microbiology, clinical skills preceptorship, internship, and Residency-the challenge to keep abreast with evidenced based best practice is daunting. I seriously doubt that psychologist will be able to safely prescribe medications without this background knowledge, rigorous training and experience.
- The third reason which is very close to my heart is based on the Oath of Hippocrates the guiding principle in my practice " I will prescribe a regimen for the good of my patient according to my ability and my judgment and never do harm to anyone". I believe allowing this bill allowing psychologist prescribing will do harm to patients who are most vulnerable.

Respectfully submitted,

Celia M. Ona, MD

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

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

OPPOSE

Dear Honorable Representatives:

I am writing in regard to SB 428 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. 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.

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

RE: SB 428 RELATING TO PSYCHOLOGISTS

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

Amber Rohner, M.D.
2250 Pauoa Rd., #1-B
Honolulu, HI, 96813
Ph: (808) 870-1093

TO: SENATE COMMITTEE ON HEALTH

DATE: Wednesday, February 11, 2008

HB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Amber Rohner, and I am a 4th year psychiatry resident from Maui in the UH Psychiatry Residency Program. I am testifying on my own behalf in ***strong opposition*** of SB 428, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I have gone through 4 years of undergraduate education with emphasis on science courses relevant to medicine, 4 intense years of medical school, and will endure at least another 4 years of residency before I'm fully trained and licensed to prescribe psychotropic medications on my own. Wow! Twelve years of school to learn about all the aspects of medicine and to become a doctor capable of prescribing medications. I would be terrified if someone told me I had to cram all that learning into an 11 week training session! Even if it were only so I could prescribe a quarter of the medications I'm currently learning to use, I would still be quite wary of my ability to learn so much in such a short time.

Every day when I see my patients, I am constantly thinking about questions like: Did I order the right lab tests to know if this medication is affecting my patient's liver or platelets? Am I monitoring them for side effects and treating side effects if they occur? Did I order the test to see if the medication is at a therapeutic blood level? Is the medication I'm prescribing interacting with their hypertension or their medications for high blood pressure? Will it make their diabetes worse and have I checked their blood sugar lately? Did I check an EKG to make sure I haven't made their cardiac condition worse? How much should I adjust the amount of medication I'm giving to my patients with kidney failure? Can I stop the medication when they need a surgical procedure done? Is this medication safe for a pregnant woman? These are complex questions, even for doctors like me who have had training in things like obstetrics and gynecology, surgery, and internal medicine during medical school.

I believe that the proposed training for psychologists who wish to prescribe would not be enough to safely take care of patients. Psychologists would need to learn about the medications themselves, but also the interactions with other medications and health conditions. They'd need to learn about proper laboratory monitoring and interpretation of

lab results. They'd also need authority to order these labs. This seems like it would be quite an undertaking for someone with no medical background. The psychological tests that psychologists often administer are quite complex, and I would not feel qualified to give them with a crash course a few weeks or months long.

I think we need to invest in other ***safer*** strategies to improve the availability of psychiatric care and medications to our underserved populations. Simply giving psychologists prescriptive privileges would not solve the problem, especially since there is also a shortage of psychologists in those same areas. Creating positions for psychiatrists in the community health centers would greatly help. Research shows that when psychiatry is carved-in, the ability of all providers in the primary care setting goes up in the treatment of patients, and patient outcomes improve. Also, supporting and expanding telepsychiatry would help. Lastly, offering help with loan repayment programs or tax breaks would help give psychiatrists the incentives and ability to practice in rural areas where they might not otherwise be able to afford to practice. I personally intend to return to Maui once my training is complete. I also know of several other residents in our program who plan to practice psychiatry on the Big Island, Moloka'i, rural/underserved areas of O'ahu (North Shore & Kalihi Valley), and also possibly Maui.

Again, I strongly urge the committee to oppose this measure. I do not believe it is the right answer to the problem we have with getting enough mental health coverage in rural areas.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Amber Lea Rohner, M.D.

Bruce Schaaf
Ph: 728-1619

TESTIMONY TO

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSED

Legislation proposes to discriminate against the Mentally Ill

Dear Chair, Vice-Chair and Members of the Committee:

I submit this testimony in strong opposition to this measure. I have family members who would impacted by Hawaii lowering its standard of care for the mentally ill. If the intent of the measure is to increase access to mental health services, this bill will not provide that. The only outcome of this measure will be Hawaii endorsing two systems of health care: one for the rich and one for the poor.

I do not agree with that. This bill proposes a training standard which is unacceptable and discriminatory.

Please vote NO.

BRUCE SCHAAF

Daniel Sciaroni, M. D.
Neighbor Island Family Practice

RE: SB 428, 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

Received by Email: William Sheehan, MD

February 7, 2009

Re: SB 428
Relating to Psychologists
OPPOSE

Dear Senator Ige and Members of the Senate Committee on Health,

I am in opposition to Senate Bill 428. I believe there is unacceptable risk to consumers if psychologists were granted prescriptive authority. I also believe the background and rationale used to justify the request for granting this authority, as outlined in the Bill, is not 'the whole truth'.

In my job as a psychiatrist administrator, I have seen first hand the challenges, problems, and adverse outcomes associated with the use of the types of medications proposed in the legislation. Psychotropic medications, all of them, have effects on a person's whole body, not just the brain, and interact with other medical conditions and other medications. Known as 'adverse events' or, if severe enough, 'sentinel events', complications occur from the use of these medications by even the most experienced of psychiatric physicians. Psychiatrists, by virtue of their medical training, know how to minimize the risk of, and successfully manage, complications if and when they occur. The other professions who currently hold prescriptive authority are trained to manage adverse outcomes, as well. Psychologists, under the provisions of this Bill, would not (and do not) have the medical background, training, or expertise to safely prescribe and manage the adverse effects of psychotropic medications.

Additionally, I know that there is much, much better geographic availability of psychiatrists than is described in Bill 428. In my job, I oversee psychiatrists working in centers very close to federally qualified health centers in virtually every area of our State. I also believe that several psychiatrists have offered to work at federally qualified health centers, and had those offers declined. So, the notion that psychiatrists are not available statewide is simply not accurate. I know the Department of Health/Adult Mental Health Division has psychiatrists and advanced practice nurses with prescriptive authority available to citizens who reside in every catchment area of Hawaii.

Please join with me in opposition to this bill.

Sincerely,

William P. Sheehan, M.D.
2206 Aha Niu Place
Honolulu, Hawaii 96821

Jason Sakuda
2250 Pauoa Road, #1B, Honolulu, HI 96813

TESTIMONY TO

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSED

Legislation proposes to lower the quality of health care.

Dear Chair, Vice-Chair and Members of the Committee:

I submit this testimony in strong opposition to this measure. I have family members who would impacted by Hawaii lowering its standard of care for the mentally ill. If the intent of the measure is to increase access to mental health services, this bill will not provide that. The only outcome of this measure will be Hawaii endorsing two systems of health care: one for the rich and one for the poor.

I do not agree with that. This bill proposes a training standard which is unacceptable and discriminatory.

Please vote NO.

Jason Sakuda
Teacher

James Scamahorn, M.D.
Emergency Medicine
Kauai

February 7, 2009

Regarding: SB428, Relating Psychologists

From: James 0. Scamahorn, M.D.

I am writing to express my opposition to SB 428, 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

TOSHIYUKI SHIBATA

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

SB 428RELATING TO PSYCHOLOGIST:

OPPOSE

Dear Chair and Committee Members:

I am writing to you as a concerned citizen and to voice my opposition to this measure. This is a dangerous bill which would allow inadequately trained psychologists to prescribe powerful medications after a few hundred hours of medically related courses.

Medical doctors have undergone more than ten thousand hours and registered nurses and optometrist thousands of hours of rigorous studies, training, and supervision in the sciences and medicine before they are allowed to prescribe medicines. It is inconceivable that psychologist, many without any science or medical background, could safely be trained to prescribe medications that affect a person's brain and other organ systems after a few hundred hours of courses and supervision. Would you want a seriously ill family members or loved one to be treated and prescribed medicine by an inadequately trained health professional? This is what you would be allowing by passing this bill. Previous attempts at psychologist prescription privileges have been found to be extremely costly, inefficient and ineffective.

There are safer and more effective means to provide safe mental health access for the residence of Hawaii. Please do not subject the people of Hawaii to a dangerous and costly program. I urge you to vote NO.

Sincerely,

Toshiyuki Shibata

Fenner-Marie Makapihaikamalamalamaokalani Shupe, R.N.

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

RE: SB 428 Relating to Psychologists

POSITION: OPPOSE

Dear Chair, Sen. Ige, Vice-Chair Sen. Green 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.

Chanida Siripraparat, MD

OPPOSE:

SB 428, RELATING TO PSYCHOLOGISTS

I write in opposition.

My personal experiences have helped me understand why there may be a shortage of psychiatrists on neighbor islands. As an international medical graduate who underwent psychiatry residency training in the US on J1 Visa status, I was required to either return to my home country for 2 years or work in an underserved area at the conclusion of my training. Because of my connections and experience with Hawaii, I sought a position in Hawaii and inquired about work in community health centers and hospitals in the neighbor islands. Before graduating from fellowship training in June 2005, I contacted many of the community health centers in all of the areas in Hawaii that are considered underserved including, Hilo, Kona, Molokai, Maui, Kauai, Waianae, Waimanalo. However, I was informed that most of these clinics and hospitals did not have any openings for psychiatrists at the time. I contacted Dr. Robert Young at Waianae Comprehensive Health Center who told me that while they needed more psychiatrists, they didn't have enough "office space" and so they were unable to hire more psychiatrists at that time.

I next applied to Hana Community Health Center. I was informed that one of my duties would be supervising the psychology interns working at the clinic who were "managing medications" for the patients. As I considered their training inadequate to provide quality medical care, I informed them that I would need to see all patients together with the psychology interns and in that capacity would be willing to supervise them. The director of the clinic told me they would be unable to pay me the same rate as the average psychiatrist earns because of their funding. However, I told them I was amenable to discussing this as I was having trouble finding a job in an underserved area in Hawaii and I was set to graduate in a month. Because I really wanted to stay in Hawaii, I was willing to work at Hana Community Health Center even though it is located in very remote area. I interviewed at the facility and was willing to commit to working there for at least 3 years before working anywhere else. I made this clear to them. However, 2 weeks later I received a letter from the Hana Community Health Center thanking me for my interest in the "Psychologist position" but indicating they would prefer to continue the search for a Psychologist for the clinic, despite the fact that they only had one psychiatrist traveling to Hana from Kahului about once every two weeks.

I also attempted to apply for a psychiatrist position at the Hilo Community Mental Health Center, which I was told had a serious shortage of psychiatrists for many years. However, despite my inquiries to AMHD, it took almost 6 months for the authority in charge of the hiring process to contact me back. I interviewed and was accepted for a position starting

August 2005. However, in order to work in this underserved area I had to change my visa by getting a J1 waiver and applying for an H1B visa. The responsibility for starting the visa process lay with AMHD, but for some unclear reason, my lawyer had difficulty getting the required feedback and necessary paperwork from AMHD. As I had been unemployed for at least 5 months and there still was no progress being made from AMHD, I searched for other opportunities. Fortunately at the end of November, 2 part-time positions became available in underserved areas in Honolulu. Staff at these programs were very eager to help me obtain the J1 waiver and H1B visa, although the process took about 7 months before I could start working. I had to return to my home country about 6 months to wait for my working visa.

Psychiatrists graduating from foreign medical schools who have undergone residency training in the United States face very real and painful experiences when trying to find work in underserved areas in Hawaii. My experiences opened my eyes to some reasons for the shortage of psychiatrists on our neighbor islands:

1. An ineffective recruitment and hiring process. At the Adult Mental Health Division there was only one person in charge of hiring all psychiatrists for the neighbor islands. Getting in contact with this person was extremely difficult. Despite my repeated efforts to call this person and have him call me back, my inquiries went nowhere. I spoke with another applicant for the position on the Big Island, a former classmate, and he reported experiencing the same problem. He now works in California and the Big Island is still without a permanent psychiatrist.
2. Most of the community clinics I contacted told me they didn't have any positions for psychiatrists, but only for psychologists. I was extremely surprised to learn that finding a job as a psychiatrist—which is supposedly a profession in dire shortage—is not so easy after all.

I hope that my experience would help you understand the deeper issues of the mental health system in Hawaii. The problem is not a lack of psychiatrists willing to serve in remote areas but a lack of an appropriate recruitment system and funding structures to support hiring them.

Chanida Siripraparat, M.D.

Rodney Yamaki, MD
Child Psychiatry Fellow
99-019 A Kaamilo St.
Aiea, HI 96701

February 10, 2009

Senate Committee on Health
Sen. David Ige, Chair
Sen. Josh Green, MD, Vice-Chair
Sen. Rosalyn Baker
Sen. Willie Espero
Sen. Clarence Nishihara
Sen. Fred Hemmings

Re: SB 428, Relating to Psychologists
OPPOSED

Dear Committee on Health:

My name is Rodney Yamaki, MD and I am a child fellow. Before being accepted into the Fellowship program I complete four years of undergraduate school majoring in science, four years of medical school, four years of psychiatric residency training and now a one year fellowship program.

SB 428 fails to provide important fundamental training essential to patient safety.

Thank you for your consideration of a no vote on this measure.

Rodney Yamaki, MD

February 7th 2009

To: Sen. David Ige

Regarding: SB 428, Relating to Health; Psychologist Prescribing

From: Geri Young, MD, Pediatrician

Dear Senate Health Chair, Vice-Chair and Members of the Committee:

I am writing to oppose Senate Bill 428, 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: HTHtestimony@capitol.hawaii.gov

WARREN CHEUK

LATE

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

Dear Senators,

My name is Warren Cheuk. In the past 15 years, I have been working at different mental health programs. I am writing to express my opinion on SB 428. It is a bill about mental patients' safety. It is a bill about an impact on someone's life. To determine whether this bill should be passed into law requires tremendous scrutiny.

Psychologists study human behaviors. They pay much attention to the philosophy & theories about human behaviors. Unlike science, not all of these theories are based on evidence. Some derived theories are supported by use of statistics. Others are developed based upon psychologists' observation & assumption. Recently, psychology is considered by many as pseudo –science. To date, with the training psychologists receive at most universities, they do not know enough about the human body. In general, they do not have the profound knowledge as to understand what chemicals may do to different parts of our human body. They may not know how our body may react to different chemicals. Medicine such as lithium could be highly toxic. Then there are medicines that may cause a change in a patient's red or white blood cell count. It may even lead to death if the patient is not properly treated. If psychologists are given the license to prescribe medications, can they treat mental patients with a heart or liver condition, lung diseases, diabetes, HIV or AIDS, or substance dependence like the M.D.s?

I am totally against the passing of this bill. Mental patients are not guinea pigs. Until such a time when psychologists can complete all the trainings the M.D. go through, do not bring up this bill again.

Truly yours,

TESTIMONY OF JEFF AKAKA, MD

Re: SB 428

Possition: Opposed

Dear Senator Ige and members of the Senate Health Committee:

Please hold SB 428 for the following reasons:

While it contains some statements that are true, it also contains a number of substantial inaccuracies.

Despite numerous assertions that such a program is safe, there are no scientifically valid studies of any merit, by an objective party, proving this. The closest was our own Hawaii Legislature which ordered the Legislative Research Bureau to do such a study which found in 2007, that such programs could not be considered safe, and bore no comparison to the often reference Department of Defense, Psychopharmacology Demonstration Program

Often repeated testimony that thousands of patients have been prescribed medication by psychologists without a single adverse outcome, have no basis in any scientifically valid study. Given adverse reactions to all drugs, including fake drugs called placebos, such statements not only strain but break medical credibility. First hand testimony of a witness to actual patient harm, reporting that a patient who had to be hospitalized in the intensive care unit in heart failure, because she followed the advice of a psychologist to take certain psychiatric medications, was presented in a House Health Committee 2 years ago.

Extensive outreach efforts to rural areas have been made over the past few years. Additional psychiatrists, and APRN-Rxs, have been hired by the Adult Mental Health Division in the past few years. They serve Honolulu, Central Oahu including a full time psychiatrist in Wahiawa, and Waianae (including Makaha). They serve East Hawaii (four psychiatrists and one APRN-Rx covering Hilo, Honokaa, Puna and the Hilo Medical Center), West Hawaii (3 Full time and one back-up psychiatrist, plus one APRN-rx covering Kona Hospital, the Kona outpatient clinic, and full time coverage at the Kau Satellite of the Kona Community Mental Health Center). For years the AMHD has supplied regular psychiatric coverage to Molokai, Telepsychiatry has been implemented through the Department of Psychiatry, and Sonia Patel, MD started a private practice on Molokai, adjusting her practice to the actual need.

A school of thought that promotes the idea that less than one semester of Medical School, (660 hours = four months if done at a medical school level of intensity) is enough to safely practice medicine, is a school that no one should enroll in.

Thank you for your consideration of my testimony.

Aloha and mahalo,

Jeffrey Akaka, MD

Ian Chun (3rd year triple board resident--psych, child psych, pediatrics)
3075 Ala Poha Pl., # 804
Honolulu, HI 96818

Ian Chun M.D

3075 Ala Poha Place, #804, Honolulu, HI 96815

SB248 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I submit my testimony in opposition to this measure, Relating to Psychologists, because

a. Psychologists do not have relevant scientific backgrounds. They are trained in a social, not a medical model.
b. Only study done on prescribing psychologists were on the first 10 trained under the most rigorous of the DOD training iterations in supervised, military hospitals with a long history of teaching health professionals. The DOD training was not just 660, there were hundreds if not thousands of additional hours in supervised trainings and lab work in addition to the classroom.
c. The DOD was highly supervised by psychiatrists and the only patients the prescribing psychologists were allowed to treat where otherwise health adults between the ages of 18 - 65. This legislation has none of those features.
d. Unlike training for other prescribers, this bill has no accreditation mechanism to evaluate psychopharmacology programs or supervised clinical experiences exist.

This is not a fight between professions, it is also a major controversy within psychology.

Please hold this measure in committee to allow mental health consumers the right to quality healthcare.

Sincerely,

Ian Chun, MD

Adam Sprouse-Blum
45-615 Halekou Pl.
Kaneohe, HI 96744

SENATE COMMITTEE ON HEALTH

Senator David Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

DATE: Wednesday, February 11, 2009 at 3:00 pm

SB 428: RELATING TO HEALTH

My name is Adam Sprouse-Blum, MD and I submit my testimony in opposition to SB 428.

Instead of giving expensive consideration to a cadre of professionals trained 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 and promoting the expansion of telehealth.

Thank you for your "No" vote.

Adam Sprouse-Blum, MD

PETER COLLORI, M.D.

> "

I've listened to the banter about psychologist prescribing for some time now and hoped to share a few thoughts. Please process them as you see fit or contact me via phone or email if you would like me to elaborate:

Clearly, the community's need exceeds available prescribers. The temptation to extend prescribing privileges to psychologists simply to increase numbers is no doubt tempting. Upon further consideration, several questions come to mind.

One must ask the question "Is prescribing medication the same as practicing medicine?" Clearly, anytime an agent is systemically introduced in order to alter an organism's physiology, one would hope that it is done with a firm, experientially based understanding of the whole organism. That is, medications do not just affect the brain, they affect and indeed interact with the entire organism and all of its subsystems. This is why all physicians are required to study and develop competence in general medicine before branching out into a subspecialty. If a cardiologist were to prescribe a medication that could potentially affect the skin or reproductive organs, it may help to understand this in principle, however dealing with and indeed recognizing these events is near impossible without adequate clinical experience in the relevant fields of medicine. One might be a bit hesitant to take such a medication from a cardiologist that has never actually treated liver patients or dermatology patients.

The implication here is that practicing cardiology requires means more than having an understanding of the heart and of pharmacology. It requires the experience of a general physician with additional training in cardiology. Similarly, in psychiatry, medications can and do affect multiple organ systems. Moreover, psychiatric conditions are often mimicked by medical conditions. Differentiating between a patient who is depressed and another who is hypercalcimic or suffering from a paraneoplastic syndrome is near impossible without clinical experience in general medicine. Moreover, the very field of psychopharmacology is a specialty of its own. The medications prescribed are neither harmless nor nonspecific. We suffer from the seductive illusion of medications marketed as "antidepressants" or "mood stabilizers" or "antipsychotics." Indeed, it is not nearly so simple.

There are complex agents that, regardless of their comforting and simplistic names, have widely varied effects. They treat neurochemistry and systemic physiology. They do not treat "depression" or "mood" or "psychosis." Certainly, in skilled hands they may have the latter as an observable result. In unskilled hands, however, their effects can be devastating. Most psychopharmacologists, people who devote their entire practice to the study of neurophysiology and drugs, would argue that it takes many years to even begin to understand. A psychiatrist with 4 years of medical school and 4 years of residency training is in a position to just begin developing competence in altering the single most complicated organ system known to humankind.

Though long-winded, the implication appears to be that yes, prescribing medication means practicing medicine. In this case it begs the question "Should we allow people without medical training to practice medicine?" Psychologists are an enormously valuable asset. They are the experts in their field -- psychology, not medicine. As a physician, I am thankful for their expertise and extraordinarily valuable contributions, viewing such practice with the utmost respect. Similarly, as a physician, I recognize my own limitations even in prescribing medications. This is the very field I trained in for the past 7 years, and even now feel that my own knowledge is just in its infancy. What road are we heading down if people who have not trained as physicians are given license to practice medicine? Psychiatric medications are medications. There is no getting around that. They have medical consequences and play a role in overall health. If

nonphysicians begin to practice this area of medicine, one can come just short of guaranteeing an increase of adverse events, some of which are vastly debilitating or even lethal. Moreover the patients who are the recipients of such malpractice will do much to contribute to the suspicion and disdain for an already stigmatized field.

As a final thought, who will pay for it when things go wrong? Will it be the psychologist, the taxpayers, or will it be the legislators who pass the bill?

Sincerely,
Peter Collori, MD

Naveen Gara (2nd year internal medicine resident)
710 Lunalilo St. # 301
Honolulu, HI 96813
Naveen Gara, MD
710 Lunalimo Street, #301
Honolulu, HI 96813

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

I submit my testimony in opposition to this measure.

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. Please vote no this measure which

will not improve access.

NAVEEN GARA, MD

Jullyn Chargualaf, MD
1200 Queen Emma St. # 1904
Honolulu, HI 96813

SENATE COMMMITTEE ON HEALTH
Sen. David Ige, Chair

RE: SB 428, Relating to Psychologists

Dear Senate Committee on Health:

Please accept my testimony in strong opposition to SB 428. SB 428 offers 12 credit hours less than HB 252 which was heard and deferred last week by the House Committee on Health.

I am a resident of Guam where I plan to return to practice psychiatry upon completion of my psychiatric residency program in 2010. I can assure in underserved areas, we do not want poorly trained health professionals. We are in need of those who can provide competent, clinical care.

Please vote NO on this measure.

JULLYN CHARGUALAF, MD

Kenton Ko, MD
1909 Kihi St.
Honolulu, HI, 96821

RE: **SB 428**

POSITION: **OPPOSE**

I am a psychiatrist in my 2nd year of child fellowship training after first receiving four years of general psychiatry training. **My six years of practicum** (vs. **SB 428 of one year**) come in addition to four years of medical school and four years of undergraduate study. I am almost 14 years into training before I will be able to treat patients under my own name.

I am in strong opposition to this measure for the safety of consumers. I maintain my position for quality health care for all Hawaii residents.

Thank you for your consideration.

Kenton Ko, MD
2nd Year Child Fellow, Psychiatry

Doreen Fukushima, MD, 3rd year Psychiatry Resident
98-1813 Hapaki Street, Aiea, HI 96701

To: Senate Committee on Health

RE: SB 428 Relating to Psychologists

My name is Doreen Fukushima and I am a physician, psychiatrist, and 3rd year psychiatry resident at the UH JABSOM Department of Psychiatry. I submit my testimony in opposition to SB 428.

As a psychiatry resident I am familiar with the direction that health care organizations are taking vis a vis training, education and experience. That trend is towards more training and experience, not less. And when mid-level practitioners are involved, the trend is towards more direct supervision, not less. The creation of an entirely new educational pathway for individuals with no medical training background is NOT congruent with trends towards increased training, knowledge and experience.

Thank-you for the opportunity to provide this testimony in opposition to SB 428.

George Bussey, MD, Chief Medical Officer
FirstHealth, Inc.

To: Committee on Health, Senator David Ige, Chair

RE: SB 428 Relating to Psychologists

My name is George D. Bussey, and I am a physician, psychiatrist, and Chief Medical Officer of FirstHealth, a multi-hospital health care system in south-central North Carolina. I am writing in **OPPOSITION** to this bill, which would grant prescriptive authority to psychologists who meet the criteria of the above mentioned bill.

Although I no longer live in Hawaii, As a former twenty year resident of Hawaii, past president of the Hawaii Psychiatric Medical Association and practicing psychiatrist in Hawaii, I remain interested in and concerned with the quality of health care, and psychiatric health care in particular, in Hawaii, thus my taking the time to provide this testimony from North Carolina.

You will receive extensive testimony from psychiatrists, other physicians, and perhaps even psychologists describing the shortcomings of this bill. Let me provide an additional perspective. In my current role I am involved in hospital medical staff credentialing and risk management activities. As such, I am familiar with the direction that health care organizations are taking vis a vis training, education and experience. That trend is towards more training and experience, not less. And when mid-level practitioners are involved, the trend is towards more direct supervision, not less. The creation of an entirely new educational pathway for individuals with no medical training background is NOT congruent with trends towards increased training, knowledge and experience.

Additionally, the awareness of the biological basis and pharmacological management of many psychiatric illnesses has been around for over twenty-five years. Any individual with a desire to work with and treat patients suffering from psychiatric disorders with medications has had ample opportunity to embark on an undergraduate education that would provide the foundation for attending medical school, where they could get fully trained in the underpinnings of medicine (four years of education) and then go on to receive an additional four years of psychiatric training – as compared to what appears to be a less than three month didactic "medical" training, followed by a one year experiential training program.

Thank-you for the opportunity to provide this testimony.

To: Senator David Ige, Chair
Senator Josh Green, Vice Chair
Senate Committee on Health

Senate Committee on Health

February 11, 2009

Re: SB 428, Relating to Psychologists

Position: Opposed

Dear Chairman Ige and Members of the Senate Committee on Health:

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

DIANA T. KIM
916 Hunakai Street, Honolulu, HI 96816

SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair
Senator Josh Green, Vice-Chair
Senator Willie Espero
Senator Clarence Nishihara
Senator Fred Hemmings

Re: SB 428 Relating to Psychologists
Hearing: 2/11/09, Senate Committee on Health

OPPOSE

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.

DIANA T. KIM, MD

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

February 3, 2009

RE: Sb 428, RELATING TO Psychologist
Hearing: 2/11/08 Senate Health Committee

Dear Senate 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 prescription 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 exhibiting considerably more hubris than understanding.

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

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
Distinguished Life Fellow, American Psychiatric Association

Ruby Agoha, M.D.
3rd Year Triple Board
Psychiatrist, Child Psychiatrist, Pediatrician

RE: SB 428 RELATING TO PSYCHOLOGISTS

I submit my testimony to you today in opposition.

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.

Psychologist simply do not have the foundation education in physiology of medications and biological effects. This cannot be learned in the short course proposed.

Very truly yours,

Ruby Agoha, MD

NORA BAMMIDI, MD
710 Lunalilo Street, #301
Honolulu, HI 96813

I am opposed to SB 428. Psychologists should not prescribe medication to patients because they are not medically trained. The primary care doctor is the first stop for patients with nervous and emotional problems. Advanced practice nurses are licensed in this state to prescribe medication especially when there are not enough psychiatrists to go around. Nurses are medically trained. They work in hospitals and are used to working with doctors. The culture of medicine, which is shared by nurses, includes a humility and deep appreciation of our enormous power to harm as well as to help. Psychology has much important expertise which we need but does not include this tradition of caution and emphasis on medical complications, drug side effects, drug-drug interactions, etc. Allowing psychologists to prescribe medicine is dangerous and does a great disservice to our patients.

Please vote NO to this measure.

NORA BAMMIDI, MD

Rose Clute, APRN
46-106 Humu St.
Kaneohe Hawaii 96744
(o) 537-7792

Senate Health Cmte
Senator David Ige, Chair
Senator Josh Green, Vice Chair

DATE: Wednesday February 11, 2009

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Rose Clute and I am an Advanced Practice Registered Nurse with over 30 years in this community as a nurse and 12 as advanced practice. I am testifying on my own behalf in ***strong opposition*** of SB 428, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I have gone through 4 years of undergraduate education with emphasis on science courses relevant to nursing. After practicing nursing at the bedside for almost 15years, I returned to school for my master's in nursing and then post-masters degree. This is the educational preparation I needed to be able to prescribe medications in a safe and effective manner.

I know that the proposed training for psychologists would not be enough to safely take care of patients. Psychologists would need to learn about the medications themselves, but also the interactions with other medications and health conditions. They'd need to learn about proper laboratory monitoring and interpretation of lab results. They'd also need authority to order these labs. This seems like it would be quite an undertaking for someone with no medical background.

Again, I strongly urge the committee to oppose SB 428.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Rose Clute, APRN-RX

Gerald J. McKenna , MD
4374 Kukui Grove St, Ste 104
Lihue Hi., 96766
808 246-0663

To: The Senate Health Committee
David Ige, Chair

Re: Senate Bill number 428

Dear Senators,

I am writing in opposition to Senate Bill 428 regarding psychologist prescribing. The main reasons for my opposition are as follows.

1. The primary reason for this bill appears to the lack of access to mental health care, particularly prescription medicines, for the care of our residents with neuro-psychiatric illness. The bill states that there are insufficient numbers of mental health providers with prescribing privileges currently to provide for the needs of this population on all the islands of our state. It further states that providing psychologists with such prescribing privileges will relieve this lack of access to care.

2. The Hawaii Medical Psychiatric Association recognizes that primary care physicians in all areas of our state, rural as well as urban, are currently prescribing most of the psychiatric medications used by residents with neuro psychiatric illness. They are doing this in private practice settings, in rural health care settings, in federally funded health centers around the state. These physicians are trained in all of the basic sciences required in pre-medical training, have gone through the rigorous curriculum of medical school, have completed an internship and residency in one of the primary care specialties and are fully qualified to prescribed these psychotropic medications.

3. The Hawaii Psychiatric Medical Association, in collaboration with members of the Hawaii Family Practice Association have designed a training program to enhance the efficiency of primary care physicians in prescribing these complex medications. We have also designed a program that will allow primary care physicians in all areas of our state to have ready access to the additional pharmacological expertise of practicing psychiatrists through this collaborative effort. This program is physician to physician in a mutually collaborative effort to enhance the access of all our citizens to the most expert training and ability in the prescription of psychiatric medications.

4. We recently started this program on the island of Kauai and will continue it on all the islands this year and in succeeding years.

5. We understand that access is a serious problem and we wish to ensure this committee that Hawaii's physicians are doing everything in their power to ensure that all our citizens have access to the best psychiatric medications available, that are prescribed by the most qualified people to handle this responsibility.

6. The current bill states that following the completion of training by psychologists, they will serve an internship and be monitored under the guidance of the very physicians they are supposed to be helping to prescribed psychiatric medications. They will be monitored by the physicians who are currently prescribing these medications, or by psychiatrists who are helping these physicians support their prescribing practices and who have not asked for additional assistance.

7. A serious objection to the whole idea of psychologist prescribing is based in the lack of scientific training in any aspect of the undergraduate or graduate education of many psychologists. Unlike medical training, which has been standardized in the United States since the 1930s, there is no standardization in training programs for psychologists. Some are outstanding university-based training programs that teach the skills necessary to be a competent clinical psychologist. Others are fly-by-night schools that are little more than Ph.D. educational mills, giving doctorates to those who can afford to attend the school. This was exactly the problem in American medicine in the early part of the 20th century, where most of the schools of medicine were privately owned, the curricula were varied and not standardized , resulting in physicians being granted MDs who are incompetent to practice.

The Flexner report recommended the standardization of medical school curricula, so that students in every medical school in the United States and Canada would take the same courses. This change in medical school education was a revolutionary change that enable to American medicine to assume leadership in research and clinical care throughout the world.

We would strongly suggest that the professional psychology do something similar and introduce a system of scientific education starting in the undergraduate years to ensure some standardization and training and a strong scientific basis for the training of psychologists who wish to prescribed medications.

8. The bill compares psychologist prescribing training to that of Advanced Nurse Practitioners and Physicians Assistants. The training programs of both of these disciplines are based on a strong foundation in basic science and in the science of clinical medicine. Both of these are missing in the training of psychologists.

Thank you for allowing me to provide you with his testimony. I wish you well in your awesome responsibility of reviewing legislation to include the health care of our citizens.

Respectfully Submitted,

Gerald J. McKenna M.D., FASAM, DLFAPA
President, Hawaii Psychiatric Medical Association
Past President, Hawaii Medical Association

WILCOX MEMORIAL HOSPITAL

PRESENTS:

"Primary Physician Mental Health Training Program"

Friday, February 6, 2009
10:30 a.m. – 4:00 p.m.
Wilcox Memorial Hospital CR ABC
3-3420 Kuhio Highway, Lihue, HI 96766-1099

Presenters/Topics:

10:30 - 11:30:	**JB Sampsell, M.D.** "Bipolar Disorder"
11:30 - 12:30:	**Harold Goldberg, M.D.** "Diagnosis and Treating Major Depression."
12:30 - 1:00 :	***Lunch**
1:00 - 2:00 :	**Jon Nakamura, M.D.** "ADHD and ADD Treatment."
2:00 - 3:00 :	**Gerald McKenna, M.D.** "Addiction Medicine & Gero-Psychiatry for Family Medicine."
3:00 - 4:00 :	**Mark Kang, M.D.** "Psychiatric Emergencies for Primary Care Physicians."

Objectives

After the presentation, participants will be able to:

1) Understand the challenge of treating the mental health and/or substance abuse patient in a primary care setting.
2) Understand the role of medication in the treatment of psychiatric illnesses for children, adults and geriatric populations.
3) Review of psychiatry expertise in interviewing, assessment, diagnosis, pharmacology, and administration.

***Lunch is provided courtesy of The Hawaii Psychiatric Medical Association.**
(This CME event offers a maximum of five AMA PRA Category 1 Credits(s) TM.)

[RSVP (808) 245-1173 by February 3rd, 2009]

Wilcox Memorial Hospital is accredited by the Hawaii Medical Association to provide continuing medical education for physicians.

Wilcox Memorial Hospital designates this educational activity for a maximum of one AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

Wilcox Memorial Hospital fully complies with the legal requirements of the Americans with Disabilities Act (ADA) and the rules and regulations thereof. To request disability accommodations, please contact Medical Staff Services at 245-1299 with a minimum of 1 day prior to the activity.