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GOVERNOR



LATE

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No. _____

TESTIMONY ON SENATE BILL 597 SD1
A BILL FOR AN ACT RELATING TO PSYCHOLOGISTS
by
Jodie Maesaka-Hirata, Interim Director
Department of Public Safety

Senate Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

Tuesday, March 1, 2011, 9:30 AM
State Capitol, Room 229

Chair Baker, Vice Chair Taniguchi, and Members of the Committee:

The Department of Public Safety (PSD) would like to comment on Senate Bill 597 SD1. PSD does not support this measure. PSD defers to the Department of Commerce and Consumer Affairs, on the concerns relating to the training and experience of psychologists to prescribe, administer, discontinue, or distribute without charge controlled substances compared to medical physicians. PSD's concern is that nowhere in Senate Bill 597 SD1, is there an amendment made to Chapter 329, HRS, Hawaii's Uniform Controlled Substance Act, a chapter that specifically addresses registrants that manufacture, administer, prescribe, and dispense controlled substances. Chapter 329, HRS, defines the requirements that a physician, physician assistant, or advanced practice registered nurse with prescriptive authority must comply with to administer, prescribe, or dispense controlled substances. Senate Bill 597 SD1 lists that

there is only a collaborative relationship between the psychologist with conditional prescriptive certificate and that psychologist's supervising doctor of medicine who oversees each patient's general medical care. PSD feels that this supervision is inadequate for a profession that has not had any experience in the State, with the prescribing, administering, or dispensing of controlled substances. Another profession that has statutes that require the monitoring of a supervising physician is "physician assistants." Section 329-1 defines a "physician assistant" to mean a person licensed under Section 453-5.3, who is registered under this chapter to administer, prescribe, or dispense a controlled substance under the authority and supervision of a physician registered under Section 329-33, but who is not authorized to request, receive, or sign for professional controlled substance samples.

The physician assistant's "supervising physician" is a physician licensed to practice medicine in the State and registered under Section 329-33, who supervises a physician assistant and retains full professional and legal responsibility for the performance of the supervised physician assistant and the care and treatment of the patient.

Section 329-38(g)(4) relating to prescriptions for controlled substances shall be issued only as follows: A physician assistant registered to prescribe controlled substances under the authorization of a supervising physician shall include on all **controlled substance** prescriptions issued:

- (A) The DEA registration number of the supervising physician; and

(B) The DEA registration number of the physician assistant.

Each written controlled substance prescription issued shall include the printed, stamped, typed, or hand-printed name, address, and phone number of both the supervising physician and physician assistant, and shall be signed by the physician assistant. The medical record of each written controlled substance prescription issued by a physician assistant shall be reviewed and initialed by the physician assistant's supervising physician within seven working days.

PSD feels that Senate Bill 597 SD1 does not adequately protect the public by providing adequate safeguards for the administration, prescribing or dispensing of controlled substances.

For these reasons, PSD cannot support Senate Bill 597 SD1, and ask that it be held.

Thank you for the opportunity to testify on this matter.

Testimony for CPN 3/1/2011 9:30:00 AM SB597

Conference room: 229
Testifier position: oppose
Testifier will be present: No
Submitted by: Jeffrey Akaka, MD
Organization:
Address:
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E-mail: jakaka@gmail.com
Submitted on: 3/1/2011

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Comments:

Dear members of the Consumer Protection Committee.

I oppose this draft because it does not protect consumers, even with the limitation to Antidepressants.

Medications used as antidepressants and antidepressant enhancers now include medications previously limited to other uses, such as lithium and other mood stabilizers, anticonvulsants, antipsychotics, amphetamines, and hormones. Even classic antidepressant medications, like Elavil, all by itself, can stop your heart or blind someone with the wrong kind of glaucoma.

This is not a Psychiatry Vs Psychology issue. Even the Psychology Board testified non-support SB 597 on Feb 16, 2011.

Please vote no.

Thank you for considering my testimony.

Jeffrey Akaka, MD
President, Hawaii Psychiatric Medical Association