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February 16, 2011

The Honorable Josh Green M.D., Chair
The Honorable Clarence K. Nishihara, Vice Chair

Senate Committee on Health

Re: SB 597 – Relating to Psychologists

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 597 which would authorize limited prescriptive authority for qualified psychologists who practice at a Federally Qualified Health Center (FQHC).

HMSA is dedicated to ensuring that all of our members are able to access the care they need, when they need it. This includes services not just for an individual's physical health but for their mental health as well. We support initiatives to increase the ability of individuals with mental illness who are in underserved areas to access appropriate services.

We believe that the language contained within this measure will allow psychologists to provide much-needed services within the FQHC setting. The limited scope of the program, the military's support and the likely increase in access to mental health services, are all reasons to support the passage of SB 597.

We would respectfully request the Committee see fit to pass this measure today. Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman
Vice President
Government Relations

Hawaii Medical Service Association | 818 Keeaumoku St.• P.O. Box 860 Honolulu, HI 96808-0860 | (808) 948-5110 | Branch offices located on Hawaii, Kauai and Maui | Internet address www.HMSA.com

Kokua Kalihi Valley Comprehensive Family Services

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Senator Josh Green, Chair
Senator Clarence Nisihara, Vice Chair

Testimony in support of Senate Bill 597

Relating to Psychologists
Submitted by David Derauf MD MPH
Executive Director
Kokua Kalihi Valley
February 16, 2011, 2:45 p.m., Room 229

Kokua Kalihi Valley (KKV) is supportive of this measure, which would allow appropriately trained psychologists to prescribe medications within the recognized scope of the profession within the setting of Federally Qualified Health Centers.

It remains our opinion that the key question to be entertained in deliberating on this law is: Will it assist under-served communities in Hawaii to increase access to safe and effective mental health care services? It is our opinion that the answer to that question is in the affirmative!

A continually growing body of research shows that a large percentage of individuals (upwards of 70% in some studies) seeking medical care in community clinics have important underlying behavioral health issues. We see that to be true in our health center every day with patients of all ages and ethnicities. But today, thanks to new models of care, in which psychologists are co-located with medical providers, effective therapy can be delivered to more and more patients. Thanks to this model, many people suffering from a wide variety of behavioral health issues, ranging from medication adherence, gaining motivation to begin exercise programs, dealing with chronic pain, or treating anxiety and depression, now have access to the help of trained professionals.

Hawaii's experience with Nurse Practitioners over the past years gaining prescriptive authority may be instructive. Fears and allegations from the medical community that they would not be able to prescribe safely have been shown over the ensuing years to be misplaced. However, the same charge is now leveled against Psychologists . But the existing scientific evidence that exists on the question is that PhD level psychologists with adequate training and ongoing training can, just like Nurse Practitioners, also learn to prescribe safely.

All other avenues towards increasing access to mental health services to Hawaii's under-served should of course continue to be explored, but it is unreasonable to imagine that Hawaii in the near future will have enough psychiatrists to serve the mental health needs of its population, especially the under-served and most especially the under-served in rural areas.

Hawai'i Primary Care Association

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To: **The Senate Committee on Health**
The Hon. Josh Green, MD, Chair
The Hon. Clarence Nishihara, Vice Chair

Testimony in Support of Senate Bill 597

<u>Relating to Psychologists</u>

Submitted by Beth Giesting, CEO

February 16, 2011, 2:45 p.m. agenda, Room 229

The Hawai'i Primary Care Association strongly endorses this bill, which addresses prescriptive authority for certain psychologists. We believe that the requirements outlined in this bill regarding psychopharmacological training, supervised practice, standardized testing, board review and authorization, and practice only within a Federally-Qualified Health Center setting will ensure that patients will be well-served and protected. Moreover, we feel this bill, which costs the State nothing, is imperative to meet escalating needs and shrinking mental health resources. It must be emphasized that ONLY the patients who are cared for by FQHCs and ONLY the psychologists appropriately trained, supervised, and working with a FQHC will be affected by this legislation.

This bill is crucial to enabling FQHCs to implement a model of behavioral health care for their patients that is integrated with primary medical care and provided by a team of medical and behavioral health professionals. It is notable that one of the major recommendations of the State Mental Health Transformation grant was to integrate primary health care and behavioral health care. Moreover, this model is highly recommended by the federal Healthcare Resources & Services Administration, which mandates that FQHCs provide mental health care. By "integration" we mean that medical and behavioral health clinicians work from a common set of protocols and refer patients back and forth as appropriate to the needs of the patient, and freely communicate with each other about their care and management. Ideally, the integrated team should be supported by consultation with a psychiatrist on treatment decisions who would also be available to provide direct clinical care to referred patients who are seriously mentally ill.

Why do we think this is the best behavioral health model for Federally Qualified Health Centers in Hawai'i?

- <u>Significant needs</u>. Hawai'i's 14 nonprofit community health centers on six islands care for 130,000 people who are at risk for not getting the health care they need because of poverty, lack of insurance, language and cultural gaps, or just because they live in rural areas where few doctors practice. Increasingly, FQHCs – both in rural and urban areas – are the providers of behavioral health care in underserved communities because their patients, who typically have a number of co-occurring social, educational, economic, and health problems, are more susceptible even than the norm to depression, anxiety, and other mental disorders. Some studies suggest that 40% of FQHC patients are in need of behavioral health care. At the same time, FQHC patients are increasingly <u>less</u> likely to have access to any behavioral health care providers other than those who work at a FQHC, in part, because of cutbacks in state funding for mental health services.
- <u>Training fits needs</u>. The psychologists who would be affected by this bill go through a thoroughly vetted training program to prescribe the drugs that are included in a limited formulary. The psychologists are also trained to be part of the primary care treatment team at FQHCs. As such, they understand the

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Wednesday, February 16, 2011 2:45 p.m. Conference Room 229

To: COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

From: Hawaii Medical Association
Dr. Morris Mitsunaga, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SB 597 Relating to Psychologists

Chairs & Committee Members:

About half of health care is not straightforward. Many patients have atypical symptoms and don't fit the classic "textbook" picture of a diagnosis, and often the diagnosis is unclear. Many have multiple, interacting conditions. Many have side effects to medications, or symptoms that could be side effects, or maybe coincidence, or maybe a new independent condition. Many have drug interactions. Many have symptoms that are complicated by psychosocial factors. Drugs are distributed throughout the entire body, and may cause side effects or allergic reactions affecting *any* organ system. A prescribing practitioner must be able to sort these things out, prioritize them, and weight their significance in order to make informed decisions about prescribing medications and in order to appropriately manage side effects and complications.

None of these things can be safely and appropriately taught by reading a textbook or from classroom derived knowledge. Due to the complexity of real-world health care, in many cases prescription of medications cannot be done safely by simply applying standardized recommendations, guidelines, or "best practices." Safe and appropriate prescription of medications requires extensive training that includes supervised clinical experience *in the decision making role,* as is provided in medical school and specialty residency training.

Non-medical practitioners such as psychologists do not receive this kind of training, and if it were added to their normal training it would have to approximate medical school and residency. The training provided in schools of naturopathy is even less appropriate to safe prescription of drugs and pharmaceuticals. If we

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need more doctors, and if individuals who started their training in pharmacy school or psychology graduate school want to be doctors, then we should train them as doctors and send them to medical school.

The reasons we have access to care problems are in large part related to the escalation in administrative complexity and cost for the practice of medicine, and this is especially true for shortage primary care specialties and psychiatry. For high-risk specialties such as obstetrics, orthopedic surgery, and neurosurgery, malpractice costs are also a significant factor in access to care problems. These problems have also been compounded by changes in the way the State of Hawaii administers Medicaid. These problems will require constructive and creative improvements in how we finance and organize health care, and will not be solved simply by giving prescriptive privileges to unqualified and inappropriately trained disciplines like psychology, and naturopathy.

The legislature is responsible to the citizens of Hawaii to ensure that the health care they receive is provided by appropriately trained and qualified practitioners, and not by those with inappropriate training and qualifications. This is a matter that should be determined by *appropriate training*, not by "effective lobbying."

This is what consumer protection is all about.

Thank you for the opportunity to provide this testimony.

AMERICAN
PSYCHOLOGICAL
ASSOCIATION
PRACTICE ORGANIZATION

February 15, 2011

The Honorable Josh Green, MD, Chair
The Honorable Clarence K. Nishihara, Vice-Chair
Committee Members
Senate Committee on Health Care
State Capitol Building
415 South Beretania Street, Room
Honolulu, HI 96813

Re: Support for SB 597, Relating to Prescriptive Authority for Psychologists

Dear Senators Green, Nishihara, and Distinguished Committee Members:

I am writing on behalf of the American Psychological Association (APA) in support of SB 597, which would allow appropriately trained psychologists in federally qualified health centers (FQHCs) to prescribe psychotropic medications within the scope of practice of psychology as defined by Hawaii law. APA is the leading scientific and professional society representing psychologists in the United States and is the world's largest association of psychologists, with more than 150,000 members and affiliates. Through its 54 divisions in subfields of psychology, including psychopharmacology, and its affiliations with 60 state, provincial and territorial psychological associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health and human welfare.

The APA supports SB 597 for the following reasons, which are expanded upon below:

- There is a critical need in Hawaii for improved access to safe and effective psychoactive medication treatment delivered by providers who are skilled in both the diagnosis and treatment of mental conditions and the use of psychotropic medications. Appropriately trained prescribing psychologists can provide urgently needed psychological interventions and psychopharmacological treatment service to the underserved populations of Hawaii.
- The evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense Psychopharmacology Defense Project (PDP) clearly demonstrated that appropriately trained psychologists can safely and effectively prescribe psychotropic medications. And appropriately trained psychologists in Louisiana, New Mexico, Indian Health Service, and the U.S. military have written over 200,000 prescriptions without adverse incident and are effectively addressing and responding to the need for mental health services in those states and programs.
- Opposition by organized psychiatry to psychologists' efforts is not new to our profession when any form of advance is proposed.

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Under SB 597, psychologists would also improve quality by integrating two key mental health treatment approaches– therapy and medication management. Numerous studies, including a 2008 study published in the Journal of the American Medical Association and a 2007 study published in the American Journal of Psychiatry, show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders. Yet most psychiatrists focus solely on medication management and no longer provide therapy, while primary care physicians are not even trained to provide psychotherapy.

In contrast, psychologists who are trained to prescribe medication offer both psychotherapy and pharmacotherapy. The psychological model of prescribing is a systems-oriented, holistic and integrative approach wherein treatment involves an active, problem-solving role by the patient and collaboration between the psychologist and patient. For psychologists, medication is only one of a number of psychological interventions at their disposal and they are more likely to use medication in combination with other interventions/treatment methods, such as psychotherapy. As a result, a number of prescribing psychologists in New Mexico and Louisiana, the U.S. military and Indian Health Service have reduced or eliminated medications for a significant percentage of their patients.

2) Evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.

Granting psychologists prescribing authority is not a new concept. New Mexico and Louisiana have already enacted prescriptive authority laws for appropriately trained psychologists. There are now over 80 appropriately trained psychologists in New Mexico and Louisiana who are certified to prescribe and who have written over 200,000 prescriptions since February 2005 without any adverse incident reported. Psychologists in the military and Indian Health Service, who have been credentialed to prescribe in those federal systems, also demonstrate that psychologists can be trained to prescribe psychotropic medications safely and effectively.

APA's support for the prescriptive authority issue is not taken lightly, nor has it come quickly. It has evolved from years of examination of the need for such service and intense scrutiny of the potential for successfully training psychologists to prescribe and of the best model for such training. One example of APA's commitment to this issue is our support for the Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP), which proved that psychologists can be trained to prescribe safely and effectively.

In 1991, ten psychologists participated in the PDP, which was designed to train and use psychologists to prescribe psychotropic medications. APA committed to seeing the PDP completed in order to answer the question of whether already licensed clinical psychologists can be trained to safely and effectively prescribe medications. The ten prescribing psychologists treated a wide variety of patients, including active duty military, their dependents, and military retirees, with ages ranging from 18 to 65.

The PDP was a highly scrutinized program. The American College of Neuropsychopharmacology (ACNP) conducted its own independent, external review of the PDP and in 1998, presented its final report to the Defense Department. Likewise, the General Accounting Office (GAO) – since renamed the Government Accountability Office -- issued its report on the PDP program to the U.S. Senate Armed Services Committee. Both reports repeatedly stressed how well the PDP psychologists had

Psychiatry has also opposed psychologists' ability to treat patients in hospital settings. This position has been clearly rejected by the California Supreme Court, which held that a hospital may permit clinical psychologists on its staff "to provide psychological services within the legal scope of their licensure, without physician supervision and without discriminatory restrictions." (CAPP v. Rank, 1990). Psychiatry's current opposition to psychology seeking to expand its practice to include prescriptive authority is neither surprising nor new. And the patient safety issue asserted by the psychiatric community is the same issue that organized medicine has repeatedly cited in its attempts to limit other non-physician providers.

In conclusion, I would like to reiterate the critical points for your legislature to keep in mind while considering this legislation:

- Hawaii has an immediate and critical need for improved access to safe and effective psychoactive medication treatment delivered by providers skilled in both the diagnosis and treatment of mental conditions and in the use of psychotropic medications.

- Psychologists are highly trained mental health specialists, many of whom have acquired this additional post-doctoral training in psychopharmacology in order to collaborate with physicians about their patients' medications. Other non-physician providers safely prescribe medications in Hawaii and in fact, psychologists in New Mexico, Louisiana, IHS, and the military, who have been certified to prescribe, have already demonstrated their ability to prescribe safely and effectively.

- Psychiatry's opposition is highly suspect considering its decades-long opposition to the legitimate progress for the profession of psychology – areas in which psychologists are now successfully engaged.

On behalf of the APA, we appreciate your diligent consideration of this important issue. We believe that prescribing psychologists can and will help to address the critical need for care experienced by many Hawaiians with mental health needs, just as other prescribing non-physician healthcare providers serve the citizens of Hawaii. The states of New Mexico and Louisiana have already enacted psychologist prescribing laws for similar reasons. We urge your passage of SB 597.

Sincerely,

Katherine Nordal, Ph.D.
Executive Director for Professional Practice

Elaine S. LeVine, Ph.D., ABMP

Prescribing Psychologist Licensed in Child & Family Therapy

Elaine S. LeVine, Ph.D., ABMP
eslevine@hotmail.com
Martin G. Greer, Ph.D.
Michael Pitts, Psy.D.
David C. Holcomb, Ph.D.
Kevin M. McGuinness, Ph.D., M.S., ABPP
Marlin Hoover, Ph.D., M.S., ABPP
Lia Billington, Ph.D.
Margaret Swaim, LPCC

February 14, 2011

Hawaii Legislature

Dear Legislators,

I am Dr. Elaine LeVine, clinical psychologist from New Mexico. I am the first prescribing psychologist in the first state to pass a Prescriptive Authority Act. I am writing in strong support of SB597 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs). I believe that New Mexico has data to present to Hawaii that clearly indicates the value of prescribing psychologists' legislation.

A major reason out legislation passed in New Mexico is because of lack of services, particularly in the rural areas. However, the legislation was also spurred forward by many of our citizens' belief that mental heath care can be better provided when psychotherapy and medication management are combined. Psychologists trained in psychopharmacology have the unique ability to use many clinical diagnostic and treatment techniques to help patients, so that patients require a minimum amount of medication. Consequently, side effects and drug interactions can be minimized, and therapeutic gains can be maximized.

Attached to this letter is a summary of our successes in New Mexico so far. New Mexico would be very proud if Hawaii would join New Mexico in our efforts to find the most competent and available mental health care for Americans by your support of a Prescribing Psychologists' Act.

Sincerely yours,

Elaine S. LeVine, Ph.D., ABMP

Elaine S. LeVine, Ph.D., ABPP
Prescribing Psychologist

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Prescriptive Authority Success in New Mexico

There are now twenty-nine prescribing, medical psychologists licensed through New Mexico and approximately thirty more in the pipeline. They are located throughout New Mexico in many underserved communities in integrated health settings, as well as in behavioral clinics. Several individuals have obtained a license through New Mexico and are now serving underserved populations in the IHS in Montana and South Dakota and in the military, as shown on the attached map. Here are some of the major ways in which the prescribing, medical psychologists are meeting the needs of New Mexico citizens:

1. These psychologists have been writing prescriptions since 2004 with no significant untoward effects and no complaints to the New Mexico Licensing Board

2. These psychologists have reduced medication for a number of patients by identifying more appropriate medications, and by implementing behavioral and psychotherapeutic techniques

3. Several of the prescribing, medical psychologists work with children, and a primary accomplishment has been to unprescribe multiple medications given to children and to utilize less intrusive means of assisting them

4. These prescribing, medical psychologists report success in diminishing the use of many pain medications by chronic pain patients

5. Because of their advanced training in pathophysiology, each of these prescribing, medical psychologists can document cases in which they have helped primary care physicians to diagnose underlying medical conditions that presented as psychological symptoms

6. These prescribing, medical psychologists are located in rural areas throughout New Mexico. One is working in a health clinic in Truth or Consequences, New Mexico; another with children in Bernalillo County. Yet another works with a migrant population in Berino, New Mexico. Several are serving Medicaid and elderly patients through federally qualified health clinics in Chaparral and Northern New Mexico. Some are working as behavior specialists in family practice residency programs. Still, others are working with Native American populations in reservation settings.

7. These prescribing, medical psychologists are interfacing with physicians in primary care in a number of critical ways. One of the prescribing, medical psychologists is working as the Medical Behavioral specialist at a Family Practice Residency Training Program. Another is working along side of a psychiatrist at a rural health clinic providing psychotropic evaluation and treatment to a seriously emotionally disturbed population

8. The Prescribing Psychologists' Act has been effective in encouraging other psychologists to move to New Mexico. Presently, two of the seven prescribing, medical psychologists completed their training outside of New Mexico and are moving to New Mexico in order to practice from this biopsychosocial model of care

9. Even as part of the training, these psychologists are extending care to needed populations by providing pro bono work at their internship sites. They are providing critically needed psychological services while obtaining experience and supervision prescribing psychotropics in federally qualified community health centers, school based clinics, shelters for battered women, residential treatment homes for the elderly and other underserved settings.

With over 50 psychologists who have completed academic training in psychopharmacology in New Mexico, and other trained prescribing psychologists moving to New Mexico, the Prescribing Psychologists' Act is offering a safe and effective way to provide more available care to the many underserved citizens of the State.

green1 - Karen

From: Marion Poirier [mpoirier808@gmail.com]
Sent: Monday, February 14, 2011 1:50 PM
To: HTHTestimony
Subject: S.B. 597 Relating to Psychologists

FROM: Marion F. Poirier, M.A., R.N.
Health Care Consultant
95-584 Naholoholo Street
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TO: Chair Green and Members of the Senate Health Committee
FOR: Hearing on Wednesday, February 16, 2011, 2:45 P.M.
AT: Hawaii State Capitol Hearing, Rm 229

SUBJECT: OPPOSITION TO S.B. 597 RELATING TO PSYCHOLOGISTS

My name is Marion Poirier. I am a registered nurse with a graduate degree in management and health care administration. As a current health care consultant, I am versed in this subject area from my prior executive director work experiences, particularly with the National Alliance on Mental Illness-Hawaii and the Hawaii Nurses Association.

I OPPOSE S.B. 597 Relating To Psychologists. You will receive many testimonies that address the insufficiencies that are related to education and training. I agree with those assessments.
I also believe that advanced clinical nurse practitioners in Hawaii have not been adequately utilized to enhance prescriptive services in underserved geographic areas. Both physicians and advanced clinical nurse practitioners need to be incentivized to serve in particular geographic areas. Student loan payment assistance could be one methodology. Higher salaries could be another. Telemedicine has not begun to be tapped in Hawaii. Telemedicine would aid overall health care expansion in all fields. Psychiatry and other mental health services are not the only underserved health care specialties.

I probably oppose this measure even more because it will rob the health care delivery system of the needed services of psychologists! Yes, psychologists received education, training, and licensure to be on the team that is necessary for the totality of delivery of health services in Hawaii. This would be my reasoning for why 48 states do not allow psychologists to prescribe medications. Psychologists can handle the myriad needs for most psychotherapeutic interventions in normal, mild, and moderate clinical manifestations, the reason that they chose to be psychologists in the first place. Psychologists also are needed for assessments, research, mental health education, and many other other team contributions. This team approach frees psychiatrists to work with more complex situations, including medication management. This team approach is efficient, effective, and cost-saving.

Thank you for the opportunity to provide this testimony, and I urge you to study the aforementioned, and other alternatives, before diverting and denying Hawaii's health care system of traditional psychologists.

Marion F. Poirier, M.A., R.N.
Sent from my iPad

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 14, 2011 6:00 PM
To: HTHTestimony
Cc: r.r.goetz@att.net
Subject: Testimony for SB597 on 2/16/2011 2:45:00 PM

Testimony for HTH 2/16/2011 2:45:00 PM SB597

Conference room: 229
Testifier position: oppose
Testifier will be present: No
Submitted by: Rupert Goetz, MD
Organization: Individual
Address:
Phone:
E-mail: r.r.goetz@att.net
Submitted on: 2/14/2011

Comments:
As a psychiatrist active in community mental health for over 20 years, I must submit my strongest opposition to:

SB597; relating to psychologists, prescriptive authority; HB328; relating to psychologists, prescriptive authority; and HB695; relating to psychologists, prescriptive authority.

All three have the same fatally flawed assumption, namely that prescribing psychotropic medication can be taught in a "crash course" to individuals who have no medical training.

This past Sunday (February 13, 2011), the Start Advertiser ran an important, illustrative story: Returning veterans were dying from the prescription of combined several psychotropic medications and often other medications, such as pain medications.

I am not alleging that these tragic deaths are due to psychologists' prescribing - there is no evidence in the article to suggest this. However, I am saying that prescribing of psychotropic medication, especially several, is very complex business that requires medical understanding of related medical conditions and their potentially toxic interaction. Indeed, even assuming these medications were prescribed by primary care or psychiatric physicians, the complexity and the potential lethality of combinations is a timely cautionary tale.

Can it by the legislature's intent to band-aid a psychiatrist shortage problem with such huge risk for underserved citizens when there are legitimate alternatives, such as APRN Rx, primary care collaborations and telemedicine, to name only a few?

Our less well situated citizens deserve basic medical safety. Please hold or reject these bills!

Rupert Goetz, MD, DFAPA
Board Certified in Family Practice 1983 - 2003 Board Certified in Psychiatry 1992 - date

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Testimony in Support of SB 597, Relating to Psychologists

February 14, 2011

Honorable Chair Green, Vice Chair Nishihara and members of the committee, my name is Dr. Robin Miyamoto. I am a Clinical Psychologist working at Hawaii Medical Center, Director of Training for I Ola Lāhui, a psychology training program that sends trainees to Hawaii's rural areas, and Past-President of Hawai'i Psychological Association. I would like to provide testimony in strong support of SB 597 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs).

As you know, this is not a new issue, in 2007, SB 1004 passed through the State Legislature, allowing appropriately trained psychologists working in Federally Qualified Community Health Centers (FQHCs) and Medically Underserved Areas (MUAs) to prescribe psychotropic medications. However, on July 10, 2007 Governor Lingle vetoed the measure. Since then, the demand for such legislation has increased because the needs have not been met; in fact they have grown exponentially, because of the problematic economy, the recent cuts to the Adult Mental Health Division, and decrease in funding to social service agencies. In that same period of time, psychologists are now in 11 of the 14 FQHCs and the health centers are convinced this is the best way to service their patients. This coupled with 4 more years of data from other states and the military demonstrating the safety profile of prescribing psychologists, suggests this is a no-cost safe solution to an overburdened system.

In the 4 years that have passed since the veto, the State of Hawai'i's need for mental health services has only increased:

• In a 6-month period in 2008, there were 6 Domestic Violence murders (3 of them murder-suicides), a 50% increase over previous years.

• In 2006, 1435 residents were involuntarily taken to emergency rooms for psychiatric evaluation and treatment.

• In the first 4 months of 2007, HPD responded to 404 calls to assist in psychological crisis. Based on a review of records, 54% of these calls resulted from inadequate medication management.

• A recent report by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that only 40.4% of the population currently diagnosed with severe and persistent mental illness received services by the DOH, AMHD. In 2007, 14,276 out of a total of 52,064 adults with SMI received services through AMHD, indicating that approximately 37,788 individuals may not have received services. These numbers do not include other individuals with diagnoses such as substance abuse post-traumatic stress disorder, or a prior experience with domestic violence.

• The Department of Health's Adult Mental Health Division (AMHD) cut $25 million dollars from their 2009 budget, cut another 20% cut in 2010, and now only provides services to patients with Medicaid or no insurance. These cuts mean thousands more will go without services.

• While Psychiatry has made attempts to service rural areas, we have seen no increase in services on the 4 major islands. Efforts to increase services to Moloka'i have resulted in a total of 8 in-person service days per month, and 1 day per month via VTC. 6 of these days are only available to patients in the AMHD or DOE system. Additionally, the recipients of the services are primarily Caucasian and do not reflect the ethic distribution of the island, namely 68% Native Hawaiian. The island's Native Hawaiian population continues to seek services at the CHC or Na Pu'uwai Native Hawaiian Health Care System.

I believe that SB 597 would help to alleviate access issues, relieve an overburdened mental health system, and begin to decrease the tremendous health disparities existing for ethnic minorities and the poor. Thank you for your attention and consideration.

Thank you for considering my testimony in support SB 597.

Respectfully Submitted,
Robin E. S. Miyamoto, Psy.D.
Clinical Psychologist
Past-President, Hawai'i Psychological Association

February 14, 2011

TO: The Hon. Josh Green, Chair, Senate Health Committee
The Hon. Clarence K. Nishihara, Vice Chair, Senate Health Committee

FROM: John L. Myhre, Psy.D.
Licensed Psychologist
Director of Behavioral Health
Waianae Coast Comprehensive Health Center

Re: <u>TESTIMONY IN STRONG SUPPORT OF S.B. 597</u>

February 16, 2011, 2:45 pm Agenda, Room 229

The time has long-since come to afford improved access to quality mental health care for those in Hawai□i who have little voice. As a Native Hawaiian Health Scholar, a servant at Wai□anae Coast Comprehensive Health Center, a faculty-mentor at an accredited medical school and the focus of many personal attacks by those who have lost their moral compass—I urge you to help us, help others.

To date I have personally seen very nearly as many patient visits as there are seats at a crowded Aloha Stadium. We have never asked the legislature for money to deliver empty promises. Instead, we stand with our community in need, just humbly delivering quality mental health care on a daily basis one patient at a time for the past 10 years to our brothers and sisters.

Very respectfully, please cast your vote in favor of S.B. 597.

Sincerely,

John L. Myhre, Psy.D.

February 14, 2011

TO: The Hon. Josh Green, Chair, Senate Health Committee
The Hon. Clarence K. Nishihara, Vice Chair, Senate Health Committee

TESTIMONY IN SUPPORT OF S.B. 597
RELATING TO PSYCHOLOGISTS
Submitted by Dr. Jill Oliveira Gray
February 16, 2011, 2:45 pm Agenda, Room 229

Honorable Chair Green, Vice-Chair Nishihara, and Members of the Senate Health Committee, my name is Dr. Jill Oliveira Gray and I am a Licensed Clinical Psychologist who has worked in rural, medically underserved areas for the past 10 years. I worked on the island of Moloka□i for 8 years and have been on staff at the Waimānalo Health Center since 2008. I am also the immediate past President of the Hawai□i Psychological Association. Because of my years of clinical experience serving rural, medically underserved areas, and having the first hand knowledge of what the severe needs of these communities are, as well as, the profound impact that mental health provider shortages have on the psychological well being of these communities, **I would like to submit this testimony in strong support of Senate Bill 597.**

The mental health needs of individuals across our state have significantly worsened in recent years. State budget cutbacks over the past 4 years have further reduced accessibility to timely mental health care for under- and uninsured populations, and the problem is particularly more acute and severe in rural areas. In areas such as West Hawai□i, Wai□anae, Kaneohe, and Moloka'i, the Adult Mental Health Division has undergone such severe cut backs that clinics in these areas have been forced to either significantly reduce their services or close their doors entirely, leaving hundreds of patients with severe and persistent mental illness without adequate medication management and overall treatment. It has occurred on more than one occasion in Waimānalo that referral appointments to psychiatrists in the community often take weeks to months, if at all, to obtain. In one case, 15 different psychiatrists were contacted for a patient and not one of them could take the individual either because they were not taking new patients or were not accepting the type of insurance the patient had.

Psychologists are already employed in 10 of the 14 FQHCs (as well as 3 of the 5 Native Hawa,iian Health Care System clinics), making recommendations regarding psychotropic medications while working collaboratively with primary care physicians. These psychologists are poised to maintain this presence and continue to expand via existing training programs that are already up and running. One such psychology training program, called, I Ola Lāhui was established in 2007 to train psychologists at the practicum, intern and post-doctoral levels. Collaborative arrangements have been forged over the past four years between I Ola Lahui and six FQHCs and 3 Native Hawaiian Health Care Systems to increase the behavioral health workforce capacity available in rural, medically underserved areas.

Psychologists are already prescribing safely in the Department of Defense, Indian Health Service, New Mexico and Louisiana. By 2008, Louisiana psychologists certified to prescribe had written approximately 200,000 psychotropic medication orders to include refills, hospital orders, patients on multiple medications, as well as, orders to reduce, consolidate and/or discontinue medications. As of October 2010 there is an estimated 51 and 26 psychologists certified to prescribe in Louisiana and New Mexico, respectively. Please see attached documentation from a prescribing psychologist in New Mexico that describes the prescriptive authority success that has occurred since their legislation was passed in 2004.

The psychiatrists that do work in rural Hawaii are overworked, and as a result are not able to meet with patients as often as is needed (psychiatrist schedules outside of DOH are typically once or twice per month per psychiatrist), and/or give them the level of close monitoring in order to enhance treatment compliance, adherence to medication regimes, and improve patient satisfaction. My work in rural areas over the past 10 years has brought firsthand information of what is needed to achieve good treatment outcomes with rural residents. Despite recent increases in psychiatrists who provide services on Molokai, for example, there are still considerable delays in initiating and maintaining treatment and reported hesitancy from patients on following through with these providers due to problems associated with stigma, mistrust, and gaps in care.

Thus, merely increasing the status quo with regard to a system of care in Hawaii that is focused on acute psychiatric care, versus holistic, integrative, culturally appropriate care, will lack the impact needed to truly address Hawaii's mental health problems.

I firmly believe that the passage of this bill is long overdue. It has multiple safeguards built into it, and a more than 12 year record of safety to stand on to with regard to existing prescribing psychologists, and finally, it is a solution in this time of economic crisis to provide comprehensive mental health services at no extra cost to the state.

Respectfully submitted,
Dr. Jill Oliveira Gray

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 11, 2011 4:57 AM
To: HTHTestimony
Cc: bsheehan@rocketmail.com
Subject: Testimony for SB597 on 2/16/2011 2:45:00 PM

Testimony for HTH 2/16/2011 2:45:00 PM SB597

Conference room: 229
Testifier position: oppose
Testifier will be present: No
Submitted by: Bill Sheehan
Organization: Individual
Address:
Phone:
E-mail: bsheehan@rocketmail.com
Submitted on: 2/11/2011

Comments:
I am opposed to this bill because I believe psychologists are not appropriately trained or experienced to prescribe medications.

This issue has been proposed for over 20 years. I've thought about the position of the psychologists, that with a specific amount of training they are able to safely prescribe psychiatric medication.

In my work as a psychiatrist, even after 27 years, I struggle to safely and appropriately select, prescribe, monitor, and modify the medications I prescribe for the individuals I serve.

The challenge is to constantly be aware of the medical issues of the whole person, and how medical conditions, other medications, and other substances (over the counter, drugs of abuse, and alcohol) interact with what I'm prescribing for a person.

To respond to that challenge, I rely on my medical training, experience, and continuing education in the field. The medical training of physicians and advanced practice nurses with prescription authority is comprehensive and sets the early career foundation necessary to safely and appropriately practice medicine.

Psychologists are trained very differently, and even with the provisions for advanced education proposed, do not have the foundational medical or nursing training needed to safely conduct the practice of prescribing medications for individuals with mental illness.

The intellectual requirements needed to become a psychologist are significant, and would allow the successful completion of medical or advance nursing practice training. Please do not permit them to obtain by legislation that which they are more than able to obtain by appropriate medical or nursing education.

Thank you for the opportunity to testify on this bill.

green1 - Karen

From: Leslie Gise [leslieg@maui.net]
Sent: Friday, February 11, 2011 1:25 PM
To: HTHTestimony; All Senators
Cc: Christopher D Flanders DO ED; Robert Toyofuku; Jeff Akaka; HPMA Office; leslie Gise
Subject: Re SB 597

Date: 2/10/11

To: Sen Josh Green, Chair, and members of the Senate Health Committee

From: Leslie Hartley Gise MD, Clinical Professor, Department of Psychiatry, JABSOM

Re: SB 597

Oppose

Please hold SB 597 in committee

Psychologists don't have medical training: A woman in Maine was a practicing psychologist, then went to medical school then trained as a psychiatrist. Her most compelling testimony opposing a psychologist-prescribing effort: "The testimony you are hearing from psychologists here today is understandable- because when I was a psychologist, I had NO IDEA of how much more complex things were and how poorly prepared I was to address issues of prescribing..."

Culture differences: Medical doctors and nurses are trained to worry about the harm we can do as well as the help. This is not part of the culture of psychology. Public safety will be compromised under this bill

Primary Care Physicians have improved prescribing psychiatric medications: Recent data show that primary care physicians do a good job of prescribing psychotropic medications.

Leslie Hartley Gise MD
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Kula HI 96790
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Work (808) 984-2150

Jared T. Ritter, M.D.
1357 Lusitana Street
Honlulu, HI 96822

To: The Senate for the State of Hawaii
Subject: Personal Testimony Submitted in Consideration of S.B. 597

As a psychiatry resident and former student member of the American Psychological Association holding degrees in both psychology and biochemistry in addition to a Doctor of Medicine degree, I am deeply concerned about the implications of legislatively conferring prescriptive authority to psychologists in the State of Hawaii. Admittedly, the need for greater access to mental health services is a problem not just in Hawaii but nationwide, especially among children and adolescent populations. As mentioned in S.B. 597, prescriptive privileges have already been granted to clinically trained health professionals with rigorous general biomedical knowledge and training (e.g., APRN's, optometrists, dentists, podiatrists, osteopathic physicians, and physician assistants).

Although there are quite a number of dangers that could be anticipated by passing S.B. 597 and allowing psychologists to prescribe psychotropic medications, what is perhaps most striking is the lack of general biomedical knowledge and clinical experience being espoused as sufficient to train someone to be a medical psychologist with prescribing authority as defined in S.B. 597. The idea that narrow knowledge in prescribing one group of medications (i.e., psychotropics) can lead to prescribing that can be done safely, effectively, and skillfully without rigorous and substantial education and clinical experience is dubious.

While being proven to be clinically effective in treating a broad array of psychiatric disorders as defined by the American Psychiatric Association's DSM-IV-TR, various subclasses of medications identified broadly as psychotropics carry potential for known serious side effects (e.g., torsades de pointes, metabolic syndrome, obesity, dystonic reactions, electrolyte imbalances, agranulocytosis, thyroid dysfunction, renal failure, orthostatic hypotension, Stevens-Johnson syndrome, hyperlipidemia, etc.), pharmacodynamic and pharmacokinetic interactions with general non-psychotropic medications, and development or exacerbation of general medical conditions such as Type II Diabetes Mellitus if not monitored closely by a clinician with broad general medical knowledge and keen clinical judgment.

Therefore, for the sake of consumers with mental illness and their safety, I strongly advocate in opposition to the passing of S.B. 597. Should psychologists strongly desire to prescribe medications, the recommendation should be to pursue the appropriate additional training and education through existing programs offered here locally in Hawaii or on the mainland including those which lead to the following degrees/licensing: APRN, MD, DO, or PA.

As a state we should not accept or endorse substandard care as a solution to a shortage that can be more readily filled by family practitioners, internists, nurse practitioners, physician assistants, and pediatricians working in consultation and collaboration with psychiatrists and psychologists. A multidisciplinary team approach is needed. Unfortunately, at the expense of patients, the repeated attempts to legislate for psychologist prescribing authority has conceivably been placing a divide between psychiatrists and psychologists as providers who optimally function best as partners and colleagues with a shared goal of improving the lives of patients suffering from mental illness.

Sincerely,
Jared T. Ritter, M.D.

Views and opinions expressed are solely that of the individual and do not represent an institution or association.

Elaine M. Heiby, Ph.D.
Licensed Psychologist
2542 Date St., Apt. 702
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(808) 942-0738
heiby@hawaii.edu

9 February 2011

Hawaii State Legislature
Senate Health Committee

RE: OPPOSITION to SB 597 Relating to prescription privileges for psychologists

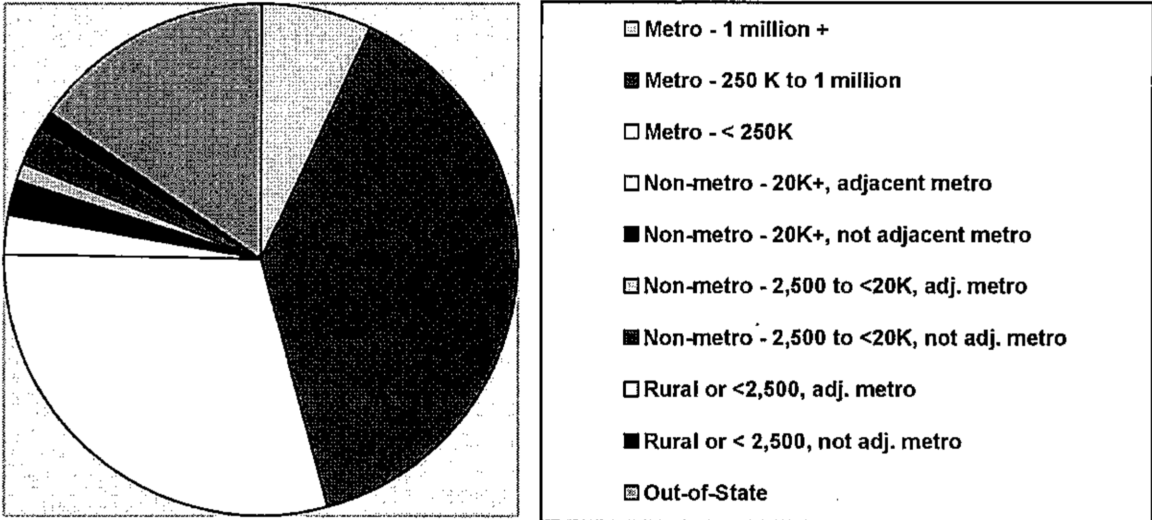
Dear Honorable Senators Green, Nishihara, Baker, Chun-Oakland, Shimabukuro, Wakai, and Slom:

This is individual testimony that is informed from my experience as a doctoral level psychologist since 1980. My experience includes being a Professor of Psychology at the University of Hawaii at Manoa since 1981, a Hawaii Licensed Psychologist since 1982, and a member of the Board of Psychology since 2005. My opinions do not represent the University or the Board.

Reasons for Opposition involve risk to the consumer

- Training for a doctorate in psychology is not medical training.
- There is virtually no evidence that reducing medical training to far less than half of that required for physicians or advanced practice nurses will protect the consumer.
- Proponents claim that the lack of a reported death or serious harm by prescribing psychologists somehow provides evidence of safety. It does not. It only provides evidence that any harm done by these psychologists was not identified and reported by the psychologists themselves.
- The impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before this experiment is repeated in Hawaii.
- Given proponents spent over $500,000 to pass a prescribing bill in Louisiana alone speaks to the availability of funds to conduct such a consumer safety study.

(Source: Prof. T. Tompkins, 2010; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999)



TO: Senate Committee on Health
The Hon. Josh Green, M.D., Chair
The Hon. Clarence K. Nishihara, Vice Chair

Testimony in Support of Senate Bill 597
Relating to Psychologists
Submitted by President of Hawai'i Psychological Association
February 16, 2011, 2:45 p.m., Conference Room 229

I strongly endorse this legislation that would enable prescriptive authority for psychologists who serve in federally qualified health centers in medically underserved areas in the State of Hawaii.

Prescriptive authority for appropriately trained psychologists is a <u>no-cost solution</u> to significantly improve and increase access to sorely needed comprehensive mental health services, particularly in rural, medically underserved areas.

Psychologists have been prescribing in the Department of Defense, Indian Health Service for over 10 years, and in both New Mexico and Louisiana since 2004 and 2006, respectively. As of October 2010 there are an estimated 51 and 26 psychologists certified to prescribe in Louisiana and New Mexico, respectively.

Despite recent efforts by the state and psychiatrists to improve mental health provider shortages in rural, medically underserved areas, there still remains significant need, particularly from a preventative and ongoing care standpoint. We need multiple efforts from all mental health providers **over a consistent and extended period of time** before mental health needs across our state will be adequately met.

S.B. 597 provides another effective means whereby highly trained mental health providers will be maximally utilized to conduct quality patient care.

For all these reasons, and most importantly, to improve the health care system for Hawaii's medically underserved areas, I humbly ask for your support of S.B. 597.

Respectfully submitted

Barbara Higa Rogers, MPH, LCSW, PsyD.
Licensed Psychologist
Clinical Manager KCPC Big Island
President Hawai'i Psychological Association

Na Pu`uwai
Native Hawaiian Health Care System
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• Ke Ola Hou O Lana`i • PO Box 630713 Lana`i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

TESTIMONY IN SUPPORT OF S.B. 597 RELATING TO PSYCHOLOGISTS

FROM: **Dr. Allison Hu Seales, Licensed Clinical Psychologist**

DATE: February 14, 2011

Honorable Chair Green, Vice-Chair Nishihara, and Members committee, my name is Dr. Allison Hu Seales and I am a Licensed Clinical Psychologist who has worked and lived on the island of Moloka'i for three years at Na Pu'uwai Native Hawaiian Health Care System. I am also a clinical supervisor for Clinical Psychology Postdoctoral Fellows on the island of Lana'i.

I would like to submit this testimony in strong support of Senate Bill 428. Because Moloka'i is my home and because of my work experiences, I have firsthand experience of the mental health needs of these communities and the negative effects of these unmet needs on all residents.

Because of recent cuts to mental health services in the State of Hawai'i and because of the rural nature of our communities, there are not enough psychiatrists who serve on our islands. Lana'i residents especially must wait for psychiatric services (if they qualify for AMHD services) or must fly off island because the psychiatrist is only on the island once per month.

I firmly believe that the passage of this bill is long overdue. It has multiple safeguards built into it, and a more than 14 year record of safety to stand on to include DoD, New Mexico, and Louisiana prescribing psychologists, and finally, is a solution in this time of economic crisis to provide comprehensive mental health services at no extra cost to the state.

Thank you for considering my testimony in support SB 597.

Respectfully submitted,
Dr. Allison Hu Seales

green1 - Karen

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 15, 2011 12:45 PM
To:	HTHTestimony
Cc:	jakaka@gmail.com
Subject:	Testimony for SB597 on 2/16/2011 2:45:00 PM

Testimony for HTH 2/16/2011 2:45:00 PM SB597

Conference room: 229
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Jeffrey Akaka, MD
Organization: Hawaii Psychiatric Medical Association
Address:
Phone:
E-mail: jakaka@gmail.com
Submitted on: 2/15/2011

Comments:
Dear Chairman Josh Green, Vice Chairman Clarence Nishihara, and members of the Senate Committee on Health,

Re: SB 597
February 16, 2011
2:45pm
Room 229
On Prescriptive Authority for Psychologists In Opposition.

Counseling is not chemistry.
Psychology is not medicine.
7 years of psychology, even with a Tripler add on, is not 7 years of a fundamental, full time education in real medical science.

A license to put chemicals, not into healthy young military recruits with no medical problems (as were used in the exhaustively medically supervised DOD PDP often cited as proof it can be done safely), would pose a far greater risk to the kind of patients who are seen at the community health centers, such as the grandmother with heart failure or into children with asthma.

Why did New York State, with psychologist support, pass a law prohibiting psychologists from prescribing? With 7 years having gone by with all similar bills in multiple states rejected, is the notion as "appropriate" as asserted?

Lets look at the word "appropriate" used throughout the bill.

What is "appropriate" about a philosophical discipline declaring what one needs to know to practice a medical discipline?

What is "appropriate" about a "model curriculum" that says only 10 weeks (ie: 400 hours as cited in the bill), is all the time one needs to learn how to safely put drugs into women, children and the elderly? How about if they have heart, lung, liver, blood, brain, intestinal or kidney disease, or diabetes, thyroid disease, or pregnancy? How about if they smoke, or drink grapefruit juice, or if they have eye diseases which certain antidepressant medications could convert into blindness? Or about how certain antimanic

agents that can cause polycystic ovary disease, cause spine defects in fetuses or stop hearts, as can other antidepressants?

What is appropriate about 95% of this being totally unsupervised (2 hours for each week of 40 hours)? Is there anything that could possibly be thought appropriate about such a model curriculum? Would it not be more appropriate for patients to have access to people who have actually gotten real medically based training, who devoted years of their lives, full time, to real medical training such as real physicians, real APRN-RXs, or real Physician Assistants?

There are better solutions.

1. Please consider instead removing the barriers that force physicians specializing in psychiatry, who trained right here on National Health Corps Scholarships, to go to mainland sites to fulfill their debt obligations rather than staying here. Please remove barriers that managed cost companies have imposed on Primary Care Physicians that discourage them from prescribing psychiatric medications.

2. Please assist the FQHCs in accessing funding streams that can pay for psychiatrists to work in those that need them. Physicians of all specialties can barely, if at all, survive the hassles of medicaid rules. Please incentivise Community Health Centers to hire physicians, including psychiatrists, as well as Licensed APRN-RXs and Licensed Physician Assistants, at competitive salaries.

3. And finally, telemedicine is a growing solution, already being done from the UH to Molokai and the Big Island, but sadly, the set up on Maui has languished due to lack of funding. If you fund it it will grow!

Please prevent short shrifting of Psychiatric Patients away from the rights to the same scientifically based care as anybody else.

Please vote no on SB 597.

Thank you for considering my testimony.
Jeffrey Akaka, MD
President, Hawaii Psychiatric Medical Association

IQBAL AHMED, M.D. FRCPsych (U.K.)

2861 KALAWAO STREET
HONOLULU, HI 96822
TELEPHONE (808) 554-4457
EMAIL: ahmedi96822@gmail.com

Re: SB 597

On Prescriptive Authority for Psychologists

In Opposition.

I am writing to you as not only a practicing psychiatrist of over 30 yrs, but as one of the few psychopharmacologists in the U.S. certified by the American Society of Clinical Psychopharmacology. I am also a teacher and researcher in psychopharmacology. I want to address the issues raised in the proposed legislation.

We know that more psychiatrists as are needed to handle the psychiatric needs of underserved communities, and at first glance these bills might seem to be a reasonable solution.

However, any access issue has to be seen in the context of safety. One of the core tenets of the Hippocratic Oath that physicians take is **"first do no harm"**. My concern is that in trying to address the access issue, our most vulnerable citizens living in rural areas of Hawaii with mental illness are unnecessarily being exposed to risks from powerful psychiatric medications prescribed by the least qualified prescribers of these medications.

Every week we learn more about the risks from the use of these psychiatric medications such as heart disease, sudden death, bleeding problems, strokes, falls, interactions with other medical drugs etc. Even psychiatrists and other physicians have to be cautious in the use of these medications. New regulations are being proposed for medical monitoring of people using these medications. Does the legislature really want to get in the business of exposing the people of unnecessary harm?

There are better ways of addressing the access issue such as use of telemedicine and telepsychiatry, removal of barriers for patients and psychiatrists to enhance access such as incentives to practice in rural areas, training programs in rural areas, reducing administrative burden in access to medications for the Medicaid population. Please also remove barriers that managed cost companies have

imposed on Primary Care Physicians that discourage them from prescribing psychiatric medications.

Psychologists can help with access to care by provide valuable non-pharmacological treatments for the severely mentally ill such as cognitive behavior therapy, psychosocial rehabilitation programs, and recovery programs. Psychologists can partner with psychiatrists to arrange for medication evaluation and treatment so that treatment can be safely, effectively, and efficiently provided for our most vulnerable population

Please vote no on SB 597

Thank you for considering my testimony.

Sincerely,

Iqbal Ahmed, M.D.

Feb. 15, 2011

Statement of

Daniel Ulrich, M.D.
President
Hawaii Council of Child and Adolescent Psychiatry

Senate Committee on Health
Hawaii State Legislature

S.B. 597: Prescriptive Authority; Psychologists

February 16, 2011

Chairman Green and Members of the Committee, thank you for the opportunity to submit testimony on S.B. 597, which would grant medication prescription privileges to certain psychologists in Hawaii. I am a child and adolescent psychiatric physician with more than 10 years of practice in Hawaii. I am also a pediatrician and certified by the American Board of Psychiatry and Neurology. I am a member of the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, and current President of the Hawaii Council of Child and Adolescent Psychiatry.

I am pleased to offer testimony on behalf of the Hawaii Council of Child and Adolescent Psychiatry (HCCAP). HCCAP represents more than 50 child and adolescent psychiatric physicians who actively research, diagnose and treat psychiatric disorders affecting children, adolescents and their families in Hawaii.

Currently, 48 states, including Hawaii, prohibit psychologists from prescribing. In the United States, only New Mexico (2004) and Louisiana (2006) have passed laws granting prescriptive authority to psychologists, but there have been no formal studies of impact.

S.B. 597 would authorize licensed psychologists that practice at federally qualified health centers to prescribe psychotropic medication for the treatment of mental illness. While psychologists are a valuable and critical part of our state's mental health system, they are not medical doctors like child and adolescent psychiatrists and therefore do not have the necessary training or expertise to prescribe. As a physician, I can tell you that S.B. 597 would not improve access to high quality mental health care, and it will only compromise the safety of patients in Hawaii, particularly children and adolescents.

S.B. 597 Risks the Safety of Children and Adolescents with Mental Illnesses

Psychotropic medications used to treat mental illness affect all parts of the body, not only the brain. If improperly prescribed, they can have dangerous side effects, such as convulsions, epilepsy, heart arrhythmia, blood disease, seizures, coma, stroke and even death. Prior to their prescription, a comprehensive medical history should be obtained and a targeted medical evaluation completed. A psychologist does not have the training required to do such medical evaluations.

When dealing with children and adolescents, prescribing psychotropic medication becomes more complicated and the risks even greater. Children's bodies metabolize medications differently than adults. Additionally, children and adolescents with severe mental illness are sometimes on more than one medication. The management of these conditions is complicated due to the need to consider the effect the medications will have on one another. Whether these are for a medical and psychiatric illness or just for a psychiatric illness, knowledge of these drug-to-drug interactions is critical to the child's safety.

A medical evaluation and history, followed by an accurate treatment plan is particularly important for children. The wrong treatment plan can cause serious setbacks to a child's emotional and physical development. Prescribing psychotropic medication for this age group requires the

judgment of a physician. As written, S.B. 597 has no regard for the complexities and risks of prescribing to children, putting them at great risk if the legislation is passed.

Medical vs. Medication Training

Child and adolescent psychiatrists are physicians with ten years of medical training, including a minimum of 10,000 – 12,000 hours of training in pharmacology. Consequently, I know first-hand the training necessary to understand a patient's complete medical history, perform or interpret a physician's exam, prescribe the appropriate medication at a safe dosage level, and avoid potentially fatal drug interactions.

S.B. 597 requires a master's degree in psychopharmacology, as well as a modest amount of clinical experience that requires only 400 hours of treating patients. Under no circumstances do these training requirements provide adequate preparation to prescribe psychotropic medications, especially for children. Both the didactic and clinical requirements focus on *medication* training, not *medical* training.

Medical training involves scientific coursework in biology, anatomy, and chemistry, as well as significant clinical experience in real life settings. Competence is measured by multiple evaluation methods, including real world observation, to assure one can practice safely. Medication training, on the other hand, involves learning to identify and distinguish between medication types and categories, NOT the biological basis of medical conditions. Competence is measured by written exams and does not include real world observation.

The vast differences between these types of trainings become quite clear when distinguishing between some physical and mental illnesses. Physical illnesses can often mimic mental illnesses. Even with additional psychopharmacological training, a psychologist is not trained to discern the difference. For example, a patient who reports they are lethargic and gaining weight presents symptoms that are common in someone suffering from depression. But what if they actually have hypothyroidism? Will a psychologist identify this, or will the patient be misdiagnosed and given an unnecessary antidepressant?

S.B. 597 states that the Hawaii legislature has previously authorized prescription privileges to other professionals, such as advanced practice registered nurses, dentists, and physician assistants. However, this is misleading. Each of these professionals requires a form of medical, not only medication, training before granting prescription privileges. The training requirements proposed in S.B. 597 are significantly less rigorous and comprehensive than those required by the other disciplines.

S.B. 597 Will Not Improve Access to Mental Health Care

While it is certainly true that our state has a shortage of professionals, including child and adolescent psychiatrists, to care for those with mental illness, there is no evidence to suggest that allowing psychologists to prescribe medications will improve access to quality mental health care. Research has shown that psychologists are located in the same geographic areas as physicians and psychiatrists, which will not alleviate the shortage of mental health providers in underserved areas.

Hawaii should learn from the lessons of other states. In New Mexico and Louisiana, the only two states that allow psychologists to prescribe, few psychologists have actually completed training and become licensed to do so. The vast majority of these prescribing psychologists practice live in metro areas, not in the most underserved areas in the states.

Depart of Defense Psychopharmacological Demonstration Project
S.B. 597 also cites the United States Department of Defense Psychopharmacological Demonstration Project as evidence in support of granting psychologists prescription privileges. In actuality, this demonstration project was terminated in 1996 after only four years due to a United States General Accounting Office (GAO) investigation that found the program to be too expensive and unneeded. The project trained only 10 psychologists to prescribe, costing more than $610,000 per psychologist and a total of $6 million. Additionally, psychologists in the project were only allowed to treat active military personnel between 18-65 with uncomplicated cases, and only after patients received full medical evaluation. They were **NOT** authorized to treat children or the elderly. In conclusion, the GAO report recommended that the program be discontinued unless the prescribing psychologists practiced under a psychiatrist's supervision.

Real Solutions that Improve Access to Care
Rather than granting psychologists prescription privileges, which risks patient safety and has not been shown to increase access to care, I urge you to invest in alternative solutions. For example, other states, including Massachusetts, Arkansas, and Washington, have improved access to mental health care by implementing collaborative programs between psychiatrists and primary care physicians, who are often the first professionals to see children with mental illness. These collaborative programs have increased primary care physicians' capacity to serve children with mental illnesses and helped to alleviate the shortage of child and adolescent psychiatrists.

Additionally, the legislature can invest in initiatives to increase the child and adolescent psychiatric workforce by providing incentives for medical students to go into child and adolescent psychiatry, providing funding to child psychiatry training programs to fund additional residents, and by providing funding for the creation of post-pediatric training programs. Such initiatives will encourage more physicians to pursue the specialty, enable training programs to fund and enroll additional residents, and strengthen our state's mental health workforce.

In conclusion, I urge you to reject S.B. 597 and similar legislation that would grant prescriptive authority to psychologists. Such legislation risks patient care and will not address the greater public health issue of access to quality mental health care.

Thank you for the opportunity to submit testimony. I would be pleased to answer any further questions and work with you on other ways to improve care for children and adolescents with mental illnesses.

Statement of

Daniel Ulrich, M.D.
President
Hawaii Council of Child and Adolescent Psychiatry

Senate Committee on Health
Hawaii State Legislature

S.B. 597: Prescriptive Authority; Psychologists

February 16, 2011

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Psychotropic medications used to treat mental illness affect all parts of the body, not only the brain. If improperly prescribed, they can have dangerous side effects, such as convulsions, epilepsy, heart arrhythmia, blood disease, seizures, coma, stroke and even death. Prior to their prescription, a comprehensive medical history should be obtained and a targeted medical evaluation completed. A psychologist does not have the training required to do such medical evaluations.

When dealing with children and adolescents, prescribing psychotropic medication becomes more complicated and the risks even greater. Children's bodies metabolize medications differently than adults. Additionally, children and adolescents with severe mental illness are sometimes on more than one medication. The management of these conditions is complicated due to the need to consider the effect the medications will have on one another. Whether these are for a medical and psychiatric illness or just for a psychiatric illness, knowledge of these drug-to-drug interactions is critical to the child's safety.

A medical evaluation and history, followed by an accurate treatment plan is particularly important for children. The wrong treatment plan can cause serious setbacks to a child's emotional and physical development. Prescribing psychotropic medication for this age group requires the

judgment of a physician. As written, S.B. 597 has no regard for the complexities and risks of prescribing to children, putting them at great risk if the legislation is passed.

Medical vs. Medication Training
Child and adolescent psychiatrists are physicians with ten years of medical training, including a minimum of 10,000 – 12,000 hours of training in pharmacology. Consequently, I know first-hand the training necessary to understand a patient's complete medical history, perform or interpret a physician's exam, prescribe the appropriate medication at a safe dosage level, and avoid potentially fatal drug interactions.

S.B. 597 requires a master's degree in psychopharmacology, as well as a modest amount of clinical experience that requires only 400 hours of treating patients. Under no circumstances do these training requirements provide adequate preparation to prescribe psychotropic medications, especially for children. Both the didactic and clinical requirements focus on *medication* training, not *medical* training.

Medical training involves scientific coursework in biology, anatomy, and chemistry, as well as significant clinical experience in real life settings. Competence is measured by multiple evaluation methods, including real world observation, to assure one can practice safely. Medication training, on the other hand, involves learning to identify and distinguish between medication types and categories, NOT the biological basis of medical conditions. Competence is measured by written exams and does not include real world observation.

The vast differences between these types of trainings become quite clear when distinguishing between some physical and mental illnesses. Physical illnesses can often mimic mental illnesses. Even with additional psychopharmacological training, a psychologist is not trained to discern the difference. For example, a patient who reports they are lethargic and gaining weight presents symptoms that are common in someone suffering from depression. But what if they actually have hypothyroidism? Will a psychologist identify this, or will the patient be misdiagnosed and given an unnecessary antidepressant?

S.B. 597 states that the Hawaii legislature has previously authorized prescription privileges to other professionals, such as advanced practice registered nurses, dentists, and physician assistants. However, this is misleading. Each of these professionals requires a form of medical, not only medication, training before granting prescription privileges. The training requirements proposed in S.B. 597 are significantly less rigorous and comprehensive than those required by the other disciplines.

S.B. 597 Will Not Improve Access to Mental Health Care
While it is certainly true that our state has a shortage of professionals, including child and adolescent psychiatrists, to care for those with mental illness, there is no evidence to suggest that allowing psychologists to prescribe medications will improve access to quality mental health care. Research has shown that psychologists are located in the same geographic areas as physicians and psychiatrists, which will not alleviate the shortage of mental health providers in underserved areas.

Hawaii should learn from the lessons of other states. In New Mexico and Louisiana, the only two states that allow psychologists to prescribe, few psychologists have actually completed training and become licensed to do so. The vast majority of these prescribing psychologists practice live in metro areas, not in the most underserved areas in the states.

Depart of Defense Psychopharmacological Demonstration Project
S.B. 597 also cites the United States Department of Defense Psychopharmacological Demonstration Project as evidence in support of granting psychologists prescription privileges. In actuality, this demonstration project was terminated in 1996 after only four years due to a United States General Accounting Office (GAO) investigation that found the program to be too expensive and unneeded. The project trained only 10 psychologists to prescribe, costing more than $610,000 per psychologist and a total of $6 million. Additionally, psychologists in the project were only allowed to treat active military personnel between 18-65 with uncomplicated cases, and only after patients received full medical evaluation. They were **NOT** authorized to treat children or the elderly. In conclusion, the GAO report recommended that the program be discontinued unless the prescribing psychologists practiced under a psychiatrist's supervision.

Real Solutions that Improve Access to Care
Rather than granting psychologists prescription privileges, which risks patient safety and has not been shown to increase access to care, I urge you to invest in alternative solutions. For example, other states, including Massachusetts, Arkansas, and Washington, have improved access to mental health care by implementing collaborative programs between psychiatrists and primary care physicians, who are often the first professionals to see children with mental illness. These collaborative programs have increased primary care physicians' capacity to serve children with mental illnesses and helped to alleviate the shortage of child and adolescent psychiatrists.

Additionally, the legislature can invest in initiatives to increase the child and adolescent psychiatric workforce by providing incentives for medical students to go into child and adolescent psychiatry, providing funding to child psychiatry training programs to fund additional residents, and by providing funding for the creation of post-pediatric training programs. Such initiatives will encourage more physicians to pursue the specialty, enable training programs to fund and enroll additional residents, and strengthen our state's mental health workforce.

In conclusion, I urge you to reject S.B. 597 and similar legislation that would grant prescriptive authority to psychologists. Such legislation risks patient care and will not address the greater public health issue of access to quality mental health care.

Thank you for the opportunity to submit testimony. I would be pleased to answer any further questions and work with you on other ways to improve care for children and adolescents with mental illnesses.

TO: Senate Committee on Health
The Hon. Josh Green, M.D., Chair
The Hon. Charence K. Nishihara

Testimony in Support of Senate Bill 597
Relating to Psychologists
February 16, 2011, 2:45 p.m., Agenda, Room 229

The Waimānalo Health Center fully supports this bill in order to broaden the scope of services so badly needed by Hawai'i's Community Health Centers' ability to serve the myriad of patients who present to our centers needing mental health services. Four our health center approximately 8% of the clients we serve have a mental health or substance abuse condition.

It goes without saying that health centers are the perfect venue for diagnosing and treating patients needing mental health services whoa re already accessing other services within our centers. By serving them in a one-stop shop capacity we can have the greatest opportunity to impact their clinical and mental health outcomes. We desperately need to be able to offer as many options to our patients as possible and providing prescriptive authority for trained psychologists ahs the potential to serve as one of the most cost effective and efficient ways to deliver care to those with virtually tno options for mental health treatment requiring medications. Our practitioners face day-to-day dilemmas in knowing that their patients' medical and metnal health conditions won't improve without such needed services, yet they do the best they can. Practitioners who work in our centers deserve theis type of back up and support. We believe that thismeasure could create a model that can have the greatest impact on the mental health of underserved communities.

Thank you for the opportunity to testify on this bill.

Christina K. Lee, M.D.
Medical Director
Waimanalo Health Center

TO: Senate Committee on Health
The Hon. Josh Green, M.D., Chair
The Hon. Charence K. Nishihara

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Christina K. Lee, M.D.
Medical Director
Waimanalo Health Center

SENATE COMMITTEE ON HEALTH
SENATOR JOSH GREEN, M.D., CHAIR
SENATOR CLARENCE NISHIHARA, VICE CHAIR
Wednesday, February 16, 2011
2:45 P.M. Conference Room 229

Jeffrey D. Stern, Ph.D.
Licensed Clinical Psychologist
1833 Kalakaua Ave. Suite 503
Honolulu, HI 96815

Wednesday February 16, 2011

In regards to SB597 relating to limited prescriptive authority for appropriately trained and licensed clinical psychologists, I am in favor of a 5-year pilot program with appropriate outcome measures to assess it's success.

I am a psychologist who was raised here in Honolulu and I was recently elected President Elect of the Hawaii Psychological Association. Like you, I am in a position where I represent not myself, but many others whose opinions I must consider. Historically, I was opposed to psychologists having prescriptive authority because I was a student of one of the biggest opponents of this while I attended University of Hawaii and, at the time, her arguments made sense to me. She pointed out that the field is growing exponentially and there isn't enough time in a day to keep up with the demands of a practice and keep up with the demands of a prescriptive practice with all the content and growth/change that occur in that field, simultaneously. However, I have watched our profession handle technological advances, which are even more considerable, with enthusiasm and competence (e.g., Tripler's Telehealth program, HMSA's online care connection). I have watched a number of psychologists on the mainland United States successfully prescribe a limited number of medications with competence for more than 10 years. I have seen the majority of my colleagues delve rather selflessly into careers involving rural healthcare and underserved populations, and it strikes me as rather narrow-minded to see their efforts to promote prescriptive authority as a manipulative attempt to gain market share rather than as means of addressing a need among their patients. We psychologists have worked hard to help define the issue as one of access to care and not of "turf" and it gives me no small measure of satisfaction to see that most people finally see it as such. As a graduate of the University of Hawaii at Manoa, a "land grant" University, I understand it is my responsibility to give back to Hawaii and one way our profession gives back is to provide high quality services in rural areas to underserved populations.

In my practice, I see children and families. With this group, most of them Medicare/Medicaid and working class families with children with disabilities, it seems quite justifiable to see patients on Saturdays so that kids don't have to miss school to see me. It just makes sense. What kind of child and family psychologist would I be if I regularly asked parents to pull their children out of school to come see me? Along a similar line of reasoning, it seems quite justified for properly trained and certified psychologists to provide patients in need, access to appropriate treatments at times that work for them. It makes little sense to me to assume that a bipolar adult slipping into a manic phase can wait a week or several to get to see a psychiatrist. In that time, he or she could be out of a job or worse.

Our "seamless" system of care should provide for psychiatric services as a function of need, and not as a function of availability!

Thank you for the opportunity to provide my mana'o.

TO: Senate Committee on Health
The Hon. Josh Green, M.D., Chair
The Hon. Clarence K. Nishihara, Vice Chair

Testimony in Support of Senate Bill 597
Relating to Psychologists
Submitted by Melissa Pavlicek, Executive Director, Hawaii Psychological Association
February 16, 2011, 2:45 p.m., Conference Room 229

The Hawaii Psychological Association ("HPA") strongly endorses this legislation that would enable prescriptive authority for psychologists who serve in federally qualified health centers in medically underserved areas in the State of Hawaii.

Prescriptive authority for appropriately trained psychologists is a no-cost solution to significantly improve and increase access to sorely needed comprehensive mental health services, particularly in rural, medically underserved areas.

Psychologists have been prescribing in the Department of Defense, Indian Health Service for over 10 years, and in both New Mexico and Louisiana since 2004 and 2006, respectively. As of October 2010 there are an estimated 51 and 26 psychologists certified to prescribe in Louisiana and New Mexico, respectively.

Despite recent efforts by the state and psychiatrists to improve mental health provider shortages in rural, medically underserved areas, there still remains significant need, particularly from a preventative and ongoing care standpoint. We need multiple efforts from all mental health providers **over a consistent and extended period of time** before mental health needs across our state will be adequately met.

S.B. 597 provides another effective means whereby highly trained mental health providers will be maximally utilized to conduct quality patient care.

For all these reasons, and most importantly, to improve the health care system for Hawaii's medically underserved areas, HPA humbly asks for your support of S.B. 597.

I strongly oppose SB 597, HB 328, and HB 695. Prescribing psychiatric medications requires extensive medical training. Without this training patients will be at risk. Medical training is required to recognize and treat the side effects of medications, interpret laboratory tests associated with medications, recognize emerging medical illnesses that present with psychiatric symptoms and to avoid drug/drug interactions that occur between psychiatric and non-psychiatric medications. There will be more morbidity for patients resulting in emergency room visits and additional primary care visits to address the foreseeable complications. Paralegals do not practice law, EMS personnel are not trained to be emergency room physicians, radiology technicians do not interpret x-rays and psychologists should not practice medicine without a medical license. Didactic training and internet courses are not adequate to provide the requisite training for prescribing, monitoring, and safely treating patients with some of the most powerful medications in our formularies. Psychiatrists are trained with 4 years of medical school and 4 years of residency to learn the complexities inherent in diagnosing and treating patients with medications. At the very minimum, psychologists should have the training of Physician Assistants and/or Nurse Practitioners with prescriptive authority. Only the malpractice attorneys will benefit from this bill.