
A BILL FOR AN ACT

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS.

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

1 SECTION 1. The legislature finds there is an insufficient
2 number of prescribing mental health care providers available to
3 serve the needs of Hawaii's people. The delivery of quality,
4 comprehensive, accessible, and affordable health care is
5 enhanced by collaborative practice between licensed clinical
6 psychologists and medical doctors. Providing advanced training
7 in psychopharmacology to certain psychologists who wish to
8 become prescribing psychologists will be beneficial to residents
9 of Hawaii who live in rural or medically underserved
10 communities, particularly in locations where mental health
11 professionals with prescriptive authority are in short supply.

12 The legislature further finds that the mental health needs
13 of the State continue to outweigh present capacity, particularly
14 in remote or rural communities. According to a Report on
15 Findings from the Hawaii Physician Workforce Assessment Project
16 (December 2014), physician shortages, including psychiatry, are
17 highest in Hawaii's rural areas. Across the different counties,
18 the greatest shortage of psychiatrists is found in Maui county,



1 which has a 41.2 per cent shortage, followed by Hawaii county,
2 with a 39.2 per cent shortage, and Kauai county, which has a
3 29.5 per cent shortage. The report reflects no shortage of
4 psychiatrists in the city and county of Honolulu.

5 According to the federal Centers for Disease Control and
6 Prevention, suicide is the third leading cause of death for
7 youth between the ages of ten and twenty-four and the tenth
8 leading cause of death in the United States. Suicide was the
9 single leading cause of fatal injuries in Hawaii from 2004 to
10 2013, with a generally increasing trend in the annual suicide
11 rate among residents. On average, one hundred seventy people
12 die from suicide and eight hundred fifty-two people attempt
13 suicide in Hawaii each year. Studies have shown that many
14 people who commit suicide had received little or no treatment
15 for their mental health problems due to barriers to accessing
16 appropriate and effective care in the community, including
17 lengthy wait times for appointments and a lack of accessible
18 mental health care providers. While causes for suicide are
19 complex, the most commonly reported contributing factors include
20 depression, relationship problems, and serious medical problems.
21 These are conditions that occur frequently but have been found



1 to respond favorably to evidence-based treatments, such as
2 cognitive behavioral therapy and psychotropic medications, when
3 identified and treated early.

4 A 2015 article in the *Honolulu Star-Advertiser* reported
5 that fifty-one per cent of all people arrested in 2013 in
6 Honolulu suffered from serious mental illness or severe
7 substance intoxication. This represents an almost two-fold
8 increase in arrests of individuals with psychiatric illness or
9 substance abuse issues in the period following substantial cuts
10 to state-supported mental health services in 2009. A 2014
11 survey by the Treatment Advocacy Center indicates that there are
12 ten times more people with serious mental illness in jails and
13 prisons than there are in state psychiatric institutions across
14 the country.

15 The legislature additionally finds that according to the
16 National Alliance on Mental Illness and the federal Substance
17 Abuse and Mental Health Services Administration, approximately
18 thirty-two thousand adults in Hawaii, representing more than
19 three per cent of the population, live with serious mental
20 illness. However, this figure may not completely reflect the
21 scope of need, as it does not include individuals with other



1 clinical diagnoses such as unipolar depression, anxiety
2 disorders, adjustment disorders, substance abuse, or post-
3 traumatic stress disorder.

4 The legislature also finds that clinical psychologists are
5 licensed health professionals with an average of seven years of
6 post-baccalaureate study and three thousand hours of post-
7 graduate supervised practice in the diagnosis and treatment of
8 mental illness. However, because the current scope of clinical
9 psychologists' practice does not include prescribing
10 medications, these providers' patients must consult with and pay
11 for another provider to obtain psychotropic medications when
12 indicated.

13 The legislature has previously authorized prescription
14 privileges for advanced practice registered nurses,
15 optometrists, dentists, and naturopathic physicians. Licensed
16 clinical psychologists with specialized education and training
17 in preparation for prescriptive practice have been allowed to
18 prescribe psychotropic medications to active duty military
19 personnel and their families in federal facilities and the
20 United States Public Health Service, including the Indian Health
21 Service, for decades. In recent years, Illinois, Louisiana, and



1 New Mexico adopted legislation authorizing prescriptive
2 authority for advanced trained psychologists. There are
3 approximately one hundred thirty psychologists with prescriptive
4 authority in Louisiana and New Mexico. Furthermore, there have
5 been no adverse events or complaints brought against any of
6 these prescribing psychologists regarding their practice. In
7 Louisiana and New Mexico, prescribing psychologists have been
8 able to fill positions that were vacant for a number of years
9 and continue to serve predominantly indigent or rural
10 populations.

11 The legislature further finds that the American
12 Psychological Association has developed a model curriculum for a
13 master's degree in psychopharmacology for the education and
14 training of prescribing psychologists. Independent evaluations
15 of the federal Department of Defense psychopharmacological
16 demonstration project by the United States General Accounting
17 Office, now known as the Government Accountability Office, and
18 the American College of Neuropsychopharmacology, as well as the
19 experiences of Louisiana and New Mexico, have found that
20 appropriately trained prescribing psychologists can prescribe
21 medications safely and effectively. A master of science in



1 clinical psychopharmacology is currently offered at the
2 University of Hawaii at Hilo college of pharmacy.

3 The purpose of this Act is to authorize the board of
4 psychology to grant prescriptive authority to prescribing
5 psychologists practicing in counties with a population of less
6 than 500,000 who meet specific education, training, and
7 registration requirements.

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

11 "PART . PRESCRIBING PSYCHOLOGISTS

12 §465- Definitions. As used in this part unless the
13 context otherwise requires:

14 "Advanced practice registered nurse with prescriptive
15 authority" means an advanced practice registered nurse, as
16 defined in section 457-2, with prescriptive authority granted
17 pursuant to section 457-8.6.

18 "Clinical experience" means a period of supervised clinical
19 training and practice in which clinical diagnoses and
20 interventions, which are conducted and supervised as part of a



1 post-doctoral master of science degree in clinical
2 psychopharmacology training, are learned.

3 "Controlled substance" shall have the same meaning as in
4 section 329-1.

5 "Forensically encumbered" means a person who has been found
6 to be detained by Hawaii courts for forensic examination, or
7 committed to certain psychiatric facilities under the care and
8 custody of the director of health for appropriate placement by
9 the family courts, district courts, or circuit courts; has been
10 placed on conditional release or released on conditions by a
11 judge in Hawaii courts; or is involved in mental health court of
12 a jail diversion program.

13 "Narcotic drug" shall have the same meaning as in section
14 329-1.

15 "Opiate" shall have the same meaning as in section 329-1.

16 "Prescribing psychologist" means a psychologist who has
17 undergone specialized training in clinical psychopharmacology,
18 passed a national proficiency examination in psychopharmacology
19 approved by the board, and been granted a prescriptive authority
20 privilege by the board.



1 "Prescription" means an order for a psychotropic medication
2 or any device or test directly related to the diagnosis and
3 treatment of mental and emotional disorders pursuant to the
4 practice of psychology.

5 "Prescriptive authority privilege" means the authority
6 granted by the board to prescribe psychotropic medication and
7 other directly related procedures within the scope of practice
8 of psychology in accordance with rules adopted by the board.

9 "Primary care provider" means a physician or osteopathic
10 physician licensed or exempted from licensure pursuant to
11 section 453-2.

12 "Psychotropic medication" means only those agents related
13 to the diagnosis and treatment of mental and emotional disorders
14 pursuant to the practice of psychology, except drugs classified
15 into schedule I, II, or III pursuant to chapter 329, opiates, or
16 narcotic drugs; provided that psychotropic medication shall
17 include stimulants for the treatment of attention deficit
18 hyperactivity disorder regardless of the stimulant's schedule
19 classification.

20 "Serious mental illness" means bipolar disorder, bipolar II
21 disorder, delusional disorder, major depressive disorder with



1 psychotic features, psychosis secondary to substance use,
2 schizophrenia, schizophreniform disorder, and schizoaffective
3 disorder, as defined by the most current version of the
4 Diagnostic and Statistical Manual of Mental Disorders.

5 **§465- Administration.** (a) The board shall prescribe
6 application forms and fees for application for and renewal of
7 prescriptive authority privilege pursuant to this part.

8 (b) The board shall develop and implement procedures to
9 review the educational and training credentials of a
10 psychologist applying for or renewing prescriptive authority
11 privilege under this part, in accordance with current standards
12 of professional practice.

13 (c) The board shall determine the exclusionary formulary
14 for prescribing psychologists.

15 (d) The board shall have all other powers which may be
16 necessary to carry out the purposes of this part.

17 **§465- Prescriptive authority privilege; requirements.**
18 Beginning on July 1, 2017, the board shall accept applications
19 for prescriptive authority privilege from qualified applicants.
20 Every applicant for prescriptive authority privilege shall
21 submit evidence satisfactory to the board, in a form and manner



1 prescribed by the board, that the applicant meets the following
2 requirements:

3 (1) The applicant possesses a current license pursuant to
4 section 465-7;

5 (2) The applicant successfully graduated with a post
6 doctoral master's degree in clinical
7 psychopharmacology from a regionally-accredited
8 institution with a clinical psychopharmacology program
9 designated by the American Psychological Association,
10 or the equivalent of a post doctoral master's degree,
11 as approved by the board; provided that any equivalent
12 shall include:

13 (A) Study in a program offering intensive didactic
14 education, including instruction in anatomy and
15 physiology, biochemistry, neuroanatomy,
16 neurophysiology, neurochemistry, physical
17 assessment and laboratory examinations, clinical
18 medicine and pathophysiology, clinical and
19 research pharmacology and psychopharmacology,
20 clinical pharmacotherapeutics, research, and
21 professional, ethical, and legal issues; and



- 1 (B) Clinical experience that includes:
- 2 (i) A minimum of four hundred hours completed in
- 3 no less than twelve months and no more than
- 4 forty-eight months;
- 5 (ii) Supervision of a minimum of one hundred
- 6 patients; and
- 7 (iii) No less than two hours per week of
- 8 supervision by a licensed physician or
- 9 osteopathic physician, an advanced practice
- 10 registered nurse with prescriptive
- 11 authority, or a prescribing psychologist;
- 12 (3) The applicant has successfully passed the nationally
- 13 recognized Psychopharmacology Examination for
- 14 Psychologists developed by the American Psychological
- 15 Association's Practice Organization's College of
- 16 Professional Psychology relevant to establish
- 17 competence across the following content areas:
- 18 neuroscience, nervous system pathology, physiology and
- 19 pathophysiology, biopsychosocial and pharmacologic
- 20 assessment and monitoring, differential diagnosis,
- 21 pharmacology, clinical psychopharmacology, research,



1 integrating clinical psychopharmacology with the
2 practice of psychology, diversity factors, and
3 professional, legal, ethical, and interprofessional
4 issues; provided that the passing score shall be
5 determined by the American Psychological Association's
6 Practice Organization's College of Professional
7 Psychology; and

8 (4) The applicant's practice is located in a county with a
9 population of less than 500,000.

10 §465- **Prescriptive authority privilege; renewal.** (a)

11 The board shall implement a method for the renewal of
12 prescriptive authority privilege in conjunction with the renewal
13 of a license under section 465-11.

14 (b) To qualify for the renewal of prescriptive authority
15 privilege, a prescribing psychologist shall present evidence
16 satisfactory to the board that the prescribing psychologist has
17 completed at least eighteen hours biennially of acceptable
18 continuing education, as determined by the board, relevant to
19 the pharmacological treatment of mental and emotional disorders;
20 provided that a first-time prescriptive authority privilege
21 holder shall not be subject to the continuing education



1 requirements under this section for the first prescriptive
2 authority privilege renewal.

3 (c) The continuing education requirement under this
4 section shall be in addition to the continuing education
5 requirement under section 465-11.

6 (d) The board may conduct random audits of licensees to
7 determine compliance with the continuing education requirement
8 under this section. The board shall provide written notice of
9 an audit to a licensee randomly selected for audit. Within
10 sixty days of notification, the licensee shall provide the board
11 with documentation verifying compliance with the continuing
12 education requirement established by this section.

13 §465- Prescriptive authority privilege; prescribing
14 practices. (a) It shall be unlawful for any psychologist not
15 granted prescriptive authority privilege under this part to
16 prescribe, offer to prescribe, or use any sign, card, or device
17 to indicate that the psychologist is so authorized.

18 (b) A valid prescription issued by a prescribing
19 psychologist shall be legibly written and contain, at a minimum,
20 the following:

21 (1) Date of issuance;



- 1 (2) Original signature of the prescribing psychologist;
- 2 (3) Prescribing psychologist's name and business address;
- 3 (4) Name, strength, quantity, and specific instructions
- 4 for the psychotropic medication to be dispensed;
- 5 (5) Name and address of the person for whom the
- 6 prescription was written;
- 7 (6) Room number and route of administration if the patient
- 8 is in an institutional facility; and
- 9 (7) Number of allowable refills, if applicable.
- 10 (c) A prescribing psychologist shall comply with all
- 11 applicable state and federal laws and rules relating to the
- 12 prescription and administration of psychotropic medication.
- 13 (d) A prescribing psychologist shall:
- 14 (1) Prescribe only in consultation and collaboration with
- 15 a patient's primary care provider; provided that a
- 16 written collaborative agreement between a patient's
- 17 primary care provider and a prescribing psychologist
- 18 shall be established and signed prior to the
- 19 prescribing psychologist prescribing any psychotropic
- 20 medication for the patient;



- 1 (2) Prescribe only in consultation and collaboration with
2 a patient's primary care provider regarding changes to
3 a medication treatment plan, including dosage
4 adjustments, addition of medications, or
5 discontinuation of medications; provided that for
6 patients who are forensically encumbered or for
7 patients with a diagnosis of serious mental illness:
- 8 (A) A prescribing psychologist shall prescribe only
9 in accordance with a treatment protocol agreed to
10 by the prescribing psychologist and the treating
11 department of health psychiatrist, and with
12 notification to all other health care providers
13 treating the patient; and
- 14 (B) A prescribing psychologist may enter into a
15 collaborative agreement with the department of
16 health; and
- 17 (3) Document the consultation in the patient's medical
18 record.
- 19 (e) A prescribing psychologist shall not prescribe for any
20 patient who does not have a primary care provider.



1 (f) A prescribing psychologist shall not delegate
2 prescriptive authority to any other person.

3 (g) A prescribing psychologist shall not prescribe for any
4 patient outside of a county with a population of less than
5 500,000.

6 §465- Prescriptive authority privilege; exclusionary
7 formulary. (a) A prescribing psychologist may only prescribe
8 medications for the treatment of mental health disorders as
9 defined by the most current version of the Diagnostic and
10 Statistical Manual of Mental Disorders.

11 (b) The exclusionary formulary for prescribing
12 psychologists shall consist of drugs or categories of drugs
13 adopted by the board.

14 (c) The exclusionary formulary and any revised formularies
15 shall be made available to licensed pharmacies at the request of
16 the pharmacies at no cost.

17 (d) Under the exclusionary formulary, prescribing
18 psychologists shall not prescribe:

19 (1) Schedule I controlled substances pursuant to section
20 329-14;



- 1 (2) Schedule II controlled substances pursuant to section
2 329-16;
- 3 (3) Schedule III controlled substances pursuant to section
4 329-18, including all narcotic drugs and opiates; and
- 5 (4) For indications other than those stated in the
6 labeling approved by the federal Food and Drug
7 Administration for patients seventeen years of age or
8 younger;
- 9 provided that prescribing psychologists may prescribe stimulants
10 for the treatment of attention deficit hyperactivity disorder,
11 regardless of the stimulant's schedule classification.
- 12 **§465- Drug Enforcement Administration; registration.**
- 13 (a) Every prescribing psychologist shall comply with all
14 federal and state registration requirements to prescribe and
15 administer psychotropic medication.
- 16 (b) Every prescribing psychologist shall file with the
17 board the prescribing psychologist's federal Drug Enforcement
18 Administration registration number. The registration number
19 shall be filed before the prescribing psychologist issues a
20 prescription for a controlled substance.



1 §465- Violation; penalties. Any person who violates
2 this part shall be guilty of a misdemeanor and, on conviction,
3 fined not more than \$1,000 or imprisoned not more than one year,
4 or both. Any person who violates this part may also be subject
5 to disciplinary action by the board."

6 SECTION 3. Section 329-1, Hawaii Revised Statutes, is
7 amended as follows:

8 1. By adding two new definitions to be appropriately
9 inserted and to read:

10 "Psychologist with prescriptive authority privilege" means
11 a clinical psychologist who has undergone specialized training
12 in clinical psychopharmacology, has passed a national
13 proficiency examination in psychopharmacology approved by the
14 board of psychology, and has been granted prescriptive authority
15 privilege to prescribe psychotropic medication by the board of
16 psychology pursuant to part of chapter 465.

17 "Psychotropic medication" means only those agents related
18 to the diagnosis and treatment of mental and emotional disorders
19 pursuant to the practice of psychology, as defined in section
20 465-1, except drugs classified into schedule I, II, or III
21 pursuant to this chapter, opiates, or narcotic drugs; provided



1 that psychotropic medication shall include stimulants for the
2 treatment of attention deficit hyperactivity disorder regardless
3 of the stimulant's schedule classification."

4 2. By amending the definition of "practitioner" to read:

5 "Practitioner" means:

- 6 (1) A physician, dentist, veterinarian, scientific
7 investigator, or other person licensed and registered
8 under section 329-32 to distribute, dispense, or
9 conduct research with respect to a controlled
10 substance in the course of professional practice or
11 research in this State;
- 12 (2) An advanced practice registered nurse with
13 prescriptive authority licensed and registered under
14 section 329-32 to prescribe and administer controlled
15 substances in the course of professional practice in
16 this State; [and]
- 17 (3) A psychologist with prescriptive authority privilege
18 licensed and registered under section 329-32 to
19 prescribe and administer psychotropic medication in
20 the course of professional practice in this State; and



1 [~~3~~] (4) A pharmacy, hospital, or other institution
2 licensed, registered, or otherwise permitted to
3 distribute, dispense, conduct research with respect to
4 or to administer a controlled substance in the course
5 of professional practice or research in this State."

6 SECTION 4. Section 329-38, Hawaii Revised Statutes, is
7 amended by amending subsection (g) to read as follows:

8 "(g) Prescriptions for controlled substances shall be
9 issued only as follows:

10 (1) All prescriptions for controlled substances shall
11 originate from within the State and be dated as of,
12 and signed on, the day when the prescriptions were
13 issued and shall contain:

14 (A) The first and last name and address of the
15 patient; and

16 (B) The drug name, strength, dosage form, quantity
17 prescribed, and directions for use. Where a
18 prescription is for gamma hydroxybutyric acid,
19 methadone, or buprenorphine, the practitioner
20 shall record as part of the directions for use,



1 the medical need of the patient for the
2 prescription.

3 Except for electronic prescriptions, controlled
4 substance prescriptions shall be no larger than eight
5 and one-half inches by eleven inches and no smaller
6 than three inches by four inches. A practitioner may
7 sign a prescription in the same manner as the
8 practitioner would sign a check or legal document
9 (e.g., J.H. Smith or John H. Smith) and shall use both
10 words and figures (e.g., alphabetically and
11 numerically as indications of quantity, such as five
12 (5)), to indicate the amount of controlled substance
13 to be dispensed. Where an oral order or electronic
14 prescription is not permitted, prescriptions shall be
15 written with ink or indelible pencil or typed, shall
16 be manually signed by the practitioner, and shall
17 include the name, address, telephone number, and
18 registration number of the practitioner. The
19 prescriptions may be prepared by a secretary or agent
20 for the signature of the practitioner, but the
21 prescribing practitioner shall be responsible in case



1 the prescription does not conform in all essential
2 respects to this chapter and any rules adopted
3 pursuant to this chapter. In receiving an oral
4 prescription from a practitioner, a pharmacist shall
5 promptly reduce the oral prescription to writing,
6 which shall include the following information: the
7 drug name, strength, dosage form, quantity prescribed
8 in figures only, and directions for use; the date the
9 oral prescription was received; the full name, Drug
10 Enforcement Administration registration number, and
11 oral code number of the practitioner; and the name and
12 address of the person for whom the controlled
13 substance was prescribed or the name of the owner of
14 the animal for which the controlled substance was
15 prescribed.

16 A corresponding liability shall rest upon a
17 pharmacist who fills a prescription not prepared in
18 the form prescribed by this section. A pharmacist may
19 add a patient's missing address or change a patient's
20 address on all controlled substance prescriptions
21 after verifying the patient's identification and



1 noting the identification number on the back of the
2 prescription document on file. The pharmacist shall
3 not make changes to the patient's name, the controlled
4 substance being prescribed, the quantity of the
5 prescription, the practitioner's Drug Enforcement
6 Administration number, the practitioner's name, the
7 practitioner's electronic signature, or the
8 practitioner's signature;

9 (2) An intern, resident, or foreign-trained physician, or
10 a physician on the staff of a Department of Veterans
11 Affairs facility or other facility serving veterans,
12 exempted from registration under this chapter, shall
13 include on all prescriptions issued by the physician:

14 (A) The registration number of the hospital or other
15 institution; and

16 (B) The special internal code number assigned to the
17 physician by the hospital or other institution in
18 lieu of the registration number of the
19 practitioner required by this section.

20 The hospital or other institution shall forward a copy
21 of this special internal code number list to the



1 department as often as necessary to update the
2 department with any additions or deletions. Failure
3 to comply with this paragraph shall result in the
4 suspension of that facility's privilege to fill
5 controlled substance prescriptions at pharmacies
6 outside of the hospital or other institution. Each
7 written prescription shall have the name of the
8 physician stamped, typed, or hand-printed on it, as
9 well as the signature of the physician;

10 (3) An official exempted from registration shall include
11 on all prescriptions issued by the official:

12 (A) The official's branch of service or agency (e.g.,
13 "U.S. Army" or "Public Health Service"); and

14 (B) The official's service identification number, in
15 lieu of the registration number of the
16 practitioner required by this section. The
17 service identification number for a Public Health
18 Service employee shall be the employee's social
19 security or other government issued
20 identification number.



1 Each prescription shall have the name of the officer
2 stamped, typed, or handprinted on it, as well as the
3 signature of the officer; [~~and~~]

4 (4) A physician assistant registered to prescribe
5 controlled substances under the authorization of a
6 supervising physician shall include on all controlled
7 substance prescriptions issued:

8 (A) The Drug Enforcement Administration registration
9 number of the supervising physician; and

10 (B) The Drug Enforcement Administration registration
11 number of the physician assistant.

12 Each written controlled substance prescription issued
13 shall include the printed, stamped, typed, or hand-
14 printed name, address, and phone number of both the
15 supervising physician and physician assistant, and
16 shall be signed by the physician assistant. The
17 medical record of each written controlled substance
18 prescription issued by a physician assistant shall be
19 reviewed and initialed by the physician assistant's
20 supervising physician within seven working days [~~-~~];
21 and



1 (5) A psychologist with prescriptive authority privilege
2 registered to prescribe psychotropic medication
3 pursuant to part of chapter 465 in consultation
4 and collaboration with a licensed physician or
5 osteopathic physician shall include on any
6 psychotropic medication prescription issued in
7 compliance with this chapter:

8 (A) The Drug Enforcement Administration registration
9 number of the licensed physician or osteopathic
10 physician; and

11 (B) The Drug Enforcement Administration registration
12 number of the psychologist with prescriptive
13 authority privilege.

14 Each written psychotropic medication prescription
15 issued in compliance with this chapter shall include
16 the printed, stamped, typed, or hand-printed name,
17 address, and phone number of the licensed physician or
18 osteopathic physician and the psychologist with
19 prescriptive authority privilege, and shall be signed
20 by the psychologist with prescriptive authority
21 privilege."



1 SECTION 5. Section 329-39, Hawaii Revised Statutes, is
2 amended by amending subsection (b) to read as follows:

3 "(b) Whenever a pharmacist sells or dispenses any
4 controlled substance on a prescription issued by a physician,
5 dentist, podiatrist, or veterinarian, or any psychotropic
6 medication on a prescription issued in compliance with this
7 chapter by a psychologist with prescriptive authority privilege,
8 the pharmacist shall affix to the bottle or other container in
9 which the drug is sold or dispensed:

- 10 (1) The pharmacy's name and business address;
11 (2) The serial number of the prescription;
12 (3) The name of the patient or, if the patient is an
13 animal, the name of the owner of the animal and the
14 species of the animal;
15 (4) The name of the physician, dentist, podiatrist,
16 psychologist with prescriptive authority privilege, or
17 veterinarian by whom the prescription is written; and
18 (5) Such directions as may be stated on the prescription."

19 SECTION 6. Section 346-59.9, Hawaii Revised Statutes, is
20 amended by amending subsection (i) to read as follows:



1 "(i) All psychotropic medications covered by this section
2 shall be prescribed by a psychiatrist, a physician, [~~or~~] an
3 advanced practice registered nurse with prescriptive authority
4 under chapter 457 and duly licensed in the State[-], or a
5 prescribing psychologist authorized under part of chapter
6 465."

7 SECTION 7. Chapter 465, Hawaii Revised Statutes, is
8 amended by designating sections 465-1 to 465-15, as part I and
9 inserting a title before section 465-1, to read as follows:

10 "PART I. GENERAL PROVISIONS"

11 SECTION 8. Section 465-3, Hawaii Revised Statutes, is
12 amended by amending subsection (e) to read as follows:

13 "(e) [~~Nothing~~] Other than as provided in part , nothing
14 in this chapter shall be construed as permitting the
15 administration or prescription of drugs, or in any way engaging
16 in the practice of medicine as defined in the laws of the
17 State."

18 SECTION 9. (a) The board of psychology shall submit a
19 report to the legislature, no later than twenty days prior to
20 the convening of the regular session of 2020, on the
21 authorization of prescriptive authority to prescribing



1 psychologists who meet specific education, training, and
2 registration requirements pursuant to this Act.

3 (b) The board of psychology shall collaborate with the
4 department of health when preparing information in the report
5 regarding the treatment of patients who are forensically
6 encumbered or patients with a diagnosis of serious mental
7 illness pursuant to this Act.

8 SECTION 10. If any provision of this Act, or the
9 application thereof to any person or circumstance, is held
10 invalid, the invalidity does not affect other provisions or
11 applications of the Act that can be given effect without the
12 invalid provision or application, and to this end the provisions
13 of this Act are severable.

14 SECTION 11. Statutory material to be repealed is bracketed
15 and stricken. New statutory material is underscored.

16 SECTION 12. This Act shall take effect on July 1, 2016,
17 and shall be repealed on August 31, 2024; provided that, upon
18 repeal, sections 329-1, 329-38, 329-39, 346-59.9, and 465-3,
19 Hawaii Revised Statutes, shall be reenacted in the form in which
20 they read on the day before the effective date of this Act.



Report Title:

Prescribing Psychologists; Prescriptive Authority Privilege

Description:

Authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements, including that the prescribing psychologist practices in a county with a population of less than 500,000. Requires the Board of Psychology to report to the Legislature prior to the regular session of 2020. Sunsets August 31, 2024. (HB1072 CD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

