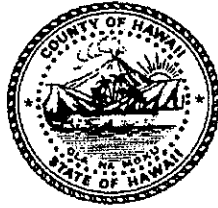


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OFFICE OF THE PROSECUTING ATTORNEY

TESTIMONY IN SUPPORT OF HOUSE BILL 1072

A BILL FOR AN ACT RELATING TO PRESCRIPTIVE
AUTHORITY FOR CERTAIN PSYCHOLOGISTS

COMMITTEE ON COMMERCE, CONSUMER
PROTECTION, AND HEALTH

Sen. Rosalyn H. Baker, Chair
Sen. Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Sen. Gilbert S.C. Keith-Agaran, Chair
Sen. Maile S.L. Shimabukuro, Vice Chair

Wednesday, February 24, 2016, 9:00 am
State Capitol, Senate Conference Room 229

LATE

Honorable Chairs Baker and Keith-Agaran, Honorable Vice-Chairs Kidani and Shimabukuro, and Members of the Committees on Commerce, Consumer Protection, and Health, and Judiciary and Labor, the Office of the Prosecuting Attorney, County of Hawai'i submits the following testimony in support of House Bill No. 1072.

This measure authorizes the board of psychology to issue certificates of prescriptive authority to medical psychologists who meet certain education, training, and registration requirements.

Hawai'i suffers from a serious shortage of medical professionals who are willing and able to prescribe psychotropic medications to treat those suffering from mental illness. HB 1072 provides a long-term, no-cost solution to this problem by outlining a safe and responsible path to training and qualifying psychologists, professionals already adept at diagnosing and treating persons with mental illness, to prescribe needed psychotropic medication.

The stringent requirements and board oversight outlined in this measure will ensure that the highest standards of professional practice will be met and maintained, safeguarding the public.

The Office of the Prosecuting Attorney, County of Hawai'i supports the passage of House Bill No. 1517, with the proposed changes. Thank you for the opportunity to testify on this matter.

baker3 - James

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 24, 2016 12:20 AM
To: CPH Testimony
Cc: judi.steinman@yahoo.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM

Categories: Late

HB1072

Submitted on: 2/24/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|----------------------------|--------------------|--------------------|
| Judi Steinman | UH Hilo DKICP MSCP Program | Support | Yes |

Comments: THE TWENTY-EIGHTH LEGISLATURE REGULAR SESSION OF 2016 COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH Senator Rosalyn H. Baker, Chair Senator Michelle N. Kidani, Vice Chair COMMITTEE ON JUDICIARY AND LABOR Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair NOTICE OF HEARING Wednesday, February 24, 2016 at 9:00 AM Conference Room 229 State Capitol 15 South Beretania Street Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I provide this testimony as the Program Coordinator of the UH Hilo Daniel K Inouye College of Pharmacy (DKICP) Master of Science in Clinical Psychopharmacology (MSCP) program. I have a PhD in psychobiology from Rutgers University, trained in pharmacology and toxicology at Dartmouth Medical School and in electrophysiology and neurochemistry at the University of Texas Medical Branch at Galveston. I have worked as a research scientist at the VA Medical Center in Sepulveda California, taught at the undergraduate and graduate levels for thirty years and spent a decade as a Medical Analyst and Director of the Science Group at McCarter & English, the largest and oldest law-firm in New Jersey, where we did defense work for several Fortune 500 pharmaceutical and medical device companies. The MSCP program was approved by the UH Hilo Board of Regents in 2011. I am happy to provide first-hand knowledge and serve as a primary source of education to you and other legislators on the quality of training provided to the MSCP students. The MSCP program attained "program recognition" from the American Psychological Association in December 2015, making us one of four in the country to receive such a distinction and the only program in the country that is housed solely within a College of Pharmacy. The MSCP curriculum is primarily designed for PhD or PsyD-level clinical psychologists and eleven students have thus far completed the program. Four students, all Hawai'i residents, are currently in training. In addition to requiring a doctorate in clinical psychology, the MSCP students are trained in the medical model. Students are required to prepare SOAP notes – that is write up detailed reports about the Subjective, Objective, Assessment and Plan for the following health conditions: heart failure, hypertension, diabetes, hyperlipidemia, ischemic heart disease, obesity, hyperthyroidism, thromboembolic disorders and migraine. This is on top of SOAP noting depression, anxiety, schizophrenia, bipolar disorder, and drug withdrawal. Each SOAP case is increasingly complex and involves not only renal, cardiovascular and gastrointestinal complications but mental health disorders as well. So, a SOAP case on hyperlipidemia may include anxiety, depression, hypertension and

ischemic heart disease and all of the medications that such a patient would be taking. SOAP note cases are multifaceted to ensure that students learn to problem solve drug interactions, difficulties caused by complementary and alternative medicine and adverse events associated with psychotropic medications. Students are trained in law, ethics, interprofessional relationships, pharmacogenomics and pharmacoconomics. Students are trained in pain management, sleep disorders and other conditions that are ancillary yet critical to the successful treatment of patients. Their training is filled with different kinds of assessments (multiple choice exams, extensive written assignments, oral presentation of cases and didactic material, SOAP noting, case write ups) to ensure that the students develop the needed critical thinking skills to diagnose and treat patients effectively. The didactic training is based on the DKICP's PharmD curriculum, requiring students to study pathophysiology, pharmacology and pharmacotherapy for each organ system and disease state. Students also are required to conduct a practicum including a minimum of 100 patients, 400 patient hours for a twelve month period. Many students exceed these numbers. Courses taught by APRN's with supplementary training with physicians correspond with the practicum training to ensure the success of each student in marrying their didactic training with their clinical experience. I welcome our state's physicians, APRN-Rx's with psychiatric specialty and psychiatrists to speak with our students to contribute to their training and to guarantee that they receive the type of exposure that is needed to help our community. Post graduate training is held routinely with students after they complete their MSCP training. This training gives additional preparation for the required certification exam (the PEP exam administered through the American Psychological Association). These graduates are trained for the PEP exam using psychiatry boards and other resources from medical school programs. Prescriptive authority for Advanced Practice Registered Nurses and Physicians Assistants has proven that proper training can lead to better patient care. I hope that you can envision a future in which psychologists with prescriptive authority will be part of the solution to our mental health crisis. Obviously, the intent of this bill is to establish a similar model for practicing psychologists throughout the State of Hawai'i. With training at the Master's level in clinical psychopharmacology and proof of acquiring the requisite skills based on a licensure examination, there should be no doubt that these health care professionals are highly qualified and better able to serve their patients. This is especially critical in the State of Hawai'i where it is well-known that a shortage of physicians, including psychiatrists exists, especially in rural communities. This is a proven model of success within the military and in those states in which prescriptive authority has been in existence for a decade or more. This is a good, solid, proven model. All of the checks and balances are in place. Passage of this bill will improve healthcare in the State of Hawai'i. There is no doubt. Since passage of the law in Illinois, Hawai'i will not be able to lead the way in setting new precedent. However, we are in a position to move forward in a progressive manner, way well ahead of the pack. Hawai'i should take this opportunity to join other trailblazers rather than lagging behind. On behalf of the DKICP, I am here to plead for your support and eventual passage of this bill. We are convinced this is the right decision and the right time to move forward in a progressive and enlightened manner. As someone who is passionate about community, a trained neuroscientist and a board member of the Big Island Substance Abuse Council, I see the gaps between what is needed for mental health kokua on Hawai'i Island and what is currently available. Our homeless population is growing. Our capacity to respond to the behavioral health needs of our community is crippled. We are grateful for all of the efforts of the physicians, APRNs and others who can prescribe medications for mental health disorders but if you ask any of them they will admit that the problem is much greater than their ability to respond. Please do not close the doors to treating Hawai'i's behavioral health needs. Please be part of the solution to our increasing problem by letting HB 1072 to go forward. Please do not hesitate to contact me to discuss this matter or to answer any questions that you might have. Thank you for allowing this testimony. Mahalo Judi Steinman PhD Program Coordinator UH Hilo Daniel K Inouye College of Pharmacy judi.steinman.phd@gmail.com

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PHOCUSED

PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

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TO: Senator Rosalyn Baker, Chair
Senator Michelle N. Kidani, Vice Chair
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice-Chair
Members, Senate Committee on Commerce, Consumer Protection and Health
Members, Senate Committee on Judiciary and Labor

FROM: Scott Fuji, Executive Director, PHOCUSED

HEARING: **Wednesday, February 23rd, 2016 at 9:00 a.m. in Conf. Rm. 229**

Testimony in Support of HB1072 HD1 – RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Thank you for the opportunity to provide testimony in **strong support** of HB1072 which would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii's law. PHOCUSED is a nonprofit membership and advocacy organization that works together with community stakeholders to impact program and policy change for the most vulnerable in our community, including homeless individuals and families.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be



PHOCUSED

PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

LATE

covered by the individual psychologist. These programs do not cost the state a single penny.

Once again, PHOCUSED strongly urges your support of this bill. If you have any questions, please do not hesitate to contact PHOCUSED at 521-7462 or by e-mail at admin@phocused-hawaii.org.

Board of Directors

Susan Chandler, Chair
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**1124 Fort Street Mall, Suite 205 • Honolulu, Hawai`i 96813 Ph: 808.521.1846 Fx: 808.533.6995
Email: info@mentalhealth-hi.org • Web: www.mentalhealthhawaii.org**

February 22, 2016

TO: Senator Rosalyn Baker, Chair, Senator Michelle Kidani, Vice Chair, and the members of the Senate Committee on Commerce, Consumer Protection, and Health
Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair, and the members of the Senate Committee on Judiciary and Labor

FROM: Trisha Kajimura, Executive Director

RE: Testimony in support of HB 1072 HD 1, Relating to Prescriptive Authority for Certain Psychologists

HEARING: Wednesday, February 24, 2016 9:00 AM, Conference Room 229

Thank you for hearing HB 1072, HD1, which authorizes the board of psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. **Mental Health America of Hawaii strongly supports this measure** because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawaii over 70 years ago that serves the community by promoting mental health through advocacy, education and service.

For many years, our Help Line has received calls from people with mental health problems (consumers) and their family members who have been unsuccessful in treatment from psychiatrists. The problem is much worse if the consumer is low-income and has Med-QUEST insurance. It is especially egregious on the Neighbor Islands, where there is virtually no psychiatric treatment. Lack of psychiatric treatment means no access to or monitoring of psychotropic medications. Even on Oahu, it is almost impossible to find a psychiatrist for Med-QUEST patients. This type of barrier to care can push someone experiencing mental health issues into a crisis and cause them to experience hardship and suffering that would not happen if they could access proper care in a timely manner.

Passing HB 1072, HD1, will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and should have a right to access. Please help us improve mental health in Hawaii by passing HB 1072, HD1

Thank you for the opportunity to submit this testimony.

baker3 - James

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 23, 2016 3:23 PM
To: CPH Testimony
Cc: robert@mauimentalhealth.org
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM

Categories: Late

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------------|--------------|--------------------|--------------------|
| Robert Collesano, CSAC | Individual | Comments Only | No |

Comments: There is a tremendous need for additional persons to serve individuals with mental illness in Hawaii. There are not enough psychiatrists in the islands to provide the services needed. Every two days, someone dies by suicide in Hawaii. Having psychologists to dispense much needed medication would be a step in the right direction of curbing suicides in Hawaii. Consequently, I support HB 1072. Mahalo, Robert A. Collesano, CSAC Maui Director of Mental Health America

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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baker3 - James

From: wrjzwick@yahoo.com
Sent: Tuesday, February 23, 2016 2:01 PM
To: CPH Testimony
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists

Categories: Late

Bill Zwick PhD
73-4196 ELUNA st
Kailua Kona, HI 96740-9427

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

Aloha Senator Baker,

TESTIMONY IN SUPPORT OF HB 1072, HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor,

I am submitting this testimony in complete and urgent support of HB 1072, HD 1.

I have been a psychologist since 1984. I will not be applying to participate as a prescriber. I am submitting my testimony as an informed individual who has worked in many settings.

(psychiatric hospitals, VA hospitals, out patient and partial hospital treatment setting for MH and SA, rural primary care health centers, and in urban private practice)

I have worked with prescribing psychologist and also in setting where that was not an option. Here in Kona on the Big Island it is very difficult to connect my patients with psychiatric services. Although many psychiatrist are listed as practicing on the Kona side, in fact, (1) most are not accepting any patients and they are in semi-retirement, working only a few days a week at most, (2) most do not accept any of the Medicaid options, and many do not accept Medicare coverage; (3) There is a pressing need for psychiatric care in Kona; (4) I am aware of at least 1 and possibly several psychologists who are well prepared to step into this crucial gap in care in Kona.

Please seriously consider the merits of this bill. Psychologists are NOT in financial competition with Psychiatrists, because the patient demand is well beyond what Hawaii's psychiatrist can treat.

In my experience with DoD prescribing psychologists, patient care was excellent and patient access to care, the most critical first step of adequate care, was greatly enhanced.

This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. The training and experience and supervision of psychologists as described and required by this law has led to very successful implementation of psychologist practicing this way in service to communities across the country.

I support this bill, not least of all because the education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist.

I urge you to support this bill and allow psychologists to provide a full range of mental health services to Hawai'i's unserved and underserved communities.

HB 1072 HD 1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Bill Zwick, PhD
808-291-2858

LATE

baker3 - James

From: delogan@westhawaiiichc.org
Sent: Tuesday, February 23, 2016 4:51 PM
To: CPH Testimony
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists

Categories: Late

Diane Logan
PO Box 5488
Kailua Kona, HI 96745-5488

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH Senator Rosalyn H. Baker, Chair Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072, HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success.

Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Diane Logan
8083265629

baker3 - James

From: Susana Galle <doctorsusana@gmail.com>
Sent: Tuesday, February 23, 2016 6:06 PM
To: CPH Testimony
Subject: Prescription Authority for Properly Trained Psychologists in Hawaii

Categories: Late

February 23, 2016

To:

State of Hawaii Legislators
Honorable Ladies and Gentlemen,

As a Psychologist licensed in DC and NM, also with inactive licenses in CA and MD, I am pleased to inform you of my strong support for passage of the law authorizing prescriptive authority for appropriately-trained psychologists in Hawaii. First and foremost, that law will increase access to competent mental health services in a parsimonious way. Furthermore, my experience in NM, based on extensive collaboration with medical doctors of various specialties, enables us all to offer best practices through integrated treatment.

The Hawaii RxP Law would allow appropriately trained psychologists to prescribe medication for the treatment of mental illness. The training required for psychologists who prescribe would be a doctoral degree, internship, licensure, completion of two to two and a half years additional post-doctoral education in Psychopharmacology, completion of a supervised residency (Clinical Medicine rotation, and Psychopharmacology practicum), and passing a national examination in clinical psychopharmacology (PEP). The curriculum preparing psychologists for prescriptive competencies includes core science courses, pharmacology, psychopharmacology, and advanced medical training in relevant areas. Most Psychopharmacology training programs for psychologists now grant an M.S. post doc degree in Clinical Psychopharmacology (M.S.C.P.) at graduation.

The acute shortages of psychiatrists has resulted in over 80% of psychotropic medication being prescribed by general practitioners (non-psychiatrists) who typically are able to spend only a few minutes with each patient before writing a prescription. While multiple studies have demonstrated that a combination of psychotherapy and drug therapy is the most effective treatment for most mental health problems, many patients in Utah are not getting this level of care. A recent study found that two-thirds of the children who are prescribed medication for mental health disorders by their family doctor never saw a mental health specialist. A prescribing psychologist would be able to determine if medication is needed for the child or if other treatments would represent a better option.

It is incumbent upon the State of Hawaii to search for innovative solutions, and allow new professionals who can provide both psychological and medication services competently. Waiting times for appointments with psychiatrists are weeks or, very often, months. The state and local public sectors are in an uncontrolled spending contest to find psychiatrists who are not available. Because of the shortages of psychiatrists, many psychiatrists will not accept insurance and charge hundreds of dollars just to see a new patient. Most patients need services sooner and cannot afford the cost.

Psychologists in Hawaii currently treat patients with all mental disorders at all levels of severity who are hospitalized or are outpatients. For over 50 years, the existing practice of psychologists has included making a differential diagnosis which distinguishes a mental disorder from medical conditions that are referred to a general practice physician. The existing practice also includes assessing patients for the need for medications and for treating patients who often have had prescriptions ordered for their mental disorder. In the latter case, the psychologist assesses the medication's effects and side effects and the patient's response to them.

Prescribing psychologists in other states (New Mexico and Louisiana), in the military, and in the Indian Health Services have an unblemished record of prescribing medications safely and effectively. Opponents of the law have no evidence to support any claim about problems with safety. The psychologists within the Department of Defense have seen close to 200,000 patients with NO DEATHS and NO ADVERSE OUTCOMES.

Government and outside evaluators have concluded that the Department of Defense psychologists were indeed trained to provide patients safe

pharmacological care. Prescribing psychologists in Louisiana and New

Mexico have written over 45,000 prescriptions WITH NO DEATHS AND NO ADVERSE OUTCOMES.

Hawaii prescribing psychologists will receive the same level of advanced education as prescribing psychologists in other parts of the country. Experience has shown that prescribing psychologists employ concurrent psychological treatment modalities when they prescribe medications. As a result, prescribing psychologists prescribe medications only when they are needed. They do not pull out the prescription pad when other treatments represent a better choice. As a result, prescribing psychologists represent a new, important choice for people in Hawaii who may want a balanced assessment when medications are considered so that they feel more comfortable that medication is really needed when it is prescribed.

In the discussion of health care reform, Hawaii psychologists are offering an unprecedented solution to the problem of inadequate services and high costs. This solution does not involve increasing taxes or increasing insurance premiums. Neither does it involve deciding which patients will not be served in order to decrease costs.

The option provided by the law allowing properly trained psychologists to prescribe psychotropic medications, is to increase the availability of services and also stop the soaring cost increases for taxpayer supported services as well as for services in the private sector. The shortages of psychiatrists, the crisis in state facilities, and the proven track record of prescribing psychologists make passage that law more critical than ever. I urge your support of this law. Thank you for your prompt attention to this matter.

Sincerely,

Dr. Susana A. Galle, Ph.D., M.S.C.P., A.B.M.P.

Director,

baker3 - James

From: mtsunemo@hawaii.edu
Sent: Tuesday, February 23, 2016 8:46 PM
To: CPH Testimony
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists

Categories: Late

Michelle Kawasaki
94-970 Lumiauau St. B101
Waipahu, HI 96797-4824

February 24, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH Senator Rosalyn H. Baker, Chair Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072, HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success.

Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Michelle Kawasaki

baker3 - James

From: dfan@paloalto.edu
Sent: Tuesday, February 23, 2016 9:21 PM
To: CPH Testimony
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists

Categories: Late

Debra Fan
4725 Bougainville Dr # 270
Honolulu, HI 96818-3179

February 24, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH Senator Rosalyn H. Baker, Chair Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072, HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success.

Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

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Sincerely,

Debra Fan

LATE

DAVID Y. IGE
GOVERNOR



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

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DEPARTMENT OF HEALTH
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**Testimony COMMENTING on HB1072 HD1 PROPOSED SD1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: February 24, 2016 Room Number: 229

1 **Fiscal Implications:** None for Department of Health.

2

3 **Department Testimony:** The Department of Health (DOH) supports the intent of HB1072 HD1
4 PROPOSED SD1 with amendments. The department believes prescribing psychologists may be effective
5 for the general population in need of supporting behavioral health services, especially in underserved
6 communities.

7

8 Vulnerable populations, particularly children and the Severely and Persistently Mentally Ill (SMI), both of
9 which the State of Hawaii (through DOH and Department of Human Services) provide direct care or
10 support, deserve greater assurances of safety and coordination of care. To this end, DOH respectfully
11 insists on three amendments:

- 12 1. Development of clinical protocols to which prescribing psychologists would be bound and to be
- 13 developed locally based on input from the psychological and medical communities,
- 14 2. Exclusion of off-label use for minors, and
- 15 3. Restriction on prescriptions for serious mental illness like psychosis, including delusional
- 16 disorder, schizophrenia, schizophreniform disorder, schizoaffective disorder, and dissociative
- 17 disorder.

18

19 For both SMI populations and children in particular, the department supports a sunset analysis after a
20 period of time, perhaps five years after the prescriptive authority is issued to examine the body of
21 empirical and qualitative data and reflect on adjustments to this policy.

22

1 Offered Amendments:

2 §465- Prescriptive authority privilege;

3 prescribing practices. (a) It shall be unlawful for any
4 psychologist not granted prescriptive authority privilege
5 under this part to prescribe, offer to prescribe, or use
6 any sign, card, or device to indicate that the
7 psychologist is so authorized.

8 (b) A valid prescription issued by a prescribing
9 psychologist shall be legibly written and contain, at a
10 minimum, the following:

11 (1) Date of issuance;

12 (2) Original signature of the prescribing psychologist;

13 (3) Prescribing psychologist's name and business address;

14 (4) Name, strength, quantity, and specific instructions for the psychotropic
15 medication to be dispensed;

16 (5) Name and address of the person for whom the prescription was written;

17 (6) Room number and route of administration if the patient is in an institutional
18 facility; and

19 (7) Number of allowable refills, if applicable.

20 (c) A prescribing psychologist shall comply with
21 all applicable state and federal laws and rules relating
22 to the prescription and administration of psychotropic
23 medication.

24 (d) A prescribing psychologist shall:

1 (1) Prescribe only in consultation and collaboration with a patient's primary care
2 provider within protocols established by the patient's primary care physician;

3 (2) Consult with the patient's primary care provider regarding changes to a
4 medication treatment plan, including dosage adjustments, addition of medications, or
5 discontinuation of medications; and

6 (3) Document the consultation in the patient's medical record.

7 (e) A prescribing psychologist shall not prescribe
8 for any patient who does not have a primary care
9 provider.

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

12 **§465- Prescriptive authority privilege;**

13 **exclusionary formulary.** (a) A prescribing psychologist
14 may only prescribe medications for the treatment of
15 mental health disorders as defined by the most current
16 version of the Diagnostic and Statistical Manual of
17 Mental Disorders, provided that prescribing psychologists
18 shall consult with a psychiatrist and interdisciplinary
19 clinical team for delusional disorder, schizophrenia,
20 schizophreniform disorder, schizoaffective disorder, and
21 dissociative disorder.

22 (b) The exclusionary formulary for prescribing
23 psychologists shall consist of drugs or categories of
24 drugs promulgated by the board.

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

1 (d) Under the exclusionary formulary, prescribing
2 psychologists shall not prescribe:

3 (1) Schedule I controlled substances pursuant to
4 section 329-14;

5 (2) Schedule II controlled substances pursuant to
6 section 329-16;

7 (3) Schedule III controlled substances pursuant to
8 section 329-18, including all narcotic drugs
9 and opiates; and

10 (4) For indications other than those stated in the
11 labeling approved by the federal Food and Drug
12 Administration for patients seventeen years of
13 age or younger,

14 Provided that prescribing psychologists may prescribe
15 stimulants for the treatment of attention deficit
16 hyperactivity disorder.

I believe that technology can assist in getting best care to the rural areas.

LATE

Outline:

- Grew up on a farm in a remote village so understand and appreciate the needs of rural residents.
- I worked as a primary care physician in rural India and my clinical exposure to rural communities including the Native American tribes at a reservation in VA. These experiences helped me further understand their needs and I want to find solutions to improve access to quality care.
- Access will not be fixed by more people prescribing. We need to solve access with collaborative care and utilizing technology.
- We have such program already in place – Project ECHO. In fact, there have already been weekly meetings to bring together primary care physicians and behavioral health practitioners to improve quality access to mental health care.
- Project ECHO is designed to enhance specialty care capacity in rural communities.
- The ECHO model develops knowledge and capacity among community clinicians through case-based learning, knowledge networks, and learning loops.
- We can also use today's technology to solve some of the access issue in other ways. For example, the Hawaii Healthcare Innovation Plan promotes telehealth in order to help primary care providers gain skills and confidence in routine care for behavioral health needs. The plan also discusses the expansion of telehealth as specialist-to-patient consults and follow-ups supported by telehealth increases.
- Over time, these models will create deep knowledge and skills for medically qualified primary care physicians.
- This is a better, safer, and sustainable solution to any access issue. This ensures that experts share their knowledge with qualified medical personnel to ensure access to quality and safe mental health treatment.
- I am committed to improving mental healthcare delivery infrastructure to the rural communities.
- People like me who grew up on a rural area deserve the best health care and should not have to be subjected to unsafe practices.