From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 16, 2015 8:53 PM
To:	HLTtestimony
Cc:	wailua@aya.yale.edu
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments: Aloha Rep. Della Au Belatti, Chair, Rep. Richard P. Creagan, Vice Chair, and Honorable members of the House Committee On Health, Rep. Angus L.K. McKelvey, Chair, Rep. Justin H. Woodson, Vice Chair, and Honorable members of the House Committee on Consumer Protection and Commerce. Mahalo for the opportunity to testify in support of HB1072 on behalf of the Hawaii Association of Professional Nurses. The psychologists have been pursuing this authority for several decades now, and they have listened to our feedback that they must have a strong educational component in their preparation to prescribe. They have developed their Masters Degree in Psychopharmacology to prepare Medical Psychologists for entry into this component of practice as prescribers. We have spoken out in the past that the supervisory experience with a generalist physician is not appropriate for psychologists who will become psychiatric prescriber specialists. It would be far more appropriate to have supervision by an experienced psychiatric APRN than a generalist MD or DO. We suggest that the term "physician" be replaced with "APRN with at least 2 years of practice in psychiatry." Mahalo, for this opportunity to testify in support of this bill. And Mahalo for all you do for the people of this great state. Wailus Brandman, Chair Hawaii Association of Professional Nurses Legislative Committee

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THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Allison Seales, and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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,

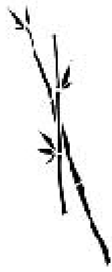
podiatrists, optometrists, dentists and doctors of osteopathy. The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Allison Seales, Ph.D.
Director of Research and Evaluation
I Ola Lahui



Hawai‘i Psychological Association

For a Healthy Hawai‘i

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Representative Della Au Bellatti , Chair
Representative Richard P. Creagan, Vice Chair
House Committee on Health

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection & Commerce

February 17, 2015

Wednesday, February 18, 2015, 2:30 P.M., Room 329

TESTIMONY IN STRONG SUPPORT OF H.B. 1072
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs Bellatti and McKelvey, Vice Chairs Creagan and Woodson and members of the House Health and Consumer Protection and Commerce committees, my name is Marie Terry-Bivens, Psy.D. and I am a psychologist and President of the Hawai‘i Psychological Association. I would like to provide testimony in support of HB 1072.

Hawai‘i suffers from a serious shortage of medical professionals who are willing and able to prescribe psychotropic medications to treat citizens suffering from mental illness. This is a fact that I face almost daily on the island of Kaua‘i where I practice privately and inside the school system. Most psychiatrists on Kaua‘i are not taking new patients, and the Department of Health only provides this service to persons meeting rather restricted criteria. The patients know that effective treatments exist. They are just a prescription away. But in Hawai‘i there are simply not enough prescribers to effectively meet the needs of these citizens in distress, particularly on the neighbor islands. This state of affairs not only contributes to the suffering of these patients, but also can lead to experiences of helplessness that can be deadly for persons suffering from ongoing 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 bill has excellent precedents in other states that have enacted similar measures (New Mexico, Louisiana, Illinois), and programs in the military prove that psychologists perform very well as prescribers even in the most challenging situations.

The stringent requirements and board oversight outlined in this particular bill, HB 1072, ensure that the highest standards of professional practice will be met and maintained, and that the consuming public will be protected. HB 1072 will create a responsible and safe pathway that will lead to alleviating the suffering of thousands of citizens who currently lack access to prescribing mental health professionals.

A “YES” vote on HB 1072 is the only moral choice for Hawai‘i.

Very respectfully submitted,

Marie Terry-Bivens, Psy.D.
President

Inspiring Change, Reclaiming Lives

"Inspiring individuals to reclaim and enrich their lives by utilizing innovative resources and harnessing the strengths within each person."

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HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Hannah Preston-Pita the current Chief Executive Officer of the Big Island Substance Abuse Program (BISAC), a behavioral health treatment center on the island of Hawai`i. BISAC has been providing services for well over 50 years. I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

As a resident and provider of the Island of Hawaii we see firsthand how physician and/or provider shortage, lack of resources, and gaps in services impact our clients and the communities that we serve. We have sites throughout the island which include our Outpatient sites in Hilo and Kealakekua; mental health outpatient sites in Hilo and Kea`au; and provide services to most public and charters middle and high schools on the island. Staff who work in rural underserved areas of the island share their frustration about not having services available to their clients in areas such as Pahoa, Ka`u, Kohala, Hamakua coast, and Oceanview. The alarming response that we have received from our current clients who reside in these rural and underserved areas is that there are no mental health services to help with prescribing psychotropic medications within their geographical areas.

In 2011, BISAC opened up the Hawaii Island Health and Wellness Center in response to the mental health shortage concerns and to help close gaps in services. Since then, our Licensed providers have been able to provide services to well over 600 clients with no more than 2 staff at a time. Some of the needs that have been identified is our inability to find physicians, APRNs, etc. to help our existing clients who require psychotropic medications. The responses that we receive are: 1) appointments will need to be scheduled months in advance, 2) are they in crisis?, 3) they are not

accepting certain types of insurances, and/or 4) they are not accepting new clients at this time. This has occurred to nearly 95% of the clients that we serve. Our resources have been hard-pressed and the demand has far exceeded our current networks. When people are not able to access these specialized services we are all impacted.

- Hawai`i island has the 2nd highest psychiatrist shortage at 39% (Hawaii Physician Workforce Assessment Project, December 2014)
- From 2008-2012 a reported increase of number of suicide attempts.
- "an even larger number of mental health professionals to care for the 85% of the population that is medically insured; a larger number is needed to care for the entire population" (Big Island Health Work Force Assessment, 2008).
- Hawaii's doctor shortage increased 20% over the past year (Honolulu Star Advertiser, January 20, 2015).
- "The need for physicians in 2014 was estimated at 554, but only 327 were practicing in the island" (Hawaii Tribune Herald, January 23, 2015).
- A statewide assessment of hospitals showed that Hilo Medical Center admits the largest number of patients (over 1,000 in 2013) for psychiatric disorders (HAH Community Needs Assessment, 2013).
- Homeless people with untreated mental illnesses are at the greatest risk for becoming chronically homeless, and are the least likely to significantly benefit from community services (HOPE Services, 2015).
- A multi-disciplinary team in Hawaii County has been established to assist with the growing need of homeless dealing with mental health issues.

HB1072 provides a meaningful answer to access to care problems providing comprehensive care by psychologists as another option for mental health treatment. By allowing this bill to pass will permit advanced medically trained psychologists as a no-cost solution to address mental health services, particularly in rural, medically underserved areas.

I am clearly aware that this bill has been introduced several times in previous legislative sessions with no success. The opposition's argument is basically that they will be able to take care of these issues and provide this well needed service. It has been years and we are back at the legislative session again trying to convince all of you that our communities are still suffering with no end in sight.

Psychologists have been providing prescribing in the Department of Defense for well over 20 years and the trend for more psychologists has been on the rise in states such as Louisiana and New Mexico.
This bill of course, with rigorous training requirements will help address the needs in our community and be another option of care for our clients. Rigorous training requirements to include:

- Graduate with a post-doctoral master's degree in clinical psychopharmacology from a regionally-accredited institution. This training includes intensive didactics and a one-year supervised experiential training practicum, equivalent to 1,900 hours and serving no less than 100 patients with mental disorders in inpatient or outpatient settings.

- The nationally recognized Psychopharmacology Exam for Psychologists (PEP) to establish competence across the following content areas: neuroscience, nervous system pathology, physiology and pathophysiology, biopsychosocial and pharmacologic assessment and monitoring, differential diagnosis, clinical psychopharmacology, research and integrating clinical psychopharmacology with the practice of psychology and professional, legal, ethical, and inter-professional issues.

I invite you to walk the streets with us, listen to the concerns of our providers, and spend a day in the life of the individuals that we treat so that you can experience firsthand how the lack of prescribing providers has impacted our communities.

I respectfully request the passing of HB1072. I appreciate your support, and thank you for the opportunity to testify.

Respectfully submitted by,

Hannah Preston-Pita, Psy.D. CSAC
Chief Executive Officer

Maui County Branch
95 Mahalani St., Suite 5, Wailuku, HI 96793
Toll Free (844) MHA-Maui / Help@MHAMaui.org

Date and Time of Hearing: Wednesday. Feb. 18, 2015 / 2:30 PM

Comments Are For: Committee on Health

From: Robert A. Collesano, CSAC, Maui Executive Director MHA-HI

Relating To: HB 1072 / Prescriptive Authority For Certain Psychologists

Submission Date and Time: 2-17-2015 / 1:00 PM

Mental Health America of HI / Maui County Branch **supports the passage of HB 1072 / Prescriptive Authority For Certain Psychologists.**

There are not enough psychiatrists in Hawaii to serve the needs of clients.

Especially here on the island of Maui, we are suffering from a lack of psychiatrists. We recently had to close our adolescent psychiatric unit at Maui Memorial Hospital on October 15th, 2014 due to a lack of child psychiatrists on the island.

The urgent need for prescriptive authority for certain psychologists is greatly felt in our rural area(s) such as Hana, on Lana`i and Moloka`I where we suffer from a high rate of suicide due to lack of care and of medical intervention.

With proper medication and treatment recovery is possible for persons with mental illness and substance abuse problems.

Mental Health of America on Maui represents at least 1,000 people on our membership mailing list. We hope that you will move this bill forward.

House Committee on Health
The Hon. Della Au Belatti, Chair
The Hon. Richard P. Creagan, Vice Chair

Testimony in Support of House Bill 1072

<u>Relating to Prescriptive Authority for Certain Psychologists</u>
Submitted by Nani Medeiros, Public Affairs and Policy Director
February 18, 2015, 2:30 pm, Room 329

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports House Bill 1072, which authorizes the board of psychology to issue certificates of prescriptive authority to medical psychologists.

The HPCA recognizes that the mental health needs of the state continue to outweigh present capacity and would hope this measure would be a step in alleviating such a shortage.

Thank you for the opportunity to testify.

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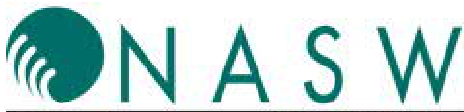
Hawai'i Chapter

Date: February 17, 2015

To: Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair
Members of the House Committee on Health

Rep. Angus L.K. McKelvey, Chair
Rep. Justin H. Woodson, Vice Chair
Members of the House Committee on Consumer Protection & Commerce

From: Sonja Bigalke-Bannan, MSW, LSW-Executive Director NASW-Hawai'i

The National Association of Social Workers, Hawaii Chapter (NASW) strongly supports House Bill 1072, relating to prescriptive authority for certain Psychologists

Statewide, we have a shortage of Mental Health professionals, particularly those with prescriptive authority. Rural communities and neighbor islands have felt the brunt of this shortage even more so than the rest of the state.

This bill as proposed, would allow for the formation of the classification of "Medical Psychologists" who would have prescriptive authority after undergoing advanced training in psychopharmacology.

Per the National Alliance on Mental Illness (NAMI) 32,000 adult Hawaii residents and 12,000 children have serious and persistent mental illnesses. Only 45% of these adults are receiving services from Hawaii's public mental health system. We need to be able to expand the number of mental health professionals to be able to provide services for the underserved people in the community, with mental illness.

Thank you for your time and consideration of this vital issue.

Sincerely,

Sonja Bigalke-Bannan, MSW, LSW
Executive Director
National Association of Social Workers, Hawaii Chapter

677 Ala Moana Boulevard, Suite 702, Honolulu, HI 96813
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HB 1072, Relating to Prescriptive Authority for Certain Psychologists
House Committee on Health
House Committee on Consumer Protection and Commerce
Hearing—February 18, 2015 at 2:30 PM

Dear Chairwoman Belatti, Chairman McKelvey, and Members of the Committees:

My name is Paula Yoshioka and I am a Senior Vice President at The Queen's Health Systems. I would like to provide comments in opposition to HB 1072, which would allow psychologists who meet certain education criteria to have prescriptive authority.

Ensuring that patients have access to high-quality, safe care is important. Providing and managing prescriptions for medication such as psychotropic drugs is complex and can be dangerous to patients if not coupled with appropriate medication management. Moreover, expanding the scope of practice for any provider without a medical doctorate degree should be thoroughly considered.

I would ask that the committees defer this measure and respectfully request that a full study or task force be authorized to investigate and provide recommendations to address the issue of access to behavioral and mental health providers in shortage and rural areas in the state.

Thank you for your time and consideration of this matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

1301 Punchbowl Street ● Honolulu, Hawaii 96813 ● Phone (808) 691-5900

Psychologists Opposed to Prescription Privileges for Psychologists
www.poppp.org

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Petition-Testimony OPPOSE HB1072

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (HB1072~~A-2892~~)

We, the undersigned psychologists, and all others concerned about quality healthcare to OPPOSE any efforts to allow psychologists to prescribe medications. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being championed by other stakeholders, such as patient advocacy or public health groups. As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and wellbeing and will continue to do so. The profession of Psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence…even if they obtain the additional training advocated by the American Psychological Association.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does not equip them to prescribe and manage medications safely.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in terms of their overall training in matters directly related to managing medications. **The APA model is substantially less rigorous and comprehensive than the training required for all other prescribing disciplines.** Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is not the case for training in clinical psychopharmacology**. The APA training model for prescribing even fails to meet the recommendations of APA's own experts** in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation of programs).

It is noteworthy that the APA training model is substantively less rigorous than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is far less comprehensive, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not! In fact, the final report on the DoD project revealed that the psychologists were "**weaker medically"** than psychiatrists and compared their medical knowledge to **students** rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. At this point, the training is less rigorous, with most of the training occurring online.

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. An article in the *American Journal of Law & Medicine* entitled, "Fool's Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they are highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Other health professionals, including nurses and physicians, are also concerned about psychologist prescribing. However, this should not be seen as a simple turf battle: It is because of legitimate concerns that the proposals for training psychologists to prescribe are too narrow and abbreviated. The International Society of Psychiatric-Mental Health Nurses position statement asserts, "nurses have an ***ethical responsibility*** to oppose the extension of the psychologist's role into the prescription of medications'" due to concern about psychologists' inadequate preparation, even if they

were to get *some* additional training, in accordance with the APA model. When it comes to prescribing psychoactive medications that have a range of potential therapeutic and adverse effects on the human body, including interactions with other medications, shortcuts to training are ill advised. Some psychoactive drugs come with black box warnings about their potential risks.

Another concern is the limited expertise of psychology regulatory boards to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have not overseen prescribing, we question whether regulatory boards have the expertise, resources and systems to provide effective oversight of psychologist prescribing.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available collaborative models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

There are better and safer alternatives to psychologists prescribing that we believe will have a greater positive impact on mental health services. A more promising means for enhancing the mental health services available to all citizens than to allow psychologists to prescribe would be to dedicate efforts to better integrating mental health professionals, including psychologists, into the healthcare system, such as in primary care settings, where they could collaborate with other providers (who are prescribers) in the care of people who may need medications and psychological services. The barriers to such care have been detailed in a recent report by the U. S. Department of Health and Human Services, *Reimbursement of Mental Health Services in Primary Care Settings* . Overcoming the barriers to such care is an objective upon which psychologists agree with each other, and with other health professionals, and is clearly in the public interest. It would improve the quality of mental health care available in urban and rural areas.

We respectfully request that you OPPOSE HB1072 that would allow psychologists to prescribe through non-traditional means.

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Subject:	*Submitted testimony for HB1072 on Feb 18, 2015 14:30PM*

HB1072
Submitted on: 2/17/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Janice Brannon	American Psychiatric Association	Oppose	No

Comments:

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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February 17, 2015

Representative Della Au Belatti
Chair, House Committee on Health
Hawaii State Capitol, Room 426
Honolulu, HI 96813

Re: Opposition to HB 1072; Practice of Medicine by Dangerously Unqualified Individuals

Dear Chairwoman Au Belatti and Members of the Committee:

I am writing on behalf of the American Psychiatric Association, the medical specialty society representing more than 36,000 psychiatric physicians as well as their patients and families, to urge you to vote "No/Do Not Pass" on HB 1072, a proposal that puts the health and safety of our most vulnerable patients, those Hawaiians with mental illness and substance use disorders, in serious jeopardy. HB 1072 seeks to allow psychologists, who are trained to do psychotherapy but who <u>have no medical training</u>, the permission to <u>prescribe extremely powerful psychotropic drugs</u> for patients with psychiatric disorders as well as heart, lung, liver and other physical conditions.

HB 1072 would permit psychologists to obtain a master's degree in psychopharmacology or "equivalent", as determined by the Hawaii Board of Psychology (a group of individuals who themselves are <u>not</u> medically trained), and require only one year of clinical experience with merely 400 contact hours with 100 patients as part of this training. Consider for a moment that psychiatric resident physicians, who complete a four-year medical residency program following graduation from medical school, will generally see 100 patients in just two weeks. It would require passage of an exam created and administered by the American <u>Psychological</u> Association, the <u>same</u> national organization that accredits these haphazard postdoctoral degree programs and that stands to benefit from this new certification. No other voluntary, dues-paying membership organization in any of the medical specialties (e.g., cardiology, obstetrics and gynecology, psychiatry) has created such an exam to benefit their own members. These <u>dangerously low and inadequate requirements</u> must be taken into consideration, and they must be <u>compared to the 12 or more years of medical education and</u> training psychiatrists and other physicians receive to be able to <u>safely</u> care for any patient that is suffering physical, mental, or substance use disorders.

As you review HB 1072, please consider:

- Powerful psychotropic medications do not stop at the patient's brain; they affect many systems of the body such as the heart, lungs, stomach, and kidneys. There can be seriously disabling or deadly side-effects of the medications if improperly prescribed and managed.

- Patients needing more than one drug at a time for other physical conditions, such as both heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients that have a mental disorder also have one or more physical ailments. The medical providers who treat these patients must be trained to understand and treat all systems of the body in order to recognize the warning signs of adverse effects. The proposed bill would not require the scientific education and training necessary to safely treat all such patients.

- Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.

- Fragmentation of the Hawaiian health care system will increase by limiting the availability of behavioral therapy that integrated mental health care teams have come to rely on from psychologists. Coordinated, team-based care in which every member is relied on for their training and expertise is the model of practice and reimbursement the nation is moving toward. However, HB 1072 would undermine this movement. There is a shortage of psychologists in rural areas to do what psychologists have already trained to do: improve lives through psychotherapy. Diverting psychologists away from practicing these skills would create a shortage of available and effective psychotherapy treatments in rural areas.

In summary, the practice of medicine is a serious responsibility that requires many years of thorough and relevant medical education and training. Allowing psychologists to prescribe after dramatically short-cutting the medical education and training necessary presents a serious and avoidable danger to your constituents. Again, we urge you to vote **No/Do Not Pass** on HB 1072 and would welcome the opportunity to work with you through our Hawaii Psychiatric Medical Association to facilitate evidence-based, proven programs that can truly assist our patients suffering from mental illness and substance use disorders.

Thank you for the opportunity to share our concerns. If you have any questions regarding this information, please contact Janice Brannon, Deputy Director, State Affairs at jbrannon@psych.org or (703) 907-7800.

Sincerely,

Saul Levin, M.D., M.P.A.
C.E.O. and Medical Director
American Psychiatric Association

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DATE: Wednesday, February 18, 2015
TIME: 2:30 p.m.
PLACE: Conference Room 329

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1072 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Position: OPPOSE

Chairs & Committee Members:

The Hawaii Medical Association (HMA) strongly opposes HB 1072 unless the measure places the psychologist under direct control of a Psychiatrist.

These medications are powerful and complex and can cause serious cardiac and neurological side effects. By virtue of their education and training, physicians are able to weigh multiple factors, including the patient's underlying medical condition, before prescribing medications. They are also able to recognize the adverse effects and side effects that may occur without warning.

Physicians themselves are hesitant to prescribe many of these drugs to patients, and refer the patient to a psychiatrist.

We strongly agree with the section of the bill that states, "The delivery of quality, comprehensive, accessible, and affordable health care is enhanced by collaborative practice between licensed clinical psychologists and medical doctors." We believe it is important that professionals playing different roles coordinate and collaborate in delivering high quality and safe clinical care.

The bill states, "while causes for suicide are complex, the most commonly reported reasons include depression, relationship problems, and serious medical problems, which are conditions with significantly high rates of occurrence within the general population." We would like to underscore the Importance of having professionals with extensive medical training to address the complex needs of patients and on one of the most commonly reported reasons (stated in this bill) for suicide. We would also like to highlight the importance of coordinated care between therapists and physicians to address common causes of suicide- relationship problems (counseling) and serious medical problems (medical care which includes psychiatry).

To address the problem stated in the bill that, "only 45 cent of adults in Hawaii who live with serious mental illnesses received services from Hawaii's public mental health system," we believe the state should focus it's resources on reducing stigma, increasing parity, increasing funding for programs, and increasing support for recruitment of physicians to Hawaii in rural areas

Thank you for the opportunity to testify on this bill. We ask that you hold this bill.

Forty-Seven states do not allow psychologists to prescribe. We should not experiment on Hawaii's most vulnerable population.

PRESENTATION OF THE
BOARD OF PSYCHOLOGY

TO THE HOUSE COMMITTEE ON HEALTH

AND

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, February 18, 2015
2:30 p.m.

TESTIMONY ON HOUSE BILL NO. 1072, RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR,
AND MEMBERS OF THE COMMITTEES:

My name is May Ferrer, Executive Officer of the Hawaii Board of Psychology ("Board"). Thank you for the opportunity to testify on House Bill No. 1072, Relating to Prescriptive Authority for Certain Psychologists. The Board has not had an opportunity to review this bill, but will do so at its next meeting on Friday, February 20, 2015.

While the Board has not yet reviewed House Bill No. 1072, the bill shares similarities with Senate Bill No. 597 from 2011, to which the Board testified in opposition.

The purpose of House Bill No. 1072 is to authorize the Board to issue certificates of prescriptive authority to medical psychologists who meet certain education, training, and registration requirements.

The proposed scope of practice allows medical psychologists to prescribe and distribute drugs to the general population of Hawaii for the treatment of mental and

emotional disorders, particularly those who live in rural or medically underserved communities. In the recent past, the Board believed that the unlimited authority to prescribe drugs to the general population poses a great risk to the public. The Board's position was that drugs should not be prescribed to children and that certain drugs may have different effects when used by patients who are over the age of sixty-five (65). Further, the Board believed that in general, certain drugs may produce serious harm to patients, with side effects either from the drugs themselves or from an interaction between other medications that the patient is taking.

The bill incorporates limited data obtained from the Centers for Disease Control and Prevention, which states that "suicide is the third leading cause of death for youth between the ages of ten and twenty-four and the tenth leading cause of death in the United States . . ." It is further stated that, "Studies have shown that people who commit suicide receive little or no treatment for their mental health problems due to pervasive stigma against mental illness . . ." The bill adds that "while causes for suicide are complex, the most commonly reported reasons include depression, relationship problems, and serious medical problems . . ."

People with mental and emotional disorders, particularly the young and economically disadvantaged, are likely to self-medicate through the use of alcohol and controlled and uncontrolled substances. While there may be stigma against mental illness and associated shame, granting prescriptive authority to psychologists will not eliminate the stigma, nor will it increase the likelihood that those suffering from mental illness will voluntarily seek treatment.

The bill notes three states that adopted legislation authorizing prescriptive authority for medical psychologists: Louisiana, New Mexico, and most recently, Illinois. The bill further notes that in the ten years since the law was enacted in Louisiana, there have been no complaints against medical psychologists regarding prescribing. What is not addressed in the bill yet is an important consideration, however, is the number of prescriptions that have actually been written by medical psychologists and the percentage of those prescriptions that have been filled. What is also not provided in the bill is the information for New Mexico and Illinois. The availability of this type of information is critical for the purposes of conducting a cost analysis for implementing the many elements of this bill.

Additionally, the bill implicitly states that the Board will establish continuing education requirements, relevant to the pharmacological treatment of mental and emotional disorders. The Board, however, had expressed concern over mandating specific course topics. This concern was expressed at the time the Board drafted the language which subsequently became Act 187, SLH 2014. The Board believes that the selection of each course and the course topic should be left to the discretion of the licensee as long as it is approved by the American Psychological Association, Hawaii Psychological Association, or other state or provincial associations as defined in Section 465-1, Hawaii Revised Statutes.

Many elements of House Bill No 1072, which essentially grants psychologists the authority to practice medicine, have not been thoroughly considered. These elements include, but are not limited to establishing and implementing an inefficient mechanism for addressing the mental health needs of Hawaii's general population while putting the

consumers at unknown risks, placing a substantial amount of responsibility on the Board to implement this bill, and placing an unknown cost burden on the State's budget for what might result in a negative return.

Thank you for opportunity to submit comments in strong opposition to House Bill No. 1072.

From:	mailinglist@capitol.hawaii.gov
Sent:	Sunday, February 15, 2015 10:24 AM
To:	HLTtestimony
Cc:	geesey@hawaii.edu
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/15/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Aloha Legislators; As an Advanced Practice Registered Nurse I fully support this bill which will result in increased access to mental health medications to our community members. Mahalo for your consideration, Yvonne Geesey JD MSN

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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To: COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair

From: Keith Westerifeld

I am writing in support of **HB 1072 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS.**

I am writing to you see beyond the political and turf wars to the needs of the citizens of Hawaii who are under served. This is not only a crisis in Hawaii, reading the news across the nation shows the growing need for medical psychologists:

MENTAL HEALTH AMERICA has made a state by state comparison of mental health in their 2015 report *Parity of Disparity: The State of Mental Health in America 2015.* The numbers for Hawaii are shocking and call for immediate action:

Hawaii ranks **last among all 51 states**, in the percentage of Adults with any mental illness who received treatment, 36% above the national average. Hawaiians are not getting the help they need!

Hawaii is not meeting the mental health needs of its youth either:

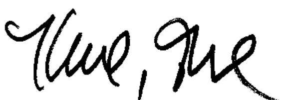
Hawaii ranks 45 in the number of youth who are depressed, 13% above the national average, and 38 in the number of youth who attemted suicide, 34%!! above the national average. In terms of drug abuse, the situation is worse. Hawaii ranks 47 in the number of youth who abuse or are dependent on illicit drugs or alcohol, 16% above the national average.

This is a serious situation. It is clear that the legislature must do whatever it can to increase the mental health care provided to its citizens.

Psychologists are already Doctors of Mental Health, licensed by the State of Hawaii to diagnose and treat mental illness. Licensing those with additional psychopharmacology education to prescribe is a natural addition for the citizens of Hawaii.

Please look past turf wars and into the needs of your constituents and support HB 1072!

Thank you.



Keith Westerfield

From:	mailinglist@capitol.hawaii.gov
Sent:	Sunday, February 15, 2015 10:54 PM
To:	HLTtestimony
Cc:	jcwhite54@gmail.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072

Submitted on: 2/15/2015

Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Judith White	Individual	Support	No

Comments: We need this option on rural Kauai, where adult psychiatrists are sorely needed. Mahalo, Judith C. White, Psy.D. Clinical Psychologist

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THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Dr. Nicole Robello and I wish to submit this testimony in strong support of HB 1072 . I am a Licensed Clinical Psychologist and the Behavioral Health Director at Na Pu`uwai Native Hawaiian Health Care System on the island of Moloka`i. This bill would allow advanced trained medical 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:

- In Hawai‘i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Nicole M. Robello, Psy.D.
Licensed Clinical Psychologist

02/16/2015

To Whom It May Concern:

I am writing today in support of HB 1072 that addresses the ongoing problem of shortage of psychiatric physicians and primary care physicians with training, time and resources to address the ever increasing psychiatric conditions in the community. I am a board certified family physician who served as medical director and physician at the Molokai Community Health Center on Molokai before moving to California. I still retain an active Hawaii license to practice medicine but currently practice with multiple psychologists, psychiatrists and psychiatric technicians serving the severely developmentally and intellectually disabled with underlying psychiatric disorders at the Sonoma Developmental Center in California. I see directly, on a daily basis, the absolute necessity for improved access to psychological care and medications for all persons particularly those living in the community outside of an institutionalized setting.

The overwhelming need for timely and consistent mental health services was abundantly clear to me while working on the island of Molokai. Although Molokai is considered isolated and tends to score low on access to health services across multiple domains the need for psychiatric care with medication management remains a large issue not only on Molokai but across all of Hawaii and ultimately across the entire United States. Medical models that have embraced the Patient Centered Medical Home and federally funded community health centers have worked to lessen this extreme gap by including behavioral health services as part of general services provided by a health center. This, however, is only a small step in the right direction as most health centers struggle to provide basic behavioral health services while necessary medical prescriptions are left to primary care physicians to provide. Frequently patients go without consistent and proper psychiatric medications all together. Further, while primary care physicians have training in psychiatric medications this is only a small part of their large scope of practice and physicians are often left prescribing complex and significant medications under time constraints with limited access to adequate psychiatric support systems .

HB 1072 seeks to offer some solutions to a complex problem. By allowing providers who not only have extensive training in behavioral health but also have obtained additional accredited training specific to management of behavioral medications to prescribe such medications we can begin to alleviate the problem of lack of access to psychiatric medicine management. This would also reduce the burden that intensive psychiatric medication management puts on primary care physicians and improve continuity of care between behavioral health and behavioral medication services. The requirement of physician oversight will help ensure that appropriate prescribing practices and general medical care as part of the patient's over- all health condition is also being met. This, in fact, would seem to augment the ability of the current patient centered medical home model to truly and fully integrate behavioral health services into the health and well- being of all patients.

As a physician, I agree, that our health care system is in dire need of more psychiatrists and primary care physicians with expanded training in behavioral health. Currently, however, the amount of qualified available physicians is unable to keep pace with the need for behavioral health services in our

communities. Failing to address this serious issue will only lead to further disparities in health, increased health care costs and worsening psychosocial determinants not only for the affected patients but the communities in which they reside. I have practiced medicine in several different states and can attest that Hawaii is actually leading the way in terms of improved primary care, building effective community health centers and successful patient centered medical homes. I believe adoption of HB 1072 will be another collaborative and momentous decision that will improve the health status of the people of Hawaii and serve as an innovative model for the rest of the country.

Thank you for your consideration of this very important bill.

Sincerely,

Traci L Stevenson, D.O.
Traci.stevenson@sonoma.dds.ca.gov
trlymosher@yahoo.com

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 9:22 PM
To: HLTtestimony
Cc: entityawakened@hotmail.com
Subject: *Submitted testimony for HB1072 on Feb 18, 2015 14:30PM*

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Kaya	Individual	Support	No

Comments:

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From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 2:44 AM
To:	HLTtestimony
Cc:	shannonkona@gmail.com
Subject:	Submitted testimony for HB393 on Feb 18, 2015 08:30AM

HB393
Submitted on: 2/17/2015
Testimony for HLT on Feb 18, 2015 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: Support

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THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am R. Mahana Chang, Psy.D., a licensed clinical psychologist, and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

*In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
*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.
*There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
*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 Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

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

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Aukahi Austin, Ph.D., a licensed clinical psychologist in Hawai'i who has worked in rural O 'ahu and has experienced the challenge of finding adequate psychopharmacological services for the underserved in these areas. I wish to submit this testimony in **strong support** of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

A. Aukahi Austin, Ph.D.
Licensed Clinical Psychologist
Kāneʻohe, Hawaiʻi

(808)525-6255
aaustin@iolalahui.org

February 16, 2015

TO: Representative Della Au Belatti, Chair, House Committee on Health
Representative Richard P. Creagan, Vice Chair, House Committee on Health

Representative Angus L.K. McKelvey, Chair, House Committee on Consumer
Protection & Commerce
Representative Justin H. Woodson, Vice Chair, House Committee on Consumer
Protection & Commerce

FR: Dr. Jill Oliveira Gray, Licensed Clinical Psychologist

RE: TESTIMONY IN STRONG SUPPORT OF H.B. 1072
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS
February 18, 2015, 2:30 pm, Conference Room 329

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, 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 14 years to include Hana, Maui, Molokai, and for the past seven years in Waimānalo. I am also a past President of the Hawai'i Psychological Association and current Training Director at I Ola Lāhui, an American Psychological Association accredited pre-doctoral internship and post-doctoral fellowship that has trained and placed psychologists in rural, medically underserved areas across our state since 2007. Because of my years of clinical experience serving rural, medically underserved areas, and first hand knowledge of what the severe needs of these communities are and 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 House Bill 1072.**

The mental health needs of individuals across our state continue to outweigh the capacity of our mental health system. I have been advocating in support of this measure for 12 years and during this time have not witnessed significant improvements in patients being able to access timely psychiatric care, particularly in rural areas of our state, but also on O'ahu where repeated referrals to multiple psychiatrists are made due to many who do not accept new patients and/or Medicaid/Medicare patients. The psychiatrists that I do know who have made themselves available in rural areas are ***severely overbooked*** and unable to provide patients the attention and connectedness they need and require in order to benefit from their services.

According to a Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2014), physician shortages, including psychiatry,

are highest in Hawai'i's rural areas. Across the different counties, in ranking order, the greatest shortage of psychiatrists is found on Maui at 41.2%, followed by Hawai'i island 39.2%, and, Kaua'i at 29.5%. According to this report, there is a 0% shortage for psychiatry on O'ahu but this doesn't take into account other aspects of accessibility including, availability (i.e., how soon and how often can a patient be seen?) and acceptability (i.e., quality of the relationship). I have witnessed all too often the suffering that persists due to individuals not being able to receive adequate psychiatric care on an outpatient basis. Psychiatrists practice in various types of health care settings, to include hospitals and residential treatment programs where the larger portion of our population does not require care, however, they do face access difficulties to receive appropriate outpatient medication management in order to maintain functioning and prevent worsening of psychological problems.

Prescriptive authority for advanced trained medical psychologist is a *long term*, *no-cost solution* to addressing the mental health provider shortages in our state. 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. The highest reported number of deaths in a 21-year period was a mere 5 years ago in 2010 with 195 deaths (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017). According to this report, the most common negative life events that precede suicide are relationship issues (34%) (i.e., break up or divorce), or serious illness or medical issues (26%). Many studies show that people who commit suicide receive little or no treatment for their mental health problems due to the multiple barriers that exist (i.e., access, availability, acceptability, cost). It is not to be taken lightly that despite a 0% documented shortage of psychiatrists on O'ahu, "…65% of the O'ahu [suicide] victims had a documented history of mental illness" (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017, p. 34). Something does not add up here. We need more solutions to address the problems of accessing timely, accessible, and acceptable care across our State.

The basic argument from those who oppose this measure is that patient safety will be seriously compromised by allowing psychologists to prescribe—but after 20 years of psychologists' prescribing, this has not proven to be true. Psychologists have been prescribing in the Indian Health Service and Department of Defense for the past 2 decades. Updated information on prescribing psychologists indicate there are now **130** prescribing psychologists licensed through New Mexico and Louisiana, many of whom are serving in rural, medically underserved areas and medically underserved populations. For example, the prescribing psychologists in New Mexico have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. Via personal communication with a prescribing Medical Psychologist (MP) in Louisiana, after 10 years of practice, there have been NO complaints against

MP's regarding prescribing and one of the benefits of MP's is that they are able to fill in positions that have been left vacant by psychiatrists for years.

The post-doctoral, master's level clinical psychopharmacology (MSCP) training sequence proposed in HB 1072 is equivalent to that of the American Psychological Association's recommendations for obtaining the requisite sequence of training and certification specific to the practice of prescribing psychotropic medication. Post-doctoral psychopharmacological training programs have been available in Hawai'i since 2001 beginning at Tripler, Argosy University, and since January 2011, at the University of Hawai'i at Hilo, College of Pharmacy. At present, there are three licensed clinical psychologists who are in the UH Hilo, College of Pharmacy, MSCP program who would be eligible to apply for a license to prescribe within the next 2 years. I know these individuals professionally and personally as they have all completed either pre- and/or post-doctoral training at I Ola Lāhui, Inc. where I am the Training Director. They all continue to serve in rural areas and have done so since graduating from our program.

There are multiple safeguards imbedded in this legislation to include:

- 2 years of course work culminating in a master's degree that covers content areas essential to prescribing psychotropic medication; 1 year supervised clinical experience (1900 hours) including 400 direct face-to-face hours treating a diverse population of no less than 100 patients in either inpatient or outpatient settings
- Required to obtain Federal DEA license
- Required to maintain malpractice insurance
- Required to prescribe only in consultation and collaboration with a patient's physician of record and with the concurrence of that physician; will not be allowed to prescribe for any patient who does not have a primary or attending physician
- Annual continuing education requirement of 20 hours, ½ of which must be in pharmacology or psychopharmacology

For all these reasons, and most importantly, to improve the health care system for Hawaii's medically underserved areas and most vulnerable populations, I humbly ask for your support of HB 1072.

Respectfully submitted,

Jill Oliveira Gray, Ph.D.
I Ola Lāhui, Training Director
Waimānalo Health Center, Staff Psychologist

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
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415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Kelly C. Harnick, Psy.D., ABPP, MSCP and I wish to submit this testimony in **Strong** support of HB 1072 . This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I am the owner and founder of West Maui Counseling Center, and most importantly, a community advocate and Maui constituent. I served the communities of Hana and Molokai from 2008-2012 and I have first hand experience in how bad the access to psychiatric care is in our most rural Hawaiian communities. I know that this bill will not solve all the problems, but it will make a big difference in the lives of many and is a step in the right direction.

I am speaking out for my community, for those who do not or cannot speak out for themselves because they suffer from mental illness. We do NOT have enough psychiatrists here on Maui. We have NO Psychiatrist in Lahaina or any in West Maui. We here on the neighbor islands and the rural areas of Oahu are struggling, there is suffering and there are people dying. People are suiciding and self-medicating with illegal drugs because people are not able to get the care or medications they need in a timely fashion, or even at all. I know this first hand as a clinician in Hana and Molokai, and now West Maui that suffering and death has happened because of the access to psychiatric care issue. It takes MONTHS to get in to see a psychiatrist, and most do not take all insurances or MedQuest. Our hospital Molokini (Psychiatric Units) cannot retain psychiatrists to keep the units open. Hospital officials are quoted in the Maui News stating that they can't get psychiatrists, because there are not enough of them and it is well known there is a national shortage.

I have completed a postdoctoral M.S. in Clinical Psychopharmacology and can attest to the rigorous training and courses I had to complete. I sought this training because of my experience serving the community of Hana, I wanted to gain more knowledge and competency in order to better serve the community and the primary care physicians I worked with, because we did not then, nor do they have now, a psychiatrist.

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

I support this bill for numerous reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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. It is my experience that this is merely about turf, money, and ego. This is not a good reason to vote against this bill. The community is overwhelming supportive of this measure and it would help Maui, and the State of Hawaii immensely. The primary care physicians I collaborate with in my community are supportive of this bill, and are more than willing to work with me if I were able to attain licensure as a Medical Psychologist. The collaboration is already in place, however, it would take more of the burden off the PCP's prescribing psychotropic medications and the patient if we as professionals, were responsible for communicating about our patients' care, and the patient, most already in fragile states, did not have to obtain another office visit to get a prescription for psychotropics. I have seen national data that states that approximately 85% of psychotropics are prescribed by PCP's. Wouldn't it make more sense that a Medical Psychologist, who sees the patient for an hour each week could also monitor and manage their psychotropic medications?

We know there is opposition, and although we know the bill passed in 2007, we also know that it was vetoed. Therefore, it is very important that you, our elected officials do the right thing and stand up for us today. Stand up for us and pass this bill so we can start chipping away at the access to care problems in our communities.

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

What is the motivation behind my efforts? As a professional working in the community, I do believe there is more than enough work to go around for everyone. There is plenty of need that will take us all working together, letting go of fear and turf wars, and collaborating as professionals with mutual respect that value quality care and the health and welfare of our patients. As a future Medical Psychologist, I respect psychiatrists and want to work together. There is simply not enough of them and they are overworked. HB 1072 will improve much needed access to care and the community is behind this effort and expecting change.

Thank you for your consideration.

Respectfully submitted,

Kelly C. Harnick, Psy.D., ABPP, MSCP
Board Certified, Clinical Psychologist
President, Maui Counseling Centers Inc.
West Maui Counseling Center

From: Daniel Lane <komuso57@yahoo.com>
Sent: Tuesday, February 17, 2015 11:18 AM
To: HLTtestimony
Subject: APPROVE HB1072

Dear Health Committee Members:

This email is in reference to and support of HB1072.

I am a licensed Clinical Psychologist and have been in private practice on Maui, Hawaii, for the past 9 years. Prior to the private practice I worked as a Clinical Psychologist at Maui Memorial Medical Center for 2 1/2 years o the inpatient adult and adolescent psychiatric units. While providing psychotherapy in Hawaii over the past 12 years I have watched mental health consumers suffer due to a lack of psychiatrists in the state of Hawaii. I have personally experienced the closure of the adolescent psychiatric unit at Maui Memorial Medical Center twice due to shortage of psychiatrists. Psychiatrists within the hospital have experienced burn out due to excessive on-call shifts, shits have went without a psychiatrist on-call due to lack of availability, and at times the hospital went without a director of psychiatric services. If HB1072 is passed this will allow qualified psychologists to fill these vacancies at the hospital and alleviate the issues identified above.

As a psychologist in private practice I have personally seen the frustration and unnecessary mental suffering of patients due to psychiatrists not accepting new patients because they are overbooked, or placed on a 2-3 month wait list for medication assessment and management. These situations are unacceptable and preventable. Passing HB 1072 will fill a desperately needed gap in the delivery of medication management to the mental health community.

Psychologists now prescribe in three sates, two U.S. Territories, and in the United States military and have been doing so effectively. The training required for psychologists to prescribe covers a 2 1/2 year program and is rigorous and demanding. It also requires passing a national license exam, meeting individual state requirement to prescribe, and collaborating with each patients primary care physician. Subsequently, qualified psychologists will be in the position to prescribe psychotropic medications as effectively and competently as psychiatrists and advanced nurse practitioners with prescription privileges.

The philosophy and terrain of managed health care is changing. Prescribing psychiatric medication is no longer the exclusive privilege of psychiatrists as demonstrated by psychologists now prescribing in other areas and domains of the country. I strongly encourage the Health Committee and House to be leaders in our nation and make the right and responsible decision and approve HB1072 that allows prescription privileges for qualified psychologists. Please feel free to contact me at (808) 280-9457 should you have any questions.

Respectfully,

Daniel J. Lane, Ph.D., M.S.C.

"When it's time to die, let us not discover that we have never lived"
Henry David Thoreau

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Dear Representatives, Committee Members:

I am a constituent, a recovered mental health consumer and most importantly and active member of our community on Maui. I speak for myself and other consumers that feel they do not have a voice. Those that cannot risk their own recovery, encumbered by symptoms, to fly to Oahu and testify in person for bill *HB1072.*

Having experienced the lack of services available to maintain my own stability, and seeing others around me suffer needlessly, I fully support bill *HB1072.*

I was hospitalized in March 2013 due to psychotic symptoms and was released with a medication plan that was keeping my symptoms under control. I began calling psychiatrists to continue my medication to remain stable. I was told by those that I contacted that it would take nearly 2months for an appointment. Several psychiatrists that I had reached out to did not even return my call. I had resorted going to the ER at Maui Memorial Hospital twice to refill my medication. The second time the prescribing MD on staff refused to write me a prescription suggesting that I was not trying hard enough to schedule an appointment with a psychiatrist. I was fortunate enough to have Robert Collesano, the Executive Director of Mental Health America, Maui County, advocate for me at the hospital. Following this experience, I ended up relying on the private sector, Mental Health Kokua, for services that ultimately allowed me to regain my stability. There simply are not enough services in our community for those that need psychotropic medication as part of their recovery.

As a consumer, diagnosed with a chronic and severe mental illness, I thank you for not only hearing, but supporting this bill to alleviate further unnecessary suffering in our community. I look forward to testifying at the hearing for bill *HB1072.*

Mahalo,

Don Lane
Maui Resident & Constituent
808-250-7510

Kristine I McCoy, MD, MPH

100 Ka'iulani Street
Hilo, Hawaii 96720
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House of Representatives
The Twenty-Eighth Legislature
Regular Session of 2015
Health and Consumer Protection Committees
Wednesday, 02-18-15 2:30PM
House conference room 329
HB 1072: Relating to Prescriptive Authority for Certain Psychologists

Dear Chairs Au Belloti, McKelvey and Members of the Committees:

I am writing to express my support for HB 1072. Prior to relocating to Hawaii in late 2011, I practiced for 5 years in the State of New Mexico, one of 2 states with a fully functioning program for prescriptive authority for specially trained psychologists, a practice also embraced by the US military. The addition of these well-trained providers to the mental health community was of huge benefit to the people of New Mexico. Psychiatrists were largely clustered in New Mexico's few urban areas and were largely unavailable to the widely scattered rural population. As a result, nearly all of the care of seriously mentally ill patients fell to primary care providers, who in the state of New Mexico, could not bill for mental health diagnoses. In addition, these primary care providers, in many cases, had inadequate training to adequate diagnose and treat more complex behavioral health issues. Psychologists with prescriptive authority came to the rescue of these patients and their primary care providers, bringing with them 4-8 years of doctoral level training in behavioral health and 3-4 years of additional part time training and supervision in psychopharmacology and general medical training. Being both therapists and well trained in psychoactive medications and their side effects and interactions, they brought sophisticated care to populations who previously created a huge burden on emergency rooms, families, and the public safety sector.

Since moving to Hawaii, I find that the situation is very similar. Hawaii for better or worse is a magnet for the immigration of people with mental health issues. Poverty and lack of culturally competent services present barriers to more longstanding populations. Where I practice in Hilo, one of Hawaii's few "micropolitan areas," we have a scattering of psychiatrists in private practice, most of whom have full practices or limit patients with either Medicaid and Medicare. These hardworking individuals cannot come close to meeting the need. Thus, Oahu based psychiatrists fly in and provide very fast medication management visits, with little opportunity to get to know their patients, including to adequately diagnose them or follow treatment changes. They are definitely not available when their patients are in crisis. Again, the burden falls to primary care providers or on advanced practice nurses with some additional training in mental

health. The public sector behavioral health services organizations are staffed almost exclusively by these advanced practice nurses. In my many conversations with these nurses, they are working very hard, but struggling both with their caseloads and in some cases against the limitations of their very rapid training, which is very modest in comparison to either psychiatrists or psychologists with prescriptive authority practicing in the military, New Mexico, or Lousiana. Again, emergency rooms, families, and the public safety sector pick up the pieces where the health care system fails.

I am aware that many physicians have a knee jerk reaction about extending prescriptive authority to providers who are not physicians. To that I have two salient points, first the training of psychologists for prescriptive authority is very extensive—much more so than that provided to primary care physicians in their medical school and residency training. Second, we already have both advanced practice nurses and physician assistants prescribing, either completely independently or often under very loose supervision. Thus, we should all be looking for best practices and continued education for all extant providers with prescriptive authority and perhaps adopt some of the curriculum provided to these psychologists who are willing to invest in several years of additional training on top of their previous doctoral studies.

Finally, I wish to share two important caveats from the New Mexico program for prescriptive authority for psychologists: 1) they were always required to report all prescribed medications to the patient's primary care provider, a courtesy not often extended by psychiatrists, and 2) they did not provide care for patients with complex cardiac conditions for whom the shear number of medication interactions was considered a contra-indication and whose care was likely best coordinated between physicians. Such caveats could similarly be employed here in Hawaii to good measure.

I have found my working relationship with psychologists with prescriptive authority to be very fruitful in the past. They were very careful in their diagnostics, allowing for pharmaceutical treatments to be well tailored. They were diligent in their patient care, including being available for crises. They continued to provide a wide range of other therapies to their patients in addition to medications, as supported by the medical literature, and they coordinated much better with me as the primary care provider than any psychiatrist has over done. I hope to have the privilege of working with them in Hawaii.

Sincerely,

K I McCoy, MD

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

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

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Perry W. Buffington, Ph.D., M.S., Orlando, Florida, Faculty Member, University of Georgia, Athens, Georgia, licensed psychologist, and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for based on the following reasons:

- In Hawai'i, and throughout the entire United States, there is a documented gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 100+ psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. To my knowledge, there have been NO complaints. I submit the reason for this is this knowledge of psychotropic medications blends nicely with additional skills including advanced diagnostics plus the therapy skills. Such knowledge prevents a "knee-jerk" reaction that "drugs work for everything." The reasons for psychologists success, I submit, knowing when to prescribe and when to use therapy and when to use both is a vast improvement in the current provider system.
- 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.

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- As one who holds a Ph.D., M.S. in clinical psychopharmacology and passed the Psychopharmacology Examination for Psychologists, over the last ten years, I have taught hundreds of undergraduate and graduate students, basic psychopharmacology. These concepts can be learned, implemented, and developed with an underlying goal of protecting the patient, minimizing side effects [rather than seeing adverse drug reactions as collateral and manageable], and ultimately leading to client cure [as opposed to treating and managing].

- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

- Psychologists, by necessity, are already monitoring the effects of these medications. This is the result of a paucity of medical professionals in certain areas. As a result, expanding psychologists knowledge in this prescriptive area is common sense in that the more they know the more than can protect their patient.

- It is obvious to me that psychologists are quite capable of learning and applying this material. Over the course of the last five years, I have taught thousands of professionals continuing education courses in the area of psychopharmacology. I have found the psychologists – more so than some other professionals who already have prescribing privileges -- in the audience to be more cognizant of the need to protect their patients, to use "talk therapy" where appropriate [rather than just prescribing a medication in a brief session], and to implement follow-up. This is the skill set they've been taught in their doctoral programs. Prescriptive abilities are just another skill added to this existing arsenal of training.

Our friends in psychiatry's arguments have been posited repeatedly against other professions – all of whom have demonstrated their argument is ineffective, inadequate, and short-sighted. Psychiatry's short-sighted arguments may put patients in peril in the long run. While our friends in psychiatry provide a wonderful service, in the scheme of things, we all we all have the same goal – to protect and to heal our patients. It is most disheartening that, for psychiatry, the goal is to keep pschologists 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that and to protect and to heal out patients.

Thank you for your consideration.

Respectfully submitted by,

Perry W. Buffington, Ph.D.
s/electronically

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Wednesday, February 18, 2015 at 2:30 PM
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415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Victoria Hanes, Psy.D., and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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I am currently a Licensed Psychologist practicing in Hilo, Kailua-Kona and Kealakekua on the Big Island of Hawai'i. I work at the West Hawai'i Community Health Center and with I Ola Lahui, training pre-doctoral Psychologists at the Hilo Medical Center. I am witness to the severe shortage of psychiatry on a daily basis and how this healthcare crisis is affecting people's lives. I have personally been so moved by this provider shortage that I am currently enrolled in the University of Hawai'i, Hilo's Psychopharmacology Master's Degree. I cannot bear witness to the ongoing crisis in my community and not take action. I plead to the Committees on Health and Consumer Protection & Commerce to take action as well. This bill is of the utmost importance in rural Hawai'i and a chance to improve people's lives.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Victoria Hanes, Psy.D.
Licensed Psychologist
West Hawai'i Community Health Center
I Ola Lahui, Hilo Medical Center

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
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TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Robin Miyamoto, a Clinical Psychologist working in Wahiawa and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.
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robinemi@hawaii.edu

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
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TESTIMONY IN SUPPORT OF HB 1072
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, my name is Sid Hermosura and am a licensed clinical psychologist currently serving the rural community of Waimānalo, and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is suffering that has been taking place for decades due to the lack of access to prescribing providers, particularly in Hawai'i's rural areas that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- According to a Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2014), physician shortages, including psychiatry, are highest in Hawai'i's rural areas. Across the different counties, in ranking order, the greatest shortage of psychiatrists is found on Maui at 41.2%, followed by Hawai'i island 39.2%, and, Kaua'i at 29.5%. According to this report, there is a 0% shortage for psychiatry but this doesn't take into account other aspects of accessibility including, availability and acceptability. Many psychiatrists on Oahu do not accept new patients and/or patients with Medicaid or no insurance. Additionally, psychiatrists practice in various types of health settings, to include hospitals and residential treatment programs where the larger portion of our population does not require care, however, face access difficulties to receive outpatient medication management in order to maintain functioning and prevent worsening of psychological problems. Most of the patients that I see have Medicaid insurance and they can wait weeks or months finding a psychiatrist that accepts their insurance. Furthermore, they often have to travel

from Waimānalo to Honolulu for their appointments, which is a barrier to care due to the costs, time, and energy associated with that travel, as most are at poverty level and suffering from physical and psychiatric concerns. Through HB1072, these barriers to care would significantly be reduced, therefore reducing their suffering.

- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

The arguments by those in psychiatry who are in opposition to HB1072 are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. Those arguments often overlook the successful implementation of prescribing psychologists in Louisiana and New Mexico and within the U.S. Department of Defense.

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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Sid Hermosura, Psy.D.
Licensed Clinical Psychologist

Aloha:
My name is Dr. Tom Vendetti and I am in support of bill HB1072. I have worked as mental health worker and administrator on Maui for over 20 years. I work with mentally ill population. There is a great need for prescribers to prescribe psychiatric medicine to our consumers. Currently at Maui Memorial Medical Center and the Maui Community Mental Health Center there are no local psychiatrists to serve the mentally ill population. They are recruiting temporary help from the mainland that is costly a lot of money. The need is also great on Molokai and Lanai as well as the Big Island. Please pass Bill HB1072
Thanks you
Tom Vendetti

THE TWENTY-EIGHTH LEGISLATURE
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TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Tobias Tenorio Graduate student at University of Hawaii School of Social Work and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
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TESTIMONY IN STRONG SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, my name is Julie Y. Takishima-Lacasa, M.A., and I wish to submit this testimony in STRONG support of HB 1072. This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai‘i Law.

I am a behavioral health provider who has worked in several rural areas in Hawai‘i over the past decade, including Waimānalo, Lāna‘i, and Hilo, and I have experienced first-hand the lack of access to adequate mental health care for the rural communities of our state. This bill provides a solution for addressing the serious shortage of medical professionals who are appropriately trained to prescribe psychotropic medications to treat citizens suffering from mental illness. As such, I support this bill for the following specific reasons:

- In Hawai‘i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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.

HB 1072 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and therefore I respectfully ask that you consider a "YES" vote on this bill.

Very respectfully submitted,

Julie Y. Takishima-Lacasa, M.A.
Integrated Behavioral Health Provider

To: Representative Della Au Belatti, Chair
Committee on Health
Representative Angus L. K. McKelvey, Chair
Committee on Consumer Protection and Commerce

Re: HB 1072and HB 261
Testimony in favor of both bills

Hearing date: February 18, 2015
Time: 2:30pm
Place: Conference Room 329

Aloha Chairs Belatti and McKelvey and committee members

I am Judi Steinman. I respectfully and emphatically support HB1072 **Regarding Prescriptive Authority for Advanced Trained Medical Psychologists** and its companion bill **HB 261 Relating to Consumer Protection**. Please bring HB1072 into law **THIS YEAR**.

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. As Director, I supervised nurses, physicians and paralegals in the analysis of tens of thousands of medical cases and worked extensively with medical and scientific experts in immunology, rheumatology, epidemiology, neurology, psychiatry, pharmacology, toxicology, materials science and reconstructive surgery.

The MSCP program was approved by the 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 curriculum is primarily designed for PhD or PsyD-level clinical psychologists. Ten students have thus far completed the program. The course of study is rigorous and thorough.

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 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 that may be caused or exacerbated by complementary and alternative medicine and adverse events associated with psychotropic medications.

Students are trained in law, ethics, interprofessional relationships, pharmacogenomics and pharmacoeconomics. 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. All students are required to take 6 credits in biochemistry. Students also are required to conduct a practicum including a minimum of 100 patients and 400 patient hours over 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 physicians 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. We review cases that graduates are seeing in their current practice and we ensure that they are aware of emerging treatments, regulatory recalls or warnings that might impact their patients. We also have occasional guests so that the graduates are kept abreast of new technology such as pharmacogenomics testing.

Prescribing authority for psychologists strengthens the interprofessional relationship between psychologists and physicians. Psychologists knowledgeable in pharmacotherapy and pharmacology improve the overall treatment of patients and can contribute to catching adverse events more readily. Please see the article by psychiatrist Daniel Carlat MD, who refers to prescribing psychologists as the single best thing that can happen to psychiatry.
http://www.kevinmd.com/blog/2010/04/psychiatry-benefits-psychologists-prescribe-drugs.html

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.

The program is open to all qualified applicants, but the majority of graduates are mostly clinical psychologists associated with Tripler Army Hospital. Currently, our student body is comprised of three licensed psychologists here in Hawai`i, one student from California, one student who is with the Navy embedded with the Marines in Kaneohe and one student from Guam.

Once these participants complete the program, they need to pass a board examination. Once this is completed, they acquire prescription authority if they are in the military. They still need to be credentialed and granted a DEA license if one does not exist at their base.

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 shortest of physicians exists, especially in rural communities.

Other states have already adopted this model of prescriptive authority for practicing clinical psychologists: New Mexico, Louisiana, and most recently, Illinois. Guam also has allowed prescriptive authority for psychologists for several years now. Even more states are currently considering similar legislation, including Florida, Idaho, Oregon, New York, New Jersey, North Dakota, Tennessee and Texas.

I would like to emphasize that there has not been a plethora of law suits against prescribing psychologists in those places where authority has been granted. In fact, no cases have been filed in New Mexico and Louisiana.

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. Patients are better served by clinical psychologists with prescriptive authority.

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
Master of Science in Clinical Psychopharmacology Program
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Hilo HI 96720

808-987-8752

Jeffrey D. Stern, Ph.D.
Licensed Clinical Psychologist
1833 Kalakaua Ave. Suite 908
Honolulu, HI 96815

Representative Della Au Bellatti , Chair
Representative Richard P. Creagan, Vice Chair
House Committee on Health

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection & Commerce

Wednesday, February 19, 2015, 2:30 P.M., Room 329

TESTIMONY IN STRONG SUPPORT OF H.B. 1072
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs Bellatti and McKelvey, Vice Chairs Creagan and Woodson and members of the House and Consumer Protection and Commerce committees, my name is Jeffrey D. Stern, Ph.D. and I am a psychologist and Past President of the Hawai'i Psychological Association. I would like to provide testimony in support of HB 1072.

As you know, Hawai'i continues to suffer from a serious shortage of medical professionals who are willing and able to prescribe psychotropic medications to treat citizens suffering from mental illness. Most patients know that effective treatments exist, but they lack access to prescribing professionals. There are simply not enough prescribers to effectively meet the needs of these citizens in distress, particularly on the neighbor islands. This state of affairs not only contributes to the suffering of these patients, but also can lead to experiences of helplessness that can be deadly for persons suffering from ongoing 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 bill has excellent precedents in other states that have enacted similar measures (New Mexico, Louisiana, Illinois), and programs in the military prove that psychologists perform very well as prescribers even in the most challenging situations.

The stringent requirements and board oversight outlined in this particular bill, HB 1072, ensure that the highest standards of professional practice will be met and maintained, and that the consuming public will be protected. HB 1072 will create a responsible and safe pathway that will lead to alleviating the suffering of thousands of citizens who currently lack access to prescribing mental health professionals.

A "YES" vote on HB 1072 is the only moral choice for Hawai'i.

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

Jeffrey D. Stern, Ph.D.
Past President, Hawai'i Psychological Association

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 12:52 PM
To:	HLTtestimony
Cc:	kellysueoka@gmail.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/17/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kelly Sueoka	Individual	Support	No

Comments: I am a psychologist who worked in Hawaii's rural and under-served community health centers and I am in support of HB 1072. While working in rural health in Hawaii I have experienced a lack of access to psychiatric care and therefore a heavy reliance on PCP's prescribing psychotropic medication. I have experienced numerous PCP's who then rely on the Psychologist for recommendations for psychotropics as they have limited time, experience, and knowledge of working in mental health. With proper training,RxP for Psychologist will provided better quality of care and create more efficiency in the healthcare field.

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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THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Lesley A. Slavin, Ph.D., and I wish to submit this testimony in strong support of HB 1072 . This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Lesley A. Slavin, Ph.D.
317C Olomana Street
Kailua, HI 96734

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

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

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection & Commerce, I am Elizabeth Naholowa`a Murph, a Hawaii Island resident who is very active in the community. I am a member of the Board of Directors for Mental Health America of Hawaii and grew up with a mother who suffered from paranoia and schizophrenia. Lack of early diagnosis made it very hard for my mother to function normally, therefore her "episodes" were marked by irrational fear, out bursts of violent anger and abuse to my siblings and I. I am a strong advocate for early diagnosis and access to medication for the mentally ill, which can only occur when trained prescribers are readily available in rural areas as well as metropolitan centers. I wish to submit this testimony in strong support of HB 1072. This bill would allow advanced trained medical 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- 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 Post-Doctoral degree, 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. 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 those unserved and underserved communities. HB 1072 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Elizabeth Naholowa`a Murph
P. O. Box 5870
Hilo, Hawaii, 96720

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 7:49 PM
To:	HLTtestimony
Cc:	ksbrown33@gmail.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072

Submitted on: 2/17/2015

Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen S. Brown, Ph.D.	Individual	Support	No

Comments: I am writing today to ask you to support H.B. 1072, Relating to Prescriptive authority for Certain Psychologists. This legislation would help Hawai'i's serious mental health crisis by giving licensed clinical psychologists with specialized advanced training in Clinical Psychopharmacology, the regulated authority to prescribe psychotropic medication. After living in Hawaii for 22 years, and working both in private practice as well as within the military healthcare system, my interest in prescriptive authority for appropriately trained clinical psychologists is to insure that the underserved of Hawaii, who are currently unable to access the mental health care they need, have greater access to care when they are most in need. By supporting this RxP legislation, you will be expanding the opportunity for an additional cadre of expertly trained clinicians to provide for those who are mentally ill with the care that they desperately need. These highly trained, prescribing, licensed clinical psychologists will have completed extensive coursework and supervised clinical training over and above the didactic and clinical training that lead to a doctoral degree in clinical psychology and licensure as a clinical psychologist. The extensive, additional training, vetted by the University of Hawaii at Hilo educational system, culminates in a master's degree in clinical psychopharmacology. Additionally, the prescribing psychologist will prescribe with a collaborative agreement with the patient's physician of record. In both their training and their practice, prescribing psychologists will make a commitment to evidence based practice thus reinforcing that standards leading to improved patient outcomes will be integrated into the practice of prescribing psychology in Hawai'i. A "yes" vote on this RxP legislation sends a powerful message that acknowledges the longstanding disparities in mental health care for Hawai'i's underserved populations and addresses the access to care crisis that has been paralyzing Hawai'i's mental health care system. Prescribing psychologists will have the authority to prescribe medications when it is appropriate. Of equal importance, prescribing psychologists will also have the power to "unprescribe" medications when appropriate, which is of particular concern for children, adolescents and the elderly. Since licensed clinical psychologists, who are also prescribers, are already expertly trained in cognitive behavioral therapy (CBT) and other psychotherapy modalities, they can bring to the patient experience a full understanding of the complexities of behavior and mental illness and implement an integrative approach to treatment. We have tremendous challenges in our healthcare system, including the mental health system of care. Hawai'i's resources are strained and the needs are growing, especially on the neighbor islands, where promises by psychiatry over the past decade to improve access to care via monthly visits or telehealth have been unfulfilled. Giving prescribing psychologists, the opportunity to provide expert, clinical care is a viable solution. I fully support the legislative advocacy for RxP authority and request

that you vote in support as well. Thank you for your consideration of my opinion and your dedication to improving the delivery of healthcare services in Hawai'i. Respectfully submitted, Kathleen Sitley Brown, Ph.D. Licensed Psychologist in Hawai'i

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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Dear Hawaiian Legislators,

I am a licensed clinical psychologist in New Mexico and am currently finishing the postdoctoral training required to prescribe in New Mexico. I work in Long Term Care at the New Mexico Behavioral Health Institute (the state mental hospital) in rural, frontier New Mexico with a highly needy, ethnically diverse, and underserved population. Here, prescribing psychologists work alongside psychiatrists, physicians, nurse practitioners, and non-prescribing, clinical psychologists to care for our clients. We have considerable turn-over among our prescribing professionals and need each and every one we can attract and retain. There is room for us all at the prescribing table. But, I wanted to let you know specifically a little about how prescribing psychologists are contributing to the mental health needs in our state of New Mexico. Most prescribing psychologists here are working in rural, underserved areas of New Mexico - areas where there are few if any psychiatrists and often few other medical professionals available. So, the notion that psychologists will be in direct competition with psychiatrists is extremely flawed. We will typically serve a large and traditionally highly underserved population. Most psychiatrist practice in urban areas where the needs are less. Thus, the services which can be provided by prescribing psychologists are very much needed throughout most of the U.S. where poverty, ethnic, and cultural diversity exist.

First, let me tell you that New Mexico has licensed prescribing psychologists for over a decade now and in all that time, there have been absolutely no malpractice claims or complaints filed against any New Mexico prescribing psychologist. I believe there are clear reasons for this outstanding record which is correlated with differences in training for psychologists which includes substantial training in research and analytical thinking.

Unfortunately, psychology is often erroneously perceived as a “liberal art” by the public. The word psychology means literally “study of the soul.” In truth, psychology is the science of human beings and how we function. It is one of the early and most exacting sciences and has developed some of the most rigorous methodologies in order to scientifically study the complexity of humans in all their aspects. Psychologists are not merely mental health professionals, but are also scientists. For example, I have personally collaborated in brain functional imaging research with scientists and physicians from Los Alamos Laboratory, the VA Medical Center, the University of New Mexico School of Medicine, and Harvard University and understand that the role of psychologists in such endeavors has been most crucial. Many physicians with only M.D. training have little or no education in research or its methods and so are often involved with research only peripherally as those with access to various patient populations. But when psychologists and physicians form truly collaborative relationships then monumental discoveries have been made.

I am sure that you will hear that psychologists will not have the training needed to safely prescribe. However, this is absolutely false. The training involved in becoming a prescribing psychologist in New Mexico is overly extensive and is far beyond the training required by most non-physician, prescribers such as certified nurse practitioners or nurse specialists and it actually equals or exceeds that of many physicians in the numbers of years of training.

I, for example, trained first as a clinical psychologist and am fairly representative of the typical training background of New Mexico prescribing psychologists. I completed my bachelor of science (typically 4 years of college) and took all the undergraduate coursework that is taken by physicians as undergraduates. In fact, I had more science than most pre-medical students since I also took graduate

level biochemistry and physical chemistry in addition to the general biology, general chemistry, organic chemistry, and physics which most pre-med students take. I also took considerable advanced mathematics as well as anatomy and physiology. I went on to receive my masters of science in psychology (typically 2 years of graduate school) where I continued to take additional science classes in addition to required psychology classes. I continued on to my doctoral education (typically 5 years graduate school in clinical psychology including a year of predoctoral supervision practice) in clinical psychology. I received my Ph.D. and then completed 2 more required years of postdoctoral supervision before I was eligible for licensure as a clinical psychologist which requires passing a national examination. Thus, in New Mexico, a licensed clinical psychologist typically has 11 to 13 years of specialized training prior to even becoming eligible to sit for the national licensing examination for clinical psychologists. To then become a prescribing clinical psychologist requires considerably more education and training (usually an additional 5 years in New Mexico which is longer than many medical residencies).

Most medical doctors in the U.S. complete a 4 year college bachelor's degree followed by 4 years of medical school and 1 year of internship to become licensed to practice as a "General Practice" physician. Many go on to complete a residency which varies depending on the specialization. So most physicians complete a minimum of 8 - 9 years of education and an additional 1-6 years of residency for a total of 9 to 15 or so years of training which is very comparable to that of non-prescribing clinical psychologists (11-13 years).

Additionally, many other countries award a medical degree with only a bachelor's level of education. These individuals who do not hold graduate doctoral level degrees can come to the U.S. and practice and prescribe and are called "doctors" (without a doctoral level education) as long as they pass the appropriate exams. Thus, many physicians in the U.S. that have received their education outside of the U.S. do not have anywhere near the same number of years of training as either clinical psychologists or U.S. trained physicians and yet they are permitted to prescribe without restriction and are called "doctors."

Furthermore, becoming a clinical psychologist is far more competitive than becoming a physician. For example, when I applied to the psychology department at the University of New Mexico, over 400 students applied into the clinical program. Only 5 were admitted. That is only 1% of applicants who were admitted. Thus, the individuals who are admitted into training represent the top 1 percent of their field in clinical psychology whereas the University Of New Mexico School Of Medicine admits 100 students of their approximately 300 applicants which is 33% of applicants. So physicians trained in New Mexico are only in the top third among their premed fellow student applicants. Thus, those who actually complete all the required training and become licensed clinical psychologists represent a very elite group or less than the top 1 percent of all those aspiring to the profession.

In New Mexico, Nurse Specialists, Certified Family Nurse Practitioners, Physician Assistants all can prescribe. The educational training required of these individuals ranges from a bachelor's degree (4-5 years) to a master's degree (bachelor's degree of 4 years plus 2 additional years of graduate education = 6 years). Thus, non-psychologist, non-physician prescribers in New Mexico typically have only between 4 to 6 years of training in order to prescribe. This is substantially less training than even a non-prescribing, doctoral level clinical psychologist.

Now let us return to the clinical psychologists training of 11 to 13 years (see expanded table below). And realize that in order to become a fully licensed prescribing psychologist, one must first be a licensed clinical psychologist. But then one must also complete a second master's degree in clinical pharmacology which is only permitted at the postdoctoral level (2 years). Also, one must pass a second national exam in psychopharmacology and complete nearly three additional years of supervision under a medical doctor in order to become fully licensed as a prescribing psychologist. I know of no other profession which requires supervision from those outside the profession and is unable to supervise their own profession. A situation which creates an extreme hardship and roadblock to licensing for prescribing psychologists at this level. Nonetheless, a prescribing psychologist in New Mexico will then have the typical 10-13 years plus 5 more years of specialized prescribing education and training. This represents tremendous overkill in education of nearly 15 to 18 years of college, graduate, and postdoctoral education and training. This is far more training than even specialist physicians and nearly three times the amount required for prescribing nurses. This is probably why prescribing psychologists have such an outstanding practice record and have had no claims of malpractice against them.

The training currently required for prescribing psychologists in New Mexico includes physical assessment (giving physical medical exams), pathophysiology, pharmacology, neuroscience and so forth). The postdoctoral master's degree contains all the science that physicians and nurses are exposed to and more. However, all of this considerable training could easily be placed within a specialized track of graduate clinical psychology training leading to prescribing privileges and thus could be shortened considerably and appropriate medical and neurosciences could easily be included in that training path. Further, such education could, at many facilities, be combined with the education of medical students since often clinical psychologists already complete a significant portion of their training within medical settings and alongside physicians. Such combined training is beneficial to both professions.

Please do not think of prescribing psychologists as the more economical version of a psychiatrist. Clinical Psychologists bring a unique perspective and a unique skill set to the prescribing arena. We are also trained as scientists in the scientist-practitioner model of education and as such understand the nature of research proven practices. We understand statistics and scientific research designs. The field of research psychology has contributed substantially to medical science, to education, and to industry and military applications. Additionally, psychologists have much to offer in the field of pharmaceutical research and the efficacy of medication use and as independent researchers, their results will not be biased by the potential of pharmaceutical company sales. Prescribing psychologists are able to use psychotherapy as well as medication. We use medications judiciously and often not as a first option. We are interested in providing our clients with the best possible and most truly healing outcomes which often come from a combination of psychotherapy and medication.

I encourage you to adopt legislation which will open the path to prescribing for psychologists as this will open a path which will bring new discoveries and better outcomes to all the citizens of Hawaii and begin to address the 96.5 million Americans in areas with shortages of mental health providers.

Sincerely,

Dr. Jeanne E. Knight, Ph.D.

Training by Profession Required for Prescribing Privileges in NM

Profession	**Clinical Psychologists**	**U.S. educated Physicians**	**Nurse Specialists / CNP**	**Physicians Assistants**
Yrs College	4	4	4	4-5 (licensed) – **practices under physician – 5 years** (supervision – may be fairly remote in NM)
Yrs Graduate School	4	4	2 (Specialist Nursing License) – NM **independent practice nursing – 6 years** (CNP - no formulary restrictions)	0
Yrs Internship	1	1 (internship) (**medical license**) Independent General Practice – **9 years**	0	0
Yrs Postdoctoral Supervision	2 (**clinical psych license – 11 years**)	2-6 (or specialization residency – 11 to 15 years)	0	0
Yrs Postdoctoral Graduate School	2 (master's degree in clinical pharmacology)	0	0	0
Yrs Postdoctoral Supervision	1 + exam (licensed conditionally) 2 more years (full license as prescribing psychologist)	0	0	0
Total Years to Prescribing	**16 years (prescribing psychologist license)** – practices using psychopharmacology formulary in collaboration with M.D.	**9 years (General Practice license)** to 14 or + (specialization – no change in formulary)	**6 years (independent practice license** – no formulary restriction for CNPs	**5 years (practices under physician supervision)**

HB1072
Testimony

I stand in support of HB1072 that would allow specially trained licensed psychologists to prescribe medications for the treatment of behavioral health disorders.

I am a licensed medical psychologist in the State of Louisiana where we have had medical (prescribing) psychologists for the last 10 years. During that time hundreds of thousands of prescriptions have been written by these medical psychologists without a single complaint about their practice. There have been no significant adverse events related to their practice. Patients, who had not been able to receive competent behavioral health services due to the lack of access to psychiatrists, are now receiving competent care by accessing medical psychologists. Medical psychologists have been practicing safely in hospitals, outpatient clinics, state run behavioral health clinics, and in private practice.

When the bill to grant specially trained licensed psychologists was moving through the Louisiana legislature, opponents put forth many claims that to allow these psychologists to prescribe medications would be dangerous; that they would harm patients; that only psychiatrists were adequately trained to prescribe; and other unfounded claims. The actual experience in New Mexico (where psychologists also prescribe) and Louisiana should clearly indicate that those prior claims were not realized and should no longer be accepted as a credible argument against granting prescription privileges to psychologists who have additional training.

Other non-physicians have been granted prescription privileges including advanced practice nurses, optometrists, dentists, podiatrists, and pharmacists in some states. Once again demonstrating that with proper training, competent non-physician providers can be safe prescribers. If the goal is to provide competent care to a population in need, then why would you prevent a doctoral level professional with advanced training from being part of the solution to a long-standing problem; i.e., access to high quality specialized behavioral health care that includes the ability to prescribe appropriate medications? To me, it just makes sense.

I respectfully urge you to pass HB1072.

Sincerely,
Joseph E. Comaty, Ph.D., M.P.
Clinical & Medical Psychologist
6111 Stratford Ave.
Baton Rouge, LA 70808

Testimony in Support of HB 1072

Relating to Prescriptive Authority for Certain Psychologists

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Consumer Protection and Commerce, I am Dr. Kathleen M. McNamara, a clinical psychologist practicing on Maui, in my private practice primarily focused on neuropsychology. I also am a full time staff psychologist with the Department of Veterans Affairs (VA). However, none of my testimony represents the view of the VA and I am not submitting it as a psychologist practicing in the VA. This testimony solely represents my own views.

I am fully in support of this bill which will allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'I law. I have been an independently practicing clinical psychologist for over 35 years. I also have been responsible for the education and training of clinical psychologists at the graduate, Internship and Residency levels. My practice has focused on providing psychological and neuropsychological services to unserved and underserved populations in rural areas (on the Mainland in West Virginia and the Appalachia areas of southern Ohio; in Hawaii, on the Big Island, Moloka'i, Lana'I, Hana, and other areas of Maui County).

The education and training which is required by this bill is consistent with what has been recommended for post-doctoral training in psychopharmacology for psychologists who intend to competently, safely, and ethically prescribe psychotropic medication to those in need of such services in Hawai'i. I have completed the recommended course work over a period of two years, with instructors from medicine, psychiatry, nursing, and pharmacy. Having a specialty in neuropsychology, I already had a background in many of the biological and neurological areas that were covered in those courses, but found the overall curriculum to be rigorous and comprehensive. I am quite confident that the education and training will more than adequately prepare those seeking to meet the mental health needs of the people of Hawaii. In addition, since this is a postdoctoral program, the cost for this advanced training falls to the individual providers rather than the State.

There should be no doubt that the mental health needs of the people of Hawaii far outweigh the available and accessible competent mental health professionals. Similarly, I hope that you can see that this bill will increase access to care, and begin to address the psychological distress of those with mental health issues who have been unable to find professionals to provide prescriptive services as part of a comprehensive treatment in a timely manner, if at all. Depression leading to suicide does not need to go untreated. The productivity available for our businesses does not need to be diminished by those with anxiety and panic disorders unable to get to work or stay at work because their untreated disorders interfere with their willingness to be on the job. Families do not need to suffer the loss of their loved ones who are still with them in body but unable to find relief for the major psychological problems which trouble their minds, and they cannot find a provider in their community to offer help.

Psychologists in the Department of Defense, Indian Health Service, and in Louisiana and New Mexico have been safely prescribing and offering integrated behavioral health care side by side with primary care for many years. There have been no complaints in Louisiana after ten years of prescribing by

medical psychologists. In New Mexico after these initial two years, no complaints have been filed with the licensing board. Psychologists are embedded with combat units in the field, as well as within military facility clinics Stateside, prescribing safely or un-prescribing when medication is no longer an essential part of treatment for the psychological wounds of war. The people of Hawaii with unserved and underserved mental health needs deserve to have access to competent, qualified, well trained medical psychologists who meet the requirements of H.B. 1072.

Thank you for your consideration of the issues which this bill brings to light regarding accessibility and continuity of care for the most vulnerable of our Hawaii people.

Respectfully submitted,

Kathleen M. McNamara, Ph.D., ABPP
Diplomate in Clinical Psychology

PSYCHOLOGICAL RESOURCES HAWAII

3577 Pinao Street Honolulu, Hawaii 96822 (808) 988-7655

Testimony in Support of H.B. 1072
Relating to Prescriptive Authority for Certain Psychologists
February 18, 2015

Honorable Chair Belatti, Honorable Chair McKelvey and Members of the Committees,

My name is Dr. Raymond Folen. I would like to provide testimony in strong support of H.B. 1072 that will allow prescriptive authority for appropriately trained psychologists:

1. There is a huge need for mental health services in rural and underserved areas in Hawaii. With recent limitations in mental health funding, this need has turned into a crisis.
2. For years, many community groups, community organizations, professional organizations and the University of Hawaii School of Pharmacy have proposed a no-cost, safe and effective means to help address this pressing need. Providing appropriately trained psychologists, who already live and serve in these underserved areas, the authority to prescribe will have a significant positive impact on these communities. This is the intent of H.B. 1072.
3. The training requirements in H.B. 1072 are consistent with current U. S. Navy, U. S. Air Force and U. S. Army standards for psychologists credentialed to prescribe. They are also consistent with training requirements in other states where psychologists prescribe. The training requirements that H.B. 1072 proposes will insure patient safety and quality care. This has been documented, studied and clearly demonstrated in the practices of prescribing psychologists.
4. Unfortunately, organized psychiatry continues to distort the solid foundation and appropriateness of H.B. 1072 and they continue to mischaracterize the extensive training requirements in the bill.
5. There are simply not enough psychiatrists to meet the overwhelming mental health needs in our state. It is difficult to find an available psychiatrist in downtown Honolulu, let alone in rural communities on the neighbor islands.
6. Rather than relying on psychiatry to spread - even more thinly - their very limited resources, we are offering a solution based on demonstrated success. Hawaii's psychologists are well represented in the rural communities and can provide the needed psychopharmacology services at no cost to the State. Please pass H.B. 1072 so we can deliver a full range of mental health services to the people who need them.

Raymond A. Folen, Ph.D., ABPP
Licensed Psychologist

From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 16, 2015 7:41 PM
To:	HLTtestimony
Cc:	rkmasa@gmail.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM
Attachments:	HB 1072 testimonial.docx

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
rika suzuki	Individual	Oppose	No

Comments:

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HB 1072 testimonial

Thank you for hearing my concern and testimonial against psychologist prescribing.
I am a psychiatrist who takes care of adults and seniors.
Even with four years of medical school, four years of residency, and one year of fellowship training, use of medications to treat mental illness can be very challenging.
Prescribing medications requires science based knowledge, skill and judgment based on years of medical training. One must understand the impacts on the organs and human health.
Anyone with less than a physician's training prescribing creates major risks for our patients and could be even lethal.
Doing no harm and patient safety should be our highest priority.

From:	mailinglist@capitol.hawaii.gov
Sent:	Saturday, February 14, 2015 11:33 AM
To:	HLTtestimony
Cc:	leslieg@maui.net
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM
Attachments:	HPMA psychologist Prescribing 021415 culture Vote NO on HB 1072.docx

HB1072
Submitted on: 2/14/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Leslie Hartley Gise MD	Individual	Oppose	No

Comments:

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Vote NO on HB 1072

HB 1072 would let psychologists tell other psychologists that they can practice medicine. Medical doctors and nurses have biological training and work together in hospitals. Our watchword is "First, do no harm" because we know that we have the power to harm as well as to heal. Psychologists are valuable but they don't come from that culture and you can't learn it from a book.

Vote NO on HB1072

The military crash course prescribing program for psychologists from 1991-1997 was ended because it was a failure. Psychologists quit, they failed the tests, they said it was barely enough training and it had more than 4x the work as HB1072. It was full time for 3 years, taught by psychiatrists and cost $600,000 per psychologist. We don't want to subject native Hawaiian patients in rural areas to this when they deserve the best standard of care.

From: ahmedi96822@gmail.com
Sent: Monday, February 16, 2015 9:22 PM
To: Mailing List; HLTtestimony
Subject: Re: Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

Sent from Windows Mail

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 9:13 PM
To: HLTtestimony@capitol.hawaii.gov
Cc: Iqbal "Ike" Ahmed

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Iqbal Ahmed	Individual	Oppose	No

Comments:

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Elaine M. Heiby, Ph.D.
Licensed Psychologist
2542 Date St., Apt. 702
Honolulu, HI 96826
(808) 497-0929
heiby@hawaii.edu

16 February 2015

Hawaii State Legislature
House Committees on Health and Consumer Protection

Re: OPPOSITION to HB1072 Relating to prescription privileges for psychologists

Dear Honorable Representatives:

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 from 1981 to 2014, a Hawaii Licensed Psychologist since 1982, and a former member of the Board of Psychology. My opinions do not represent the University or the Board. My opinions are consistent with testimony submitted by Psychologists Opposed to Prescriptions Privileges for Psychologists (POPPP) and I am on the Board of Advisors of POPPP.

Reasons for Opposition involve Risk to the Consumer

- Bills similar to this one have been rejected at least 183 times in 26 states over the past 20 years owing to substandard medical training.

- Training for a doctorate in clinical psychology does not include pre-medical or medical training.

- There is virtually no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect the consumer.

- 89.2% of members of the multi-disciplinary Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers (*the Behavior Therapist, September 2014)*. A survey of Illinois psychologist yielded similar findings (78.6%) (Baird, K. A. (2007). A survey of clinical psychologists in Illinois regarding prescription privileges. *Professional Psychology: Research and Practice, 38*, 196-202. doi:10/1037/0735-7028.38.2.196).

- The 2014 ABCT survey found only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill and only 10.9% would refer a patient to a prescribing psychologist whose medical training is what is required in this bill.

- 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 or their patients. A lack of evaluation of safety does not constitute evidence for safety.

- The 2014 ABCT survey found that 88.7% agreed that there should be a moratorium on bills like this one until there is objective evidence that the training involved protects the consumer.

- The impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before this experiment is repeated in Hawaii. Consumer safety outcome in the military is difficult to evaluate owing to the Feres Doctrine and the small number of prescribing psychologists (e.g., 2 in the Navy and 4 in the Air Force).

- 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 for the amount of medical training required in this bill.

  <u>The State of Illinois has set the standard for prescription privileges for psychologists</u>

  - In 2014, the State of Illinois enacted a law to permit psychologists to prescribe some psychotropic medications (e.g., excluding narcotics and benzodiazepines) to a limited population (excluding youth, the elderly, pregnant women, the physically ill, and those with developmental disabilities).

  - The training requirement is similar to what is required of Physician Assistants, including undergraduate pre-medical training. This training includes 7 undergraduate and 20 graduate courses along with a 14-month practicum in multiple medical rotations. The training program must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

  - No online medical training is acceptable.

- The Illinois Psychological Association, Nursing and Medical associations, and POPPP support the Illinois law, as it requires the same medical training as other non-physician prescribers.

<u>Solutions to access to psychoactive drugs</u>

1. Collaboration between psychologists and physicians. The University of Hawaii-Hilo's College of Pharmacy provides training for such collaboration (http://hilo.hawaii.edu/catalog/ms-clinincal-psychopharmacology.html).

2. Completion of medical or nursing school by psychologists. Encouraging medical and nursing schools to offer executive track programs for psychologists and social workers.

3. Use of Telepsychiatry, which is promoted by the Department of Veterans Affairs and the U.S. Bureau of Prisons

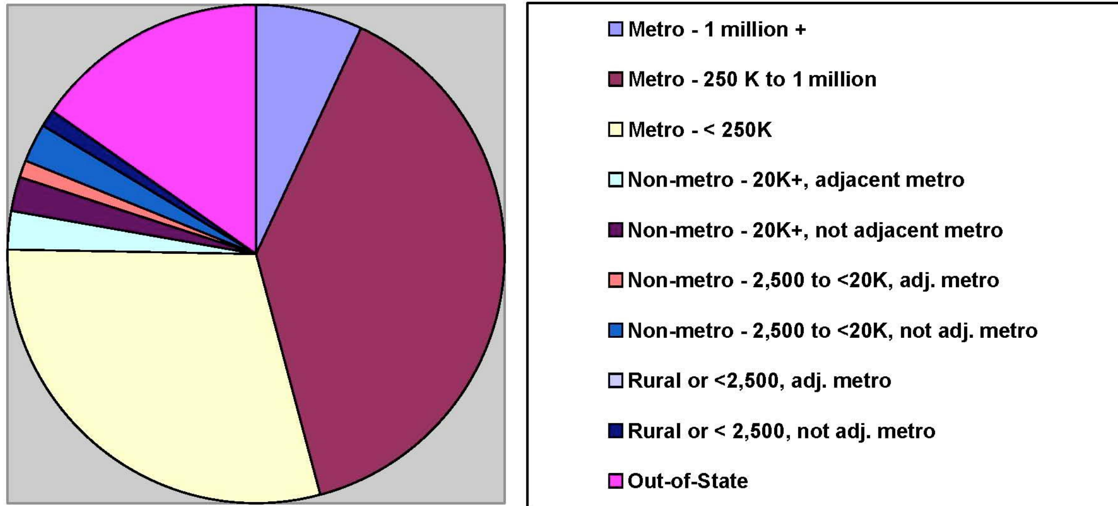
4. Modify this bill to meet the required training and scope of practice limitations in the Illinois law enabling psychologists to prescribe.

5. Encouraging all professionals to serve rural areas. The prescribing laws in New Mexico and Louisiana did not result in psychologists moving their practices to rural areas as they had declared would happen (see attached chart; Source: Prof. T. Tompkins, 2010; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999).

Thank you for your kind consideration of this opinion.

Respectfully,

Elaine M. Heiby, Ph.D.
Psychologist (HI license 242)
Professor Emeritus of Psychology (pending Board of Regents' approval)


Combined Distribution of Psychologists Authorized
to Prescribe Medications in NM, LA, and Guam
Metro - 1 million +
Metro - 250 K to 1 million
Metro - < 250K
Non-metro - 20K+, adjacent metro
Non-metro - 20K+, not adjacent metro
Non-metro - 2,500 to <20K, adj. metro
Non-metro - 2,500 to <20K, not adj. metro
Rural or <2,500, adj. metro
Rural or < 2,500, not adj. metro
Out-of-State

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 1:56 PM
To: HLTtestimony
Cc: mpoirier808@gmail.com
Subject: Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Marion Poirier	Individual	Oppose	Yes

Comments: FROM: Marion F. Poirier, M.A., R.N SUBJECT: OPPOSITION TO H.B. 1072 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS GOOD DAY HEALTH CHAIR BELATTI AND VICE CHAIR CREAGAN AND CONSUMER PROTECTION AND COMMERCE CHAIR MCKELVEY AND VICE CHAIR WOODSON AND MEMBERS OF THE RESPECTIVE COMMITTEES: My name is Marion Poirier. I am a registered nurse who was executive director of NAMI HAWAII, the National Alliance for the Mentally Ill Hawaii, for 12 years, ending in 2009. I also was the executive director ofHawaii Nurses Association for over five years. This testimony is in opposition to H.B. 1072. I come from the NAMI national position that does not support state initiatives to expand prescribing privileges to psychologists. Most of us here today acknowledge that serious shortages exist in the mental health professional workforce, particularly in public mental health systems and in rural and medically under-served regions in Hawaii and elsewhere. However, there is no current evidence that actions such as H.B. 1072 are solutions. I respectfully request that you hold this bill until such time as a task force can examine other state experiences as well as proposals for better use of primary care physicians, APRN RX's, and P.A.'s. These disciplines would seem to provide a better alternative if they were incentivised appropriately (since they can already prescribe). Research results by a task force would provide this body with important decision-making study results. Thank you for the opportunity to testify.

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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To: Representative Della Au Belatti, Chair, House Committee on Health
Representative Richard Creagan, Vice Chair, House Committee on Health

February 18, 2015

Re: HB 1072 Relating to Prescriptive Authority for Certain Psychologists

Position: Opposed

Dear Representative Belatti:

I was born on Kauai. I have lived with Schizophrenia for over 60 years, ever since I was a little girl. It got so bad in college I had a nervous breakdown and had to come home.

With the right treatment from a psychiatrist for medication, and an excellent psychologist for psychotherapy, I was able to go back to college, get a nursing degree, and work as a nurse in hospitals and rehabilitation facilities for the next 30 years. I needed both consistently, until age 59, when I reached recovery.

Psychology is not medicine. Counseling is not chemistry. Both are very valuable, but are not the same. I know what real medical doctors go through because I worked different shifts in hospitals. The training talked about in HB 1072 doesn't come anywhere near this in accountability.

HB 1072 is a giant step backward in the care you will subject people like me to. It discriminates against me, and against everyone else with a psychiatric disease. This bill

says that I, and my fellow mental health consumers would be subject to the risks of inadequately medically trained psychologists.

I have learned that if you would just take $1 Million of the $23 Million earmarked for the Pharmacy School building in Hilo, unnecessary because there are no jobs for pharmacists anyway, you could have hired 4 Psychiatrists full time to work on neighbor islands and solved the access problem safely for a whole year.

Please don't subject me, or anyone else like me, to HB 1072. It is discriminatory, stigmatizing, offensive and dangerous. I, and my fellow consumers need medical care from medical doctors, not from psychologists with less than half the medical training of even a nurse like me.

Please vote NO on HB 1072.

Thank you for your consideration of my testimony.

Yours truly,

Fenner-Marie Shupe, RN
Mental Health Consumer
Since 1957
Voting Constituent

February 3, 2015

To Members of the Health Committee:

My name is Celia Ona, I am a board Certified Psychiatrist; have been in the practice of Psychiatry for at least 25 years.

I consider myself a seasoned clinician, teacher-educator and public servant; with experience in administrative and Public/Community Psychiatry, University Practice and Private non-profit organization.

With advances in technology, neuroscience, pharmacogenomics research; the practice of Psychiatry has evolved- to a more complex and challenging specialty. To give an example-50 years ago we only have 2 classes of antidepressants to treat major depression but currently we have over 2 dozens, just to put in perspective, to recommend and prescribe medications require comprehensive background knowledge (pharmacokinetics/pharmacodynamics), of each drugs including biology, chemistry, physiology just to name a few; to safely prescribe medications.

I have seen first-hand a patient who died in ICU simply because the prescriber did not know drug-drug interaction (drug combination); side effects and critical information to safely prescribe medications.

I teach Psychopharmacology (all about Medications) Course to Psychiatry Residents; (future psychiatrist). My goal (take home message) is that medications should be the last thing, one should think about, only after a thorough/comprehensive medical/physical check-up; because oftentimes we see medical illnesses presenting as psychiatric illness.-we can easily write them off as psychiatry and missed a life threatening medical problems.

To: Representative Della Au Belatti, Chair, House Committee on Health
Representative Richard Creagan, Vice Chair, House Committee on Health

February 18, 2015

Re: HB 1072 Relating to Prescriptive Authority for Certain Psychologists

Position: Opposed

Dear Representative Belatti:

I am a Native Hawaiian medical doctor, the son of the late Reverend Abraham Akaka, graduate of Kamehameha Schools and the John A Burns School of Medicine. I specialize in psychiatry, the treatment of brain diseases including Schizophrenia and Bipolar Disorder. I am an Associate Clinical Professor in the Department of Psychiatry, and currently Medical Director of the Diamond Head Community Mental Health Center. My testimony today is my own and not to be considered representative of Kamehameha, the University of Hawaii, nor of the Adult Mental Health Division.

Like all other medical doctors, I learned the basic sciences to qualify for med school, like chemistry and biology in college, passed the qualifying test to get in, delivered babies, 35 of them, and was primary surgeon for a soldier with a ruptured appendix during my surgery rotation at tripler. I took care of people in the throes of death in the intensive care unit, people with heart attacks in the CCU,

and sewed up people in the ER. I worked 80-100 hours a week in the hospital to learn internal medicine. Only after I worked through all that was I allowed to go on to train in psychiatry, and not until four years of that training, full time including night call in hospitals as well as in outpatient clinics, was I allowed to prescribe medication independently. Only then, after passing test after test after test, are physicians permitted independent prescriptive privileges.

While I understand that there is a shortage of psychiatrists, as there is a shortage of all physicians in Hawaii, and that passions about this problem are high, HB 1072 is not the answer.

First of all, HB 1072 contains numerous statements, assertions and conclusions that need to be examined very closely, especially those that begin "The legislature finds..." Did the legislature truly find what the bill says it found? What was the source? And how valid was the source.

Second, how can psychologists legitimately make up their own prescription curricula and test, and orchestrate such training in a pharmacy school? That's analogous to flight attendants skipping pilot school but making up their own pilot class and their own exams to be taught at an airplane mechanic school by mechanics, and for the flying practice part, fly unsupervised for a week before reporting to their mechanic supervisor in the office on the ground how they did, rather than flying under direct supervision from real pilots while practicing in the actual air, where they are given immediate feedback to make course corrections and avoid crashes.

HB 1072: No hospital experience. No physician supervision. No ER experience. No crises management training by a real medical doctor. No legitimate assessment of real medical safety. None required.

The only carefully scrutinized program that sought to prove that psychologists could prescribe safely in less time than medical school was the Department of Defense Psychopharmacology Demonstration Program (DOD-PDP) in the mid 1990s, but the training was hospital based and the clinical medicine part of that program was taught by physicians. 13 highly accomplished PhD Psychologists were recruited. 3 quit, 2 to go to medical school. Of the remainder, the vetting panel reported being dismayed to find that they scored so poorly next to their classmates, (which in a real medical school would have led to either more tutoring or flunking them out), "the grades for the Fellows were reported to be 'normalized' for the Psychopharmacology Demonstration Project Fellows. Ie, the Fellow who did best was normalized to 100 and all the other Fellows were graded as a percentage of that individual's grade." At a cost of $610,000 per psychologist, the GAO in April 1997 reported "Need for More Prescribing Psychologists Is Not Adequately Justified".

HB 1072 is a reprehensible travesty against patients with psychiatric disease. It would have you legislate that people with psychiatric illness do not deserve the same medical doctors or APRNs as people with any other lethal but preventable disease. It promotes stigmatizing discrimination against an entire class of people who need expert help, particularly native Hawaiians in rural areas. It has no place in Hawaii.

Better alternatives exist. Verbal interventions work. Good psychotherapy by Psychologists can prevent suicide, as can Medicine by Physicians and APRN Rxs, but these are distinctly different professions with distinctly different trainings, skills and cultures. The legislature used to fund sending psychiatrists trained by the UH Psychiatry Department into rural areas through stipends and loan forgiveness, and many of them stayed on, providing care on Maui and the Big Island for 10 years or more. Reinstatement of those programs, which worked in improving access to real psychiatric care in rural areas by psychiatrists, is a better, safer common sense alternative than HB 1072. Hawaii can do better for its neighbor islands and Native Hawaiians with psychiatric illnesses.

Please vote NO on HB 1072.

Thank you for your consideration of my testimony.

Jeffrey Akaka, MD

United States General Accounting Office

GAO

Report to the Chairmen and Ranking Minority Members, Committee on Armed Services, U.S. Senate, and Committee on National Security, House of Representatives

April 1997

DEFENSE HEALTH CARE

Need for More Prescribing Psychologists Is Not Adequately Justified

GAO/HEHS-97-83

medication psychologists would be qualified to prescribe, and (4) level of supervision they would require. In September 1995, after the project had operated for 4 years, the ACNP panel suggested that DOD define clearly how PDP graduates could be used; this did not take place.

Recruiting PDP Participants Was Difficult

DOD had difficulty recruiting PDP participants throughout the project. The recruiting goal, which was not met, was six psychologists for each PDP class. Since the project started in 1991, 13 psychologists have participated. Seven have completed it. Three have dropped out, and three are expected to finish their clinical experience in June 1997 (see table 3). Those who dropped out did so for various reasons: One left the military. Another enrolled in the medical school at USUHS. The third left because of dissatisfaction with the program.

Table 3: Status of Psychologists Entering the PDP

Year	Entered the PDP	Left the PDP	Graduated from the PDP	Currently in the PDP
1991	4	2	2	0
1992	0	0	0	0
1993	2	1	1	0
1994	5	0	4	1
1995	2	0	0	2
Total	**13**	**3**	**7**	**3**

Because the PDP did not attract enough military psychologists, the program was opened to civilian clinical psychologists willing to enter the military. Two of the five PDP participants who began the program in 1994 were civilians who joined the military to participate in the PDP. Finally, only two psychologists entered the PDP in 1995.

Candidate Selection Criteria Were Not Specified

The MHSS established no formal candidate selection criteria for the PDP. Four classes of candidates had entered the PDP before prerequisites for participation were first addressed in February 1995. At that time, the PDP Advisory Council recommended that a candidate for the PDP (1) be on active duty, in good standing as a psychologist, and have an active state license to practice clinical psychology; (2) have a minimum of 2 years of active-duty experience as a clinical psychologist in one of the uniformed services; (3) agree to meet the service's payback obligations for postdoctoral training; and (4) volunteer for the program.

Curriculum Repeatedly Changed

The duration, content, and sequencing of PDP training continued to change after the project began. Originally, PDP training was intended to last for 2 years and consist of both course work and clinical experience during each year. An additional year of clinical experience was added for the first class after it began the program, however, because the participants were not receiving enough clinical experience. Subsequent classes received 2 years of training as originally planned: the first dedicated exclusively to course work at USUHS, the second, to clinical practice.

In addition, the curriculum content and sequencing of the courses changed after the project began. Courses such as neuroscience and psychopharmacology were added, while others were dropped. In 1995, the ACNP panel noted that the curriculum for those who started the PDP in 1994 was "markedly different" from the curriculum for participants who started the PDP in 1991. The panel said at that time that the curriculum needed to be thought through more thoroughly, using the final scope of practice and formulary as a starting point. The panel also noted that assessing the adequacy of the curriculum was difficult because it changed frequently. The panel saw a need for a well-organized, structured approach to the design of courses as well as the selection of participants. It recommended at that time that unless the MHSS addressed these concerns satisfactorily, the project should end.

Prescribing Privileges for PDP Graduates Were Delayed

The first psychologists who completed the PDP faced delays of up to 14 months in getting prescribing privileges at the facilities where they were assigned possibly due to the facilities' lack of experience with this type of provider. Two recent graduates, however, received privileges within 2 months of arriving at their facilities. In each of these cases, PDP officials visited the facilities where these psychologists had been assigned to explain the project and training and provide information about the graduates to facility officials. Facility officials cited these visits as helpful in resolving their concerns about psychologists' prescribing privileges.

Supervision of Prescribing Psychologists Unresolved

The MHSS has not decided who should supervise prescribing psychologists. In 1994, the MHSS decided that after prescribing psychologists had completed their clinical year, they would spend the next year practicing under a psychiatrist's supervision. The MHSS originally anticipated that these psychologists would ultimately function independently. All of the PDP graduates, however, continue to practice under the supervision of a

psychiatrist, and whether they will ever prescribe independently is unclear.

The PDP Advisory Council's February 1995 scope of practice statement, which has been used as guidance for allowing prescribing privileges for some PDP graduates, states that prescribing psychologists should prescribe psychotropic medication only under the direct supervision of a physician. According to the Advisory Council that developed this statement, PDP graduates' prescribing practice should be closely supervised. These psychologists should then gradually be permitted to practice under less supervision as they demonstrate their competence.

PDP Was Costly and Its Benefits Are Uncertain

Even if the MHSS had a need for additional mental health care providers to prescribe medication, the cost of meeting this need by training clinical psychologists to prescribe drugs is substantial. Furthermore, although the PDP produced additional providers who can prescribe and some facilities have reported positive experiences with them, determining the PDP's cost-effectiveness is impossible at this time.

Cost of PDP

The total cost of the PDP will be about $6.1 million through the completion of the proctored year for those currently in the program—or about $610,000 per psychologist who completes the program (see table 4).

Table 4: Estimated Cost of PDP by Training Component and Type of Cost, FY 1991-98

Type of cost	Training component			Total costs
	Classroom year	Clinical year	Proctored year	
PDP training expenses	$1,650,420	0	0	$1,650,420
Student salary plus benefits (minus productivity benefit)	844,065	333,154	0	1,177,219
Supervisor lost productivity	0	475,810	206,874	682,684
PDP training overhead cost	[a]	[a]	[a]	2,584,199
Total cost				**$6,094,522**

Notes: These estimates assume that the three current PDP participants will complete the clinical portion of the project in June 1997 and their proctored year in 1998.

Estimates as expressed in 1996 dollars.

[a]Not available by component.

DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20307-5001

REPLY TO
ATTENTION OF:

MCHL-PS

15 February 1995

MEMORANDUM FOR SEE DISTRIBUTION

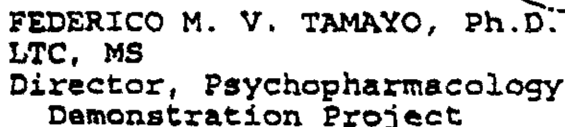
SUBJECT: External Evaluation of the Psychopharmacology Demonstration Project (PDP): ACNP Evaluation Report C-1

1. Attached you will find a copy of the first evaluation report of the C Contract conducted by the American College of Neuropsychopharmacology on the Psychopharmacology Demonstration Project (PDP) to train military clinical psychologists to prescribe psychotropic medications from a limited formulary. This first visit took place on 6 and 7 December 1994.

2. The information contained in this report should not be released to parties other than those indicated on the distribution list. Release is permitted only after the Commanding General has reviewed our responses to the recommendations and forwarded them to the Army Surgeon General's Office.

3. As before, I would like to solicit your comments and reactions to this report and request that your comments be returned by 6 March 1995 as they will be considered in our subsequent response to the Commanding General of WRAMC. My FAX number is (202) 782-7165.

4. I appreciate your review and comments. Again I express my sincere gratitude for your involvement in this project.



FEDERICO M. V. TAMAYO, Ph.D.
LTC, MS
Director, Psychopharmacology
Demonstration Project

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Contract #DADA 15-94-C-0019 -- Extension
Group C (Class of '96)
ACNP Evaluation Panel
Evaluation Report Listing
February 9, 1995

EVALUATION PANEL REPORTS AND PRODUCTS

This unit starts a listing of the statements/reports made by the Evaluation Panel of the American College of Neuropsychopharmacology (ACNP). This will be continued and added to with each successive report. It is necessary to do this so that those who may only read future reports will have a record of what has gone before concerning the agreements, work, and output of the Evaluation Panel. This listing below will be reproduced as the cover page of succeeding reports.

Report Title	Page Qty	Date
Evaluation Visit #1 Schedule	2	February 9, 1995
Evaluation Report #1	11	February 9, 1995

ACNP EVALUATION REPORT #1

The Evaluation Panel met at Uniformed Services University of the Health Sciences (USUHS) on December 6-7, 1995 for their first evaluation visit of the Class of '96 (Group C); see attached schedule. The report of this first visit is divided into five parts: 1) Introductory Comment; 2) Review of the Curriculum and the Performance of the Fellows; 3) Interviews with the Fellows and Reactions; 4) Recommendations; and 5) General Summary Comments. All Fellows will be referred to as males in order to preserve anonymity.

PART 1: INTRODUCTORY COMMENT

Introductions and summary of presentations about the program.

Col. Dennis Grill, LTC Fred Tamayo, and Col. Marvin Oleshansky introduced themselves and explained their role in the Psychopharmacology Demonstration Project to the Evaluation Panel since there were new members in attendance for the first time: Burt Angrist, M.D., and Jean Endicott, Ph.D. A third new Evaluation Panel member, Paula Clayton, M.D., was not able to attend.

Both LTC Tamayo and Col. Grill reviewed the background and the present status of the Psychopharmacology Demonstration Project. Questions were answered as needed.

PART 2: REVIEW OF THE CURRICULUM AND THE PERFORMANCE OF THE FELLOWS

1. Listing of courses for the Fellows.

There was some confusion about scheduling, but ultimately, the Evaluation Panel had an opportunity to meet with and talk with all of the USUHS faculty indicated on the attached schedule sheet. The following write-up incorporates the comments made by the faculty as well as the Directors of the Psychopharmacology Demonstration Project.

The Fellows, along with the Nurse Anesthetists and pre-first year medical students (students needing extra courses before starting medical school), took Biochemistry, Anatomy and Cell Biology, and Neuroscience I during the summer. In the fall the

Fellows took Physiology and Pathophysiology--both pre-clinical courses offered in the Graduate School of Nursing (GSN). Also taken in the GSN was a course on Health Assessment. Two clinical courses were taken in the medical school: Clinical Concepts and Introduction to Clinical Medicine.

2. Discussion of the Biochemistry course.

The summer Biochemistry course was a special course designed for the 5 Fellows, 8 Nurse Anesthetists and 12 pre-first year medical students. The course started with inorganic chemistry, and heavy tutorial assistance was supplied for all 5 Fellows. The course grades for the Fellows were as follows: Fellow A, A-; Fellow B, C; Fellow C, B; Fellow D, C; Fellow E, C.

3. Discussion of the Anatomy/Cell Biology course.

The Anatomy/Cell Biology course was a lecture series but included laboratory demonstrations. The Fellows also observed dissections and some, but not all of the Fellows, performed dissections. The faculty commented that: Fellow A was clearly the most accomplished; Fellow B was noted to be "quite affable but did not show much aptitude for either of these courses"; Fellow C had much interest in the medical aspects of the course; Fellow D was very good, but missed several sessions; and Fellow E was very enthusiastic about the global material but not about the details.

The Evaluation Panel expressed great dismay at the fact that the grades for the Fellows were reported to be "normalized" for the Psychopharmacology Demonstration Project Fellows. I.e., the Fellow who did best was normalized to 100 and all the other Fellows were graded as a percentage of that individual's grade. Based on the actual exam scores for two finals--a written and a practical--6 of the 8 Nurse Anesthetists out-performed the Fellows on the written, while 7 of the 8 did better than the Fellows on the practical final.

4. Discussion of the Neuroscience I course.

This course was primarily a lecture course, lasting seven weeks. There was a laboratory component one afternoon a week. This course was mostly an introduction to the nervous system, and the faculty held special sessions for the Psychopharmacology Demonstration

Project Fellows. Neuroscience I final grade averages were 80.2 for the Nurse Anesthetists and 74.24 for the Fellows. One of the Fellows (A) had the highest score in the class, including the Nurse Anesthetists. Two Fellows (B,E) had the lowest two scores, and the other two (C,D) were in the bottom third of the overall scores.

5. Discussion of the Neuroscience II course.

Final grades for the Neuroscience II course (fall semester) were not available but mid-term scores were. Five of the Nurse Anesthetists scored the same as or higher than the best Fellow (C), and two of the Fellows (B,E) scored worse than all but one of the Nurse Anesthetists.

6. Discussion of the Physiology course.

The Physiology course was designed specifically to meet the needs of the Nurse Anesthetists. It included about 1/3 of the topics covered in the medical school Physiology course, but in less detail. Six systems were covered--cardiovascular, respiratory, gastrointestinal, renal, neuro, and endocrine--with the cardiovascular and endocrine systems having the greatest weight in the final grade. Exams were primarily multiple choice. In the course, there were 8 Nurse Anesthetists, 10 family nurse practitioners, (all 18 working for advanced degrees in the School of Nursing) as well as the five Fellows. The rank order in the final grades in Physiology of the Fellows were: A, #9, D, #11; C #20; B, #21; E, #23.

7. Discussion of the Introduction to Primary Care course.

The review of the performance of the Fellows on the preceding academic courses was followed by a discussion with Graduate School of Nursing faculty who taught the Introduction to Primary Care. We have not yet received the objective reports (evaluations) on the performance of the Fellows in this course (nor reports on the one-time special geriatric course) but it is clear that this course was basically unsatisfactory from the point of view of both the faculty and the Fellows, and the term "disaster" was used descriptively by the faculty.

Some of the problems arose from major miscommunications among the faculty, the Fellows, and Col. Oleshansky. That miscommunication led to a severe breakdown in the educational process, such that the Fellows were described by the faculty as "passive

aggressive". The faculty were considered by the Fellows to be unreasonable in their requests of the Fellows, and not appreciative of the fact that the Fellows were not at all sophisticated in any of the medical or laboratory jargon or procedures. Those two conflicting groups appear to have been caught in a maze of disorganization and poor planning, so that not much of any value was accomplished in this course, and much good will and many opportunities are probably gone forever for this group of Fellows.

8. Discussion of the Pathophysiology course.

The Pathophysiology course was then discussed. This course is a bridge course between basic sciences and clinical sciences. Academic clinicians from outside USUHS were brought in to teach the course, which was lecture and discussion. Because of double scheduling, the Fellows did not have an opportunity to participate in all classes.

PART 3. INTERVIEW WITH THE FELLOWS

This group of Fellows must be considered from three perspectives in order to maximize the value of the Evaluation Panel's comments. First, the Fellows must be considered as individuals. Second, they must be considered as a group, i.e. in terms of what their collective characteristics are, and what, if any, are their distinctions. Lastly, Group C must be compared to Group A (Class of '94) to better understand, and perhaps discover the present direction of the Psychopharmacology Demonstration Project and the possible future of the program.

1. Evaluation of the Fellows on an individual basis.

The Evaluation Panel introduced themselves--name, degree, academic affiliation-- to the five Fellows and then met individually with each of the Fellows. The sequence of interviews was determined by the Fellows and an easy, open dialogue developed between the Evaluation Panel and each of the Fellows.

Although each Fellow was allowed to basically say what he/she wanted to say about any aspect of the program and the faculty, there were five areas which all were asked to address: 1) how did they hear about the program; 2) what was their motivation for applying to and entering the program; 3) what was their background--academic and professional; 4) how were they finding the program--the course work, the work load, the structure, the faculty, the organization; 5) what concerns and/or evaluations did they have

have about the program thus far? A summary of their individual responses is next. The Evaluation Panel's perception of the group as a unit follows that. The third section of this part tries to put Group C in perspective by looking at them in comparison with Group A, the first class of Fellows.

A. Interview with Fellow A. Fellow A is clearly the best academic achiever of the group. His background in science, which is not particularly strong, included undergraduate physiology and biology, but he attributes his current success to "an ability to memorize." He stated that his motivation for entering the program was that he frequently had to refer patients for medication and wanted to obtain knowledge about prescription medications as an additional tool in his armamentarium. The strength of the Psychopharmacology Demonstration Project for him was that it promised to be a great growing and learning experience.

Fellow A noted that he did not hear about the program through his Service and, in fact, he felt that his Service resisted his learning about the program and his applying. He commented that he was quite disenchanted with what he saw as the very poor organization of the Psychopharmacology Demonstration Project (lack of books, double scheduling, etc.) and said he felt that the Fellows were stepchildren in the Graduate School of Nursing: unknown and possibly unwanted.

B. Interview with Fellow B. Fellow B wanted to have a fellowship in psychopharmacology, to learn more about drugs. He did not say that he particularly wished to write prescriptions. His performance has not been especially strong, and he expressed dissatisfaction with the lecture and rote memory format. The program did not fit his idea of what a fellowship was. He felt little collegiality with faculty, and he felt like an undergraduate freshman, a situation he didn't like. Fellow B said that it was difficult at his age to put in the required hours of study. Also, he noted that the role transition, from independent provider to a low person on the totem pole, was very hard for him.

C. Interview with Fellow C. Fellow C joined the program because it was, to him, a career opportunity. He saw the opportunity to be in on the ground floor of a new area, and the possibility of being involved in helping to establish the criteria for a new specialty. He was quite pleased that the multi-disciplinary component of this program is high. He also felt that being in courses with the Nurse Anesthetists and the Family Nurse Practitioners was a distinct disadvantage, since those two groups were much more knowledgeable about the subject matter than

were the Fellows.

D. Interview with Fellow D. Fellow D's motivation in joining the Psychopharmacology Demonstration Project appears to be primarily to gain academic knowledge. Prescription writing was seen as an adjunct to practice as a clinical psychologist. He was very pleased to be in an academic setting, but was disenchanted with the amount of memorization required by his courses. He was quite frank about the lack of involvement with the Fellows of both the Training and Project Directors--expressed by their inattentiveness and lack of follow-through on issues raised by the Fellows.

E. Interview with Fellow E. Fellow E's motivation for entering the Psychopharmacology Demonstration Project was stated to be an opportunity to be involved in a new direction in clinical psychology. He believed the field is moving toward prescription-writing-psychologists, and he wanted to help ensure that this activity was done well. Furthermore, he considered the program to be a "Grand Adventure". He openly stated that the experience of not being in charge of his life, and the need to memorize (a technique he called an "archaic method of learning"), was a very humbling experience.

2. Evaluation of Group C as a Unit.

The collective characteristics and beliefs of the current group of Fellows are probably five in number. First, and perhaps most significant, none of the Fellows seemed primarily motivated to become a "prescribing psychologist". The motivations for enrolling in the program were varied, but it appears that the original primary purpose of the Psychopharmacology Demonstration Project, i.e. the training of prescribing psychologists; was a secondary or tertiary motivation for each of the Fellows.

Second, the scientific background of the group was very inadequate as preparation for the courses they have to take and pass. Of course this was also true for the first two classes of the PDP.

Third, with one exception, the Fellows felt completely overwhelmed by the amount of work and memorization required of them. They seemed not to appreciate that this program could not be run in a less rigorous way for them, since they did not have an academic or conceptual base on which to build, because of the amount of information

they needed to safely prescribe medications.

Fourth, to a person, the Fellows felt somewhat neglected and/or ignored by the Program Director and the Training Director of the program. They pointed to frequent organizational problems and did not feel that corrections had been made even when issues were raised repeatedly. They certainly did not believe that the one 30-40 minute group lunch each week was enough involvement by the Program Director and Training Director.

Fifth, the Fellows were unanimous in believing that their experience in the School of Nursing was not a good one. Two of the major problems were that: 1) the faculty didn't seem to know who the Fellows were, what the goals of their program were, what the Fellows knew and didn't know, or what they needed to know; 2) they were in class with students who had a much greater level of knowledge at baseline. In fact, being in Graduate School of Nursing classes, as opposed to being in classes with School of Medicine freshmen, was probably the greatest psychological problem these Fellows experienced, especially since medical school freshmen at least did not have an extensive background and experience in a medically related field.

3. Group C Compared With Group A.

The contrast between the Group C Fellows and the Group A Fellows is most notable in three areas. The first appears to be the motivation for being involved in the PDP. Most of the Group A Fellows were highly motivated to be actual "prescribing psychologists", and that skill was a frequent reference point in their conversations about their didactic/clinical experiences. The perception of the Evaluation Panel is that essentially none of the Group C Fellows have a primary and intense drive to be a "prescribing psychologist", in the practical or clinical sense.

The second major difference between these two sets of Fellows is notable in past accomplishments and the two groups' response to the work load and hours required by the program. Some of the Group A Fellows were, in their own words, over-achievers in a military system. The Group C Fellows as a group appear much more middle-of-the-road, more normal, in this respect. These differences are reflected in the attitudes expressed toward the work load and long hours; Group C was unhappy, complaining, and thought there must be a better way! Group A would comment on the work load and

be worn down by it, but they did not indicate that it was overly burdensome, and they accepted the fact that it was necessary.

The third area of difference is in the attention paid to the Fellows by the Training and Program Directors. Group A had no complaints about this, and they were a major focus of both Directors. Group C expressed great concern about their feelings of being neglected. Both groups reflected reality--Group A had both individuals in constant attendance, Group C only rarely interacts with the Program and Training Directors.

PART 4. RECOMMENDATIONS

Many of the recommendations described below have been mentioned before, as a result of the Evaluation Panel's visits with Groups A and B. They are repeated here because it is clear that many of the earlier recommendations have not been implemented.

1. Notice about the Psychopharmacology Demonstration Project should be given to psychologists in all Armed Services at the same time as notices of the other available fellowships offered.

2. If possible, and if the above occurs, Services should not discourage individuals from applying for the Psychopharmacology Demonstration Project.

3. More lead time is desirable between acceptance in the Psychopharmacology Demonstration Project and the date for reporting to begin the program. This is not only desirable to prevent family disturbances as a result of very fast decisions being made, but also, with reasonable notice of acceptance, some Fellows could possibly take some remedial science courses.

4. Faculty participating for the first time in the training/educating of Psychopharmacology Demonstration Project Fellows should be given an extensive orientation to the program's history and goals, as well as to the background of the Fellows involved.

5. Potential Fellows need a more extensive, more specific, orientation to the Program's Goals, Methods, and Requirements. No policy should be stated only at the verbal level. Written policies are essential, since some things are believed to have been stated, but they have not been heard.

6. Better planning and organization are needed so that classes don't conflict with each other and books, equipment, and space are available when needed.

7. It is essential that the Training Director have an office and be at USUHS at least 25-30% time. Colonel Oleshansky must be kept from becoming a full time staff clinical training person for either Group B or Group C. The program appears to need at this time an available on-site person as a problem solver and support person. This should be Colonel Oleshansky.

8. LTC Tamayo's role with the Fellows needs clearer structure.

9. The Training Director needs to develop a desensitization program for new Fellows with respect to the medical aspects of the program. This should start by introducing them to the human body, and gradually guide them toward becoming comfortable touching bodies--both live and dead--particularly as needed in order to perform a complete physical exam. Failure to appreciate the seriousness of a reluctance to touch, which for sound reasons is common among clinical psychologists, was a major error by everyone, including the Evaluation Panel.

10. The Evaluation Panel appreciates that there are variations in all situations, but strongly recommends that no one be accepted into the Psychopharmacology Demonstration Project who does not very strongly desire to be an actual prescribing psychologist as their primary goal.

11. A strong recommendation is that no more Fellows be enrolled in the Psychopharmacology Demonstration Project who do not have several basic science courses in their backgrounds, especially including biology and chemistry.

12. Fellows--in this or other groups--should not be placed in courses where their "fellow students" have significantly more course-specific information.

13. The use of Graduate School of Nursing faculty and courses should be seriously reviewed with respect to the Psychopharmacology Demonstration Project program. There are many reasons for this--from the effect on the self-esteem of the Fellows to the way it is seen by the "world". Medical students in many ways are more equal peers in terms of educational and training aims than Graduate Nursing School students. Additionally, School of Medicine courses are much more credible than School of Nursing courses

when one is training individuals to prescribe medications in a group without prior medical background.

14. In no case should Fellows be graded in a course in any way other than in comparison with all other students in the course. No other grading procedure is acceptable in the view of the Evaluation Panel. To do this is degrading to the Fellows. This recommendation should not have to be made again, since it has been made several times previously.

PART 5. GENERAL SUMMARY COMMENT

The third version of the Psychopharmacology Demonstration Project appears to represent a step backward. This impression applies to the selection, preparation, and orientation of the Group C Fellows, as well as to the design and implementation of the didactic curriculum. There are probably several reasons for this, and perhaps no one can be held accountable, but some comments must be made.

Unless these following general issues are satisfactorily addressed, this Evaluation Panel strongly advises against the start of a new class.

1. No Fellow should be solicited or accepted who does not have as his/her primary motivation the desire to become an independent prescriber of psychotropic medications. This is probably as important to the success of the Psychopharmacology Demonstration Project as is the need for Fellows to have some background in biology and chemistry before entering the program.

2. The program itself, in all of its aspects--orientation, courses, course content, sequencing, planning--needs to be organized much better than is evident from the experiences during this year. The Training Director needs to perform as an organized, experienced, psychopharmacologically experienced, clinician who is able to work as a teacher, a confidant, a problem solver, and an advocate for the Fellows and the Psychopharmacology Demonstration Project.

3. The curriculum needs to be thought through again, and more thoroughly, working backwards from a final scope of practice and formulary. Until the scope of practice is known, there can be no fine-tuned curriculum developed. The question of whether or not the Fellows must do physical exams is the most obvious example of an unknown

factor in the scope of practice. The problem of not using regular medical school courses or well designed special courses is that there can be no assurance that the Fellows will be prepared to safely and effectively write prescriptions.

4. The Evaluation Panel appreciates that the program does not have unanimous support in any area, and indeed, has much active hostile opposition. Some guild issues involved may never disappear. The Evaluation Panel believes, however, that a well organized, structured, thought-through, approach to the selection of Fellows and to the design of the courses would go far to increase support, decrease hostility, and reduce the impact of guild issues. We believe considerable progress in this respect was made with the first two variations of the Project. We think immediate attention to the recommendations in this report can help minimize the undoing of the earlier advances.

The Evaluation Panel wishes to thank the involved faculty of USUHS for their continued involvement and support, and the Fellows for their participation in the program. As always, the Evaluation Panel appreciates the assistance of Drs. Grill, Oleshansky and Tamayo.

A masters degree designed by psychologis[ts]
is not relevant to the practice of
medicine.

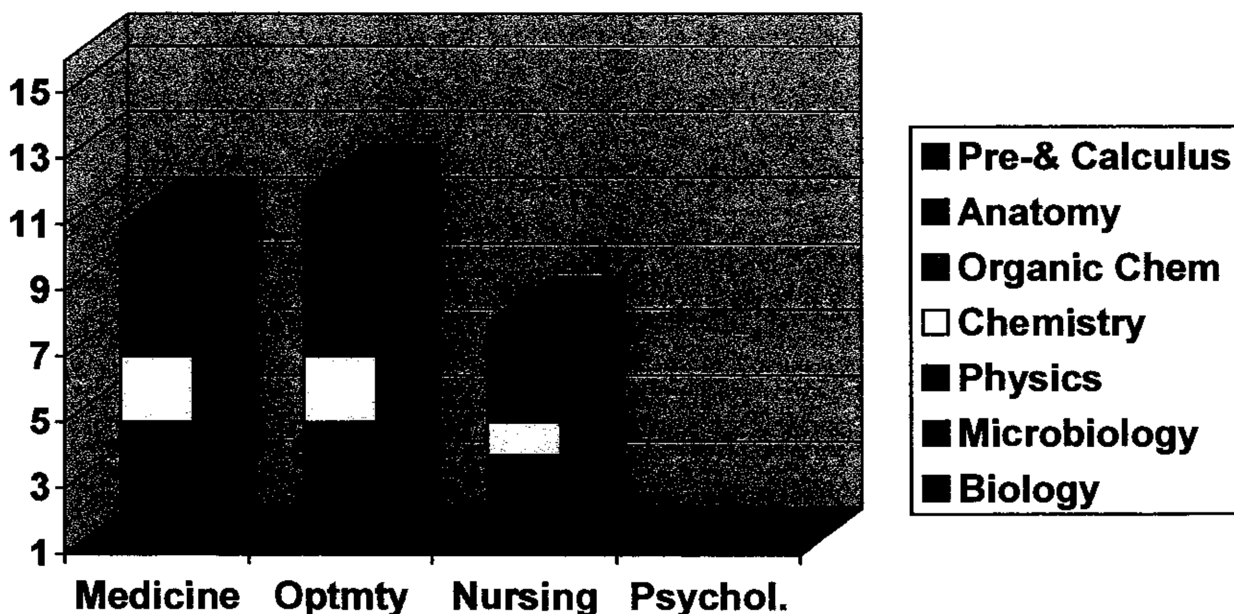
The American Psychological Association
is not qualified to establish education
standards for the practice of medicine

Scope of Practice

Important discussions are being held about where to draw the line on expansion of scope of practice. Do we depart from a medical model of training and forego safety considerations on a bet that maybe if we have more prescribers we will be able to treat more people? Or do we examine our medical delivery system to make it more responsive? The United States gave up unregulated medicine in the 1920s in order to maintain a certain standard of healthcare. Can we do better to ensure all persons are insured and receiving services? Probably yes. As we proceed, one quality standard we maintain is that medical providers are trained in a medical model from undergraduate through doctoral programs. These are our physicians, dentists, oral surgeons, nurses, and optometrists. All these members of the medical profession have been trained at nationally standardized and accredited institutions **and in a medical model.**

Beginning in 1989, psychologists have been seeking to obtain legislative approval to prescribe dangerous and powerful medications. Their bid has been continuously rejected for sound reasons. Nurses and optometrists have been able to receive prescriptive authority based on the strength of their training. Psychologists have been repeatedly advised to standardize and accredit psychology schools and require an undergraduate through graduate school curriculum containing adequate components of a medical model. They have chosen instead to propose abbreviated training programs. The psychologists come back year after year with adjustments to the courses they take and titles of the classes they attend but WITHOUT the substantial change to their underlying and graduate curriculums to reflect needed training. Failing that, we do not and will not support psychologists requesting prescriptive privileges without adequate training.

UNDERGRADUATE CURRICULUM DIFFERENCES–
John A. Burns School of Medical, UH Nursing, Michigan Optometry and Hawaii's Argosy School of Psychology



To: Representative Della Au Belatti, Chair, House Committee on Health

Representative Richard Creagan, Vice Chair, House Committee on Health

February 18, 2015

Re: HB 1072 Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Aloha Representative Belatti:

I am a medical doctor specializing in psychiatry & have been working on Maui & also seeing keiki in Kona for the past several years since I finished my 13 years of training & moved back home to Maui. I'm very concerned about the lack of safety in HB 1072 which would allow psychologists with no medical background to do just 1 year of clinical training on at least 100 patients & then prescribe all the same medications I do.

That means they can prescribe addicting substances like desoxyn (methamphetamine), amphetamine salts, valium, and xanax with minimal training & supervision & no restrictions. I recently had a patient with addiction problems who's therapist told them they should ask to get on valium & the valium could be deadly along with the patient's other medications—they don't know what they don't know. I had to do 2 years of extra training to specialize in child psychiatry, but they have no special training in this bill & could treat kids, adults, & elderly with this minimal training.

If your parent or child had a heart condition, would you want them to see the heart monitor tech who got a little extra training just because there's not enough cardiologists? I don't think so. Let's do what is pono & protect patient safety.

Please support patient safety & vote NO on HB 1072!

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 10:55 PM
To:	HLTtestimony
Cc:	lori.karan@gmail.com
Subject:	*Submitted testimony for HB1072 on Feb 18, 2015 14:30PM*

HB1072
Submitted on: 2/17/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lori Karan, MD	Individual	Oppose	No

Comments:

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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From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 3:24 PM
To:	HLTtestimony
Cc:	hawaiidiver@hotmail.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM
Attachments:	testimony_HB1072.docx

HB1072
Submitted on: 2/17/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Julienne Aulwes, M.D.	Individual	Oppose	No

Comments:

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As an outpatient psychiatrist who's been in practice for almost 4 years on Oahu, I agree there is an access problem to psychiatric care all across the islands of Hawaii, but allowing psychologists to prescribe psychotropic medications to a limited age group will not help address this issue. It took me 4 years of medical school to learn the anatomy of the human body and the complexities of how medications interact with the body and with other medications. A few semesters of training is not enough to fully grasp the field of psychopharmacology and can lead to lethal mistakes.

Instead, existing primary care physicians who are caring for these Hawaii residents can be empowered in various ways to treat mental illness, whether or be through continuing medical education or consultation with a psychiatrist through tele-behavioral health.

Please vote NO on HB 1072.

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 17, 2015 5:48 AM
To:	HLTtestimony
Cc:	debbie@behavioralhealthhawaii.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/17/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Debbie Bayer	Individual	Comments Only	No

Comments: I have an Outpatient substance abuse facility on Maui. I regularly have situations where my patients need medications immediately and are unable to see a Psychiatrist for weeks. Our emergency room regularly sends people away who need detox. We need the ability to provide ambulatory detox which requires a great deal of care and understanding of what is appropriate. Currently they leave the ER with enough benzodiazipine drugs to overdose if they so desire. They have no taper schedule and are told to see their MD who most of the time don't understand how to detox someone. This is a no brainer, please help.

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From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 16, 2015 12:54 PM
To:	HLTtestimony
Cc:	hwanddw@aol.com
Subject:	Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
David	Individual	Comments Only	No

Comments: My name is Dr. David Wittenberg. I help coordinate and manage services for the Accessline, which is known as the Crisis Line. We have tremendous difficulties finding a prescriber for our Maui Mental health needs. Sometimes, consumers/clients take their lives because there was not adequate access to care. We need more prescriptive authority on Maui for the good of our community. Psychologists are uniquely prepared to perform these functions and do them well in other states. Please pass this bill! It is important to the mental health community. Mahalo, Dr. David Wittenberg

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 2:27 PM
To: HLTtestimony
Cc: michellekytlica@gmail.com
Subject: Submitted testimony for HB1072 on Feb 18, 2015 14:30PM

HB1072
Submitted on: 2/16/2015
Testimony for HLT/CPC on Feb 18, 2015 14:30PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Kytlica	Individual	Comments Only	No

Comments: I support bill HB1072.

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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Inspiring Hope, Changing Lives

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

HOUSE COMMITTEE ON HEALTH
Representative Della Au Bellatti, Chair
Representative Richard P. Creagan, Vice Chair

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair

NOTICE OF HEARING
Wednesday, February 18, 2015 at 2:30 PM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

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

Thank you for the opportunity to provide testimony **in strong support** of HB 1072. This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaiʻi Law. I am Brandee Menino, CEO of Hope Services Hawaii, a non-profit organization based on Hawaii Island and lead provider agency addressing homelessness through a continuum of programs including Homeless Outreach, Emergency Shelter, Transitional Housing and Affordable Housing for low income families with over a 600 bed capacity at any given night at 10 facilities. I am also a member of the Mayor's Taskforce to ending homelessness, and Community Alliance Partners - Hawaii County's Continuum of Care group.

In 2014, new clients of Hawaii County's Homeless Outreach and Shelter programs represented the majority (60%) of homeless clients served. About 48% of Hawaii County's households experiencing homelessness are single individuals and many with co-occurring disorders, mental health complexities compounded with poor health. Mental health needs far outweigh present capacity of our health care system in Hawaii County. 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.

Hawaii County has the highest proportion of chronically homeless clients at 34% (437 persons) in 2014. Chronically homeless individuals is defined as adults who have a disabling health or mental health condition AND who have been continuously homeless for a year or more *or* experienced at least four homeless episodes in the past three years. Affordable housing paired with case management and support services consistently report high success rates of keeping residents in permanent housing for the long term. Housing paired with services is key to maintain residential stability. Access to mental health treatment is critical to the success of persons struggling with mental health disabilities. Please contact me directly at (808) 933-6013 or bmenino@hopeserviceshawaii.org if you have any questions.

Aloha,

my name is Jamie Gallo Lee and I am a full time resident in the State of Hawaii. I urge you to work hard in passing the HB 1072 bill relating to prescriptive authority for certain psychologists. that will be held TODAY at 2:30

I have two (2) separate testimonies that are equally relevant

FIrst.
I am a mother of 4 and have had been an advocate of those with a history of mental illness including family members. Suicide, drug addiction, and imprisonment has been in part the result in not receiving timely diagnosis and medical treatment. Stigma, keeps these fine people from keeping their long awaited appointments and they self medicate in between. Recovery is a lifetime commitment for those with severe mental illness They are in need of collective support, not just an appointment twice a year (if that) with a overbooked psychiatrist .
My Niece struck with Bi polar and personality disorder had a 2 month wait for her appointment. . She ultimately "self medicated" prior to that appointment and missed that appointment. We finally got her in 6 months later. We were on this roller coaster for 3 years. Her therapist sees her on a regular basis but she has only seen the psychiatrist once and the medication prescribed needed adjusting. Her experience has been heartbreaking and she is now homeless and feels hopeless. With this bill passed, certain psychologists will be able to care FULLY for their patients with severe mental illness . This bill will help individuals like Jenifer Kong, get the help they need in a timely manner that they do not fall through the cracks and spiral to a place of recklessness and despair.

Second.
I was in love with a man with severe mental illness (bi-polar) He receives assistance for his disability. I witnessed and experienced with him his "Psychosis" where I needed to fly him to O'ahu for medical treatment. He was fearful of being "drugged " up again so we reached out to Queens psychiatric ward.
Upon his return, two weeks later he was less than himself. Drooling, tired, did not speak much at all. He was unable to work or do normal things like smile. His medication took his life away. We tried to get an appointment with a psychiatrist but the wait was a painfully long wait. He then decided to stop taking certain medication and find his own balance. This was not the solution but at least he had some life in him. He continued to experience symptoms which caused us both tremendous strain. His will is amazing and he is determined to live a life of recovery. He is NOT a typical mental health consumer, but is a voice for those who can't speak for themselves. I believe proper balance with medication, psychotherapy and community support will help many like Don and Jenifer live productive and happy lives.

Don Lane is a advocate for those who can't speak for various reasons including self stigma. He also has been employed by Mental Health Kokua as a media specialist so is fortunate in having proper care at his fingertips . His story is unique. He will testify personally today. Listen to him.

I have read this bill in its entirety and it is a good bill.

HB 1072 Allows "certain" psychologist to obtain proper credentials to assist their patients in their recovery. Please Fight for the people of Hawaii who need this. We can do this together on person at a time.

With gratitude I say Thank you.

Jamie Gallo Lee

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