



Monday March 28, 2016

2:16 PM.

Capitol Rm. 329

To: HOUSE COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Richard Creagan, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES
Rep. Dee Morikawa, Chair
Rep. Bertrand Kobayashi, Vice Chair

From: Hawaii Medical Association
Dr. Scott McCaffrey, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ronald Kienitz, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HCR 165 - REQUESTING THE UNIVERSITY OF HAWAII BOARD OF REGENTS TO ANALYZE THE VALIDITY, EFFECTIVENESS, AND ETHICAL STANDARDS OF THE PSYCHOPHARMACOLOGY PROGRAM OFFERED AT THE UNIVERSITY OF HAWAII AT HILO DANIEL K. INOUE COLLEGE OF PHARMACY.

IN SUPPORT

The Hawaii Medical Association has significant concerns regarding the adequacy and integrity of the UH School of Pharmacy program on psychopharmacology for psychology prescriptive authority in regard to pre-requisite training, completeness of curriculum, and post-graduate evaluation. We strongly feel that the UH Board of Regents should conduct a thorough review of the program as it currently exists as an entry-level training program for into legal prescriptive authority for non-physician providers.

Thank you for allowing open testimony on this issue.

OFFICERS

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 3:27 AM
To: HLTtestimony
Cc: blawaiianlvr@icloud.com
Subject: Submitted testimony for HCR165 on Mar 28, 2016 14:16PM

HCR165

Submitted on: 3/28/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
De MONT R. D. CONNER	Ho'omana Pono, LLC.	Support	Yes

Comments: We STRONGLY SUPPORT this common sense resolution.

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: Sunday, March 27, 2016 9:22 PM
To: HLTtestimony
Cc: Hawaiiiver@hotmail.com
Subject: Submitted testimony for HCR165 on Mar 28, 2016 14:16PM

HCR165

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Julienne Aulwes, M.D.	Hawaii Psychiatric Medical Association	Support	No

Comments: On behalf of HPMA, I am very much in support of the proposed HCR 165 in hopes it will shed some much-needed light on whether or not the MSCP program can provide its graduates with the required background to prescribe powerful drugs to patients with mental illness in a way that is safe. No one disagrees that we need to find a way to help our mental health patients find good care but we need to do so in a manner that does no harm. We need facts upon which to make a good decision and this study is the way to get those answers. Please pass HCR165/HR 115 so we can end the longstanding debate and get to some real solutions.

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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Hawai'i Psychological Association

For a Healthy Hawai'i

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TO: **COMMITTEE ON HEALTH**
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

COMMITTEE ON HUMAN SERVICES
Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

FROM: **Raymond A. Folen, Ph.D., ABPP**
Executive Director
Hawaii Psychological Association

RE: **TESTIMONY IN OPPOSITION OF HCR 165 / HR 115**
REQUESTING THE UNIVERSITY OF HAWAII BOARD OF REGENTS TO
ANALYZE THE VALIDITY, EFFECTIVENESS, AND ETHICAL STANDARDS
OF THE PSYCHOPHARMACOLOGY PROGRAM OFFERED AT THE
UNIVERSITY OF HAWAII AT HILO DANIEL K. INOUE COLLEGE OF
PHARMACY

Honorable Chairs, Vice-Chairs and members of the Committee on Health and the Committee on Human Services, my name is Dr. Raymond Folen and I am the Executive Director of the Hawaii Psychological Association. I am a licensed psychologist and I have been providing mental health services in Hawaii for 37 years.

It is the opinion of the Hawaii Psychological Association that HCR165/HR115 is an attempt to undermine HR1072, a bill currently in the legislature that will allow properly trained psychologists to prescribe certain medications to treat mental disorders. As such, HCR165/HR115 contains a number of statements that are distortions of truth.

The resolution asserts that psychologists receive inadequate training to prescribe psychotropic medications. In truth, appropriately trained psychologists have prescribed safely and effectively for more than 20 years. There have been no complaints filed against prescribing psychologists, no lawsuits, and the cost of liability insurance for prescribing psychologists remains significantly less than that paid by a prescribing psychiatrist. I can assure you that the opposition has left no stone unturned in their efforts to find any hint of negative information about prescribing psychologists. To their great dismay, they have nothing to support their false assertions.

The resolution asserts that psychologists are not trained to screen for physical disorders that can manifest themselves as mental health symptoms. Clinical psychologists receive training in their doctoral programs to appropriately refer patients for further medical evaluation when indicated. Prescribing psychologists receive additional training in this area. There is no evidence of a single complaint or lawsuit filed against a psychologist for misidentifying a physical illness.

The resolution asserts that psychologists lack the training to evaluate and manage medication side effects and complex medication interactions. That is not accurate. Psychologists with the required advanced psychopharmacology degree are trained to manage medication side effects and interactions.

The resolution states that prescriptive authority for psychologists has not solved the mental health needs of rural communities. No one is presenting prescriptive authority for psychologists as the total solution for the mental health care disparities found in underserved communities. It is, however, one effective way to help improve access to mental health services. Prescribing psychologists in New Mexico and Louisiana, for example, are in fact providing needed services in rural communities.

There is a statement in the resolution that speaks of collusion between the American Psychological Association and the military/CIA to support torture. It is a claim that is in great dispute and it is irrelevant to this resolution. There is also a reference to a lawsuit against APA, the real substance of which, again, has absolutely nothing to do with prescriptive authority for psychologists.

While noting the number of times that bills pertaining to prescriptive authority for psychologists did not pass, the resolution fails to acknowledge passage of the bill through both houses of the Legislature in 2007. It should also be noted that, despite strong community support, progress has always been blocked by organized psychiatry and organized medicine.

The statement asserting that “free-standing professional schools” are “diploma mills” is highly insulting and simply inaccurate. Any school that has achieved APA-accreditation has been thoroughly vetted and found to provide quality training.

The resolution is correct in stating that 47 states do not currently authorize psychologists to prescribe. The resolution should also note that 21 states have similar legislative initiatives in place to address the widespread shortage of psychiatrists in unserved and underserved areas. Again, it is due to opposition from organized psychiatry and organized medicine that these initiatives have not yet achieved success. Tens of thousands of individuals suffer needlessly from mental disorders because they are not receiving the proper treatment and medications they need.

HB1072 provides the State with a demonstrated safe, no-cost, effective means to treat those in our unserved and underserved communities. It has the support of our communities, mental health organizations, mayors, prosecuting attorneys, Department of Health and our communities. HCR165/HR115 is, in the opinion of the Hawaii Psychological Association, simply an effort to derail this urgently needed initiative. The University of Hawaii at Hilo College of Pharmacy is fully accredited and certified. They have been vetted by the experts and have been found to provide high quality training. HCR165/HR115 is a waste of time and resources.

Hawai'i Psychological Association

For a Healthy Hawai'i

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TO: COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

COMMITTEE ON HUMAN SERVICES
Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

FROM: Lesley A. Slavin, Ph.D.
President, Hawaii Psychological Association

RE: TESTIMONY IN OPPOSITION TO HCR 165 / HR 115
REQUESTING THE UNIVERSITY OF HAWAII BOARD OF REGENTS TO ANALYZE THE VALIDITY, EFFECTIVENESS, AND ETHICAL STANDARDS OF THE PSYCHOPHARMACOLOGY PROGRAM OFFERED AT THE UNIVERSITY OF HAWAII AT HILO DANIEL K. INOUE COLLEGE OF PHARMACY

Honorable Chairs, Vice-Chairs and members of the Committee on Health and the Committee on Human Services, my name is Dr. Lesley Slavin; I am a Licensed Psychologist and the current President of the Hawaii Psychological Association. I believe HCR165/HR115 is filled with misrepresentations and distortions of the facts about psychologists and our training. It represents a mean-spirited, unfair attack on the hard work of the University of Hilo Faculty members who have developed an innovative psychopharmacology program to help meet the workforce development needs of the state of Hawaii. In my opinion, HCR165/HR115 is an attempt to undermine HR1072, a bill currently in the legislature that will allow properly trained psychologists to prescribe a limited formulary of medications to treat mental disorders in collaboration with physicians and nurses.

HB1072 provides the State with a demonstrated safe, no-cost, effective means to treat those in our unserved and underserved communities. Although it is not a complete solution to our problems with access to mental health services in our underserved rural areas, Prescriptive Authority for specially trained clinical psychologists would be a helpful step toward meeting those needs. This measure has the support of our mental health organizations, mayors, prosecuting attorneys, Department of Health and our communities.

I believe HCR165/HR115 is simply an effort to derail this urgently needed initiative. The University of Hawaii at Hilo College of Pharmacy is fully accredited and certified. They have been vetted by the experts and have been found to provide high quality training. HCR165/HR115 is a waste of time and resources and an insult to the dedicated professionals at UH Hilo College of Pharmacy. I urge you to defeat this resolution.

Respectfully submitted,

Lesley Slavin

Lesley A Slavin, Ph. D.
President, Hawaii Psychological Association

D. DOUGLAS SMITH, M.D.
229 Aiokoa Street
KAILUA, HAWAII 96734

March 28, 2016 at 2:16 PM
Conference Room 329

To: HOUSE COMMITTEE ON HEALTH
Chair Della Au Belatti, Vice Chair Richard P. Creagan

From: D. Douglas Smith, M.D.

Re: HCR 165 / HR 115 - REQUESTING THE UNIVERSITY OF HAWAII BOARD OF REGENTS TO ANALYZE THE VALIDITY, EFFECTIVENESS, AND ETHICAL STANDARDS OF THE PSYCHOPHARMACOLOGY PROGRAM OFFERED AT THE UNIVERSITY OF HAWAII AT HILO DANIEL K. INOUE COLLEGE OF PHARMACY.

IN SUPPORT

I would like to thank Chair Belatti and members of the House Committee on Health, especially Vice Chair Creagan for introducing HCR165/HR115 and for the opportunity to submit comments in support of this important resolution.

I am a physician who specializes in psychiatry and have spent my career practicing in Hawaii. For over a decade, I coordinated psychopharmacology training for resident physicians while on the faculty of the JABSOM department of psychiatry.

Judy Steinman, the program administrator of the Master of Science in Clinical Psychopharmacology (MSCP) program at the University of Hawaii at Hilo College of Pharmacy, has a doctorate in neuroscience. She readily admits to having no clinical training or experience. She has been lobbying the Hawaii State legislature to pass a controversial bill to allow MSCP graduates to independently use any psychotropic drugs to treat those with mild and severe mental illness, including those who are children, teens, adults, pregnant women, elderly or medically ill. She has apparently been giving presentations throughout the state, distributing a handout/flier from University of Hawaii at Hilo (see attached) in support of this effort, and coordinating these events with the executive director of the Hawaii Psychological Association.

I attended one of Dr. Steinman's presentations on December 11, 2015 at the Hawaii State capitol December 2015. I found her to be charming and likeable on first

UNIVERSITY OF HAWAI'I AT HILO
**Master of Science in
 Clinical
 Psychopharmacology**

The University of Hawai'i at Hilo offers the Master of Science in Clinical Psychopharmacology (MSCP) through the Daniel K. Inouye College of Pharmacy (DKICP), making it the only program of its kind designed for Clinical Psychologists based on a doctorate in pharmacy curriculum. The online program allows busy professionals to listen to lectures on their own schedule with live online videochats designed to bolster the student's individual studying. This professional two year (six-semester) degree exposes the psychologist to knowledge about not only psychotropic agents but also the physiology and biochemistry needed to treat patients effectively and safely. Students learn how to treat patients using the medical model while integrating biopsychosocial approaches.



UNIVERSITY
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HILO



**Clinical
 Psychopharmacology**

Faculty members include world-renowned scientists, pharmacists and advanced practice nurses trained to prescribe medication.

Feedback from successful graduates and current students of the DKICP MSCP program includes:

"The thing that I found most helpful was that the MSCP offered me a rigorous, comprehensive training experience that included plenty of personal attention from staff and faculty. I've found that my training has allowed me to feel more confident in collaborating with other healthcare professionals and has given me the competence to safely prescribe psychotropic medication. I can't imagine that there are many, if any, other training programs that provide as much individual attention as MSCP!"

"After transferring from another Psychopharmacology program, I am so happy that I made the switch to UH. The UH Clinical Psychopharmacology program has exceeded my expectations. The program's rigorous and thorough approach is helping me to feel well prepared for prescriptive authority and providing a solid understanding of various disease states that could also affect an individual's behavioral health. Additionally, and most importantly, I appreciate the personalized attention I have received, which has made all the difference, especially in some of the more difficult subjects. I believe once I graduate, I will be a competent and confident prescribing psychologist."



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<http://pharmacy.uhh.hawaii.edu>

impression. She appeared sincere and was clearly enthusiastic and optimistic about the MSCP program. Afterwards, she asked me to provide feedback to her and the program. I took her up on this invitation, and have spent much time reviewing both information she had provided, as well as other publically available information.

What was found has raised important concerns for policy-makers to consider.

I. FACTUAL REVIEW OF MSCP CLAIMS – PART A

The following are quotes, in bold, are from a flier distributed by Dr. Steinman to our legislators and to the public. Below each stated claim is factual review and commentary based on available information.

Statement 1: “[MSCP is] the only program of its kind designed for Clinical Psychologists”

The unprecedented nature of this program calls for greater scrutiny, due diligence and skepticism on the part of responsible officials at the University of Hawaii and of those entrusted with protecting consumer health, including the health and safety of our most vulnerable citizens. Responsible officials should examine this carefully and objectively.

Statement 2: “[MSCP is] based on a doctorate in pharmacy curriculum”

In fact, the MSCP at the College of Pharmacy (33 semester-hours) is hardly comparable to the doctor of pharmacy program (137 semester-hours). For example, MSCP psychologists are inexplicably exempted from all of the common basic science requirements even though, unlike the pharmacists, they are being trained to independently treat people with drugs. The following courses (36 semester-hours) are required for all College of Pharmacy students (bachelors, masters, doctorate) EXCEPT for psychologists in the MSCP program:

	<u>Semester-hours</u>
<i>General Biology I & II for Science Majors with Labs</i>	8
<i>Microbiology with Labs</i>	4
<i>General Chemistry I & II for Science Majors with Labs</i>	8
<i>Organic Chemistry I & II for Science Majors with Labs</i>	8
<i>Human Anatomy & Physiology I & II with Labs</i>	<u>8</u>
<i>Total Semester-hours</i>	<i>36</i>

The doctor of pharmacy program requires 173 credit hours (137 + 36) of biomedical instruction. The “rigor” of the MSCP curriculum is not comparable, with only 33 credit hours and without any prerequisite coursework.

The MSCP program would not meet the Accreditation Council for Pharmacy Education (ACPE) standards, particularly standard 17 (Admission Criteria, Policies, and Procedures), standard 10 (Curriculum Design, Delivery, and Oversight) and standard 12 (Pre-Advanced Pharmacy Practice Experience):

- *The preprofessional educational requirements for admission to the professional degree program (not less than two academic years or the equivalent of college-level course work prior to the four academic years required by these standards) should provide basic sciences, such as general chemistry, organic chemistry, biological sciences (with a focus on human processes and diseases), mathematics, information and communication technologies, and physical sciences (17.1).*
- *The professional curriculum is a minimum of four academic years of full-time study or the equivalent (10.1).*
- *Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice (10.3).*
- *The didactic portion of the curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1, Required Elements of the Didactic Doctor of Pharmacy Curriculum). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (12.1).*
- *The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I (10.4).*
- *All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities (10.6).*
- *Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (10.7).*

Statement 3: “The online program allows busy professionals to listen to lectures on their own schedule with live online videochats designed to bolster the student's individual studying.”

Listening to recorded lectures as the primary teaching method is another way in which the MSCP deviates from the instruction received by all other students at the College of Pharmacy. The MSCP's weekly “video-chats” are separate from the lectures,

and do not include the faculty giving the lectures. Given that nearly all of its instruction involved pre-recorded distance education, the MSCP program would not meet the standards of the American Psychological Association Commission on Accreditation (APA-CoA) - the national accrediting authority for professional education, training and competency in traditional and specialty practice areas of psychology. According to APA-CoA policies, procedures and guidelines for internship and postdoctoral residency programs, training programs should include no more than 50% online-distance education.

Given that the didactic training of only 5 ½ credit hours per semester utilizes mainly online teaching methods with a recorded lecture format, the MSCP program appears to be designed less for the health and well being of mental health consumers than for the convenience and ease of the psychologists. MSCP program applicants are told, “As a distance learning online program, we offer flexible scheduling to ensure that your education does not impair your current work schedule.”

Statement 4: “This professional two year (six-semester) degree...”

This statement suggests that U.H. students who complete the MSCP program have received two years of full-time study. At her presentation to the Hawaii Senate mental health task force, Dr. Steinman was asked if the program is full-time or part-time, and she replied that it is “full-time”. APA-CoA standards require that all other post-graduate psychology residency/fellowship programs provide only full-time study.

In fact, the total of 33 credit hours over 6 semesters averages less than a 1/3 time student schedule. The MSCP is equivalent to a one year, two semester graduate program. As a comparison, nursing students enrolled in the U.H. Hilo Bachelor of Science in Nursing program (BSN) receive 30 semester credit hours of study per year.

In terms of the psychologist prescribing legislation being sought by Dr. Steinman, it is notable that numerous psychologists in Hawaii received training at the now defunct Argosy University MSCP program, and that its curriculum offered graduates a little as 22 semester credit hours total.

Statement 5: “[MSCP] exposes the psychologist to knowledge about not only psychotropic agents but also the physiology and biochemistry needed to treat patients effectively and safely.”

As has been pointed out, MSCP students are not required to have completed ANY of the standard courses or labs for science majors. They are only provided 6 semester-hours of recorded lectures on biochemistry, as opposed to the standard 2 years of general and organic chemistry (16 semester-hours) and biochemistry (5 semester-hours) required for other students at the College of Pharmacy. They are also “exposed” to a 3 semester-hour taped class that combines microbiology and human anatomy & physiology, material that normally spans 24 semester-hours for all other students at the College of Pharmacy.

There is no evidence that the criteria used by the MSCP program to select applicants ensures that its graduate students are sufficiently gifted or exceptionally qualified to allow them to safely bypass so much of the standard biomedical science coursework. In fact, Dr. Steinman told task force members her students are often "scared by biochemistry".

While the MSCP program “exposes” its students to physiology and biochemistry, it does not appear to ensure the solid foundation in these critical knowledge areas required for the proper study and comprehension of pathophysiology and pharmacology.

Statement 6: “Students learn how to treat patients using the medical model while integrating biopsychosocial approaches.”

The established model for medical training and practice in the United States and elsewhere does not involve omitting critical substantive areas of biomedical knowledge, let alone cutting corners on the quality of instruction methods or faculty qualifications.

Statement 7: “Faculty members include world-renowned scientists, pharmacists and advanced practice nurses trained to prescribe medication.”

The MSCP program’s first director was a pharmacist with no experience treating patients with psychiatric drugs, or even on the pharmacy aspects of psychiatric drugs. This is also the case for the new MSCP program director, Supakit Wongwiwatthanakut,

PharmD. It is notable that after transferring from the U.H. Cancer Center to the School of Pharmacy, Dr. Wongwiwatthanakit designed a curriculum for pharmacy students to treat animals. As he described this, “The curriculum was designed to expose students to a veterinary clinical setting.”

The basic science portion of the MSCP curriculum is not taught by qualified faculty with relevant expertise in these respective fields. Chemistry material is not taught by chemists. Biology material is not taught by biologists. This does not even meet community college standards.

According to current program listings, the only MSCP faculty who are trained to prescribe medications are Allen Novak, APRN-Rx and Kristine McCoy, MD, a family doctor. Both are listed as “guest lecturers”.

The MSCP program has no clinical training sites or other faculty to provide clinical supervision. MSCP psychologists are required to find their own clinical training sites and volunteer supervisors. Generally this means a primary care doctors at a community health center. It is notable that while Dr. Steinman and others have advocated for psychologist prescribing by insisting that primary care doctors are not qualified to prescribe these drugs properly, the MSCP relies on these same doctors to supervise trainees in their proper use.

Given that the program’s mission is to train psychologists to safely, effectively and independently use any psychotropic drugs to treat any person with mild or severe mental illness (including children, teens, adults, pregnant women, the elderly and the medically ill), the MSCP program does not meet reasonable faculty standards, let alone “world-renoun”.

The APA-CoA standard C1 for post-graduate psychology training programs (see below) requires sufficient *core faculty* with academic and applied experiences appropriate to the program’s goals and objectives, and who demonstrate substantial competence and have recognized credentials in those areas which are at the core of the program’s objectives and goals:

Domain C: Program Resources - C1. Program has an identifiable core faculty (see Implementing Regulation C-18, Core Faculty):

- *Includes a designated psychologist leader(s) with appropriate credentials and experience.*
- *Who function as an integral part of the academic unit.*
- *Sufficient in number for the necessary academic responsibilities.*
- *Have theoretical perspectives and academic/applied experiences appropriate to the program's goals and objectives.*
- *Demonstrate competence and credentials congruent with the program's goals and objectives.*
- *Are available and function as role models for students.*

In light of these facts, it appears misleading and non-objective to have described the MSCP curriculum with the terms “strong foundation”, “intensive coursework”, “rigorous”, “advanced” and “best practice”. With didactic training of only 5 ½ credit hours per semester, utilizing mainly online teaching methods with a recorded lecture format, the MSCP program appears to be designed less for the health and well being of mental health consumers than for the convenience and ease of the psychologists.

Perhaps the most authentic statement MSCP program makes to its applicants is that, “As a distance learning online program, we offer flexible scheduling to ensure that your education does not impair your current work schedule.”

II. FACTUAL REVIEW OF MSCP CLAIMS – PART B

I shared these concerns in a letter to Dr. Steinman in early January, in an effort to further clarify whether or not the MSCP program at the U.H. College of pharmacy provides adequate training to meet its goal of ensuring that its graduates are able to safely and effectively treat people with mental illness with psychotropic drugs, and about the overall value/risk of the program to the university and our community. She acknowledged reviewing the letter, again showed sincerity and desire to improve access to care. She did not dispute the factual basis for my concerns, but made the following four main points:

a) The MSCP curriculum should not be compared to other types of programs: Dr. Steinman expressed conviction that the program's curriculum is adequate for its goal, and that it is unfair to compare the MSCP curriculum to those for other types of professionals who independently prescribe psychotropic drugs to treat people with mental illness. She said this was because, "We are training people who already have a doctorate in psychology."

b) The accelerated MSCP curriculum is reasonable: In response to concerns about limited time MSCP students are allowed to cover the prerequisite and preclinical material, Dr. Steinman responded, "What would you say if I told you I could cover all the prerequisites in 3 months? Tell me the topics, I can show we cover them."

c) The MSCP has been endorsed by the American Psychological Association (APA), and other program standards are irrelevant: Dr. Steinman pointed out that the quality and integrity of the program is established by virtue of having received APA "designation", and insisted that it is inappropriate to compare it to the established curriculum and training standards for physicians, pharmacists, or even for other graduate psychology training programs. She said, "We are not training pharmacists or physicians."

d) Aside from the program's stated goal, it has other value: Dr. Steinman mentioned that other professionals (advanced practice nurses and primary care physicians) were eager to receive psychopharmacology training at U.H. Hilo. She also mentioned an anecdotal case of a psychologist who had psychopharmacology training and collaborated with physicians was highly valued, even though the psychologist was not allowed to prescribe medication.

The following is a factual review and commentary for this second round of claims about the MSCP program, based on available information. This review generated a

further twenty-seven substantial concerns about the adequacy of the MSCP program, and the risk it poses to patients and to the University.

Claim (a): The MSCP curriculum should not be compared to other types of programs:

1. In fact, the broad scope of practice being proposed is nearly equivalent to that of psychiatric physicians. All agree that psychiatric drugs are no less complex and no less risky when prescribed by a psychologist than by others. Once they are in someone's body, the chemicals will do what they do.

2. Since there is nothing special about being a psychologist that reduces the biomedical complexity or the risks involved in treating patients with drugs, MSCP students need to master an equivalent breadth and depth of basic science, preclinical and clinical information as other clinical professions that involve understanding and expertise in the safe and effective use of prescription drugs to treat mental illness.

“The objective of the MSCP program is to provide a rigorous, advanced education in clinical psychopharmacology to licensed, doctoral-level, practicing psychologists to enable them to safely and effectively prescribe medications for their patients.” - Proposal for MS Program in Clinical Psychopharmacology to the U.H. BOR, May 13, 2011

3. In fact, the University of Hawaii operates training programs for such clinical professions (clinical pharmacists, physicians and advanced practice nurses) all of which require graduates to have mastered significant breadth and depth basic science, preclinical and clinical information before they are considered qualified to independently treat patients with prescription medications. To disregard the curriculum and training standards for such programs in the oversight of the unprecedented MSCP program could open the university to charges of negligence, recklessness or bad faith.

4. In fact, no other pharmacy school in the country has a similar program. The U.H. MSCP is indeed a pilot program.

5. These concerns are not addressed by Dr. Steinman's point that, “We are training people who already have a doctorate in psychology.” It takes 4 years undergrad, 5-7 years graduate school, and at least 2 years of supervised practice (not counting

practicums) to be qualified to provide relatively low-risk psychological testing and talk therapy. In fact, these rigorous requirements for a doctorate in psychology undercut the conclusion that MSCP curriculum is adequate. If these social science-based psychology training programs have to meet decent accreditation standards for faculty and supervisor qualifications and for teaching methods, then why should it only take one year (22-33 semester hours) of online study of biomedical science with unqualified faculty in order to treat patients with high-risk medications?

YYYYYYYYYYYYYY = 12 years of higher quality social science education and training to provide psychological testing and talk therapy.

y = 1 year of lower quality biomedical science education and training for psychologists to treat patients with risky chemicals (proposed).

Claim (b): The accelerated MSCP curriculum is reasonable:

6. Basic Science: The MSCP program does not require applicants to demonstrate passing grades in any of the usual prerequisite courses or labs in basic foundational sciences (general chemistry, organic chemistry, physics, general biology, human anatomy and physiology), and instead claims to provide students with an equivalent basic science education in a fraction of the time. Not only are MSCP students required to learn crucial prerequisite material in foundational sciences at an accelerated pace, but unlike other U.H. students, this material is apparently taught by faculty who are not qualified in these respective fields of science.

7. Pre-Clinical Science: The MSCP program also allows much less time for students to cover the preclinical coursework in medical sciences (biochemistry, pathophysiology, genetics, microbiology, pharmacology) compared to other clinical professions that involve understanding and expertise in the safe and effective use of prescription drugs to treat mental illness.

8. MSCP vs Other U.H. Programs: The University of Hawaii operates training programs for other advanced clinical professions (clinical pharmacists, physicians, registered nurses and advanced practice nurses) all of which require graduates to have mastered significant breadth and depth of basic science and preclinical information

Dr. Steinman the program director has publically stated that MSCP students are often “scared by biochemistry”.

12. In fact, the MSCP program relies on videotaped lectures as the primary instructional method.

13. In fact, the MSCP program lacks sufficient numbers of clinical faculty who have adequate education, advanced training and clinical expertise and appropriate licensure in the safe and effective use of psychotropic medications.

Claim (c): The MSCP has been endorsed by the American Psychological Association (APA), and other program standards are irrelevant:

14. In fact, the APA process for "designation" of programs like the MSCP is unprecedented, and is carried out separately from the APA Council on Accreditation.

15. In fact, the APA standards for “designation” are extremely lax compared to those for the accreditation of all other graduate psychology training programs. It does not appear that the MSCP would meet the usual APA accreditation standards.

16. In fact, the MSCP program itself was approved and established at the urging of Pat DeLeon, leader of the American Psychological Association. In doing so, a distorted description of the program was presented to the university board of regents (BOR):

“The MSCP program curriculum is a rigorous one, challenging highly trained specialists in clinical psychology to gain mastery of the complex field of psychotropic medication and its application in therapeutic settings over the course of two academic years and two summers.” - Proposal to the U.H. BOR, May 13, 2011

“The MSCP curriculum is comprised of 33 required credits. Beginning with a strong foundation in biochemistry and physiology, the curriculum for the MS degree in Psychopharmacology reflects current best practice in teaching evidence-based medication therapy management through intensive coursework in Integrated Pharmacotherapy.” - Proposal to the U.H. BOR, May 13, 2011

“The US Department of Defense established the Psycho-Pharmacology Demonstration Project (PDP) in 1991, with the aim of preparing "psychologists who, with the necessary training and supervision, could safely and effectively use psychotropic medication as one component of their military armentarium." The PDP set rigorous standards that exceeded those recommended by the American Psychological Association. The criteria established by the PDP were drafted by a

blue- ribbon panel of experts that included representatives from the American Association of Medical Colleges and the Accreditation Council for Graduate Medical Education. The proposed MSCP program is designed to bring students to levels needed to meet these standards.” - Proposal to the U.H. BOR, May 13, 2011

17. In fact, information for applicants to TAMC clinical psychology fellowship programs, 2011-2014 consistently advised psychologists considering enrolling in the MSCP program that “This commitment would amount to an estimated eight to ten hours over the regular fellowship schedule.” This commitment of only ¼ time or less over 2 years is not apparent from the MSCP proposal and presentation to the U.H. BOR in May 2011, and does not compare favorably to the DoD-PDP programs full-time commitment.

18. In fact, compared to other clinical professions that involve understanding and expertise in the safe and effective use of prescription drugs to treat mental illness, the supervised training MSCP students receive in medical/physical evaluation and in treatment of patients with drugs is brief and occurs in limited settings. Current students are responsible for locating their own clinical settings and supervisors:

“For the TAMC cohorts, the practicum courses will be offered onsite and students will perform 400 hours of clinical training over two semesters and a summer, under the direct supervision of a qualified onsite clinician. In future cohorts, students will be subject to the same hours requirement and will be responsible for identifying their own clinical training sites near their place of residence, with program staff certifying the appropriateness of the site and clinical supervisors and ensuring that program protocols and assessment requirements are met.” - Proposal to the U.H. BOR, May 13, 2011

19. In fact, the MSCP program design is not ‘rigorous’ relative to objective standards, does not ensure ‘mastery’, and does not compare favorably to an objective examination of the DoD-PDP’s selective admission process, curriculum and training content, duration, faculty qualifications, required clinical settings and limited scope of practice.

The DoD-PDP only allowed psychologists to prescribe only after a 2-3 year, full-time biomedical training program, taught and supervised by qualified medical school faculty at Walter Reed. When finished, these military psychologists were only allowed to use a limited list of the safest psychiatric drugs to treat healthy adults aged 18-65, but not children, teens, elderly, the medically-ill or the severely mentally-ill. Furthermore,

neither the MSCP program, nor the legislation being advanced in the Hawaii legislature, have the safeguards of the DoD-PDP:

- 2-3 years of quality, full-time biomedical training? DoD=yes, MSCP –no
- Qualified preclinical and clinical faculty? DoD=yes, MSCP –no
- Supervisors expert in the use of psychiatric drugs? DoD=yes, MSCP -no
- Limited to the lowest risk medications? DoD=yes, MSCP –no
- Videotaped lectures as primary teaching method? DoD=no, MSCP -yes
- Goal to treat children? DoD=no, MSCP -yes
- Goal to treat teens? DoD=no, MSCP -yes
- Goal to treat pregnant women? DoD=no, MSCP -yes
- Goal to treat elderly? DoD=no, MSCP -yes
- Goal to treat the medically-ill? DoD=no, MSCP -yes
- Goal to treat severe mental illness? DoD=no, MSCP -yes
- Does MSCP mention any of this in its materials? No.

20. Having reviewed available information, it appears clear to me that DeLeon and others have repeatedly claimed that subsequent training programs are equivalent to the DoD-PDP, have failed to objectively mention any details that accurately reflect these programs' lower standards, have instead used vague glowing terms such as "rigorous" and "mastery", and have attacked critics with ad-hominem arguments. In essence, they have misled decision-makers using a 'bait and switch' sales tactic backed up by political influence and personal prestige.

21. While a superficial case can be made that the MSCP program is "rigorous" and has achieved "designation", this claim is undermined by the many facts indicating the MSCP curriculum and training are substandard, and by recent scandals involving the integrity of the APA leaders who have championed these low training standards.

Claim (d): Aside from the program's stated goal, it has other value:

22. Undoubtedly, learning is a good thing, but the question at hand is whether or not all MSCP graduates have learned enough to independently prescribe drugs to individuals

with mental illness, as Dr. Steinman and others have advocated and recommended to our legislature.

23. Regarding the ancillary benefits of the program and leaving aside the controversy and risk of its primary mission, the question becomes whether or not this is cost effective for the University. Tripler Army Medical Center’s department of psychology fellowship program provided funding at the start of the MSCP in 2011. This was a major part of the MSCP proposal made to the UH BOR in 2011, including the required financial analysis. The program’s financial plan claimed it would quickly become financially self-sufficient based on tuition revenue from 20 students per year, combined with the curriculum and training short-cuts and limited faculty resources needed to provide videotaped lectures.

Since then, the military has ceased all support for training prescribing psychologists in the context of a national ethics scandal over military psychologists involved in psychopharmacology and prisoner/detainee abuse. As a result, the U.H. Hilo MSCP program has failed to reach its projected enrollment targets. As can be seen, instead of a projected profit of \$70 thousand per year, the program appears to be running an annual deficit of nearly \$200 thousand.

MSCP Budget Analysis

ENTER ACADEMIC YEAR (i.e., 2004-05)	2014-2015	2014-2015	2015-2016
Students & SSH	estimated	actual	actual
A. Headcount enrollment (Fall)	20	5	3
B. Annual SSH	660	115	115
Direct and Incremental Program Costs Without Fringe			
C. Instructional Cost without Fringe	196,691	196,691	196,691
C1. Number (FTE) of FT Faculty/Lecturers	2	2	2
C2. Number (FTE) of PT Lecturers			
D. Other Personnel Costs	28,122	28,122	28,122
E. Unique Program Costs	12,374	12,374	12,374
F. Total Direct and Incremental Costs	237,187	237,187	237,187
Revenue			
G. Tuition (per person)	12,918	12,918	12,918
Tuition (total)	258360	64590	38754
Tuition rate per credit	391	391	391
H. Other (TAMC contract = \$473,394)	49,229	0	0
I. Total Revenue	307,589	64,590	38,754
J. Net Cost (Revenue)	(70,402)	172,597	198,433

24. In fact, the MSCP program has only 3 students and is losing money, at a pharmacy school that is working hard to maintain accreditation and fulfill its primary mission, and at a university that is struggling with a budget shortfall and weary of scandal. In evaluating the overall “value” of the MSCP program, the question for those in charge should be, “Is the current cost to the university budget, and the risk of future harm to the university’s reputation worth any benefits the program offers?”

25. In fact, the BOR and other oversight bodies have a duty to exercise reasonable care to ensure that clinical training programs are properly accredited and that graduates truly receive adequate education and training for each program’s’ publically stated purposes (Regents Policy RP 4.205, Institutional Accountability and Performance, and Regents Policy RP 5.201, Instructional Programs).

26. In fact, since TAMC terminated its involvement in the MSCP program in 2014, it has fulfilled the primary purpose in its proposal to the U.H. BOR in May 2011 to “address the need of the US Army in Hawai’i and the Pacific region for additional clinical psychologists with prescriptive authority.” Whatever one thinks about the results, that mission has come to an end. While the partnership with TAMC had provided course design and materials, student support, clinical supervision and funding for faculty, it is unclear how these needs will be supported going forward.

27. Dr. Steinman has indicated that the MSCP program is able to go to fulfill other purposes. In fact, this eventuality was anticipated at the outset by its proponents:

“Following the completion of the contract with TAMC, the MSCP program will be made available to any student seeking a higher degree of understanding of the principles of psychotherapeutic drugs. The concentrated training of psychotherapeutic drugs achieved in a Master of Science in Clinical Psychopharmacology program is attractive to licensed psychologists outside of the Armed Forces. Psychiatric nurses also may benefit from the didactic knowledge gained from this program. Individual courses in psychopharmacology, neuroscience and pharmacotherapeutics would also be of benefit to non-matriculated students seeking a broader background in these fields.” - Proposal to the U.H. BOR, May 13, 2011

The meaning of this change in focus of the MSCP program creates greater uncertainty and raises even more questions about the adequacy of its admission process, curriculum and training content, duration, faculty qualifications, and approved clinical settings and supervisors. What are the implications for the scope of practice for these “future cohorts” of MSCP students who may or may not be psychologists? It should be noted that U.H. policy requires that “any significant change to a program once granted established status or deviations from the original intent, purpose, or design of the program shall be approved by the board.”

It appears that now is the time for the board to formally review the MSCP program and determine whether or not to grant continued approval.

III. CONCLUSIONS

Responding to Dr. Steinman’s invitation in December 2015, I have evaluated the MSCP program, and have taken the time to notify her. I appreciate for the opportunity to share these findings with concerned legislators given the urgency of the apparent misconduct and looming threat to the University of Hawaii and to public safety. I have shared these findings and encouraged Dr. Steinman to correct any mistaken facts about the MSCP program. She has done so, and I have incorporated the corrections she offered.

On review of the available facts, the information being distributed by the University of Hawaii at Hilo College of Pharmacy appears to be misleading the public and our policy makers about the MSCP program by making unsubstantiated claims and hiding its deficits and weaknesses. There is cause for concern about possible misinformation, threat to public safety and liability for the university based on five observations:

1. Despite the MSCP program’s favorable self-assessment and public pronouncements, it does not appear to ensure that graduates complete a proper biomedical curriculum as required by its high-risk mission and common sense.

2. The MSCP program does not appear to meet the instructional methods standards for graduate psychology or other U.H. graduate clinical education programs.
3. The MSCP program does not appear to meet the core faculty standards for graduate psychology or other U.H. graduate clinical education programs.
4. The MSCP program is lacking in clinical supervision at training sites since TAMC withdrew from the collaboration agreement.
5. The MSCP program does not appear to be self-supporting since TAMC withdrew its support.

These concerns could jeopardize the university's quest to one day have a top-25 pharmacy school. Action should be taken to ensure that the content and rigor of the MSCP curriculum, and the quality of its faculty, facilities, teaching methods and students, and its funding and resources are matched with the program's ambitious objectives and goals.

IV. RECOMMENDATIONS

It must be recognized that it is not my duty to properly evaluate the MSCP program and related policy considerations, nor do I have any direct responsibility to act on this matter. It is my intent to support transparency about the MSCP program, not to create further misunderstanding. Nevertheless, most of the facts presented are not in dispute. It is their meaning and interpretation that is at issue. Some are alarmed by these facts, while others are not. It is notable that supporters of the current MSCP training for psychologist prescribing have tended to gloss over these facts.

Dr. Steinman and others have testified to the legislature in favor of a proposal that would allow MSCP graduates to use any psychotropic drug to treat those with mild and severe mental illness, including those who are children, teens, pregnant women, elderly or medically ill, and have assured the public that graduates will be prepared to do so safely and effectively. I am not aware of these advocates having acknowledged that this

proposal goes far beyond the limited scope of practice of military psychologists. I am not aware of these advocates having advised legislators that the MSCP curriculum and training standards should also surpass the DoD-PDP, and if not that this could pose risks to patient health safety. In fact, these proponents for psychologist prescribing have taken the opposite position, and, by implication, so has the university. To a reasonable person, this could appear reckless.

I have concluded that the MSCP program as it stands now has serious problems, and needs more resources and restructuring. To expand the pilot program's original intent and purpose beyond the training of military psychologists, it would make sense for the university to substantially increase the MSCP budget, immediately and over the long-term, in order to improve the quantity and quality of its curriculum, instructional methods and faculty qualifications to the level of other U.H. clinical training programs with comparable purposes. I have urged Dr. Steinman to make such a proposal to the BOR.

If the university chooses not to expand or even sustain current levels of support for the MSCP pilot program, then it should consider terminating the program in an organized manner. This would minimize future risk to the university, and allow the college of pharmacy to devote its limited resources to its primary mission. Absent a major program overhaul to surpass the DoD-PDP standards, the non-selective recruitment of more students will only compound the current threat to the university.

From a risk-management perspective, it is worth considering what a dogged plaintiff's attorney in a tort case involving a psychologist with a U.H. MSCP degree would make of these troubling facts about the program. It is not reasonable to expect that these publically available facts about the MSCP program would remain hidden, and with discovery there could be even more.

While I am not a jurist, it wouldn't seem like much of a stretch to assign causation or proximate cause to the acts or omissions of the U.H. BOR, or other oversight body, if someone with a mental illness is harmed by a non-military graduate of the U.H. Hilo MSCP program who is seen as inadequately trained.

Such cases could also be supported by claims of discrimination against the mentally ill, based on U.H.'s continued endorsement of the MSCP program's low

standards compared to all other U.H. clinical training programs, and especially in light of the foreseeable fact that this would place at risk a class of patients who may be less able to advocate for themselves or to evaluate a doctor's qualifications.

Beyond liability concerns, the fact remains that failure to overhaul the MSCP program for its expanded mission would suggest that U.H. is unwilling to provide inadequate resources to a training program whose purpose is the treatment of individuals with mental illness with drugs, and is willing to lower standards at the insistence of psychologists. Maintaining the MSCP as is would raise other difficult questions:

- How would pharmacy students, nursing students and medical students feel about being required to meet standards that MSCP psychologists do not.
- Would these non-psychologists feel fortunate that they are getting a more rigorous education than MSCP students?
- Would they wonder why U.H. won't give them a professional degree without having to complete prerequisite basic science studies, without rigorous preclinical biomedical coursework, and while completing only a relatively brief 1/4 time schedule (8-10 hours per week) of online instruction and self-directed clinical work that is the equivalent of just 2-3 regular semesters?
- Would other applicants, like those trained in social work or counseling, demand admission to the MSCP program, and once graduated would they also attempt the unrestricted use of prescription drugs to treat mental illness?
- If it is adequate for psychologists, what would be the rational basis for denying them admission?
- What would be the argument that low training standards are sufficient for treating the mentally-ill, but not for other classes of patients?
- What about the treatment of cardiac patients with heart medications, or of cancer patients with chemotherapy drugs?
- The 2011 MSCP proposal to the BOR noted that just four for-profit schools of professional psychology operate programs similar to the U.H. Hilo MSCP,

including Nova Southeastern University, Argosy University, Fairleigh Dickinson University and Alliant International University. Are these the institutions of higher education that the University of Hawaii wants to be associated with?

When all of these questions are considered in light of the interests of the university, there are clear answers. The MSCP program is not a graduate program in language, philosophy, music, art or creative media, it is a clinical program that has life and death implications for our most vulnerable citizens. It will appear reckless to continue operating the MSCP program if it maintains a non-selective admission policy, if MSCP applicants are not required to have demonstrated adequate completion of standard basic science prerequisites, if MSCP students are not provided instruction in preclinical biomedical sciences equivalent to comparable programs, if MSCP students are also not provided adequate numbers of qualified clinical faculty, and if MSCP's settings for clinical training are inadequate. I think a reasonable person would conclude, "Dedicate enough resources to do it right, or don't do it at all."

If one looks into the U.H. Hilo MSCP program, it is expected that many supporters can be found who will vouch for its "rigorous curriculum", without acknowledging or even being aware of the facts and details. Others may support the program out of the sense of a desperate lack of access to psychiatric physicians, without being aware of safer and more effective options. It is worrisome that both of these groups may have been influenced by inaccurate information communicated by Dr. Steinman and others. This has been unfortunate.

In terms of improving access to safe and effective mental health services, including psychotropic drugs when indicated, there are better alternatives to the MSCP program. In fact, the time and energy that so many have devoted to this controversial proposal over the years have delayed and derailed proper attention and commitment to such alternatives. These other approaches are not divisive and are increasingly being pursued across the country. These prudent solutions do not add to the U.H. budget or place the university or its reputation at any risk. It is recommended that these approaches be pursued with vigorous commitment by policy makers, responsible officials and our state-regulated health plans.

As a tax payer, I am also concerned about the faulty budget projections on which the BOR based its initial approval of the program, and about the potential for the University to become embroiled in another indefensible lawsuit if someone is harmed by an MSCP graduate. As a clinician, former faculty of the University of Hawaii and director of the psychopharmacology training for many years at the John A. Burns School of Medicine's Department of Psychiatry, I am alarmed about the foreseeable risk posed to our most vulnerable citizens by the MSCP program's apparently inadequate standards, misleading statements and lobbying activities.

Clearly, it would be best for all concerned if those responsible for oversight act in good faith and exert caution rather than recklessness. It would be unwise to hang one's reputation and budget on the controversial APA "designation" label, or to rolling the dice and hoping nothing goes wrong and no patient is harmed by an MSCP graduate.

With passage of this resolution to request the U.H. BOR to analyze the validity, effectiveness, and ethical standards of the U.H. Hilo MSCP program, perhaps clarity of fact can be brought to the questions and concerns raised by my evaluation of the program. Much about the U.H. Hilo MSCP program is publically available to anyone who cares to look, as I have summarized here as best I can. Certainly more information will be available to those with authority who choose to look deeper, and they are likely to find that some of the information I have provided is wrong or incomplete. It would be surprising if such inadvertent errors or omissions would significantly alter the overall conclusions.

Thank you for your consideration of these observations, concerns and recommendations. If I can be of further help in these matters, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "D. Douglas Smith".

D. Douglas Smith, M.D.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 2:07 PM
To: HLTtestimony
Cc: NguL@dop.hawaii.edu
Subject: Submitted testimony for HCR165 on Mar 28, 2016 14:16PM

HCR165

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Nguyen MD	Individual	Support	No

Comments: Please pass HCR165/HR115. I support investigation into the validity of this abbreviated training that would allow non-medically trained individuals the ability to prescribe powerful psychotropic medications to those seeking appropriate treatment. This program is very dangerous to the safety of patients as it supports persons with no medical training to act as a prescribing medical professional. Please pass HCR165/HR115.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 2:03 PM
To: HLTtestimony
Cc: jakaka@gmail.com
Subject: Submitted testimony for HCR165 on Mar 28, 2016 14:16PM

HCR165

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Akaka, MD	Individual	Support	No

Comments: Dear Members of the House Committee on Health Re: HCR 165 March 28, 2016. Position: Support Proponents of the Master of Science in Clinical Psychopharmacology (MSCP) at the UH Hilo DKI School of Pharmacy, for psychologist prescribing, claim it fulfills great need, is rigorous, has world renown faculty and takes 2-3 years. However, most psychologists in states with prescriptive authority in states do not practice in rural areas, the courses are PART TIME, only 4-8 hours per week when spread over 2 years for the psychologist's convenience, more than half of the lectures are online, no overnight call in hospitals under a physicians supervision, and it has NO medical science related requirements to enroll, not even chemistry. No other legitimate pharmacy school in the country allows this, and the inclusion of such a haphazard program threatens the UH Hilo DKI school of Pharmacy as well. This is a waste and misuse of tax payer dollars to fund a program outside the state mandate. 73% of registered voters from Kauai to the Big Island, (according one of the most highly respected pollsters in Hawaii) and 90% of psychologists disagree with prescribing by short cut shenanigans such as this. We rely on our lawmakers to look for evidence based solutions to the mental health delivery issue rather than succumb to slickly packaged fantasy. Please Support HCR165 to shine a light on reality. Thank you for your consideration of my testimony. Jeffrey Akaka, MD Community Psychiatrist

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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As a local practicing geriatric and adult psychiatrist, I have urgent and strong concerns about the adequacy of training of any potential prescriber of psychotropic medications if not by a traditional medical school AND residency. I strongly support DOING NO HARM FIRST and hope to protect the health and safety of our community first and foremost and have for this reason opposed HB 1072 . I ALSO SUPPORT HCR 165/HR 115 because I believe a critical review of any prescribing curriculum and training is essential for the safety of those on receiving end of prescribing.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 12:54 PM
To: HLTtestimony
Cc: kapulena@gmail.com
Subject: Submitted testimony for HCR165 on Mar 28, 2016 14:16PM

HCR165

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Worchel	Individual	Support	No

Comments: I support this bill. It is critical that this action be taken as the consequences of the pharmacology course will harm many people. The ability to safely prescribe these very dangerous medications, to be able to distinguish medical illness from psychiatric illness, the ability to understand required laboratory tests associated with these medications and the drug/drug interactions requires not only medical school but also an extensive psychiatric residency or family practice residency.

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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Elaine M Heiby, Ph.D.
2542 Date St., Apt.702
Honolulu, Hawaii 96826

24 March 2016

SUPPORT HCR 165

Dear Honorable Representatives,

I am a psychologist who supports this resolution to evaluate the integrity and necessity of the UH Hilo Masters Program in Psychopharmacology.

A 2014 survey of about 1000 psychologists who are members of the Association of Behavioral and Cognitive Therapy underscores the importance of this Resolution.

The survey found that about 90% of psychologists deem the training in such Masters programs to be substandard for psychologists to prescribe medication.

About 90% indicated that the acceptable training should be equivalent to the training of non-physician providers, such as advanced nurse practitioners. In contrast, the training in the Masters program is about 20% of that required by nurses to prescribe.

The survey also found that 90% would not refer a patient to a prescribing psychologist whose medical training was only this Masters degree. Refusal to refer is a very telling measure of the substandard medical training in this Masters degree.

Most of the medical training for the Masters degree is online. This same survey found that 95% deemed online medical training to be unacceptable.

Therefore, the majority of surveyed psychologists do not support Masters programs like the one at UH Hilo College of Pharmacy as the medical training for psychologists to prescribe.

This type of Masters program is offered by only a few universities in the nation and these programs are not doing well. One program in New Mexico did not accept applicants this academic year. Indeed, the UH Hilo program is under enrolled. The UH Hilo Masters program was expected to enroll 10 new students per year. Based on class enrollment figures, the Hilo program currently has only two students in the first year. Therefore, psychologists themselves apparently are not interested in substandard medical training.

I admire HCR 165 as a responsible undertaking.

Mahalo for your kind consideration of this opinion.

Sincerely,

Elaine Heiby, Ph.D.
Hawaii Licensed Psychologist
Professor Emerita of Psychology, UH Manoa

To: Representative Della Au Belatti, Chair, Representative Richard P Creagan, Vice Chair and Members of the Committee on Health

March 28, 2016, 2:16 pm, Conference Room 329

Re: **HCR 165**

Relating to Prescriptive Authority for Certain Psychologists

Position: **SUPPORT**

The proposed study will help resolve the disagreement about **THE QUALIFICATIONS OF THE FACULTY IN THE MASTERS OF SCIENCE IN CLINICAL PSYCHOPHARMACOLOGY AT UH HILO COLLEGE OF PHARMACOLOGY** which are required in order to prepare students to safely prescribe psychotropic medications.

Please vote YES on HCR 165

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Representative Della Au Belatti, Chair, Representative Richard P Creagan, Vice Chair and Members of the Committee on Health

March 28, 2016, 2:16 pm, Conference Room 329

Re: **HCR 165**

Relating to Prescriptive Authority for Certain Psychologists

Position: **SUPPORT**

The proposed study will help resolve the disagreement about **HOW MUCH EDUCATION AND SUPERVISED PATIENT CARE** is needed to prescribe psychotropic medications.

Please vote YES on HCR 165

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

LATE TESTIMONY

March 26, 2016

FROM: Marion Poirier, M.A., R.N.
Healthcare Consultant
Leadership Circle, American Nurses
Member, Mental Health Advisory Counsel, HDRC
Member, Senator Chun-Oakland's Mental Health Task Force
Former Executive Director NAMI HAWAII
Former Executive Director Hawaii Nurses Association

TO: House Committes on Health and Human Services
Hearing on Monday, March 28, 2016 at 2:16pm
State Capitol, Honolulu, HI 96813

SUBJECT: Testimony in support of HCR 165/HR 115 Requesting the University of Hawaii Board of Regents To Analyze the Validity, Effectiveness, and Ethical Standards of the Psychopharmacology Program Offered at the University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy

Chairs Belatti, Morikawa, and members of the committees:

My name is Marion Poirier, and I am in support of this measure. Having been involved in the debate for over a decade, it is my opinion that enactment of this measure is necessary for the peace of mind of all concerned.

I agree with all the components of the resolution, but would like to see the language amended also include an analysis of "other state" experiences, i.e., why other states overwhelmingly fail to enact bills such as H.B. 1072, and why the enactment of such legislation in Louisiana and New Mexico seems at best to be less successful than anticipated or hoped for.

Thank you for the opportunity to provide testimony on this important issue of mutual concern.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016**

TO: COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

COMMITTEE ON HUMAN SERVICES
Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

FROM: Jill Oliveira Gray, Ph.D.
Hawaii Licensed Clinical Psychologist

RE: TESTIMONY IN OPPOSITION OF HCR 165 / HR 115
REQUESTING THE UNIVERSITY OF HAWAII BOARD OF REGENTS TO
ANALYZE THE VALIDITY, EFFECTIVENESS, AND ETHICAL
STANDARDS OF THE PSYCHOPHARMACOLOGY PROGRAM OFFERED
AT THE UNIVERSITY OF HAWAII AT HILO DANIEL K. INOUE
COLLEGE OF PHARMACY

Hearing: Monday, March 28, 2016 at 2:16 pm in Room 329

Honorable Chairs, Vice-Chairs and members of the Committee on Health and the Committee on Human Services, 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 15 years to include Hana, Maui, Molokai, Waimānalo, and Hilo. 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.

I oppose HCR 165 / HR115 as it seeks to target a valid psychopharmacology training program, housed within an institute of higher education, due to vehement opposition to the concept of allowing advanced trained psychologists to prescribe psychotropic medication for mental and emotional disorders. Those vehemently opposed to this concept have been known to disseminate misleading information in order to scare others into believing that the training is inadequate and prescribing psychologists would be a danger to those they treat, and, that prescribing psychologists will not practice in areas of need.

These claims have not been supported with any factual evidence to date.

The opposition has been unable to produce any documentation to suggest that the current 154 prescribing psychologists in both New Mexico and Louisiana are unsafe.

The opposition claims that prescribing psychologists do not practice in rural areas, however, the attached map of New Mexico shows that there are 9 prescribing psychologists serving in rural areas with populations of less than 50,000 (Farmington, Taos, Las Vegas, Bernalillo, Hobbs, Mescalero Apache reservation, Truth or Consequences, Grants, Chapparal & Environ), 5 serving in areas with populations of approximately 70,000 (Sante Fe & Roswell), 7 serving in an area with a population density of 100,000 people (Las Cruces), and 13 serving in Albuquerque where

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016**

there are approximately 1 Million people. This data shows that prescribing psychologists are in fact serving in rural areas as well as in areas where the population density would warrant as many health providers as necessary to meet needs of the general public (i.e., Albuquerque). There are also psychologists who have been licensed in New Mexico that are serving in the Indian Health Service (N=4) which is by definition a federal organization in existence to serve a medically underserved population with great mental health needs (i.e., American Indians and Alaska Natives).

Additionally, according to data from the State of Mental Health in America Survey (2012-2013), the state of Louisiana has shown a significant **improvement** in adults with mental illness who did not receive treatment. From 2010-2011 to 2012-2013, Louisiana was among the 6 states who experienced over a 10% reduction in the number of untreated adults with mental illness. Hawai'i, on the other hand, has the 2nd worst ranking at 66% of adults with mental illness who did not receive treatment in 2012-2013, and 70.9% of youth with major depression who also did not receive treatment compared to a 64.1% national average.

If HCR 165/HR 155 is going to assert the power to evaluate an existing, legitimate program housed within the University of Hawai'i at Hilo, it should at the very least be based on sound facts and ethical rationale.

I urge you to hold this measure and instead look beyond the biases of those opposed to HB 1072 SD1 and see that HB 1072 SD 1 has significant support from numerous entities, organizations and individuals, including the Department of Health, as well as, multiple safeguards within the bill language that will serve to support prescribing psychologists and the patients they serve and improve greater access to quality mental health care.

Respectfully submitted,

Jill Oliveira Gray, Ph.D.
Director of Training
I Ola Lāhui, Inc.

TO: COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

COMMITTEE ON HUMAN SERVICES
Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

FROM: Edward Fisher, PhD, RPh
Dean and Professor
Marshall B Ketchum University College of Pharmacy
Fullerton, California, 92831

RE: TESTIMONY IN OPPOSITION OF HCR 165 / HR 115
REQUESTING THE UNIVERSITY OF HAWAI'I BOARD OF REGENTS TO
ANALYZE THE VALIDTY, EFFECTIVENESS, AND ETHICAL STANDARDS
OF THE PSYCHOPHARMACOLOGY PROGRAM OFERED AT THE
UNIVERSITY OF HAWAI'I AT HILO DANIEL K. INOUE COLLEGE OF
PHARMACY

Honorable Chairs, Vice-Chairs and members of the Committee on Health and the Committee on Human Services, my name is Dr. Edward Fisher and I currently serve as Dean and Professor Marshall B Ketchum University College of Pharmacy, but am writing this as a concerned citizen and former Associate Dean for Academic Affairs, May 2007 till December 2015, and the inaugural Director of the MS in Clinical Psychopharmacology Program, August 2011 till December 2015, at the University of Hawaii at Hilo, College of Pharmacy.

Given that I have created the curriculum in the MS in Clinical Psychopharmacology Program I would like to state categorically that this program contains a vigorous and stringent curriculum, based on the medical model, evidenced base medicine, and clinical practice. Every aspect of drug action is covered in the curriculum from mechanism of action, pharmacokinetics, appropriate drug selection, and expected adverse effects.

HCR165/HR115 is a waste of time as HB1072 provides the State of Hawaii with a demonstrated safe, no-cost, effective means to treat those in our unserved and underserved communities suffering from mental disorders.