

**PRESENTATION OF THE
BOARD OF PSYCHOLOGY**

TO THE HOUSE COMMITTEE ON HEALTH
AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Tuesday, February 6, 2018
8:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 2734, RELATING TO PRESCRIPTIVE
AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.**

TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is May Ferrer, and I am the Executive Officer of the Hawaii Board of Psychology (“Board”). Thank you for the opportunity to testify on this measure. While the Board has not had the opportunity to review and discuss this measure, it will do so at its next scheduled Board meeting on Friday, February 16, 2018.

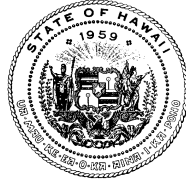
H.B. 2734 authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements. It also requires the Board of Psychology to report to the Legislature prior to the Regular Session of 2022.

The Board acknowledges the shortage of prescribing mental health care providers in Hawaii and the resulting lack of access to appropriate care. It also clearly understands its duty to help protect the consuming public. During the 2017 legislative session, the Board supported a similar measure, S.B. 384, S.D. 2, and offered recommendations to strengthen the experience requirements for better training to ensure patient safety. It was noted that while some of those recommendations are reflected in H.B. 2734, other recommended amendments have not been incorporated.

House Bill No. 2734
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The Board will review and discuss H.B. 2734 at its next meeting.
Thank you for the opportunity to provide comments on H.B. 2734.

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**WRITTEN
TESTIMONY
ONLY**

**Testimony COMMENTING on HB2734
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

REPRESNATIVE JOHN MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES
Hearing Date: February 6, 2018 Room Number: 329

- 1 **Fiscal Implications:** N/A for Department of Health.
- 2 **Department Testimony:** The Department of Health (DOH) acknowledges that prescriptive
- 3 authority for licensed psychologists may alleviate provider access issues in Hawaii, and finds
- 4 that exceptions in HB2734 regarding off-label use of medication on minors and more rigorous
- 5 collaboration with severely and persistently mentally ill and/or forensically encumbered
- 6 consumers are minimally adequate. The department defers to the Department of Commerce and
- 7 Consumer Affairs and the Hawaii Board of Psychology for policy and implementation issues
- 8 outside of the two preceding exceptions.

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Feb 4, 2018

TO: Hawaii House Committee on Health

Re: Testimony in support of HB 2734, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, Feb 6, 2018

Thank you for hearing HB 2734, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care. Hawaiian communities are suffering because of the lack of access to psychiatric care, as do many rural communities in the U.S.

I am a licensed clinical psychologist in California and Hawaii, in practice for > 25 years, and have completed a Master of Science degree in Clinical Psychopharmacology. Psychologists have had prescriptive authority since 1994 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists.

There is a dramatic shortage of qualified healthcare workers who are properly trained to prescribe psychotropic medications if needed. RxP Hawaii will help remote communities enormously. In addition to trained psychologists being able to either prescribe medications for mental health conditions, we also often provide the counseling for our patients to learn behavioral health skills to lead productive lives. We also are able to "taper" medications so that they can be safely discontinued once the patient no longer needs them. You have the opportunity to change this situation in Hawaii, a state with underserved rural populations who would greatly benefit from greater accessibility to mental health prescribers. Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii.

Sincerely,



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HB-2734

Submitted on: 2/4/2018 12:56:43 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:



Board of Advisors

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Elaine Heiby, Ph.D.
James Herbert, Ph.D.
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Petition-Testimony **OPPOSE HB2734**

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (HB2734)

We, the undersigned psychologists and all others concerned about quality healthcare **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 well-being 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, tele-health) 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 prescribe) 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 HB2734 that would allow psychologists to prescribe through non-traditional means.

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HB-2734

Submitted on: 2/5/2018 9:34:20 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gayln Kong Akaka	individual	Oppose	No

Comments:

Dear Members of the HHS Committee,

As a clinical social worker, I've worked with both psychiatrists and psychologists in health care settings. Although both disciplines are valuable, there is a clear difference between their educational backgrounds and expertise. Psychologists cannot receive adequate training in prescribing medication without the depth of training provided in medical school and residency. While APRN-Rx training does approach this level and has been shown to be safe, the proposed psychologist training does not come anywhere close.

Please improve access to safe psychiatric care by promoting means already up and running in Hawaii, including Project ECHO, telemedicine, collaborative care, and APRN-Rx support.

Thank you for your consideration of my testimony.

Gayln Kong Akaka

HB-2734

Submitted on: 2/5/2018 9:00:01 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Worchel	Kapulena Orhcards	Oppose	No

Comments:



HAWAII MEDICAL ASSOCIATION

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TO:
COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

DATE: Tuesday, February 6, 2018
TIME: 8:30am
PLACE: Conference Room 329

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

Re: HB 2734: Relating to Prescriptive Authority for Certain Psychologists

Position: Oppose

Chair Mizuno, Vice Chair Kobayashi, and all members of the House Health and Human Services Committee:

Psychiatric medications are powerful, 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.

Even non- psychiatric physicians, are particularly cautious in prescribing many of these drugs to patients, as many carry Black Box warnings on them, because of which they often get additional consultation, especially on seriously mentally ill patients , from psychiatrists.

This bill will cause more harm than good to an extremely vulnerable patient population.

This legislation is a proposal that puts the health and safety of the citizens of Hawaii with mental illness, including substance use disorders, in serious jeopardy. HB 2734 proposes to allow clinical psychologists, who are experts in important behavioral interventions but who have no medical training, the permission to prescribe extremely powerful psychotropic drugs for patients with psychiatric disorders. While we understand the intention of this legislation is to increase access to needed mental health care, HB 2734 puts Hawaii's most vulnerable patients at risk while failing to

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promote *available evidence-based solutions* to mental health access challenges. We urge you to look at safer models already up and functioning in Hawaii, as there are better alternatives to supporting patients with mental health needs.

These alternatives include:

Project Echo: A program Hawaii began in 2017 that is helping deliver **quality** mental health care to patients in rural areas of the state. To go along with this, Congress also overwhelmingly passed the Expanding Capacity for Health Outcomes Act (Public Law No. 114-270). The legislation, sponsored by Hawaii Senator Brian Schatz, will help better integrate the Project ECHO model originating out of the University of New Mexico into health systems across the country. Senator Schatz's legislation directs the federal Secretary of Health and Human Services to prioritize analysis of the model and examine its impact on addressing mental health and substance use disorders.

Collaborative Care: A specific type of integrated care that improves access to evidence based mental health care for primary care patients. Working with a patient's primary care provider and a "care managers", a medically trained psychiatric consultant" (i.e. psychiatrist, nurse practitioner, or clinical nurse specialist or physician assistant with psychiatric training with psychiatric training) deliver care to a population of patients needing care. This "care team" shares a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.

As you know, HB 2734 would permit psychologists to obtain a prescription pad by acquiring an online master's degree in psychopharmacology or "equivalent", as determined by the Hawaii Board of Psychology - a professional regulatory group that has no specific medical expertise or medical background. HB 2734 would require little clinical experience to prescribe medications including controlled substances, antipsychotics, and an almost unlimited range of non- psychotropic medications. Under SB 2734, only 400 contact hours with 100 patients is required 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.**

SB 2734 would require passage of an exam created and administered by the same national organization that accredits these haphazard postdoctoral degree programs and that stands to directly benefit from this new certification. No other voluntary, dues-paying membership organization in any medical specialty (e.g., cardiology, obstetrics and gynecology, psychiatry) has created such an exam – nor do national professional advocacy associations for nurses and physician assistants accredit their

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graduate programs. These dangerously low and inadequate requirements must be taken into consideration, and any proposed training standards must be compared to the 12 or more years of medical education and training psychiatrists and other physicians receive to be able to safely care for any patient that is suffering physical, mental, or substance use disorders.

As you review HB 2734, please consider the following:

- Proponents of HB 2734 state that this will increase access to mental health care in Hawaii and cite both Louisiana and New Mexico as examples. The facts in New Mexico and Louisiana illustrate that psychologists' claims about increased access have not materialized. Specifically, after having gained prescriptive privileges, few psychologists in either New Mexico or Louisiana have become certified to prescribe psychotropic drugs, let alone practice in a rural or underserved area.
- 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 Hawaii's 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. We would be happy to serve as a resource to this Committee on programs like Project Echo and collaborative care models already underway in Hawaii and in other states that would be more sustainable alternatives to solving significant access problems. HB 2734 would seriously undermine this movement.

In summary, the practice of medicine is a serious responsibility that requires 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 Hawaii's most vulnerable patients. Again, we urge you to vote No on HB 2734 and would welcome the opportunity to work with you to facilitate evidence-based, proven programs that can truly assist citizens of Hawaii suffering from mental illness, including substance use disorders.

More effort needs to be put towards making Hawaii a viable place to practice

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medicine. Strides to shore up our physician shortage can be achieved by funding an expansion of JABSOM to train more physicians, providing loan repayment to physicians practicing in rural areas, reducing administrative burdens, reducing malpractice insurance costs, and working to increase reimbursement by altering Hawaii's geographic adjustment to truly account for the cost of living and practicing medicine in the State of Hawaii. Until we fix the underlying problems causing our provider shortage the people of Hawaii will continue to suffer.

HMA OFFICERS

President – William Wong, Jr., MD President-Elect – Jerry Van Meter, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Bernard Robinson, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO

To:
House Committee on Health and Human Services
Chair: Rep. John Mizuno
Vice Chair: Rep. Bert Kobayashi
Members: Rep. Della Au Belatti, Rep. Lea Learmont, Rep. Andrea Tupola

February 6, 2018

RE: HB2734
Position: Opposed

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health and Human Services

I oppose HB2734 because 1) it is not safe, 2) it doesn't solve the access problem, and 3) better ways of improving access to mental health services already exist and are growing, I will focus on # 1 and #2.

Proponents for years claimed thousands of prescriptions written by psychologists with no adverse outcomes, then no adverse outcomes reported, then no complaints filed. Please consider:

- 1) A man reportedly prescribed the stimulant Vyvanse by a psychologist in New Mexico became more paranoid, drove to Florida and shot three people (Tampa Bay Times article by Michael LaForgia, Friday November 21, 2014, entitled "FSU shooter's friends tried to get help for him months before the shooting")
- 2) Lawsuits against prescribing psychologists in Louisiana have been filed going back to at least 2012, alleging in one case causing a heart attack, in another sending a 4 year old child into the ICU due to making his seizures worse. (See Thibideaux v Eckholdt, PhD Parish of Lafayette and Langley v Williams, PsyD Parish of Calcasieu, respectively)
- 3) The "Masters Degree in Clinical Psychopharmacology", of which the one at UH Hilo is being or has already been shut down, had no premed prerequisites required, such as premed level chemistry nor biology, no entrance exam to see if the applicant had any medical aptitude, was primarily online, and could have been squeezed into four months if done full time rather than part time
- 4) The American Psychological Association Practice Organization (APAPO) College of Professional Psychology named in page 465-C of HB2734 as the authority to create and grade the medical competency of the psychologists...who is the APAPO?

On May 6, 2015 the Washington Post reported that the "American Psychological Association will repay members \$9 Million in settlement" on charges that their lobbying arm, the APAPO, deceived their own members into contributing approximately \$ 6 million per year for 15 years towards lobbying fees, but claimed they had not.

https://www.washingtonpost.com/news/to-your-health/wp/2015/05/06/american-psychological-association-will-repay-members-9-million-in-settlement/?utm_term=.43d96a285efc

Surely the originators of HB2734 did not intend to allow a college under the umbrella of a lobbying arm, sued for deceiving their own psychologist members into paying fees not required, to dream up a medical competency exam for folks whose only medical book learning was 4 months of watching the internet, and then decide what score would be good enough for them to practice medicine? This may be why events # 1 & #2 occurred. If telemedicine, ECHO, Collaborative Care, the doubling of APRN-rxs in Hawaii, were not occurring, then perhaps legislation such as HB2734 might be worth a look. But given all of the concerns for safety, let alone the overprescription of opioids, opening the floodgates of Psychologist Prescribing is not safe, doesn't solve the access problem, and better methods exist to solve the problem.

Please vote NO on HB2734

Thank you for your kind attention to this matter.
Jason Worschel, MD

HB-2734

Submitted on: 2/5/2018 5:41:09 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Sethre, Psy.D., L.P.	mhconcierge.com	Oppose	No

Comments:

Greetings:

I am a clinical psychologist with 29 years of experience. I specialize in treating patients with chronic and complex psychiatric and behavioral conditions. I am writing to oppose this bill for the following reasons:

1. Supporters claim that it will improve access to psychiatric services, particularly in rural areas. Actual experience in states that have passed similar legislation does not support this claim, particularly for rural areas.

2. In order for psychologists to be properly trained to prescribe, and to be able to prescribe safely, they need to get extensive training in addition to their graduate psychology program. This bill does not mandate adequate training.

3. NO OTHER MEDICAL ORGANIZATION SUPPORTS THIS TYPE OF LEGISLATION. THE NATIONAL ALLIANCE FOR THE MENTALLY ILL HAS GONE ON RECORD AS OPPOSING IT. Please discuss in the hearing why, if it is allegedly such a good idea for psychologists to obtain prescribing authority, no medical colleagues support this. Supporters of the bill will claim that other medical groups, particularly psychiatrists, oppose this bill because of "turf issues." *In other words, ALL other medical groups, and other organizations concerned about helping people with mental illness, are opposed this bill only because they are selfish and focused on their own needs? I hope that you find this to not be a credible claim, and that you understand that the professional organizations oppose the bill because it is a bad bill and creates risk for vulnerable people with mental illness.*

4. Finally, there are other ways for psychologists to be involved in helping with the very real problem of a shortage of psychiatrists in Hawaii. Psychologists can be involved to help patients manage their symptoms until they are able to see a psychiatrist or other medical provider, such as by providing support and helping them with some very effective interventions that we have that can often help reduce many of the symptoms - not severe symptoms, but many people seeking psychiatric consultation are suffering from moderate, or even mild, symptoms that CAN be helped by therapy. Finally, progressive psychologists can partner with primary medical providers to help them

manage their patients with mental health symptoms, especially - once again- those with mild-moderate symptoms. All of this can help reduce the pressure from people with mild-moderate mental health symptoms, and free up psychiatric resources for the people who really need a psychiatrist, those with more severe symptoms.

Sincerely,

Richard Sethre, PsyD LP

HB-2734

Submitted on: 2/5/2018 5:31:16 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Jarrett		Oppose	No

Comments:

HB-2734

Submitted on: 2/5/2018 1:30:02 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

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

Comments:

To:

House Committee on Health and Human Services

Chair: Rep John Mizuno

Vice Chair: Rep Bert Kobayashi

Members: Rep Della Au Belatti, Rep Lea Learmont, Rep Andrea Tupola

FEBRUARY 6, 2018

RE: HB2734

Position: Opposed

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on

Health and Human Services:

Thank you for the opportunity to share why I am opposed to HB 2734 and to ask for your vote of NO.

I oppose the bill because it creates unnecessary health and medical risks for our patients, especially the vulnerable seniors, women and children, for whom medication prescribing is particularly challenging and complex. A physician’s utmost duty is to “DO NO HARM.”

This bill introduces distinct risks to the lives and health of our community by creating a prescribing opportunity in the context of overtly inadequate and inappropriate training.

Secondly, I would point to the recent progress we have made in Hawaii but also in other states in moving the collaborative care model forward. This is a University of Washington –based model of mental health care delivery in which access to care and resources is efficiently coordinated between primary care providers (PCPs) and psychiatrists, and other staff, facilitated by the use of technology

(Phone app that is like a HIPAA skype). By delaying the need for immediate referrals for in-person visits but rather utilizing the mental health professional's expertise in a curbside format, acutely ill patients benefit from more rapid and team-based interventions than they would ordinarily. I would encourage you to also look at the AIMS Center- University of Washington website (first piloted there) and at the American Psychiatric Association's introduction into this potent and viable delivery of mental health care (medications or psychotherapy or both).

Thirdly, I would urge you to consider how vital telemedicine can be, particularly for underserved areas. I have had personal experience delivering telepsychiatry care to seniors in nursing homes. It is an efficient, timely and reliable way to deliver care and is a much safer alternative than what this bill proposes.

Thank you for your time on this important matter. Please vote NO on HB 2734.

Sincerely and mahalo,

Rika Suzuki MD, adult and geriatric psychiatrist

To: House Committee on Health & Human Services
Chair John M. Mizuno
Vice Chair Bertrand Kobayashi

From: Brian R. Schultz, M.D., Ph.D.

Re: HB 2734 Relating to Prescriptive Authority for Certain Clinical Psychologists

IN OPPOSITION

Thank you to Chair Mizuno, Vice Chair Kobayashi, and the members of the House Committee on Health & Human Services, for considering my testimony.

I am a Board Certified psychiatrist practicing in Hawaii. I applaud efforts to expand access to safe mental health care in the State of Hawaii. However, I am very concerned that HB 2734, in its current form, does not ensure an adequate level of training to grant prescriptive privileges to individuals without any prior medical training. We owe it to the future patients in our population that we have trained their providers adequately. I personally participate in Project ECHO, which allows adequately trained clinicians to share recommendations and knowledge to other trained clinicians who have an appropriate understanding of risks and benefits of medications. As the Committee responsible for our citizens' health, I encourage you to consider the health risks this bill subjects to our population, through its vague and minimal training requirements. Moreover, similar statues in other states have not demonstrated the benefits that are claimed in HB 2734. There are other clearly safer and validated effective methods by which to expand mental health care coverage, including endeavors such as Project ECHO, Collaborative Care in integrated medical settings, and telemedicine. Please **VOTE NO** on HB 2734, which is unlikely to result in its stated goals of expanding access to safe mental health care.

Sincerely,

Brian R. Schultz, M.D., Ph.D.

HB-2734

Submitted on: 2/5/2018 4:53:01 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Hirsch, MD, PhD		Oppose	No

Comments:

Members of the House,

I am both a psychologist and a psychiatrist. Regrettably, I most oppose this bill.

I have testified on a number of occasions against prior iterations of this bill because of specific shortcomings in it. Unfortunately, those shortcomings have never been addressed, despite my having worked with a local senior psychologist to improve the bill.

The issue I have with the bill, in both its prior and current versions, is that the supervised clinical experience does not specify the range of clients to be treated, the range of medications with which one must have supervised experience, the range of illnesses to be treated... In essence, **one could actually meet all criteria for the supervised clinical experience without ever having prescribed a single medication.** The bill is far too non-specific in this regard, and therefore represents a significant safety hazard to patients. I must admit to being somewhat distressed that I have testified that I would support the bill with changes addressing this issue.

I therefore urge you to oppose this bill.

With thanks,

Kenneth A Hirsch, MD, PhD

To: Rep John M. Mizuno, Chair, Rep Bertrand Kobayashi, Vice Chair, and members of the Committee on Health & Human Services

From: Julienne Aulwes, MD, Chair, Hawaii Psychiatric Medical Association Task Force on Improving Access to Psychiatric Care

Jeffrey Akaka, MD, Chair, Legislative Committee, Hawaii Psychiatric Medical Association (HPMA) - testifying

Hearing Date: February 6, 2018

Hearing Time: 8:30am

Re: HB 2734 - Relating to Prescriptive Authority for Certain Clinical Psychologists

Position: OPPOSED

Dear Chairperson Mizuno, Vice Chairperson Kobayashi, and Members of the Committee on Health & Human Services:

On behalf of the Hawaii Psychiatric Medical Association, I am testifying today to ask that the committee please **vote NO on HB 2734**.

Last session the prescriptive authority for psychologists bill was defeated, but the legislature asked HPMA for help in addressing the difficulties patient's in rural areas have in accessing psychiatric care. In response, the Hawaii Psychiatric Medical Association, the American Psychiatric Association, and the Hawaii Medical Association, have been working on multiple fronts to try to solve this problem – I will briefly cover them in my testimony today.

First off I would like to point out that the proponents of psychologist prescribing and HB 2734 have introduced the essentially the same bill that was defeated last session bringing no additional feedback or solutions to the discussion. This legislation gives psychologists prescriptive authority not taking into account the new and innovative methods of bringing mental health care to our communities. There are several reasons for why this bill should not be passed, including certain statements in the bill which appear to be less than 100% accurate.

The good news is since last session HPMA, HMA and others have been working to find viable solutions and we can now solve rural access to psychiatric care problems by methods proven to work and work safely in other states, and which we have started to implement those methods here.

The first of two better alternatives we have been working on is Collaborative Care. Numerous evidence based studies show that by keeping the psychiatric patients with mild to moderate psychiatric conditions in their family doctors office, embedding a care manager, and contracting with an off-site psychiatric consultant,

Collaborative Care results in better medical as well as psychiatric care. It provides improved patient outcomes, better patient and provider satisfaction, and saves money, up to \$600-1000 per patient per year.

Instead of a psychiatrist taking care of only three or four patients in a morning, Collaborative Care allows a psychiatrist to oversee the care of 10-15 patients in a morning – meaning an increase in access to care for our community. The data on this program has been so positive that Medicare started paying for Collaborative Care in January. But we need your leadership as this proven solution is not covered by Medicaid. What we need is for Medicaid to cover the same service that Medicare started paying for – bringing a VIABLE solution to our state. This is why HPMA has worked with some of your colleagues on HB1272 to accomplish this in the last legislative session. The time is now to abandon the same old so-called solutions and work to promote programs that move Hawaii healthcare in the direction of better medical (including psychiatric) care for more people at less cost.

Secondly, the Hawai'i ECHO (Extension for Community Healthcare Outcomes) Project, a partnership between the Hawai'i State Rural Health Association and the University of Hawai'i, helps primary care doctors to get help on challenging cases through videoconferences with specialist physicians. It started in January 2016 with Psychiatry as the first specialty covered, and included members of HPMA holding faculty positions at the University of Hawaii Department of Psychiatry in the School of Medicine. Current research shows this method improves the care of patients of participating rural family docs up to the level of care at city academic medical centers.

Our critics will say that “nothing has been done” but as you will see from my testimony today that HPMA has been actively pushing efforts in the community to bring increased mental health care to the community. The entire healthcare field is moving in the direction of more collaborative, team based, integrated care. HPMA is working hard to help Hawaii move forward in a way that provides better outcomes and better satisfaction and lower cost. There is no comparable valid evidence that a bill like HB2734 would accomplish this.

Therefore, I ask you to all hit pause on the same old so-called solutions to our issues and please vote NO on HB2734. The alternatives are here, growing, proven to work on large scales, and are far safer.

HPMA and its members welcome this opportunity to inform you about them and ask for your support.

Aloha and mahalo,
Julienne Aulwes, MD,
Chair, Hawaii Psychiatric Medical Association Task Force on Improving Access to
Psychiatric Care

To: Chairman Mizuno, Vice Chair Kobayashi, and members of the House Health and Human Services Committee

From: Saul Levin M.D., M.P.A.
CEO and Medical Director
American Psychiatric Association

Subject: HB 2734: Relating to Prescriptive Authority for Certain Psychologists

Hearing Date: 8:30 a.m., Tuesday, February 6, 2017

Dear Chair Mizuno, Chair Kobayashi, and all members of the House Health and Human Services Committee:

I am writing on behalf of the American Psychiatric Association, the national medical specialty society representing more than 37,000 psychiatric physicians as well as their patients and families, to urge you to vote “No/Do Not Pass” on HB 2734.

This legislation is a proposal that puts the health and safety of the citizens of Hawaii with mental illness, including substance use disorders, in serious jeopardy. HB 2734 proposes to allow clinical psychologists, who are experts in important behavioral interventions but who have no medical training, the permission to prescribe extremely powerful psychotropic drugs for patients with psychiatric disorders. While we understand the intention of this legislation is to increase access to needed mental health care, HB 2734 puts Hawaii’s most vulnerable patients at risk while failing to promote *available evidence-based solutions* to mental health access challenges. We urge you to look at safer models already up and functioning in Hawaii, as there are better alternatives to supporting patients with mental health needs.

These alternatives include:

Project Echo: A program Hawaii began in 2017 that is helping deliver **quality** mental health care to patients in rural areas of the state. To go along with this, Congress also overwhelmingly passed the Expanding Capacity for Health Outcomes Act (Public Law No. 114-270). The legislation, sponsored by Hawaii Senator Brian Schatz, will help better integrate the Project ECHO model originating out of the University of New Mexico into health systems across the country. Senator Schatz’s legislation directs the federal Secretary of Health and Human Services to prioritize analysis of the model and examine its impact on addressing mental health and substance use disorders.

Collaborative Care: A specific type of integrated care that improves access to evidence based mental health care for primary care patients. Working with a patient’s primary care provider and a “care managers”, a medically trained psychiatric consultant” (i.e. psychiatrist, nurse practitioner, or clinical nurse specialist or physician assistant with psychiatric training) deliver

care to a population of patients needing care. This “care team” shares a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving and mental health specialists provide caseload-focused consultation, not just ad-hoc advice.

As you know, HB 2734 would permit psychologists to obtain a prescription pad by acquiring an online master’s degree in psychopharmacology or “equivalent”, as determined by the Hawaii Board of Psychology - a professional regulatory group that has no specific medical expertise or medical background. HB 2734 would require little clinical experience to prescribe medications including controlled substances, antipsychotics, and an almost unlimited range of non-psychotropic medications. Under SB 2734, only 400 contact hours with 100 patients is required 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.**

SB 2734 would require passage of an exam created and administered by the same national organization that accredits these haphazard postdoctoral degree programs and that stands to directly benefit from this new certification. No other voluntary, dues-paying membership organization in any medical specialty (e.g., cardiology, obstetrics and gynecology, psychiatry) has created such an exam – nor do national professional advocacy associations for nurses and physician assistants accredit their graduate programs. These dangerously low and inadequate requirements must be taken into consideration, and any proposed training standards must be compared to the 12 or more years of medical education and training psychiatrists and other physicians receive to be able to safely care for any patient that is suffering physical, mental, or substance use disorders. We have included a chart for your reference that lays out the differences in training between psychiatrists, nurse practitioners, physician assistants, and the proposed training psychologists would be required to undergo under SB 384.

As you review HB 2734, please consider the following:

- Proponents of HB 2734 state that this will increase access to mental health care in Hawaii and cite both Louisiana and New Mexico as examples. The facts in New Mexico and Louisiana illustrate that psychologists’ claims about increased access have not materialized. Specifically, after having gained prescriptive privileges, few psychologists in either New Mexico or Louisiana have become certified to prescribe psychotropic drugs, let alone practice in a rural or underserved area.
- 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.
- Bill language also use both Illinois and Iowa as examples of states that have adopted legislation, stating that “many of these prescribing psychologists have filled long vacant

public health positions,”. However, both adopted laws are still in the regulatory process and have not officially gone into effect.

- 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. We have included a chart that will give the Committee an idea of some of the side effects and potential complications that could occur. In short, there are medications that should only be prescribed by clinicians with significant medical training and broad understanding of all systems of the body. Furthermore, we have included a chart that details some of the medications Louisiana and New Mexico psychologists have prescribed to patients under their care. These are not psychotropic medications, and all have serious side effects that must be managed by physicians.
- Fragmentation of Hawaii’s 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. We would be happy to serve as a resource to this Committee on programs like Project Echo and collaborative care models already underway in Hawaii and in other states that would be more sustainable alternatives to solving significant access problems. HB 2734 would seriously undermine this movement.

In summary, the practice of medicine is a serious responsibility that requires 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 Hawaii’s most vulnerable patients. Again, we urge you to vote No/Do Not Pass on HB 2734 and would welcome the opportunity to work with you through our partners - the Hawaii Psychiatric Medical Association and the Hawaii Medical Association – to facilitate evidence-based, proven programs that can truly assist citizens of Hawaii suffering from mental illness, including substance use disorders.

Thank you for the opportunity to share our concerns. If you have any questions regarding this information, please contact Tim Miller, Regional Director, State Affairs, at (651) 470-3637.

To: Representative John Mizuno, Chair, House Health and Human Services Committee,
Vice Chair Kobayashi, Representatives Learmont, Tupola and Belatti

Re: HB 2734 Relating to Prescriptive Authority For Certain Clinical Psychologists

Hearing: HHS 2/6/18, 8:30 am, Room 329, 4th on agenda

Position: OPPOSED, Please vote "NO"

I oppose HB 2734 because it is unnecessary and it may eventually be harmful.

"For fools rush in where angels fear to tread." ~Alexander Pope, 1711. This alludes to inexperienced or rash people attempting things that more experienced people avoid. Prescribing psychologists will put patients in danger. The culture of medical education emphasizes our power to harm as well as to heal, and our watchword is "do no harm."

Prescribing psychiatric medicines looks easy, but it's not. You can die from a rash from a mood stabilizer or from a shot of pain medicine if you are taking an antidepressant. New side effects and drug interactions are discovered every day. To prescribe psychiatric medications, you need a medical education. Data from CMS/Medicare reveal that psychologists prescribing in other states are prescribing medications that are not usually prescribed by psychiatrists (opiates, antibiotics, blood thinners, anti-HIV, diabetes and high blood pressure medications). This is not safe! These medications' risks and complications require management from internists or other specialists.

I work closely with primary care providers, psychologists, and social workers at West Hawaii Community Health Center through the Collaborative Care Model, use of which is steadily increasing. The psychologists are an integral part of the team, but best serve patients within their scope of expertise – diagnostic assessments and psychotherapy interventions. They have significantly limited clinical experience with medications compared to MDs, DOs, and, to an extent, Physician Assistants and Advanced Practice Registered Nurses with prescriptive authority.

What I think would help is funding state mental health services so that they could recruit psychiatrists and expand the diagnoses covered by state mental health, which has been cut back over the years, as well as increase funding for evidence based models such as collaborative care.

Thank you in advance for your consideration of my testimony.

Naomi Bikle, MD
Psychiatrist
West Hawaii Community Health Center, Kailua Kona
Mental Health Kokua, Kailua Kona

Helping Hawai'i Live Well

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, and members of the House Committee on Health and Human Services

From: Trisha Kajimura, Executive Director

Re: **Testimony in support of HB 2734**, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 6, 2017, 8:30 am, Conference Room 329

Thank you for hearing HB 2734, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. We strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai'i 76 years ago, that serves the community by promoting mental health through advocacy, education and service.

Not everyone dealing with mental health issues needs medication, but when someone who needs it is not able to get it in a timely manner, they can end up in a crisis that could have avoided. This type of crisis takes a terrible toll on the individual, their support system, and their overall health. Hawai'i has been dealing with a physician shortage for years and it is not getting better. Prescriptive authority for psychologists with advanced training is one of the solutions that will help to alleviate this dangerous prescriber shortage.

Psychologists have had prescriptive authority since 1974 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists.

The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training and registration will be authorized to prescribe from a limited formulary of psychiatric medications.

Passing HB 2734 will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and should have a right to access. ***Please help us improve mental health in Hawaii by passing HB 2734.***

Thank you for the opportunity to submit this testimony. You can reach me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

HB-2734

Submitted on: 2/4/2018 4:20:41 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Spira	Pacific Behavioral Health	Support	Yes

Comments:

I am immediate Past President of the Hawaii Psychological Association and a Psychologist. I was also a faculty member of Departments of Psychiatry for 20 years, including serving as Director of the Medical Psychotherapy Clinic at Stanford, Director of the Program in Health Psychology at Duke, Head of Psychiatry Consultation-Liaison Service for Naval Medical Center San Diego, and most recently as Professor in the Department of Psychiatry at The John Burns School of Medicine of the University of Hawaii. I have also served as Director, Department of Veterans Affairs, National Center for PTSD, Pacific Island Division. I continue to be involved in training of psychology and psychiatry residents. I am used to interdisciplinary approaches to caring for mental health patients without patrician squabbling that results in the detriment to those we serve. So I am pleased to see this bill that would foster greater interdisciplinary support for those in greatest need.

I, and the Hawaii Psychological Association, are in support of HB 2734 for advance practice psychologists specifically and adequately trained in supporting mentally ill patients with both psychotherapy and psychopharmacology. The focus of this bill goes beyond paticianship of special interest groups.

I, and the Hawaii Psychological Association, supports the idea of a study of existing States with prescriptive authority for advance practice psychologists with appropriate training, including statistics on populations served, problems if any exist compared to other healthcare professionals, testimony from psychiatrists and medical doctors on their experience working with prescribing psychologists and their patients, how requirements may vary from state to state, and what might work best in our state.

I, and the Hawaii Psychological Association, look forward to meeting with representatives of the Hawaii Psychiatric Association, Advanced Practice Nurses, and Primary Care Physicians to collaborate on what this study should include, and to hear and attempt to find ways to address their concerns about permitting advanced practice prescribing psychologists in Hawaii.

Psychologists currently place a strong emphasis on serving the underprivileged and homeless, and the Hawaii Psychological Association continues to develop initiatives for this population. Psychologists already serve this population through pro bono service,

working in community clinics in relatively large numbers, and by taking Medicaid in greater numbers than many other provider groups. If advanced practice psychologists receive the ability to also support these patients with medications for their mental health, then all the better for this underserved population. (According to The 2017 Annual Report of the University of Hawaii to the Legislature on the Hawaii Physician Workforce Assessment Project, the shortage of Psychiatrists and Primary Care Physicians in our State is as high as 45% in neighbor islands). We work in the trenches, and want to provide more services to this underprivileged population.

Respectfully submitted,

James Spira PhD, MPH, ABPP

2017 President, Hawaii Psychological Association

HB-2734

Submitted on: 2/4/2018 5:41:58 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
June Ching, Ph.D.	Hawaii Psychological Association	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote YES on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

June W. J. Ching, Ph.D., ABPP

Board Certified Clinical Psychologist

HB-2734

Submitted on: 2/4/2018 5:52:43 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles M. Lepkowsky, Ph.D.	Hawai'i Psychological Association	Support	No

Comments:

As a licensed Hawai'i psychologist and member of the Hawai'i Psychological Association, my highest priority is providing service to people in need. Access to care is currently the nation's greatest health care challenge.

More than any other group, the homeless suffer from limited access to health care, especially treatment for mental health issues, which affect the homeless at a much higher rate than the general population.care. HB2743 creates opportunity to bring comprehensive mental health care to the most vulnerable members of the community.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Charles M. Lepkowsky, Ph.D.

Hawai'i Licensed Psychologist PSY1529

HB-2734

Submitted on: 2/4/2018 5:56:16 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Hufano		Support	No

Comments:

I strongly support prescriptive privileges for appropriately trained psychologists. There is a shortage of professionals available to meet the needs of individuals with mental illness in Hawaii, especially in rural areas. I urge your support of this bill.

HB-2734

Submitted on: 2/4/2018 6:01:22 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard J. Kravetz	Alaka'i Na Keiki, Inc.	Support	No

Comments:

I strongly support this bill. Passage of this bill will allow appropriately trained psychologists to prescribe needed medications for individuals with mental illness whose needs are not being met by psychiatrists and their assistants in Hawaii. These underserved residents of our Hawaii need this care.

**THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018**

TO: COMMITTEE ON HEALTH & HUMAN SERVICES

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Representative Della Au Belatti
Representative Andria P.L. Tupola
Representative Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

FROM: Jill Oliveira Gray, Ph.D.

Hawaii Licensed Clinical Psychologist

RE: TESTIMONY IN SUPPORT OF HB 2734

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committee on Health & 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 17 years to include Hana, Maui, Molokai, and 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 HB 2734.**

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 15 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

**THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018**

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 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 22 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%.

There are multiple safeguards imbedded in this legislation to include:

- Obtaining a post-doctoral master's degree in clinical psychopharmacology; 1 year supervised (2 hours per week) clinical experience including 400 direct face-to-face hours treating a diverse population of no less than 100 patients including geriatric, pediatric, and pregnant patients;
- Eight weeks of rotations in internal and family medicine, women's health, pediatrics and geriatrics;
- Passing a rigorous national exam, the Psychopharmacology Exam for Psychologists (PEP);
- Required to obtain Federal DEA license;
- Required to maintain malpractice insurance;

**THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018**

- Required to prescribe only in consultation and collaboration with a patient's physician of record; will not be allowed to prescribe for any patient who does not have a primary or attending physician;
- Required to prescribe in collaboration with the Department of Health psychiatrist for forensically encumbered, and patients with a diagnosable serious mental illness who are subject to the jurisdiction of the department of health;
- An exclusionary formulary that prohibits prescribing psychologists to prescribe Schedule I, II, and III drugs, as well as, drugs not approved by the FDA for patients seventeen years of age or younger; and,
- Eighteen hours biennially of accepted continuing education in the area of pharmacological treatment of mental and emotional disorders (this is in addition to the existing continuing education requirement for all licensed psychologists).

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 2734.

Respectfully submitted,



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

HB-2734

Submitted on: 2/4/2018 9:49:58 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lesley A Slavin		Support	No

Comments:

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care for Medicaid and Medicare patients than other prescribing mental health professionals, and we are part of the coalition to address homelessness, providing care along side our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe option that is already utilized in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological interventions in Hawaii. I am in full support of this effort.

Please vote YES on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Lesley A. Slavin, Ph.D.

317C Olomana Street
Kailua, HI 96734

HB-2734

Submitted on: 2/4/2018 10:04:58 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Bowen		Support	No

Comments:

I am in support of this bill as a future psychologist for the state of Hawaii and an active advocate for the mentally ill homeless population. I have been working with the homeless population for years as a social worker, I am a registered LCSW with the state. I have been out there in the homeless camps trying to help those who suffer from mental illness. It is hard because they do not stay compliant with their medication, or it is stolen or sold as survival mechanisms for food, illegal drugs or alcohol. With the passing of this bill, it will help mentally ill homeless to get the help they need and get them off the streets so they can be housed and function within society. They will be able to maintain a home instead of living on the streets and utilizing the hospitals. I believe that this is the answer for the homeless problem that seems to be growing in this state.

HB-2734

Submitted on: 2/4/2018 10:01:08 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Harkins	Hawaii School of Professional Psychology	Support	Yes

Comments:

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care alongside of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health Service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Christopher Harkins

HB-2734

Submitted on: 2/4/2018 10:18:15 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Yurie Takishima-Lacasa	Hawai'i Psychological Association	Support	No

Comments:



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Email: hpaexec@gmail.com
Phone: (808) 521-8995

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

The Hawaii Psychological Association (HPA) strongly supports the legislature's 2018 initiatives to address the homeless population in Hawai'i. Psychologists have always been on the front lines serving our vulnerable communities as psychologists provide much more of the care to Medicaid and Medicare patients than other prescribing mental health professionals.

Our communities are suffering because of the lack of access to comprehensive mental health care. Hawai'i has a shortage of psychiatrists and primary care physicians which leads to our most vulnerable citizens being unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. Homeless populations are increasing on every island and psychologists are well positioned to offer additional comprehensive care to these residents.

Prescriptive Authority for specially trained advanced practice psychologists has a proven safety record in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the public health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently in Illinois, Iowa, and Idaho. Prescriptive authority is increasingly being authorized by states for specially trained advanced practice psychologists to use as a tool in providing comprehensive, and integrated mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advanced practice psychologists to be able to augment psychotherapy with psychopharmacological support, and HPA is in full support of this effort.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Tanya Gamby, Ph.D.
President

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of HB 2734, a bill that will help bring much needed help to the most vulnerable members of our communities.

The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

The American Psychological Association has launched its Citizen Psychologist™ Initiative this year to inspire psychologists to serve as leaders in their various communities. The initiative calls for psychologists to contribute

through public service, volunteerism, board membership and other strategic roles often not directly associated with the day-to-day work of psychologists in our careers. APA Citizen Psychologists come from all branches of the field of psychology. They bring psychological science and expertise to bear on existing challenges to improve community well-being locally, nationally or globally.

<http://www.apa.org/about/governance/citizen-psychologist/default.aspx>

As President-elect of APA's Division 55 – the American Society for the Advancement of Pharmacotherapy – I was elected to serve as a national leader in the movement to bring prescriptive authority for specially trained advanced practice Psychologists to our communities where we are needed most. Prescriptive Authority is a safe and now integrated into practice in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military.

HB 2734 will provide the foundation to explore the suitability of Prescriptive

Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Mahalo nui loa for your consideration of my testimony,

A handwritten signature in blue ink, appearing to read 'Judi Steinman', with a long horizontal flourish extending to the right.

Judi Steinman PhD

Hilo, HI

judi.steinman@yahoo.com

HB-2734

Submitted on: 2/5/2018 6:39:11 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Kawasaki		Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote YES on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Michelle Kawasaki, PhD

Licensed Clinical Psychologist

HB-2734

Submitted on: 2/5/2018 7:02:12 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Shearer, PhD	Madigan Army Medical Center	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am writing to you as a prescribing and clinical psychologist who works in a federally qualified health center in Washington State. I have worked collaboratively for almost 10 years with primary care physicians, nurse practitioners, psychiatrists, and physician's assistants in behavior health and primary care medical settings as a prescribing psychologist. It has been my personal and professional experience that the demand for mental health professionals who can appropriately prescribe psychotropic medications far exceeds the capabilities of the existing mental health care system. Providing prescriptive authority to psychologists, who elect to complete extensive additional training and clinical work, in addition to the traditional doctoral degree, internships, and fellowships, will provide a meaningful answer to this problem. I can personally attest to the safety and efficacy of enlisting prescribing psychologists to expand behavioral health care to underserved and deserving patients.

Prescriptive Authority for specially trained advanced practice Psychologists is not only safe, but is already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

David Shearer, PhD, MS

3714 30th Ave CT NW

Gig Harbor, WA 98335

253.365.1595

Prescribing and Clinical Psychologist

COMMITTEE ON HEALTH & HUMAN SERVICES

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

NOTICE OF HEARING

Tuesday, February 6, 201 at 8:30 AM
Conference Room 329
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 2734

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Honorable Chair Mizuno, Vice-Chair Kobayashi and members of the Committee on Health & Human Service, I am Robin Miyamoto, a Clinical Psychologist and Assistant Professor with the Departments of Native Hawaiian Health and Family Medicine and Community Health at the John A. Burns School of Medicine. I serve the Medicare/Medicaid community of Wahiawa and Mililani and I wish to submit this testimony in strong support of HB 2734. 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.
- 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 2734 will expand on our ability to do exactly that.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'Robin E. S. Miyamoto', with a large, stylized flourish at the end.

Respectfully submitted by,
Robin E. S. Miyamoto, Psy.D.
677 Ala Moana Blvd. 1016
Honolulu, Hawaii 96813
Office: 808-692-1012
Fax: 808-587-8576
robinemi@hawaii.edu

**THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018**

**HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES
REP. JOHN MIZUNO, CHAIR
REP. BERTRAND KOBAYASHI, VICE CHAIR**

Re: Testimony **in support** of HB 2734, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 6, 2018, 8:30 am, Conference Room 329

February 5, 2018

Honorable Chair Mizuno, Vice-Chair Kobayashi, and members of the State House Committee on Health and Human Services, I am Jeffrey D. Stern, Ph.D. and I wish to submit this testimony in **strong support** of HB 2734. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for a number of reasons. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescriptive authority to medical psychologists with advanced training in clinical psychopharmacology.

Psychologists have had prescriptive authority since 1974 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists.

The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training and registration will be authorized to prescribe from a limited formulary of psychiatric medications.

The key issue, in my mind is access to care. This bill, if it becomes law, will increase access to care for all mentally ill and infirm patients, including those with Medicaid who have long been underserved, particularly in areas where access has been and continues to be a serious concern. Psychologists seek to provide a full range of mental health services to those unserved and underserved communities. HB 2734 will expand on our ability to do exactly that, with necessary safeguards in the areas of education, training, and formulary of medications.

Thank you for the opportunity to submit this testimony.

Respectfully,



Jeffrey D. Stern, Ph.D.
Past President, Hawai'i Psychological Association
Director of Social and Emotional Health, 'Iolani School
Email: drjeffstern@gmail.com
Tel: (808) 387-3703

HB-2734

Submitted on: 2/5/2018 3:04:33 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Wilson		Support	No

Comments:

I fully support HB 2734.

Lauren Wilson, LCSW

Maui County

HB-2734

Submitted on: 2/5/2018 3:51:54 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Meiyi Wong		Support	No

Comments:

As a social worker who works with homeless and severely mentally ill individuals, I strongly support this bill.

Meiyi Wong

kobayashi2 - Kevin

From: laura anderson <drlsanderson@yahoo.com>
Sent: Monday, February 5, 2018 4:17 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2143 with amendments

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

My name is Dr. Laura Anderson and I have been a licensed psychologist in Hawaii since 1999. I practiced on one of the outer islands for 15 years. Our communities are suffering because of the lack of access to comprehensive mental health care. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The suicide rates in Hawaii are particularly concerning and more available mental health could be a key part of turning that trend around. Outer islands in particular, struggle regarding access to good qualified care.

Additionally, the homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Laura S. Anderson, PsyD
Hawaii Licensed Clinical Psychologist

Laura S. Anderson, PsyD
Licensed Clinical Psychologist

- *Child and Family Psychology*
- *School-Based Behavioral Health*
- *Provision of Culturally Sensitive Care*

Email: drlsanderson@yahoo.com

Website: www.drlsanderson.com

Phone: 808-639-1404

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

I support HB 2734 that related to “RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.” I am in private practice in Hilo, Hawaii and numerous individuals are suffering because of the lack of access to comprehensive mental health care, including proper supervision of medication therapy. At the Hawaii Psychological Association Convention in 1984, our late Sen. Daniel Inouye, D-Hawaii, challenged psychologists to seek prescriptive authority (RxP) as a way to address the needs of underserved populations. Lack of proper medical services often lead to serious consequences such as drug overdose, suicide, and homelessness.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam; and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,



Nino L. Murray, Ph.D.
(Licensed Clinical Psychologist)
101 Aupuni St. Suite 313
Hilo, HI 96720
808 895-9760

LATE

HB-2734

Submitted on: 2/5/2018 8:10:37 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Babak Mirin, MD	New Mexico Department of Health	Support	Yes

Comments:

Dear Mr. Chairman and honorable Senators:

I am a psychiatrist and I work in New Mexico. I am the medical director of Turquoise Lodge Hospital and Sequoyah Adolescent Treatment Center in Albuquerque, facilities of New Mexico Department of Health. I am a state employee. I have worked in New Mexico since 2002. Since 2010 I have worked closely with several prescribing psychologists.

Similar to Hawaii, New Mexico is medically underserved in particular in behavioral health services. The state of New Mexico was the first to enact a Psychologist Prescribing Law, which is still in effect.

After receiving his or her doctorate, a psychologist must complete between 1,500 and 6,000 hours of supervised clinical practice and take a national examination in order to become licensed. New Mexico then requires a minimum of 450 hours of didactic instruction along with a 400-hour supervised practicum as part of its eligibility criteria for prescribing psychologist licensure.

I would like to bring to your attention the following arguments to support this legislation:

- The psychologist's doctoral training in the science of psychology, assessment, and psychotherapy is more extensive than that received by the average physician. In addition, the prescribing psychologists receive twice as much pharmacology training than nurse practitioners and physician assistants receive. Furthermore, psychopharmaceutical training allows psychologists to provide better advocacy for their clients.**
- Other non-physicians have prescription privileges, such as pharmacist, optometrists, nurse practitioners, dentists, and physician assistants. All of these prescribing professionals receive less training in clinical pharmacology, therapeutics, and psychopharmacology than clinical psychologists.**

- In the past 15 years we have had almost no legal complaint regarding the practice of prescribing psychologists in New Mexico. Prescribing psychologists are usually more conservative and less aggressive in their medication prescription pattern than psychiatrists and other non-psychiatrist prescribers.
- In our state access to medication has improved in jurisdictions with long waiting times to see a psychiatrist or other qualified physician. It has addressed the fact that many lack access to psychiatrists, especially in rural areas such as southeast of our state.
- In circumstances that the psychologist controls the entire treatment process complications arising from interprofessional collaboration have decreased and the treatment has been more cost effective for the clients.
- Psychologists with prescriptive authority have added competence to the overall mental health system by adding a resource for general practitioners who need professional consultation regarding psychological disorders and psychotropic medications when a psychiatrist is unavailable.

In summary, I truly believe that this Bill HB2734 if passed would significantly improve the quality of care of the needy residents of the beautiful state of Hawaii.

Thank you.

Best,

Babak Mirin, MD

LATE

HB-2734

Submitted on: 2/6/2018 5:45:55 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Glaus, Ph.D.		Oppose	No

Comments:

As a licensed psychologist in Hawaii and two other states, I request that HB 2734 not be advanced for several reasons including:

1-The bill is not in the best interests of the public nor of the profession of Psychology. Psychologists enter the profession to focus on behavior at all levels using our education, experience, and skills to evaluate, diagnose, and provide **behavioral based** treatment interventions **not** to engage in the practice of medicine. The majority of psychologists surveyed agree that precription writing by non-medically trained and focused individuals places the public at risk and foregoes the fundamental tenants of our profession.

2-For the few psychologists who do favor precription privileges the responsible path should be met by the completion of an established and vetted medical discipline curriculum be that as a physician, physician assistant, nurse practitioner, etc. To do less would be unconscionable and not ethically defensible.

3-The bill would place non-medically trained individuals in the position of practicing with limited understanding of complicated disease processes and medication interactions of a patient that could jepordize that person's health and even their life. Elder and youth populations are especially vulunerable in this regard.

4-Enhancement of medical practioner training is the avenue for meeting limited resources where psychotropic medication use is deemed appropriate. If one wishes to pursue a professional skill for the public good, then it is incumbent that the person accomplish that objective through the highest level of proven and accepted education, mentoring, and supervised practice in established professional protocols not through short-cut means and legislative action.

Respectfully,

Ronald A. Glaus, Ph.D.

LATE

HB-2734

Submitted on: 2/6/2018 9:09:25 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Preston-Pita	Big Island Substance Abuse Council	Support	No

Comments:



Michael A. Kellar, Psy.D.
Fellow, Royal Society of Medicine
Fellow, Royal Society for the Promotion of Health
Fellow, Royal Anthropologic Society

04 February 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Representative Della Au Belatti
Representative Andria P.L. Tupola
Representative Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am writing this testimony in strong support of HB2734. This bill will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support in Hawai'i's underserved communities.

Currently, clinical psychologists working side by side with our physician colleagues in Hawai'i's community health centers provide much needed care for those who would otherwise be without. Given that approximately $\frac{3}{4}$'s of mental health disorders are diagnosed and treated in the primary care arena, having these highly trained and skilled providers in the community health centers where patients enter the system makes good sense. In fact, in Hawai'i's outlying health centers, this has translated to increased access to mental health care for this population and a general improvement in the quality of care. However, there are still impediments to providing our rural patients the highest quality of care. For example, in busy clinics with limited personnel and scarce resources, care can become fragmented as the patient may need to keep multiple doctor visits for the treatment of a single problem (a psychologist to provide psychotherapy and a primary care physician to prescribe the medications, for example).

HB2734 will help remedy this situation by providing the foundation to explore the value of having appropriately trained psychologists appropriately utilize medication in conjunction with the apposite psychotherapy. It is notable that many of the primary care physicians and community health center providers among others that treat Hawaii's medically underserved are

in support of this. Psychologists in this setting are already providing high quality patient care and are recognized as having specialized psychopharmacologic knowledge.

Interestingly, many who oppose this bill, are not presently working in Hawai'i's rural community health centers or have had very limited exposure to the psychologists who do. They cite concerns about patient safety as their primary concern. Patient safety should be the concern of all health care providers. However, as a scientist, I look to the data to support my evaluation and diagnosis. While there is much hyperbole about this concern, it is not borne out by the facts. There are no studies to date in which psychologists as a group have caused harm to their patients through their prescribing practices. The opponents to this legislation seem to imply that medication is somehow magic; it of course is not. It is simply science and science is apprehendable.

On average, psychologists require eight years post baccalaureate to earn their doctorates. This is twice as long as the training required for our physician colleagues to prescribe. In addition, this bill requires additional postdoctoral training in pharmacology. For the opponents of this bill to imply that it is not possible for psychologists to be appropriately trained to prescribe medications is not only illogical, it is also inaccurate. Psychologists have safely and efficaciously prescribed medications to patients in a variety of settings from 1974 through today, providing citizens with much needed access to the high quality health care we all deserve. As a retired Federal psychologist I have safely and thoughtfully written in excess of 8,000 prescriptions to those in need of such care.

HB2734 will provide the foundation to explore appropriate adjuvant psychopharmacologic interventions, thereby increasing much needed mental health services to Hawai'i's medically underserved.

Very respectfully,

A handwritten signature in black ink, appearing to read "Michael Hill, PsyD". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Shirley A. Irons
CFS Interpreter

kobayashi2 - Kevin

From: Susan Barngrover <drbarngrover@gmail.com>
Sent: Monday, February 5, 2018 4:46 PM
To: hhstestimony
Subject: house bill 2734

Dear Legislators,

I have just found out about your wise bill to allow properly trained psychologists to prescribe. As a medically trained psychologist, the advance treatment that patients receive is invaluable, expedient and economically sound. There are not enough trained physicians and psychiatrists for many populations especially children, elderly and the medically frail. Your state has a chance to improve the life and livelihood of it's at risk citizens and minimize waste and expense for emergency rooms, "sick days" and under-productivity due to health, lifestyle and mental illness issues.

Thank you for considering your residents mental health and substance abuse needs!

Susan

--

Susan Barngrover, PhD, MsCP, ABMP
Licensed Psychologist
Board Certified Medical Psychologist
Board Member, The Academy of Medical Psychologists
409 SE Douglas
Lee's Summit Mo. 64063
[816-524-5818](tel:816-524-5818), drbarngrover@gmail.com



kobayashi2 - Kevin

From: Joe Etherage <joe.etherage@gmail.com>
Sent: Monday, February 5, 2018 11:20 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: THE COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I grew up in Hawaii. I now live in Washington but know that Hawaii shares the same challenges with mental health care I deal with here. I work in the federal government and see the challenges we have with providing access to prescribers in our local community. Even in our capitol we struggle to find mental health prescribing services. I am fortunate enough to have worked with prescribing psychologists here for nearly ten years and see the positive impact prescribing psychologists provide our patients.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully,
Joseph Etherage

kobayashi2 - Kevin

From: Amber Drake <ambercamiart14@gmail.com>
Sent: Monday, February 5, 2018 10:27 AM
To: hhstestimony
Subject: SUPPORT HB 2734

Aloha,

I am submitting my testimony to support the House Bill 2734. Please help pass this piece of legislation. Allowing medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii is imperative. Our communities are suffering because of the lack of access to timely psychiatric care.

I personally live with mental health issues, and the process it took for me just to see a therapist took a lot longer than I expected. My mental health is currently being managed and I am stable, but there are lots of people out there in crisis that need prompt access to care. Seeing a psychiatrist can sometimes take months due to having so few psychiatrists in the state of Hawaii. That being said, if this legislation passes, it will allow our medical professionals with expert training to be able to provide more quality care for their patients.

I urge you and every member of the legislature to support HB 2734, therefore making it possible for Hawaii's mental health patients to get the quality care they so desperately need.

Thank you for your time, and I appreciate you reading my testimony.

Mahalo,

Amber Drake

kobayashi2 - Kevin

From: Marie Terry <drmarieterry@gmail.com>
Sent: Monday, February 5, 2018 9:44 AM
To: hhstestimony
Subject: SUPPORT of HB 2734:

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

--

Marie Terry-Bivens, Psy.D.
Clinical Psychologist

kobayashi2 - Kevin

From: Steven Curtis <scurtis@antioch.edu>
Sent: Monday, February 5, 2018 8:53 AM
To: hhstestimony
Subject: YES on HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Steve Curtis, PhD, MSCP
Affiliate Faculty
Antioch University, Seattle

Clinical Psychologist
Lifespan Psychological Services
Bainbridge Island, WA

Steven E. Curtis, PhD, NCSP, MSCP
Licensed Clinical Psychologist
Nationally Certified School Psychologist
Post-Doctoral Master of Science in Clinical Psychopharmacology
Affiliate Faculty, PsyD Clinical Psychology Program

kobayashi2 - Kevin

From: Daniel Nead <dlnead@gmail.com>
Sent: Monday, February 5, 2018 8:26 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

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As a Behavioral Health provider at a Federally Qualified Health Center, the ability for appropriately trained mental health providers to prescribe psychotropic medication would not only expand access to mental health services for many of our primary care patients but would also take alleviate pressure from our primary care medical providers. As a safety net clinic, many of our patients get care nowhere else but our clinic and the expansion of services by authorizing appropriately-trained psychologists to address more aspects of patients' care will go far in increasing their health and quality of life; reduce healthcare spending, especially for the majority of our patients who are QUEST/Medicaid; and help prevent feelings of burnout and ineffectiveness in medical providers who are consistently overbooked to meet the medical needs of their patients.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Daniel Nead, PhD
Licensed Clinical Psychologist #1635

kobayashi2 - Kevin

From: Jonathan Leggett <jonathan.leggett@gmail.com>
Sent: Monday, February 5, 2018 8:22 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Hello, and thank you for taking the time to review testimony regarding prescribing psychologists. Hawaii is the reason prescribing psychology exists. Senator Daniel Inouye provided the initial support which led to the development of the Department of Defense training program to evaluate military psychologists who prescribed in the 1990s. It seems natural that Hawaii would continue to lead in the treatment of our medically under-served citizens.

I currently work at the capital of the Navajo Nation in Ft. Defiance AZ. The Navajo are incredibly under-served with little to no psychiatric care. I have seen first hand the benefit of providing access and high quality care with mental health medications. All of our communities are suffering because of the lack of access to comprehensive mental health care but those in poverty suffer the most. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Jonathan Leggett, PhD, RxP
Clinical and Prescribing Psychologist
Tsehootsooi Medical Center
Ft. Defiance, AZ

kobayashi2 - Kevin

From: Lia Billington <lia.billington@gmail.com>
Sent: Monday, February 5, 2018 8:14 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Thank you for hearing HB 2734, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care.

I have been a prescribing psychologist in NM for 7 years. Our law was passed in 2002. Perfect safety record. In addition to our being able to either prescribe medications for mental health conditions, we also often provide the counseling for our patients to learn behavioral health skills to lead productive lives. We also are able to "taper" medications so that they can be safely discontinued once the patient no longer needs them. In my settings alone, I have seen hundreds of patients who would otherwise have had virtually no access to these services.

As a New Mexico Prescribing Psychologist, and have been on the staff of two regional hospital/clinic facilities over the past 7 years. In my current position at Christus St Vincent Medical Center in Santa Fe, administration has been so pleased with my work in one of 5 Family Medicine Clinics, that they have hired another prescribing psychologist for a second clinic, with possible plans to expand to having one in each Primary Care Clinic. This model allows patients, seen by their family doctors, to receive both psychotherapy and medication management by the same provider in their Patient Centered Medical Home. This markedly reduces "lost to follow up" cases where a doctor refers to an outside agency. New Mexico's history of addressing psychiatrist shortages by licensing extensively trained postdoctoral psychologists has vastly improved access to mental health care. There are no cases in NM or elsewhere of harm to the public by a prescribing psychologist, but there is harm to the public where patients cannot receive adequate regular follow up because of psychiatry shortages. Similarly, when long wait times occur for a patient to schedule an initial appointment due to psychiatry shortages, suffering of patients and family members, due to untreated mental illness, occurs. Occasionally the general public safety is endangered due to untreated mental illness. I urge the State of Hawaii to adopt HB 2734.

Communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The

homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Lia Billington, Ph.D. M.A. ABMP
Medical Psychologist, Faculty
Northern New Mexico Family Medicine Residency
Christus St. Vincent Medical Center, Santa Fe NM
Affiliate Faculty, New Mexico State University

From: seanhodesphd-alo.ha psych associates, inc. <seanhodesphd@alohapsych.com>
Sent: Monday, February 5, 2018 8:04 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

In Strong Support of HB2734

Hawaii Needs it Now!

The medical training in the MSCP program provides a competency-based model of learning and assessment in preparation for prescriptive authority. Prescribing psychologists must pass a nationally based certified exam in psychopharmacology comparable to the American Board Exam in Psychiatry and Neurology. I'm a licensed psychologist in the State of Hawaii practicing in California. If this bill is passed I will return to Hawaii to help the Kamaaina in need.

Psychologists are already safely prescribing in Louisiana, New Mexico, Illinois, Guam, the military and on Native American Reservations. Prescribing psychologists are highly educated and competent within psychopharmacology. Over a million prescriptions have been written by psychologists over the last 30 years and zero complaints were filed. This exemplary safety record was verified by the Hawaii legislature's review on safety. The oppositions claim to hazardous prescribing by psychologists is illegitimate and unfounded.

HB2734 will support those on the frontline of mental health including law enforcement, emergency services, fire/paramedics, community health clinics, businesses and families by providing medically trained prescribing psychologists to help alleviate the overwhelming distress seen in the trenches of the community. There are too many people not getting needed medication because of lack of access to care. Passage of this bill will increase contact to qualified mental health psychologist prescribers desperately needed Hawaii.

Hawaii legislators are wise to include mandated collaboration between the medically trained advanced practice psychologists and primary care physicians in the bill. This edict in the law will promote a higher quality of care that prescribing psychologists and PCP's desire and Hawaii deserves. It will set a standard that other medical professionals may want to immolate.

The following MSCP curriculum supports skilled and safe prescribing by specially trained/designated medical psychologists:

I. Basic Science

A. Anatomy & Physiology

B. Biochemistry

II. Neurosciences

A. Neuroanatomy

B. Neurophysiology

C. Neurochemistry

III. Physical Assessment and Laboratory Exams

A. Physical Assessment

B. Laboratory and Radiological Assessment

C. Medical Terminology and Documentation

Supervised clinical experience or lab experience in conducting physical exam, ordering psychometric and laboratory tests, understanding results and interpretation

IV. Clinical Medicine and Pathophysiology

A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.

B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities

C. Differential Diagnosis

D. Clinical correlations-the illustration of the content of this domain through case study

E. Substance-Related and Co-Occuring Disorders

F. Chronic Pain Management

Supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems

V. Clinical and Research Pharmacology and Psychopharmacology

A. Pharmacology

B. Clinical Pharmacology

C. Pharmacogenetics

D. Psychopharmacology

E. Developmental Psychopharmacology

F. Issues of diversity in pharmacological practice (e.g., sex/gender, racial/ethnic, and lifespan factors related to drug metabolism access, acceptance, and adherence)

Supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation

VI. Clinical Pharmacotherapeutics

- A. Combined therapies - Psychotherapy/pharmacotherapy interactions
- B. Computer-based aids to practice
- C. Pharmacoepidemiology

Supervised clinical experience or lab experience in integrated treatment planning and consultation and implications of treatment

VII. Research

- A. Methodology and Design of psychopharmacological research
- B. Interpretation and Evaluation of research
- C. FDA drug development and other regulatory processes

VIII. Professional, Ethical, and Legal Issues

- A. Application of existing law, standards and guidelines to pharmacological practice
- B. Relationships with pharmaceutical industry
 - 1. Conflict of interest
 - 2. Evaluation of pharmaceutical marketing practices
 - 3. Critical consumer

Supervised clinical experience by a Board Certified Psychiatrist on acute, short-term, and maintenance medication strategies.

How adding Prescribing Psychologists Will Support the Underserved

It has been argued in response that psychologists with prescriptive authority would be no more likely to locate in underserved and rural areas than psychiatrists are (e.g., Uecker 2009). Even so, the imbalance in the number of healthcare psychologists relative to psychiatrists is sufficient that RxP could markedly increase the number of prescribers with specialty training in psychological disorders. The U.S. Department of Labor *Occupational Outlook Handbook 2008–2009* (available at www.bls.gov/oco) estimated there were 150,000 healthcare psychologists in the country in 2006 versus 33,000 psychiatrists. In Louisiana, where psychologists were able to fulfill the requirements for authorization to prescribe quickly once the legislation passed, approximately 9% of all licensed healthcare psychologists are already prescribing as medical psychologists. If this statistic can be used as an estimate of the percentage of psychologists who would choose to become licensed to prescribe nationally, prescriptive authority for all psychologists would translate into a

41% increase in the availability of prescribers. According to Hartley et al. (1999), the per capita density of psychologists in rural areas is almost four times that of psychiatrists, so even in rural areas prescriptive authority for psychologists could increase the availability of prescribers by almost 35%. In a recent survey of 26 prescribing psychologists, respondents on average estimated 55% of their caseload was economically, socially, linguistically, or otherwise disadvantaged, and this represented an increase of 20% in the number of cases from disadvantaged backgrounds since receiving prescriptive authority (Muse & McGrath 2010).

Prescriptive Authority for Psychologists

Annual Review of Clinical Psychology

Vol. 6: 21-47 (Volume publication date April 2010)

Sean Hodges, Ph.D., MSCP

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<http://www.alohapsych.com>

kobayashi2 - Kevin

From: Allison Seales <asealesiolalahui@yahoo.com>
Sent: Monday, February 5, 2018 7:37 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329
RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As a part time resident of Molokai, I can say first hand that the lack of access to comprehensive mental health care is severe and is real. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Kaipu Seales

kobayashi2 - Kevin

From: Gary McClure <drgmc729@gmail.com>
Sent: Monday, February 5, 2018 7:37 AM
To: hhstestimony
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Respectfully submitted,

Gary McClure, Ph.D.

Stephen Gary McClure, Ph.D., ABMP

S. Gary McClure, Ph.D., ABMP
729 Sunrise Ave #101
Roseville, CA 95661
(916) 782-3800

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kobayashi2 - Kevin

From: Leilani Riahi <leilanileilariahi@gmail.com>
Sent: Monday, February 5, 2018 6:29 AM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

I work with homeless individuals on a daily basis who are active drug and alcohol abusers. These are our most vulnerable citizens and are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and continued homelessness.

The issue of homelessness is a major concern on every island and I am in support of Psychologists to provide care under the prescriptive authority initiative alongside of our social services colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Please vote **YES on HB 2734** to allow greater access to care for Hawaii citizens most in need.

Respectfully submitted,

Brian L. Gross, CSAC

Substance Abuse Counselor, Mental Health Kokua

Sent from my iPhone

kobayashi2 - Kevin

From: Brian Seavey <drbrianseavey@yahoo.com>
Sent: Monday, February 5, 2018 6:22 AM
To: hhstestimony
Subject: Testimony in Support of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

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Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I have seen firsthand the impact of prescriber shortage upon those needing access to psychotropic medications. It is not uncommon for wait times to see a psychiatrist to be out beyond one month. Such a situation can eventuate in decreased access to care and potentially behavioral health crises for those who are most vulnerable. I have witnessed the utility of psychologist prescriptive privileges providing enhanced support, immediate access to needed psychotropic medication, and serving as a useful adjunct to traditional psychotherapy (when appropriate.) My hope is for prescriptive psychology to provide a viable means to champion the best interests of the patients served. Those who enter the field of clinical psychology desire to ease the emotional pain and distress of those in our care. I believe that given the intensive training that prescriptive psychologists complete, provision of related privileges will significantly help to further attain that goal.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need. Thank you for your consideration of this important bill.

Respectfully,

Brian M. Seavey, PsyD, ABPP
Board Certified Clinical Psychologist
Hawaii License # PSY-1342

kobayashi2 - Kevin

From: Nicole Aurellano <nrobello@gmail.com>
Sent: Monday, February 5, 2018 6:18 AM
To: hhstestimony
Subject: Testimony in SUPPORT of 2734

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

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Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Nicole Aurellano, PsyD, MSCP

Primary Care Psychologist
Waimanalo Health Center

--

kobayashi2 - Kevin

From: Dr. Kelly Harnick <drharnick@westmauicounseling.com>
Sent: Monday, February 5, 2018 5:45 AM
To: hhstestimony
Subject: Testimony in STRONG SUPPORT OF HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
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Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

I am one of the Hawaii Psychologists that has earned the MSCP, passed the PEP (licensure exam) and I am currently half way through my medical training hours under an MD's supervision. I will be ready to submit my application when the option is available. Thank you for considering allowing advance trained psychologists in the State of Hawaii, the opportunity to practice to our full potential: serving our patients with more integrated care as well continuing to provide access to the underserved. I will personally look forward to doing my part to help with the homelessness issue and being able to practice to my full potential is optimal in helping patients.

Respectfully submitted,

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

kobayashi2 - Kevin

From: Susana Galle <doctorsusana@gmail.com>
Sent: Monday, February 5, 2018 5:23 AM
To: hhstestimony
Subject: TESTIMONY IN SUPPORT OF HB 2734
Attachments: GalleSig electronic, for letters.tif

February 5, 2018

State of Hawaii Legislators
Honorable Ladies and Gentlemen,

I am writing you in support of House Bill 2734.

As a Psychologist licensed in DC and NM, also with inactive licenses in CA and MD, I am pleased to write on behalf of passage of the law authorizing prescriptive authority for specially trained advance-practice psychologists (RxP) in Hawaii. First and foremost, that law will increase access to competent mental health services in a parsimonious way. Furthermore, my experience in NM, based on extensive collaboration with medical doctors of various specialties, was compelling in regards to RxP: Prescriptive authority for properly trained psychologists enables us all to offer best practices through integrated treatment, raising the bar on standards for mental health care.

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

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

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

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

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

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

pharmacological care. Prescribing psychologists in Louisiana and New

Mexico have written over 45,000 prescriptions WITH NO DEATHS AND NO ADVERSE OUTCOMES. Over the last couple of years, other states have passed laws granting prescription privileges to properly trained psychologists. Those states are Illinois, Idaho, and Iowa, representing a national trend towards Prescription Authority for properly trained Psychologists as part of their legitimate scope of practice. There are several reasons for this development.

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

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

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

Respectfully,

Susana A.

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

Director, The Body-Mind Center

1325 18th St., N.W. Suite 212

Washington, D.C. 20036

(202) 362-3837

Active Licenses: DC # 814; NM # 1038; NM Rx License 0028

Medical and Prescribing Psychologist, Albuquerque, NM

Diplomate, American Board of Medical Psychology (ABMP)

Board of Directors member, Academy of Medical Psychology

Faculty Member (CSPP) Post Doc MS Clinical Psychopharmacology,

Alliant International University, San Diego, CA

M.S. post doc program in Clinical Psychopharmacology (MSCP, PEP)

kobayashi2 - Kevin

From: Antonio Puente <antonioenriquepuente@gmail.com>
Sent: Monday, February 5, 2018 4:08 AM
To: hhstestimony
Cc: drharnick@westmauicounseling.com
Subject: Testimony in SUPPORT of HB 2734

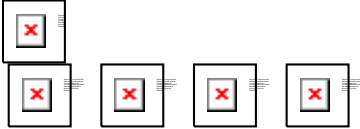
Dear Hawaiian Legislature Members:

I am writing in strong support of HB 2734. As a member of the original prescriptive study group of the American Psychological Association 25 years ago, I continue to appreciate the importance of providing alternatives to patients who are in need of mental health treatments. In your state, as in mine (North Carolina), the need for psychoactive prescriptions, especially in rural areas, continues to rise. In contrast, the number of medical practitioners that provide this service does not. Please consider provide access to appropriately trained psychologist in order better serve your constituents.

Sincerely,

Antonio E. Puente

[Antonio E. Puente, Ph.D.](#)
[2017 President American Psychological Association,](#)
[Clinical Neuropsychologist](#)
[Professor of Psychology](#)
[University of North Carolina Wilmington](#)



kobayashi2 - Kevin

From: Dr. Christina Vento <dr.christina.vento@gmail.com>
Sent: Monday, February 5, 2018 4:07 AM
To: hhstestimony
Subject: Support HN 3734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am a New Mexico Prescribing Psychologist and I have been safely and effectively providing safety net behavioral health to high need urban and rural low income patients for the last ten years without complaint or patient harm. I have worked in primary care/FQHC, the NM State Hospital (where we estimated each staff prescribing psychologist saves the State of NM \$60,000 per year compared to locum tenum psychiatric services), Community Mental Health Centers, with immigrants, with Native Americans and with the homeless. 93% of Prescribing Psychologists in NM take Medicaid compared to 30% of psychiatrists nationally.

When we passed the first bill in New Mexico in 2002 there were dire predictions of mass carnage due to our assumed medical ignorance. Nothing remotely like that has taken place in our State. One would think if we were going to be the grave menace to public health our opponents suggested, we would have gotten around to it in 16 years.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Christina Vento, PsyD, ABMP
NM Medical/Prescribing Psychologist

Christina Vento, PsyD, ABMP
Prescribing and Clinical Psychologist

kobayashi2 - Kevin

From: karen Postal <karenpostal@me.com>
Sent: Monday, February 5, 2018 3:40 AM
To: hhstestimony
Subject: HB 2734. I support prescription privileges for psychologists H

Dear Sirs/ Madames,

I want to express my strong support for HB 2734. Granting psychologist prescription privileges will increase citizen's access to high quality mental health care.

Best,
Karen Postal

Karen Postal, Ph.D., ABPP-CN
Board Certified in Clinical Neuropsychology
Board Certified Subspecialist in Pediatric Neuropsychology
Clinical Instructor in Psychology, Harvard Medical School

Karenpostal.com

kobayashi2 - Kevin

From: Michael Lucido, PhD <michaeljlucido@yahoo.com>
Sent: Monday, February 5, 2018 1:43 AM
To: hhstestimony
Subject: Prescriptive privileges for medical psychologists

Please support HB 2734 to allow specially trained medical psychologists to prescribe medications in Hawaii. There is an emergency psychiatric shortage across the country especially in rural areas like Hana. There have been prescribing psychologists for over 20 years without a single complaint or malpractice case indicating safe prescribing over several decades. Your citizens deserve more access to care.

Mahalo,

Dr. Michael Lucido
Charlevoix, Michigan

[Sent from Yahoo Mail for iPhone](#)

kobayashi2 - Kevin

From: Janice Cockett <jkc4@hawaii.edu>
Sent: Sunday, February 4, 2018 10:53 PM
To: hhstestimony
Subject: SUPPORT of HB 2734

I periodically volunteer with homeless individuals who are active drug and alcohol abusers. These are our most vulnerable citizens and are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and continued homelessness.

The issue of homelessness is a major concern on every island and I am in support of Psychologists to provide care under the prescriptive authority initiative alongside of our social services colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES on HB 2734** to allow greater access to care for Hawaii citizens most in need.

Respectfully submitted,

Janice Cockett

MSW Student, UH Manoa

--

Janice Cockett, Graduate Research Assistant
Research and Evaluation in Public Safety (REPS)
Social Sciences Research Institute
University of Hawai'i Mānoa
E-mail: jkc4@hawaii.edu

kobayashi2 - Kevin

From: Ivan Irie <Irie@waimanalohealth.org>
Sent: Sunday, February 4, 2018 9:53 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in SUPPORT of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more,

prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote YES on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Ivan Irie, PsyD

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kobayashi2 - Kevin

From: Brian Gross <briangross41@yahoo.com>
Sent: Sunday, February 4, 2018 8:18 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: **Testimony in SUPPORT of HB 2734**: RELATING TO PRESCRIPTIVE AUTHORITY FOR SPECIALLY TRAINED CLINICAL PSYCHOLOGISTS.

I work with homeless individuals on a daily basis who are active drug and alcohol abusers. These are our most vulnerable citizens and are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and continued homelessness. The issue of homelessness is a major concern on every island and I am in support of Psychologists to provide care under the prescriptive authority initiative alongside of our social services colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES on HB 2734** to allow greater access to care for Hawaii citizens most in need.

Respectfully submitted,
Brian L. Gross, CSAC
Substance Abuse Counselor, Mental Health Kokua

kobayashi2 - Kevin

From: Leia Twigg-Smith <livingsuccesslt@yahoo.com>
Sent: Sunday, February 4, 2018 8:00 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

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Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR SPECIALLY TRAINED CLINICAL PSYCHOLOGISTS.

Our Hawaii communities are incurring serious mental health problems because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness.

The issue of homelessness is a major concern on every island and Psychologists are totally ready and able to help make a difference. Psychologists already provide substantially more access to care to Medicaid and Medicare patients than any other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care alongside our social services colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations, and in the military. More and more, prescriptive authority is being authorized by states for specially trained advanced practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Please vote **YES on HB 2734** to allow greater access to care for Hawaii citizens most in need.

Respectfully submitted,

Lei'a Twigg-Smith, MA

Substance Abuse Counselor, Hina Mauka

Ke Alaula Program at Women's Community Correctional Center

kobayashi2 - Kevin

From: andrew griffin <awgriffinphd@sbcglobal.net>
Sent: Sunday, February 4, 2018 7:51 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

This letter is in support of HB 2734 currently under consideration. This bill would allow specialty-trained doctoral level psychologists to prescribe psychotropic medications. Successful passage of this bill would be a tremendous benefit to Hawai'i by expanding the mental health resources available to those in need. Thank you for your consideration of this important bill.

Andrew Griffin, PhD
1020 E Glendale
Mexia, TX 76667

kobayashi2 - Kevin

From: I g <captaingonzalez1@gmail.com>
Sent: Sunday, February 4, 2018 6:54 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I'm an active duty Army Psychologist currently in the process of starting my supervision phase in my journey to become a prescribing psychologist after completing my 2 year post-doctoral training in clinical psychopharmacology. Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

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Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Ivan Gonzalez

Clinical Psychologist

kobayashi2 - Kevin

From: Cynthia Tucker <cynthia0537@sbcglobal.net>
Sent: Sunday, February 4, 2018 6:35 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Andria P.L. Tupola

Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Cynthia F. Tucker, Psy.D.
354 Uluniu Street, Suite 410
Kailua, Hawaii 96734
[808 227-1881](tel:8082271881)

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kobayashi2 - Kevin

From: Steve Katz <steve41550@yahoo.com>
Sent: Sunday, February 4, 2018 5:50 PM
To: hhstestimony
Subject: vote YES on RX authority for certain psychologists

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

RE: Testimony in **SUPPORT** of HB 2734: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As the parent of a 34-year-old man diagnosed with schizoaffective disorder I have acutely felt the deficiency created by psychologists not being able to prescribe the medication my son needs. Psychiatrists do not know my son as well as a psychologist can simply because a psychologist typically spends four times the number of minutes a psychiatrist does with each patient visit.

Because of my son's illness I have gotten very involved with other families through NAMI Hawaii, The National Alliance on Mental Illness. I currently sit on the local board as the Vic President.

This bill calls for rigorous extensive training in pharmacology in order for a psychologist to get prescriptive powers; in fact more pharmacological training than psychiatrists and other MDs receive. It is high time this bill passed.

Sincerely,
Steven P. Katz, LMFT
152- F North Kalaheo Ave
Kailua, HI 96734
808-220-3625

kobayashi2 - Kevin

From: Nino Murray <ninomurrayphd@yahoo.com>
Sent: Sunday, February 4, 2018 5:36 PM
To: hhstestimony
Subject: Testimony in SUPPORT of HB 2734
Attachments: Testimony.HB2734.2.4.2018.docx

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

HEARING: Tuesday, February 6, 2018 at 8:30am, Conference Room 329

I support HB 2734 that related to “RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.” I am in private practice in Hilo, Hawaii and numerous individuals are suffering because of the lack of access to comprehensive mental health care, including proper supervision of medication therapy. At the Hawaii Psychological Association Convention in 1984, our late Sen. Daniel Inouye, D-Hawaii, challenged psychologists to seek prescriptive authority (RxP) as a way to address the needs of underserved populations. Lack of proper medical services often lead to serious consequences such as drug overdose, suicide, and homelessness.

Prescriptive Authority for specially trained advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. HB 2734 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained advance practice Psychologists and I am in full support of this effort.

Prescribing Medical psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam; and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote **YES** on HB 2734 to allow greater access to care for those most in need.

Respectfully submitted,

Nino L. Murray

Nino L. Murray, Ph.D.
(Licensed Clinical Psychologist)
101 Aupuni St. Suite 313

Hilo, HI 96720
808 895-9760