



**Written Testimony Presented Before the  
Senate Committee on Judiciary and Labor  
and  
Senate Committee on Ways and Means  
February 28, 2017 at 9:50 AM  
by  
Laura Reichhardt, NP-C, APRN, Director  
Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**SB384, SD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS**

Chair Keith-Agaran, Vice Chair Rhoads, Chair Tokuda, Vice Chair Dela Cruz, members of the Senate Committee on Judiciary and Labor, and members of the Senate committee on Ways and Means, thank you for hearing testimony today related to SB 384, SD1 Relating To Prescriptive Authority For Certain Clinical Psychologists.

The Hawai'i State Center for Nursing (HSCN) is in support of this measure. Research indicates that 25% of the adult population in the United States has a mental disorder, and that 68% of this population has a comorbid medical condition. This is 10% higher than the population without mental disorders. Further, research indicates that a person with a mental disorder diagnosis is more likely to develop a chronic medical condition, more likely to have elevated symptom burden and may have difficulties managing their chronic condition<sup>1</sup>. This population is vulnerable due to the unique nature of their mental and medical conditions.

Hawai'i has a widespread shortage of Mental Health Care Professionals as a subset of our overall Health Provider workforce shortage. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) estimates that only 50.91% of the need nationally, and 64% of the need in Hawai'i is currently met by the existing psychiatric workforce<sup>2</sup>. Increasing access to qualified health care professionals trained in mental disorder diagnosis and pharmacotherapy treatment, and counseling is of dire need for this population and for our state.

The HSCN is in favor of this measure and the recognition of Advanced Practice Registered Nurses in their role as primary care providers and interprofessional collaborators in care. Thank you for your support of equitable and safe health care access in Hawai'i.

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<sup>1</sup> Policy Brief: Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation. 2011. [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438)

<sup>2</sup> Mental Health Care Health Professional Shortage Areas (HPSAs). Kaiser Family Foundation. 2016. <http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376  
www.hawaiimedicalassociation.org

TO: Senate Committee on Judiciary and Labor  
Senator Gilbert Keith-Agaran, Chair  
Senator Karl Rhoads, Vice-Chair

Senate Ways and Means Committee  
Senator Jill Tokuda, Chair  
Senator Donovan Dela Cruz, Vice-Chair

DATE: Monday, February 28, 2017  
TIME: 9:50 A.M.  
PLACE: Conference Room 211

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

### **Re: SB 384SD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS**

#### **Position: OPPOSE**

Chairs & Committee Members:

The Hawaii Medical Association (HMA) opposes SB 384SD1. We believe it is important that professionals playing different roles coordinate and collaborate in delivering high quality and safe clinical care.

The HMA believes the state should focus its limited resources on reducing stigma, increasing mental health parity, increasing funding for effective programs, and increasing support for recruitment of physicians to Hawaii's rural areas.

**State monies could be better spent making Hawaii an attractive and competitive place to practice medicine.** In each of the last six years the Hawaii Physician Workforce Assessment study, funded through a special tax on physicians, has documented a deterioration of the physician workforce. Strides to shore up our physician shortage can be better achieved by funding an expansion of JABSOM to train more resident physicians, providing loan repayment to physicians practicing in rural areas, reducing administrative burden, reducing malpractice insurance costs, and working to increase payment by altering Hawaii's Medicare 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 due to lack of access.

#### **HMA OFFICERS**

President – Bernard Robinson, MD    President-Elect – William Wong, Jr., MD    Secretary – Thomas Kosasa, MD  
Immediate Past President – Scott McCaffrey, MD    Treasurer – Michael Champion, MD  
Executive Director – Christopher Flanders, DO



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**The addition of prescriptive authority to psychologists will not serve to improve the access issues of care in our rural areas.** Distribution studies performed in the two states with a history of allowing for psychologist prescription authority, New Mexico and Louisiana, show that psychologists do not go to areas with an underserved mental health population, but rather to the same areas currently served by psychiatrists and primary care physicians! In essence, **passing this bill would not improve access to mental healthcare, but would simply increase the number of prescribers, with no net increase in access.**

Current programs underway will more effectively improve access to mental health care in the rural areas of the state. For the past two years physicians have been working to develop a mental health collaborative care program for rural Hawaii. Using a two-pronged approach, telemedicine is being used to expand a diminished workforce. Project ECHO serves to link experienced psychiatrists with primary care providers, psychologists, and other rural providers in guiding and collaborating on care decisions for mentally ill patients. Similarly, telemedicine is being used to link experienced psychiatrists with care managers in rural Hawaii as a consult source of care, allowing for a more efficient system, serving more patients at a lower cost.

Let's be honest with ourselves and focus the states limited resources in a direction that is meaningful and effective. Psychologist prescriptive authority will not help Hawaii, only the psychologists. Instead, let's focus on methodologies that make a difference.

### HMA OFFICERS

President – Bernard Robinson, MD    President-Elect – William Wong, Jr., MD    Secretary – Thomas Kosasa, MD  
Immediate Past President – Scott McCaffrey, MD    Treasurer – Michael Champion, MD  
Executive Director – Christopher Flanders, DO

To: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

From: Julienne O. Aulwes, M.D., Chair, Task Force on Improving Access to Psychiatric Care, Hawaii Psychiatric Medical Association

Jeffrey Akaka, M.D., Chair, Legislative Committee, Hawaii Psychiatric Medical Association - testifying

Hearing Date: February 9, 2017  
Hearing Time: 9:00 AM

Re: SB 384 - Relating to Prescriptive Authority for Certain Clinical Psychologists

Position: **OPPOSED**

Dear Senate Committee on Commerce, Consumer Protection, and Health:

On behalf of the Hawaii Psychiatric Medical Association (HPMA), I am testifying today to ask the committee to please **vote NO on SB 384**.

Last session the prescriptive authority for psychologists' bill was defeated, but the legislature asked HPMA for help in addressing the difficulties patients in rural areas have in accessing psychiatric care. In response, the Hawaii Psychiatric Medical Association, the American Psychiatric Association (APA), and the Hawaii Medical Association (HMA), 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 the proponents of psychologist prescribing and SB 384 have introduced the essentially the same bill that was defeated last session making no changes and 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 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, work safely in other states, and which we have started to implement those methods here.

The first of the three better alternatives we have been working on is HB 1272 (SB 1155), the Collaborative Care Model. Numerous evidence-based studies show that by keeping the psychiatric patients with mild to moderate psychiatric conditions in their family doctor's office, embedding a behavioral health care manager, and contracting with an off-site psychiatric consultant, the Collaborative Care Model results in better medical as well as psychiatric care for patients. It provides improved patient outcomes, better patient and provider satisfaction, and saves money up to \$600-\$1000/patient/year.

Instead of a psychiatrist taking care of only three-four patients in a morning, the Collaborative Care Model 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 2017. 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 HB 1272 / SB 1155 to accomplish this. 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.

Second, Network Adequacy is a major contributor to difficulties accessing psychiatrists, but this also has a potential solution in the network adequacy bills HB 914 / SB 387. HPMA and its members have been working with your colleagues to ensure when patients need mental health care, their insurers are providing trained medical professionals to help.

Finally, the Hawai'i Project ECHO (Extension for Community Healthcare Outcomes), a partnership between the Hawai'i State Rural Health Association and the University of Hawai'i, helps primary care doctors 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 John A. Burn School Of Medicine's Department of Psychiatry. Current research shows this method improves the care of patients of participating rural primary care physicians up to the level of care at city academic medical centers.

Our critics will say that "nothing has been done" in the short 6 months but as you will see from my testimony today, HPMA has been actively pushing efforts in the community to bring increased mental health care access 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 healthcare outcomes with better satisfaction at lower costs. There is no comparable valid evidence that a bill like SB 384 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 SB 384. The alternatives are here, growing, proven to work on large scales, and are far safer than SB 384.

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

Aloha and mahalo,

Jeffrey Akaka, M.D.  
Chair, Legislative Committee  
Hawaii Psychiatric Medical Association

Julienne O. Aulwes, M.D.  
Chair, Task Force on Improving Access to Psychiatric Care  
Hawaii Psychiatric Medical Association



# Hawai'i Psychological Association

## *For a Healthy Hawai'i*

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Honolulu, HI 96808

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Email: [hpaexec@gmail.com](mailto:hpaexec@gmail.com)  
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Testimony in Support of SB 384 SD 1  
Relating to Prescriptive Authority for Certain Clinical Psychologists  
February 26, 2017

Honorable Chairs Keith-Agaran and Tokuda, Honorable Vice-Chairs Rhoads and Dela Cruz, and Members of the Committees on Judiciary and Labor and Ways and Means,

My name is Dr. Julie Takishima-Lacasa. I am the Legislative Chair of the Hawai'i Psychological Association and I would like to provide testimony in strong support of SB 384 that will allow prescriptive authority for appropriately trained clinical psychologists:

1. There is a huge need for mental health services in rural and underserved areas in Hawaii. This need has now turned into a crisis.
2. For years, many community groups, community organizations and professional organizations have proposed a no-cost, safe and effective means to help address this pressing need. Providing appropriately trained psychologists, many of whom already live and work in underserved areas, the authority to prescribe will have a significant positive impact on these communities. This is the intent of SB 384.
3. The training requirements in SB 384 are consistent with current U. S. Navy, U. S. Air Force and U. S. Army standards for psychologists credentialed to prescribe. They are also consistent with training requirements in other states where psychologists prescribe. The training requirements that SB 384 proposes will insure patient safety and quality care. This has been documented, studied and clearly demonstrated in the practices of prescribing psychologists.
4. Clinical psychologists are licensed health professionals with an average of seven years of post-baccalaureate study and three thousand hours of post-graduate supervised practice. Prescribing psychologists will receive, at a minimum, an additional two years of training and supervised practice in an accredited program and they will be required to pass a national examination. The intensive didactic portion of their program includes instruction in anatomy and physiology, biochemistry, neuroanatomy, neurophysiology, neurochemistry, physical assessment and laboratory examinations, clinical medicine and pathophysiology, clinical and research pharmacology and psychopharmacology, clinical pharmacotherapeutics, research, and professional, ethical, and legal issues.
5. Unfortunately, organized psychiatry continues to distort the solid foundation and appropriateness of SB 384 and they continue to mischaracterize the extensive training requirements in the bill.
6. There are simply not enough psychiatrists to meet the overwhelming mental health needs in our state. Individuals in need are being forced to wait three months – a quarter of a year – to get an appointment. It is difficult to find an available psychiatrist in downtown Honolulu, let alone in rural communities on the neighbor islands.

Rather than relying on psychiatry to spread - even more thinly - their very limited resources, we are offering a solution based on demonstrated success. Hawaii's psychologists are well represented throughout the Islands and can provide the needed psychopharmacology services at no additional cost to the State. SB 384 will relieve many in desperate need from the needless suffering and damage that results when treatment is unnecessarily delayed for months. Please support your community in their efforts to improve access to mental health services and pass SB 384 so we can deliver the full range of mental health services to the people who need them.

Julie Takishima-Lacasa, Ph.D.  
Chair, Legislative Committee  
Hawai'i Psychological Association



**PRESENTATION OF THE  
BOARD OF PSYCHOLOGY**

TO THE SENATE COMMITTEE ON JUDICIARY AND LABOR

AND

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-NINTH LEGISLATURE  
Regular Session of 2017

Tuesday, February 28, 2017  
9:50 a.m.

**WRITTEN TESTIMONY**

**TESTIMONY ON SENATE BILL NO. 384, S.D. 1, RELATING TO PRESCRIPTIVE  
AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.**

TO THE HONORABLE GILBERT S.C. KEITH-AGARAN, CHAIR,  
TO THE HONORABLE JILL TOKUDA, CHAIR,  
AND MEMBERS OF THE COMMITTEES:

My name is May Ferrer, Executive Officer of the Hawaii Board of Psychology (“Board”). Thank you for the opportunity to provide written testimony in support of Senate Bill No. 384, S.D. 1, Relating to Prescriptive Authority for Certain Clinical Psychologists. The purpose of Senate Bill No. 384, S.D. 1 is to authorize the Board to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. The Board supports this measure and requests your consideration of the following comments:

The Board requests the Committees’ consideration of a delayed implementation date for the language on page 9, line 18 of the bill to July 1, 2020. The Board will need time to take action on other administrative responsibilities set forth in the bill before it can grant or renew the prescriptive authority, including but not limited to prescribing

application forms and fees, developing and implementing procedures to review the educational and training credentials of an applicant, and determining the exclusionary formulary for prescribing psychologists.

Page 11, lines 1 – 3: The Board requests to increase the minimum experience requirement from 400 hours completed within a 48-month period to 800 hours completed within a 56-month period. This increase in experience hours mirrors the increase proposed in House Bill No. 767, H.D. 1, which the Board feels is necessary for better training to ensure patient safety. The Board feels that the training requirements in the measure should be more closely modeled after the Illinois Act. Thus, the Board also requests that the training experience include a minimum of 8 weeks of rotation in each of the following areas: 1) internal medicine/family medicine; 2) women’s health; 3) pediatrics; and 4) geriatrics.

Page 11, lines 4 – 5: The Board requests that the requirement for the supervision of one hundred patients include the following: 1) geriatrics; 2) pediatrics; and 3) pregnant women. Clinical experience that include these vulnerable populations would help provide a better breadth of training in appropriate prescribing.

The Board also recommends modifying lines 11 – 16 on page 11 as follows:

11	(4)	The applicant has successfully passed the nationally
12		recognized Psychopharmacology Examination for
13		Psychologists developed by the American Psychological
14		Association's Practice Organization's College
15		of Professional Psychology, <u>or other authority</u> relevant to
		establish

16                                  competence across the following content areas

Thank you for the opportunity to submit written testimony in support of Senate Bill  
No. 384, S.D. 1, with suggested amendments.



## ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII

Hawaii Catholic Conference  
The Public Policy Voice of the Roman Catholic Church in the State of Hawaii



**SUBMITTED ONLINE: February 24, 2017**

[COMMITTEE ON JUDICIARY AND LABOR](#)

Senator Gilbert S.C. Keith-Agaran, Chair  
Senator Karl Rhoads, Vice Chair

[COMMITTEE ON WAYS AND MEANS](#)

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

**SUBMITTED BY:** Walter Yoshimitsu, Executive Director  
**POSITION:** **Support for SB 384 SD 1 Relating to Prescriptive Authority**

The Hawaii Catholic Conference is the official public policy voice for the Roman Catholic Church in the State of Hawaii. The above-referenced bill would authorize and establish procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements, including requiring prescribing psychologists to adhere to all applicable statutory regulations.

We support SB 384 SD1 because it would significantly address the lack of professionals to serve patients with mental illness and drug abuse disorders. There is no doubt that there is a need for additional providers for mental health and addiction treatment as we seek more efficient integrated health care services.

According to Mental Health Hawaii website, our state “has a significant rate of youth who suffer from depression and manifest suicidal behavior, and of college students whose mental health problems are not being treated.” Sadly, gaps in mental health services remain. In fact, Hawaii has no secure residential treatment facilities and only two psychiatric hospitals for teens, both on Oahu. This is a travesty to people in our community who need services.

The current opiate epidemic also makes it clear that we need more trained professionals who can assist young people and adults avoid addiction in the first place and recover if they have become addicted. This bill would add specialized psychologists with authority to prescribe medication for their patients who need them.

While we understand that there are some concerns expressed by the American Psychiatric Association, we simply want to address the need for mental health services in the rural areas – and we all acknowledge that the need is great! While we agree that caution should be exercised moving forward, it does make sense for Psychologists to be able to prescribe psychiatric medicines if they are properly trained and licensed to do so. This bill attempts to do just that and it is a step in the right direction.



# ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII

**Hawaii Catholic Conference**  
The Public Policy Voice of the Roman Catholic Church in the State of Hawaii



Mahalo for the opportunity to testify.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 28, 2017

The Honorable Gilbert S.C. Keith-Agaran, Chair  
Senate Committee on Judiciary and Labor

The Honorable Jill N. Tokuda, Chair  
Senate Committee on Ways and Means

Re: SB 384, SD1 – Relating to Prescriptive Authority for Certain Clinical Psychologists

Dear Chair Keith-Agaran, Chair Tokuda, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 384, SD1, which would provide prescriptive authority for qualified psychologists. HMSA supports this Bill.

HMSA is dedicated to ensuring that all of our members are able to access the care they need, when they need it. This not only includes services for their physical health and wellbeing, but their mental health as well.

We believe that the language contained within this measure will provide the necessary safeguards to ensure only those psychologists with the appropriate education, clinical training, and registration will be authorized to prescribe the medications our members need. This will afford our members greater and wider access to care.

Thank you for the opportunity to testify on this measure.

Sincerely,

Mark K. Oto  
Director, Government Relations

## Helping Hawai'i Live Well

To: Senator Gilbert S.C. Keith-Agaran, Chair, Senator Karl Rhoads, Vice Chair, and members of the Senate Committee on Judiciary and Labor

Senator Jill N. Tokuda, Chair, Senator Donovan M. Dela Cruz, Vice Chair, and members of the Senate Committee on Ways and Means

From: Trisha Kajimura, Executive Director

Re: **Testimony in support of SB 384**, SD1, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211

Thank you for hearing SB 384, SD1, 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.

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 been 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 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.

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 SB 384 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 SB 384.

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



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

February 27, 2017

**Board of Directors**

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*Victor Geminiani*  
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*Darcie Scharfenstein*  
*Alan Shinn*  
*Michelle Gray*  
*Joanne Lundstrom, Emeritus*

**TO:** Senator Gilbert S.C. Keith-Agaran, Chair  
Senator Karl Rhoads, Vice Chair  
Members of the Senator Committee on Judiciary and Labor

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair  
Members of the Senate Committee on Ways and Means

**FROM:** Natalie Okeson, Interim Executive Director, PHOCUSED

**SUBJECT:** Testimony in Support of SB384, SD1 RELATING TO  
PRESCRIPTIVE AUTHORITY

**Hearing:** February 28, 2017 at 9:50am  
Conference Room 211

PHOCUSED is a nonprofit, nonpartisan organization dedicated to increasing the safety for, visibility of, and investment in the children and adults in Hawaii who are marginalized, impoverished, and under-served. PHOCUSED remains extremely concerned by our state's lack of access to psychiatrists and the medications they are able to prescribe to their patients, especially on the Neighbor Islands. The passage of SB384, SD1 will give properly trained and approved psychologists the ability to help consumers who would be otherwise unable to access the medication they need.

Our organization fully supports granting prescriptive authority to those psychologists who have fulfilled a number of additional qualifications, ensuring such professionals can responsibly and safely work to meet the mental health needs of our state's population.

Among others, those additional qualifications include completing a post-doctoral Master of Science degree in Clinical Psychopharmacology or an equivalent, which follows a model curriculum as determined the American Psychological Association. As an active community partner in the effort to address the homelessness issue, PHOCUSED understands the close ties





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

***Board of Directors***

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between certain individuals experiencing homelessness and mental health problems. Although prescribing psychologists will only be able to prescribe only for patients with a primary care physician, this increased access to proper treatment and care could prove to be crucial in helping prevent homelessness among certain at-risk individuals.

Thank you for the opportunity to submit testimony in support of SB384.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDLTestimony](#)  
**Cc:** [bgiesting@gmail.com](mailto:bgiesting@gmail.com)  
**Subject:** Submitted testimony for SB384 on Feb 28, 2017 09:50AM  
**Date:** Monday, February 27, 2017 7:36:11 AM

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**SB384**

Submitted on: 2/27/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Beth Giesting	Individual	Support	No

Comments: Access to mental health services, including therapeutic prescriptions, is of fundamental importance to overall health status but it is seriously lacking in many part of the Hawaii. Please pass this measure to add professional resources to meet this need.

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

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**SB384**

Submitted on: 2/25/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charles M. Lepkowsky, Ph.D.	Individual	Support	No

Comments: Please support SB384 SD1, which will provide crucial access to care to rural communities.

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**Date:** Sunday, February 26, 2017 4:01:14 PM

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**SB384**

Submitted on: 2/26/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Uemura	Individual	Support	No

Comments: I am a Clinical Psychology Doctoral Intern from Kauai and am in support of this bill for the rural areas such as ours that desperately need more providers that have the option for prescribing. Too many patients are in need of treatment, while there are no providers that can provide it for them because the current providers are stretched too thin with current patient panels and cannot take any new patients, or appointments must be booked months in advance. Passing this bill is important because it would allow us to provide services to areas in significant need of them, yet currently lack the resources.

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

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**Date:** Sunday, February 26, 2017 7:39:43 PM

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**SB384**

Submitted on: 2/26/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Shoup	Individual	Support	No

Comments: To: Senator Gilbert S.C. Keith-Agaran, Chair, Senator Karl Rhoads, Vice Chair, and members of the Senate Committee on Judiciary and Labor Senator Jill N. Tokuda, Chair, Senator Donovan M. Dela Cruz, Vice Chair, and members of the Senate Committee on Ways and Means From: David Shoup Na Pu'uwai Re: Testimony in support of SB 384, SD1, Relating to Prescriptive Authority for Certain Clinical Psychologists Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211 Thank you for hearing SB 384, SD1, 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. 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. 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 SB 384 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 SB 384. This is particularly important for our more rural areas such Molokai where I'm currently working and there are not psychiatrists on the island. Thank you for the opportunity to submit this testimony. David Shoup

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

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**From:** [HWandDW@aol.com](mailto:HWandDW@aol.com)  
**To:** [JDLTestimony](#)  
**Subject:** SB 384 Prescriptive Authority for Psychologists  
**Date:** Sunday, February 26, 2017 7:32:28 PM

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Please pass SB 384, which would allow Psychologists in Hawaii to prescribe medications.

On Maui, if you have Quest insurance, it takes frequently over 3 months to meet with a psychiatrist. If you have commercial insurance, it often can also take a very long time. I know because I manage 3 of the 8 psychiatrists that work on Maui. We desperately need psychologists prescribing.

Prescribing psychologists also have been prescribing safely and effectively for the past 20 years in the military and on Native American reservations without any negative consequences for patients. A survey of family physicians who refer patients to prescribing psychologists in the Army Medical Command's Western Region found that 87 percent believe prescribing psychologists (RxP) have improved care.

Safety would be ensured because it would require all prescriptions written by prescribing psychologists to be approved by a psychiatrist or physician.

Limiting prescribing to psychiatrists or other physicians ignores the obvious shortage of all health care providers here. Those who exist, such as family practice physicians, lack the training and experience in mental health and psycho-pharmacology that is essential to effective treatment.

Critics bemoan the quality of training that clinical psychologists receive in order to write prescriptions for their patients, and secondarily, minimize similar education for physician assistants and nurse practitioners.

Students enrolled in postdoctoral programs such as the master of science in clinical psychopharmacology at the University of Hawaii-Hilo's Daniel K. Inouye College of Pharmacy already have extensive training from Psy.D. or Ph.D. degree programs. The masters curriculum gives clinical psychologists further specialization that can improve treatment.

Another objection is that psychologists are not trained to be physicians, but that misses a critical aspect of prescribing psychology. Psychologists are not being trained to replace physicians; they are being educated to hone their excellent diagnostic and therapeutic training to improve integrated patient care.

It is time for residents of Hawaii to receive the access to care that they deserve.

Mahalo,  
Dr. David Wittenberg  
1787 Wili Pa Loop #7  
Wailuku, HI. 96768

# Why Psychologists Oppose HB767/SB384

Elaine M. Heiby, Ph.D.

Hawaii Licensed Psychologist (#242); Professor Emerita of Psychology, UH-Manoa  
Board of Advisors Psychologists Opposed to Prescription Privileges for Psychologists  
<https://www.popp.org>

2542 Date St., Apt. 702, Honolulu, HI 96826; (808) 497-0929; [heiby@hawaii.edu](mailto:heiby@hawaii.edu)

- **Substandard medical training**
  - Bills like this have been rejected at least 193 times in 26 states owing to substandard medical training since 1996. In Hawaii, 13 or 39 times depending on how bills are counted.
  - Bill requires only **20%** of medical training completed by nurse practitioners and only **10%** completed by psychiatrists
  - **89.2%** of 976 members of the Association for Behavioral and Cognitive Therapies (ABCT) argue the **medical training for psychologists to prescribe should be equivalent to other non-physician prescribers, such as nurse practitioners or physician assistants** (*the Behavior Therapist, September 2014*). A survey of Illinois psychologist yielded similar findings (78.6%) (Baird, K. A. (2007). A survey of clinical psychologists in Illinois regarding prescription privileges. *Professional Psychology: Research and Practice, 38*, 196-202. doi:10/1037/0735-7028.38.2.196).
- **Illinois' law** enabling psychologists to prescribe is the **ONLY** one that met with **consensus** because it includes **standard medical training**
  - State of Illinois law passed in 2014 requires the training of a **Physician Assistant** and imposes **restrictions on formulary and scope of practice** (no medically ill, no children or elderly, no pregnant women)  
<http://www.ilga.gov/legislation/ILCS/ilcs3.asp?ActID=1294&ChapterID=24>
- **Not a solution to serving rural areas**
  - Prescribing psychologists in New Mexico and Louisiana did not move to rural areas as promised (evidence available upon request)
- **Solutions**
  - Imitate the Illinois Law in required training and limits on scope of practice
  - Require evidence that the prescribing psychologists in New Mexico and Louisiana result in consumer safety
  - **Telehealth** such as the 2017 **HB1272**

**From:** [Ivan Irie](#)  
**To:** [JDL Testimony](#)  
**Subject:** SB 384  
**Date:** Monday, February 27, 2017 7:59:06 AM

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Thank you for hearing SB 384, SD1, 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 illness have in accessing proper treatment and care.

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.

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 SB 384 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 SB 384.

Thank you for the opportunity to submit this testimony.



**Ivan Irie, Psy.D.**  
*Primary Care Psychologist*

Main: (808) 259-7948 | Fax: (808) 259-6602  
[website](#) | [map](#)

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**THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017**

**COMMITTEE ON JUDICIARY AND LABOR**  
SEN. GILBERT S.C. KEITH-AGARAN, CHAIR  
SEN. KARL RHOADS, VICE CHAIR

**COMMITTEE ON WAYS AND MEANS**  
SEN. JILL N. TOKUDA, CHAIR  
SEN. DONOVAN M. DELA CRUZ, VICE CHAIR

Re: Testimony **in support of SB 384, SD1**, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211

February 27, 2017

Honorable Chair Keith-Agaran and Tokuda, Vice-Chairs Rhoads and Dela Cruz, and members of the State Senate Committees on Judiciary and Labor and Ways and Means, I am Jeffrey D. Stern, Ph.D. and I wish to submit this testimony in **strong support** of SB 384, SD1. 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 and improve access to care for individuals with the greatest need.

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. Others have testified as to the paucity of psychiatrists willing and able to work with Medicare/Medicaid patients. I have experienced this in my own practice – in a recent search, I called the offices of more than ½ dozen psychiatrists that I know and to whom I have referred patients with private insurance coverage and only one had openings for new Medicare/Medicaid patients.

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. SB 384 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.

**THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017**

Respectfully,

A handwritten signature in black ink, appearing to read "Jeffrey D. Stern". The signature is stylized with a large, sweeping initial "J" and "S".

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

**THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017**

**TO: COMMITTEE ON JUDICIARY AND LABOR**

Senator Gilbert S.C. Keith-Agaran, Chair  
Senator Karl Rhoades, Vice Chair

**COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

Tuesday, February 28, 2017 at 9:50 am in Room 211

**FROM: Jill Oliveira Gray, Ph.D.**

Hawaii Licensed Clinical Psychologist

**RE: TESTIMONY IN SUPPORT OF SB 384 SD 1**

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL  
PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Judiciary and Labor and Ways and Means, 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 16 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 submit this testimony in strong support of SB 384 SD 1.**

**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 14 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

**THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017**

residential treatment programs where the larger portion of our population does not require care, however, they do face access difficulties to receive appropriate outpatient medication management in order to maintain functioning and prevent worsening of psychological problems.

**Prescriptive authority for advanced trained clinical psychologists is a *long term, no-cost solution* to addressing the mental health provider shortages in our state.** In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. The highest reported number of deaths in a 21-year period was a mere 5 years ago in 2010 with 195 deaths (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017). According to this report, the most common negative life events that precede suicide are relationship issues (34%) (i.e., break up or divorce), or serious illness or medical issues (26%). Many studies show that people who commit suicide receive little or no treatment for their mental health problems due to the multiple barriers that exist (i.e., access, availability, acceptability, cost). It is not to be taken lightly that despite a 0% documented shortage of psychiatrists on O'ahu, "...65% of the O'ahu [suicide] victims had a documented history of mental illness" (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017, p. 34). Something does not add up here. We need any and all solutions to address the problems of accessing timely, accessible, and acceptable care across our State.

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

**The post-doctoral, master's level clinical psychopharmacology (MSCP) training sequence proposed in SB 384 is equivalent to that of the American Psychological Association's recommendations for obtaining the requisite sequence of training and certification specific to the practice of prescribing psychotropic medication.**

There are multiple safeguards imbedded in this legislation to include:

- 2 years of course work culminating in a master's degree that covers content areas essential to prescribing psychotropic medication; 400 supervised (2 hours/week), direct face-to-face hours treating a diverse population of no less than 100 patients in either inpatient or outpatient settings;
- Passing a rigorous national exam, the Psychopharmacology Exam for Psychologists (PEP);

**THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017**

- Required to obtain Federal DEA license;
- Required to maintain malpractice insurance;
- Required to prescribe only in consultation and collaboration with a patient's physician of record and only after a written collaborative agreement has been signed; will not be allowed to prescribe for any patient who does not have a primary or attending physician;
- For forensically encumbered or severely mentally ill patients, a prescribing psychologist must work with the department of health psychiatrist and/or enter into a collaborative agreement with the department of health;
- Exclusionary formulary prohibiting the prescribing of schedule I-III drugs to include opiates and narcotics and no off-label prescribing for patients 17 years of age and younger; and,
- Annual continuing education requirements specific to psychopharmacology and in addition to the existing continuation requirements for licensed clinical 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 SB 384 SD 1.

Respectfully submitted,

Jill Oliveira Gray, Ph.D.  
Licensed Clinical Psychologist  
Direct of Training  
I Ola Lāhui, Inc

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDLTestimony](#)  
**Cc:** [jcwhite54@gmail.com](mailto:jcwhite54@gmail.com)  
**Subject:** Submitted testimony for SB384 on Feb 28, 2017 09:50AM  
**Date:** Sunday, February 26, 2017 4:02:28 PM

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**SB384**

Submitted on: 2/26/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Judith White	Individual	Support	No

Comments: Aloha Senators Keith-Agaran, Rhoads, Tokuda, and Dela Cruz, Thank you for hearing SB 384, SD1, 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. 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. 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 SB 384 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 SB 384. Sincerely, Judith C. White, Psy.D. Kapaa 96746

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# Lesley A. Slavin, Ph.d

317C Olomana Street, Kailua, HI

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Licensed Clinical Psychologist,  
Hawaii #864

Email: lalikipaulo@yahoo.com  
Phone: (808) 393-9110

Testimony in STRONG SUPPORT of SB384  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair  
Senator Karl Rhoads, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

Tuesday, February 28, 2017, 9:50 a.m.  
Conference Room 211  
State Capitol  
415 South Beretania Street

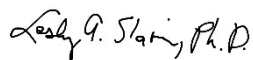
Thank you for hearing SB384, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. Licensed psychologists are doctoral level professionals with extensive training in psycho-diagnostics and psychotherapy. With the addition of specialized training in pharmacology and medicine, prescribing psychologists would be very well-equipped to provide excellent care that would integrated the use of medication with behavioral and talk-therapy approaches. 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.

Passing SB384 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 SB384. I also believe that having more prescribing professionals available to help provide more routine medication management will free up our precious and scarce psychiatrists to work with those patients whose mental and physical health needs are particularly complex.

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. 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.

Thank you for the opportunity to submit this testimony.

Respectfully submitted,



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

To: Senator Gilbert S.C. Keith-Agaran, Chair, Senator Karl Rhoads, Vice Chair, and members of the Senate Committee on Judiciary and Labor

Senator Jill N. Tokuda, Chair, Senator Donovan M. Dela Cruz, Vice Chair, and members of the Senate Committee on Ways and Means

From: Marie Terry-Bivens

Re: Testimony in support of SB 384, SD1, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211

Thank you for hearing SB 384, SD1, 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.

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.

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 SB 384 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 SB 384.

Thank you for the opportunity to submit this testimony.

Marie Terry-Bivens, Psy.D.



## **COMMITTEE ON JUDICIARY AND LABOR**

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Karl Rhoads, Vice Chair

## **COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair

Senator Donovan M. Dela Cruz, Vice Chair

### **NOTICE OF HEARING**

Tuesday, February 28, 2017 at 9:50 AM

Conference Room 211

State Capitol

415 South Beretania Street

### **TESTIMONY IN SUPPORT OF SB 384**

#### **RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS**

Honorable Chairs Keith-Agaran and Tokuda, Vice-Chairs Rhoads and Dela Cruz, and members of the Committees, 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 SB 384. 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. SB 384 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 extending to the right.

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

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDLTestimony](#)  
**Cc:**  
**Subject:** \*Submitted testimony for SB384 on Feb 28, 2017 09:50AM\*  
**Date:** Friday, February 24, 2017 5:27:39 PM

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**SB384**

Submitted on: 2/24/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

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**To:** [JDLTestimony](#)  
**Cc:** [drgamby@gmail.com](mailto:drgamby@gmail.com)  
**Subject:** Submitted testimony for SB384 on Feb 28, 2017 09:50AM  
**Date:** Monday, February 27, 2017 9:33:12 AM

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**SB384**

Submitted on: 2/27/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tanya Gamby	Individual	Support	No

Comments: I am writing in support of SB384. As a psychologist on Kauai, we have a shortage of psychiatrists and it is difficult to get in to see primary care doctors. Please support SB384 so that we can serve Kauai's population more efficiently.

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

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**To:** Chairperson Jill Tokuda, Chair Gilbert S.C. Keith Agaran, and members of the Senate Committee on Ways and Means and Senate Committee on Judiciary and Labor

**From:** Brian Smith  
State Affairs Director  
American Psychiatric Association

**Subject:** SB 384: Relating to Prescriptive Authority for Certain Psychologists

**Hearing Date:** 9:50 a.m., Thursday, February 28, 2017

Dear Chair Tokuda, Chair Keith-Agaran and all of the Members of the Senate Committee Ways and Means and Senate Committee on Judiciary and Labor,

I am writing on behalf of the American Psychiatric Association, the national medical specialty society representing more than 36,000 psychiatric physicians as well as their patients and families, to urge you to vote “No/Do Not Pass” on SB 384.

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. SB 384 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 as well as heart, lung, liver and other serious physical conditions. While we understand the intention of this legislation is to increase access to needed mental health care, SB 384 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, this past December Congress 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.

HPMA is also currently working with members of the Hawaii Legislature to implement the “Improving Access to Psychiatric Care by Patients on Medicaid” bill, which directs Medicaid in Hawaii to pay for Collaborative Care Services as paid for by Medicare since January 2, 2017.

As you know, SB 384 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. SB 384 would require little clinical experience to prescribe medications including controlled substances, antipsychotics, and an almost unlimited range of non-psychotropic medications. Under SB 384, only 400 contact hours with 100 patients is suggested, not 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 384 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 SB 384, please consider:

- Proponents of SB 384 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.
- 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. SB 384 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 SB 384 and would welcome the opportunity to work with you through our partners - the Hawaii Psychiatric Medical Association and the Hawaii Medical Association - in order 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 Brian Smith, Director, State Government Affairs at [bsmith@psych.org](mailto:bsmith@psych.org) or (703) 907-7800.



**From:** [William Tsushima](#)  
**To:** [JDLTestimony](#)  
**Subject:** SB 384  
**Date:** Sunday, February 26, 2017 6:49:31 PM

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To: Senator Gilbert S.C. Keith-Agaran, Chair, Senate Committee on Judiciary and Labor

To: Senator Jill N. Tokuda, Chair, Senate Committee on Ways and Means

From: William T. Tsushima, Ph.D., Straub Medical Center

Re: Testimony in support of SB 384, SD1, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211

Thank you for hearing SB 384, SD1, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements.

The argument that psychologists, not being medical doctors, are not adequately trained to prescribe psychotropic medication is without empirical support. 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.

Moreover, 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 SB 384 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. 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.

Please help us improve mental health in Hawaii by passing SB 384.

Thank you for the opportunity to submit this testimony.

Sincerely,

William T. Tsushima, Ph.D.