
A BILL FOR AN ACT

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL
PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds there are not enough
2 prescribing mental health care providers available to serve the
3 needs of Hawaii's people. Because of this shortage, access to
4 quality, comprehensive, and affordable health care can be
5 facilitated and enhanced by collaborative practice between
6 licensed clinical psychologists and medical doctors.
7 Authorizing qualified clinical psychologists with appropriate
8 advanced training to prescribe from a limited formulary of
9 psychotropic medication will benefit Hawaii residents who live
10 in rural or medically underserved communities, where mental
11 health professionals with prescriptive authority are in short
12 supply.

13 The legislature further finds that the mental health needs
14 of the State continue to outweigh present capacity. According
15 to the Annual Report on Findings from the Hawaii Physician
16 Workforce Assessment Project (December 2018), psychiatrist



1 shortages are highest in Maui and Kauai counties. Maui county
2 has the greatest shortage, at 36.91 per cent, followed by Kauai
3 county with a 33.30 per cent shortage, and then Hawaii county
4 with a 32.95 per cent shortage. The 2018 report reflected no
5 shortage of psychiatrists in the city and county of Honolulu;
6 however, these calculations do not factor in the additional
7 systemic barriers related to accessing care in urban areas, such
8 as long wait times to see psychiatrists, psychiatrists not
9 taking new patients due to being overbooked, and psychiatrists
10 not taking medicaid or medicare insurance. As high as these
11 shortages are, the 2018 report notes that these measurements are
12 based on the assumption that there is an adequate number of
13 primary care physicians in each county. Since there are
14 critical shortages of primary care physicians in Hawaii, the
15 psychiatrist shortages may be underestimated.

16 Lack of access to appropriate mental health treatment has
17 serious and irrevocable consequences for many Hawaii residents.
18 According to the department of health, of the ten leading
19 injury-related causes of death, death by suicide is the number
20 one cause among Hawaii residents from the ages of fifteen to
21 twenty-four. Studies have shown that people who attempt or



1 commit suicide have often received inadequate or no mental
2 health treatment due to the effects of a shortage of community
3 mental health providers. While causes for suicide are complex,
4 the most commonly reported contributing factors are mental
5 health conditions that, when identified and treated, respond
6 favorably to therapy and psychotropic medication.

7 A 2016 Hawaii News Now article reported that sixty-one per
8 cent of all people arrested in 2015 on Oahu suffered from
9 serious mental illness or severe substance intoxication. This
10 almost two-fold increase occurred in the period following
11 substantial cuts to state-supported mental health services in
12 2009.

13 According to the National Alliance on Mental Illness and
14 the federal Substance Abuse and Mental Health Services
15 Administration, approximately thirty-two thousand adults in
16 Hawaii, representing more than three per cent of the population,
17 live with serious mental illness. The actual scope of need in
18 the State is even greater since this figure excludes individuals
19 with clinical diagnoses such as unipolar depression, anxiety
20 disorders, adjustment disorders, substance abuse, or post-
21 traumatic stress disorder.



1 The legislature additionally finds that increasing the
2 number of prescribing mental health providers would be
3 beneficial to the State's homeless population. According to the
4 2018 Hawaii Statewide Point-In-Time Count, there are an
5 estimated 6,530 homeless persons in the State, with an estimated
6 1,714 of those persons meeting the definition of chronically
7 homeless. According to the 2018 Oahu Homeless Point-In-Time
8 Count, there are an estimated 4,495 homeless persons on Oahu.
9 Of those persons, a large number fall into four subpopulations
10 that would likely benefit from increased access to prescribing
11 mental health providers, including: one thousand eighty-four
12 adults with a serious mental illness; eight hundred twenty
13 adults with a substance use disorder; forty-eight adults with
14 HIV/AIDS; and two hundred eighty adult survivors of domestic
15 violence.

16 Clinical psychologists are licensed health professionals
17 with an average of seven years of post-baccalaureate study and
18 three thousand hours of post-graduate supervised practice in the
19 diagnosis and treatment of mental illness. The American
20 Psychological Association has developed a model curriculum for a
21 master's degree in psychopharmacology for the education and



1 training of prescribing psychologists. However, the current
2 allowable scope of clinical psychologists' practice in Hawaii
3 does not include prescribing medications. Currently, these
4 providers' patients must consult with and pay for another
5 provider to obtain psychotropic medication when it is indicated.

6 The legislature has previously authorized prescription
7 privileges for advanced practice registered nurses,
8 optometrists, dentists, and naturopathic physicians. Licensed
9 clinical psychologists with specialized education and training
10 for prescriptive practice have been allowed to prescribe
11 psychotropic medications to active duty military personnel and
12 their families in federal facilities and the United States
13 Public Health Service for decades. In recent years, Idaho,
14 Iowa, Illinois, Louisiana, and New Mexico have adopted
15 legislation authorizing prescriptive authority for advanced
16 trained psychologists. Many of these prescribing psychologists
17 have filled long-vacant public health positions or otherwise
18 serve predominantly indigent and rural patient populations.

19 Independent evaluations of the federal Department of
20 Defense psychopharmacological demonstration project by the
21 Government Accountability Office and the American College of



1 Neuropsychopharmacology, as well as the experiences in other
2 jurisdictions, have shown that appropriately trained
3 psychologists can prescribe and administer medications safely
4 and effectively.

5 The purpose of this Act is to authorize the board of
6 psychology to grant prescriptive authority to prescribing
7 psychologists who meet specific education, training, and
8 registration requirements.

9 SECTION 2. Chapter 465, Hawaii Revised Statutes, is
10 amended by adding a new part to be appropriately designated and
11 to read as follows:

12 **"PART . PRESCRIBING PSYCHOLOGISTS**

13 **§465- Definitions.** As used in this part unless the
14 context otherwise requires:

15 "Advanced practice registered nurse with prescriptive
16 authority" means an advanced practice registered nurse, as
17 defined in section 457-2, with prescriptive authority granted
18 pursuant to section 457-8.6.

19 "Clinical experience" means a period of supervised clinical
20 training and practice in which clinical diagnoses and
21 interventions, which can be completed and supervised as part of



1 or subsequent to earning a post-doctoral master of science
2 degree in clinical psychopharmacology training, are learned.

3 "Controlled substance" has the same meaning as in section
4 329-1.

5 "Forensically encumbered" means a person who has been
6 detained by Hawaii courts for forensic examination or committed
7 to a psychiatric facility under the care and custody of the
8 director of health for appropriate placement by any court; has
9 been placed on conditional release or released on conditions by
10 a judge in Hawaii courts; or is involved in mental health court
11 or a jail diversion program.

12 "Narcotic drug" has the same meaning as in section 329-1.

13 "Opiate" has the same meaning as in section 329-1.

14 "Prescribing psychologist" means a clinical psychologist
15 who has undergone specialized training in clinical
16 psychopharmacology, passed a national proficiency examination in
17 psychopharmacology approved by the board, and been granted a
18 prescriptive authority privilege by the board.

19 "Prescription" means an order for a psychotropic medication
20 or any device or test directly related to the diagnosis and



1 treatment of mental and emotional disorders pursuant to the
2 practice of psychology.

3 "Prescriptive authority privilege" means the authority
4 granted by the board to prescribe and administer psychotropic
5 medication and other directly related procedures within the
6 scope of practice of psychology in accordance with rules adopted
7 by the board.

8 "Primary care provider" means a physician or osteopathic
9 physician licensed or exempt from licensure pursuant to section
10 453-2 or an advanced practice registered nurse with prescriptive
11 authority.

12 "Psychotropic medication" means only those agents related
13 to the diagnosis and treatment of mental and emotional disorders
14 pursuant to the practice of psychology, except drugs classified
15 into schedule I, II, or III pursuant to chapter 329, opiates, or
16 narcotic drugs; provided that psychotropic medication shall
17 include stimulants for the treatment of attention deficit
18 hyperactivity disorder regardless of the stimulants' schedule
19 classification.

20 "Serious mental illness" means bipolar I disorder, bipolar
21 II disorder, delusional disorder, major depressive disorder with



1 psychotic features, psychosis secondary to substance use,
2 schizophrenia, schizophreniform disorder, and schizoaffective
3 disorder, as defined by the most current version of the
4 Diagnostic and Statistical Manual of Mental Disorders.

5 **§465- Administration.** (a) The board shall prescribe
6 application forms and fees for application for and renewal of
7 prescriptive authority privilege pursuant to this part.

8 (b) The board shall develop and implement procedures to
9 review the educational and training credentials of a
10 psychologist applying for or renewing prescriptive authority
11 privilege under this part, in accordance with current standards
12 of professional practice.

13 (c) The board shall determine the exclusionary formulary
14 for prescribing psychologists.

15 (d) The board shall have all other powers which may be
16 necessary to carry out the purposes of this part.

17 **§465- Prescriptive authority privilege; requirements.**
18 Beginning on July 1, 2022, the board shall accept applications
19 for prescriptive authority privilege. Every applicant for
20 prescriptive authority privilege shall submit evidence



1 satisfactory to the board, in a form and manner prescribed by
2 the board, that the applicant meets the following requirements:

3 (1) The applicant possesses a current license pursuant to
4 section 465-7;

5 (2) The applicant successfully graduated with a post
6 doctoral master's degree in clinical
7 psychopharmacology from a regionally-accredited
8 institution with a clinical psychopharmacology program
9 designated by the American Psychological Association,
10 or the equivalent of a post doctoral master's degree,
11 as approved by the board; provided that any equivalent
12 shall include study in a program offering intensive
13 didactic education including instruction in anatomy
14 and physiology, biochemistry, neuroanatomy,
15 neurophysiology, neurochemistry, physical assessment
16 and laboratory examinations, clinical medicine and
17 pathophysiology, clinical and research pharmacology
18 and psychopharmacology, clinical pharmacotherapeutics,
19 research, and professional, ethical, and legal issues;
20 (3) The applicant has clinical experience that includes:



- 1 (A) A minimum of eight hundred hours completed in a
2 clinical prescribing practicum including
3 geriatric, pediatric, and pregnant patients
4 completed in no less than twelve months and no
5 more than fifty-six months;
- 6 (B) Supervision of a minimum of one hundred patients
7 including geriatric, pediatric, and pregnant
8 patients;
- 9 (C) A minimum of eighty hours completed in a physical
10 assessment practicum in a primary care, family
11 practice, community, or internal medicine
12 setting;
- 13 (D) A minimum of one hundred hours of community
14 service with homeless, veteran, or low-income
15 populations;
- 16 (E) A minimum of two hours per week of supervision by
17 a primary care provider or a prescribing
18 psychologist; and
- 19 (F) Eight weeks of rotation in each of the following:
20 (i) Internal and family medicine;
21 (ii) Women's health;



1 (iii) Pediatrics; and

2 (iv) Geriatrics; and

3 (4) The applicant has successfully passed the nationally
4 recognized Psychopharmacology Examination for
5 Psychologists developed by the American Psychological
6 Association's Practice Organization's College of
7 Professional Psychology, or other authority, relevant
8 to establish competence across the following content
9 areas: neuroscience, nervous system pathology,
10 physiology and pathophysiology, biopsychosocial and
11 pharmacologic assessment and monitoring, differential
12 diagnosis, pharmacology, clinical psychopharmacology,
13 research, integrating clinical psychopharmacology with
14 the practice of psychology, diversity factors, and
15 professional, legal, ethical, and interprofessional
16 issues; provided that the passing score shall be
17 determined by the American Psychological Association's
18 Practice Organization's College of Professional
19 Psychology or other authority, as applicable.

20 §465- Prescriptive authority privilege; renewal. (a)

21 The board shall implement a method for the renewal of



1 prescriptive authority privilege in conjunction with the renewal
2 of a license under section 465-11.

3 (b) To qualify for the renewal of prescriptive authority
4 privilege, a prescribing psychologist shall present evidence
5 satisfactory to the board that the prescribing psychologist has
6 completed at least eighteen hours biennially of acceptable
7 continuing education, as determined by the board, relevant to
8 the pharmacological treatment of mental and emotional disorders;
9 provided that a first-time prescribing psychologist shall not be
10 subject to the continuing education requirements under this
11 section for the first prescriptive authority privilege renewal.

12 (c) The continuing education requirement under this
13 section shall be in addition to the continuing education
14 requirement under section 465-11.

15 (d) The board may conduct random audits of licensees to
16 determine compliance with the continuing education requirement
17 under this section. The board shall provide written notice of
18 an audit to each licensee randomly selected for audit. Within
19 sixty days of notification, the licensee shall provide the board
20 with documentation verifying compliance with the continuing
21 education requirement established by this section.



1 §465- Prescriptive authority privilege; prescribing
2 practices. (a) It shall be unlawful for any psychologist not
3 granted prescriptive authority privilege under this part to
4 prescribe, offer to prescribe, administer, or use any sign,
5 card, or device to indicate that the psychologist is so
6 authorized.

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

- 10 (1) Date of issuance;
- 11 (2) Original signature of the prescribing psychologist;
- 12 (3) Prescribing psychologist's name and business address;
- 13 (4) Name, strength, quantity, and specific instructions
14 for the psychotropic medication to be dispensed;
- 15 (5) Name and address of the person for whom the
16 prescription was written;
- 17 (6) Room number and route of administration if the patient
18 is in an institutional facility; and
- 19 (7) Number of allowable refills, if applicable.



1 (c) A prescribing psychologist shall comply with all
2 applicable state and federal laws and rules relating to the
3 prescription and administration of psychotropic medication.

4 (d) A prescribing psychologist shall:

- 5 (1) Except as provided in paragraph (3), prescribe and
6 administer psychotropic medication only in
7 consultation with and pursuant to a written
8 collaborative agreement with a patient's primary care
9 provider that is established and signed prior to
10 prescribing any psychotropic medication for the
11 patient;
- 12 (2) Make any changes to a medication treatment plan,
13 including dosage adjustments, addition of medications,
14 or discontinuation of medications only in consultation
15 and collaboration with a patient's primary care
16 provider;
- 17 (3) For patients who are forensically encumbered and for
18 patients with a diagnosis of serious mental illness
19 who are subject to the jurisdiction of the department
20 of health:



1 (A) Prescribe and administer psychotropic medication
2 only:

3 (i) In accordance with a treatment protocol
4 agreed to by the prescribing psychologist
5 and the treating department of health
6 psychiatrist; and

7 (ii) With notification to all other health care
8 providers treating the patient; and

9 (B) Enter into a collaborative agreement with the
10 department of health prior to prescribing any
11 psychotropic medication; and

12 (4) Document all consultations in the patient's medical
13 record.

14 (e) A prescribing psychologist shall not prescribe or
15 administer psychotropic medication for any patient who does not
16 have a primary care provider.

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

19 **§465- Prescriptive authority privilege; exclusionary**
20 **formulary.** (a) A prescribing psychologist shall only prescribe
21 and administer medications for the treatment of mental health



1 disorders as defined by the most current version of the
2 Diagnostic and Statistical Manual of Mental Disorders.

3 (b) The exclusionary formulary for prescribing
4 psychologists shall consist of drugs or categories of drugs
5 adopted by the board.

6 (c) The exclusionary formulary and any revised formularies
7 shall be made available to licensed pharmacies at the request of
8 the pharmacy and at no cost.

9 (d) Under the exclusionary formulary, prescribing
10 psychologists shall not prescribe or administer:

11 (1) Schedule I controlled substances pursuant to section
12 329-14;

13 (2) Schedule II controlled substances pursuant to section
14 329-16;

15 (3) Schedule III controlled substances pursuant to section
16 329-18, including all narcotic drugs and opiates; and

17 (4) For indications other than those stated in the
18 labeling approved by the federal Food and Drug
19 Administration for patients seventeen years of age or
20 younger;



1 provided that prescribing psychologists may prescribe and
2 administer stimulants for the treatment of attention deficit
3 hyperactivity disorder, regardless of the stimulants' schedule
4 classification.

5 **§465- Drug Enforcement Administration; registration.**

6 (a) Every prescribing psychologist shall comply with all
7 federal and state registration requirements to prescribe and
8 administer psychotropic medication.

9 (b) Every prescribing psychologist shall file with the
10 board the prescribing psychologist's federal Drug Enforcement
11 Administration registration number. The registration number
12 shall be filed before the prescribing psychologist issues any
13 prescription for a psychotropic medication.

14 **§465- Violation; penalties.** Any person who violates
15 this part shall be guilty of a misdemeanor and, on conviction,
16 subject to penalties as provided in section 465-15(b). Any
17 person who violates this part may also be subject to
18 disciplinary action by the board."

19 SECTION 3. Section 329-1, Hawaii Revised Statutes, is
20 amended as follows:



1 1. By adding two new definitions to be appropriately
2 inserted and to read:
3 "Prescribing psychologist" means a clinical psychologist
4 licensed under chapter 465 who has undergone specialized
5 training in clinical psychopharmacology, passed a national
6 proficiency examination in psychopharmacology approved by the
7 board of psychology, and been granted a prescriptive authority
8 privilege by the board of psychology.

9 "Psychotropic medication" means only those agents related
10 to the diagnosis and treatment of mental and emotional disorders
11 pursuant to the practice of psychology, as defined in section
12 465-1, except drugs classified into schedule I, II, or III
13 pursuant to this chapter, opiates, or narcotic drugs; provided
14 that psychotropic medication shall include stimulants for the
15 treatment of attention deficit hyperactivity disorder regardless
16 of the stimulants' schedule classification."

17 2. By amending the definition of "practitioner" to read:
18 ""Practitioner" means:
19 (1) A physician, dentist, veterinarian, scientific
20 investigator, or other person licensed and registered
21 under section 329-32 to distribute, dispense, or



1 conduct research with respect to a controlled
2 substance in the course of professional practice or
3 research in this State;

4 (2) An advanced practice registered nurse with
5 prescriptive authority licensed and registered under
6 section 329-32 to prescribe and administer controlled
7 substances in the course of professional practice in
8 this State; [and]

9 (3) A prescribing psychologist licensed and registered
10 under section 329-32 to prescribe and administer
11 psychotropic medication in the course of professional
12 practice in this State; and

13 ~~(3)~~ (4) A pharmacy, hospital, or other institution
14 licensed, registered, or otherwise permitted to
15 distribute, dispense, conduct research with respect to
16 or to administer a controlled substance in the course
17 of professional practice or research in this State."

18 SECTION 4. Section 329-38, Hawaii Revised Statutes, is
19 amended by amending subsection (i) to read as follows:

20 "(i) Prescriptions for controlled substances shall be
21 issued only as follows:



1 (1) All prescriptions for controlled substances shall
2 originate from within the State and be dated as of,
3 and signed on, the day when the prescriptions were
4 issued and shall contain:

5 (A) The first and last name and address of the
6 patient; and

7 (B) The drug name, strength, dosage form, quantity
8 prescribed, and directions for use. Where a
9 prescription is for gamma hydroxybutyric acid,
10 methadone, or buprenorphine, the practitioner
11 shall record as part of the directions for use,
12 the medical need of the patient for the
13 prescription.

14 Except for electronic prescriptions, controlled
15 substance prescriptions shall be no larger than eight
16 and one-half inches by eleven inches and no smaller
17 than three inches by four inches. A practitioner may
18 sign a prescription in the same manner as the
19 practitioner would sign a check or legal document
20 (e.g., J.H. Smith or John H. Smith) and shall use both
21 words and figures (e.g., alphabetically and



1 numerically as indications of quantity, such as five
2 (5)), to indicate the amount of controlled substance
3 to be dispensed. Where an oral order or electronic
4 prescription is not permitted, prescriptions shall be
5 written with ink or indelible pencil or typed, shall
6 be manually signed by the practitioner, and shall
7 include the name, address, telephone number, and
8 registration number of the practitioner. The
9 prescriptions may be prepared by a secretary or agent
10 for the signature of the practitioner, but the
11 prescribing practitioner shall be responsible in case
12 the prescription does not conform in all essential
13 respects to this chapter and any rules adopted
14 pursuant to this chapter. In receiving an oral
15 prescription from a practitioner, a pharmacist shall
16 promptly reduce the oral prescription to writing,
17 which shall include the following information: the
18 drug name, strength, dosage form, quantity prescribed
19 in figures only, and directions for use; the date the
20 oral prescription was received; the full name, Drug
21 Enforcement Administration registration number, and



1 oral code number of the practitioner; and the name and
2 address of the person for whom the controlled
3 substance was prescribed or the name of the owner of
4 the animal for which the controlled substance was
5 prescribed.

6 A corresponding liability shall rest upon a
7 pharmacist who fills a prescription not prepared in
8 the form prescribed by this section. A pharmacist may
9 add a patient's missing address or change a patient's
10 address on all controlled substance prescriptions
11 after verifying the patient's identification and
12 noting the identification number on the back of the
13 prescription document on file. The pharmacist shall
14 not make changes to the patient's name, the controlled
15 substance being prescribed, the quantity of the
16 prescription, the practitioner's Drug Enforcement
17 Administration number, the practitioner's name, the
18 practitioner's electronic signature, or the
19 practitioner's signature;

20 (2) An intern, resident, or foreign-trained physician, or
21 a physician on the staff of a Department of Veterans



1 Affairs facility or other facility serving veterans,
2 exempted from registration under this chapter, shall
3 include on all prescriptions issued by the physician:

4 (A) The registration number of the hospital or other
5 institution; and

6 (B) The special internal code number assigned to the
7 physician by the hospital or other institution in
8 lieu of the registration number of the
9 practitioner required by this section.

10 The hospital or other institution shall forward a copy
11 of this special internal code number list to the
12 department as often as necessary to update the
13 department with any additions or deletions. Failure
14 to comply with this paragraph shall result in the
15 suspension of that facility's privilege to fill
16 controlled substance prescriptions at pharmacies
17 outside of the hospital or other institution. Each
18 written prescription shall have the name of the
19 physician stamped, typed, or hand-printed on it, as
20 well as the signature of the physician;



- 1 (3) An official exempted from registration shall include
2 on all prescriptions issued by the official:
3 (A) The official's branch of service or agency (e.g.,
4 "U.S. Army" or "Public Health Service"); and
5 (B) The official's service identification number, in
6 lieu of the registration number of the
7 practitioner required by this section. The
8 service identification number for a Public Health
9 Service employee shall be the employee's social
10 security or other government issued
11 identification number.
- 12 Each prescription shall have the name of the officer
13 stamped, typed, or handprinted on it, as well as the
14 signature of the officer; [and]
- 15 (4) A physician assistant registered to prescribe
16 controlled substances under the authorization of a
17 supervising physician shall include on all controlled
18 substance prescriptions issued:
19 (A) The Drug Enforcement Administration registration
20 number of the supervising physician; and



1 (B) The Drug Enforcement Administration registration
2 number of the physician assistant.

3 Each written controlled substance prescription issued
4 shall include the printed, stamped, typed, or hand-
5 printed name, address, and phone number of both the
6 supervising physician and physician assistant, and
7 shall be signed by the physician assistant. The
8 medical record of each written controlled substance
9 prescription issued by a physician assistant shall be
10 reviewed and initialed by the physician assistant's
11 supervising physician within seven working days [-];
12 and

13 (5) A prescribing psychologist authorized to prescribe and
14 administer psychotropic medication pursuant to
15 part of chapter 465 in consultation and
16 collaboration with a primary care provider shall
17 include on all psychotropic medication prescriptions
18 issued:

19 (A) The Drug Enforcement Administration registration
20 number of the licensed primary care provider; and



1 (B) The printed, stamped, typed, or hand-printed
 2 name, address, and phone number of both the
 3 licensed primary care provider and prescribing
 4 psychologist; and

5 (C) The signature of the prescribing psychologist."

6 SECTION 5. Section 329-39, Hawaii Revised Statutes, is
 7 amended by amending subsection (b) to read as follows:

8 "(b) Whenever a pharmacist sells or dispenses any
 9 controlled substance on a prescription issued by a physician,
 10 dentist, podiatrist, or veterinarian, or any psychotropic
 11 medication on a prescription issued by a prescribing
 12 psychologist, the pharmacist shall affix to the bottle or other
 13 container in which the drug is sold or dispensed:

- 14 (1) The pharmacy's name and business address;
- 15 (2) The serial number of the prescription;
- 16 (3) The name of the patient or, if the patient is an
 17 animal, the name of the owner of the animal and the
 18 species of the animal;
- 19 (4) The name of the physician, dentist, podiatrist, [~~or~~]
 20 veterinarian, or prescribing psychologist by whom the
 21 prescription is written; and



1 (5) Such directions as may be stated on the prescription."

2 SECTION 6. Section 346-59.9, Hawaii Revised Statutes, is
3 amended by amending subsection (i) to read as follows:

4 "(i) All psychotropic medications covered by this section
5 shall be prescribed by a psychiatrist, a physician, [~~or~~] an
6 advanced practice registered nurse with prescriptive authority
7 under chapter 457 and duly licensed in the State[-], or a
8 prescribing psychologist authorized under part _____ of chapter
9 465."

10 SECTION 7. Chapter 465, Hawaii Revised Statutes, is
11 amended by designating sections 465-1 to 465-15 as part I and
12 inserting a title before section 465-1 to read as follows:

13 **"PART I. GENERAL PROVISIONS"**

14 SECTION 8. Section 465-3, Hawaii Revised Statutes, is
15 amended by amending subsection (e) to read as follows:

16 "(e) [~~Nothing~~] Other than as provided in part _____,
17 nothing in this chapter shall be construed as permitting the
18 administration or prescription of drugs, or in any way engaging
19 in the practice of medicine as defined in the laws of the
20 State."



1 SECTION 9. (a) The board of psychology shall submit a
2 report to the legislature, no later than twenty days prior to
3 the convening of the regular session of 2021, on the
4 authorization of prescriptive authority to prescribing
5 psychologists who meet specific education, training, and
6 registration requirements pursuant to this Act.

7 (b) The board of psychology shall collaborate with the
8 department of health when preparing information in the report
9 regarding the treatment of patients who are forensically
10 encumbered or patients with a diagnosis of serious mental
11 illness who are subject to the department's jurisdiction.

12 SECTION 10. If any provision of this Act, or the
13 application thereof to any person or circumstance, is held
14 invalid, the invalidity does not affect other provisions or
15 applications of the Act that can be given effect without the
16 invalid provision or application, and to this end the provisions
17 of this Act are severable.

18 SECTION 11. In codifying the new sections added by section
19 2 of this Act, the revisor of statutes shall substitute
20 appropriate section numbers for the letters used in designating
21 the new sections in this Act.



1 SECTION 12. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

3 SECTION 13. This Act shall take effect on July 1, 2050;
4 provided that:

5 (1) The amendments made to section 329-38(i), Hawaii
6 Revised Statutes, by section 4 of this Act shall not
7 be repealed when that section is reenacted on June 30,
8 2023, pursuant to section 6 of Act 66, Session Laws of
9 Hawaii 2017;

10 (2) This Act shall be repealed on August 31, 2025; and

11 (3) Upon repeal of this Act, sections 329-1, 329-38,
12 329-39, 346-59.9, and 465-3, Hawaii Revised Statutes,
13 shall be reenacted in the form in which they read on
14 June 30, 2019.



Report Title:

Clinical Psychologists; Prescriptive Authority Privilege

Description:

Authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements. Requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2022. Requires the Board of Psychology to report to the Legislature prior to the Regular Session of 2021. Sunsets on 8/31/2025. Effective 7/1/2050. (SD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

