



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
Tuesday, March 12, 2019 at 9:00 a.m., Room 329

by
Marcia Sakai
Interim Chancellor
and
Carolyn Ma, PharmD, BCOP
Dean
Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo

SB 819 SD2 – RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Chair Mizuno, Vice Chair Kobayashi and members of the committee:

My name is Carolyn Ma, I am the Dean for the Daniel K. Inouye College of Pharmacy (DKICP). The University of Hawai'i at Hilo respectfully opposes this bill that will give prescriptive authority to certain clinical psychologists.

University of Hawai'i is well aware of the need for need for specialist providers in the area of mental health. With all due respect to the psychology profession and their expertise in diagnostic assessments and psychotherapy interventions, their training in regards to medications and therapeutics is fairly limited as compared to psychiatrists as well as clinical pharmacists who are Board Certified in Psychiatric Pharmacy (BCPP). Both physician (MD) and clinical pharmacist (Doctor of Pharmacy), undergo four years of professional curriculum, and at least 2 years (PharmD) or 3 years (MD) of post-doctoral residency. Expertise is developed in foundation sciences of biochemistry, pathophysiology, pharmacology, medicinal chemistry and therapeutics. Psychotropic medications and other types of medications utilized in the area of psychiatry often have a narrow window of safety for dosing, side effect management, drug-drug and drug-disease interactions of psychotropic medications.

The DKICP suggests that a team approach to patient care in these areas has been effective as demonstrated by our participation in the ECHO program and other multi-disciplinary team approaches in ambulatory care clinics and inpatient hospital facilities.

Thank you for this opportunity to provide testimony.

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

Please vote NO on any version of SB819 including SB819SD2.

There are no valid studies showing such a measure would be safe nor improve access (there is a SHORTAGE OF PSYCHOLOGISTS in rural areas practicing what they have actually been trained to do, specific psychotherapies which often can work better than pills), and better, safer alternatives to SB819SD1 in Hawaii already exist and should be expanded including:

Telemedicine

APRN-RX

Project ECHO

Collaborative Care

Below please find an analysis of the study done by Hawaii's own 2006-2007 Legislative Reference Bureau on the only highly scrutinized experiment to train psychologists to prescribe in history, the Department of Defense Psychopharmacology Demonstration Project (DOD-PDP), and how simple but wrong solution bills such as SB819SD1 would fall woefully short of even this highly controversial and ultimately terminated, program. (The DOD-PDP cost taxpayers \$6 Million to train 10 psychologists. At least one dropped out – in order to go to medical school).

Incidentally, please be aware that the APAPO specified in the bill that would design the exam of medical competency, and determine the passing score, is not an educational but a lobbying entity that from 2002 to 2015 misled and bullied the members of the APA into paying an additional \$140 per member lobbying fee--until APA was sued and settled for \$9 Million the lawsuit brought against them by their own bullied members. Can the APAPO really be trusted to look out for the welfare of those suffering from severe mental illness, when they were found guilty of bullying and misleading their own members?

(Please see <https://www.washingtonpost.com/news/to-your-health/wp/2015/05/06/american-psychological-association-will-repay-members-9-million-in-settlement/?>)

Please vote NO on SB819SD2.

Thank you.

Jeffrey Akaka, MD

SB819 - ANALYSIS OF PROPOSED STANDARDS & SAFEGUARDS

In 2006-2007, the Hawaii Legislative Reference Bureau (LRB) conducted an impartial review of the psychologist prescribing issue. The LRB's detailed 100 page report made no recommendation on the final question, but noted that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the 1990-1997 Department of Defense PDP program (DoD-PDP). The Bureau's final recommendation was:

If the Legislature deems it appropriate to authorize prescriptive authority for qualified clinical psychologists who practice in community health centers, the Legislature may wish to consider requiring a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP program training model and a scope of practice and formulary for graduates that is no broader than limitations applied to PDP program graduates.

Regardless of the approach or solutions adopted to increase access to mental health services for the medically underserved population, it is clear that patient safety cannot be compromised. Patient safety should guide the Legislature's decision on the issue of prescriptive authority for qualified clinical psychologists under limited circumstances.

The primary question for policy makers should be,

“How close does the process proposed under SB819SD2 (for brevity

SB819SD2 will be referred to below as SB819) come to meeting the LRB's recommended requirements for

- (A) clinical training,
- (B) scope of practice,
- (C) medication formulary and
- (D) patient safety?"

Another question of importance is (E)

"Does SB819 have any budgetary implications or other risks?"

A. PROPOSED TRAINING AND SUPERVISION REQUIREMENTS ARE INADEQUATE

The LRB recommended that the Legislature require a training model with minimum classroom and clinical training requirements no less rigorous than the PDP program training model. How close does the process proposed under SB819 come to meeting the LRB's recommended requirements for clinical training?

As noted by the LRB, the Department of Defense PDP training program included the following four requirements or factors:

1. Curriculum:

PDP students had one to two full-time years of classroom training in the basic and preclinical biomedical sciences, and one year of full-time clinical training at a medical center that included inpatient and outpatient experience. This totaled 2-3 calendar years of full-time study. The PDP training model and curriculum was designed and approved not just by psychologists, but also by psychiatric physicians, representatives of American Association of Medical Colleges, the Accreditation Council for Graduate Medical Education, the medical school of the Uniformed Services University of Health Sciences, and the Walter Reed Army Medical Center. Graduates of the apparently defunct University of Hawaii at Hilo Masters of Science in Clinical Psychopharmacology (**UHH-MSCP**) and **Argosy University MSCP programs did not require applicants to demonstrate passing grades in any of the usual prerequisite courses or labs in basic foundational sciences**, and instead claimed to provide students with equivalent basic science and preclinical biomedical education in a fraction of the time.

At the UHH-MSCP program, listening to recorded

2. Selective Admission:

The PDP had a selective admission process and the LRB concluded that “candidates for any similar training program, whether military or civilian, should be held to high selection standards; several years of clinical experience was also suggested...

The Advisory Council to the PDP program recommended that applicants to the program should have a minimum of 2 years experience as a licensed clinical psychologist.” There is no evidence that the criteria used by the UHH-MSCP program to select applicants recognized the challenges of its accelerated curriculum. It required no entrance examination or other evidence to ensure that its psychologists were sufficiently gifted or exceptionally qualified to allow them to safely bypass so much of the standard biomedical science coursework. In fact, its program coordinator admitted that her students were often "scared by biochemistry". The program did not require applicants to have 2 years or more of experience as a licensed clinical psychologist. The MSCP student selection process basically takes all comers. Advising against this, the LRB cautioned, “Admission into current postdoctoral psychopharmacology programs require only a doctoral degree in psychology and a current state license to practice psychology; these minimal requirements do not establish the high selection standards suggested by the ACNP evaluation panel or the minimum two year clinical experience recommended by the Advisory Council.”

SB819 lacks these reasonable safeguards regarding the quality and experience of MSCP applicants.

3. Expert Clinical Supervision:

PDP students were supervised by physicians specialized in psychiatry, and a wide range of health care professionals, labs, and other equipment available in close proximity. The UHH-MSCP program’s **first director was a pharmacist with no experience treating patients with psychiatric drugs**, or even on the pharmacy aspects of psychiatric drugs. This is also the case for **the next program director, Supakit Wongwiwatthanakit, PharmD, a veterinary pharmacist** whose main contribution since transferring to the School of Pharmacy from the U.H. Cancer Center, was designing a curriculum for pharmacy students to treat animals. As he described this, “The curriculum was designed to expose students to a veterinary clinical setting.”

The basic science portion of the UHH-MSCP curriculum was not taught by qualified faculty with relevant degrees in these respective fields.

Chemistry material was not taught by chemists. Biology material was not

taught by biologists. This does not even meet community college standards. According to past program listings, the only UHH-MSCP faculty who were trained to prescribe medications were Allen Novak, APRN-Rx and Kristine McCoy, MD, a family doctor. Both were listed as “guest lecturers”. The UHH-MSCP program had no other faculty or clinical training sites to provide the necessary supervised clinical experience. Instead, students were required to find their own clinical training sites and volunteer supervisors. Generally this meant a primary care doctor at a community health center. It is notable that even though the program’s director advocated for psychologist prescribing by insisting that primary care doctors are not qualified to treat mental illness, the program relied on these same doctors as the primary supervisors for its psychologist trainees. SB819 lacks reasonable safeguards regarding the quality of program faculty and clinical supervisors.

4. Post-graduate Collaboration:

PDP graduates received close supervision by psychiatric physicians during their initial postgraduate medical facility assignment, and an ongoing open, collaborative practice that permitted ready access consultation with physicians who were onsite or readily available.

The process proposed under SB819 requires psychologists to maintain documented “collaborative agreements” and “treatment protocols” with DOH psychiatrists for patients with serious mental illness, and with the primary care physician for all other patients. These required collaborations, protocols and agreements would be the primary safeguards in the bill, but it is difficult to assess exactly what they would entail, how they will be meaningful, and their medico-legal implications. One thing is clear, these are likely to be the primary focus of scrutiny in event of adverse outcomes.

B. PROPOSED SCOPE OF PRACTICE LACKS SAFEGUARDS

How close does the process proposed under SB819 come to meeting the LRB’s recommended requirements for scope of practice?

The LRB recommended that the Legislature require a scope of practice that is no broader than limitations applied to PDP program graduates. It also noted: There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe.

The PDP scope of practice was limited to outpatients between the ages of 18

to 65, without serious medical conditions or serious mental illnesses. SB819 does not have this safeguard, would allow psychologists to prescribe risky drugs to children, teens, elderly, the medically-ill and the severely mentally-ill. Most people don't understand that there are no requirements for adequate supervised clinical experience for each of these specialized areas of practice, either during MSCP training or even in psychology doctorate programs. SB819 does not require psychologists to meet the usual standards American Psychological Association (APA) for specialized training in child psychology or for proficiency in assessment and treatment of serious mental illness before prescribing drugs to in these higher risk cases. There is no evidence that any MSCP program offers the specialized biomedical, clinical and psychopharmacologic training required to safely treat children, seniors and other higher risk patient populations with drugs.

This bears repeating, **SB819 would allow psychologists who have no clinical experience evaluating or treated children with psychological or pharmacologic interventions to prescribe drugs to children.** The same goes for prescribing drugs to teens, elderly, the medically-ill and the severely mentally-ill. The bill's lack of such a common-sense safeguard is of great concern.

C. PROPOSED MEDICATION FORMULARY LACKS SAFEGUARDS

The LRB recommended that the Legislature require a formulary that is no broader than the limitations applied to PDP program graduates. How close does the process proposed under SB819 come to meeting the LRB's recommended requirements for the medication formulary? Because PDP psychologists did not treat patients with severe mental illness, their medication formulary was limited to the lower risk drugs prescribed for less serious conditions. SB819 lacks this reasonable safeguard, and would permit psychologists use all psychiatric medications, a formulary that is nearly equivalent to that used by psychiatric physicians.

D. SB819 LACKS MULTIPLE DoD-PDP SAFEGUARDS

The LRB recommended that patient safety should guide the Legislature's decision on the issue of prescriptive authority for clinical psychologists. All agree that psychiatric drugs are no less complex and no less risky when prescribed by a Hawaii psychologist than by others. Once they are in someone's body, the chemicals will do what they do. Nevertheless, SB819 lacks many of the common-sense safeguards of the PDP, that could be described as "someone allowed to provide a medical service, should first

have the substantial and relevant education, training and supervised experience for that specific service”. Consider the following comparison of safeguards:

- 2-3 years of quality, full-time biomedical training? PDP -yes, SB819–no
- Selective applicant process? PDP -yes, SB819–no
- Qualified preclinical and clinical faculty? PDP -yes, SB819–no
- Supervisors expert in the use of psychiatric drugs? PDP -yes, SB819-no
- Limited to the lowest risk medications? PDP -yes, SB819–no
- Videotaped lectures as primary teaching method? PDP-no, SB819-yes
- Prescribe drugs to children? PDP-no, SB819-yes
- Prescribe drugs to teens? PDP-no, SB819-yes
- Prescribe drugs to pregnant women? PDP-no, SB819-yes
- Prescribe drugs to the elderly? PDP-no, SB819-yes
- Prescribe drugs to the medically-ill? PDP-no, SB819-

yes

- Prescribe drugs for severe mental illness? PDP-no, SB819-yes
- Psychology training in treating children? PDP-n/a, SB819-no
- Psychology training in treating teens? PDP-n/a, SB819-no
- Psychology training in treating pregnant women? PDP-n/a, SB819-no
- Psychology training in treating the elderly? PDP-n/a, SB819-no
- Psychology training in treating the medically-ill? PDP-n/a, SB819-

no

- Psychology training in treating severe mental illness? PDP-n/a, SB819-no
- Medical training in treating children with drugs? PDP-n/a, SB819-no
- Medical training in treating teens with drugs? PDP-n/a, SB819-no
- Medical training in treating children with drugs? PDP-n/a, SB819-no
- Medical training in treating pregnant women with drugs? PDP-n/a, SB819-no
- Medical training in treating the elderly with drugs? PDP-n/a, SB819-

no

- Medical training in treating severe mental illness with drugs? PDP-n/a, SB819-no

- Does SB819 mention any of this in its preamble? No.

SUMMARY

The available evidence continues to support the LRB’s conclusion that, “There is no postdoctoral training in psychopharmacology for clinical psychologists in Hawaii that has high selection standards to choose

participants or that meets the classroom and clinical training requirements of the PDP program.” The PDP only allowed psychologists to prescribe only after a 2-3 year, full-time biomedical training program, taught and supervised by qualified medical school faculty at Walter Reed. When finished, these military psychologists were only allowed to use a limited list of the safest psychiatric drugs to treat healthy adults aged 18-65, but not children, teens, elderly, the medically-ill or the severely mentally-ill. SB819 does not compare favorably to an objective examination of the PDP training program safeguards for the admission process, curriculum and training content, duration, faculty and supervisor qualifications, and required clinical settings. This is alarming given that the bill also fails to require and the important PDP safeguards of a narrow scope of practice and limited formulary. This risk is compounded by the fact that neither conventional clinical psychology training nor MSCP programs require any significant education or supervised clinical experience for children, seniors or other specialized patient populations.

Another safeguard missing from SB819 involves psychologists who may have completed MSCP training years ago, perhaps 10-15 years ago or more, and who have no evidence of substantial relevant prescriptive practice or continuing education since then. Allowing these individuals to begin prescribing after such a long gap, especially given the sketchy quality of the training being considered, is yet another concern.

It is clear, according to the LRB’s independent and objective analysis of this controversial issue, that SB819 does not require adequate education and training and poses significant risks to patient safety. The bill’s primary safeguard, consultation and collaboration with physicians, will push these risks down to the level of those responsible for oversight the prescribing psychologists. For the highest risk cases, this would include department of health psychiatrists. Any future claims of inadequate training and negligent supervision would be very difficult to defend given the findings of the LRB and other independent experts.

All of these risks and costs can be avoided by voting against SB819, and instead implementing initiatives that are safe and proven to work, like Telemedicine, Project ECHO, training more APRN-Rxs, and Collaborative Care.

Please vote NO on SB819SD2.

SB-819-SD-2

Submitted on: 3/9/2019 2:44:26 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

From: Dr. Thomas Thompson <tctmjs@zianet.com>
Sent: Monday, March 11, 2019 7:56 AM
To: Rep. Bertrand Kobayashi
Subject: SB 819

Representative Kobayashi,

RE: Testimony in Strong Support for Measure SB 819

My name is Thomas C Thompson, PhD, MP I am a Medical & Neuropsychologist in New Mexico and I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained Doctor of Psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Law in Hawaii.

I respectfully submit testimony asking that you strongly support SB 819 and vote Yes on this very important measure. In Hawaii, as in New Mexico communities are suffering because of the lack of access to psychiatric care. In New Mexico Medial Prescribing Psychologist are helping to meet these needs in the underserved communities of New Mexico. Your vote of YES on SB 819 can help to provide the services of Advanced/Specialty Trained Psychologists to underserved and needy populations in Hawaii.

I have been a Medical and Neuropsychologist-Prescribing in New Mexico since 2005. Starting with Conditional Prescribing License and since 2007 with an Unrestricted Prescribing License. During that period, I initially spent most of my time in a rural Acute Care Hospital helping develop integrated behavioral health service. This included consulting and prescribing to patients in the Rural Clinic, Emergency room, and Acute Care medical floor and the Out Patient Behavioral Health Clinic. This acute care Hospital and its Clinics provided services to underserved and needy populations. As a Prescribing Psychologist I provided much needed Psychiatric Care in the same way that your vote of YES on SB 819 can help to make these serves available to the underserved citizens of Hawaii.

After leaving there in June of 2015 I have served as member of the Psychiatric Staff as a Medical and Neuropsychologist-Prescribing in a Federally Qualified Health Center, La Clinica de Familia, Behavioral Health Specialties, Child and Adult Services. I provide psychiatric evaluation and medication management services to a wide range of Child and Adult patients with developmental and psychiatric disorders including patients that are classified as Serious Mentally Ill (SMI). Your vote of YES on SB 819 can help to make these services available to the underserved child and adult citizens of Hawaii who suffer with developmental and psychiatric disorders including SMI.

In New Mexico Prescribing Psychologist provide much needed services to rural and urban underserved populations with great need. Since 2004 we, Prescribing Psychologist have been in the trenches providing services to rural, urban and native peoples. These same needs are present in Hawaii and Your vote of YES on SB 819 can help to meet the needs of these child and adult citizens of Hawaii.

As a former Member of the NM Board of Psychologist Examiners (2005-2012) and continuing Member of The Board's Application Committee for Prescribing Psychologist I am unaware of any

complaint as to competence of Medical/Prescribing Psychologist or adverse treatment of patients in New Mexico by Medical/Prescribing Psychologist.

I encourage your strong support of SB 819 and encourage you to vote Yes. This will have a positive influence on the mental health needs of your citizens as it has had in New Mexico.

Thomas C Thompson, PhD, MP, ABN, ABMP
Medical Psychology and Neuropsychology-Prescribing
Diplomate American Board of Professional Neuropsychology
Diplomate American Board of Medical Psychology
Las Cruces, New Mexico

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Dr. Kalei Chandler-Ah Sing, Psy.D., LMHC
Psychological Wellness Services of Hawaii

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Anthony A. Arellano, Psy.D.

SB-819-SD-2

Submitted on: 3/11/2019 7:44:56 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura Anderson	Common Chord Psychology	Support	No

Comments:

I am writing to reinforce how important the passing of this bill is. Living and working in outer islands for years as a psychologist, it is imperative that we bolster availability of professionals in the outer islands to provide thoughtful prescriptive care. Psychologists receive extensive training in biology and neurology, and the individual psychologists who receive the additional training to qualify as prescribers should be able to practice to benefit the community.

Thank you for your time.



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March 10, 2019

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House Committee on Health
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee,

On behalf of the American Psychiatric Association, a national medical specialty society representing more than 38,500 psychiatric physicians, as well as their patients and families, we urge you to oppose SB 819 which would authorize clinical psychologists to prescribe powerful psychotropic drugs to Hawaii patients. While psychologists are experts in important behavioral interventions, they have no medical training. Giving them permission to prescribe would put the health and safety of Hawaii patients at risk. Medicare – one of the largest payers in our country – does not believe prescribing psychologists have adequate training to safely prescribe; it would be imprudent for Hawaii to authorize psychologists to do so.

There is often confusion about the difference between psychiatrists and psychologists. While psychologists are valuable mental health professionals and respected colleagues, only psychiatrists are medical doctors specializing in the diagnosis and treatment of mental disorders and substance abuse disorders. Just like surgeons or internists, psychiatrists are physicians who attend medical school (4 years), and then specialize through a medical residency. Psychiatrists complete a rigorous four-year medical residency in psychiatry after they complete medical school. This is over 12,000 hours of training specializing in medical treatment of mental health, including substance use disorders. Psychiatrists focus on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. Through their vast medical training, psychiatrists are able to conduct psychotherapy and prescribe medications and other medical treatments.

Psychologists treat mental disorders with psychotherapy and other behavioral interventions. A psychologist has an advanced degree, usually a Ph.D. in psychology or Doctor of Psychology (Psy.D.). Psychologists often have extensive training in research or clinical practice and in psychological testing and evaluation, but they **do not** have medical training.

SB 819 would authorize psychologists to obtain a license to independently prescribe after completing as few as 400 clinical hours (including course work) and a one-year period of "clinical supervision." This course work can be done completely online.

Physicians spend years learning differential diagnoses, pharmacology, and honing their medical skills. This cannot be replicated in a 400-hour training period. Additionally, the “clinical supervision” does not have to be performed by a physician, which is disconcerting since psychologists have **no** medical training. SB 819 would grant a psychologist prescriptive authority once they pass a 150-question multiple choice Psychopharmacology Exam for Psychologists (PEP). PEP is a product provided and administered by the American Psychological Association. **No** medical doctor’s license and ability to prescribe was based solely on a multiple-choice exam, nor could their course work be completed online. Additionally, testing of physicians is performed by medical boards that are separate from professional medical associations in order to prevent conflicts of interest.

While we realize this legislation was intended to increase access to needed mental health care, granting psychologists prescriptive authority will not improve access. Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. We would instead encourage evidence-based solutions to address access to care such as the Collaborative Care Model. Under this model, which has nearly 80 randomized-control trials demonstrating its efficacy, a primary care provider, a psychiatrist, and a behavioral health care manager work together to provide mental health care to a much broader group of patients using innovative features such as telemedicine and measurement-based care.¹ Not only would this increase access to care, it would do so in a way that ensures that high-quality care. Specifying that private insurers reimburse the Collaborative Care billing codes would be a much better legislative solution for addressing access than SB 819.

Patient safety must be paramount when considering the change of any law, and SB 819 puts some of Hawaii’s most vulnerable patients at risk. 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 who 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 to recognize the warning signs of adverse effects. In short, psychotropic medications should only be prescribed by clinicians with significant medical training and broad understanding of all systems of the body.

The practice of medicine is a serious responsibility requiring 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 oppose SB 819 and would welcome the opportunity to work with you

¹ Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2

through our partners – the Hawaii Psychiatric Medical Association and the Hawaii Medical Association – to facilitate evidence-based, proven programs that can truly assist Hawaii patients with 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 Erin Philp, Director of State Government Relations, at ephilp@psych.org.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin" with "M.D., M.P.A." written in smaller letters to the right. There is a horizontal line under the name "Levin".

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

Testimony of the Board of Psychology

**Before the
House Committee on Health
Tuesday, March 12, 2019
9:00 a.m.
State Capitol, Conference Room 329**

**On the following measure:
S.B. 819, S.D. 2, RELATING TO THE PRESCRIPTIVE AUTHORITY FOR CERTAIN
CLINICAL PSYCHOLOGISTS**

Chair Mizuno and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board supports this bill and offers amendments.

The purposes of this bill are to: (1) authorize and establish procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements; (2) require the Board to submit a report to the Legislature, prior to the Regular Session of 2021, on the authorization of prescriptive authority to prescribing psychologists who meet specific education, training, and registration pursuant to this bill, if enacted; and (3) repeal the prescriptive authority for clinical psychologists on August 31, 2025.

The Board acknowledges that S.D. 2 adopts several of the Board's recommended amendments. In addition, the Board requests additional clarifying language in subsection (3) on page 10, line 20 to page 12, line 2, which sets forth the clinical experience requirement, as it remains unclear whether the 800 hours of clinical prescribing practicum include paragraphs (B), (C), (D), (E), and (F). The Board believes that in the Regular Session of 2017, when it suggested the increase from 400 hours to 800 hours in clinical prescribing practicum for similar measure S.B. 384, the 800 hours would include the: 8-week rotation; 100 patients' supervision requirement; minimum 80 hours of physical assessment practicum in a primary care setting; 100 hours of community service; and two hours per week of supervision by a primary care provider or a prescribing psychologist. To clarify S.D. 2's clinical experience requirement, the Board proposes the following amendment to subparagraph (3): "The applicant has clinical experience that includes [:

~~(A)~~ A] a minimum of eight hundred hours completed in a clinical prescribing practicum, including geriatric, pediatric, and pregnant patients, completed in no less than twelve months and no more than fifty-six months[;], and consists of:

Thank you for the opportunity to testify on this bill.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone (808) 521-8995

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

Committee on Health

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

HEARING: TUESDAY, MARCH 12, 2019, 9:00AM, ROOM 329

Testimony in **STRONG SUPPORT** of SB819 SD2
RELATING TO PRESCRIPTIVE AUTHORITY FOR
CERTAIN CLINICAL PSYCHOLOGISTS

The Hawai'i Psychological Association (HPA) is in **STRONG** support of SB819 SD2. 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.

The nationally recognized Psychopharmacology Examination for Psychologists is no longer developed or administered by the American Psychological Association's Practice Organization's College of Professional Psychology. It is now developed and administered by the **Association of State and Provincial Psychology Boards (ASPPB)**. Therefore, we request that section (4) of §465- *Prescriptive authority privilege; requirements* be amended as follows (page 12, lines 3-19):

- (4) The applicant has successfully passed the nationally recognized Psychopharmacology Examination for Psychologists developed by the ~~American Psychological Association's Practice Organization's College of Professional Psychology~~ Association of State and Provincial Psychology Boards, or other authority, relevant to establish competence across the following content areas: neuroscience, nervous system pathology, physiology and pathophysiology, biopsychosocial and pharmacologic assessment and monitoring, differential diagnosis, pharmacology, clinical psychopharmacology, research, integrating clinical psychopharmacology with the practice of psychology, diversity factors, and professional, legal, ethical, and interprofessional issues; provided that the passing score shall be determined by the American Psychological Association's Practice Organization's College of Professional Psychology or other authority, as applicable.

SB819 SD2 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and therefore we respectfully ask that you consider a "YES" vote on this bill.

Sincerely,

Julie Takishima-Lacasa, PhD
Chair, HPA Legislative Action Committee
HPA President-Elect

SB-819-SD-2

Submitted on: 3/10/2019 9:18:38 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nozanin Yusufbekova	North Shore Mental Health	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

Prescriptive Authority for advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and we are in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Nozanin Yusufbekova, PsyD

Brian Kehoe, PhD

North Shore Mental Health

SB-819-SD-2

Submitted on: 3/11/2019 1:38:31 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maria Briones	Maria Briones, PhD	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort. I have been in private practice as a clinical psychologist in Koloa on Kauai for the past 17 years. I believe that Prescriptive Authority for advanced practice Psychologists would be a big step in providing the mental health resources my community needs.

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

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Maria Briones, PhD

SB-819-SD-2

Submitted on: 3/11/2019 3:29:29 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Fahy	Carol Fahy PhD PsyD	Support	No

Comments:

Hawaii legislators will be supporting the health and well being of their citizens by passing this bill.

Psychologists who qualify will be highly trained having spent many more years in school and practicums , beyond their PhD training, in order to provide these services. Psychologists are excellent team members and will seamlessly interact with all medical persons involved in a patients treatment. There are many dedicated psychologists who have been training for years in order to provide these services in Hawaii.

All areas outside Honolulu are in need of more prescription support than they currently have. Hawaii has a severe shortage of MD's and fortunately their are Nurse Practitioners, Physician Assistants and hopefully Psychologists who can offer support and assist patients with their care needs through assessment and treatment.

We all know that for some people a psychotropic drug can be the difference between a life worth living and being on the brink of hopelessness and despair. Psychologists have high ethical standards in all areas and understand mental illness and accurate diagnosing. I have no doubt that the passage of this bill will ease suffering for Hawaiian citizens in need of treatment.

Please support SB819!



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

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www.hawaiimedicalassociation.org

TO:

[HOUSE COMMITTEE ON HEALTH](#)

Rep. John Mizuno, Chair

Rep. Bertrand Kobayoshi, Vice Chair

DATE: March 12, 2019

TIME: 9:00 am

PLACE: Conference Room 329

FROM: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

Re: SB 819 SD2: Relating to Prescriptive Authority for Certain Clinical Psychologists

Position: **Oppose**

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 819 proposes to allow clinical psychologists, who are experts in important behavioral interventions but who have no medical training, the permission to prescribe extremely powerful psychotropic drugs for patients with psychiatric disorders. While we understand the intention of this legislation is to increase access to needed mental health care, SB 819 puts Hawaii's most vulnerable patients at risk while failing to promote *available evidence-based solutions* to mental health access challenges. We urge you to look at safer models already up and functioning in Hawaii, as there are better alternatives to supporting patients with mental health needs.

These alternatives include:

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

Collaborative Care: A specific type of integrated care that improves access to evidence based mental health care for primary care patients. Working with a

HMA OFFICERS

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Executive Director – Christopher Flanders, DO



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

As you know, SB 819 would permit psychologists to obtain a prescription pad by acquiring a 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 819 would require little clinical experience to prescribe medications including controlled substances and antipsychotics. Under SB 819, only 400 contact hours with 100 patients is required as part of this training. Consider for a moment that psychiatric resident physicians, who complete a four-year medical residency program following graduation from medical school, **will generally see 100 patients in just two weeks.**

SB 819 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.

As you review SB 819, please consider the following:

- Proponents of SB 819 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

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the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.

- Fragmentation of Hawaii's health care system will increase by limiting the availability of behavioral therapy that integrated mental health care teams have come to rely on from psychologists. Coordinated, team-based care in which every member is relied on for their training and expertise is the model of practice and reimbursement the nation is moving toward. We would be happy to serve as a resource to this Committee on programs like Project Echo and collaborative care models already underway in Hawaii and in other states that would be more sustainable alternatives to solving significant access problems. SB 819 would seriously undermine this movement.

In summary, the practice of medicine is a serious responsibility that requires years of thorough and relevant medical education and training. Allowing psychologists to prescribe after dramatically short-cutting the medical education and training necessary presents a serious and avoidable danger to Hawaii's most vulnerable patients. Again, we urge you to vote No on SB 819 and would welcome the opportunity to work with you to facilitate evidence-based, proven programs that can truly assist citizens of Hawaii suffering from mental illness, including substance use disorders.

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Immediate Past President – Bernard Robinson, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO

SB-819-SD-2

Submitted on: 3/10/2019 6:32:03 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Barnett	American Psychological Association	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: [Tuesday, March 12, 2019 9:00 AM](#) Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN

PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Dr. Rick Barnett and I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and

dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is time for that to change and the solution is to pass this legislation. Several other states have passed or are in the process of passing similar bills in their respective states. Hawaii could be next. I would consider relocating if the bill passes.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill. The arguments opposing this measure are blocks to true progress at the expense of Hawaiian's mental and physical health.

Respectfully,

Dr. Rick Barnett, PsyD, MSCP

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Richard J. Kravetz, Ph.D.
Licensed Psychologist and
President,
Alaka'i Na Keiki, Inc.
1100 Alakea St., 9th Floor
Honolulu, Hawaii 96813
808 258-2598

SB-819-SD-2

Submitted on: 3/11/2019 7:10:31 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Graham Taylor	Hawaii Psychological Assoc.	Support	No

Comments:

SB-819-SD-2

Submitted on: 3/11/2019 10:43:01 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Kim	The Catalyst Group, LLC	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Richard J Kim, Ph.D., Licensed Clinical Psychologist in State of Hawaii

The Catalyst Group Psychological Services

SB-819-SD-2

Submitted on: 3/10/2019 11:59:31 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Greta Kugler	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in FULL SUPPORT of this effort due to so many unmet medication needs on my island.

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

Please Help Save Lives and Reduce Psychological Suffering.

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Greta Kugler, PsyD

Clinical Psychologist in Private Practice

Kapaa, HI

SB-819-SD-2

Submitted on: 3/10/2019 12:50:43 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Uemura	Individual	Support	No

Comments:

I am a psychologist on Kauai and in support of this bill.

SB-819-SD-2

Submitted on: 3/10/2019 1:41:38 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Spira	Individual	Support	No

Comments:

I support this bill in it's entirely. It has been modified to accommodate to concerns raised in prior years. Even though those with Doctorates in Psychology will attain an additional Master's Degree in Psychopharmacology represents more training in psychopharmacology than possessed by primary care physicians and nurses, this bill as written nevertheless accommodates prior concerns in that all prescribing psychologists will be supervised (with orders co-signed) by a physician.

This bill allows for greater access to care for the great many patients across all the islands who have difficulty finding a psychiatrist (who is available, or who takes Medicaid/Medicare insurance, or both). The majority of psychologists take these insurances, whereas this is not the case for psychiatrists in this state.

It works successfully elsewhere with fewer restrictions than what is proposed.

Passing this bill will increase access to care not being received currently for many of our State's citizens, does not increse risk, is supported by the great majority of the State's psychologists and mental health organizations, and does not increase the cost to the government.

James L Spira PhD MPH ABPP
Clinical Professor, Department of Psychiatry, UH School of Medicine

Past Director, National Center for PTSD, Department of Veterans Affairs

Past Research Director, Department of Health Affairs, Department of Defense

SB-819-SD-2

Submitted on: 3/10/2019 12:53:21 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

RIKA SUZUKI M.D.

TO: Honorable Chair Mizuno, Vice Chair Kobayashi and members of the House Committee on Health

Please vote NO on any version of SB819 including SB819SD2.

DATE: March 10, 2019

SB819SD2 RELATING TO PSYCHOLOGISTS PRESCRIBING

POSITION: OPPOSE

My testimony is submitted in opposition to SB819SD2 relating to psychologists prescribing.

I am opposed to this measure because the needs of medically underserved populations must be met as safely, consistently, and responsibly as any other population. The patient populations of the medically underserved are particularly vulnerable. Access to mental health care does not equate to the need for medications. Increasing the number of prescribers is not the solution to improving access. Even suicidal patients are not always in need of medications but rather intensive supportive counseling and psychosocial supports and interventions, and triage. The triage process to identify danger and acuity, and immediate needs can be carried out by a variety of mental health professionals.

In treating the underserved populations with medications, however, especially the young, the old and the sick, it is even more imperative that comprehensive medical training of brain and organ systems take place before safely identifying those patients who may benefit from medications. In prescribing, the medical model must be adhered to, as in any other treatment population. To expedite services to underserved populations, we are now actively exploring and putting to use integrative and collaborative care models between primary care providers and mental health providers. This kind of collaboration improves the efficiency of delivery of care, increases the numbers serviced, and decreases the time to access care.

Please help protect and advocate for the welfare of our underserved populations by your consideration to HOLD SB819SD2 in committee.

Thank you,

Rika Suzuki M.D., Adult and Geriatric Psychiatry

SB-819-SD-2

Submitted on: 3/10/2019 1:46:17 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Gamby	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE
AUTHORITY

FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As a psychologist, life long Kaua'i resident, and daughter of a physician, I can personally attest to the dire mental health needs on Kaua'i. We have a shortage of mental healthcare providers and primary care physicians on Kaua'i and our system is bogging down as we don't have enough psychiatrists to provide care, so the primary care doctors are picking up the slack. Unfortunately, our primary care doctors are also overtaxed and in short supply and often don't have the time or expertise to make the complicated decisions that are needed to provide comprehensive mental health care to our patients.

We need to streamline and coordinate care more effectively and SB219 not only allows psychologists to prescribe but it allows us to "unprescribe". Too often I have patients in my office who can't get off their sleeping pills or the Ativan or the Xanax. Those should not be the first line treatment option as non-medication options are equally or more effective for many of those conditions. Properly trained prescribing psychologists can provide both the therapy, behavioral and medication options for patients. Prescribing psychologists tend to choose medication as the last choice, rather than the first choice. With our opioid crisis, increasing depression rates and high suicide rates, I strongly feel we need to be making every effort to fill the gaps and streamline our healthcare system and this is one of the ways.

Additionally, the homelessness issue is a concern on every island. Psychologists tend to be the primary mental health providers for Medicaid and Medicare patients (as many

psychiatrists will not accept this population) and are part of the coalition to address homelessness, and provide care alongside of our colleagues and community partners. Being able to handle the medication and therapy needs simultaneously streamlines treatment and allows us to serve more people more efficiently.

The additional training necessary for prescriptive authority is extensive. Since the 1990's Prescriptive authority for advanced practice psychologists has been demonstrated to be a safe and already utilized option in Federally Qualified Health Centers, on Indian Reservations and in the military. Prescribing Psychologists have been successfully prescribing in Louisiana, New Mexico, Guam, and most recently in Illinois, Iowa, and Idaho. Increasingly, in recognition of our national shortage of mental health care, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

Thank you for your support of SB819 SD2

Aloha,

Tanya Gamby, PhD

Licensed Psychologist

SB-819-SD-2

Submitted on: 3/10/2019 2:07:54 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lucas Morgan	Individual	Support	No

Comments:

This bill would increase access to much needed mental health medication for vulnerable and underresourced community members. Psychiatrists are in short supply and many do not take patients with Medicare or Medicaid. Our Hawai'i communities continue to suffer because of the lack of access to comprehensive mental health care. Many rural areas in our state have limited or no access to psychiatric care; this has been the case for decades. The need is significant and increasing. Many in our homeless population have mental health challenges and/or substance use challenges.

Please pass this bill. We need it.

Aloha,

Lucas Morgan

SB-819-SD-2

Submitted on: 3/10/2019 2:46:54 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph E. Comaty, Ph.D., M.P.	Individual	Support	No

Comments:

I respectfully urge passage of SB819 to allow specially trained psychologists to prescribe appropriate psychotropic medications to the citizens of HI. Based on my own experience as a Medical (i.e., prescribing) Psychologist in LA, I can certainly attest to the fact that having such additional experienced providers has allowed for greater access to behavioral health care for the citizens in my state, as it will for the citizens of HI. During over 20 years of experience nationally, prescribing psychologists have been very successful, competent, and safe. The arguments that psychologists are not sufficiently trained to prescribe medication and that they will "kill people," simply is not rational given the practical data that has already proven that not to be true as there have been now over 100 such psychologists who have prescribed tens to hundreds of thousands of prescriptions without any major incidents. How much more data is needed to be reassured that with the appropriate additional training (remember, psychologists are already competent, independently licensed providers of behavioral health services) and passing a national examination of knowledge and competence, that psychologists can provide much needed additional resources to citizens of your state? Psychologists have already proven their competence and value to those who need behavioral health services. Passing SB819 would allow them to do more. Thank you for allowing me to submit this testimony.

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Linda D. Hufano, Ph.D.
Hawaii Licensed Psychologist
122 Hoahana Place
Honolulu, Hawaii 96825

SB-819-SD-2

Submitted on: 3/10/2019 5:20:22 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judi Steinman	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: Tuesday, March 12, 2019 9:00 AM Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Judi Steinman, Ph.D. and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

Thirty years ago a conflict resolution committee addressed this issue. Its main conclusion was that we did not have sufficient numbers of psychiatrists to address our mental health care crisis in 1989. Here we are, 30 years later, and the only thing that has stayed the same is that nothing has been done to address the lack of sufficient

numbers of mental health care providers. It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Mahalo

Judi Steinman, PhD.

Hilo, HI 96720

judi.steinman@yahoo.com

SB-819-SD-2

Submitted on: 3/10/2019 6:31:02 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen M McNamara	Individual	Support	No

Comments:

SB-819-SD-2

Submitted on: 3/10/2019 5:51:30 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

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

SB-819-SD-2

Submitted on: 3/10/2019 6:53:59 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Raymond Folen	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Raymond A. Folen, Ph.D., ABPP

Hawai'i Licensed Psychologist

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Nadine K. Nakamura
Rep. Joy San Buenaventura
Rep. Calvin Say
Rep. James Kunane Tokioka
Rep. Gene Ward

HEARING: Tuesday, March 12, 2019 9:00 AM Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

Over thirty years ago a grass roots movement was started to allow psychologists to prescribe. The reason for the movement was in response to the lack of psychiatric services to Hawaiians. We are here today, 3 decades later, and the problem continues to persist, and most would agree it has become critically worse.

I whole heartedly support SB 819. We are in need of ideological change, a paradigm shift. For too long we have been using the term “Psychologists” when having discussions about prescriptive authority. Arguments are wide ranging but mostly come down to this, “Psychologists do not know enough about the body to understand medicine and it could be harmful or even deadly.” Let me say, and please listen very carefully; I am a medically trained professional. I have extensively studied, written about, and analyzed medical journals and medical literature in chemistry, biochemistry, anatomy, human physiology, neuroanatomy, pharmacology, psychopharmacology, pathophysiology, and legal/ethical concerns. These have all been full credit hour graduate level courses offered by the College of Pharmacy at our very own University of Hawaii at Hilo, fully accredited by the American Psychological Association. I have also spent the last year completing clinical training, on the ground, within a psychiatric clinic. To my point, I am no longer a “psychologist”, I am a medically trained psychologist.

I have been serving the Hawaiian communities for several years. I am one of a very few that continue to accept and serve both Medicaid and Medicare patients. I have been doing my best to care for the underserved populations of our islands. I have even done clinical hours on the Big Island working with similar populations without pay. I care deeply about my work and take it very seriously. I have obtained the medical education and psychopharmacology training in order to help serve these populations that are currently underserved.

I am here today to ask that you no longer see me as a “psychologist”, and rather see me as a well-rounded clinician with both medical and psychological training. I am here today to ask that you let me put my experience and training to work on our islands. By denying the passage of SB 819, you are holding back a highly competent, medically trained mental health interventionist behind the lines. We, at this very moment, have citizens who are at risk of harm to both themselves and others. Please let me do my work for our citizens. The University of Hawaii has trained me to do this, now I ask the state of Hawaii to put me to work. Please allow me and these other specially trained psychologists to practice at our full potential to help those in desperate need.

Respectfully Submitted,

Dr. Bracken Gott



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

10 March 2019

To: COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti	Rep. Calvin K.Y. Say
Rep. Nadine K. Nakamura	Rep. James Kunane Tokioka
Rep. Joy A. San Buenaventura	Rep. Gene Ward

HEARING: TUESDAY, MARCH 12, 2019 AT 9:00am IN ROOM 329

RE: Testimony in **SUPPORT** of SB819 SD2 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

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

Unfortunately, there are still impediments to providing our community the highest quality of care. For example, in busy clinics with limited personnel and scarce resources, care can become fragmented as the patient may need to keep multiple doctor visits for the treatment of a single problem (a psychologist to provide psychotherapy and a primary care physician to prescribe the medications, for example).

Psychologists in these setting are already providing high quality patient care and are recognized as having specialized psychopharmacologic knowledge. It is notable that many of the primary care physicians and community health center providers among others that treat Hawaii's medically underserved are in support of prescriptive authority for advanced practice Psychologists.

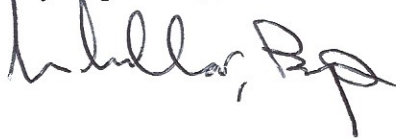
Interestingly, many who oppose this bill, are not presently working in Hawai'i's rural community health centers or have had very limited exposure to the psychologists who do. They cite concerns about patient safety as their primary concern. Patient safety should be the concern of all health care providers.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

Psychologists have safely and efficaciously prescribed medications to patients in a variety of settings from 1974 through today, providing citizens with much needed access to the high quality health care we all deserve. Prescriptive Authority for advanced practice Psychologists is a safe and already utilized option in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently in Illinois, Iowa, and Idaho. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care. In fact, as a retired Federal psychologist I safely and thoughtfully wrote in excess of 8,000 prescriptions to those in need of such care.

SB819 SD2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacologic support, and I am in full support of this effort.

Please vote YES on SB819 SD2 to allow greater access to care for those most in need.

Very respectfully,

A handwritten signature in black ink, appearing to read "H. Miller, Rep". The signature is fluid and cursive, with the letters "H", "M", and "R" being particularly prominent.

SB-819-SD-2

Submitted on: 3/10/2019 7:18:14 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
nancy sidun	Individual	Support	No

Comments:

Given the challenges of our Hawaii citizens to get timely and essential psychotropic care, I strongly support the passage of this bill which will allow appropriately trained psychologist the opportunity to provide psychotropic medication to our underserved rural populations. As a clinical psychologist that spent many years providing services on the Big Island, I can attest that there are not enough prescribing providers to service our rural citizens. I urge those of you that have the power to pass this bill to do so.

Respectfully submitted,

Nancy M. Sidun, PsyD, ABPP, ATR

SB-819-SD-2

Submitted on: 3/10/2019 9:20:26 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alton Couturier	Individual	Support	No

Comments:

Dear Ms/Sir:

I am a psychologist, now retired, who worked at the Kaua'i Community Mental Health Clinic for seven years. I had previously worked at State psychiatric centers in the states of New York and Washington.

All this to say--that psychologists are very well trained and versed in the mental health sciences. Having been in the field for many years, I believe that with adequate training in psycho-pharmacology, psychologists would be in the forefront of ethical, reasoned, and high-quality care to the mentally ill of Hawai'i.

Thank you for your consideration of my testimony!

Alton Couturier, PhD

SB-819-SD-2

Submitted on: 3/10/2019 9:03:23 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathrine Fast	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Kathrine Fast

Hawaii State Licensed Psychologist

**THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019**

TO: HOUSE COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

RE: TESTIMONY IN SUPPORT OF SB 819 SD 2
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL
PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the House Committee on Health, 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 18 years to include Hana, Maui, Molokai, and Waimānalo. I am also a past President of the Hawai'i Psychological Association and current Training Director at I Ola Lāhui, an American Psychological Association accredited pre-doctoral internship and post-doctoral fellowship that has trained and placed psychologists in rural, medically underserved areas across our state since 2007. Because of my years of clinical experience serving rural, medically underserved areas, and first-hand knowledge of what the severe needs of these communities are and the profound impact that mental health provider shortages have on the psychological well-being of these communities, **I would like to submit this testimony in strong support of SB 819 SD 2.**

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 16 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 have to be made due to many who do not accept new patients and/or Medicaid/Medicare patients. Individuals on O'ahu are having to wait weeks to months before they are able to get appointments. 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. We simply don't have enough psychiatric resources in our state.

According to the most recent Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2018), 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 36.91%, followed by Kaua'i county at 33.3%, and Hawai'i county at 32.95%. This annual report continues to indicate there is a 0% shortage for psychiatry on O'ahu but this doesn't take into account other aspects of accessibility including, availability (i.e., how soon and how often can a patient be seen?) and acceptability (i.e., quality of the relationship). I have witnessed all too often the suffering that persists due to individuals not being able to receive adequate psychiatric care on an outpatient basis. Psychiatrists practice in various types of health care settings, to include hospitals and residential treatment programs where the larger portion of our population does not require care, however, they do face access

**THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019**

difficulties to receiving 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 compromised by allowing psychologists to prescribe—but after 22 years of psychologists' prescribing, this has not proven to be true. Psychologists have been prescribing in the Indian Health Service and Department of Defense for the past 2 decades. There are now 178 prescribing psychologists licensed through New Mexico, Louisiana, and Illinois, many of whom are serving in rural, medically underserved areas and medically underserved populations. Recently, Idaho and Iowa also passed legislation to allow prescriptive authority for advanced trained clinical psychologists. 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.

SB 819 SD 2 contains increases in training requirements and supervised clinical experiences and additional setting and population specifications such as obtaining 80 hours in a physical assessment practicum in a primary care, family practice, community or internal medicine setting and 100 hours of supervised community service that will include homeless, veteran and low-income populations. Supervised clinical experiences will include no less than 2 hours per week of supervision by a licensed physician or osteopathic physician, an APRN-Rx, or a prescribing psychologist.

SB 819 SD 2 also contains multiple safeguards imbedded in this legislation to include:

- Passing a rigorous national exam, the Psychopharmacology Exam for Psychologists (PEP);

**THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019**

- 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 access to quality mental health care for Hawaii's medically underserved areas and most vulnerable populations, I humbly ask for your support of SB 819 SD 2.

Respectfully submitted,



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

SB-819-SD-2

Submitted on: 3/10/2019 7:20:54 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Michael Lucido	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: [Tuesday, March 12, 2019 9:00 AM](#) Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN

PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Dr. Michael Lucido and I wish to submit this testimony in **STRONG** support of SB 819, which allows doctors of psychology with specialized postdoctoral training in psychopharmacology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is needed now more than ever to allow greater access to medication interventions by specialized prescribers in treating mental health conditions. There are many rural areas like Hana, for example, in need of access to professionals trained in treating psychiatric conditions and have prescriptive authority to provide medication interventions. Further, psychologists with advanced training and prescriptive authority would allow a mental health professional who can implement in unison behaviorally and medically based interventions within one single session. With a history of over 20 years in prescribing, psychologists with this advanced training have proven to be safe and has increased access to specialized prescribing mental health professionals.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i like Hana, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Michael J. Lucido, PhD, LP, MSCP

Board-certified in Neurofeedback

SB-819-SD-2

Submitted on: 3/10/2019 10:31:03 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Evslin	Individual	Support	Yes

Comments:

IN SUPPORT OF: SB819

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Aloha Chair, Vice Chair and members of the committee:

I am a Lee A. Evslin M.D. I am a retired primary care physician and a board certified pediatrician. I served for 15 years as the CEO of Kauai Medical Clinic and was the CEO of Wilcox Hospital. I was also the senior vice president in Hawaii Pacific Health in charge of electronic medical records.

I am testifying in favor of psychologists gaining the legal authority to prescribe medication for psychological conditions. Presently, psychologists have the right to prescribe in federal programs such as the military, in the Indian Health Service, and in several states. They have been prescribing without incident for years, demonstrating that the training systems work and that psychologists can help fill the provider shortage that our nation is facing.

Specifically, I support prescriptive privileges for psychologists because:

1. On the outer islands we have a shortage of psychiatrists **and** a shortage of primary care physicians. The primary care physicians are very often put in the position of prescribing medications for depression, anxiety, phobias, sleep disorders and other psychological conditions. The primary care physicians end up trying to assess and treat psychological conditions in a very short clinic visit. Additionally, because primary care physicians are often overbooked, many times it is difficult to see the patient often enough to effectively manage the medication.

2. The patient may or may not also see a psychologist. If they are also seeing a psychologist, we are put in the somewhat inefficient position of trying to increase or decrease the medication on the advice of the psychologist. This may involve many phone calls or the patient retelling what the psychologist has suggested. If they are not seeing a psychologist, we are then in the position of altering medication dosages based on our very short visits. Short visits may be appropriate for altering medications for high

blood pressure but are much less accurate for assessing psychological conditions. The result may often be a patient whose psychotropic medications are not being optimally managed.

3. The philosophy behind psychologists prescribing meds in their field can be summed up in these two phrases:

“The power to prescribe is the power not to prescribe,” or “the power to prescribe is the power to unprescribe.”

What is meant by these phrases is that spending appropriate time with a patient and using evidence based cognitive therapies has been shown to allow psychologists to often treat patients without medication and/or to taper patients off of medication. The best way to insure this happens in the most patient friendly and efficient way is to allow appropriately trained psychologists to use the medications that are specific to their field of expertise.

5. A common reason given for not giving psychologists prescriptive rights is that they are not going to be well enough trained in this skill set. I am very impressed with the intensive training and supervision that will be required to gain this prescriptive right. This training is much more than the average primary care physician receives for the use of psychopharmacological medications.

My strong conclusion is that psychologists should gain the legal ability to prescribe medication in their field of expertise. I feel certain it will improve the coordination of psychological care particularly in rural areas where there is a shortage of psychiatrists and of primary care physicians. I feel that prescriptive privileges for psychologists will improve the quality and coordination of care and give patients many more options to manage their mental health needs.

The unacceptable suicide rate in our state serves as a cry for us to improve our system of mental health care. The status quo is not working well enough. Please consider passing this bill.

Mahalo for the opportunity to give testimony.

Lee A. Evslin, MD, FAAP

Hello and very briefly I would like to first offer my appreciation for this hearing being called. My name is Christopher Knightsbridge and I am a strong supporter of this bill SB819, and I would like those against this measure to please consider if by doing so they are unintentionally causing great harm. I don't want to waste your time so I will just present my main argument on why all of us should be in support of this bill followed by bullet points which clearly illustrate the facts.

Main argument- The shortage in mental and medical healthcare providers with prescription authority in our state means that by voting no, though completely not your intent, you would be simply denying treatment to those in your communities that desperately need your help.

While approximately 1 percent of all of us will develop schizophrenia disorder, approximately 20 to 25% of our homeless population suffers from this disease. This is both great and horrible news.

The good news is that 75 to 80 percent of patients with schizophrenia respond very well to medication, with outcomes for success growing even higher when combined with psychotherapy and case management.

The bad news..... laws like Sb819 keep getting sidelined as a special interest issue and are not even called for a hearing. This is not a special interest issue, it's a public health care issue that our islands are too small to not have every community impacted by it.

I am, or was, heading into my 4th year as a doctoral student in clinical psychology at Argosy University. My university is now gone. Up to 80 doctoral student practitioners will no longer be able to treat their patients as of Monday. This access to care crisis has just gotten significantly worse and as lives are even more at stake than ever, this bill must become law or simply put our homeless population will continue to grow and people will die.

Thank you very much, Below is further information retrieved from an article showing the promise that both psychotherapy and medication combined has in the fight against homeless populations living with schizophrenia

Schizophrenia affects a little more than 1 percent of the U.S. population, but it's much more prevalent among homeless persons. Estimates are wide ranging, but some go as high as 20 percent of the homeless population. That's thousands of people living with schizophrenia and experiencing homelessness each day.

Nearly 10 million Americans suffer from [a severe mental illness \(SMI\)](#) – schizophrenia, bipolar disorder or severe depression. Schizophrenia is generally the most stigmatized of these three disorders, and can be the most burdensome. The symptoms, which include hallucinations, delusions and sometimes incoherent speech patterns, often make it difficult for people with the disorder to maintain relationships, access treatment, or keep employment or housing.

A new study of an intervention called [Recovery after an Initial Schizophrenic Episode \(RAISE\)](#) offers promising results for an early, comprehensive intervention for schizophrenia. The study examined outcomes for people treated with this intervention, which essentially consists of providing medication and psychotherapy along with case management upon the identification

of a psychotic episode (ideally while the person is still experiencing first-episode psychosis or immediately after).

What makes this intervention different from previous treatment approaches is its response time and a decreased reliance on medication-heavy approaches.

The study showed that patients treated at a RAISE site experienced improved quality of life and increased employment and education. The study also indicates improved outcomes for housing retention.

Because of the intimate relationship between severe mental illness and homelessness, there are some exciting implications for the potential of an intervention like RAISE:

- Schizophrenia and other SMI are mental illnesses characterized by periods of psychosis or depression, and the study finds that the sooner patients began treatment (within or after the first episode of psychosis), the better they did. Early interventions can keep patients connected to treatment and meaningful relationships, and can prevent unemployment and homelessness.
- While outcomes are best for people who are treated after the first episode, RAISE could be the answer for people who haven't responded to other treatments in the past or people who experienced multiple periods or episodes of psychosis. The [Washington Post](#) and [New York Times](#) recently reported the stories of a few patients who had lost hope until enrolling at RAISE sites for treatment.
- The RAISE approach incorporates components such as case management and supported employment that are common among effective homelessness interventions, notably [Housing First](#). The approach addresses factors that contribute to a person becoming homeless, and it's easy to see how it could reduce housing instability and homelessness among people with schizophrenia.

Like permanent supportive housing, this intervention is intensive and costly. However, researchers say it could prove cost-effective over time by reducing emergency department visits, in-patient stays, and justice system costs. Federal agencies have already issued guidance for states to access Medicaid and mental health block-grants for first-episode psychosis treatments. And [significant mental health reforms](#) are a hot topic in Congress these days.

We know we're facing an uphill battle. Research indicates that about 10 percent of people who suffer a psychotic episode will be successful without treatment, but that 10 to 15 percent of patients will also be impossible to treat. For that 75 to 80 percent in the middle, RAISE seems like an encouraging option.

New Study Offers Hope for Homeless People with Schizophrenia - National Alliance to End Homelessness.

(2019, January 9). Retrieved March 11, 2019, from <https://endhomelessness.org/new-study-offers-hope-for-homeless-people-with-schizophrenia/>

SB-819-SD-2

Submitted on: 3/11/2019 1:34:55 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Reid Elderts	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Aloha,

I am writing this letter as a mental health provider and concerned community member in support of SB819 SD2, relating to prescriptive authority for advanced practice psychologists. I believe that the requirements listed in this SB819 SD2 provides necessary safeguards to ensure that licensed psychologists with appropriate training will be authorized to prescribe and support the mental health need in the state of Hawaii. I am in full support of this effort.

Please vote YES on SB 819 SD 2.

Mahalo,

Reid Elderts, MA

SB-819-SD-2

Submitted on: 3/11/2019 7:04:58 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert C. Rinaldi C. PhD	Individual	Support	No

Comments:

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Dr. Robert C. Rinaldi and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Robert C. Rinaldi, PhD, MA

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,



Bradley J. McConnell, PsyD, ABPP
Board Certified in Clinical Psychology
Licensed Psychologist (PSY-1663)
(661) 805-5003 | cell

SB-819-SD-2

Submitted on: 3/11/2019 7:29:02 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia F Tucker PsyD	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Cynthia F Tucker, PsyD

SB-819-SD-2

Submitted on: 3/11/2019 7:40:59 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Thompson PhD, MP, ABN, ABMP	Individual	Support	No

Comments:

RE: Testimony in Strong Support for Measure SB 819

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Thomas C Thompson, PhD, MP I am a Medical & Neuropsychologist in New Mexico and I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained Doctor of Psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Law in Hawaii.

I respectfully submit testimony asking that you strongly support SB 819 and vote Yes on this very important measure. In Hawaii, as in New Mexico communities are suffering because of the lack of access to psychiatric care. In New Mexico Medial Prescribing Psychologist are helping to meet these needs in the underserved communities of New Mexico. Your vote of YES on SB 819 can help to provide the services of Advanced/Specialty Trained Psychologists to underserved and needy populations in Hawaii.

I have been a Medical and Neuropsychologist-Prescribing in New Mexico since 2005. Starting with Conditional Prescribing License and since 2007 with an Unrestricted Prescribing License. During that period, I initially spent most of my time in a rural Acute Care Hospital helping develop integrated behavioral health service. This included consulting and prescribing to patients in the Rural Clinic, Emergency room, and Acute Care medical floor and the Out Patient Behavioral Health Clinic. This acute care Hospital and its Clinics provided services to underserved and needy populations. As a Prescribing Psychologist I provided much needed Psychiatric Care in the same way that your vote of YES on SB 819 can help to make these serves available to the underserved citizens of Hawaii.

After leaving there in June of 2015 I have served as member of the Psychiatric Staff as a Medical and Neuropsychologist-Prescribing in a Federally Qualified Health Center, La

Clinica de Familia, Behavioral Health Specialties, Child and Adult Services. I provide psychiatric evaluation and medication management services to a wide range of Child and Adult patients with developmental and psychiatric disorders including patients that are classified as Serious Mentally Ill (SMI). Your vote of YES on SB 819 can help to make these services available to the underserved child and adult citizens of Hawaii who suffer with developmental and psychiatric disorders including SMI.

In New Mexico Prescribing Psychologist provide much needed services to rural and urban underserved populations with great need. Since 2004 we, Prescribing Psychologist have been in the trenches providing services to rural, urban and native peoples. These same needs are present in Hawaii and Your vote of YES on SB 819 can help to meet the needs of these child and adult citizens of Hawaii.

As a former Member of the NM Board of Psychologist Examiners (2005-2012) and continuing Member of The Board's Application Committee for Prescribing Psychologist I am unaware of any complaint as to competence of Medical/Prescribing Psychologist or adverse treatment of patients in New Mexico by Medical/Prescribing Psychologist.

I encourage your strong support of SB 819 and encourage you to vote Yes. This will have a positive influence on the mental health needs of your citizens as it has had in New Mexico.

Thomas C Thompson, PhD, MP, ABN, ABMP

Medical Psychology and Neuropsychology-Prescribing

Diplomate American Board of Professional Neuropsychology

Diplomate American Board of Medical Psychology

Las Cruces, New Mexico

SB-819-SD-2

Submitted on: 3/11/2019 3:00:33 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Annie H. Nguyen	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As a psychologist working in private practice I constantly struggle to connect my patients with prescribers. All the psychiatrist are full or will not accept Quest or Medicaid. Increasing our pool of qualified prescribers in Hawaii will benefit our communities and decrease ER visitis and suicides.

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

mental health professionals, and are part of the coalition to address homelessness, and provide care alongside of our colleagues and community partners.

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Annie H. Nguyen, PsyD

SB-819-SD-2

Submitted on: 3/11/2019 7:57:29 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Casey McDougall, Ph.D., LP, MSCP	Individual	Support	No

Comments:

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Dr. Casey McDougall and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. Ultimately, this significantly improves access to and continuity of care. It also allows psychologist with advanced degrees and supervised field experience the authority to discontinue medications that are not efficacious or are doing harm.

It is time for that to change and the solution is to pass this legislation. So that the underserved of your great state received the care they deserved. SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Casey

Casey L. McDougall, Ph.D., LP, MSCP

Professor

Psychopharmacology Training Director

College of Education Counseling & Educational Psychology

MSC 3CEP

New Mexico State University P.O. Box 30001

Las Cruces, NM 88003-8001

575-646-5739

clm-rxp@nmsu.edu

Hawaii prescribing psychologist testimony

3/11/19

Dear Honorable Chair, Vice Chair and members of the Committee on Health,

My name is Dr. Gretchen A. Boules and I am a licensed clinical psychologist in the state of Illinois and am currently doing my medical rotations required prior to becoming a licensed prescribing psychologist. I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i law.

It is time for that change and the solution is to pass this legislation.

SB819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Gretchen A. Boules, Psy.D.

SB-819-SD-2

Submitted on: 3/11/2019 8:05:35 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Miklos Hargitay	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Miklos Hargitay, Psy.D.

PSYCHOLOGY Post-Doctoral Fellow

Addendum:

An additional note; as a psychologist who has worked in Hawai'i for a short time, I have learned quickly how vital it is to get much needed medical and mental health services to our underserved communities. This bill will help close the gap between providers and prescribers and their clients and patients.

**THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019**

COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Tuesday, March 12, 2019
9:00 AM
Conference Room 329
State Capitol
415 South Beretania Street

RE: Testimony SUPPORTING SB 819, SD2 - RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Honorable Chair Mizuno, Vice Chair Kobayashi, and members of the State House committee on Health. I am a clinical psychologist working in the private sector, so I can only rely on the reports I hear from my colleagues working in the public sector and in rural communities to obtain an accurate picture of access to mental healthcare “out there,” in our communities. It is apparent from what my colleagues tell me and clear from health statistics that the need for quality, appropriate mental healthcare is growing and is likely to continue to grow while access to care has been a significant and “treatable” barrier. I therefore support SB 819 as one of a number of initiatives designed to address the “access to care” barrier that inhibits access to quality mental healthcare in our communities.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Jeffrey D. Stern, Ph.D.
Past President, Hawaii Psychological Association

2/26/2019

To Whom It May Concern,

This is regards to my support of Senate Bill: Relating to Prescriptive Authority for Certain Psychologists.

Here in Hawaii we strive to provide accessible health care and the delivery of care to many of Hawaii's underserved population. We acknowledge that in Hawaii we do have a shortage of health care providers. Within the "medical field" we have come to accept nurse practitioners as fully independent practitioners and the use of physician assistants as extenders of medical care. Physician assistants have prescriptive authority based on their training and scope of work.

However, we still have not acknowledged that we do have a shortage of health care providers with prescriptive authority within the "psychiatric field". We do need to have psychiatric extenders: i.e., psychologists to have prescriptive authority based on their training and scope of work. Many of the underserved population are homeless and suffer from mental illnesses. With the lack of funding in the 1980's for institutionalized care and the change in reimbursements, many of those patients with mental illnesses were discharged to the streets. During that change in funding, social workers in the hospital would recommend continued hospitalization because of "unsafe discharge." However, because the hospitals could not afford to keep those patient who were homeless (and with mental illnesses) discharge from the hospital was then seen as appropriate since it will be a "discharge to previous living situation." IE: Homeless.

We have programs in the "medical field" to initiate HIV treatment on a same day basis if a patient is thought to have been exposed to HIV: Post exposure Prophylaxis and / or if found to be HIV positive that day with a rapid (same day) test for HIV. We also initiate patients on pre exposure prophylaxis: PrEP: treatment on the same day if they are in a "high exposure" group and their rapid (same day) HIV test is negative. We do this to prevent the spread of HIV since studies have shown that there is a lack of follow up / taking medications and the risk of spreading HIV if there is a delay between diagnosis and the initiation of treatment. Previously newly diagnosed HIV patients would have to be notified then scheduled with a "medical provider" in order to initiate treatment.

For those with mental illnesses, it may take longer than 3- 4 months in order to obtain an appointment with a psychiatrist just to be initially seen. Many of the vulnerable homeless population with mental illnesses are not able to see a psychiatrist since they are on QUEST. Many patients on QUEST who need psychiatric care are given a list of participating providers by their insurance company and told that they: the patient: will need to call the psychiatrist on their own to locate a psychiatrist who will accept them as a patient. This is the same vulnerable population that have no access to cell phones.

For these reasons, I do ask that Senate Bill: be passed to allow Prescriptive Authority for Certain Psychologists based on training and scope of work.



Hiram Young MD

SB-819-SD-2

Submitted on: 3/11/2019 8:43:04 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Annie Chung	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Annie Chung, Ph.D.

Hawaii Licensed Psychologist, Kauai

SB-819-SD-2

Submitted on: 3/11/2019 9:28:50 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ivan Gonzalez	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: Tuesday, March 12, 2019 9:00 AM Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN

PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Ivan Gonzalez and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Ivan Gonzalez

SB-819-SD-2

Submitted on: 3/11/2019 8:55:00 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kahanaaloha Kuikahi-Duncan	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Kahanaaloha Kuikahi-Duncan, Ph.D.

Clinical Psychologist

SB-819-SD-2

Submitted on: 3/11/2019 9:58:47 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Angela N R Miller	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: [Tuesday, March 12, 2019 9:00 AM](#) Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN

PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Dr. Angela Miller and I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii's Law.

It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Angela N.R. Miller, PhD, MPH, MSCP



Department of Psychology

Buchtel College of Arts and Sciences
College of Arts & Sciences Building
Room 350
Akron, OH 44325-4301

330-972-5496 (Office)
330-972-5174 (Fax)

Date: 3/11/2019

From: Ronald Levant

Subject: SB819 SD2

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: Tuesday, March 12, 2019 9:00 AM Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Ronald Levant, Ed.D., and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,
Ronald Levant, Ed.D.
Professor Emeritus of Psychology

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

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

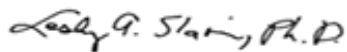
Prescriptive Authority for advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,



Lesley A. Slavin, Ph.D.

SB-819-SD-2

Submitted on: 3/11/2019 11:33:57 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Rodriguez	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE
AUTHORITY
FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

integrative
mental health care.

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully submitted,

Daniel Alfonso Rodriguez, MA

Predoctoral Psychology Intern

SB-819-SD-2

Submitted on: 3/11/2019 11:49:18 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Burns, PhD	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES

THE THIRTIETH LEGISLATURE

REGULAR SESSION OF 2019

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in **SUPPORT** of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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

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

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

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

Please vote **YES** on SB 819 SD 2 to allow greater access to care for those most in need.

Respectfully,

Katherine M Burns, PhD

Clinical Neuropsychologist

LATE

SB-819-SD-2

Submitted on: 3/11/2019 4:29:29 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaitlin Duckett	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine K. Nakamura

Rep. Joy San Buenaventura

Rep. Calvin Say

Rep. James Kunane Tokioka

Rep. Gene Ward

HEARING: Tuesday, March 12, 2019 9:00 AM Room 329

TESTIMONY IN STRONG SUPPORT OF S.B. 819 SD2

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Health,

My name is Kaitlin Duckett, and I wish to submit this testimony in **STRONG** support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

It is time for that to change and the solution is to pass this legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Respectfully,

Kaitlin Duckett, Ph.D.

LATE

SB-819-SD-2

Submitted on: 3/12/2019 6:54:30 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexander Kraft	Individual	Support	No

Comments:

Dear Honorable Chair John Mizuno, Vice-Chair Bertrand Kobayashi, and Honorable members of the Committee on Health:

My name is Dr. Alexander Kraft, Prescribing Psychologist and Army Psychologist, and I wish to submit this testimony in STRONG support of SB 819. This bill allows advanced trained doctors of psychology to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. I currently do so for the past 2 yrs in the State of New Mexico, and I will begin prescribing at Ft Bliss, TX soon as well.

It is time for that to change and the solution is to pass this Hawaiian legislation.

SB 819 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and I respectfully ask that you consider a "YES" vote on this bill.

Lived and trained in Hawai'i, should this law pass, I will return to the Islands to become prescriber.

SB-819-SD-2

Submitted on: 3/11/2019 11:24:48 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments: