
A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

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

1 SECTION 1. The legislature finds that there is a
2 significant shortage of prescribing mental health care providers
3 available to serve the needs of the State's residents. As a
4 means of addressing this shortfall, access to quality,
5 comprehensive, and affordable health care can be facilitated and
6 enhanced by collaborative practice between licensed clinical
7 psychologists and medical doctors. Authorizing qualified
8 clinical psychologists with appropriate advanced training to
9 prescribe from a limited formulary of psychotropic medication
10 will benefit Hawaii residents who live in rural or medically
11 underserved communities, where mental health professionals with
12 prescriptive authority are in short supply.

13 The legislature further finds that the mental health needs
14 of the State continue to outpace present capacity. According to
15 the Annual Report on Findings from the Hawaii Physician
16 Workforce Assessment Project (December 2019), psychiatrist
17 shortages are highest in Hawaii and Maui counties. Hawaii



1 county has the greatest shortage, at thirty-eight per cent,
2 followed by Maui county with a thirty-seven per cent shortage,
3 and then Kauai county with a twenty-two per cent shortage. The
4 2019 report reflected a nine per cent shortage of psychiatrists
5 in the city and county of Honolulu; however, these calculations
6 do not factor in the additional systemic barriers related to
7 accessing care in urban areas, such as long wait times to see
8 psychiatrists, psychiatrists not taking new patients due to
9 being overbooked, and psychiatrists not taking medicaid or
10 medicare insurance.

11 The lack of access to appropriate mental health treatment
12 has serious and irrevocable consequences for many Hawaii
13 residents. According to the department of health, of the ten
14 leading injury-related causes of death, death by suicide is the
15 number one cause among Hawaii residents. Studies have shown
16 that people who attempt or commit suicide have often received
17 inadequate or no mental health treatment due to a shortage of
18 community mental health providers. While causes for suicide are
19 complex, the most commonly reported contributing factors are
20 mental health conditions that, when identified and treated,
21 respond favorably to therapy and psychotropic medication.



1 A 2016 Hawaii News Now article reported that sixty-one per
2 cent of all people arrested in 2015 on Oahu suffered from
3 serious mental illness or severe substance intoxication. This
4 almost two-fold increase occurred in the period following
5 substantial cuts to state-supported mental health services in
6 2009.

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

16 The legislature additionally finds that increasing the
17 number of prescribing mental health providers would be
18 beneficial to the State's homeless population. According to the
19 2019 Hawaii Statewide Point-In-Time Count, there are an
20 estimated 6,448 homeless persons in the State, with an estimated
21 1,681 of those persons meeting the definition of chronically

1 homeless. According to the 2019 Kauai Homeless Point-In-Time
2 Count, there are an estimated four hundred forty-three homeless
3 persons on Kauai. Of those persons, a large number fall into
4 four subpopulations that would likely benefit from increased
5 access to prescribing mental health providers, including eighty-
6 four adults with a serious mental illness; one hundred twenty-
7 nine adults with a substance use disorder; five adults with
8 HIV/AIDS; and eleven adult survivors of domestic violence.

9 Clinical psychologists are licensed health professionals
10 with an average of seven years of post-baccalaureate study and
11 three thousand hours of post-graduate supervised practice in the
12 diagnosis and treatment of mental illness. The American
13 Psychological Association has developed a model curriculum for a
14 master's degree in psychopharmacology for the education and
15 training of prescribing psychologists. However, the current
16 allowable scope of clinical psychologists' practice in Hawaii
17 does not include prescribing medications. Currently, these
18 providers' patients must consult with and pay for another
19 provider to obtain psychotropic medication when it is indicated.

20 The legislature has previously authorized prescription
21 privileges for advanced practice registered nurses,



1 optometrists, dentists, and naturopathic physicians. Licensed
2 clinical psychologists with specialized education and training
3 for prescriptive practice have been allowed to prescribe
4 psychotropic medications to active duty military personnel and
5 their families in federal facilities and the United States
6 Public Health Service for decades. In recent years, Idaho,
7 Iowa, Illinois, Louisiana, and New Mexico have adopted
8 legislation authorizing prescriptive authority for advanced
9 trained psychologists. Many of these prescribing psychologists
10 have filled long-vacant public health positions or otherwise
11 serve predominantly indigent and rural patient populations.

12 Independent evaluations of the federal Department of
13 Defense psychopharmacological demonstration project by the
14 Government Accountability Office and the American College of
15 Neuropsychopharmacology, as well as the experiences in other
16 jurisdictions, have shown that appropriately trained
17 psychologists can prescribe and administer medications safely
18 and effectively.

19 The purpose of this Act is to require the board of
20 psychology to establish a pilot program to grant prescriptive
21 authority to certain prescribing psychologists practicing in



1 counties with populations of less than 100,000 persons, licensed
2 in the State before January 1, 2020, and who meet specific
3 education, training, and registration requirements.

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

7 "PART . PRESCRIBING PSYCHOLOGISTS

8 §465- Definitions. As used in this part, unless the
9 context otherwise requires:

10 "Advanced practice registered nurse with prescriptive
11 authority" means an advanced practice registered nurse, as
12 defined in section 457-2, with prescriptive authority granted
13 pursuant to section 457-8.6.

14 "Clinical experience" means a period of supervised clinical
15 training and practice in which clinical diagnoses and
16 interventions, that can be completed and supervised as part of
17 or subsequent to earning a post-doctoral master of science
18 degree in clinical psychopharmacology training, are learned.

19 "Controlled substance" has the same meaning as in
20 section 329-1.



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

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

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

10 "Prescribing psychologist" means a clinical psychologist
11 who has undergone specialized training in clinical
12 psychopharmacology, passed a national proficiency examination in
13 psychopharmacology approved by the board, and been granted a
14 prescriptive authority privilege by the board.

15 "Prescription" means an order for a psychotropic medication
16 or any device or test directly related to the diagnosis and
17 treatment of mental and emotional disorders pursuant to the
18 practice of psychology.

19 "Prescriptive authority privilege" means the authority
20 granted by the board to prescribe and administer psychotropic
21 medication and other directly related procedures within the



1 scope of practice of psychology in accordance with rules adopted
2 by the board.

3 "Primary care provider" means a physician or osteopathic
4 physician licensed or exempt from licensure pursuant to
5 section 453-2 or an advanced practice registered nurse with
6 prescriptive authority.

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

15 "Serious mental illness" means bipolar I disorder, bipolar
16 II disorder, delusional disorder, major depressive disorder with
17 psychotic features, psychosis secondary to substance use,
18 schizophrenia, schizophreniform disorder, and schizoaffective
19 disorder, as defined by the most current version of the
20 Diagnostic and Statistical Manual of Mental Disorders.



1 **§465- Administration.** (a) The board shall prescribe
2 application forms and fees for application for and renewal of
3 prescriptive authority privilege pursuant to this part.

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

9 (c) The board shall determine the exclusionary formulary
10 for prescribing psychologists.

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

13 **§465- Prescriptive authority privilege; requirements.**

14 Beginning on July 1, 2022, the board shall accept applications
15 for prescriptive authority privilege to qualified candidates.

16 Every applicant for prescriptive authority privilege shall
17 submit evidence satisfactory to the board, in a form and manner
18 prescribed by the board, that the applicant meets the following
19 requirements:

20 (1) The applicant possesses a current license pursuant to
21 section 465-7, was originally licensed in the State



1 prior to January 1, 2020, and practices in a county
2 with a population of less than 100,000 persons;

- 3 (2) The applicant successfully graduated with a post-
4 doctoral master's degree in clinical
5 psychopharmacology from a regionally-accredited
6 institution with a clinical psychopharmacology program
7 designated by the American Psychological Association,
8 or the equivalent of a post-doctoral master's degree,
9 as approved by the board; provided that any equivalent
10 shall include study in a program offering intensive
11 didactic education including instruction in anatomy
12 and physiology, biochemistry, neuroanatomy,
13 neurophysiology, neurochemistry, physical assessment
14 and laboratory examinations, clinical medicine and
15 pathophysiology, clinical and research pharmacology
16 and psychopharmacology, clinical pharmacotherapeutics,
17 research, and professional, ethical, and legal issues;
- 18 (3) The applicant has clinical experience that includes a
19 minimum of eight hundred hours completed in a clinical
20 prescribing practicum, including geriatric, pediatric,
21 and pregnant patients, completed in no less than



1 twelve months and no more than fifty-six months, and
2 consists of:

3 (A) Supervision of a minimum of one hundred patients
4 including geriatric, pediatric, and pregnant
5 patients;

6 (B) A minimum of eighty hours completed in a physical
7 assessment practicum in a primary care, family
8 practice, community, or internal medicine
9 setting;

10 (C) A minimum of one hundred hours of community
11 service with homeless, veteran, or low-income
12 populations;

13 (D) A minimum of two hours per week of supervision by
14 a primary care provider or a prescribing
15 psychologist; and

16 (E) Eight weeks of rotation in each of the following:

17 (i) Internal and family medicine;

18 (ii) Women's health;

19 (iii) Pediatrics; and

20 (iv) Geriatrics; and



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

19 **§465- Prescriptive authority privilege; renewal. (a)**

20 The board shall implement a method for the renewal of



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

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

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

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



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

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

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



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

4 (d) A prescribing psychologist shall:

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



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

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

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

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

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

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

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

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



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

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

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

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

- 11 (1) Schedule I controlled substances pursuant to
12 section 329-14;
- 13 (2) Schedule II controlled substances pursuant to section
14 329-16;
- 15 (3) Schedule III controlled substances pursuant to section
16 329-18, including all narcotic drugs and opiates; and
- 17 (4) For indications other than those stated in the
18 labeling approved by the federal Food and Drug
19 Administration for patients seventeen years of age or
20 younger; provided that prescribing psychologists may
21 prescribe and administer stimulants for the treatment



1 of attention deficit hyperactivity disorder,
2 regardless of the stimulants' schedule classification.

3 **§465- Drug Enforcement Administration; registration.**

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

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

12 **§465- Violation; penalties.** Any person who violates
13 this part shall be guilty of a misdemeanor and, on conviction,
14 subject to penalties as provided in section 465-15(b). Any
15 person who violates this part may also be subject to
16 disciplinary action by the board."

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

19 1. By adding two new definitions to be appropriately
20 inserted and to read:



1 "Prescribing psychologist" means a clinical psychologist
 2 licensed under chapter 465 who has undergone specialized
 3 training in clinical psychopharmacology, passed a national
 4 proficiency examination in psychopharmacology approved by the
 5 board of psychology, and has been granted a prescriptive
 6 authority privilege by the board of psychology.

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

15 2. By amending the definition of "practitioner" to read:

16 "Practitioner" means:

- 17 (1) A physician, dentist, veterinarian, scientific
- 18 investigator, or other person licensed and registered
- 19 under section 329-32 to distribute, dispense, or
- 20 conduct research with respect to a controlled



1 substance in the course of professional practice or
2 research in this State;

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

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

12 [~~3~~] (4) A pharmacy, hospital, or other institution
13 licensed, registered, or otherwise permitted to
14 distribute, dispense, conduct research with respect to
15 or to administer a controlled substance in the course
16 of professional practice or research in this State."

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

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



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

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

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

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



1 numerically as indications of quantity, such as five
2 (5)), to indicate the amount of controlled substance
3 to be dispensed. Where an electronic prescription is
4 permitted, either words or figures (e.g.,
5 alphabetically or numerically as indications of
6 quantity, such as five or 5), to indicate the amount
7 of controlled substance to be dispensed shall be
8 acceptable. Where an oral order or electronic
9 prescription is not permitted, prescriptions shall be
10 written with ink or indelible pencil or typed, shall
11 be manually signed by the practitioner, and shall
12 include the name, address, telephone number, and
13 registration number of the practitioner. The
14 prescriptions may be prepared by a secretary or agent
15 for the signature of the practitioner, but the
16 prescribing practitioner shall be responsible in case
17 the prescription does not conform in all essential
18 respects to this chapter and any rules adopted
19 pursuant to this chapter. In receiving an oral
20 prescription from a practitioner, a pharmacist shall
21 promptly reduce the oral prescription to writing,



1 which shall include the following information: the
2 drug name, strength, dosage form, quantity prescribed
3 in figures only, and directions for use; the date the
4 oral prescription was received; the full name, Drug
5 Enforcement Administration registration number, and
6 oral code number of the practitioner; and the name and
7 address of the person for whom the controlled
8 substance was prescribed or the name of the owner of
9 the animal for which the controlled substance was
10 prescribed.

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



1 Administration number, the practitioner's name, the
2 practitioner's electronic signature, or the
3 practitioner's signature;

4 (2) An intern, resident, or foreign-trained physician, or
5 a physician on the staff of a Department of Veterans
6 Affairs facility or other facility serving veterans,
7 exempted from registration under this chapter, shall
8 include on all prescriptions issued by the physician:

9 (A) The registration number of the hospital or other
10 institution; and

11 (B) The special internal code number assigned to the
12 physician by the hospital or other institution in
13 lieu of the registration number of the
14 practitioner required by this section.

15 The hospital or other institution shall forward a copy
16 of this special internal code number list to the
17 department as often as necessary to update the
18 department with any additions or deletions. Failure
19 to comply with this paragraph shall result in the
20 suspension of that facility's privilege to fill
21 controlled substance prescriptions at pharmacies



1 outside of the hospital or other institution. Each
2 written prescription shall have the name of the
3 physician stamped, typed, or hand-printed on it, as
4 well as the signature of the physician;

5 (3) An official exempted from registration shall include
6 on all prescriptions issued by the official:

7 (A) The official's branch of service or agency (e.g.,
8 "U.S. Army" or "Public Health Service"); and

9 (B) The official's service identification number, in
10 lieu of the registration number of the
11 practitioner required by this section. The
12 service identification number for a Public Health
13 Service employee shall be the employee's social
14 security or other government issued
15 identification number.

16 Each prescription shall have the name of the officer
17 stamped, typed, or handprinted on it, as well as the
18 signature of the officer; [and]

19 (4) A physician assistant registered to prescribe
20 controlled substances under the authorization of a



1 supervising physician shall include on all controlled
2 substance prescriptions issued:

3 (A) The Drug Enforcement Administration registration
4 number of the supervising physician; and

5 (B) The Drug Enforcement Administration registration
6 number of the physician assistant.

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

16 and

17 (5) A prescribing psychologist authorized to prescribe and
18 administer psychotropic medication pursuant to
19 part of chapter 465 in consultation and
20 collaboration with a primary care provider shall



1 include on all psychotropic medication prescriptions
2 issued:

3 (A) The Drug Enforcement Administration registration
4 number of the licensed primary care provider;

5 (B) The printed, stamped, typed, or hand-printed
6 name, address, and phone number of both the
7 licensed primary care provider and prescribing
8 psychologist; and

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

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

12 "(b) Whenever a pharmacist sells or dispenses any
13 controlled substance on a prescription issued by a physician,
14 dentist, podiatrist, [~~or~~] veterinarian, or any psychotropic
15 medication on a prescription issued by a prescribing
16 psychologist, the pharmacist shall affix to the bottle or other
17 container in which the drug is sold or dispensed:

18 (1) The pharmacy's name and business address;

19 (2) The serial number of the prescription;



1 (3) The name of the patient or, if the patient is an
2 animal, the name of the owner of the animal and the
3 species of the animal;

4 (4) The name of the physician, dentist, podiatrist, [e]n
5 veterinarian, or prescribing psychologist by whom the
6 prescription is written; and

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

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

10 "(i) All psychotropic medications covered by this section
11 shall be prescribed by a psychiatrist, a physician, [e]n
12 advanced practice registered nurse with prescriptive authority
13 under chapter 457 and duly licensed in the State [r], or a
14 prescribing psychologist authorized under part of
15 chapter 465."

16 SECTION 7. Section 465-3, Hawaii Revised Statutes, is
17 amended by amending subsection (e) to read as follows:

18 "(e) [~~Nothing~~] Except as provided in part , nothing
19 in this chapter shall be construed as permitting the
20 administration or prescription of drugs, or in any way engaging



1 in the practice of medicine as defined in the laws of the
2 State."

3 SECTION 8. (a) The board of psychology shall submit a
4 report of its findings and recommendations, including any
5 proposed legislation, on the authorization of prescriptive
6 authority to prescribing psychologists who meet specific
7 education, training, and registration requirements pursuant to
8 this Act to the legislature no later than twenty days prior to
9 the convening of the regular session of 2022.

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

16 SECTION 9. Statutory material to be repealed is bracketed
17 and stricken. New statutory material is underscored.

18 SECTION 10. This Act shall take effect on July 1, 2020;
19 provided that:

20 (1) The amendments made to section 329-38, Hawaii Revised
21 Statutes, by section 4 of this Act shall not be



1 repealed when that section is reenacted on
2 June 30, 2023, pursuant to section 6 of Act 66,
3 Session Laws of Hawaii 2017;
4 (2) This Act shall repeal on August 31, 2025; and
5 (3) Upon repeal of this Act, section 329-1, 329-38,
6 329-39, 329-59.9, and 465-3, Hawaii Revised Statutes,
7 shall be reenacted in the form in which they read on
8 June 30, 2020.



Report Title:

Board of Psychology; Psychologists; Prescriptive Authority;
Prescribing Psychologists; Pilot Program

Description:

Requires the board of psychology to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons. Repeals on 8/31/2025. (SD1)

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

