OFFICE OF THE MAYOR
THE COUNTY OF KAUAʻI

DEREK S. K. KAWAKAMI, MAYOR
MICHAEL A. DAHILIG, MANAGING DIRECTOR

Testimony of Derek S.K. Kawakami
Mayor, County of Kauaʻi

Before the
Senate Committee on Consumer Protection & Commerce
February 7, 2020; 8:30 am
Conference Room 229

In consideration of
Senate Bill 3075 Relating to Psychologists

Honorable Chair Baker, Vice Chair Chang, and Members of the Committee:

The County of Kauaʻi is in **strong support** of SB 3075 which 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.

The legislature finds from the December 2019 Hawaiʻi Physician Workforce Assessment Project there continues to be a significant shortage of doctors throughout our state and especially on our outer islands. Included in this shortage is a substantial deficiency of psychiatrists. With a lack of access to appropriate mental health treatment, the consequences are devastating and too often end with suicide.

In recent years, Idaho, Iowa, Illinois, Louisiana, and New Mexico have adopted legislation authorizing prescriptive authority for advanced trained psychologists as a means of addressing the shortage of adequate evaluation and treatment for their mental health patients and have had success with this practice.

It would be an honor for the island of Kauaʻi to pilot this program of prescriptive authority to qualified psychologists for our state and move forward on addressing the needs of our residents with mental health issues and disorders.

Thank you for your consideration and your continued support of the island of Kauaʻi.

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UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 7, 2020 at 8:30 a.m., Rm 229
By

Bonnie Irwin
Chancellor
And
Carolyn Ma, PharmD, BCOP
Dean
Daniel K. Inouye College of Pharmacy
University of Hawaiʻi at Hilo

SB 3075 – RELATING TO PSYCHOLOGISTS

Chair Baker, Vice Chair Chang and members of the committee:

Thank you for the opportunity to submit testimony on SB 3057. The University of Hawaiʻi at Hilo takes no position on the current version of the bill but offers the following comments.

The University of Hawaiʻi at Hilo is well aware of the challenges that patients with medical needs in mental and behavioral health face with the shortage of specialist providers and the access to care, especially in rural areas. The Daniel K. Inouye College of Pharmacy suggests that in order to address these extremely complex patient care issues that require medical, emotional/psychological and pharmacological expertise, a best practice approach would be through a team of providers that include psychiatry, psychologists and pharmacist practitioners who specialize in behavioral health and psychiatry. We urge the exploration of various methods, for example telehealth, as a means to utilize each discipline's strength to deliver the best possible patient care and overcome the geographic challenges.

We appreciate the opportunity to provide comment.

SB-3075
Submitted on: 2/6/2020 9:31:34 AM
Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie Poindexter	Testifying for Hawaii County Council	Support	No

Comments:

Friday, February 7, 2020

Senate Bill 3075
Testifying in Opposition

Aloha Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

The Hawai'i Psychiatric Medical Association (HPMA) **testifies in opposition** to SB3075 Relating to Psychologists. While we greatly support improving access to behavioral health services in underserved areas around the state, we do not think it is in the best interest of patients to give psychologists — who have no medical training — prescriptive authority.

There are several structures and mechanisms already in place throughout Hawai'i that we believe should be substantially funded for expansion, including telemedicine services, collaborative and integrated care programs, and where practically possible, through improved direct access to duly authorized prescribers of psychotropic medications.

HPMA recognizes the serious challenges our state is facing with respect to those individuals who are in very real need of services. It is for that very reason that we are seriously committed to improving access to mental health services, including psychiatric medications, on all islands.

We have draft legislative language (see below) that would implement the Collaborative Care Model in Hawai'i, amplifying psychiatry's reach through primary care providers. Under this model, which has nearly 90 randomized-control trials demonstrating its effectiveness, 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. Not only would this increase access to care, it would do so in a way that ensures high-quality care.

While psychologists are experts in important behavioral interventions, they have no medical training. Medicare does not reimburse for pharmacologic management by prescribing psychologists due to their lack of medical training. If Medicare — one of the largest payers in our country — does not believe prescribing psychologists have

adequate training to safely prescribe, be believe it would also be imprudent for Hawaiʻi to authorize it, regardless of whether or not this is a pilot project.

This would also create a two-tier system of care in rural areas, with medically untrained psychologists foisted upon patients in rural areas.

Physicians and Advanced Practice Registered Nurses (APRNs), both of whom are licensed to prescribe in Hawaiʻi, receive training and gain long-term experience in treating the comprehensive needs of patients served. This map (see below) shows where prescribers are located. Psychiatrists can already work with primary care physicians, physician assistants, and nurse practitioners to reach more patients. Patient safety must be paramount when considering the change of any law, and SB3075 puts some of Hawaiʻi's most vulnerable patients at risk. The state is already facing an opioid crisis; adding additional prescribers is not the answer to overcoming this crisis.

It is also important to point out that no school of higher learning in Hawaiʻi currently offers any such program. Should this bill pass into law, it is unclear when it would actually be able to be implemented, given this current lack of a university program.

There are online programs, but do you wish to be prescribed medication by someone who has only received online training? This bill would grant a psychologist prescriptive authority once they pass a 150-question multiple choice Psychopharmacology Exam for Psychologists (PEP). This PEP is a product provided and administered by the American Psychological Association. No medical doctor's license and ability to prescribe has ever been 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.

We believe it is important that creative and robust conversations remain ongoing to address the mental health crisis in Hawaiʻi. However, HPMA does believe there are evidence-based programs operating successfully in Hawaiʻi today that could be expanded to address the access shortage.

We hope that the committee will carry out a much closer analysis and choose to support telemedicine services, collaborative and integrated care programs, which we believe should be a much higher priority and would be more successful in improving access to these special mental health services throughout our state.

For all these reasons, we urge the committee to hold this bill.

Mahalo for the opportunity to testify,
Hawaiʻi Psychiatric Medical Association

HOUSE OF REPRESENTATIVES
THIRTIETH LEGISLATURE, 2019
STATE OF HAWAII

H.B. NO. xxxx

A BILL FOR AN ACT

RELATING TO INSURANCE

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII

SECTION 1. Section 431M-4, Hawaii Revised Statutes, is amended to read as follows:

(a) Alcohol and drug dependence benefits shall be as follows:

(1) Detoxification services as a covered benefit under this chapter shall be provided either in a hospital or in a nonhospital facility that has a written affiliation agreement with a hospital for emergency, medical, and mental health support services. The following services shall be covered under detoxification services:

(A) Room and board;

(B) Diagnostic x-rays;

(C) Laboratory testing; and

(D) Drugs, equipment use, special therapies, and supplies.

(2) Detoxification services shall be included as part of the covered in-hospital services;

(3) Alcohol or drug dependence treatment through in-hospital, nonhospital residential, or day treatment substance abuse services as a covered benefit under this chapter shall be provided in a hospital or nonhospital facility. Before a person qualifies to receive benefits under this subsection, a qualified physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, or advanced practice registered nurse shall determine that the person suffers from alcohol or drug dependence, or both; provided that the substance abuse services covered under this paragraph shall include those services that are required for licensure and accreditation. Excluded from alcohol or drug dependence treatment under this subsection are detoxification services and educational programs to which drinking or drugged drivers are referred by the judicial system and services performed by mutual self-help groups;

(4) Alcohol or drug dependence outpatient services as a covered benefit under this chapter shall be provided under an individualized treatment plan approved by a qualified physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, or advanced practice registered nurse and shall be services reasonably expected to produce remission of the patient's condition. An individualized treatment plan approved by a licensed marriage and family therapist, licensed mental health counselor, licensed clinical social worker, or an advanced practice registered nurse for a patient already under the care or treatment of a physician or psychologist shall be done in consultation with the physician or psychologist; and

(5) Substance abuse assessments for alcohol or drug dependence as a covered benefit under this section for a child facing disciplinary action under section 302A-1134.6 shall be provided by a qualified physician, psychologist, licensed clinical social worker, advanced practice registered nurse, or certified substance abuse counselor. The certified substance abuse counselor shall be employed by a hospital or nonhospital facility providing substance abuse services. The substance abuse assessment shall evaluate the suitability for substance abuse treatment and placement in an appropriate treatment setting.

(b) Mental illness benefits.

(1) Covered benefits for mental health services set forth in this subsection shall be limited to coverage for diagnosis and treatment of mental disorders. All mental health services shall be provided under an individualized treatment plan approved by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, or licensed dietitian treating eating disorders, and must be reasonably expected to improve the patient's condition. An individualized treatment plan approved by a licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, or a licensed dietitian treating eating disorders, for a patient already under the care or treatment of a physician or psychologist shall be done in consultation with the physician or psychologist;

(2) In-hospital and nonhospital residential mental health services as a covered benefit under this chapter shall be provided in a hospital or a nonhospital residential facility. The services to be covered shall include those services required for licensure and accreditation;

(3) Mental health partial hospitalization as a covered benefit under this chapter shall be provided by a hospital or a mental health outpatient facility. The services to be covered under this paragraph shall include those services required for licensure and accreditation; and

(4) Mental health outpatient services shall be a covered benefit under this chapter.

(5) Covered benefits for mental health services shall bee reimbursed when delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

(A) 99492;

(B) 99493;

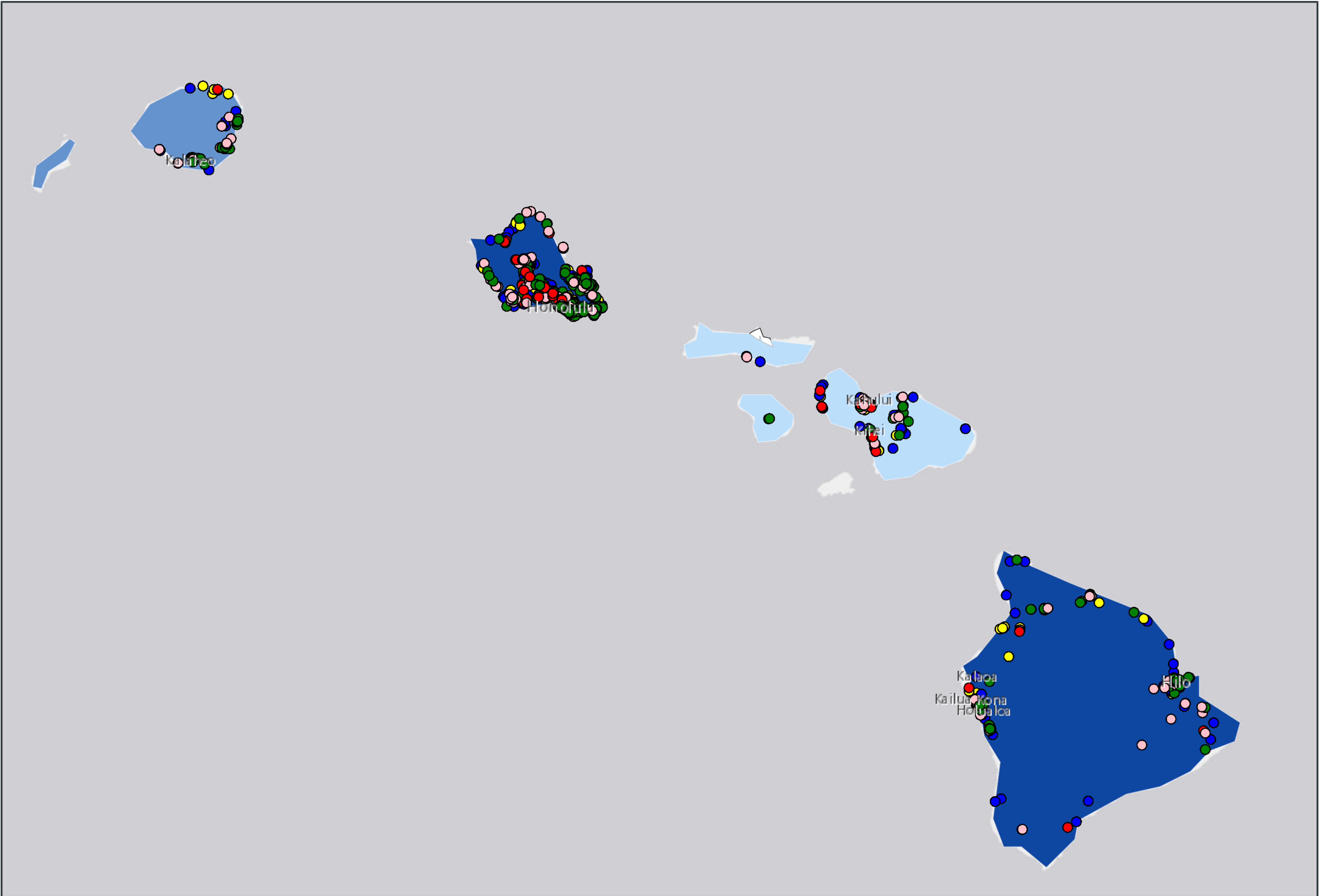
(C) 99494; and

(E) The insurance commissioner shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

(6) Reimbursement for any CPT code listed in this section may be denied on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found within Chapter 432E of this Title.

(7) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

SECTION 2. This act shall take effect on July 1, 2019.


Honolulu
Kahului
Kalaoa
Kailua Kona
Holualoa
Hilo

Population per Provider

- 440 - 524
- > 524 - 583
- > 583 - 600
- No Providers

Providers

- Family/General Pract
- Psychiatry
- Psychologist, Clinical
- Physician Assistant
- APRN, Certified Nurs

Testimony of the Board of Psychology

Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 7, 2020
8:30 a.m.
State Capitol, Conference Room 229

On the following measure:
S.B. 3075, RELATING TO PSYCHOLOGISTS

Chair Baker and Members of the Committee:

My name is Gregory Zambrano, and I am the Acting Executive Officer of the Board of Psychology (Board).

The purpose of this bill is to require the Board to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons.

The Board will be reviewing this bill at its next publicly noticed meeting on February 14, 2020. In the meantime, the Board offers comments on this bill based on its discussion of S.B. 819, S.D. 2, Relating to Prescriptive Authority for Certain Clinical Psychologists, from the 2019 legislative session, which the Board supported and to which it offered amendments. At that time, the Board requested 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 was unclear whether the 800 hours of clinical prescribing practicum include paragraphs (B), (C), (D), (E), and (F). The Board believed that in the Regular Session of 2017, when it suggested the increase from 400 hours to 800 hours in clinical prescribing practicum for a 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 proposed 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

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Phone (808) 521-8995

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Friday, February 7, 2020, 8:30AM, ROOM 229

Testimony in SUPPORT of SB3075
RELATING TO PSYCHOLOGISTS

The Hawai‘i Psychological Association (HPA) is in support of SB3075. 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~~ <u>Association of State and Provincial Psychology Boards</u>, 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.

SB3075 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai‘i.

Respectfully,
Julie Takishima-Lacasa, PhD, President
Chair, Legislative Action Committee
Hawai‘i Psychological Association

AMERICAN PSYCHOLOGICAL ASSOCIATION

February 6, 2020

Via Electronic Mail

The Honorable Rosalyn H.Baker, Chair
The Honorable Stanley Chang, Vice Chair
Committee Members
Committee on Commerce, Consumer Protection, and Health
Hawaii State Senate
415 South Beretania Street
Honolulu, HI 96813

Re: **Support for SB 3075– Prescriptive Authority for Appropriately Trained Psychologists**

Dear Senators Baker, Chang and Distinguished Committee members:

On behalf of the American Psychological Association (APA), I am writing in support of SB 3075, which would establish a demonstration program to grant prescriptive authority to appropriately trained, licensed psychologists practicing in Hawaiian counties with populations of less than 100,000 persons.

APA is the professional organization representing more than 121,000 members and associates engaged in the practice, research, and teaching of psychology. APA works to advance psychology as a science and profession and as a means of promoting health, education and human welfare. We work closely with our state affiliate, the Hawaii Psychological Association, to further those goals in Hawaii.

The APA supports SB 3075 for the following reasons, which are discussed in further detail below:

1) There is a critical need in Hawaii for improved access to safe, effective and comprehensive mental health care services. Psychologists with additional post-doctoral training in psychopharmacology are skilled in both the diagnosis and treatment of mental conditions and the use of psychotropic medications. They can provide urgently needed psychological interventions and psychopharmacological treatment services to the underserved populations of Hawaii.

2) Psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense Psychopharmacology Defense Project (PDP) clearly confirmed that. And appropriately trained psychologists in Louisiana, New Mexico, Indian Health Service, the U.S. Public Health Service and the U.S. military are safely and effectively prescribing for their patients. Recently, Illinois and Iowa enacted legislation granting prescriptive authority to appropriately trained psychologists.

3) Organized psychiatry's opposition to psychology's efforts to evolve its profession lacks merit.

1. This proposal would increase access to care by allowing psychologists with appropriate training in psychopharmacology to provide comprehensive mental health care.

A significant percentage of Americans suffer from a mental or emotional condition at some time in their lives, but their needs are not being met by the current health care delivery system. One such unmet need is in the area of psychopharmacological treatment. The vast majority of Americans who receive medications for the treatment of mental disorders do not obtain them from psychiatrists. In fact, studies have found that nearly 3/5 of psychotropic medications are prescribed by primary care providers for patients with no documented psychiatric diagnosis.[1] Many Americans go without treatment altogether, in part, because many lack access to a psychiatrist. Allowing licensed psychologists who have completed post-doctoral training in psychopharmacology to prescribe psychotropic medications would help remedy this access problem.

There is clearly a significant shortage of psychiatrists – both general psychiatrists and child and adolescent psychiatrists - to meet the mental health care needs in the U.S due to increased demand for mental health services, the aging baby boomer generation, and the increased lifespan of patients with chronic and co-occurring disorders. Not only are there not enough graduates from psychiatric residency programs to maintain the current number of psychiatrists, more than half of all psychiatrists are age 55 or older. Moreover, psychiatrists are the least likely to accept insurance or Medicaid compared to other medical specialties.[2]

As a result of this shortage, patients' mental health issues often fall to their primary care or family physicians for diagnosis and treatment. But non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health disorders, do not have the time to effectively manage their patients' mental health problems nor are they trained to provide psychotherapy or other psychological interventions. Therefore, it is not surprising that often primary care physicians do not have the resources to engage in regular follow-ups or closely monitor treatment adherence for their patients' mental health problems. [3]

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[1] Mechanic D. *More People Than Ever Before Are Receiving Behavioral Health Care in the United States but Gaps and Challenges Remain,* Health Affairs 2014, 33(8) 1418-19. doi: 10.1377/hlthaff.2014.0504.

Mojtabai R, Olfson M. *Proportion of Antidepressants Prescribed without a Psychiatric Diagnosis is Growing*, Health Affairs 2011, 30(8): 1434. doi: 10.1377/hlthaff.2010.1024.

Mark TL, Levit KR, Buck JA. *Psychotropic Drug Prescriptions by Medical Specialty*, Psychiatric Services, September 2009, 60(9): 1167. doi: 10.1176/ps.2009.60.9.1167.

[2] Bishop TF, Press MJ, Keyhani S, Pincus HA. *Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care*, JAMA Psychiatry 2014, 71(2):176-181. doi:10.1001/jamapsychiatry.2013.2862.

Faulkner L, Juul D, Andrade N, et al. *Recent trends in American Board of Psychiatry and Neurology psychiatric subspecialties*. Acad. Psychiatry 2011; 35: 35-39.

[3] Association of American Family Physicians, *Mental Health Care Services by Family Physicians (Position Paper),* 2011, http://www.aafp.org/online/en/home/policy/policies/m/mentalhealthcareservices.

By comparison, psychologists are trained in the diagnosis and treatment of mental health disorders. Those psychologists who complete additional post-doctoral education and training in psychopharmacology can offer comprehensive treatment - both psychological and pharmacological treatment - to their patients. Numerous studies show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders.[4] In fact, many prescribing psychologists in New Mexico, Louisiana, and in the federal system have reported reducing or eliminating medications for a significant percentage of their patients.

2. Evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.

Granting psychologists prescribing authority is not a new concept. New Mexico and Louisiana have already enacted prescriptive authority laws for appropriately trained psychologists. There are now over 176 credentialed psychologists in New Mexico and Louisiana who have been prescribing since February 2005 without any adverse incident reported. Also, psychologists in the US military, the US Public Health Service and Indian Health Service, who have been credentialed to prescribe in those federal systems, demonstrate that psychologists can be trained to prescribe psychotropic medications safely and effectively thereby increasing access to much-needed mental health care services. And more recently, Illinois, Iowa and Idaho have enacted prescriptive authority legislation for appropriately trained psychologists.

The Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP) demonstrated that psychologists can be trained to safely and effectively prescribe medications. The PDP was a highly scrutinized program and evaluations by external organizations confirmed that the PDP psychologists had performed safely and effectively as prescribing psychologists without any adverse outcomes. Each psychologist's quality of care was rated as good to excellent – by both their supervisors and an outside evaluation panel.

Since the PDP, several post-doctoral master's degree programs in clinical psychopharmacology have been established, training already licensed psychologists around the country for prescriptive authority. APA has established a designation system to evaluate those programs. The purpose of the designation system is to provide public recognition of education and training programs that meet certain threshold standards and published criteria. APA has already designated four postdoctoral psychopharmacology programs as meeting those standards. Establishment of this quality assurance system demonstrates

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[4] Manber R, Kraemer H C, Arnow, B A, et al, *Faster Remission of Chronic Depression with Combined Psychotherapy and Medication Than With Each Therapy Alone*, Journal of Consulting and Clinical Psychology, 2008, 76(3) 459-467.

Blanco C, Heimberg RG, Schneier FR et al, *A Placebo-Controlled Trial of Phenelzine, Cognitive Behavioral Group Therapy, and Their Combination for Social Anxiety Disorder*, Arch Gen Psychiatry. 2010, 67:286-295.

Blom MBJ, Jonker K, Dusseldorp E, et al; *Combination Treatment for Acute Depression Is Superior Only when Psychotherapy Is Added to Medication*, Psychother Psychosom 2007,76:289-297.

further advancement in psychology's efforts to assure that prescribing psychologists receive comprehensive and standardized levels of training.

This designation system was premised on the principles and core competencies as recommended in APA's Recommended Education and Training in Psychopharmacology for Prescriptive Authority. The model curriculum document was the result of decades-long collaboration with other disciplines[5] in developing a core curriculum to train already-licensed psychologists in clinical psychopharmacology in order to prescribe (or un-prescribe) medications typically used for mental health.

3. Psychiatry's opposition to psychology's efforts to advance the profession lacks merit.

Organized psychiatry has a history of opposing the expansion of psychology as a profession. So, its current opposition to psychology seeking to expand its practice to include prescriptive authority is neither surprising nor new. Psychiatry joined the American Medical Association and other specialty medical organizations to form the Scope of Practice Partnership (SOPP) – a well-funded initiative designed to combat any scope of practice expansions by non-physician health care providers. Blocking legislation granting prescriptive authority for appropriately trained psychologists has been identified as one of the SOPP initiative's top priorities.

At present, there are a number of non-physician health professionals who have obtained prescription privileges. For example, today, optometrists have obtained independent prescription privileges in all 50 states. It took almost 30 years since the first state granted privileges in 1971 for optometry to obtain this result. Podiatrists, advanced practice nurses and physician assistants have also achieved prescriptive authority in the majority of states. Clinical pharmacists also prescribe and administer medications.

Over nearly 40 years, two patterns clearly emerged. First, organized medicine unsuccessfully opposed the granting of privileges in every state. Secondly, and most importantly, organized medicine's warnings about the danger to patients have proven to be unfounded. The patient safety issue asserted by the psychiatric community is the same issue that organized medicine has repeatedly cited in its attempts to limit other non-physician providers.

On behalf of the APA, we appreciate your diligent consideration of this important issue. We believe that prescribing psychologists can and will help to address the critical need for care experienced by many citizens in your state with mental health needs, just as other prescribing non-physician healthcare

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[5] In early 1990, the then Army Surgeon General formed a Blue-Ribbon panel consisting of representatives from the three services' Surgeons General, the Office of the Assistant Secretary of Defense for Health Affairs, the American Psychiatric Association, the American Psychological Association), the American College of Neuropsychopharmacology, and other physicians, to determine the best training model and methods for the PDP.

In 1993, the California Psychological Association convened a blue-ribbon panel to develop core competencies and contact hours for training prescribing psychologists. That panel included 4 physicians, 1 clinical pharmacist, and 1 RN as well as one of the psychologists who was going through psychopharmacology training in the PDP. This panel developed recommendations about core competencies and contact hours. These interdisciplinary efforts were the starting point for the evolution of the APA's policies on psychopharmacology education/training and prescriptive authority.

providers already do. New Mexico, Louisiana, Illinois, Iowa and Idaho as well as a number of federal agencies have already granted prescriptive authority to psychologists for similar reasons. Please feel free to contact us if we can be of any assistance as you consider this issue.

Cordially,

Jared L. Skillings, PhD, ABPP
Chief of Professional Practice
American Psychological Association

cc: Hawaii Psychological Association

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LATE

SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH
Sen. Rosalyn Baker, Chair
Sen. Stanley Chang, Vice Chair

Date: February 7, 2020
Time: 8:30 a.m.
Place: Conference Room 229
From: Hawaii Medical Association
Michael Champion, MD, President
Christopher Flanders, DO, Executive Director

Re: SB 3075 - Relating to Psychologists
Position: OPPOSE

The Hawaii Medical Association cannot support a pilot program based upon prescription authority for psychologists. While psychologists remain an important part of the mental health team, it is through engaging in tele-behavioral health and operating within a collaborative model that they are most valuable. Through providing much needed psychotherapeutic services and psychotropic medication management and compliance monitoring can they provide the most benefit.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS
President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO

SB-3075
Submitted on: 2/3/2020 10:56:42 PM
Testimony for CPH on 2/7/2020 8:30:00 AM

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

Comments:

SB-3075
Submitted on: 2/4/2020 7:51:47 PM
Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerard Silva	Individual	Oppose	No

Comments:

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

05 February 2020

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Senator Clarence K. Nishihara
Senator Russell E. Ruderman
Senator Laura H. Thielen
Senator Glenn Wakai
Senator Kurt Fevella

RE: Testimony in **SUPPORT** of SB3075 RELATING TO PSYCHOLOGISTS

Our communities are suffering because of the lack of access to comprehensive mental health care. Currently, there are approximately 42% fewer psychiatrists than needed on the neighbor islands, which results in some of our most vulnerable citizens being 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.

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.

SB3075 will help address the significant shortage of prescribing mental health care providers available to serve the needs of Hawaii's people and I am in full support of this effort.

Very respectfully,

435-E Haleloa Place Honolulu, Hawai'i 96821

SB-3075
Submitted on: 2/5/2020 4:54:43 PM
Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith White	Individual	Support	No

Comments:

I strongly support this bill, related to prescriptive authority for specially trained psychologists. Our Hawaii rural communities face a critical shortage of providers who are specifically trained to prescribe psychotropic medications. The result for those in need is suffering; increased physical health challenges; homelessness and, for some, becoming the victim of violent crime. Please pass this measure!

Judith C. White, Psy.D.

Kapaa

SENATE
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2020

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Senator Kurt Fevella
Senator Clarence K. Nishihara
Senator Russell E. Ruderman
Senator Laura H. Thielen
Senator Glenn Wakai

HEARING: 7 February 2020, 0830, Conference Room 229

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

I am a prescribing psychologist, otherwise known as a medical psychologist by the U.S. Drug Enforcement Agency. I have a medical degree that took close to 3 years to complete in addition to my clinical psychology PhD. You can only apply to this medical degree program if you already have a psychology PhD, which itself takes about 6 years to complete. Thus, I have about 9 years of total graduate education in mental health and medicine. My medical degree courses covered clinical medicine, physical assessment, biochemistry, pharmacology, psychopharmacology, neurochemistry, neurophysiology, neuropathology and treatment of special populations (child, geriatric, chronic pain, and racial differences). This degree is called a Postdoctoral Master of Science in Clinical Psychopharmacology, or MSCP. I have passed a national board exam for medical psychologists. I have spent 15 months in a practicum for medical psychology. And I have been prescribing medicine for over 9 years.

My medical training and education is the result of over almost 30 years of development in the safe and effective practice of medical psychology, which started with the U.S. military at their medical school, the Uniformed Services University of Health Sciences, where I hold a faculty position, and has continued in the states that have now fully legalized medical psychology: New Mexico, Louisiana, Illinois, Iowa and Idaho. In New Mexico and Louisiana medical psychologists have been prescribing the longest amount of time, about 17 years. During this time they have had a very strong safety record and it is estimated have written over one million prescriptions.

I prescribe medicine every day in Hawaii, but I can only do so on federal land. I have never had a malpractice case or a board complaint my entire career. I have treated all categories of patients including serious mental illness. Some of my psychiatrist colleagues here in Hawaii, who do not know me, and even a few physicians here who do not know me, may tell you that medical psychologists are ill-trained and

dangerous. However, the Board of Medicine in Louisiana, run by physicians to ensure the safe practice of medicine, disagrees with them. I know this because they grant me the license to practice medicine with my patients every day, which they do because they have full confidence in my medical training, knowledge and abilities. And the U.S. Drug Enforcement Agency grants me a DEA number to prescribe even the most dangerous medicines, those in Schedules II through V, which I have also accomplished with a perfect safety record. All these things I do, however, to benefit my patients, who are my first concern, and who typically have difficulty, sometimes great difficulty, gaining access to a psychiatrist. It is for their sake that I became a medical psychologist. And I can tell you, my patients appreciate me. Sometimes they ask me why there are not more like me, trained in both therapy and medicines, and able to provide both types of treatment for them at one appointment? And so, with all respect, I ask you the same question.

Please vote **YES** on SB 3075 to allow greater access to care for those most in need.

Respectfully submitted,

Samuel S. Dutton, PhD, MP, MSCP
Medical Psychologist
Louisiana Board of Medical Examiners License MP.000016

SB-3075
Submitted on: 2/6/2020 7:12:18 AM
Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Collins	Individual	Support	No

Comments:

My sister suffered from Bipoler Disorder, since 2001. Living on Kauai, she was unable to receive adequate treatment because of the lack of availability of psychologists and psychiatrists who understood her condition and knew how to treat it. In her last attempts to find treatment on Kauai, she contacted her long time psychiatrist who would not see her because he was retiring. She went to see a social worker for therapy, but that therapist was having health issues so that did not work either, and she was unable to find a psychologist or psychiatrist to treat her. Getting desperate, she checked herself into Mahelona. She was discharged within 72 hours, on Thanksgiving, to the street with no shoes and only one bus token, by a nurse (who I overheard on the phone tell my sister there was nothing wrong with her). There was no psychiatrist on duty. It was Thanksgiving weekend. I wrote letters to the Representative, Mahelona, and Kauai clinic trying to find her help. Finally she was arrested for trespassing by the husband of a freind of hers and put in jail. My sister was extremely sensitive to criminal accusations so this was extremely humiliating to her and exacerbated her symptoms. Kauai could not handle her, and she was in full blown manic stage by then, so she was shipped off to Honolulu jail, then Psychiatric hospital where she was kept for 2 months. Returning to Kauai, there was still limited aftercare, and within 2 months she hung herself.

IN SUPPORT OF: SB3075
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Aloha Chair, Vice Chair and members of the committee:

I am Lee A. Evslin M.D. I am a retired primary care physician and served for 15 years as the CEO of Kauai Medical Clinic.

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 neighbor islands we have a shortage of psychiatrists **and** of primary care physicians (PCPs). The shortage of primary care doctors means that sick patients are not being seen in a timely manner. Because of the shortage of psychiatrists, PCPs are increasingly put in the position of prescribing and managing the psychotropic medications for their patients. This places an additional burden on already taxed PCPs who are struggling to meet our islands' health care needs.
2. 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 these psychotropic medications.
3. Bottom line is that the primary care physician shortage is worsened by these primary care doctors having to not only treat the physical problems of their patients but despite having often limited training in mental health or in psychotropic medications, having to be the primary provider of drugs for psychological conditions.
4. The patient may or may not also see a psychologist. If they are also seeing a psychologist, PCPs are put in the 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.

5. According to a 2016 publication by SAMHSA, “People with mental and/or substance use disorders can be particularly vulnerable to becoming homeless or being precariously housed. According to the 2019 Kauai Homeless Point-In-Time Count, there are an estimated four hundred forty-three homeless persons on Kauai. Of those persons, a large number fall into four subpopulations that would likely benefit from increased access to prescribing mental health providers, including eighty-four adults with a serious mental illness; one hundred twenty-nine adults with a substance use disorder; five adults with HIV/AIDS; and eleven adult survivors of domestic violence.

6.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 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 ensure 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.

7. 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 impressed with the additional post-doctoral training that will be required to gain this prescriptive right. That 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 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. As a long time provider in a rural community, I am heartened by the steps the legislators are taking to tackle the complex issues facing our homeless and chronically underserved populations. Given the higher prevalence of drug abuse and mental illness in these populations, I think allowing psychologists to prescribe, eases the burden on our medical community and provides for more comprehensive and appropriate care for our patients and helps to lessen the obstacles that our already stressed and underserved communities face.

Mahalo for the opportunity to supply testimony.

Lee A. Evslin, MD

FAAP

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LATE

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

February 7, 2020, 8:30 am
House Conference Room: 229

Re: Testimony in SUPPORT of SB3075, Relating to Psychologists

I am writing to express my strong support for SB3075, which would establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons.

I am trained as a clinical psychologist and licensed in the state of Hawai'i. Although I have not pursued advanced training in psychopharmacology and I'm not interested in developing this type of practice myself, I strongly support my colleagues who want to pursue prescriptive authority. As you know, Licensed psychologists are doctoral level professionals with extensive training in psycho-diagnostics and psychotherapy. With the addition of specialized training in pharmacology and medicine, prescribing psychologists would be very well-equipped to provide excellent care that would integrate the use of medication with behavioral and talk-therapy approaches. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care.

Passing SB384 will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and that they should have a right to access. Having more prescribing professionals available to help provide more routine medication management will free up our precious and scarce psychiatrists to work with those patients whose mental and physical health needs are particularly complex.

The idea of a pilot project on Kauai is a great approach to exploring prescriptive authority for psychologists. It will help solve an on-going access-to-care problem on that island and allow our state to evaluate this possible remedy without fully committing to a new type of licensure.

I respectfully ask that you please support SB3075 for the health of all of Hawaii's people.

Thank you,

Lesley A. Slavin, Ph.D.
Hawai`i Licensed Psychologist

SB-3075
Submitted on: 2/6/2020 7:36:15 PM
Testimony for CPH on 2/7/2020 8:30:00 AM

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

LATE

Comments:

SENATE

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HEARING: 7 February 2020, 0830, Conference Room 229

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

Chair Baker, Vice Chair Chang and Committee Members

I write in **strong support** of SB3075, a bill that would allow doctors of psychology with advanced post-doctoral training in clinical psychopharmacology to increase access to mental health care on the neighbor islands of Hawai`i.

I am an educator in the field of clinical psychopharmacology and the current Director of the CSPP-Alliant International University Postdoctoral Master of Science in Clinical Psychopharmacology program. My testimony here is presented as a concerned citizen who recognizes that we have failed our state's people with mental health disorders for over 35 years and that a program as proposed in SB 3075 is a timely, safe and effective means to addressing this problem.

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 specially trained psychologists are ready and willing to help. Prescribing and Medical Psychologists already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

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

SB 3075 will provide the foundation to explore the suitability of prescriptive authority for specially trained advance practice psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

I request that the bill be amended to require a “demonstration” program rather than a “pilot” program because the safety and efficacy of prescribing psychology has been well established over the last twenty years.

I also request that the bill be amended to include counties with populations of less than “300,000’ persons rather than 100,000 persons. Maui and Hawai`i counties have more than 100,000 citizens yet have the greatest shortage of psychiatrists in the state according to the most recent 2020 Annual Report on 2019 Findings from the Hawaiʻi Physician Workforce Assessment Project written by Dr. Kelly Withy.

Under the proposed bill, the description of requirements for Prescriptive Authority Privilege in §465 (3) state:

(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;

(B) Supervision of a minimum of one hundred patients including geriatric, pediatric, and pregnant patients;

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

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

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

(F) Eight weeks of rotation in each of the following:

(i) Internal and family medicine;

(ii) Women's health;

(iii) Pediatrics; and

(iv) Geriatrics

Please note that F is redundant with A-E of this section and F should be removed, accordingly.

I would recommend that the term “collaborative” should be replaced with the term “integrated” since the current trend nationally in interprofessional healthcare is to develop integrated practice models

I recommend that the term “prescribe and administer” or “administer” throughout the current version of the bill should be replaced with “prescribe, administer and distribute without charge” to be more consistent with the Pharmacy Practice Act.

- Prescribing and Medical Psychologists provide both behavioral and pharmacologic approaches to patient care
- Prescribing and Medical Psychologists have a demonstrated track record of success
- There is no valid reason to ignore Prescriptive Authority for Qualified Psychologists as a part of the solution that our state faces today

Please vote **YES** on SB 3075 to allow greater access to care for those most in need. I am happy to address any of your concerns regarding training or clinical experience in order for this bill to go forward.

Respectfully submitted,

Judi Steinman, PhD

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