Testimony of the Board of Psychology

Before the
Senate Committee on Health
and
Senate Committee on Commerce & Consumer Protection
Tuesday, February 9, 2021
9:00 a.m.
Via Videoconference

On the following measure:
S.B. 131, RELATING TO PSYCHOLOGISTS

Chair Keohokalole, Chair Baker, and Members of the Committees:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board appreciates the intent of and offers comments on this bill.

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 discuss this bill at its next publicly noticed meeting. In the meantime, the Board offers comments based on its testimony on prior similar bills:

- This bill is similar to S.B. 3075, S.D. 1, Relating to Psychologists, which was not heard when session reconvened in June 2020, and S.B. 819, S.D. 2, H.D. 1, Relating to Prescriptive Authority for Certain Clinical Psychologists, which was carried over to the 2020 Regular Session but did not pass First Reading. The Board preferred S.B. 819, S.D. 2, H.D. 1, because it addressed all of the Board's concerns and did not require the Board to establish a pilot program.
- The Board supports efforts to provide psychologists with prescriptive authority where feasible. If the Legislature is amenable to increasing the county population limitation to 500,000, the Board would support that expansion.
- The Board requests amending the effective date of this bill to July 1, 2023, and to begin the pilot program licensing in 2025. The Board will not be able to implement the pilot program by July 1, 2023, since it will need sufficient

time to develop application forms, establish fees, establish licensing codes for the privilege, and develop an exclusionary formulary.

- The Board suggests clarifying the requirement to create an exclusionary formulary to indicate whether: (1) it excludes medications used “off label”; or (2) professions with prescriptive authority would need to be consulted in developing the exclusionary formulary.

Thank you for the opportunity to testify on this bill.

UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
Senate Committee on Health
and
Senate Committee on Commerce and Consumer Protection
Tuesday, February 9, 2021 at 9:00 a.m., Rm 229
By
Bonnie Irwin, PhD
Chancellor
and
Carolyn Ma, PharmD, BCOP
Dean, Daniel K. Inouye College of Pharmacy
University of Hawaiʻi at Hilo

SB 131 – RELATING TO PSYCHOLOGISTS

Chairs Keohokalole and Baker, Vice Chair Chang, and members of the Committees:

Thank you for the opportunity to submit testimony on SB 131. The University of Hawaiʻi at Hilo (UH Hilo) offers **comments** on SB 131 that proposes a pilot program allowing for prescriptive authority for clinical psychologists working in areas populated by < 100,000 residents.

UH Hilo is aware of the challenges that patients with behavioral and mental health face given the shortage of specialist providers and the access to care, especially in rural areas. We appreciate the didactic and experiential requirements outlined in the bill in order to support and educate a specialty trained psychologist, however, we are not financed or equipped to address the physical or administrative requirements during a time of diminishing resources.

UH Hilo respectfully suggests that in order to address, in a more timely manner, these extremely complex patient care issues 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.

Psychiatry and mental health providers have utilized telehealth even prior to the pandemic and telehealth allows for the use of specialty trained psychiatric pharmacists as a viable option to work collaboratively with the mental health team to improve access to care.

The College of Psychiatric and Neurological Pharmacists (CPNP) (info@cpnp.org) provides links to the role of psychiatric pharmacists who play a role in:
1. Preventing Veteran Suicide
2. Assisting with Medication-Assisted Therapy (MAT) for substance abuse
3. Improving access to care in the face of Psychiatric Shortage

Through the pharmacy academy, the pharmacy profession has 1300 pharmacists who are Board-certified in psychiatry (BCPP, https://www.bpsweb.org/media/psychiatric-pharmacy-fact-sheet/) These psychiatric specialty pharmacists specifically care for patients not only in prescribed medications for psychiatric illness but also manage the complex list of other medications prescribed for medical diseases and make for drug-drug and drug-disease interactions among other medical issues.

An example of effective care teams has been long demonstrated at the Veterans Administration Clinics. Care teams are structured with psychiatrists, psychologists, nursing, social work and pharmacists. Pharmacists do not diagnose but are able to initiate and manage pharmacotherapy as long as it is within their scope of practice. Pharmacists are credentialed under the facility. Clinical Pharmacist are allowed to prescribe under a collaborative practice agreement as part of their scope of practice.

We respectfully recommend that this bill be deferred and urge additional exploration of possible solutions as mentioned above.

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

Testimony of
Derek S.K. Kawakami
Mayor, County of Kaua'i

Before the
Senate Committee on Health
And the
Senate Committee on Commerce & Consumer Protection
February 9, 2021; 9:00 am
Conference Room 229

In consideration of
Senate Bill 131 Relating to Psychologists

Honorable Chair Keohokalole, Chair Baker, and Members of the Committees:

The County of Kaua'i is in **strong support** of SB 131 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 Hawai'i 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. The advent of the COVID-19 pandemic has especially increased isolation and economic insecurity for many in our communities. 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 Kaua'i 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 Kaua'i.

SB-131
Submitted on: 2/7/2021 9:03:26 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Derek Phillips	Testifying for APA Division 55 (American Society for the Advancement of Pharmacotherapy)	Support	No

Comments:

Dear Members of the Hawai'i State Legislature,

As President of Division 55 of the American Psychological Association (American Society for the Advancement of Pharmacotherapy), I write to you today to offer my unconditional support for SB131 to establish a pilot program for prescribing psychologists in the State of Hawai'i. Prescriptive authority for psychologists (RxP) has existed for nearly 30 years and is currently practiced in the U.S. military, Department of Defense, Indian Health Service, Public Health Service, Guam, New Mexico, Louisiana, Illinois, Iowa, and Idaho. Division 55 was founded in 2000 to advocate for and advance prescriptive authority for psychologists across the U.S. to increase access to psychiatric prescribing providers.

RxP was begun to address the overwhelming shortage in psychiatric prescribing providers around the country, while ensuring that those engaged in training to become prescribing psychologists undergo rigorous education and training. While specific requirements to become a prescribing psychologist vary by jurisdiction, the generally required education and training includes obtaining a doctoral degree in health service psychology (e.g., clinical or counseling psychology) and licensure as a psychologist. Then, the psychologist is required to earn a master's degree in clinical psychopharmacology (MSCP); pass a national, standardized exam, known as the Psychopharmacology Examination for Psychologists (PEP); and complete a supervised clinical experience. The MSCP program consists of courses in anatomy and physiology, pathophysiology, biochemistry, neuroscience, neuropharmacology, clinical pharmacology, physical assessment and lab monitoring, and treatment of specific psychiatric disorders (e.g., mood, anxiety, psychosis, dementia, ADHD, insomnia, etc.). The American Psychological Association (APA) designates (equivalent to APA accreditation) MSCP programs that are consistent with APA's established criteria for psychopharmacology education and training. There are currently 5 programs nationwide that are APA-designated MSCP programs: The California School of Professional Psychology at Alliant International University, The Chicago School of Professional Psychology, Fairleigh Dickinson University, Idaho State University, and

New Mexico State University. With this education and training sequence, prescribing psychologists are the most comprehensively-trained mental health professionals, as they are able to provide consultation, psychoeduation, psychotherapy, psychological assessment, and medication management as a "one-stop shop."

Additionally, the area of clinical psychopharmacology is a recognized psychological specialty by the APA and is a member of the Council of Specialties in Professional Psychology. Board certification in the area of medical psychology exists through the American Board of Medical Psychology (ABMP) and an additional board certification in prescribing psychology is in development through the American Board of Professional Psychology (ABPP). There are approximately 200 active, licensed prescribing psychologists across the nation, with several hundred more in the pipeline at various steps of the education and training sequence.

Given the immense need for additional mental health providers and the fact that prescribing psychologists are exceedingly well-trained, I urge swift passage of SB131 to begin to address the extant mental health shortage crisis, especially as the COVID-19 pandemic rages on and continues to contribute to the deterioration of our population's mental health.

Respectfully,

Derek C. Phillips, PsyD, MSCP

President, APA Division 55 (American Society for the Advancement of Pharmacotherapy)

SB-131
Submitted on: 2/7/2021 10:29:16 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Anegawa MD	Testifying for Physicians for Patient Protection	Oppose	No

Comments:

Aloha:

As a physician caring for a large number of patients suffering with mood disorders and other emotional illness, I am writing to STRONGLY OPPOSE SB 131. Many of these patients have complex medical as well as psychiatric illnesses. Without the training of a PHYSICIAN-psychiatrist which includes 8+ years of post-college education in physiology, pharmacology, pathophysiology, and general medicine, the potential to seriously harm patients is HIGH.

As a counter measure to improve access to psychiatric care, more psychiatry residency slots should instead by opened, to allow the thousands of unmatched physician-graduates to achieve the right training and get out there to help patients.

Thank you kindly,

Linda Anegawa, MD
Physicians for Patient Protection

PlushCare Inc.

AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

Senate Committee on Health
Senate Committee on Commerce and Consumer Protection
State Capitol, Room 10
415 South Beretania Street
Honolulu, HI 96813

February 8, 2021

Dear Chair Keohokalole, Chair Baker, Vice Chair Chang, and Members of the Committees,

On behalf of the American Psychiatric Association, a national medical specialty society representing more than 38,800 psychiatric physicians, as well as their patients and families, we urge you to oppose SB 131, which would establish a pilot program to grant prescriptive authority to psychologists in less-inhabited parts of Hawaii. This would create an unfair, lower standard of care for patients living in these areas, since psychologists have no medical training. It would be safer and more advantageous to support expanding the use of proven, effective care systems, such as telehealth and the Collaborative Care Model. Both of these treatment modalities utilize providers who are already licensed to provide care in Hawaii: physicians and nurse practitioners.

Giving psychologists permission to prescribe jeopardizes the health and safety of Hawaii patients. Medicare does not reimburse for pharmacologic management by prescribing psychologists due to their lack of education and training. If 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 prescribe.

There is often confusion about the difference between psychiatrists and psychologists. Psychiatrists are physicians who 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 conditions and substance use disorders. Psychiatrists focus on the prevention, diagnosis, early intervention, treatment and recovery of mental, emotional and behavioral disorders. Through their vast medical training, psychiatrists are equipped to conduct psychotherapy and prescribe medications and perform a vast array of 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 131 would authorize psychologists to obtain a license to prescribe to individuals living in counties with fewer than 100,000 people. Psychologists would only need to complete as few as 400 clinical hours (including course work) and merely 100 patient consultations during their training, and this course work can be done completely online. SB 131 would grant a psychologist prescriptive authority once they pass an "examination developed by a nationally recognized body", which presumably would be 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.

Patient safety must be paramount when considering the change of any law, and SB 131 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. 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. Psychologists with the level of training and clinical experience specified in SB 131 fall far short of the necessary standard to safely prescribe and then monitor the medical effects of any medication, including opioids and psychotropic medications. It is unwise to have those without medical training prescribe medications, and unfair to expect rural populations to receive a lower standard of care.

We would instead encourage evidence-based solutions to address access to care such as telehealth, and the Psychiatric Collaborative Care Model. Under the Psychiatric Collaborative Care Model, which has nearly 90 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 131. The American Psychiatric Association and the Hawaii Psychiatric Medical Association have drafted legislation that would do just this.

[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

We urge you to oppose SB 131 and would welcome the opportunity to work with you through our partners, the Hawaii Psychiatric Medical Association, to facilitate evidence-based, proven programs that can truly assist patients in Hawaii with mental health conditions and 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,

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

HAWAII MEDICAL ASSOCIATION
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www.hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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

Date: February 9, 2021
From: Hawaii Medical Association
Michael Champion MD, President
Christopher Flanders DO, HMA Legislative Liaison
Stephen Kemble MD, HMA Legislative Liaison
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee
Linda Rosehill JD Legislative Affairs

Re: SB 131 Board of Psychology; Psychologists; Prescriptive Authority; Prescribing Psychologists; Pilot Program
Position: OPPOSE

The mental healthcare needs of Hawaii are challenged by our severe physician shortage. As doctors, we strongly advocate for expansion of access to services for our patients, especially those most vulnerable in our rural areas and our homeless.

The HMA and the Hawaii Psychiatric Medical Association (HPMA) have serious concerns regarding the safety of psychologists' independent prescriptive authority. Proposed training for psychologists is far less than that of psychiatrists, and lacks extensive general medical training necessary to manage side effects, drug interactions, interactions with other health problems, etc. As a result, reliance on inadequately trained psychologists will lead to excessive referrals to physicians, emergency rooms, and hospitals, resulting in increased cost.

Instead, we support collaborative care models such as the one implemented by Queens Clinical Integrated Physician Network, using interdisciplinary teams that include psychiatrists consulting to primary care. Collaborative care also supports appropriate referrals to community psychologists practicing within the scope of their training. This model maximizes limited psychiatrist time to reach the largest number of patients, and has been shown to successfully deliver high quality care with substantial cost savings.

Hawaii's Project ECHO promotes telehealth programs including Collaborative Care, linking psychiatry specialists at a 'hub' with care providers in local communities. As a learning community, primary care providers can receive mentoring and feedback, and they manage cases so that patients get the mental healthcare they need in the communities where they live. We will continue to work closely with state leaders and payors to increase access to safe and effective mental healthcare for our Hawaii patient ohana.

Superior solutions are growing to meet the patient needs in Hawaii, and the HMA urges our state leaders to augment these programs in order to serve our patient ohana, maintaining the highest safety and quality mental healthcare standards.

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

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REFERENCES

American Psychiatric Association. *Learn About the Collaborative Care Model* (n.d.). Retrieved Feb 7, 2021 from https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn

Advanced Integrated Mental Health Solutions. *Principles of Collaborative Care* (n.d.). Retrieved Feb 7, 2021 from https://aims.uw.edu/collaborative-care/principles-collaborative-care

Lee CM, Scheuter C, Rochlin D, et al. A budget impact analysis of the Collaborative Care model for treating opioid use disorder in primary care. J Gen Intern Med. 2019;34:1693-1694.

Jacob V, Chattopadhay SK, Sipe TA, et al. Economics of Collaborative Care for management of depressive disorders: a community guide systematic review. Am J Prev Med. 2012;42:539-549.

Archer J, Bower P, Gilbody S, et al. Collaborative care for depression and anxiety problems. Cochrane Database Syst Rev. 2012;(10):CD006525.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION IN OPPOSITION TO S.B. 131

To: Senator Jarrett Keohokalole, Chair and members of the Senate Committee on Health, and Senator Rosalyn Baker, Chair and members of the Senate Committee on Commerce and Consumer Protection

From: Megan Araujo, MD, Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Hearing Date: February 9, 2021
Hearing Time: 9:00am.
Re: SB131, Relating to Psychologists
Position: **OPPOSE**

My testimony is submitted in opposition to S.B.131, relating to psychologists prescribing.

There are several concerns that the Hawaii Psychiatric Medical Association (HPMA) has regarding this bill, some highlights being:

1. To safely prescribe medications, there is a need for extensive medical training in a variety of disciplines other than pharmacology, including physiology, anatomy, chemistry, pathophysiology, and neuroscience, among others. It is imperative to understand drug-drug interactions, the interplay of psychiatric diagnoses with medical comorbidities, and the effects of psychotropic medications on the entire human body in order to provide the best care for the public. Compared with the tens of thousands of hours of clinical training and thousands of patients seen in a four-year psychiatry residency after four years of medical school, it would be difficult to achieve this level of expertise with the currently outlined proposed curriculum in S.B. 131 with supervision of a minimum of 100 patients, a minimum of 80 hours completed in physical assessment practicum, a minimum of 800 hours completed in clinical prescribing practicum, etc.

2. Psychologists should not be able to create their own system for testing and grading that is not nationally recognized or acknowledged elsewhere. The standards for ensuring appropriate education, training, and licensing should be upheld to the same as those currently authorized to prescribe medications. For example, the testing of physicians is performed by medical boards that are separate from professional medical associations in order to prevent conflicts of interest.

3. There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities, through telepsychiatry and collaborative care. Hawai'i is already increasing mental health access by utilizing telepsychiatry (which has proved extremely helpful during this COVID-19 pandemic), APRN-Rx (a two year program psychologists may also pursue at UH Manoa which is accredited and nationally regulated), Project ECHO (a partnership between multiple rural health organizations), and the Collaborative Care Model (e.g., Queen's Clinically Integrated Physician Network). These proven and already implemented methods should be expanded and supported.

Thank you for your consideration to HOLD S.B. 131 in committee. We welcome the opportunity to work with you to facilitate evidence-based, proven programs to ensure our patients in Hawai'i suffering from mental illness, including substance use disorders, receive safe and equitable care.

Megan Araujo, MD
Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Health; and Senator Baker, Chair of the Senate Committee on Commerce and Consumer Protection

From: Hawaii Association of Professional Nurses (HAPN)
Subject: SB131 – Relating to Psychologists

Hearing: February 9, 2021, 9:00a.m.

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

Thank you for the opportunity to submit testimony regarding SB131. HAPN is in **Opposition** to consider a pilot program to allow prescriptive authority to qualified psychologists. We join other organizations and members of the medical community with concerns related to prescribing being within the general scope of practice for the psychologist role, educational preparedness, training required to be a competent prescriber, and appropriate supervision during this pilot. Our concern is for the safety of our patients who require medication for treatment. We also question the need at this time. According to the 2020 Workforce Report produced by the Hawaii Pacific Basin Area Health Education Center there is a demand for 196.7 psychiatrists statewide. This report notes the current psychiatrist supply is 153.5 with a shortage of 43.3. As of December 10th, 2019, in a communication with the Board of Nursing, it was reported that the State of Hawaii had 62 Psychiatric Mental Health Nurse Practitioners. **The first line of this bill's preamble, indicating there is a shortage of mental health prescribers, is just not true, in fact by this information provided, there is a surplus.**

As a result of the 2020 Covid-19 Pandemic, we have seen a dramatic increase of telehealth visits through out the country and statewide. The community has grown increasingly comfortable with this type of healthcare delivery. We note this because telehealth has been able to reach patients in most corners of Hawaii. Telehealth is a viable mode of healthcare delivery, especially for mental health, that it was recognized by the legislature that mental health reimbursement must be equal to face-to-face visits. A November 2020 Civil Beat article (https://www.civilbeat.org/2020/11/suicides-in-hawaii-appear-to-be-decreasing-despite-pandemic/) noted that there has been an increase in people seeking mental health care in Hawaii with a decrease in our suicide rates during this pandemic. This is a testament to our mental health care provider infrastructure in Hawaii. There is more work to be done, but we are clearly making strides. Our Advanced Practice Registered Nurse (APRN) community has done just what the legislature has asked – to meet the needs of patients in our communities. We are doing this with good outcomes.

HAPN's mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients' access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. APRNs have played an important role to improve the physical and mental health of our communities.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President

SB-131
Submitted on: 2/6/2021 11:20:11 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Rao	Individual	Oppose	No

Comments:

Psychologists do not have the training to understand medications or their serious side effects. Lowering the standard of care for rural patients should not be the solution to access issues.

SB-131
Submitted on: 2/7/2021 12:04:57 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roland Ng	Individual	Oppose	No

Comments:

Oppose.

SB-131
Submitted on: 2/7/2021 1:03:36 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sophia Jimenez	Individual	Oppose	No

Comments:

As a medical student I have serious concerns regarding the safety of psychologists' independent prescriptive authority.

SB-131
Submitted on: 2/7/2021 4:18:35 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrew Ruege	Testifying for Andrew Ruege, MD	Oppose	No

Comments:

The mental healthcare needs of Hawaii are challenged by our severe physician shortage. As doctors, we advocate for expansion of access to services for our patients, especially those most vulnerable in our rural areas and our homeless.

The HMA and the Hawaii Psychiatric Medical Association (HPMA) have serious concerns regarding the safety of psychologists' independent prescriptive authority. We support collaborative care models such as the Queens Clinical Integrated Practice Network, successfully delivering high quality care with substantial cost savings. We will continue to work closely with state leaders and payors to increase access to safe and effective mental healthcare for our Hawaii patient ohana.

SB-131
Submitted on: 2/7/2021 6:26:41 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Sharon Tisza	Individual	Oppose	No

Comments:

Aloha! I'm a board certified Adult, Adolescent, Child and Forensic Psychiatrist in the state of Hawai'i. I've been practicing here for 24 years. Prior to moving to Honolulu to do my internship, residency and three fellowships I attended Case Western Reserve University (CWRU) Medical School for 4 years and CWRU Undergraduate for 4 years. Medical trading is rigorous. Not until completing 8 years of post-high school education was I allowed to prescribe medications. Pharmacology is not something that can be taught in a 6 week or even a 6 month crash course. It's far more than memorizing a bunch of drugs and dosages. You have to look at the entire patient and how a particular medication will effect a unique person and everything else that is happening to them medically. Prescribing medications is both and art and a science and even after practicing medicine for 24 years this is a skill that I continue to hone. Giving someone a prescription pad is not something that should be taken lightly. Allowing psychologists to do so would be foolish and extremely dangerous for the citizens of this state. Vote no to SB 131.

SB-131
Submitted on: 2/7/2021 7:17:02 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Worchel	Individual	Oppose	No

Comments:

I am adamantly opposed to this bill and urge you to vote against it. Psychologists have no meaningful training in medicine. Supplemental courses in pharmacology are not sufficient to safely prescribe the increasingly complex formulary of psychiatric medications. Psychologists will not be able to interpret the required laboatory results of many medications. Abnormal finding can indicate medical conditions that require physician assessment and treatment. The lack of medical training will result in further burdening primary care physicians with inappropriate referrals or a failure to refer patients requiring furhter assessment. There are life threatening drug/durg interactions for which psychologists have no training to assess and treat. Addtionally, medical training is required to determine whether emerging signs and symptoms are side effecets of a medication or due to a medical illness.

This bill is simply an attempt to increase economic income of psychologists who have chosen not to become physicians or nurse practitioners. It provides a debasement in care for vulnerable patients. It will confuse patients who may believe psychologists have medical expertise. There is no need for this dangerous expansion of prescriptive authority. It brudens an already overwhemed regulatory system. It poses foreseeable life threatening harm to patients. it discourages psychiatrists from opening practice in Hawaii. Expanding prescriptive authority solves no problem as the current collaborative arranagement of psychiatrists, psychiatric nurse practitioners and primary care physicians with other mental health professionals provides excellent, and accessable comprehensive care.

Expanding prescriptive authority to psychologists on the basis of having additional courses in pharmacoology creates a precedent for social workers, couselors or any other related professionals to prescribe medications. Prescribing medications can not safely be carved out from the extensive medical training that informs and guides prescriing medications.

SB-131
Submitted on: 2/7/2021 7:57:41 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

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

Comments:

I am writing in support of SB131. There should no longer be any question about the need for additional competent prescribers, especially in rural areas or those areas that do not have access to competent professionals. There should no longer be any question about the capability of psychoogists to prescribe after receiving additional specialized trainining. There should not longer be any question about the sufficieny of the training programs to allow these psychologists to practice safely. The answers have already been provided by over 25 years of experience of psychologists safely prescribing in the DoD and 2 of the five states that currently have laws allowing psychologists to prescribe. In that time there have been no major adverse events nor any serious malpractice claims against psychologists. Given the existing evidence in favor of supporting training psychologists to prescribe, the burden of proof now lies with the opponents to show clear and convincing evidence why in over 25 years of practice, none of the predicted dangerous outcomes have occurred. In the absence of any such evidence, there should be no reason to deny the citizens of HI access to much needed services. I respectfully urge you to vote in favor of SB131.

SB-131
Submitted on: 2/7/2021 9:31:18 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathryn Egan, MD	Individual	Oppose	No

Comments:

As a Board Certified Child & Adolescent Psychiatrist and General Pediatrician, I strongly oppose this bill. After 4 years of medical school, 5 years of residency & fellowship training, and more than 10 years of practicing psychiatrist, I am still constantly utilizing my medical training and building my skills with the complexities of psychopharmacology, the brain, and every other organ system, to safely and effectively prescribe medications for patients. I am concerned about the safety of this bill and the likely adverse effects for patients as psychologists do not have adequate medical training.

SB-131
Submitted on: 2/7/2021 10:01:20 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maurice Sprenger, MD	Individual	Oppose	No

Comments:

As a physician and psychiatrist, it has been my honor to work with many wonderful psychologists. But they are not trained in medicine or the necessary many risks and dangers of medications. Medical school is the proper trainning for that and already exists, so if a psychologist is to prescribe they may apply to the John A Burns school of medicine and once they have their MD as well as their PhD prescribe. Alternatively they can enter a Nurse Practitioner or PA program, which also provides that option. Therefore I oppose this legislation.

SB-131
Submitted on: 2/7/2021 11:01:20 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Parente MD, MS	Individual	Oppose	No

Comments:

Patients will suffer harm with psychologists prescribing complex psychiatric medicines. This would be a horrible mistake risking patient harm.

SB-131
Submitted on: 2/7/2021 11:16:03 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
sheri armstrong	Individual	Oppose	No

Comments:

I am opposed.

SB-131
Submitted on: 2/7/2021 11:37:50 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rhoads E Stevens, MD	Individual	Oppose	No

Comments:

I oppose SB 131 and prescriptive authority for psychologists.

SB-131
Submitted on: 2/7/2021 11:41:23 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrew Feng, M.D.	Individual	Support	No

Comments:

The mental healthcare needs of Hawaii are challenged by our severe physician shortage. As a physician, I advocate for expansion of access to services for our patients, especially those most vulnerable in our rural areas and our homeless.

I support the action of SB131 to begin the process of establishing prescriptive drug authority for qualified psychologists and urge state leaders to increase access to safe and effective mental health healthcare for our Hawaii ohana.

SB-131
Submitted on: 2/7/2021 11:55:42 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Jordan MD	Individual	Oppose	No

Comments:

My dad was a psychologist and I would vote against him to get prescriptive authority.

Who is next? EMT's, cRNA's, legislators??? Patient safety and quality is at stake here.

SB-131
Submitted on: 2/7/2021 12:21:54 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Lee	Individual	Oppose	No

Comments:

Oppose.

SB-131
Submitted on: 2/7/2021 1:10:44 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sylvia Koo	Individual	Oppose	No

Comments:

It is unsafe to prescribe medications without having the extensive education and knowledge that medical doctors (MDs) acquire from the 7+ years in medical school, residency, and fellowships. Quality and safe care for the people of Hawaii is the most important factor to take into consideration.

SB-131
Submitted on: 2/7/2021 1:25:23 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carlton Yuen	Individual	Oppose	No

Comments:

I believe we must have patient safety at the forefront of our concerns. Allowing practitioners who are not trained in prescribing is ill advised. Instead an integrated model much like that being employed at queens where pyschologist work with pychiatrist to deliver high quality safe care at significant savings is preferred.

SB-131
Submitted on: 2/7/2021 3:42:32 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Filippino MD	Individual	Oppose	No

Comments:

Oppose SB131!!!

The "appropriate advanced training" this bill refers to is really ... 4 years of medical school and 4 years of training in psychiatric care! You can't get that in a seminar and a quick practicum. As a psychiatrist, even my "easy" patients get a comprehensive medical review of their personal and family medical histories that requires a whole-person integration that goes well beyond just what I know about psych drugs -- I draw upon a full body of medical training and there's a degree of complexity involved that only physicians have the years of experience to accomplish. There's a reason why primary care docs refer to us when psych cases get even slightly complicated. Do we now think that someone with far less medical training than the primary care doc [PCM] can accomplish what even the PCM doesn't feel comfortable doing? What hubris!

The side effects of even simple, "clean" antidepressants can include mania, psychosis, sudden onset suicidality, and a host of medical problems. This bill is like letting the spin class instructor at the gym prescribe cardiology meds because he or she knows "some stuff" about heart rates.

I definitely understand the shortage of prescribers in rural Hawaii -- I spent six months working the inpatient facility in Kona. However, letting non-medical providers play with psych meds in a population fraught with medical problems and complicated by widespread substance use is like tinkering with wet dynamite.

The shortage of prescribers in Hawaii is because of other problems the state faces. Let's fix those. Slapping this sloppy bangage on a spurting wound is not the solution. This is unsafe. Give it a rest already, how many times do we need to reject this idea?

SB-131
Submitted on: 2/7/2021 4:20:45 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elaine Heiby	Individual	Oppose	No

Comments:

Elaine M. Heiby, Ph.D.

Licensed Psychologist

2542 Date St., Apt. 702

Honolulu, HI 96826

(808) 497-0929

heiby@hawaii.edu

7 February 2020

Hawaii State Legislature

Re: OPPOSITION to SB131 Relating to prescription privileges for psychologists

Dear Honorable Senators:

This is individual testimony that is informed from my experience as a doctoral level psychologist since 1980. My experience includes being a Professor of Psychology at the University of Hawaii at Manoa from 1981 to 2014, a Hawaii Licensed Psychologist since 1982, and a former member of the Board of Psychology. My opinions do not represent the University or the Board. My opinions are consistent with testimony

submitted by Psychologists Opposed to Prescriptions Privileges for Psychologists (POPPP) and I am on the Board of Advisors of POPPP (https://www.poppp.org).

Purpose of SB131

This bill aims to expand the scope of practice of psychologists to that of psychiatrists based on **only 10% of the medical training completed by psychiatrists**. This expansion of scope of practice crosses disciplinary boundaries. It is not accurate to compare this expansion of scope of practice to permitting other health professionals, such as dentists and nurses, to prescribe because the training of these other allied health professionals is already premedical and medical in nature. In contrast, the training of psychologists is not related to the practice of medicine. Therefore, **this bill proposes a radical reduction of required medical training in order to practice medicine in Hawaii**. Many psychologists believe this bill is contrary to the profession's ethic of "do no harm".

Reasons for Opposition involve Risk to the Consumer

- Since 1996, bills similar to this one have been rejected at least 193 times in 26 states owing to substandard medical training (see 2016 map attached)

- Training for a doctorate in clinical psychology does not include pre-medical or medical training. Therefore, as stated above, comparison to expansion of scope of practice for dentists and nurses is erroneous because the training of these other professionals is already medical in nature.

- There is virtually no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect the consumer. This bill suggests there is solid evidence that licensing requirements for physicians and nurses is extremely excessive. Yet no such evidence exists and no bills to reduce the training required for physicians and nurses are being entertained.

- 89.2% of about 1000 members of the psychological Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers (*the Behavior Therapist, September 2014)*. A survey of Illinois psychologist yielded similar findings (78.6%) (Baird, K. A. (2007). A survey of clinical psychologists in Illinois regarding prescription privileges.*Professional Psychology: Research and Practice, 38*, 196-202. doi:10/1037/0735-7028.38.2.196).

- Only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill (ABCT survey)

- Only 10.9% would refer a patient to a prescribing psychologist whose medical training is what is required in this bill (ABCT survey).

- 88.7% agreed that there should be a moratorium on bills like this one until there is objective evidence that the training involved protects the consumer (ABCT survey).

- The impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before this experiment is repeated in Hawaii. Consumer safety outcome in the military is difficult to evaluate owing to the Feres Doctrine (barring lawsuits involving injuries to members of the armed forces) and the small number of prescribing psychologists (e.g., 2 in the Navy and 4 in the Air Force as of 2018).

- Proponents claim that the lack of a reported death or serious harm by prescribing psychologists somehow provides evidence of safety. It does not. It only provides evidence that any harm done by these psychologists was not identified and reported by the psychologists themselves or their patients. A **lack of evidence about safety does not constitute evidence for safety.**

- There have been malpractice lawsuits filed against prescribing psychologists in New Mexico and Louisiana, so some problems in their practice have been asserted.

- Given proponents spent over $500,000 to pass a prescribing bill in Louisiana alone speaks to the availability of funds to conduct such a consumer safety study for the amount of medical training required in this bill.

- The choice by the APA to not conduct a consumer safety outcome study suggests a lack of concern about consumer safety. There has been erosion in the ethics of the APA in the past decades. The ethics of the APA has changed from professional ethics designed to protect the consumer to guild ethics, designed to increase the income of psychologists regardless of the impact upon the consumer (http://kspope.com/PsychologyEthics.php#contentarea).

- Evidence of this erosion of ethics is apparent in the disregard for consumer safety in prescribing and in other areas, such as the APA's explicit support of doing harm by endorsing psychologists to conduct torture and the APA's admitted deception of the membership by presenting voluntary contributions as mandatory.

The State of Illinois has set the standard for prescription privileges for psychologists

- Illinois Model for psychologists prescribing is not controversial

- In 2014, the State of Illinois enacted a law to permit psychologists to prescribe some psychotropic medications (e.g., excluding narcotics and benzodiazepines) to a limited population (excluding youth, the elderly, pregnant women, the physically ill, and those with developmental disabilities). http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1294&ChapAct=225%26nbsp%3BILCS%26nbsp%3B15%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Clinical+Psychologist+Licensing+Act%2E

- The training requirement is similar to what is required of Physician Assistants, including undergraduate pre-medical training. This training includes 7 undergraduate and 20 graduate courses along with a 14-month practicum in multiple medical rotations.

- The Illinois Psychological Association and Nursing and Medical associations supported the Illinois law, as it requires the same medical training as other non-physician prescribers. Psychologists Opposed to Prescription Privileges for Psychologists (POPPP) does not oppose the Illinois Model because of the standard medical training required.

Solutions to access to psychoactive drugs while protecting the consumer

1. Collaboration between psychologists and physicians.

1. Completion of medical or nursing school by psychologists. Encouraging medical and nursing schools to offer executive track programs for psychologists and social workers.

1. Use of Tele-psychiatry, which is promoted by the Department of Veterans Affairs and the U.S. Bureau of Prisons.

1. Modify this bill to meet the required training and scope of practice limitations in the Illinois law enabling psychologists to prescribe.

1. Encouraging all professionals to serve rural areas and those in poverty. The prescribing laws in New Mexico and Louisiana did not result in psychologists moving their practices to rural areas as they had declared would happen (see attached chart; Source: Prof. T. Tompkins, 2010; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999).

Thank you for your kind consideration of this opinion.

Respectfully,

Elaine M. Heiby, Ph.D.

Psychologist (HI license 242)

Professor Emerita of Psychology, UH-Manoa

SB-131
Submitted on: 2/7/2021 4:23:41 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bracken Gott	Individual	Support	No

Comments:

THE SENATE
THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021

Measure Title: RELATING TO PSYCHOLOGISTS.

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 one hundred thousand persons. Repeals on 8/31/2026

HEARING: Tuesday, February 9, 2021, 9:00am Room 229

From: Dr. Bracken Gott, PsyD, MSCP

Re: Testimony in SUPPORT of SB 131, Relating to Prescriptive Authority for Certain Clinical Psychologists

My name is Bracken Gott and I wholeheartedly support SB 131. I am a clinical psychologist, a U.S. Navy veteran, and a current provider for the communitees of Hawaii.

I have been practicing in mental health for over 20 years. During this time, I have had the opportunity to work with many skilled health care professionals; both those who can prescribe and those who cannot. Prescribing is an essential part of mental health treatment. However, great caution and consideration should be given to those who provide prescriptive services. These individuals must acquire the knowledge and skills needed to deliver safe, high-quality mental health care with prescribing privileges. An advanced trained clinical psychologist undergoes extensive training, obtains a Master's Degree from an accredited program, and passes a national licensing exam. These

advanced trained psychologists are medical providers should be permitted to prescribe.

Medically trained psychologists have had prescriptive authority since 1974 in the United States. The Department of Defense, Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, Iowa, and Idaho all permit advanced trained psychologists to have prescribing authority. There has never been any reported adverse outcomes or malpractice complaints related to prescriptive authority for medically trained psychologists. In fact, permitting these certain psychologists to prescribe psychotropic medications will only enhance mental health care services throughout the State of Hawaii, by increasing access to care.

Passing SB 131 will allow appropriately trained and credentialed psychologists the ability to help Hawaiians have access to medications needed to properly treat mental health disorders. As a practicing psychologist in Hawaii, I have gained first-hand knowledge of the limitations to accessing mental health treatment. I strongly support this measure because it will help to alleviate the difficulty people suffering from mental health problems have in accessing proper treatment and care. The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training, and licensing will be authorized to prescribe.

Thank you for the opportunity to submit this testimony.

Very Respectfully,

Bracken Gott Psy.D., MSCP (Masters of Science in Clinical Psychopharmacology)
Clinical Psychologist

SB-131
Submitted on: 2/7/2021 4:33:20 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wynette Kitajima	Individual	Oppose	No

Comments:

I have serious concerns regarding the safety of psychologists' independent prescriptive authority. I support collaborative care models such as the Queens Clinical Integrated Practice Network, successfully delivering high quality care with substantial cost savings.

SB-131
Submitted on: 2/7/2021 4:56:53 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Smith Psy.D. MSCP	Individual	Support	No

Comments:

Re: Testimony in strong support of SB 131, Relating to Prescriptive Authority for Certain Clinical Psychologists

Thank you for hearing SB 131, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care.

Psychologists have had prescriptive authority since 1990's through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists. Malpractice insurance through the APA Insurance Trust is only a few hundred dollars more for Prescribing Psychologists, which says a lot about the safe care Prescribing Psychologists offer.

The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training and registration will be authorized to prescribe from a limited formulary of psychiatric medications.

Passing SB 131 will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and should have a right to access. Please help us improve mental health in Hawaii by passing SB 131.

Thank you for the opportunity to submit this testimony.

SB-131
Submitted on: 2/7/2021 5:16:35 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Allain Francisco	Individual	Oppose	No

Comments:

To whom it may concern,

As a practicing resident psychiatrist in Hawaii I oppose this bill. Psychiatrists require a number of years and biomedical prerequisites prior to attending medical school, following that we engage in extensive pharmacology courses during medical school to familiarize ourselves not only with a plethora of medications but their various interactions with each other and with the human body. After several years of both pre-medical courses and medical courses, we then enter residency training where we hone our skills further in understanding the essential details that are specific to psychopharmacology. While I value the training and services that psychologists provide to the community, I believe that they lack the medical knowledge and training necessary to prescribe these medications safely to our patient population.

Sincerely,

Allain Francisco, MD

SB-131
Submitted on: 2/7/2021 5:34:27 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julienne Aulwes, M.D.	Individual	Oppose	No

Comments:

I **OPPOSE** this bill as it is not a safe or effective way to address the mental health needs of our community. Through the use of telehealth and expanding technology coverage over geographic areas, patients can access psychiatric care from physicians and nurse practitioners who have adequate training in the biomedical sciences to minimize drug-drug interactions and understand how physical health problems could masquerade as mental health problems. Not every mental health problem requires medication treatment and psychotherapy alone is often sufficient in helping a patient. Thus, psychologists would best serve their community by expanding access to their evidence-based psychotherapy services and doing what they do best -- psychotherapy.

Re: SB 131 Relating to Psychologists

Hearing: 02-09-21 9:00AM

Position: OPPOSED, Please vote "NO"

I oppose SB 131 because it is unnecessary, and it may eventually be harmful.

"For fools rush in where angels fear to tread." ~Alexander Pope, 1711. This alludes to inexperienced or rash people attempting things that more experienced people avoid. Prescribing psychologists will put patients in danger. The culture of medical education emphasizes our power to harm as well as to heal, and our watchword is "do no harm."

Prescribing psychiatric medicines looks easy, but it is not. You can die from a rash from a mood stabilizer, or from a dose of pain medicine if you are taking an antidepressant at the same time. New side effects and drug-drug interactions are discovered every day. To prescribe psychiatric medications, you need medical education.

Data from CMS/Medicare reveal that psychologists prescribing in other states are prescribing medications that are not usually prescribed by psychiatrists (antibiotics, blood thinners, anti-HIV, diabetes and high blood pressure medications). This is not safe! These medications' risks and complications require close management from internists or other specialists.

I work closely with primary care providers, psychologists, and social workers through the Collaborative Care Model, use of which has shown success in rural areas in Washington and Michigan, and its use nationwide is steadily increasing. The psychologists are an integral part of the team, but best serve patients within their scope of expertise – diagnostic assessments and psychotherapy interventions. They have significantly limited clinical experience with medications compared to physicians.

As COVID-19 led many medical practices to adopt telehealth, access to psychiatrists, especially on the neighbor islands, has increased. What I think would help is working with insurance companies to increase funding for telehealth reimbursements, to be a viable source of revenue for practices across the state (or nationwide, if mainland psychiatrists can provide telehealth to HI residents). Additionally, the state could increase funding for mental health services so that they could successfully recruit and retain psychiatrists. Another alternative solution to consider is to increase funding for evidence-based models such as collaborative care, which allows for physician led care.

Thank you in advance for your consideration of my testimony.

Naomi Bikle, MD
Psychiatrist
Kailua Kona, HI

SB-131
Submitted on: 2/7/2021 7:29:31 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Mathe	Individual	Oppose	No

Comments:

I am a psychiatry resident and oppose this bill. Psychologists do not obtain the same amount of education and training on psychopharmacology to be able to prescribe medications to patients.

SB-131
Submitted on: 2/7/2021 7:42:25 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kiyonari Noguchi	Individual	Oppose	No

Comments:

SB-131
Submitted on: 2/7/2021 7:44:08 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Morgan Cowger	Individual	Oppose	No

Comments:

As a psychiatry resident physician, I oppose SB131.

SB-131
Submitted on: 2/7/2021 7:59:06 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

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

Comments:

I OPPOSE SB 131 because it poses an unacceptable risk to the health and safety of our community of patients, and especially our most vulnerable populations (our kupuna, pregnant women, children, and medically compromised).

Prescribing medications involves an in-depth training in and understanding of medicine, including complex organ systems, interactions of them, as well as extensive pharmacology.

As physicians, we negotiate difficult dilemmas weighing risks vs. benefits of medication use every day, and not all patients need or benefit from psychotropic medications.

Suboptimal training can lead to misdiagnosis— i.e., medical issues mistaken for mental health ones.

This bill would compromise patient safety and is not the solution to address the increasing mental health needs of our community.

Now, through telehealth, our patients can access psychiatric care from physicians and nurse practitioners who have appropriate training in the biomedical sciences to minimize the risks where medication prescribing is involved. Telehealth coverage extends over broad geographic areas, including rural.

The collaborative care model, using interdisciplinary consultation via a primary care provider hub, can also amplify the impact of care by psychiatrists.

We recognize and appreciate the importance of our psychology colleagues' specialized psychotherapeutic care that they provide our patients in need. It is in this collaboration of disciplines that we can most safely care for the mental health conditions and needs of our community.

Aloha and mahalo,

Rika Suzuki M.D.

Adult and Geriatric Psychiatry

SB-131
Submitted on: 2/7/2021 8:10:57 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ani Tokat	Testifying for Ani Tokat MD, Inc.	Oppose	No

Comments:

Psychologists are NOT physicians. They have no medical education. Granting nonphysicians the right to prescribe will ultimately result in more medical errors and thereby increase morbidity, mortality, and healthcare cost. In contrast, Psychiatrists are physicians who have completed 4 years of premedical studies, 4 years of medical school, and 4 years of residency training. Writing a prescription can be as simple as copying off of Stahl or Epocrates or Google. However, the practice of medicine is more than that. It takes years of education and training to understand the human body as a whole and have full understanding of comorbid medical conditions that complicate psychiatric conditions. Advancing Psychologists to a Psychiatrist level solely through legislation rather than education is unethical and unlawful and American citizens deserve better than that. Access to Psychiatric care by Physician Psychiatrists has increased due to telepsychiatry. Every patient deserves to see a physician for their medical needs. Psychiatric conditions are medical conditions, and these patients should not be discriminated against by being provided subpar care due to bills such as these that give the untrained the authority to take on the role of a physician. In the end, if your loved one needed such medical care, who would you choose to provide the necessary medical care? A nonphysician psychologist who took some pharmacology courses and thereby connects a symptom to a medicine and practices medicine without a medical license or a Physician Psychiatrist, with a medical license, trained to understand your loved one as a human being rather than a symptom and thereby trained to provide comprehensive assessment and care, taking into consideration all other medical comorbidities? Any access to care is NOT better than no care. Knowing how to utilize existing Physician Psychiatrists (ex. Telepsychiatry and bringing down interstate restrictions) is one possible solution, amongst many, to limited access to Psychiatric care. Please choose ETHICS and DO NO HARM. Please oppose SB131.

IQBAL "IKE" AHMED, M.D.

2861 KALAWAO STREET
HONOLULU, HI 96822
TELEPHONE: (808) 554-4457
EMAIL: ahmedi96822@gmail.com

TO: Senate Committee on Commerce and Consumer Protection and Senate Committee on Health

DATE: Feb. 8, 2021

SB131 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I am writing to you as not only a practicing psychiatrist of 40 years. I have been a professor of psychiatry in 4 major medical schools. I am also a consultant, teacher and researcher in psychopharmacology.

My testimony is submitted in opposition to **SB131**, relating to psychologists.
I am opposed to this measure because:

- The proposal does not provide for adequate level of psychopharmacologic education and training, including biomedical training necessary to allow safe and effective treatment of mental health disorders. Many of these disorders occur in the context of underlying medical problems and in vulnerable people such as our kupuna and keiki.

- My concern is that in trying to address the access issue, our most vulnerable citizens with mental illness are unnecessarily being exposed to risks from powerful psychiatric medications prescribed by the least trained prescribers of these medications. All psychiatric medications affect not only the brain, but on many of the organ systems in the body. Every few weeks we learn more about the risks from the use of these psychiatric medications such as heart disease, sudden death, bleeding problems, strokes, falls, and interactions with medications prescribed for medical problems. The dictum in Medicne is "primum non nocere", first do no harm. Does the legislature really want to get in the business of exposing the people to unnecessary harm?

- Another issue that has been raised by the proponents of the bill is that suicides could be prevented if psychologists could prescribe. There is very little data that medications may prevent suicides. If anything, certain psychiatric medications, may increase the risk of suicidal thoughts and behavior. That is the reason the FDA has issued "black box warnings" for suicide risk for all antidepressants. **Crisis intervention and psychotherapy are often more effective than medications in preventing suicide**. In addition, most of the more common psychiatric disorders such as depression, anxiety disorders, post-traumatic disorders, and ADHD respond well to psychotherapies and other behavioral interventions, often better than medications. Psychologists are well qualified to provide these services. We need more providers of these therapies, **not** medication prescribers! This is what is needed in treating the pandemic of mental health problems and suicide risk during the current covid-19 pandemic.

- Psychologists can help with access to safe and effective mental health care by providing valuable nonpharmacological treatments for the severely mentally ill such as crisis

intervention, evidence based and effective psychotherapies such as cognitive behavior therapy, psychosocial rehabilitation programs, and recovery programs. Therapies such as CBT are just as effective as medications for most anxiety disorders and depression, without the associated side-effects of medications Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications

- Mental health consumers deserve to receive the same quality healthcare as all others.

- The John A. Burns School of Medicine, the Hawaii Psychiatric Medical Association and the Department of Health are all working to reduce system barriers mental health services and helping to improve access to quality health care to all mental health consumers. These approaches have evidence of providing increasing access to both therapy and medication treatments.

- Hawaii is ramping up access improvement in ways proven safe and effective, including telemedicine and Collaborative Care. These proven and already implemented methods need to be expanded and supported.

Thank you for your consideration.

Iqbal "Ike" Ahmed, M.D., FRCPsych (UK)

SB-131
Submitted on: 2/7/2021 8:15:31 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rodel Maulit	Individual	Oppose	No

Comments:

Aloha State Legislature,

My name is Rodel Maulit and I am a psychiatry resident physician. This is my testimony to oppose the SB 131 bill. In the matters of prescribing medication, there is rigorous education and training involved and required by the national medical board of education to grant the privilege of medicinal prescription. This should not be taken lightly as all medications have the potential to be lethal. Unfortunately, pharmacology and medical training is not included and supported by the certificates of clinical and non-clinical psychologists. Prescribing medication deals with peoples lives and dealing with lives requires medical training.

Mahalo,

Rodel Maulit, MD

SB-131
Submitted on: 2/7/2021 8:49:59 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Jeffrey H. Chester	Individual	Oppose	No

Comments:

Medical training should be required prior to prescribing any medication.

SB-131
Submitted on: 2/7/2021 9:09:29 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Pompl	Individual	Oppose	No

Comments:

As a means of conveying expertise, I affirm that I am an active inpatient and emergency department psychiatrist at Adventist Health Castle (where I also serve as vice chair of Psychiatry and chair of Bioethics), active faculty member of the University of Southern California Department of Psychiatry and Behavioral Sciences, former provider for the USAF at the 15th MDG at Hickam, and a retired neuroscience researcher who has treated over 19k patients and been trained extensively in both medical management and psychotherapy.

The shortage of mental health providers, globally, has been a long time issue that I have been personally involved in helping address during my tenure as a local in Los Angeles County. This is a serious issue that needs keen and intelligent attention, and has been only amplified by the recent pandemic.

However, this is not the only area of medicine that is lacking (eg primary care), which is why one of the largest and most successful pushes in the past has been the medical home model. Our largest volume of psychotropic medication prescribers are in primary care, they are the front line. If there is any quick field dressing to cover the wound of scarcity it is to embed mental health providers in primary care and better educate our existing force of primary care providers to be better psychotropic prescribers and to know when to refer to both psychology and psychiatry.

The arguments against the concepts proposed in this pilot study are well defined and several articles address the specifics of the risks associated, including public hazard, and can easily be found on a Medline search. But in summary I would like to outline here many key concepts which indicate that this would severely derail an already struggling system.

Firstly, prescribing medicine is a privilege granted only after 4 years of medical school and 4 years of residency in psychiatry - then most don't get really great at it until at least another 5 years later. But from day one they are trained to be safe, and truly are so because they have a deep breadth and knowledge of medicine, of human physiology and pharmacology. They have spent years observing and learning the art of physical exam, pathophysiology and investigative interviewing to ensure they catch even the subtlest of clues that indicate that illness or risk that is present. I have given many lectures on medical mimics and conditions that can trick even seasoned MDs into going down the wrong path in diagnosis and treatment. The privilege of prescribing is a truly specialized training that should not be taken lightly to save a couple of bucks. Mental wellness is a right that demands both psychiatric and psychological attention that is state of the art. If you plan to design an intensive 2-3 year training program wherein psychologists are trained in a similar fashion to DOs and MDs, and become familiar with all pharmacology, general medicine and emergency medical management then that may be a meaningful start. Otherwise, this makes as much sense as asking a primary care doctor to do brain surgery because we have too few surgeons and the PCP knows the patient very well.

Secondly, why do we have a shortage of providers? If we avoid the problem with a cheaper easier solution, what do you think we will get? We need to attract and retain skilled providers and not cheat our society of well deserved comprehensive care. In many instances folks can do well with just a skilled PhD psychologist, however in many other they work together and very closely with a PCP or psychiatrist to ensure optimal care via a licensed and skilled prescriber. As an inpatient provider, I have seen many instances wherein a psychologist was out of their skill set and influenced medication changes that led to decompensation and inpatient admission.

Thirdly, there is an elephant in the room. Prescribing privileges means two very concerning things, more billing and less time in therapy. All fields are subject to opportunists looking for ways to use billing as a means to wealth growth. The field of psychology is a sacred relationship between the individual and a guide to their interpersonal and dynamic issues, it should be free from biases and is markedly less stigmatizing for those who do not desire pharmacology. Privileging psychologists with prescription writing serves to open the flood gates for billing opportunism, shortening time in actual therapy due to a shift to dialogue about medications by a party less skilled to manage them safely (henceforth a greater amount to time spent on medication discussion than the process and well being of the patient), alienating persons who already fear being prescribed medications, and probably most importantly, undermining the therapeutic relationship in one of our most important resources in mental health. The psychologist and individual served in the classic setting is sacred, it does not run the risk of shifting the conscious/unconscious dynamic into a paternal realm wherein each session now embodies: medication adherence, medication changes, side

effects, changes in medications for other conditions with PCP, recent/planned surgeries/procedures, overuse and challenging questions about diversion. It is and should always remain a sacred relationship where the therapist holds an unbiased and non-judgemental space for an individual navigating back to and maintaining mental wellness and personal growth.

Indeed we all want to improve our mental health system. But this proposal is 100% not the way, our patients need more skilled and exceptional resources not easy fixes. Medications can harm as much as they can help, and we need to be disabused of the notion that pharmacology in unskilled hands will fix anything. Our patients need psychiatrists and exceptional psychologists and therapists.

Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
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www.hawaiipsychology.org

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LATE

SENATE COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair,
Senator Rosalyn H. Baker, Vice Chair

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

DATE: February 8, 2021 9:00 A.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support on SB131 RELATING TO PSYCHOLOGISTS

The Hawai'i Psychological Association (HPA) strongly supports SB131, which would establish a five-year pilot program giving psychologists prescriptive authority in counties with populations under 100,000 people.

Specifically, this program will allow for the training and licensure of prescribing psychologists on the island of Kauai until 2026. It provides a foundation for exploring the suitability of prescriptive authority for specially trained advanced practice psychologists to engage in psychotherapy with psychopharmacological support – and at a most critical juncture of our healthcare system's response to the pandemic.

Prescriptive authority is safe and has been increasingly authorized as a tool in providing comprehensive and integrative mental health care nationally. It has already been successfully implemented in Illinois, Iowa, Idaho, Louisiana, New Mexico, in Federal Public Health Services, the Indian Health Service; and has been used in the military since the 1990s.

While this proposal is certainly not new, the COVID-19 pandemic has dramatically increased the need for this legislation. Our communities had already been suffering from the lack of access to comprehensive mental health care and medication management. More and more of our most vulnerable residents are unable to obtain the care they need to live healthy, functional lives, which too often leads to drug overdose, suicide, and homelessness.

We're now over a year into this pandemic, and every healthcare profession has been overtaxed. The overlap of serious mental illness, substance use disorder, poverty and homelessness has strained our already exhausted mental health care community. Psychologists are ready, willing, and uniquely poised to provide relief to these other professions; and can help address these social ills. Psychologists are already an integral part of the coalition of community partners to provide care for our burgeoning homeless population on every island.

We understand that there is a concern that psychologists lack the medical, biological, and physiological expertise to prescribe; however, the academic training for this program is based on both the medical and biopsychosocial models that include pathophysiology, biochemistry, neuroscience, nutrition, pharmacology, pharmacotherapeutics, and covers every organ of the body including liver, kidney, gastrointestinal, integument, nervous system, cardiac and pulmonary systems. The formulary of psychotropic medication will be limited to fall within the scope of their training.

Moreover, psychologists treat more Medicaid and Medicare patients than other prescribing mental health professionals - while we continue to struggle with a shortage of physicians, nurses and psychiatrists across the state. This bill will help enable every mental health professional to play a greater role in serving the overall health and emotional recovery of our residents.

While the integrative and collaborative care models hold some promise for improving access to care for these vulnerable populations, it is clear that such innovative programming will not get the funding and support it needs when all our public and private institutions are suffering financially. There is no appropriation in this bill. Psychologists are ready to step in to fill this void.

Along with our advancements in telehealth, Hawaii can be a leader in access to healthcare by granting appropriate prescriptive authority to Psychologists; much like has been done for optometrists, podiatrists, Advanced Practice Nurse Practitioners, Physician Assistants, and Pharmacists. The time is ripe; and their services are desperately needed.

Thank you for the opportunity to provide strong support for this very important bill.

Sincerely,

Alex Lichton, Ph.D.

Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee

SENATE COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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

Date: February 9, 2021
From: Stephen Kemble, MD

Re: SB 131 Board of Psychology; Psychologists; Prescriptive Authority; Prescribing Psychologists; Pilot Program
Position: OPPOSE

Hawaii has a shortage of physicians generally, including psychiatrists, but expanding scope of practice for psychologists beyond what their training supports is not an effective solution to this problem. Prescription psychiatric medications carry a high risk of side effects, and for the antipsychotics, these can include permanent neurological damage. The large majority of adverse reactions will present as physical symptoms, and assessment and treatment requires general medical training, well beyond what is being proposed for psychologists. This means a high risk of errors in managing adverse reactions and/or frequent referrals to physicians, emergency rooms, or hospitals, almost all of which could have been handled in the office by a psychiatrist with full medical training at a fraction of the cost.

The answer is interdisciplinary collaboration, not expansion of prescriptive authority without adequate medical training. I have been a pioneer in Hawaii for implementing the Collaborative Care model to provide psychiatric backup to primary care practices. This model pairs a part time psychiatrist with a full-time care manager, who is usually a licensed social worker or advanced practice nurse. When the team receives a referral from a primary care practitioner, the care manager contacts the referring primary care clinician and the patient and obtains a comprehensive psychosocial assessment. Cases are presented to the psychiatrist during weekly interdisciplinary team meetings, and the psychiatrist also has access to the primary care practitioner's medical record. Specific advice on managing the patient's problems is provided directly into the medical record, including both medical advice and psychological strategies, and the primary care practitioner implements the plan. The care manager follows up as frequently as needed to be sure the patient follows through, to provide brief forms of psychotherapy, and to assess both positive and negative outcomes of treatment. If the patient has any kind of adverse reaction, the psychiatrist is brought back in for further recommendations. If the patient needs more intensive forms of psychotherapy, the team arranges a referral to a community psychologist, social worker, or other mental health practitioner, and if more intensive or complex care of a medical nature is needed, to a community psychiatrist.

One module of 2 hours of a psychiatrist's time and a full-time care manager, plus some administrative and IT support, can handle about 80% of the psychiatric problems encountered in about 15 primary care practices. Outcome data for the model is impressive and cost-effective, with better results than referring all patients presenting with mental health problems to community mental health practitioners or hiring a mental health practitioner within the primary care practice. This model leverages the psychiatrist's time to effectively treat a much larger panel of patients than the psychiatrist could manage independently.

Expanding scope of practice for psychologists whose training is far more limited than that of psychiatrists is neither safe nor cost-effective. Interdisciplinary teams providing coordinated care, such as with the Collaborative Care model, is the answer to access to care problems for those with mental illness in our community.

Thank you for allowing me to testify on this issue.

Stephen B. Kemble, MD
Board Certified in Psychiatry and Internal Medicine
Providing Collaborative Care through the Queen's Clinically Integrated Physician Network.

SB-131
Submitted on: 2/7/2021 10:35:44 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selma Koo	Individual	Oppose	No

Comments:

Safety and the quality of care for our people are the most important. Only Psychiatriasts should be able to prescribe medication because of the proper education they received.

To: Senator Jarrett Keohokalole , Chair and members of the Senate Committee on Health and Senator Rosalyn H. Baker, Chair and members of the Senate Committee on Commerce and Consumer Protection

From: Jeffrey Akaka, MD

Hearing Date: February 9, 2021
Hearing Time: 9:00 AM
Re: SB131
Relating to Psychologists

Position: OPPOSED

Dear Chairperson Keohokalole and members of the Senate Committee on Health and Chairperson Baker and members of the Senate Committee on Commerce and Consumer Protection,

Please vote NO on SB131.

SB131 includes:

465-C(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 relevant to establish competence across the following content areas: neuroscience, nervous system pathology, physiology and pathophysiology…provided that the passing score shall be determined by the American Psychological Association's Practice Organization's College of Professional Psychology."

Who is this American Psychological Association Practice Organization (APAPO)?

On May 6, 2015 the Washington Post reported that the "American Psychological Association will repay members $9 Million in settlement" on charges that their lobbying arm, the APAPO, deceived their own members into contributing approximately $ 6 million per year for 15 years towards lobbying fees, but claimed they had not.

https://www.washingtonpost.com/news/to-your-health/wp/2015/05/06/american-psychological-association-will-repay-members-9-million-in-settlement/?utm_term=.43d96a285efc

Surely the sponsors of SB131 may not have been aware that this bill would allow this APAPO to create a medical competency exam for psychologists – who have no real medical training in the first place - and determine (adjust?) the scores necessary to pass it.

Changing grades for psychologists who scored poorly on medical exams happened before. In the now defunct Department of Defense Psychopharmacology Demonstration Program (DOD-PDP) mentioned in the SB131 preamble, the American College of Neuropsychopharmacology in fact found in their report C-1 of 15 February 1995

"great dismay at the fact that the grades for the Fellows (Psychologists) were reported to be 'normalized' for the Psychopharmacology Demonstration Project Fellows. I.e. the Fellow who did best was normalized to 100 and all the other Fellows were graded as a percentage of that individual's grade. Based on the actual exam scores for two finals—a written and a practical—6 of the 8 Nurse Anesthetists out-performed the Fellows on the written, while 7 of the 8 did better than the Fellows on the practical final…In no case should Fellows be graded in a course in any way other than in comparison with all other students in the course. No other grading procedure is acceptable…This recommendation should not have to be made again, since it has been made several times previously."

Given this clearly documented history of "several times" changing the grading curve for the psychologists in comparison to their nursing classmates in their DOD-PDP, how can medical competency be assured, particularly by an entity such as the APAPO, whose deceptive practices led to a $9 Million lawsuit settlement?

Please vote NO on SB131.

Thank you for considering my testimony in opposition to SB131.

Jeffrey Akaka, MD

SB-131
Submitted on: 2/7/2021 11:14:49 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Denis Mee-Lee	Individual	Oppose	No

Comments:

Chair and Members Senate Committee on HTH/CPN,

I strongly oppose giving psychologists privileges to prescribe medications. Although trained excellently in the psychological understanding of human behavior, they have no medical training or orientation. This very different medical model takes multiple years of education and experience to gain effective competence to medically treat mental illness safely. Additionally, psychologists are already in short supply and the important services they provide are lacking in many areas of the state.

We now have excellent tools available to provide access to medication treatment throughout every community of the State of Hawaii through collaborative care and telemedicine. These modalities need to be expanded and reimbursed so as to expand the capability of our existing prescribing approved providers.

For these reasons, I oppose Senate Bill 131.

Thank you, Denis Mee-Lee

SB-131
Submitted on: 2/7/2021 11:33:00 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanna Boyer	Individual	Oppose	No

Comments:

It is not safe for people who haven't attended medical school to prescribe psychotropic medications. Passing this bill is unsafe for patients, especially children and those > 80 years old.

THE SENATE
THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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

To: COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senator Sharon Y. Moriwaki
Senator Joy San Buenaventura
Senator Kurt Fevella

And
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Kurt Fevella
Senator Bennette E. Misalucha
Senator Clarence K. Nishihara
Senator Gil Riviere
Senator Joy A. San Buenaventura

HEARING: Tuesday, February 9, 2021 at 9:00am, Conference Room 229

RE: Testimony in **STRONG SUPPORT** of SB 131: RELATING TO PSYCHOLOGISTS.

The testimony that I provide is my personal opinion. I served as the Program Coordinator of the UH Hilo Daniel K Inouye College of Pharmacy (DKICP) Master of Science in Clinical Psychopharmacology (MSCP) program from 2011-2017. I currently serve as the Program Director of the CSPP-Alliant International University MSCP program. I teach biochemistry, research methodology and design, endocrinology, autonomic nervous system pathophysiology and pharmacology.

I have a PhD in psychobiology from Rutgers University, trained in pharmacology and toxicology at Dartmouth Medical School and in electrophysiology and neurochemistry at the University of Texas Medical Branch at Galveston. I have worked as a research scientist at the VA Medical Center in Sepulveda California, taught at the undergraduate and graduate levels for more than forty years and spent a decade as a Medical Analyst and Director of the Science Group at McCarter & English, the largest and oldest law-firm in New Jersey, where we did defense work for several Fortune 500 pharmaceutical and medical device companies.

I currently serve as Past President of the American Psychological Association's Division 55, The American Society for the Advancement of Pharmacotherapeutics. I am one of the main lead authors of Division 55's Specialty Petition, which was approved by APA in

August 2020. This important step means that we are now in the process of seeking board certification status with the American Board of Professional Psychology in the field of Clinical Psychopharmacology. I serve on that committee in addition to the membership, diversity, continuing education and research councils. I serve as the Director of the Division 55 Training Director Council.

I have designed and redesigned two MSCP programs and can provide you with first-hand knowledge about MSCP training and can serve as a primary source of education to you and other legislators on the quality of training provided to the MSCP students.

The UH Hilo MSCP program attained "program recognition" from the American Psychological Association in December 2015, making us at the time one of four in the country to receive such a distinction and at the time we were the only program in the country that is housed solely within a College of Pharmacy. That is no longer true – Idaho State University is housed in a school of pharmacy. Today, there are five MSCP programs that have attained “designation status” from APA.

The MSCP curriculum is designed primarily for PhD or PsyD-level clinical psychologists. In addition to requiring a doctorate in clinical psychology, MSCP students are trained in the medical and psychobiosocial models of care. Students are required to prepare SOAP notes – that is write up detailed reports about the Subjective, Objective, Assessment and Plan for the following health conditions: heart failure, hypertension, diabetes, hyperlipidemia, ischemic heart disease, obesity, hyperthyroidism, thromboembolic disorders and migraine. This is on top of SOAP noting depression, anxiety, schizophrenia, bipolar disorder, and drug withdrawal.

Each SOAP case is increasingly complex and involves not only renal, cardiovascular and gastrointestinal complications but mental health disorders as well. So, a SOAP case on hyperlipidemia may include anxiety, depression, hypertension and ischemic heart disease and all of the medications that such a patient would be taking.

SOAP note cases are multifaceted to ensure that students learn to problem solve drug interactions, difficulties caused by complementary and alternative medicine and adverse events associated with psychotropic medications.

Students are trained in law, ethics, interprofessional relationships, pharmacogenomics and pharmacotherapeutics. Students are trained in pain management, sleep disorders and other conditions that are ancillary yet critical to the successful treatment of patients.

Their training is filled with different kinds of assessments (multiple choice exams, extensive written assignments, oral presentation of cases and didactic material, SOAP noting, case write ups) to ensure that the students develop the needed critical thinking skills to diagnose and treat patients effectively.

The didactic training requires students to study pathophysiology, pharmacology and pharmacotherapy for each organ system and disease state. Students also are required to conduct practica that include physical assessment in a primary care setting.

Courses are taught by pharmacists, nurse practitioners, psychiatrists, prescribing psychologists, neuroscientists and biochemists.

Post graduate training is held routinely with students after they complete their MSCP training. This training gives additional preparation for the required certification exam (the PEP exam administered through the Association of State and Provincial Psychology Boards. These graduates are trained for the PEP exam using psychiatry and neurology boards and other resources from medical school programs.

A recent study conducted by Ryan Cooper as his master's degree thesis at Harvard sheds light on the caliber of training in MSCP, medical, psychiatric and nursing programs. Cooper's '…study was the first to help gauge differences in the various training approaches by measuring the content-based knowledge of each provider, via the same examination for each, based on 66 participants from six professional groups including psychology, psychiatry, medicine and nursing. Psychiatrists and prescribing psychologists performed the highest compared to non-psychiatric nursing and non-psychiatric medical professionals, indicating that the academic training of Prescribing Psychologists is sufficient and successful.

"Comparing Psychopharmacological Prescriber Training Models via Examination of Content-Based Knowledge"
https://dash.harvard.edu/bitstream/handle/1/37365636/COOPER-DOCUMENT-2020.pdf?sequence=1,

Our communities are suffering because of the lack of access to comprehensive mental health care, exacerbated by the COVID19 pandemic. 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 along side of our colleagues and community partners.

SB131 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort. SB131 allows for the training and licensure for Prescribing Psychologists on the island of Kauai.

I would recommend allowing Prescribing and Medical Psychologists licensed in other states for at least five years to participate in the pilot study. I also would recommend allowing people to become licensed in Hawai`i as clinical psychologists by January 1, 2022, not 2021.

Prescribing and Medical Psychologists have been successfully providing pharmacotherapy since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, and New Mexico. In the last two years, Prescribing Psychologists have been licensed in Illinois and Idaho. Iowa will license their first Prescribing Psychologists this year.

Please vote **YES** on SB131 to allow greater access to care for those most in need.

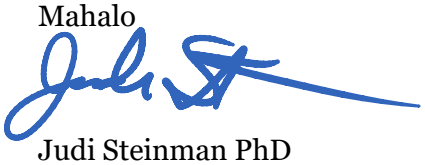
It is time to stop making excuses and allow Prescribing Psychologists to contribute to the mental health crisis in the state of Hawai`i. **SB131 will allow the success of**

Prescribing Psychologists to be demonstrated on the island of Kauai, where the loss of young people to suicide has not been curbed despite the best intentions of current approaches. We can no longer wait.

Please do not hesitate to contact me to discuss this matter or to answer any questions that you might have.

Thank you for allowing this testimony.

Mahalo



Judi Steinman PhD
judi.steinman@yahoo.com

To: Senator Jarrett Keohokalole, Chair and members of the Senate Committee on Health, and Senator Rosalyn Baker, Chair and members of the Senate Committee on Commerce and Consumer Protection

From: H. Blaisdell-Brennan, M.D., Psychiatrist, Wai‘anae Coast Comprehensive Health Center

Hearing Date: February 9, 2021
Hearing Time: 9:00am.
Re: SB131, Relating to Psychologists
Position: **OPPOSE**

My testimony is submitted in opposition to SB131, relating to psychologists prescribing.

I am H. Blaisdell-Brennan, MD, Wai‘anae Psychiatrist, and member of ‘Ahahui ‘O Nā Kauaka, the Native Hawaiian Physicians‘ Organization. I have served the people of Makaha, Wai‘anae and Nanakuli since 2006. I believe in Health Equity. I am for Rural Health. I am for Native Hawaiian Health.

I believe all persons, including those in rural communities, deserve the best possible medical care. By this I mean, the care I hope my own brother would receive.

SB131 giving psychologists prescriptive authority, provides a mechanism for substandard care.

1) It would allow zero training under the supervision of Medical Doctors.
2) It would allow individuals with zero medical education to provide testing and grading.
3) It offers a solution inferior to that offered by Telehealth and Collaborative Care Models.

Before SARS-CoV-2, a patient of mixed Hawaiian Filipino Asian ethnicity checked in for an Urgent Psychiatry appointment at the Adult Medicine Clinic at Wai‘anae Coast Comprehensive Health Care Center. The caseworker accompanying the patient opined the patient had been “acting strangely … clearly needing psych medications… and now (was) ‘pretending‘ to sleep.”

Past Medical History, Medications, Drug Allergies, Family History and Social History were reviewed. Type 2 Diabetes Mellitus was noted. The case manager said the patient had been recently homeless. Did I order medications? No. Glucose check? Yes. It was dangerously low. The patient was sent STAT to the Emergency Department for intravenous glucose, stabilization, and transfer to the Queen‘s Medical Center for admission.

We saved a life that day, thanks to God, teamwork, four years at the John A. Burns School of Medicine, and an additional four years at the Queen‘s Medical Center and hospitals of the University of California at Los Angeles.

More than 12,000 hours of medical training under the supervision of Medical Doctors.

Please vote for the best possible care for rural communities. Please HOLD SB131.

Thank you for the opportunity to offer this testimony.

H. Blaisdell-Brennan, M.D.
Psychiatrist, Wai‘anae Coast Comprehensive Health Center
Board Member, ‘Ahahui O Nā Kauka

SB-131
Submitted on: 2/8/2021 2:49:32 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
dr cutler	Individual	Oppose	No

Comments:

If a psychologist wants to go to Medical and earn the privilege to prescribe, then I can support psychologists prescribing psychotropics. These people have no business prescribing medicine with side effects that might require MORE MEDICINE to treat! Medical school and residency lays a foundation for understanding physiology and pathology. A zoom class and a few PowerPoints is not exactly equitable education. Hawaii's citizens deserve better!!

SB-131
Submitted on: 2/8/2021 4:08:47 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ing	Individual	Oppose	No

Comments:

Oppose

SB-131
Submitted on: 2/8/2021 4:36:36 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Marcus VanSickle	Individual	Support	No

Comments:

THE SENATE

THE THIRTY-FIRST LEGISLATURE

REGULAR SESSION OF 2021

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

To: COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Senator Sharon Y. Moriwaki

Senator Joy San Buenaventura

Senator Kurt Fevella

And

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Kurt Fevella

Senator Bennette E. Misalucha

Senator Clarence K. Nishihara

Senator Gil Riviere

Senator Joy A. San Buenaventura

HEARING: Tuesday, February 9, 2021 at 9:00am, Conference Room 229

RE: Testimony in **SUPPORT** of SB 131: RELATING TO PSYCHOLOGISTS.

I am writing today in support of this legislative action for prescriptive privileges for appropriately trained doctoral-level clinical psychologists. Further, I am writing to advocate for a modification/exception to be included into this legislation for currently licensed medical and prescribing psychologists.

I have been a member of the US Armed Forces for nearly 20 years and presently serve as a Medical Psychologist embedded to support the Surface Fleet at Pearl Harbor. I have been in this position for the last 2 years, in which I have functioned as a licensed Medical (prescribing) Psychologist for the entirety of this tour. I am the sole embedded provided for a fleet of over 3,000 Sailors; in this capacity, I provide evaluation and treatment for the full range of mental health presentations across the fleet. While I am a U.S. Service Member, I write today not on behalf of the DoD or Navy but for myself and my profession. I include my occupation in the Navy to illustrate how it is that I function in this capacity here in Hawaii, but this testimony is my own and not intended to represent the Navy, the DoD, or any other related organization. To restate, I currently live and practice as a Medical Psychologist in Honolulu; however, I am limited to providing care on Joint Base Pearl Harbor Hickam to service members and their families due to current Hawaii law. Prior to arriving in Hawaii, I served in a Military

Treatment Facility, prescribing in both outpatient and intensive outpatient settings. In each of these settings, I have worked as an integrated provider - meaning I provide a combination of evidence-based psychotherapy and pharmacotherapy for the treatment of mental illness.

As part of my profession, and as part of my identity as a human being, I have a wish to help those around me. I have observed the outcomes of the limited access to mental health care in Hawaii first hand, while learning of great initiatives put forth by this governing body to support homeless and veteran health care, and knowing that my hands are tied to support as a provider due to the lack of legislation supporting my ability to diagnose and treat in Hawaii. Indeed, even to function as a Clinical Psychologist without prescriptive authority while stationed here carries significant time and financial burdens, resulting in a significant barrier to volunteer or part-time employment efforts in Hawaii.

Passing this legislation will serve to significantly increase access to mental health care for all Hawaiians. Passing this legislation, with exceptions to minimize barriers to currently licensed providers, will allow me, my colleagues, and future Medical Psychologists who rotate here to help Hawaii meet that mission and incentivize our return to make Hawaii a long term home.

Having previously worked with Dr. Pat Deleon, former Chief of Staff to Sen Inouye, at the Uniformed Services University of the Health Sciences, I have learned of the significance Hawaii has had in accelerating the field of Medical Psychology. Following the efforts of this great state, 5 others have already passed licensure laws and the Department of Defense has identified regulations for the credentialing of Medical Psychologists; even more have legislation pending. It is my hope that this legislation passes, allowing Hawaii to catch up with the wave it started many years ago.

Reviewing the history of how Hawaii has failed in passing this legislation, I have learned much has been said about education, training, and patient safety - all described as either "not enough" or "too risky" in relation to prescriptive authority for psychologists. I am in full agreement as to the importance of all of the above; I provide testimony today to help clarify some of the areas that I believe have been either misunderstood or miscommunicated by those who have previously provided testimony against the passage of similar legislation. Notably, the education and training required for most medical professions are not well known by the general public or across disciplines, which can contribute to fear or confusion when considering "new" forms of practice. I emphasize "new", because it is important to realize this is NOT new. Psychologists have been prescribing safely for more than two decades.

As an example of the education and training required to function as a Medical Psychologist, I offer a summary of my pathway. I am not unique and this may be generalized to others, I offer mine because it is my testimony and best known to me.

I am presently licensed as a Clinical Psychologist by the Board of Psychology in the States of Virginia and Louisiana and as a Medical Psychologist by the Board of Medicine in Louisiana. I am board certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology. I earned my Bachelor of Arts in Applied Psychology from the University of Illinois, Chicago. I went on to earn both a Master of Science and PhD from the Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences (APA-accredited). During my doctoral education I completed clinical practica at multiple military treatment facilities and civilian group practices, Neuropsychology at the National Institutes of Health, and operational psychology with the U.S. Marines. Coursework during my Masters and PhD included significant emphasis on the biological basis of disease, requiring completion of joint classes with Graduate Level Nursing and Medical Students in pathophysiology and pharmacology.

I went on to complete an APA-accredited internship in Clinical Psychology at Naval Medical Center Portsmouth prior to passing my national licensure exam and obtaining my first license through the State of Virginia. Further, I went on to complete a total of one additional year of post-doctoral training relevant to Behavioral and Cognitive Therapies to permit my ability to go through the written and oral board certification process. While functioning as a clinical psychologist, I went on to obtain a post-doctoral Masters' of Science in Clinical Psychopharmacology through Fairleigh Dickinson University where coursework focused on pathophysiology, pharmacology, neuroscience, and the treatment of all forms of mental illness with pharmacotherapy, conduct of physical exams, and additional courses on integrating practice as an ethical professional. Upon completion of this degree, I went on to pass a second national licensure exam (PEP), required for prescriptive authority. In compliance with DoD guidelines for practice, I went on to receive an additional year of continuing education and supervised practice with board-certified psychiatrists treating a range of conditions and age groups with the full spectrum of psychotropics and other medications used in the treatment of mental illness. Upon receipt of credentials, in accordance with my license from the Board of Medicine in Louisiana, I have continued to practice medical psychology for the past 2 years. In total, I have accumulated 9 years of education and more than 5 years of supervised practice to perform as a Licensed Clinical Psychologist - permitting psychological assessment and the diagnosis and treatment of mental illness. I have added an additional 3.5 years of combined didactic and practical education specific to the use of medication in the treatment of mental illness.

To summarize, to function as a Medical Psychologist, I have needed to acquire a total of 8 years of post-undergraduate education and more than 6 years of supervised practice. Given much has been said regarding the limited training of a prescribing psychologist in comparison to currently prescribing professions – it is worth considering the pathways for other such professions. For example, psychiatry requires 4 years of general medical school, a 1 year general internship, and 3 years of residency (practical and didactic education) with a focus on mental health. Psychiatric nurse practitioners are required to complete 4 years of general nursing school, a Master's program with a focus on mental health, and 500 hours of supervised practice. Similarly, Psychiatric Physician's

Assistants train to the Master's level and operate with a collaborating physician. I have worked with phenomenal clinicians across all of these disciplines who have demonstrated the level of training and skill they have amassed in these periods of time and through the course of continuing education. I highlight these training pipelines as examples of success and to demonstrate the bar being set for prescriptive authority, by those in opposition, is unrealistically high and without parallel in any field. Admittedly, as psychologists we are required to take on significantly more in the areas of psychological assessment, theory, and treatment development and evaluation supporting the need for longer training pipelines with a different focus. However, what I hope I have made evident through this illustration, is the level of post-doctoral education and training for a Medical Psychologist to have prescriptive authority is, at a minimum consistent, with other prescribing mental health professions.

I ask that you please consider this testimony as overall in support of authorizing prescriptive authority for appropriately trained psychologists. Further, I ask that you consider this testimony for consideration of adding an exemption for currently licensed Medical Psychologists, including those presently serving in the Armed Forces or Veterans Administration. The specific requirements for supervision to obtain licensure outlined in this bill are excessive in general and I would encourage the legislation to consider modeling its law after states such as Louisiana, who have been successfully licensing medical psychologists – without adverse impact – for many years. However, these requirements raise to the level of unreachable, from both time and financial perspectives, for those who have already been practicing in the profession for many years. Creating this exception would allow me, and those with my background, to practice and volunteer in the local community while stationed here and would incentivize remaining local upon completion of military service. Further, this exception would create a significant incentive for relocation of other Medical Psychologists to Kauai and all of the Hawaiian Islands.

I thank you in advance for your time and consideration,

Marcus VanSickle, PhD, ABPP, MP

SB-131
Submitted on: 2/8/2021 7:59:41 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nash Witten	Individual	Oppose	No

Comments:

I oppose SB131.

SB-131
Submitted on: 2/8/2021 8:00:48 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christian Ogasawara	Individual	Oppose	No

Comments:

Although access to care is vitally important for patients, it is crucial that the people providing the care have an adept understanding and knowledge that is gained provided through medical school and residency training.

SB-131
Submitted on: 2/8/2021 8:15:48 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ailea Apana	Individual	Oppose	No

Comments:

I oppose SB 131. Psychologists do not undergo the rigors of obtaining a 4-year medical school degree and then completing a 4-year psychiatry residency. I have already witnessed poor/dangerous healthcare from others who do not have the psychiatry background or training needed to understand how medications affect each system biologically. Approving this bill will only open the doors for below standards of patient care.

LATE

Psychologists Opposed to Prescription Privileges for Psychologists

Petition-Testimony OPPOSE/VETO SB131

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (SB131) 02/07/2021

We, the undersigned psychologists and all others concerned about quality healthcare OPPOSE any efforts to allow psychologists to prescribe medications. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being championed by other stakeholders, such as patient advocacy or public health groups. As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and wellbeing and will continue to do so. The profession of Psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence…even if they obtain the additional training advocated by the American Psychological Association.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does not equip them to prescribe and manage medications safely.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in terms of their overall training in matters directly related to managing medications. **The APA model is substantially less rigorous and comprehensive than the training required for all other prescribing disciplines.** Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is not the case for training in clinical psychopharmacology**. The APA training model for prescribing even fails to meet the recommendations of APA's own experts** in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation of programs).

It is noteworthy that the APA training model is substantively less rigorous than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is far less comprehensive, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not! In fact, the final report on the DoD project revealed that the psychologists were "**weaker medically"** than psychiatrists and compared their medical knowledge to **students** rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. At this point, the training is less rigorous, with most of the training occurring online.

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. An article in the *American Journal of Law & Medicine* entitled, "Fool's Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they are highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Other health professionals, including nurses and physicians, are also concerned about psychologist prescribing. However, this should not be seen as a simple turf battle: It is because of legitimate concerns that the proposals for training psychologists to prescribe are too narrow and abbreviated. The International Society of Psychiatric-Mental Health Nurses position statement asserts, "nurses have an ***ethical responsibility*** to oppose the extension of the psychologist's role into the prescription of medications'" due to concern about psychologists' inadequate preparation, even if they

were to get *some* additional training, in accordance with the APA model. When it comes to prescribing psychoactive medications that have a range of potential therapeutic and adverse effects on the human body, including interactions with other medications, shortcuts to training are ill advised. Some psychoactive drugs come with black box warnings about their potential risks.

Another concern is the limited expertise of psychology regulatory boards to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have not overseen prescribing, we question whether regulatory boards have the expertise, resources and systems to provide effective oversight of psychologist prescribing.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available collaborative models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

There are better and safer alternatives to psychologists prescribing that we believe will have a greater positive impact on mental health services. A more promising means for enhancing the mental health services available to all citizens than to allow psychologists to prescribe would be to dedicate efforts to better integrating mental health professionals, including psychologists, into the healthcare system, such as in primary care settings, where they could collaborate with other providers (who are prescribers) in the care of people who may need medications and psychological services. The barriers to such care have been detailed in a recent report by the U. S. Department of Health and Human Services, *Reimbursement of Mental Health Services in Primary Care Settings*. Overcoming the barriers to such care is an objective upon which psychologists agree with each other, and with other health professionals, and is clearly in the public interest. It would improve the quality of mental health care available in urban and rural areas.

We respectfully request that you oppose SB 131 that would allow psychologists to prescribe through non-traditional means.

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LATE

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February 8, 2021

Dear Esteemed Senators Keohokalole and Baker:

Before you continue reading beyond this sentence, I am requesting that you pause for a moment and think about someone very dear to you. Now, think of this individual falling into bad health (be it physical or mental), and that he or she is unable to see the type of healthcare professional that you are able to see. Further, please consider that the level of care that is within his/her reach will not be substantial enough to bring him/her off of the streets from using drugs (opiates, Adderall, Meth, etc.), and return to college. Consider that, in addition to what was apparently a manic episode experienced during his/her freshman year, one thing after another happened, and that neither your love, guidance, nor patience, was enough to keep him/her safe. Imagine that what they need is a healthcare provider that understands, not only the psychopharmacology when treating addiction and bipolar disorder, but also the psychology and social world of that person. This intersectionality is precisely where the medical and prescribing psychologist and traditional medicine meet, and people all around this nation need this gap to be bridged (more now than ever before). Simply put, we all need your understanding, your mental flexibility and agility, your compassion to see this happen! As a practicing psychologist nearing the end of my postdoctoral training in clinical psychopharmacology, I am honored to provide you insights into an academically rigorous program that parallels that of my psychiatrist friends, and that of others who are my patients.

In the scenario above, the medical and prescribing psychologist must be able to conceptualize this individual's primary illness as one of addiction. The specialized training that I am receiving requires that we understand both the physiology (i.e., brain structures involved), as well as, the pathophysiology (ie, how these brain regions begin to malfunction and experience structural changes). Simply, the prescribing psychologist would be concerned with all of the following (but not limited to): (a) the degree of neurotoxicity, cardiotoxicity, and hepatotoxicity these drugs may have on the individual; (b) the role of dopaminergic pathways involved in both the reward and anti-reward systems—the latter being experienced as the "pain brain" that leads to cravings and potential relapse; (c) the upregulation of Glutamatergic (excitatory neurotransmitter) and deactivation of GABAergic (inhibiting neurotransmitter); (d) the pharmacokinetic properties or levels of affinity that opiates have on receptor binding sites in the body and why buprenorphine as a partial agonist, for example, is highly effective. Next, the clinical and ethical imperatives of triaging clinical syndromes would lead to the prescribing psychologist's assessment of the mood disturbance. At this stage of treatment, one goal is to determine whether a psychoactive agent combined with psychotherapy will best manage the patient's manic

systems. Careful consideration of (mood stabilizers, anticonvulsants, antipsychotics) would be discussed, along with the possibility of augmentation with another class of medications for unremitting symptoms. Additionally, consideration would also need to be given to the "behavioral and cognitive compulsivity" involved in the repetitive acquisition of the drug. Naturally, as clinical psychologists, we would attempt to ferret out OCD symptoms from those that may be more pathognomonic of addictive disorders. In this instance, having a sound knowledge about the pathophysiology of the caudate nucleus, globus pallidus, and thalamus, and their effect on the orbitofrontal cortex, as seen with OCD, would necessitate a pharmacological decision-tree on whether to treat the compulsive symptom as those related to OCD, or as part of the addictive disorder. The clinical caveat here deals with the long-established understanding that serotonin receptors are of target for OCD, while opioid and dopaminergic receptors are more predominately targeted for addiction.

And lastly (for the sake of brevity in this humbled request for legislative support), the prescribing psychologist would concern him/herself with the patient's use of sympathomimetics (ie, over-the-counter products) that could be mimicking some of the effects generally associated with psychostimulant (e.g., the Adderall and METH) use. Also, of significant note, would be the prescribing psychologist's differentiation of Histamine 2-receptor's modification of the patient's gastric acid secretions and how the use of antacids and Proton Pump Inhibitors (PPIs) for upset stomach and constipation (a pharmacodynamic effect of some of patient's drugs of choice) could unbeknownst to him/her, decrease the bioavailability of the prescription meds, thus decreasing their efficacies.

In closing, I submit to you that the additional training within the MSCP Program, coupled with the required continuing medical education credit to maintain licensure is comparable to that of psychiatry. I truly hope that this overview will allow you to obtain a closer look at how clinical psychologists are being transformed into specifically-trained psychopharmacologists that you and the nation would be proud to know are responsibly responding to the war on a multitude of maladies.

Thank you, kindly, for your thoughtful consideration in this very crucial matter!

Sincerely,

Troy A. James, Ph.D.

Licensed Psychologist

LATE

SB-131
Submitted on: 2/8/2021 9:39:00 AM
Testimony for HTH on 2/9/2021 9:00:00 AM

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

Comments:

RE: Testimony in **STRONG** SUPPORT of SB 131: RELATING TO PSYCHOLOGISTS.

I strongly support SB131, which establishes a five-year pilot program giving psychologists prescriptive authority in counties with populations under 100,000 people.

Specifically, this program will allow for the training and licensure of prescribing psychologists on the island of Kauai until 2026. It provides a foundation for exploring the suitability of prescriptive authority for specially trained advanced practice psychologists to engage in psychotherapy with psychopharmacological support – and at a most critical juncture of our healthcare system's response to the pandemic.

SB131 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained psychologists to be able to support psychotherapy with pharmacotherapeutic support, and I am in full support of this effort. SB131 allows for the training and licensure for Prescribing Psychologists on the island of Kauai.

Prescribing and Medical Psychologists have been successfully providing pharmacotherapy since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, and New Mexico. In the last two years, Prescribing Psychologists have been licensed in Illinois and Idaho. Iowa will license their first Prescribing Psychologists this year. Please vote YES on SB131 to allow greater access to care for those most in need.

Respectfully submitted,

Judith C. White, Psy.D.

Kapaa

LATE

Thomas J. Brady, M.D., MBA

1048 South Calle Marcus, Palm Springs, CA 92264 • Tel: 415.310-2261 • Email: tbradymd@pacbell.net

Diplomate of the American Board of Psychiatry and Neurology, Inc. in General (Distinguished Fellow), Child & Adolescent, and Forensic Psychiatry, Distinguished Fellow of the American Board of Addiction Medicine in Addiction Medicine

To: The Hawaii Senate, The Thirty-First Legislature, Regular Session of 2021

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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

To: COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senator Sharon Y. Moriwaki
Senator Joy San Buenaventura
Senator Kurt Fevella

And
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Kurt Fevella
Senator Bennette E. Misalucha
Senator Clarence K. Nishihara
Senator Gil Riviere
Senator Joy A. San Buenaventura

HEARING: Tuesday, February 9, 2021 at 9:00am, Conference Room 229

RE: Testimony in support of SB 131: Establishing a five-year pilot program giving psychologists prescriptive authority in counties with populations under 100,000 people

I strongly support SB131, which establishes a five-year pilot program giving psychologists prescriptive authority in Hawaii counties with populations under 100,000 people.

I am a psychiatrist who is board certified in general, child and adolescent, and forensic psychiatry and addiction medicine, with a 35-year career in direct patient care as well as numerous medical director and professional society leadership positions. I have been teaching clinical psychopharmacology courses at the California School of Professional Psychology-Alliant International University Master of Science in Clinical Psychopharmacology program for over 20 years. I recently served for 6 years on the committee of the American Psychological Association Designation Program for Postdoctoral Education and Training Programs in Preparation for Prescriptive Authority.

I am a strong advocate for permitting select doctoral-level clinical psychologists to prescribe mental health medications, if they first obtain a post-doctoral Master of Science in Clinical Psychopharmacology (MSCP) and complete a minimum requirement of clinical practicum hours that at least exceed that required of Nurse Practitioners. The current reality is that approximately 80-percent of mental health medications are currently prescribed by primary care providers (PCPs). While PCPs, in my opinion, do an adequate job, it is my belief that properly educated and trained clinical psychologists can successfully prescribe mental health medications and thus fill a common gap of treatment need for patients with mental health disorders.

Specifically, I understand that SB 131 will allow for the training and licensure of prescribing psychologists on the island of Kauai until 2026. It provides a foundation for exploring the suitability of prescriptive authority for specially trained advanced practice psychologists to engage in psychotherapy with psychopharmacological support – and at a most critical juncture of our healthcare system's response to the COVID-19 pandemic.

SB131 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained psychologists to be able to support psychotherapy with pharmacotherapeutic support, and I am in full support of this effort. SB131 allows for the training and licensure for Prescribing Psychologists on the island of Kauai.

Prescribing and Medical Psychologists have been successfully providing pharmacotherapy since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, and New Mexico. In the last two years, Prescribing Psychologists have been licensed in Illinois and Idaho. Iowa will license their first

Prescribing Psychologists this year. Please vote **YES** on SB131 to allow greater access to care for those most in need.

Respectfully submitted,

(signed)

Thomas J. Brady, M.D., M.B.A.
Psychiatrist & Addiction Physician

LATE

SB-131
Submitted on: 2/8/2021 2:31:24 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

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

Comments:

As a psychologist in private practice on Kauai, I strongly support SB131, which establishes a five-year pilot program giving psychologists prescriptive authority in counties with populations under 100,000 people.

Kauai has a shortage of psychiatrists and prescribing psychologists can fulfill a critical need. Prescribing and Medical Psychologists have been successfully providing pharmacotherapy since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, and New Mexico. In the last two years, Prescribing Psychologists have been licensed in Illinois and Idaho. Iowa will license their first Prescribing Psychologists this year. Please vote YES on SB131 to allow greater access to care for those most in need.

SB131 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained psychologists to be able to support psychotherapy with pharmacotherapeutic support, and I am in full support of this effort.

Sincerely,

Tanya Gamby, Ph.D.

Licensed Clinical Psychologist

LATE

SB-131
Submitted on: 2/8/2021 3:24:44 PM
Testimony for HTH on 2/9/2021 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jason Huynh	Individual	Oppose	No

Comments:

Aloha Committee on Health,

I am writing to OPPOSE SB131, which would grant prescriptive authority for psychologists. This is absolutely unsafe for patients.

I am a 3rd year medical student being trained in medicine (M.D.), and I am also currently on my Psychiatric rotation in the hospital. Medicine is a complex and difficult field requiring many years of training. A Psychiatrist is trained to assess and diagnose patients and prescribe psychiatric medications. It takes 4 years of a demanding medical graduate degree and then another 3 years of Psychiatry residency. This means that a Psychiatrist has thorough expertise on the effect of medications on the human body and can balance the risks and benefits for patient's safety.

Unfortunately, psychologists are not trained to take care of the human body and are trained much less on medications. They are trained to assess patients and offer talk therapies. They are not trained to manage medication interactions that can lead to dangerous and potentially fatal syndromes.

Integrated behavioral care models are currently in place that affirms the roles of psychologists (talk therapy) and Psychiatrists (medications) and provides an easier collaborative format. Let's expand on what works and what is safe for patients. Please OPPOSE SB131.

THE SENATE
THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021

LATE

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
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To: COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
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And
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Kurt Fevella
Senator Bennette E. Misalucha
Senator Clarence K. Nishihara
Senator Gil Riviere
Senator Joy A. San Buenaventura

HEARING: Tuesday, February 9, 2021 at 9:00am, Conference Room 229

RE: Testimony in **SUPPORT** of SB 131: 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 18 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 this. 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 131 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

THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021

LATE

TO: **COMMITTEE ON HEALTH**
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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

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

RE: **TESTIMONY IN <u>SUPPORT</u> OF SB 131**
RELATING TO PSYCHOLOGISTS

Tuesday, February 9, 2021
9:00 am
Conference Room 229

Honorable Chairs, Vice-Chairs and members of the Committees on Health and Commerce and Consumer Protection, 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 19 years to include Hana, Maui, Molokai, Kahuku, and Waimānalo. I am also a past President of the Hawai'i Psychological Association and past 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, **<u>I would like to submit this testimony in strong support of SB 131.</u>**

The mental health needs of individuals across our state continue to outweigh the capacity of our mental health system. Physician shortages are at an all time high and the COVID-19 pandemic has caused an even greater need than ever for mental health services. I have been advocating in support of this measure for 18 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 ***<u>severely overbooked</u>*** 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 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 Oʻahu 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 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 Hawaiʻi, 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 Hawaiʻi 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 (Hawaiʻi State Department of Health, Hawaiʻi 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 Oʻahu, "…65% of the Oʻahu [suicide] victims had a documented history of mental illness" (Hawaiʻi State Department of Health, Hawaiʻi 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 131 contains increases in training requirements and supervised clinical experiences compared to other similar bills presented to the legislature in the past. For example, obtaining an additional 80 hours in a physical assessment practicum in a primary care, family practice, community or internal medicine setting, 100 hours of supervised community service that will include homeless, veteran and low-income populations, and completing eight-week

rotations in four different practice settings to include internal and family medicine, women's health, pediatrics and geriatrics. 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.

SB131 also contains multiple safeguards imbedded in this legislation to include:

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

For all these reasons, and most importantly, to improve the health care system for Hawaii's medically underserved areas and most vulnerable populations, I humbly ask for your support of SB 131.

Respectfully submitted,

Jill Oliveira Gray, Ph.D.
Hawai'i Licensed Clinical Psychologist
PSY 787

THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021