

## **Testimony of the Board of Psychology**

**Before the  
Senate Committee on Commerce & Consumer Protection  
Wednesday, March 18, 2021  
10:00 a.m.  
Via Videoconference**

**On the following measure:**

**SR 32, REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A TASK FORCE TO PROVIDE RECOMMENDATIONS FOR GRANTING PRESCRIPTIVE AUTHORITY TO QUALIFIED PSYCHOLOGISTS IN THE COUNTIES OF KAUA'I, MAUI, AND HAWAI'I.**

Chair Baker and Members of the Committee:

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

The purposes of this resolution are to request that: (1) the Department of Commerce and Consumer Affairs convene a task force to provide recommendations for granting prescriptive authority to qualified psychologist applicants in the counties of Hawai'i, Maui, and Kaua'i; and (2) the task force, with the Board's assistance, submit a report of its findings and recommendations, including any proposed legislation, to the Legislature prior to the Regular Session of 2022.

The Board supports granting qualified psychologists prescriptive authority, as this will help meet the demands for psychological services in vulnerable populations and provide greater access to permanent services provided by clinical psychologists who qualify for the prescriptive authority privilege.

The Board requests that the Committee clarify who the members of the task force should be and provide guidance on the specific information the Legislature would like the task force to study.

Thank you for the opportunity to testify on this resolution.

# TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION IN OPPOSITION TO SCR 50 / SR 32

Date: March 18, 2021

Time: 10:00 a.m.

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

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

Re: SCR 50 / SR 32, Requesting the Department of Commerce and Consumer Affairs to convene a task force to provide recommendations for granting prescriptive authority to qualified psychologists in the counties of Kaua'i, Maui, and Hawai'i.

Hawaii Psychiatric Medical Association (HPMA) has several concerns regarding this measure. This issue has already been studied, as ordered by the Hawaii State Legislature, in 2007. Findings from the Hawaii State Legislative Reference Bureau (LRB) in 2007 found over 20 significant concerns with the notion of giving psychologists prescriptive authority. These findings urged that patient safety should never be compromised and that adequate training as determined by medical doctors and not the short cut proposals promoted by psychologists is necessary to protect the safety and general welfare of the public.

**There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities, through telepsychiatry and the Collaborative Care Model.** If a task force is to be formed to study improved mental health care access, it should focus on already reliable, proven, tested, and safe mental health care methods, such as telemedicine, collaborative care, and utilization of psychiatric APRN-RXs, and even non-medication therapies including how to expand crisis intervention and psychotherapy services, particularly through now available technologies to enable even more neighbor island access.

The 2007 76-page LRB study on prescriptive authority for psychologists found 21 specific major concerns (including inadequate training and no proof of safety) that were distilled into the following conclusion:

“In determining whether to authorize prescriptive authority for clinical psychologists who practice in community health centers, legislators must be mindful of not only the significant differences in the classroom and clinical training of clinical psychologists and psychiatrists, but also the basic medical background of nonphysician health care prescribers. A clinical psychologist treats mental illness as a social scientist, from a behavioral perspective; a psychiatrist treats patients as a physician, from a medical model with additional special training in psychiatry. Although the need to increase access to mental health care in Hawaii is undeniable, particularly to residents who are medically underserved, patient safety must be the primary consideration.”<sup>1</sup>

**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. The 400-hour training psychologists receive in pharmacology cannot substitute the comprehensive knowledge and skills physicians acquire through 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.

**Allowing for prescriptive authority on neighbor islands and not O’ahu makes it difficult to enforce uniform standards across the state and leads to lack of enforcement or follow up, should errors occur on neighbor islands.** Current oversight for physicians falls under the Hawaii Medical Board, which operates across the State, while prescribing psychologists would be overseen by

---

<sup>1</sup> Prescriptive authority for psychologists: Issues and concerns, Report 2. 2007, Page 57, [https://lrh.hawaii.gov/wp-content/uploads/2007\\_PrescriptiveAuthorityForPsychologists.pdf](https://lrh.hawaii.gov/wp-content/uploads/2007_PrescriptiveAuthorityForPsychologists.pdf)

the Board of Psychology. This would create different levels of care on neighbor islands and could lead to complications in enforcement of regulation and safety standards to protect patients. Allowing for a substandard level of care for neighbor island residents is not advisable. This would mean that some patients would receive treatment from a person with minimal medical training simply because of where they live. These patients include elderly people, children, pregnant women, people with disabilities, and people with complex medical conditions. The LRB recommended we encourage psychologists to pursue the same medical training as other professions with prescriptive authority such as attending medical school or nurse practitioner school, and we agree.

Should the legislature continue to support a task force to convene, we recommend that it include representatives from other prescribing medical professions, such as physicians, psychiatrists, APRNs, as well as a representative from the Board of Medicine.

Thank you for the opportunity to present this testimony. 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.

Mahalo,

Megan Araujo, MD

Chair, Legislative Committee, Hawaii Psychiatric Medical Association