

Testimony of the Hawaii Board of Psychology

**Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022
10:00 a.m.
Via Videoconference**

**On the following measure:
S.B. 2829, S.D. 1, RELATING TO MENTAL HEALTH**

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's Legislative Committee reviewed this bill and limits its comments to the provisions affecting psychologists only.

The purposes of this bill are to: (1) establish a provisional or associate level licensure requirements for marriage and family therapists, mental health counselors, and psychologists and authorize insurance reimbursements in certain circumstances; and (2) allow psychologist license applicants to sit for the licensing examination before completing other requirements.

The Board will review this bill at its meeting today. In the meantime, the Legislative Committee offers the following comments on Part III of the bill only:

- 1) Section 20 of the bill creates a new license type with the inclusion of a provisional associate license for purposes of reimbursement. For the Committee's information, Hawaii Revised Statutes (HRS) section 26H-2, provides that "the regulation and licensing of professions and vocations shall be undertaken only where reasonably necessary to protect the health, safety, or welfare of consumers of the services; the purpose of regulation shall be the protection of the public welfare and not that of the regulated profession or vocation." Creating a license for the purpose of reimbursement is not consistent with HRS section 26H-2. Decision for insurance reimbursement is not under the purview of the Board and should not be a basis for creating a license. Further, the Legislative Committee would like to note that the implementation of any new license would require additional staffing and funding for the Department of

Commerce and Consumer Affairs' (DCCA) Professional and Vocational Licensing Division. The Board notes that this bill does not include a funding mechanism to implement said licensure.

- 2) Page 29, lines 10 to 13, provides as a requirement for provisional licensure, an applicant to be engaged in "post-doctoral supervised experience in health service psychology pursuant to an organized health service training program approved by the director." This is not typical language for a profession regulated by a board or commission to have the director of DCCA to approve a training program. A similar requirement is found on page 31, lines 3 to 4. Any references to the director of DCCA is inappropriate since the regulation of psychologists falls under the Board's authority.
- 3) Page 29, lines 14 to 20, the Legislative Committee respectfully requests that should the measure pass out, that the following language be inserted:
(b) Each provisional license shall include the name and title of the supervising licensed psychologist or psychologists in the program described in subsection (a)(2). A provisional licensee or licensed associate psychologist may only practice psychology under the direct supervision of the licensed psychologist; provided that:
 - (1) The supervising licensed psychologist holds a current, active, and unencumbered license with the board; and
 - (2) The supervising licensed psychologist shall notify the board within ten days of the termination or completion of the supervision.

The Legislative Committee believes that the addition of this language would provide better oversight of the associate/provisional license holder to ensure that services are no longer provided to the public when not authorized to do so.

- 4) Page 30, lines 1 to 5, provides that the provisional license be valid for up to three (3) years: two (2) years with the possibility of renewing said

license for an additional year. Currently, applicants for a permanent psychologist license are required to obtain one (1) year (1900 hours) of post-doctoral experience. This provision would provide the ability of provisional license holders to practice for an additional 2 years beyond what is required to obtain a permanent license. This language is unnecessary and should be deleted.

- 5) Page 30, lines 6 to 12, authorizes a supervised licensed associate to be eligible for insurance reimbursement. The Legislative Committee is unsure whether practice sites with supervised licensed associate psychologists would be reimbursed by insurance providers by authorizing such reimbursement via HRS chapter 465, and not the appropriate insurance law.
- 6) Page 37, lines 18 to 20, allows a holder of a doctoral degree in clinical, counseling, and school psychology to sit for the examination required for licensure prior to meeting pre-doctoral internship and postdoctoral experience requirements. The Legislative Committee finds this very concerning and is in direct conflict with the Board's administrative rules. The Legislative Committee does not believe that taking the examination prior to completing a doctoral degree comports with the intent of this bill, which appears to be focused on creating a provisional license for the purposes of insurance reimbursement.
- 7) Page 38, lines 10 to 13, the Legislative Committee seeks clarification regarding the length of time the waiver may be valid. As drafted, the waiver could be extended indefinitely allowing a state employed clinical psychologist to be unlicensed indefinitely. Additionally, the Legislative Committee questions if this section is necessary with the addition of a provisional license.
- 8) Page 40, lines 6 to 9, authorizes the Board to grant waivers or extensions to licensees who are unable to comply with its continuing education requirements. The Legislative Committee notes that this language is

unnecessary since HRS section 465-11(f) provides a remedy for such circumstances, and suggests it be removed.

Thank you for the opportunity to testify on this bill.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Rosalyn Baker, Vice Chair Stanley Chang, and Members of the Committee on Consumer Protection

From: Dr. Denis Mee-Lee Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: February 22, 2022 at 10 a.m.

Re: SB 2829, SD1, and Relating to Mental Health

Position: **OPPOSE.**

Dear Chair Baker, Vice-Chair Chang and Members of the Committee,

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify on SB2829 SD1, which establishes provisional or associate level licensure requirements for marriage and family therapists, mental health counselors and psychologists and authorizes insurance reimbursements in certain circumstances and allows psychologist license applicants to sit for the licensing examination before completing other requirements.

HPMA represents between 100 and 200 Physicians, who, after four years of medical school, receive four (or more) additional years of Specialty training in Psychiatry.

HPMA supports access to care for Underserved Populations in Underserved Areas.

Equal access means lawful, quality care, which meets the standards of existing state and federal law. State and Federal law prohibit unlicensed individuals from providing behavioral health care to Hawaii's consumers and prohibit reimbursement for such care.

HPMA supports the current process for licensure and views this measure as unnecessary. Licensure standards exist for a reason: to protect Hawaii's consumers = our patients.

HPMA thanks the committee for this opportunity to submit testimony and urges the Consumer Protection Committee to protect consumers by rejecting SD 2829 SD1.

SB-2829-SD-1

Submitted on: 2/20/2022 8:57:40 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Jeremy Kalan	Testifying for Center for Healing & Transformation	Support	No

Comments:

I support SB2829 SD1 for Associate Licensing for Mental Health Professionals

This is a huge missing piece in our fields that makes it so that private practices cannot hire pre-licensed individuals and in turn, there are too little therapists to support the mental health needs of Hawaii. Graduates should be able to get experience and hours toward licensure working with the populations they feel called to serve and right now that is not possible. This bill is a win for clients, win for therapists, and win for group practices.

Mahalo,

Jeremy Kalan, CEO Center for Healing & Transformation, Kailua, HI



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

DATE: February 22, 2022 10:00 A.M. - VIA VIDEO CONFERENCE

The Hawai'i Psychological Association (HPA) strongly supports SB2829 SD1 as a critical tool in meeting the burgeoning demand for quality mental health services – and is especially timely as the emotional and mental toll of the pandemic is felt by all our residents, prolonged now for over two years. The aftermath effects on our public behavioral health is immeasurable.

This bill expands access to much-needed high quality mental health services provided by local practitioners, and will significantly increase the speed with which trained, qualified, credentialed, and culturally cognizant practitioners can enter the workforce and meet Hawaii's demands. There is a critical shortage of mental health professionals in Hawaii, particularly in rural areas; and this bill helps to reduce some arbitrary and/or administrative obstacles to practicing here.

To become licensed as a psychologist, Hawaii Revised Statutes requires candidates to have completed a doctoral degree (Ph.D. or Psy.D.) in psychology including practicum experience comprised of a full time one-year psychology internship; followed by at least one year of supervised practice experience after completing the degree; and then a passing score on a rigorous national examination.

This proposal helps to alleviate several financial hardships psychology trainees in Hawaii typically face while on this path. New professionals seeking to complete their hours of supervised practice are having tremendous difficulty managing financially - due to Hawaii's very high cost of living.

The associate licensing framework in this bill will authorize insurance reimbursement for work done by pre-licensed, "post-doc" psychology trainees. Post-docs often work in an agency or other setting where they are supervised closely by a licensed psychologist, but insurance plans vary greatly on whether they will reimburse the agency or supervisor for services provided in this way. Some post-docs end up working for free, while maintaining other jobs to survive. Many leave the state – where associate-level licensure is already in place.

Another issue that causes financial hardship and delay during this post-doctoral period is the timing of the license application process. Currently, according to the Board of Psychology's administrative rules, applicants must complete their 1-year post-doctoral experience; apply for licensure; then be "seated" for the required examination (the EPPP); then pass it before they can be licensed. This process can lead to a many-month delay before they are allowed to practice as a psychologist. Many licensure candidates apply to take the exam in another state (incurring further personal expense) so that they can expedite the board of psychology review process by

having their passing grade in hand when their application is reviewed by the Hawaii Board. Accordingly, this proposal requires the board to allow licensure candidates to take the exam as soon as they complete their doctorate.

SB2829 also addresses unnecessary administrative barriers experienced by state-employed psychology post-docs. Current law allows non-licensed individuals who have earned their doctoral degree to be hired into state psychologist positions before licensure; however, these employees must obtain licensure within two years of hire, and then cease practicing if the license is not obtained in that time period. The state has interpreted this to mean they must be terminated from their state position if this occurs.

During the pandemic, the Board of Psychology did not meet for a prolonged period to approve several candidates' licenses, and several state-employed psychologists lost their jobs due to no fault of their own. Of those terminated included practitioners at the state hospital and in the Child and Adolescent Mental Health Division. This is a wholly avoidable hardship for these individuals, and the clients they were serving. The language proposed in this bill would allow the board to give a state-employed psychologist more time to obtain their license under such extenuating circumstances; and would also help others who may need more time due to, for example, the need for maternity or other medical leave.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. The disruptions, anxieties, depression, substance abuse, and chronic stress that COVID has created in our lives have brought many in our community to the brink of emotional collapse. The need for mental health services could not be more apparent or pressing; and we must all do what is necessary to improve access to professional treatment. We all deserve access to quality mental health treatment – and this bill is a highly effective, low-cost way of addressing this need which is in keeping with modern regulatory approaches in other jurisdictions.

Thank you for the opportunity to provide input on this important bill, and for your commitment to Hawaii's mental health.

Sincerely,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D.".

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.

We know relationships.

We know FAMILY MATTERS.

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

DATE: February 22, 2022 10:00 A.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support of SB2829 SD1 RELATING TO MENTAL HEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB2829 SD1 as a critical tool in improving access and meeting the overwhelming demand for quality mental health services, particularly during and following the prolonged pandemic. Here's a snapshot of current ratios of clients/patients to mental health providers in Hawai'i:

Hawai'i 320:1

Honolulu 370:1

Kauai 480:1

Maui 550:1

Moloka'i has no registered providers.

Obviously, this demand far exceeds the viable supply of mental health providers. Among other provisions to remove administrative barriers and increase the speed with which trained and qualified practitioners can enter the workforce, SB2829 SD1 would establish provisional/associate-level licensure requirements for Marriage and Family Therapists (MFTs), Mental Health Counselors, and Psychologists. This would ensure a regulatory framework that would encourage relevant and quality training to associate-level providers by authorizing insurance reimbursement for supervised care provided by these post-degree/pre-licensed mental health professionals during the 12 to 24-month period in which they are completing required supervised practice hours under the mentorship and guidance of an independently licensed mental health professional.

In 23 other states, associate-level licensure is already established as common practice. This regulatory approach not only expands clients' access to providers, it also creates a viable career path for would-be providers: Hawai'i residents interested in pursuing careers as mental health professionals (of which there is a 10,000-15,000 shortage), but who might otherwise not be able to actualize such a career due to outdated statutes that often force post-graduate/pre-licensed providers to work for sub-par wages or even

pro bono (while also paying a supervisor to oversee their work, costing MFT supervisees anywhere from \$10,000-\$30,000 for 1,000 hours of supervised direct care during their 2-year post-degree period) and/or in contexts that do not provide sufficiently relevant clinical experience (e.g., prisons, substance abuse centers, case management, etc.) to ensure providers are ready for independent licensure.

This bill would update Hawai'i's licensing statutes in ways that would not only modernize our processes, but ultimately improve the quality and utilization of mental health care provided in our state by creating a more robust system of clinical accountability/training and a financially viable career path for local would-be providers who have a deep understanding of local cultures/customs and who in turn, may be better able to connect with clients, who in turn will be more likely to actually utilize available mental health services.

Moreover, this bill will reduce the loss of potential future mental health professionals to other careers or one of the other 23 states that have already modernized their licensing laws. In turn, this will contribute to the state economy through associate licensing fees, taxes from wages earned by associate-level licensees, and local purchases made by these licensees.

Overall, many aspects of our mental health system are deeply flawed, understaffed, and are in no way prepared to manage the onslaught of mental health issues that the general population are experiencing during and after this pandemic. The consequences of this pandemic, both short- and long-term, in terms of mental health, could be significant and could weaken the Hawai'i health care system.

If we don't develop the means to stave off and/or treat these mental health issues, individuals and families will suffer even more than they already have/do. In all areas of life, untreated mental health issues can become chronic and with crippling, long-term effects – for individuals, families, and communities.

These circumstances call for a change in the paradigm and practices of mental health care in Hawai'i. Our current model of mental health care does not adequately address the complex challenges of modern living. Let's re-vision current models of mental health care delivery by learning from other states and being creative and flexible in how we provide mental health services. To protect our community now and in the future, let's take appropriate action now. Mental health care cannot be an afterthought.

Thank you for the opportunity to provide this testimony in strong support of this bill.

Sincerely,

A handwritten signature in black ink that reads "John Souza, Jr. LMFT, DMFT". The signature is written in a cursive style with a large, stylized initial "J".

Dr. John Souza, Jr., LMFT, DMFT, President
The Hawaiian Islands Association for Marriage and Family Therapy

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

DATE: Tuesday, February 22, 2022
TIME: 10:00AM
PLACE: Via Videoconference

Testimony in Strong Support of SB 2829 SD1

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2829 SD1 Relating to Mental Health, which establishes associate level licenses for Psychologists, Mental Health Counselors, and Marriage and Family Therapists; and clarifies the ability of a Licensed Social Worker to bill under the supervision of a Licensed Clinical Social Worker.

This bill does several important things:

It creates an Associate level of Licensure for Psychologists, Mental Health Counselors, and Marriage and Family Therapists, based on the current LSW level of licensure for social workers, which will allow for a mechanism by which clinicians who have completed their graduate school courses can be compensated while they are receiving their required period of supervised practice.

It also clarifies that a LSW social worker can bill insurance under the clinical license and supervision of an LCSW.

These steps will create the opportunity to open up more clinicians in supervision to see clients in the very near future, which is vital given the ongoing pandemic and the current shortage of clinical level mental health providers, and long wait times to get in to therapy as a client.

It also opens the door to more diverse candidates in the field of mental health. Few people can afford to work for two years either unpaid or underpaid, as they complete their clinical supervision, which leads to an overrepresentation in our profession of people from affluent backgrounds and an underrepresentation of Black, Indigenous, and People of Color (BIPOC) in the fields of social work, Psychology, and Marriage and Family Therapy.

This bill can help encourage people who have completed their graduate education in Hawai'i to stay and work here, if they can receive a living wage. We strive to educate students in cultural competency and the importance of understanding the community in which they practice, to create clinicians who will thrive here, then do very little to help keep them in state, after graduation.

It also provides the opportunity for those in supervision to get experience working in private practices and doing more direct therapy, under supervision, which serves to strengthen them as clinicians when they reach the level of independent practice.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW
Executive Director,
National Association of Social Workers- Hawai'i Chapter

LATE

SB-2829-SD-1

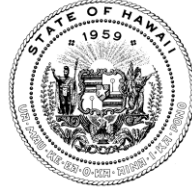
Submitted on: 2/22/2022 10:44:48 AM
Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Michael Christopher	Testifying for Pono Praxis LLC	Support	No

Comments:

As a licensed psychologist who has hired interns and postdoctoral fellows in the past, but no longer does, I strongly urge the passage of this bill. Under the current system it is not possible to hire and train psychological interns or postdocs without subsidizing them out of my own pocket or getting very limited grant money that does not last and is not a stable basis for running a health care company. This means that only very large organizations such as the VA or those that have large internal departments for seeking grants can afford to participate in training new psychologists.

Michael Christopher, Psy.D., Ph.D.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022
10:00 a.m.
Via Videoconference**

**On the following measure:
S.B. 2829, S.D. 1, RELATING TO MENTAL HEALTH**

Chair Baker and Members of the Committee:

My name is Rochelle Araki, and I am the Executive Officer of the Department of Commerce and Consumer Affairs' (Department) Professional and Vocational Licensing Division (Division) Marriage and Family Therapy Program, Mental Health Counselors Licensing Program, and Social Worker Licensing Program. The Department offers comments this bill.

The purposes of this bill are to: (1) establish provisional or associate level licensure requirements for marriage and family therapists, mental health counselors, and psychologists and authorizes insurance reimbursements in certain circumstances; and (2) allow psychologist license applicants to sit for the licensing examination before completing other requirements.

The Department limits its comments to Part I, Part II and Part IV of this bill as follows:

S.B. 2829, S.D. 1 requires the Department to grant, upon application and payment of proper fees, provisional licensure as an associate marriage and family

therapist and mental health counselors to those who meet certain requirements to obtain reimbursement for services rendered. While the Department appreciates the intent of this measure, the creation of this new license type appears contrary to the provisions of Hawaii Revised Statutes section 26H-2, which provides, in part, that “the regulation and licensing of professions and vocations shall be undertaken only where reasonably necessary to protect the health, safety, or welfare of consumers of the services; the purpose of regulation shall be the protection of the public welfare and not that of the regulated profession or vocation.” A new licensure scheme should not be implemented solely for the purpose of reimbursement.

Further, there may be unintended consequences of regulating or requiring licensure of a currently exempted population of professionals who provide mental health services. For example, the cost of services provided by these individuals may increase and could possibly be passed to consumers.

Regarding part IV of this bill, the Department expresses similar concerns that authorizing reimbursements to a currently exempted population of professions, social work interns, could have unintended consequences such as higher costs for services rendered. These costs could be passed on to consumers.

Should the Committee consider passing this bill, the Department respectfully requests additional staffing and funding for the Professional and Vocational Licensing Division to implement this measure as well as a delayed implementation date of July 1, 2024.

Thank you for the opportunity to testify on this bill.

SB-2829-SD-1

Submitted on: 2/20/2022 7:35:16 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Britt Young	Individual	Support	No

Comments:

Mahalo for the opportunity to testify. This is an exceptionally important bill for consideration.

One way to address this, and future mental health needs, is to have what is called an Associate Licensure for those who have graduated from an accredited Masters Program and who have passed the national exam associated with their profession (LMFT, LMHC, etc.). Many states have this designation, which means that Post-Masters Graduates can see therapy clients under the supervision of a Licensed professional and be reimbursed by insurance companies.

When I worked in Illinois, I was able to work under this designation at a private practice and fill a need, while gaining hours toward licensure and being supervised.

Currently, most Post-Masters Graduates are only allowed to work in privately-funded agencies or the prison system. Unfortunately, the retention is low because of the low pay, and many leave the mental health industry altogether because they cannot afford to get this much needed experience and live a comfortable life. Because individuals need approximately 2,000 hours of Post-Masters Graduate experience to be fully-licensed, they must work at these agencies or prisons for about two years.

As a business manager at Xplor Counseling, LLC, I get inquiries all the time from excited Post-Masters Graduates who are eager to work with us. However, I must turn them away because insurers will not reimburse for their services (and, in Hawaii, most clients seeking mental health services use private or public insurance). Simultaneously, I put needy clients on a 3-4 month wait list for a Licensed clinician.

The benefits are wide-ranging:

--These Associate level clinicians can see clients who would otherwise be sitting on 3-5 month wait lists (which is the current wait list for many practices)

--They have already finished all their coursework INCLUDING a practicum, where they have worked directly with clients. They have also passed a National Exam.

--They would learn how to work in a private practice setting, which is where many will be after they complete their hours

--Clients in-need would have the services they desperately need

--Group practices would be able to hire those Associate Level clinicians as Licensed Clinicians after they complete their hours at the practice, and, therefore, clients would have continuity of care

--Associate Level clinicians could make a livable wage and be motivated to stay in the mental health industry

--If this were in place, more undergraduates would be motivated to enroll in Masters programs in mental health

--Post-Masters Graduates would have more choice about where they would like to work after graduation

We are in a mental health crisis, and we need every qualified mental health professional trying to help our community. This is an important way toward that goal, as many states have successfully implemented this Licensure status. Please consider creating and supporting legislation that would create this important Licensure track, as we all know good mental health is a cornerstone of a successful community.

Fondly,

Britt Young, M.A., LMFT

SB-2829-SD-1

Submitted on: 2/20/2022 7:54:30 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Sabra Della Lucia	Individual	Support	No

Comments:

Aloha,

My name is Sabra Della Lucia and I am a Licensed Marriage and Family Therapist. I am in support of SB2829 to provide support to existing professionals on the island who are innundated with calls and referrals during this time. The bill would allow for more providers and increased on the job training prior to being a licesnsed independent provider. This is only going to help the profession to grow and improve while assisting those in need.

SB-2829-SD-1

Submitted on: 2/20/2022 9:02:23 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Stacie M Burke	Individual	Support	No

Comments:

Sen Rosalyn H. Baker, Chair

Sen Stanley Chang, Vice Chair

Senate Committee on Commerce and Consumer Protection

Tuesday, February 22, 2022

SB 2829 Relating to Mental Health

Aloha

I am writing in strong support of SB2829.

This bill will not only address the shortage of mental healthcare professionals in Hawai'i , it will also alleviate the financial hardships for those seeking licensure.

Let's improve the quality of mental healthcare , while utilizing a locally educated workforce.

Mahalo for your time.

Stacie Burke

Aiea, Hawai'i

SB-2829-SD-1

Submitted on: 2/20/2022 9:05:34 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Brittni Brooks	Individual	Support	No

Comments:

Here in Hawaii, especially in rural Kauai, we need to make it less challenging for new clinicians to become licensed. We have so many residents who reach out for supports but there is a shortage of professionals. We must support people who want to serve our community.

This bill would help meet the demand for treatment and encourage new practitioners to root their practices in Hawaii, rather than losing this talent to the mainland. We need to support new mental health professionals with assurance that they can be paid for their services while they get on their feet after years without income they spent pursuing advanced education in mental health.

Thank you, Chair Baker, and members of the Senate Committee on Commerce and Consumer Protection for this opportunity to testify in strong support.

SB-2829-SD-1

Submitted on: 2/20/2022 9:25:02 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Christine Martinez-Suzukawa	Individual	Support	No

Comments:

Aloha Chair Baker, Vice-Chair Chang, and Members of the Senate Committee on Commerce and Consumer Protection:

I am testifying in strong support for SB2829 SD1, which would create a provisional associate licensing structure in Hawaii - similar to what is done in nearly half the other states - to allow post-degree/pre-licensed mental health professionals to bill insurance for the treatment they provide as part of the hours of supervised practice they are required to perform to obtain full licensure.

Here in Hawaii, we have a critical shortage of mental health providers, and a burgeoning need for services - particularly in rural and economically disadvantaged areas. This bill would help meet the demand for treatment and encourage new practitioners to root their practices in Hawaii, rather than losing this talent to the mainland. We need to support new mental health professionals with assurance that they can be paid for their services while they get on their feet after years without income they spent pursuing advanced education in mental health.

Currently, many mental health providers are not taking new patients as they are full. Passing this bill will open up more providers to ensure that our people of Hawaii get the mental health services that they desperately need.

Thank you, Chair Baker, and members of the Senate Committee on Commerce and Consumer Protection for this opportunity to testify in strong support.

Aloha,

Christine Martinez-Suzukawa

2/20/22

Aloha Chair Baker, Vice-Chair Chang, and Members of the Senate Committee on Commerce and Consumer Protection:

I am testifying in strong support for SB2829 SD1, which would create a provisional associate licensing structure in Hawaii - similar to what is done in nearly half the other states - to allow post-degree/pre-licensed mental health professionals to bill insurance for the treatment they provide as part of the hours of supervised practice they are required to perform to obtain full licensure.

Here in Hawaii, we have a critical shortage of mental health providers, and a burgeoning need for services - particularly in rural and economically disadvantaged areas. This bill would help meet the demand for treatment and encourage new practitioners to root their practices in Hawaii, rather than losing this talent to the mainland. We need to support new mental health professionals with assurance that they can be paid for their services while they get on their feet after years without income which they spent pursuing advanced education in mental health.

Thank you, Chair Baker, and members of the Senate Committee on Commerce and Consumer Protection for this opportunity to testify in strong support.

Mahalo,

S. Joy Quick, MA, LMFT, CSAC



Benji Zachariah
Testimony for SB 2829
2/21/2022

Bill: SB 2829

Title: Mental Health; Provisional Licensure; Marriage and Family Therapists; Mental Health Counselors; Psychologists; Licensed Clinical Social Workers; Insurance Reimbursement

Dear committee chair and members,

I am writing in support of SB 2829 to provide provisional licensure requirements and reimbursement allowances for certain mental health professionals in training. I am currently a Masters in Social Work student at University of Hawai'i Manoa and am writing this letter of support as a therapist in training and future Licensed Clinical Social Worker.

The ultimate reason I am supporting this bill is because there is a huge need for clinical mental health therapists at the moment in the state of Hawai'i. By affording mental health practitioners that are working towards a full license a provisional license, it will allow the mental healthcare workforce to have more support. This legislation will allow more patients to be seen by provisional licensed therapists, social workers, and psychologists.

In my own life, I have seen how the shortage of mental health therapists is affecting those around me. A close friend of mine recently had to wait several weeks before getting an appointment to see a licensed therapist. She unfortunately had to settle for someone that had availability, rather than choosing someone she aligns her values with more. With limited options, she struggled during the weeks finding a therapist and could have benefited from having support sooner.

In conclusion, I ask for your support in passing this bill so that more individuals here in Hawai'i have access to quality mental health care services. Thank you for giving me this opportunity to share my beliefs and testify.

Best,

Benji Zachariah

LATE

SB-2829-SD-1

Submitted on: 2/21/2022 6:21:18 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Samantha Bailo	Individual	Support	No

Comments:

This bill is extremely important for the state of Hawaii to keep mental self services accessible as well as provide clinicians with the financial means to be able to continue in this field.

Case manager, Mental Health Counseling Masters Student, Uh Hilo

Samantha Bailo

LATE

SB-2829-SD-1

Submitted on: 2/21/2022 6:50:11 PM

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Submitted By	Organization	Testifier Position	Remote Testimony Requested
Shaila Lawrence	Individual	Comments	No

Comments:

Aloha,

As many of you know, one of the challenges post-graduation from mental health training programs is that you must earn 3,000 supervised hours to become licensed eligible. However, many private and group practice providers are unable to hire unlicensed providers because they cannot bill insurance companies for their services. This means graduates are typically forced to take low/underpaid positions in larger agencies (some of these are wonderful positions but the options are limited). This bill would allow Mental Health Counselors in addition to MFTs and Psychologists to earn an associate/provisional license so that they can bill insurance companies for their work (provided they are supervised, payment may be less than fully licensed providers). This is an important piece of legislation as it will open the doors to more opportunities for trained mental health professionals and it increases access to mental health care to the citizens of the State.

However, Mental Health Counselors are able to do so in providing quality mental health care for several vulnerable populations – specifically the elderly, the economically disadvantaged, limited English proficient, and rural residents who cannot utilize telehealth as currently defined as MHC's are deemed to wait until 3,000 completed hours to apply for licensure. Prior to graduating, MHC's go through extensive training and internship experiences which requires them to complete similar if not the same work as a licensed provider. MHC's and MFT's should be able to receive compensation under insurance as well to decrease the lack of counselor and therapists availability in our community.