

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

**Before the  
Senate Committee on Commerce & Consumer Protection  
Thursday, March 24, 2022  
9:30 a.m.  
Via Videoconference**

**On the following measure:**

**S.C.R. 156, REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A TASK FORCE TO PROVIDE RECOMMENDATIONS FOR A PILOT PROGRAM THAT GRANTS 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 Dr. Jill Oliveira Cabbab, and I am the Chairperson of the Hawaii Board of Psychology (Board) Legislative Committee. I apologize for not being able to attend the hearing to present the Board's testimony. The Board appreciates the intent of this resolution and offers comments.

The purposes of this resolution are to request the Department of Commerce and Consumer Affairs to: (1) convene a task force to evaluate and provide recommendations to establish a pilot program that grants prescriptive authority to qualified psychologist applicants in the counties of Hawaii, Maui, and Kauai; and (2) with the assistance of the Board of Psychology, submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2023.

The Board will review this resolution at its next publicly noticed meeting on April 1, 2022. In the meantime, the Board's Legislative Committee offers comments based on the Board's support of S.B. 131, Relating to Psychologists and S.B. 1295, Relating to Prescriptive Authority for Certain Clinical Psychologists, both of which were carried over to the 2022 Regular Session, but did not pass First Reading.

At its February 22, 2022 publicly noticed meeting, the Board reviewed S.B. 131 and S.B. 1295, and voted to support these measures because its fundamental intent to establish prescriptive authority for certain psychologists. The Board supports granting qualified psychologists' prescriptive authority where feasible, as this will help meet the demands for psychological services in rural areas by expanding access to psychiatric

medication support services in a safe manner. The Board also notes its previous comments in which it felt a pilot program was unnecessary, however, regardless of whether a pilot program is established, or the Board merely commences with authorizing prescriptive authority, it believes that it is prepared to establish regulations that will protect the consuming public.

Thank you for the opportunity to testify on this resolution.

# OFFICE OF THE MAYOR

DEREK S.K. KAWAKAMI, MAYOR

MICHAEL A. DAHLIG, MANAGING DIRECTOR

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

Before the  
**Senate Committee on Commerce and Consumer Protection**  
March 24, 2022 at 9:30 a.m.  
Room 229 and Via Videoconference

In consideration of  
**SCR 156 / SR 149**  
**Requesting the Department of Commerce and Consumer Affairs to Convene a Task Force to  
Provide Recommendations for a Pilot Program that Grants Prescriptive Authority to  
Qualified Psychologists in the Counties of Kaua'i, Maui, and Hawai'i**

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

The County of Kaua'i is in **strong support** of SCR 156 and SR 149 which requests the Department of Commerce and Consumer Affairs to convene a task force to provide recommendations for a pilot program that grants prescriptive authority to qualified psychologists in the counties of Kaua'i, Maui, and Hawai'i.

The legislature finds from the December 2020 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. 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.

The County of Kaua'i strongly supports the creation of a task force, with the assistance of the Board of Psychology, to evaluate and provide recommendations, including proposed legislation to establish a pilot program that grants prescriptive authority to qualified psychologist applicants to the outer islands.

Thank you for your consideration of this resolution and your continued support of the island of Kaua'i.



## **HAWAII MEDICAL ASSOCIATION**

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### **SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Date: March 24, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Elizabeth England MD, Vice Chair, HMA Legislative Committee

### **RE SCR 156 Department of Commerce and Consumer Affairs; Task Force; Prescriptive Authority; Clinical Psychologists Position: Comments**

Through the pandemic the mental health of Hawaii citizens has declined with increasing suicidality and higher rates of depression and anxiety. Problems are exacerbated by decreased federal and state mental health programs, and our severe physician shortage. The widening gaps of healthcare disparities are evident in our minority neighborhoods, and there are resultant delayed diagnoses and negative outcomes for our patients. HMA strongly advocates for all means of expansion of access for our mental health patients that maintain the highest standards of quality and safety, especially for those patients most vulnerable in our rural areas and our homeless.

Convening a task force for evaluation and recommendations regarding a pilot program for prescriptive authority for psychologist applicants may be helpful in bringing medical experts and thought leaders together, and vetting careful solid data driven solutions for improving access to mental health services.

HMA supports 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 facilitates 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.

### **RECOMMENDATIONS**

1. HMA has serious concerns regarding the safety of psychologists' independent prescriptive authority. Proposed training for psychologists is far less than that of

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psychiatrists, and lacks extensive general medical training necessary to manage side effects, drug interactions, interactions with other health problems, etc.

For these reasons, HMA respectfully recommends that the task force include a) one board certified psychiatry physician member and b) one board certified primary care physician member. These medical doctors will have direct experience with provider challenges for Hawaii mental health patients and provide valuable expertise and perspective on best practices for the prescription of psychotropic medications.

2. Mental healthcare access is most burdensome in Hawaii's rural areas and underrepresented minority communities. HMA recommends geographic representation on the task force, that may inform the committee of specific unique social and cultural issues as well as options for regional strategic planning.

Superior solutions are growing to meet the patient needs in Hawaii, and the HMA urges our state leaders to augment all collaborative efforts 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.

## 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, Chattopadhyay 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.

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## TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chairs Rosalyn Baker, Vice Chair Stanley Chang and Members of the Committees

From: Dr. Denis Mee-Lee, Chair, HPMA Legislative Committee

Time: 9:30 a.m., March 24, 2022

Re: SCR 156/ SR 149

Position: **OPPOSE**

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

HPMA supports the legislature's efforts to address a significant shortage of primary care physicians, psychiatrists, and other health care professionals in the State; this shortage affects our patients, their families, and, by extension, the health care system of Hawaii. In addition, the ongoing COVID-19 public health emergency has highlighted the imperative for robust investments to address the nation's critical physician and psychiatric workforce shortage. Extensive medical training is the foundation upon which safe prescribing is built.<sup>1</sup>

Still, HPMA and, historically, the Legislative Reference Bureau oppose psychologists prescribing.

First, the measure would be a redundant misuse of State funds. In 2007, the Hawaii State Legislature ordered the Legislative Reference Bureau (LRB) to study psychologists prescribing. As such the LRB found over 20 significant concerns regarding giving psychologists prescriptive authority. These findings urged that **patient safety should never be compromised and that adequate training as determined by medical doctors is necessary to protect the safety of our vulnerable patients**. The 76-page LRB study on prescriptive authority for psychologists found 21 major concerns, including inadequate training and no proof of safety. The LRB concluded:

"In determining whether to authorize prescriptive authority for clinical psychologists who practice in community health centers, legislators must be mindful of the significant differences in the classroom and clinical training of clinical psychologists and psychiatrists and the basic medical background of nonphysician health care prescribers. From a behavioral perspective, a clinical psychologist treats mental illness as a social scientist; 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>2</sup>

Safe practices require that medical doctors receive training in pharmacology, physiology, anatomy, chemistry, pathophysiology, and neuroscience. It is imperative to understand drug-drug interactions, the interplay of psychiatric diagnoses with medical comorbidities, and the effects of psychotropic medications on the human body to provide safe care. 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. **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.** HPMA agrees.

There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities through the expansion of telepsychiatry and the Collaborative Care Model -- both reliable, proven, tested, and safe mental health care methods. In addition, the expansion of 9-8-8 crisis help line, particularly through Telehealth, enable greater neighbor island access.

Finally, allowing for prescriptive authority on neighbor islands and not O'ahu exacerbates health disparities and violates Federal Law, **28 U.S.C. 1714 - Protection against discrimination based on geographic location.**

**Discrimination** is making unjustified distinctions between people based on the groups, classes, or other categories to which they belong or are perceived to belong.<sup>3</sup> People may be discriminated against based on [race](#), [gender](#), [age](#), [religion](#), or [sexual orientation](#), as well as geography. Discrimination especially occurs when individuals or groups are unfairly treated in a way that is worse than other people, based on their actual or perceived membership in certain groups or social categories.<sup>4</sup> Current oversight for physicians falls under the Hawaii Medical Board, which operates across the State, while prescribing psychologists would be overseen by 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. 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.

In short, HPMA opposes **SCR 156 / SR 149** because both are illogical, redundant, misuse state funds, and violate Federal Law. Should the legislature support a task force, we respectfully ask that it include representatives from other prescribing medical professions, such as physicians, psychiatrists, APRNs, and a representative from the Board of Medicine.

Thank you for the opportunity to present this testimony opposing SCR 156 / SR 149. We welcome the opportunity to work with you to facilitate evidence-based, proven programs to ensure our most vulnerable patients in underserved communities receive safe and equitable care.

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<sup>1</sup> [www.saferprescribing.org](http://www.saferprescribing.org).

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

<sup>3</sup> *What drives discrimination and how do we stop it?*. [www.amnesty.org](http://www.amnesty.org). [Amnesty International](#)

<sup>4</sup> *"discrimination, definition"*. *Cambridge Dictionaries Online*. Cambridge University. Retrieved March 29, 2013.

**SCR-156**

Submitted on: 3/22/2022 10:08:29 PM

Testimony for CPN on 3/24/2022 9:30:00 AM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| rika suzuki         | Individual          | Oppose                    | Written Testimony Only |

Comments:

Please vote to OPPOSE SCR 156, a bill that would worsen, not improve, the current healthcare crisis. Increased access to mental health care must be SAFE, first and foremost.

It is a repeatedly presented misconception that a mental health professional can be taught to prescribe without appropriate years and curriculum as well as patient care hours in MEDICAL training. Even physicians who are NOT psychiatrists often consult with psychiatrists and may defer the prescribing of some potent psychotropic medications because they involve a unique subset of medical considerations and tiers of effects, risks and benefits—each with systemic impacts as well as potential benefits which require the clinical training and experience in the specialty.

It would be a serious tragedy and grave risk for adverse outcomes to put those most in need, especially vulnerable keiki, kupuna and pregnant women, in the care of inadequately trained professionals.

It is everyone’s Kuleana to respect and understand the scope as well as limitations of a profession— clinical psychologists are highly adept at treating mental health disorders from an emotional, behavioral and social perspective, but their training is NOT in medical treatments which includes, among many other skillsets, keen recognition of differences between mental health symptoms and side effects of medications. Let us instead put resources into collaborative care and telehealth to increase our communities' access to mental health care.

Please vote in OPPOSITION OF SCR 156.

Thank you for your efforts and for considering the safety of our communities in need first.  
Mahalo and aloha,  
R Suzuki MD, Adult and Geriatric Psychiatrist



**SCR-156**

Submitted on: 3/23/2022 5:47:44 AM

Testimony for CPN on 3/24/2022 9:30:00 AM

| <b>Submitted By</b>   | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|-----------------------|---------------------|---------------------------|---------------------------|
| Julienne Aulwes, M.D. | Individual          | Oppose                    | Written Testimony<br>Only |

Comments:

Psychologists, by definition, are not trained physicians who can prescribe medications safely. The rural and underserved communities would be best served if psychologists practiced within their scope of practice, which is providing evidence-based psychotherapy to those in need. As it currently stands, patients have trouble finding available therapists for therapy so if psychologists practiced what they're trained to do, they would help relieve this therapist shortage.