

Testimony of the Board of Psychology

**Before the
Senate Committee on Health and Human Services
Monday, February 13, 2023
1:00 p.m.
Conference Room 225 & Videoconference**

**On the following measure:
S.B. 677, RELATING TO PRESCRIPTIVE AUTHORITY PRIVILEGE**

Chair San Buenaventura 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 bill and offers comments.

The purposes of this bill are to: (1) authorize and establish procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements; (2) require the Board to accept applications for prescriptive authority privilege beginning 7/1/2023; and (3) require the Board to report to the Legislature prior to the Regular Session of 2024.

The Board offers the following comments:

- S.B. 677 represents the culmination of years, if not decades, of discussion at the legislature on prescriptive authority for certain psychologists;
- The Board believes that clinical psychologists with prescriptive authority will be able to fill the gaps in care that exist not only on Oahu, but especially on the neighbor islands that have higher rates of inaccessibility to care. The Board feels that this bill addresses concerns voiced by opponents against the concept of providing prescriptive authority to psychologists by including parameters for qualifying education, training, and practice;
- While the Board recognizes the goal of quickly increasing access to mental health services including medication services as proposed by this bill, the Board requests amending the effective date of this bill to July 1, 2025. With such a substantial change to licensing schemes, the Board will not be able to create administrative rules, application processes, establish a formulary, update the licensing database with the new privilege, train staff, and hire potential additional staff prior to, or by July 1, 2023. Additionally, the Board

Testimony of the Board of Psychology

S.B. 677

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requests that the due date of the report to the Legislature be moved back accordingly .

Thank you for the opportunity to testify on this bill.

SB-677

Submitted on: 2/11/2023 5:39:52 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Derek Phillips	Testifying for Illinois Psychological Association	Support	Remotely Via Zoom

Comments:

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements. Personally, I have an MSCP, has passed the PEP, have completed supervised clinical experience, and am a licensed prescribing psychologist in Illinois. I live and work in rural Illinois in a public hospital system that serves 10 rural counties that all meet criteria as federal mental health shortage areas. Access to psychiatric prescribers is abysmal and the medical community is very aware of that. I work very closely with psychiatrists, psychiatric nurse practitioners, and primary care providers to add my services as an option for patients' care.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 years old who have depression did not receive any care in the past year. There is also preliminary data available from the mainland that states with prescribing psychologists have seen a 5-7% reduction in suicide rates.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing psychologists receive more psychopharmacology training than primary care providers, including primary care physicians. In fact, there is literature that indicates that prescribing psychologists' psychopharmacology-related knowledge is greater than primary care providers and even psychiatric nurse practitioners. Prescribing psychologists receive integrative medical training from physicians, psychiatrists, nurse practitioners, physician assistants, and pharmacists. Prescribing psychologists have provided safe and effective mental health care, including pharmacotherapy for nearly 30 years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens, including veterans.

Hawai`i's Governor, Josh Green, and the entire legislative body have made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with prescriptive authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially-trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, and Idaho, in Federally Qualified Health Centers (FQHC), in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for nearly thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need by highly-trained psychologists with advanced training in psychopharmacology.

Respectfully submitted,

Dr. Derek Phillips

President, Illinois Psychological Association

Licensed Prescribing Psychologist in Illinois



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

February 13, 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services
Hawai'i State Capitol - Conference Room 225
415 South Beretania Street
Honolulu, HI 96813

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce and Consumer Protection
Hawai'i State Capitol - Conference Room 225
415 South Beretania Street
Honolulu, HI 96813

Re: SB 677 -- RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS

Dear Chair Buenaventura, Vice Chair Aquino, Chair Keohokalole, Vice Chair Fukunaga:

I am writing on behalf of the American Psychological Association Services Inc., the companion organization of the American Psychological Association (APA), in support of SB 677, which is currently before your committee. This bill granting prescriptive authority to psychologists with specialized education and training in clinical psychopharmacology would help to address the overwhelming patient demand for comprehensive mental health services.

APA is the largest scientific and professional organization representing psychology in the U.S., with a membership of more than 146,000 clinicians, researchers, educators, consultants, and students. Psychologists provide critically needed mental health, substance use disorder, and health behavior services, including psychotherapy to diagnose and treat mental health and substance use disorder conditions, testing for patients needing cognitive assessments, and health behavior assessments and interventions for beneficiaries struggling with physical health problems.

A significant percentage of Americans suffer from a mental or emotional condition at some time in their lives, but their needs are not being met by the current health care delivery system. One such unmet need is in the area of psychopharmacological treatment. This is due in large part to the significant shortage of psychiatrists – both general psychiatrists and especially child and adolescent psychiatrists – available to meet the demand for mental health services. Not only are there not enough graduates from psychiatric residency programs to maintain the current number of psychiatrists, more than half of all psychiatrists are age 55 or older. Moreover, psychiatrists are the

medical specialists least likely to accept insurance or Medicaid compared to other medical specialties.

As a result, many Americans who receive medications for the treatment of mental disorders do not obtain them from psychiatrists. Patients' mental health issues often fall to their primary care providers or family physicians for diagnosis and treatment. But non-psychiatric physicians often lack significant training in the diagnosis and treatment of mental health disorders, typically do not have the time to effectively manage their patients' mental health problems and are not trained to provide psychotherapy or other psychological interventions necessary for optimal clinical outcomes. Furthermore, studies have found that at least 3/5 of psychotropic medications are prescribed by primary care providers for patients with no documented psychiatric diagnosis, while many Americans go without treatment altogether.

Several states—including New Mexico, Louisiana, Illinois, Iowa, and Idaho—as well as federal agencies have moved to address the need for access to psychotropic prescribers who are trained in the diagnosis and treatment of mental health disorders by allowing appropriately trained psychologists to prescribe. Those psychologists who complete post-doctoral education and training in psychopharmacology can offer comprehensive treatment - both psychological and pharmacological - to their patients. Numerous studies show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders. In fact, many prescribing psychologists have reported reducing or eliminating medications for a significant percentage of their patients. Allowing licensed psychologists who have completed post-doctoral education and training in psychopharmacology to prescribe psychotropic medications would provide an avenue for addressing the shortage of available providers.

Within this context, we would like to emphasize the following points regarding SB 677:

- SB 677 would require prescribing psychologists to complete specialized clinical psychopharmacology training.
- SB 677 protects the public. It requires prescribing psychologists to successfully meet traditional psychology licensing requirements, plus complete a master's degree in clinical psychopharmacology, complete supervised clinical training and pass a national exam to demonstrate knowledge and competence in psychopharmacology.
- Data clearly show that prescribing psychologists practice safely.
- Status quo approaches are unlikely to effectively address patient treatment needs.

SB 677 would require prescribing psychologists to complete specialized training.

Prescribing psychologists are required to complete a two-year, full-time, Master of Science degree in clinical psychopharmacology (MSCP), which is taught by physicians (including psychiatrists in many states), physician assistants, pharmacists, nurse practitioners, and prescribing psychologists.

The MSCP program incorporates the following specialized training: basic science (biology and chemistry); functional neurosciences; physical examination; interpretation of laboratory tests; pathological basis of disease; clinical medicine; clinical neurotherapeutics; pharmacology; clinical

pharmacology; psychopharmacology; and psychopharmacology research. Prerequisites for the MSCP program include anatomy, physiology, and biology. The MSCP program must follow rigorous standards set by the American Psychological Association – the [Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority](#). Programs must apply for and be granted designation every five years with interim reports required more frequently.

In addition, SB 677 would require prescribing psychologists to complete a physical assessment practicum of 80 hours under the supervision of a primary care provider and a supervised clinical fellowship involving 800 hours of evaluating and treating at least 100 unique patients (including geriatric, pediatric and pregnant patients) over the course of no less than one year. This bill also mandates a minimum of 100 community service hours treating homeless, veteran, or low-income populations.

Despite claims to the contrary, medical school is not the sole means by which prescribers are trained. Several non-physician prescribers—such as advanced practice nurses, clinical pharmacists, optometrists, and physician assistants—receive specialized training outside of medical school and are licensed to prescribe. Hawai'i has successfully adopted advanced practice standards for professional nursing, allowing nurses who obtain additional education and training to seek licensure as advanced registered nurse practitioners with the independent authority to prescribe medications. In addition to nurse practitioners who work in primary care/family medicine, Hawai'i allows nurse anesthetists, dentists, naturopaths, optometrists, pharmacists, physician assistants, and podiatrists to prescribe drugs. None of these providers went to medical school.

SB 677 would establish an analogous education and clinical training pathway, like advanced practice nursing.

SB 677 protects the public.

It would require psychologists to successfully complete a post-doctoral Master of Science degree in clinical psychopharmacology, which includes an 80-hour practicum in physical assessment as well as a supervised clinical fellowship of not less than 800 hours treating a minimum of 100 patients to include geriatric, pediatric and pregnant patients. The bill would also require prescribing psychologists to pass a national test—the Psychopharmacology Examination for Psychologists (PEP) - developed by the Association of State and Provincial Psychology Boards (ASPPB). ASPPB represents the psychology regulatory bodies in jurisdictions throughout the U.S. and Canada and promotes high standards of excellence for the profession to advance public protection. ASPPB administers the Examination for the Professional Practice in Psychology (EPPP) required for licensure in Hawai'i as a psychologist, and ASPPB administers the PEP exam for psychologists seeking licensure as prescribing psychologists.

Prescribing psychologists are safe.

Prescribing psychologists have been prescribing safely for almost 30 years and have written over one million prescriptions. There are no data substantiating claims that prescribing psychologists are harming patients. Organized psychiatry claims they are trying to protect patient safety by stopping

psychologists from prescribing, yet during these past 30 years, they have been unable to produce any data demonstrating that prescribing psychologists are unsafe. In fact, the data actually indicate that prescribing psychologists may be safer than psychiatrists; the rate of malpractice claims against psychiatrists (2-3% of psychiatrists annually) is four times higher than that for prescribing psychologists.

Prescribing psychologists ensure safety in the same way other prescribers do:

1. They are subject to patient safety reporting (PSR) in all hospitals and medical settings.
2. They conduct drug-to-drug interaction checks, order vitals, order labs and other medical tests, and monitor reactions to drugs.
3. They use and follow the same standards of care, practice models, and guidelines that other prescribers use.
4. They are required to collaborate with the patient's primary care provider and other specialists. For example, when there is evidence of sleep apnea, cardiac abnormalities, low iron, thyroid disorder, diabetes, etc., prescribing psychologists immediately send the data to the primary care provider just like a psychiatrist or nurse practitioner would do.

Prescribing psychologists credentialed to prescribe in the U.S. military, the U.S. Public Health Service, and Indian Health Service, as well as those credentialed in New Mexico, Louisiana, Illinois, Iowa, and Idaho demonstrate that psychologists can be trained to prescribe psychotropic medications safely and effectively thereby increasing access to much-needed mental health care services.

Data suggest that not only are psychology prescribers safe, but they also genuinely benefit their communities. Since prescribing psychology started in Louisiana (2004) and New Mexico (2002), there has been a 5-7% reduction in suicides in those states. Suicide and suicide attempts are the most tragic indicator that real people are suffering from psychiatric illness and cannot get the help they need, when they need it, from the existing pool of health care providers.

Status quo approaches are unlikely to effectively address patient treatment needs.

We are familiar with the approaches that organized medicine, in particular psychiatrists, have put forward as alternatives to granting prescriptive authority to qualified psychologists.

First, they suggest that instead of allowing for prescribing psychologists, primary care providers continue to bear the burden of prescribing and managing psychotropics for their patients. Primary care providers are already prescribing the large majority (60-80%) of psychotropic medication due to an ongoing lack of psychiatric providers. Because of both their competing responsibilities and their relative lack of substantial mental health training, primary care providers alone should not be relied upon to make up for the dearth of psychiatrists.

Second, psychiatry has suggested utilizing consultation services so that primary care providers can continue to prescribe psychotropic medication with advice from a psychiatrist. We support this effort; integrated primary and behavioral healthcare services provided under evidence-based

models including the Primary Care Behavioral Health (PCBH) model and the Collaborative Care Model have demonstrated their effectiveness and hold great promise. However, integrated care cannot by itself effectively address the fundamental problem of a dire shortage of psychiatric providers.

The well-documented national shortage of psychiatrists is predicted to worsen so that the U.S. will be as many as 31,000 psychiatrists short within the next few years.¹ For context, the American Psychiatric Association currently reports a national membership of 37,000. This shortage is compounded because the rate of growth in psychiatry residency positions is capped, and severely limited. In 2022, psychiatry admitted its highest number of resident physicians in the past eight years – 1640. It would take nearly 19 years for psychiatry to fill the shortage gap if the annual number of psychiatry residents was doubled. In other words, these data are compelling that training more psychiatrists—while necessary—is not a viable solution for meeting the increasing demand for comprehensive mental health services.

We need new approaches to ensuring that people get the healthcare they need and deserve, particularly given the crisis caused by the COVID-19 pandemic. We urge you to support SB 677 as a step toward increasing the supply of highly trained mental health specialists in Hawai'i. Please feel free to contact Deborah Baker, JD of our staff at dbaker@apa.org should you have any questions on this issue.

Sincerely,



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

cc: Hawaii Psychological Association

¹ [Satiani, A., Niedermier, J., Satiani, B., & Svendsen, D. P. \(2018\). Projected workforce of psychiatrists in the United States: a population analysis. *Psychiatric Services*, 69\(6\), 710-713.](#)

SB-677

Submitted on: 2/12/2023 3:49:05 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Bethel Lonning	Testifying for Iowa Psychological Assn	Support	Written Testimony Only

Comments:

I am writing in support of SB677 allowing advanced trained psychologists prescriptive authority in Hawaii. I led the effort to get similar legislation passed in Iowa in 2016. There were many concerns during our process about the training and supervision of these psychologists who were on their journey to becoming able to prescribe. Since that time, physicians who have provided supervision have been impressed with the knowledge these professionals have and their approach to prescribing as an addition to their skills rather than the primary mode of their treatment. The physicians who have provided the supervision are willing to provide supervision to other psychologists pursuing this license. During this same time period, Drake University has begun a MSCP program in the fall of 2022 indicating further support for prescribing psychologists in the state. We have also passed legislation during this current session removing some of the barriers to our law which again, indicates support for prescribing psychologists in Iowa. I hope Hawaii will further this legislation to meet the needs of Hawaiians. Thank you, Dr. Bethel Lonning

Good Evening, Chair San Buenaventura and members of the Senate Health and Human Services Committee My name is Dr. Beth Rom-Rymer; I am an Illinois licensed clinical psychologist and I am a nationally consulting forensic psychologist. I have been an Illinois, national, and international leader of Prescriptive Authority since 2004. In Illinois, it was my psychologists' team that was responsible for passing the Illinois Prescriptive Authority legislation in 2014 and my organization, the Illinois Association of Prescribing Psychologists, continues to implement and amend our statute, to ever broaden prescribing psychologists' prescriptive authority. We now have 14 Illinois licensed psychologist prescribers with over 150 psychologists in training to become licensed prescribers.



SOCIETY FOR PRESCRIBING PSYCHOLOGY

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SENATE

THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

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Brenton Awa

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

My name is Dr. David Shearer, and I am writing to you on behalf of the Society for Prescribing Psychology, Division 55 of the American Psychological Association (APA). On behalf of Division 55 I want to express my **strong support for SB677**, a bill that would permit prescriptive authority for appropriately trained psychologists. Division 55 was founded in 2000 and currently represents over 1,000 psychologists across the United States who advocate for prescriptive authority for psychologists (RxP). It is the national voice of RxP and supports state efforts to pass RxP-enabling legislation. Clinical psychopharmacology is recognized as a formal specialty in psychology. It is also worth noting that APA has officially supported RxP since 1995 and has since developed model legislation and model education and training for RxP.

Division 55 maintains several committees and councils, including a Training Director Council, which is composed of the directors of all existing clinical psychopharmacology training programs in the U.S. There are currently six such programs, five of which have earned APA designation, and include Alliant International University, The Chicago School of Professional Psychology, Fairleigh Dickinson University, Idaho State University, and New Mexico State University. The sixth program accepted its first cohort in Fall 2022 and is not yet APA-designated.

APA designation is similar to APA “accreditation,” but is specifically for clinical psychopharmacology programs that are preparing psychologists to be prescribing/medical psychologists. Finally, Division 55 was involved in creating and now maintaining the APA “Practice Guidelines for Psychologists’ Involvement in Pharmacological Issues.”

My personal support for RxP is not academic. I have been a prescribing psychologist working as a civilian for the Department of Defense for 14 years. I am embedded in a large family medicine clinic where I work side-by-side with my colleagues in medicine to provide the highest level of multidisciplinary care. The safety, efficacy, and utility of prescribing psychology in this setting has been documented with overwhelming support from physicians working with a prescribing psychologist (Shearer et al., 2012).

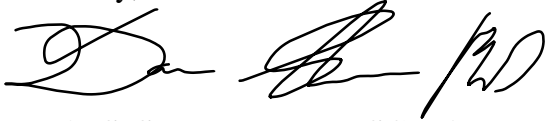
Since the RxP movement has been in existence, there have been questions regarding psychologists’ competence to prescribe medication and the associated medical tasks (e.g., ordering laboratory blood values and imaging studies). While this is a very fair question, there is ample evidence that the education and training of prescribing/medical psychologists is more than sufficient, especially when compared to the education and training of primary care providers who prescribe 60-80% of psychotropic medications today. In fact, a recent study indicated that, compared to several different types of providers who prescribe psychotropic medication, prescribing psychologists’ content-based knowledge is superior to all non-psychiatric providers (e.g., non-psychiatric physicians, nurse practitioners, physician assistants) and second only to psychiatrists (Cooper, 2020). However, it is important to note that the measured difference between psychiatrists’ and prescribing psychologists’ knowledge in the study was not statistically significant. Although the education and training requirements for prescribing/medical psychologists vary some by state, they are quite vigorous. With this level of education and training, prescribing/medical psychologists are one of the most highly-trained mental health professionals.

Additionally, there have been concerns regarding the safety of psychologists prescribing. According to data from the Trust Professional Liability Program insured by the American Insurance Company (formerly known as the APA Insurance Trust), only 10 board complaints and 5 lawsuits have been reported since the first (non-military) psychologists were licensed to prescribe 18 years ago in 2005 (The Trust, personal communication, November 2021). Further, only 2 lawsuits resulted in indemnity payments to the plaintiffs. Conversely, 2-3% of psychiatrists in the U.S. face a malpractice claim every year (Frierman & Joshi, 2019). If the membership of the American Psychiatric Association (37,000) is used as the total number of psychiatrists in the U.S., that would equal approximately 700-1,000 board complaints each year.

Finally, and perhaps most importantly, prescribing psychologists are helping increase access to psychiatric prescribers. It is undeniable that there is a national psychiatrist shortage, which looks to only become worse as the average age of psychiatrists increases and the number of physicians choosing to specialize in psychiatry decreases. Conversely, prescribing psychology can and does make a difference. In the two states that have had prescribing psychology the longest, New Mexico and Louisiana, the rate of completed suicides dropped by 5-7% (Roy-Choudhury & Plemmons, 2020). In rural areas, with little or no access to a psychiatrist, prescribing psychology

has become a vital tool to expand access to those who need it most. Therefore, I am strongly encouraging you to **support SB677**.

Sincerely,



David S. Shearer, PhD, MSCP, ABMP
2023 President, Society for Prescribing Psychology
Division 55 of the American Psychological Association

References

Cooper, R.R. (2020). Comparing psychopharmacological prescriber training models via examination of content-based knowledge. [Unpublished master's thesis]. Harvard Extension School. <https://nrs.harvard.edu/URN-3:HUL.INSTREPOS:37365636>

Frierman, R.L., & Joshi, K.G. (2019). Malpractice law and psychiatry: An overview. *Focus: The Journal of Lifelong Learning in Psychiatry*, 17(4), 332-336. doi: <https://doi.org/10.1176/appi.focus.20190017>

Shearer, D.S., Harmon, C.S., Seavey, B.M., & Tiu, A.Y. (2012). The primary care prescribing psychologist model: Medical provider ratings of the safety, impact and utility of prescribing psychologist in a primary care settings. *Journal of Clinical Psychology in Medical Settings*, 19(4), 420-429. <https://doi.org/10.1007/s10880-012-9338-8>

Roy-Choudhury, A. & Plemmons, A. (2020). Deaths of Despair: Prescriptive Authority of Psychologists. https://www.researchgate.net/publication/344313197_Deaths_of_Despair_Prescriptive_Authority_of_Psychologists

Hawai'i Psychological Association

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Monday, February 13, 2023 1:00 PM
Conference Room 225 & Videoconference

RE: SB 677 RELATING TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

The Hawaii Psychological Association **strongly supports SB677**. This bill will allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. For three decades, clinical psychologists in the State of Hawaii have proposed this action as an important and necessary tool to improve access to mental health care, particularly to those in underserved and un-served areas.

We support this bill for numerous reasons:

1. Most importantly, SB677 would vastly increase access to care for members of the Hawaiian community. The number of prescribing psychiatrists available to the community in the state of Hawaii is not adequate. Psychiatry has the highest opt-out rate of any specialty in Medicare and Medicaid: <https://www.kff.org/medicare/issue-brief/how-many-physicians-have-opted-out-of-the-medicare-program/>

In Hawai'i, a huge void in available mental health care can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain extensive advanced training in clinical psychopharmacology.

2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, and Air Force) with no adverse effects or safety concerns.
3. There are now approximately 225 psychologists who have been licensed to prescribe in New Mexico, Louisiana, Illinois, Iowa and Idaho with demonstrated increases in access to care and no safety issues. In New Mexico, for example, prescribing psychologists have increased access to care among Medicaid patients by 60%. In both New Mexico and Louisiana, after almost 20 years of practice, there have been zero verdicts against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core

knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training occurs after a psychologist has completed a doctoral degree and is licensed, and all costs are covered by the individual psychologist, with no appropriation needed.

This bill will enable psychologists with the requisite training and credentials to provide a full range of mental health services to Hawai'i's unserved and underserved communities. Please help our communities by supporting and defending SB677.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond A. Folen". The signature is fluid and cursive, with a long horizontal stroke at the end.

Raymond A Folen, Ph.D., ABPP.
Executive Director

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Joy San Buenaventura Chair of the Senate Committee on Health and Human Services

From: Hawaii Association of Professional Nurses (HAPN)
Subject: SB677 – Relating to Prescriptive Authority for Clinical Psychologists

Hearing: February 13, 2023, 1p.m.

Aloha Senator San Buenaventura, Chair; Senator Aquino, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony in opposition regarding SB677. HAPN recognizes that mental health awareness has become more prevalent since the Covid-19 pandemic. It is no longer an issue people are afraid to talk about. We also recognize that telehealth services have increased significantly since 2020 where mental health services via telehealth are an excellent fit. As a result, Hawaii's APRNs and Psychiatrists have been able to provide more expansive care. We also recognize that organizations outside of Hawaii have lifted the mental health burden as well. There are several of our organization's membership who have opened their own clinics, including 100% telemental health clinics to meet this need.

Our opposition lies solely with the way this bill outlines the educational requirements for this ability and subsequent supervision. The profession of psychology is not centered in the sciences the way nursing and MD/DO education and training are. Psychiatric medications have a significant danger associated with them. While we cannot speak on the training our MD/DO colleagues receive, we can share that many of the Psychiatric Mental Health Nurse Practitioners working in Hawaii today have had excellent exposure as nurses working in in-patient units or community mental health agencies. They have been part of the process of appropriate medication management. They then went on to receive their masters or doctorate as psychiatric mental health nurse practitioners or psychiatric clinical nurse specialists with excellent backgrounds in assessment/evaluation, clinical decision making, and treatment/monitoring of medications and overall health status. Many medications in psychiatry have blackbox warnings indicating specific dangers associated with these medications including death. Prescribing psychiatric medications is an art and science with significant training and understanding.

We welcome our psychologist colleagues to complete a program as a psychiatric APRN. We have two programs local to Hawaii currently. There are several psychologists who hold an APRN license as they have completed further education to be able to prescribe medication, they have been welcomed in the APRN community with their vast knowledge and expertise. We believe this is an excellent and appropriate pathway. One that is based in the sciences and that provides a foundation of possible medical illnesses that could be caused by psychiatric medications.

Mental health concerns are a significant part of our most vulnerable populations. Psychologists are excellent in their current role and APRNs and MD/DOs welcome the collaboration between our professions.

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. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve.

Thank you for the opportunity to offer testimony to 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-677

Submitted on: 2/10/2023 12:55:06 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
D. Kapono Chong-Hanssen, MD	Testifying for 'Ahahui o na Kauka. Association of Native Hawaiian Physicians.	Oppose	Written Testimony Only

Comments:

'Ahahui o nā Kauka, the Association of Native Hawaiian Physicians opposes expanding prescriptive authority to clinical psychologists. We suggest alternative solutions to expanding access to psychiatric care, such as telehealth.

SB-677

Submitted on: 2/10/2023 4:33:22 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Vanessa Freitas	Testifying for Co-President of Ka Lama Kukui	Oppose	Written Testimony Only

Comments:

I oppose SB677 which will allow psychologist to train other psychologist to write prescriptions for keiki, kūpuna, and all of Hawai'i.



Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Monday, February 13, 2023
1:00 PM

Re: SB 677 - Relating to Prescriptive Authority for Clinical Psychologists

Chair San Buenaventura, Vice-Chair Aquino, and members of the Committee:

The Hawai'i Psychiatric Medical Association (HPMA) is a professional, non-profit corporation serving psychiatrists in Hawai'i. It is organized for the purpose of supporting professionalism in the practice of psychiatry and promoting top quality mental health care. HPMA fulfills a dual role, serving as a state association which focuses on local issues and as a district branch of the American Psychiatric Association (APA) linking HPMA members with developments in mental health care taking place regionally and nationally. We represent nearly 200 Psychiatrists, 30 of whom are Resident Physicians (Psychiatrists in Training).

HPMA is in opposition to SB 677. This bill authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements, requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2023, and requires the Board of Psychology to report to the Legislature prior to the Regular Session of 2024. We urge the Committee to oppose SB 677. If passed, this bill could endanger the lives of Hawai'i's most vulnerable citizens – our Keiki, rural populations, and Kupuna – by allowing psychologists to prescribe potentially dangerous medications.

Psychologists are an important part of our behavioral health teams, but they have no medical training. Medicine is a science, whereas psychology is one of the humanities. Most patients with mental illness also have medical conditions. Thus, **it is essential that a medical professional consider the entire patient.** For example, a lawsuit in Louisiana arose when a prescribing psychologist failed to consider a four-year-old child's seizure disorder and prescribed stimulants with long-term consequences. In a separate lawsuit, a psychologist wrongly diagnosed a post-operative condition as depression; prescribed both an antidepressant and a stimulant, and the patient suffered a heart attack.

Hawaii residents also share our concerns. A 2022 APA poll found that nearly 80% of Hawaii residents believe only individuals who have a medical degree and a state license to practice medicine should be allowed to prescribe psychotropic medications.

We urge you to consider alternatives to safely expand access to mental health care:

1. Psychologists can enroll in medical school, physician assistant or APRN school.
2. Lower the excise tax burden and increase Medicaid reimbursements for Hawaii (lowest in the 50 states) for physicians who accept Medicare/ Medicaid.
3. Expedite licensure for US continent MDs to practice in Hawaii in person and by telehealth.
4. Expand access to integrated care models, such as the Collaborative Care Model.

Thank you for the opportunity to express our concerns on this important issue for our community.

Mahalo,
Jennifer Lyman, MD Resident Physician
Sarah Gabriel, MD Resident Physician
Hawaii Psychiatric Medical Association, Legislative Co-Chair



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A San Buenaventura, Chair

Senator Henry JC Aquino, Vice Chair

Date: February 13, 2023

From: Hawaii Medical Association

Beth England MD, Vice Chair, HMA Public Policy Committee

RE SB 677 Relating to Prescriptive Authority for Clinical Psychologists

Position: Oppose

This measure would authorize and establish procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

As caretakers and patient advocates, the Hawaii Medical Association (HMA) is deeply concerned about the impact of mental illness and suicide across the state. According to the National Alliance for the Mentally Ill (NAMI), Hawaii's lost 176 lives to suicide in a single year. 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 recognizes the vital role of psychologists for patients with mental disorders, learning disabilities, and behavioral problems. Psychologists are well trained in diagnostic psychological testing and to providing psychotherapy.

Mental illness does not exist in a vacuum. As many as 50% of patients suffering from mental illness also suffer from medical illness, and when assessing for mental illness, a physician must always first rule out nonpsychiatric physical illness. HMA has serious concerns regarding the safety of psychologists' independent prescriptive authority. The proposed training lacks the extensive general medical education required of physicians. This comprehensive training allows doctors to perform a multi-organ system evaluation necessary to manage drug side effects, drug interactions, interactions with other health problems, etc.

2023 Hawaii Medical Association Officers

Angela M. Pratt, MD, President • Elizabeth Ann Ignacio, MD, President Elect • Michael Champion, MD, Immediate Past President
Nadine Tenn-Salle, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

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. Specifically, HMA supports:

- 1) Increased collaborative care agreements and behavior health integration programs such as Queens Clinical Integrated Physician Network and University of Hawaii's Project ECHO.
- 2) Expansion of telemedicine initiatives that prioritize cultural competency, infrastructure, and broadband internet technical support for remote and rural areas. This includes insurance coverage of behavioral telehealth care delivered via video or audio only visits at parity with in-person care.
- 3) Growth and retention of the Hawaii physician behavioral health workforce with interstate licensure, payment reform, loan forgiveness, and new residency and training programs.

Comprehensive evidence-based strategies with telehealth and collaborative care can have a significant impact on the accessibility of mental health services. These high-quality care solutions are growing to meet the patient needs in Hawaii. The HMA urges our state leaders to augment all collaborative efforts to serve our patient ohana, maintaining the highest standards for safe mental healthcare.

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

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SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Many of our communities are suffering from the lack of access to comprehensive mental health care. According to recent research on the federal level, psychiatrists can only fill 18% of the need. Certain rural communities in Hawaii are particularly affected. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years.

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is already utilized in numerous states in America. We live in an exciting time of change for the field of psychopharmacology. We are reexamining the strengths and weaknesses of the current DSM diagnostic manual, and we are looking at a holistic approach to taking care of our clients' psychiatric needs. I am

interested in the area of stress, anxiety, and depression. I am also interested in assisting children with educational challenges, especially students with autism and ADHD. I use the bio-psychosocial model that examines the mind-body connection in the quality and severity of the challenges faced by the individual afflicted with psychiatric disorders. In treating many of these conditions, we have to consider not just medication but other behavioral and social interventions. Unfortunately, there are many clients who are dependent on psychotropic medications. Although pharmacotherapy can be effective in treatment, clinicians have to carefully monitor the course of treatment and make appropriate adjustments to the therapy schedule to safeguard the health of their patients. I firmly believe that psychologists with proper trainings can provide appropriate treatment to individuals with certain psychiatric conditions.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nino L. Murray". The signature is fluid and cursive, with a prominent loop at the end.

Nino L. Murray, PhD
Licensed Clinical Psychologist (PSY 1586)

SB-677

Submitted on: 2/10/2023 1:46:53 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cecilia gay	Individual	Support	Remotely Via Zoom

Comments:

I'm Dr. Cecilia Tuliloa Gay. Originally from Amercian Samoa. I went to school at UH Manoa and returned later to complete a doctorate of psychology at the Hawaii School of Professional Psychology. I moved from Hawaii in 2015. I am a licensed psychologist in Colorado. I finished a post-doc Masters in Clinical Psychopharmacology in 2020.

I am here representing myself and asking you to vote YES for prescriptive authority. I currently work at an inpatient psychiatric unit where I serve patients with severe and persistent mental illness. I've seen what can happen when you don't have enough competent prescribers and when people are stuck on the wrong or inappropriate medications because they can't get a proper evulation or diagnosis.

A recurring situation I've witnessed is a patient in a manic episode, typically brought to the emergency room by police involuntary. During depressive episodes, they were prescribed antidepressants by another provider. Antidepressants are notorious for triggering mania in people with bipolar disorder. These patients have real, life-changing consequences such as lost job, lost relationships, legal charges, and so on. Chaos that could have been prevented with a comprehensive evaluation and diagnosis.

I've seen college students experiencing paranoia and hearing voices for the first time. In effort to perform better at school, they were prescribed a stimulant to help with focus. However, stimulants can trigger psychosis in those predisposed or when stimulants are misused. Proper testing and diagnosis by a psychologist can rule in or out conditions that may benefit from a stimulant. Or more appropriate treatment may be prescribed for performance anxiety or better study habits.

Prescribing psychologists can continue to provide comprehensive evaluation and testing, and offer appropriate treatment that may or may not include medications. Equally as important, we can identify those that are on too many medications and deprescribe what is not helpful.

There are many more examples that reflect the flaws in our current system of prescribing psychotropic medications. Allowing specially trained psychologists to prescribe has immense benefits for the safety and care of our patients. It saves them time, money, and suffering.

The model of prescribing psychologists is already sucessful in 5 other states, the territory of Guam, and federal agencies. Please vote YES on this important bill.

P.S. If Hawaii passes this legislation, I will seriously consider returning home as my passion is in serving my Polynesian community.



Michael A. Kellar, Psy.D.

11 February 2023

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE
AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

It is no secret that our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai'i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai'i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the Federal level, psychiatrists can only fill 18% of the need.

Throughout Hawai`i and particularly on the neighbor islands, there are simply not enough psychiatrists to provide this needed care. This bill provides a solution. As a result, many primary care physicians and community health center providers among others that treat Hawaii's medically underserved are in support of prescriptive authority for specially trained Psychologists.

It is worth noting that Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have been safely and effectively prescribing for the Army and Navy in Hawai`i for years. In fact, as a Federal psychologist I appropriately wrote more than 8,000 prescriptions to those in need of such care. Sadly, upon my retirement from Federal service I couldn't provide these same needed services to my community, despite my post-doctoral specialized academic and clinical psychopharmacology training and years of clinical practice.

Governor Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens by utilizing the skills and expertise of all of our healthcare assets. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael A. Kellar". The signature is fluid and cursive, with a large initial "M" and "K".

Michael A. Kellar, Psy.D.

DR. NOELANI C. RODRIGUES

PO BOX 5061, KAILUA-KONA, HAWAII 96745/ TEL 808-938-9971

February 11, 2023

SENATE
THE THIRTY SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Chair

Senator Sharon Y. Moriwaki

Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1:00 p.m. CR225 and Video Conference

RE: Testimony in **SUPPORT** of **SB 677**: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Aloha Kakou,

I am a resident of Hawaii Island. I am writing in **full support of SB677**.

Over the past 20 years I have seen Hawaii's mental health care fail to adequately help our people. As you may know, at one point several years ago, Hawaii State Adult Mental Health was under federal investigation and monitoring. And in 2008, Governor, Linda Lingle, significantly cut mental health resources including the ACT program. We CAN do BETTER than this.

In my own personal efforts to contribute towards improved mental health for my community I returned to school in 2011 to advance from a master's level practitioner to a clinical psychologist and since then I have embarked upon the rigorous and demanding clinical psychopharmacology degree, which I recently completed, and I am awaiting to take the national PEP exam. I, among others, are untapped resources.

By no means do I intend disrespect to our physicians, but we must realize, like any of us, they have their limitations. There are considerable concerns over our severe shortage of psychiatrists which the projected outlook up on onwards to year 2033 of national shortages are expected to not only continue but to worsen. When individuals are not able to see a psychiatrist, they typically will see a primary care physician. Research shows primary care represents the most common site of treatment for individuals with mental health disorders.

Furthermore, according to research by Luoma, Martin & Pearson, among people who committed suicide, far more saw a PCP in the year before their death than saw a mental health professional. Many individuals receive psychotropic medications without ever being evaluated by a mental health professional. Most are prescribed by primary care physicians who may have limited training in treating mental health disorders.

In fact, according to the publication *Psychiatric Services*, 4 out of 5 prescriptions for psychotropic drugs are written by physicians who aren't psychiatrists.

There have been situations in nursing homes where anti-psychotic drugs were increasingly used to treat psychosis and other behavioral problems caused by dementia despite studies indicating an increased risk of death for those patients with dementia who take anti-psychotics.

Prescribing psychologists have in-depth training & knowledge base in neuroscience, cognitive disorders, pharmacology and can recognize times when psychotropic medications are not appropriate. Dr. Levine, a prescribing psychologist in New Mexico, says "the right to prescribe is also a right to unprescribed".

Thus far, 5 states; Louisiana, New Mexico, Illinois, Iowa, & Idaho, have granted prescribing authority to properly trained psychologists and there is no empirical data demonstrating the public is harmed by psychologists practicing without medical supervision.

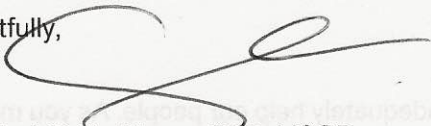
Based on this, I think the paragraph at line 12 on page 15 of proposed bill SB677 should perhaps be revised. Prescribing psychologists do need to work collaboratively with physicians but once licensed do not need oversight, approval, or supervision.

Another modification suggested is the deletion of the 8-week rotations since this is redundant as Section A already covers these special populations.

Hawaii needs to be progressive in addressing our community's mental health needs.

Please vote YES on SB 677.

Respectfully,



Dr. Noelani C. Rodrigues, PhD, MSCP

Licensed Clinical Psychologist

Hawaii PSY-1777

California PSY- 31347

Alaska 161776

Idaho 203482

Washington 61251628

Colorado. 0005848

Vermont 048.0134695

Licensed Marriage & Family Therapist

Hawaii MFT-155

Colorado MFT 0001143

Alaska MFTM 274

California MFT 88853

Oregon. T1107

Washington LF 60639738

Utah 11327258

Hawaii Certified Substance Abuse Counselor 1383-08

NAADAC Certified Master Addiction Counselor 507490

SB-677

Submitted on: 2/11/2023 4:21:13 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chaska Gomez	Individual	Support	Remotely Via Zoom

Comments:

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

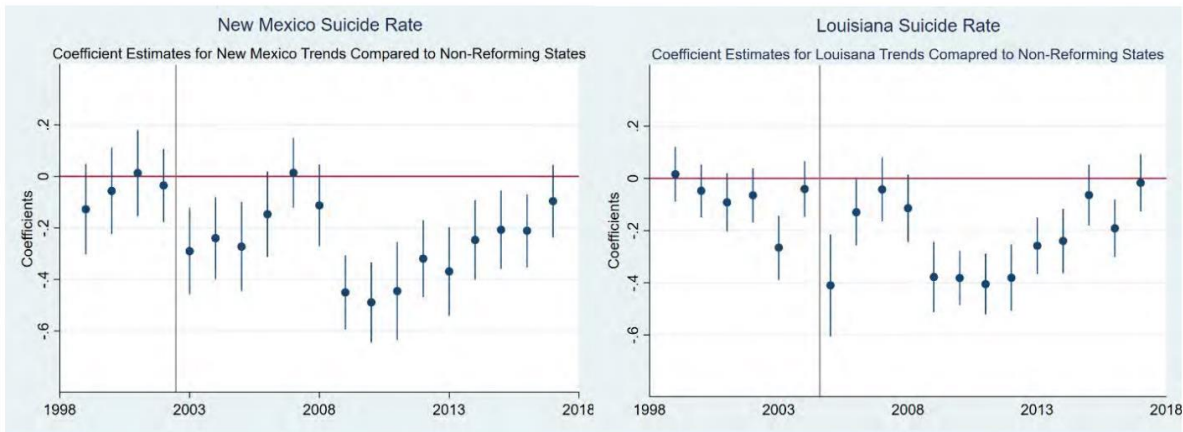
Respectfully submitted,

Chaska Gomez, PsyD, MSCP, ABPP

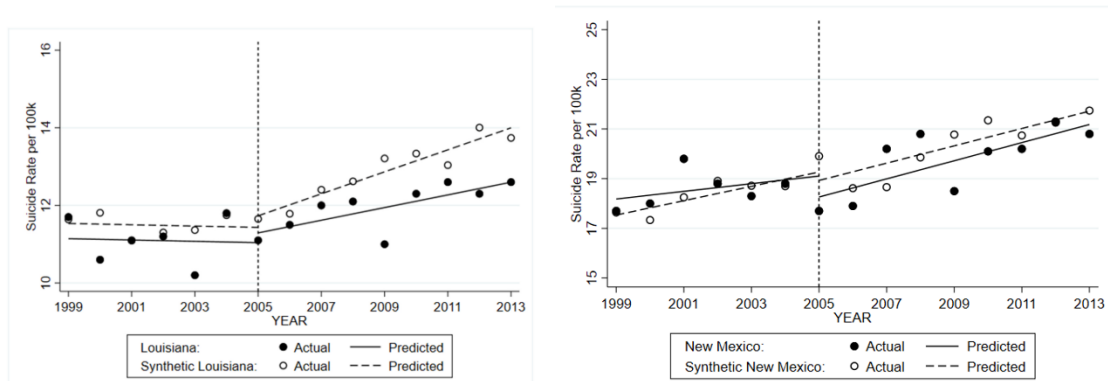
As someone who has researched the impact of allowing psychologists to prescribe on suicide rates, I've been asked whether suicide rates have increased in New Mexico and Louisiana since psychologists were authorized to prescribe. My answer is "of course they have." That's because from 2000 to 2018 suicide rates in every state in the country increased by an average of 35%. The right question is whether allowing psychologists to prescribe has reduced the rate of increase. Two studies have examined that question, neither of which was conducted by psychologists, and both said it has.

One study by two economists found that in most years, suicide rates were significantly lower in both New Mexico and Louisiana than would be expected based on all the other states. The written testimony shows their graph.

Figure 2



I was a co-author on the second study, but all data analysis was conducted by an epidemiologist at the University of North Carolina. We compared Louisiana and New Mexico to a set of similar states. The graphs again appear in the written testimony, and again demonstrate the states with prescriptive authority had lower suicide rates in most years.



Letting psychologists prescribe may not eliminate increases in suicide rates, but all the evidence we have available right now says it saves lives.

Respectfully submitted,
 Robert McGrath, Ph.D.
 Professor of Psychology
 Fairleigh Dickinson University

IN SUPPORT OF: SB677

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Aloha Chair, Vice Chair, and members of the committee:

I am Lee A. Evslin, M.D. I am a retired primary care physician and a board-certified pediatrician. I served for 15 years as the CEO of Kauai Medical Clinic and was the CEO of Wilcox Hospital. I was also the senior vice president of Hawaii Pacific Health in charge of electronic medical records.

I am testifying in favor of psychologists gaining the legal authority to prescribe medication for psychological conditions. I have testified on this issue in the past. What has changed this year is that we went from a shortage of primary care physicians to a **severe** shortage. At this time, a large amount of primary care is being done in short quick urgent care clinics. These visits are not conducive to adequately addressing psychological concerns, and for the reasons described below, this may lead to the danger of under or overtreating patients.

Presently, psychologists have the right to prescribe in federal programs such as the military, the Indian Health Service, and in a growing number of states. They have been prescribing successfully for years, demonstrating that the training systems work and that psychologists can help fill the provider shortage that our nation is facing.

Specifically, I support prescriptive privileges for psychologists because:

1. On the neighbor islands, we have a shortage of psychiatrists **and**, as mentioned, a severe shortage of primary care physicians. The primary care physicians are very often put in the position of prescribing medications for depression, anxiety, phobias, sleep disorders, and other psychological conditions. The primary care physicians end up trying to assess and treat psychological conditions in a very short clinic visit. Additionally, because primary care physicians are often overbooked, it is often difficult to see the patient often enough to manage the medication effectively.

2. The patient may or may not also see a psychologist or psychiatrist. If they are also seeing a psychologist, we are put in the somewhat inefficient position of trying to increase or decrease the medication on the advice of the psychologist. This may involve many phone calls or the patient retelling the psychologist's suggestion. If they are not seeing a psychologist, we are then in the position of altering medication dosages based on our very short visits. Short visits may be appropriate for altering medications for high blood pressure but are much less accurate for assessing psychological conditions. The result may often be a patient whose psychotropic medications are not being optimally managed.

3. The philosophy behind psychologists prescribing meds in their field can be summed up in these two phrases:

“The power to prescribe is the power not to prescribe,” or “the power to prescribe is the power to un prescribe.”

What is meant by these phrases is that spending appropriate time with a patient and using evidence-based cognitive therapies has been shown to allow psychologists to often treat patients without medication and/or to taper patients off of medication. The best way to ensure this happens in the most patient-friendly and efficient way is to allow appropriately trained psychologists to use the medications that are specific to their field of expertise.

5. A common reason given for not giving psychologists prescriptive rights is that they are not going to be well enough trained in this skill set. I am impressed with the intensive training and supervision that will be required to gain this prescriptive right. That is much more than the average primary care physician receives for the use of psychopharmacological medications.

My strong conclusion is that psychologists should gain the legal ability to prescribe medication in their field of expertise. I feel certain it will improve the coordination of psychological care, particularly in rural areas where there is a shortage of psychiatrists and primary care physicians. I feel that prescriptive privileges for psychologists will improve the quality and coordination of care and give patients many more options to manage their mental health needs.

Mahalo for the opportunity to supply testimony.

Lee A. Evslin, MD, FAAP

SB-677

Submitted on: 2/12/2023 8:02:33 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Claudia Mosier, PsyD, MSCP	Individual	Support	Remotely Via Zoom

Comments:

SENATE
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REGULAR SESSION OF 2023

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I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I'm a prescribing psychologist (Illinois and Louisiana) who completed my doctoral internship at the Hawai'i VA and Hawai'i State Hospital. It was an honor to train in Hawai'i and what I learned has been the cornerstone of my work. One pearl from Dr. James Crain-the neuropsychologist who trained me, and so many others, at the Hawai'i State Hospital: "You have to find out what motivates the patient, what they want to do, what they are willing to work for."

The mix of psychotherapy and psychotropic medication management that Prescribing Psychologists bring to our patients works. You will hear otherwise from some, but they do not have the data, to back up their claims. I can see patients weekly if needed, or less often if appropriate. I can provide a full psychotherapeutic hour. What other prescribers are able to do this?

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Claudia Mosier, PsyD, MSCP
Licensed Clinical Psychologist: Illinois and Louisiana
Prescribing Psychologist Illinois
Medical Psychologist Louisiana

SB-677

Submitted on: 2/10/2023 9:24:03 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Uemura	Individual	Support	Written Testimony Only

Comments:

Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements. I live on Kauai and the disparities between therapy for mental health care and medication treatment is very large. It's as though we can only treat part of the problem when we have so many patients come through that need both. We're unable to get them connected with psychiatry on island at all. We have to refer off-island and then they wait months for their first appointment. By then, symptoms could be out of control and we are doing more harm than good.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

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Respectfully submitted,

Dr. Christina Uemura

Clinical Psychologist

Kauai Medical Clinic, Hawai'i Pacific Health

June W. J. Ching, Ph.D., ABPP

*Board Certified Clinical Psychologist
American Board of Professional Psychology*
**Pacific Business News Building
1833 Kalakaua Avenue, Suite 206
Honolulu, Hawaii 96815**

Secretary: (808) 955-7372

Fax: (808) 951-9282

February 10, 2023

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am June Ching, Ph.D., a licensed psychologist in Hawaii and I wish to submit testimony **in strong support of SB677**, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I support this bill for numerous reasons:

1. Hawai`i's health mission is to protect and improve the health for all people of Hawai`i. However, access to mental health care is a critical issue facing Hawai`i's communities as the access to care is not keeping pace with Hawai`i's growing need for mental health services, especially for our most vulnerable populations.
2. Our current system is broken. We need to fix our current system to assure quality, available and accessible health resources are directed towards those with mental health needs, being mindful that many of Hawai`i's communities are geographically disperse.
3. According to the newly released Mental Health in American Survey (2018), 68% of adults with mental Health illness and 67.5% of youth with major depressive disorder, did not receive treatment in Hawaii. That puts Hawaii 47th worst in the nation for the measure.
4. Hawaii has a profound shortage of psychiatrists, especially on the Neighbor Islands. Providing

- prescriptive authority to advance trained prescribing psychologists will increase the resources of our local residents facing serious mental illnesses. This can lead to a reduction in suicide rates, prevention of homelessness due to mental illness, and reduction of healthcare costs.
5. I have been a practicing psychologist serving the community since the 1980's and want to ensure that we have a system in place that is sustainable and responsibly directed towards meeting the unmet mental health needs of our communities. This substantial gap in mental health care can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
 6. It is disheartening to me when my own relatives turn to me for viable options out of desperation because they have exhausted the list of psychiatrists who have turned them down as new patients for medication evaluations. Imagine the frustration and suffering experienced when you contact 6 to 9 psychiatrists in a row and they will not accept a cared one for psychiatric care because their schedules are full or are not providers for their medical insurance.
 7. Psychologists have been prescribing medications for mental health conditions since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
 8. There are now prescribing psychologists in five states: New Mexico, Louisiana, New Mexico, Illinois, Iowa, and Idaho. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
 9. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
 10. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not will not require state expenses to the budget.

We should be striving to ensure that Hawaii's people have access to a **sustainable** model of care physically, mentally, and socially. **This is not a guild issue but an access to mental care imperative.**

Thank you for your consideration.

Respectfully submitted by,

June W. J. Ching, Ph.D., ABPP
Licensed Clinical Psychologist
Oahu Resident

SB-677

Submitted on: 2/11/2023 4:40:14 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brandon Henscheid	Individual	Support	Written Testimony Only

Comments:

I am a licensed psychologist in Hawaii and a licensed prescribing psychologist in Idaho.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

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Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority

will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers,

in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Brandon Henscheid, MS, PsyD, MSCP

177 Terrace Street
Ashland, OR 97520
11 February 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

Re: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

TESTIMONY OF MORGAN T. SAMMONS, PhD, ABPP IN FAVOR OF HB 326

Dear Chair San Buenaventura, Chair Keohokalole, honorable committee members and staff:

I am writing on behalf of SB677, a bill that would allow appropriately trained psychologists to augment their current skills with a certain formulary of psychotropic drugs. My name is Morgan Sammons, I have recently retired as the Chief Executive Officer of a national credentialing organization for psychologists, the National Register of Health Service Psychologists. I am also a retired Navy Captain and one of the first graduates of the Department of Defense's Psychopharmacology Demonstration Project. Since there has been some discussion of that project, let me take a moment to correct some of the inaccurate information you may have heard. The Psychopharmacology Demonstration Project was begun as a true experiment in order to determine if doctoral level licensed psychologists could efficiently acquire the skills to prescribe psychotropic medications without duplicating the expense and time of a medical education. It ran from 1991 to 1998 and I was one of the graduates of the first cohort. As its name implies, this was a demonstration project designed to test a new approach in mental health service provision. I will not dwell on the details of this project, as it ended two decades ago. As intended, it gave rise to a number of other quality training programs designed to equip licensed, doctoral level psychologists with the skills needed to use psychotropic medications as a portion of their clinical work. I will simply say that the 1999 GAO report that summarized the project was dispositive. It concluded that the psychologist trainees in this project prescribed safely, effectively, and rendered high quality

care. Unlike what you may have heard from opponents of this bill, almost uniformly the trainees in this project went on to be successful prescribing clinicians and military leaders. I retired from the Navy in 2008, having provided pharmacological services to active duty forces and their families throughout the world, including a tour in Fallujah, Iraq, with the first Marine Division. When I retired, I was the specialty leader for Navy clinical psychology and the Navy Surgeon General's special assistant for mental health and traumatic brain injury.

As you consider this bill, you know that we are in the midst of an unparalleled mental health crisis. There are simply not enough providers to meet the growing need. The profession of psychiatry has for many years been concerned about the inadequate number of psychiatrists entering the work force. In every state of the union, child psychiatrists are in critically short supply. It is an uncontested fact that the current and projected numbers of psychiatrists will be insufficient to meet the demand. We simply cannot address these public health needs without adopting innovative approaches. Telepsychiatry and telepsychology provide one such approach, but this approach is insufficient to address the needs of the population. While holding promise, it must be acknowledged that telepsychiatry and telepsychology are distributive, not additive mechanisms, and rely on the same small number of providers to meet clinical demand. Allowing appropriately trained psychologists to prescribe will expand expert mental health services. After over 20 years of safe and effective practice by prescribing psychologists, prescribing psychology can no longer be considered experimental. Instead it should be acknowledged as the innovative approach to mental health service expansion that it is, at a time when such innovation is desperately needed in order to meet burgeoning demand.

Combined treatments for most common mental disorders, such as depression, yield superior results in the long term than does the mere prescription of a medication. Unfortunately, in our current system, most patients with depression are afforded only one treatment choice- medication. Prescribing psychologists are fundamentally trained in psychological and behavioral interventions, making them the optimum type of provider to bring more effective, combined therapies to patients with depression and other mental disorders.

I respect my psychiatric colleagues and admire their expertise. In this instance, however, many psychiatrists have chosen to interpret the issue of prescribing psychologists purely in terms of guild interests. I request that my psychiatric colleagues rise above narrow guild interests in order to augment the supply of skilled providers of psychotropic drugs. We would welcome their collaboration and, as I have done in the past, work closely with them to improve patient care. At the same time, I hope legislators will appreciate that while we wish to work collaboratively with psychiatry, independently licensed health care professions should be able to determine their own scope of practice, and not have these scopes of practice dictated by other professions.

While it is understandable that certain medical professions might have anxiety about other professions encroaching on their scope of practice, history speaks loudly that when other professions expand into areas once considered the exclusive purview of medicine, they do so safely and effectively. Consider that when optometrists sought the ability to prescribe therapeutic, in addition to diagnostic agents, ophthalmologists predicted an epidemic of blindness. This did not occur. Nor were standards of practice degraded when nurse practitioners became independent primary care providers – instead, nurse practitioners are becoming the bedrock of much primary care throughout the nation, particularly in rural and traditionally underserved areas.

In 1991, when I began in the Psychopharmacology Demonstration Project, prescribing psychologists were truly an experiment. Today, 22 years after the end of the Psychopharmacology Demonstration Project,

and with hundreds of prescribing psychologists rendering high quality care in the DoD, Indian Health Service, and 5 states, this can no longer be considered an experiment. Instead, I encourage you to view prescribing psychologists as a true and proven innovation in health care. For all the reasons I've outlined before, this is the type of innovation we must embrace in order to meet the mental health needs of the citizenry. HB 677 reflects this type of innovative, solution focused thinking, and I urge your support for this important bill.

Please feel free to reach out to me with any questions you may have, at morgan@nationalregister.org or via telephone at 415-216-5477.

Very truly yours,

Morgan T. Sammons

Morgan T. Sammons, PhD, ABPP

SB-677

Submitted on: 2/11/2023 9:08:56 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
VIRGINIA CRUSE	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Virginia Cruse

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

HEARING: Friday, February 10, 2023

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am a clinical psychology graduate student interested in prescriptive authority in Hawaii.

I strongly support SB677, which authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition, and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

Hawai`i's Governor, Josh Green, has made mental health a top priority in his administration, and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for individuals without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military. Prescribing psychologists have provided care for more than twenty years and could make a difference today if you vote YES.

In addition, please allow the licensure of anyone who has prescribed as a licensed prescribing or medical psychologist in the military, Health & Human Services, Indian Health Service or for one of the five states that already grant prescribing rights (LA, NM, IL, IA or ID) for a minimum of five years and has maintained their license in good standing.

Also, please remove the rotation requirements at (3)(F) because facilities and supervisors are unavailable on all islands.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Lilnetria Johnson

SB-677

Submitted on: 2/11/2023 12:23:56 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jesse Hutchison	Individual	Support	Written Testimony Only

Comments:

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Respectfully submitted,

Jesse Hutchison, PhD

SB-677

Submitted on: 2/11/2023 1:05:27 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christine Crowell	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Respectfully submitted,
Christine Crowell, LPC

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As a person who grew up in Hawaii, I have seen the changing needs of our islands, specifically in mental health care. Just as the mental health care needs of individuals and society change, the role of healthcare providers is to adapt to these needs. Conservative, ridged healthcare roles would not serve our dynamic community. In the 80s, Senator Inouye was a forward thinker to introduce prescriptive authority for specially trained clinical psychologists to help address the needs of those underserved. It's time to finally create a path to a better mental health care solution for our local community.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

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Respectfully submitted,

Teresa T. Juarez

SB-677

Submitted on: 2/11/2023 1:26:43 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lauren Ampolos	Individual	Support	Written Testimony Only

Comments:

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Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Lauren Ampolos, PhD

SB-677

Submitted on: 2/11/2023 1:33:05 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bella	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

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Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Dr. Bella McCloud

SB-677

Submitted on: 2/11/2023 3:02:47 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amber Vantze	Individual	Support	Written Testimony Only

Comments:

Dear legislators,

Thank you for hearing about this most important issue.

As a licensed mental health professional, I adamantly support this bill. By allowing licensed clinical psychologists the ability to prescribe life saving medication, you will be supporting the community.

The statistics on mental health outcomes is staggering. When psychologists are able to prescribe medication, especially ketamine, they are able to provide effective care with positive outcomes.

The Maui community faces numerous disadvantages, including access to affordable mental health care. Please help remove an unnecessary barrier to care.

Clinical psychologists typically have greater understanding of the needs of patients due to the intimacy and depth of the relationship. Many patients are waiting months to see a prescriber, which severely impacts the patient's motivation to seek treatment. Patients suffering with mental health illnesses must advocate for themselves and when they do, they are given inadequate care. Currently, many of my patients have less than 30 minutes per month with their prescribers. This is not enough time for a patient to accurately express their symptoms and the impact of those symptoms let alone how the medication impacts their lives. Many times symptoms are unknown to patients, especially those with trauma histories. Clinical psychologists with prescribing privileges can improve the speed of care for individuals who are suffering enough.

Mahalo for your consideration on this most important topic.

Amber Vantze, MFT, LMHC

ALEX LICHTON, Ph.D., Forensic Psychologist
P.O. Box 342126
Kailua, Hawaii 96734
Phone: (808) 497-9905
FAX: (808) 263-6164
lichtona001@hawaii.rr.com

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
RE: SB 677 PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS
February 13, 2023, 1 p.m., Conference Room 225 and Videoconference

Senator Joy A. San Buenaventura, Chair
Senator Henry J. C. Aquino, Vice Chair

There is a tremendous shortage of psychiatrists in Hawaii. Experiments have already proven that psychologists can fill the gap. The U.S. Department of Defense granted prescription privileges for psychologists several decades ago, largely due to the leadership of Senator Inouye. Since then five states have enabled psychologists to prescribe medication (Illinois, Louisiana, New Mexico, Iowa, Idaho). The U.S. Government Accounting Agency released a study showing that psychologists have safely prescribed medications without adverse outcomes.

Most prescriptions for psychiatric medications in the United States are written by primary care physicians, not psychiatrists. Psychologists are better trained in the diagnosis of mental health disorders than primary care doctors. Psychologists with prescriptive authority have received more training in psychopharmacology than primary care doctors.

A study by the Kaiser Family Foundation estimated that, at most, psychiatrists in Hawaii are able to fill only 18% of the need for psychiatric medication. There are many psychologists in Hawaii who have experience successfully prescribing mental health medications thousands of times who are ready to help alleviate the shortage of providers. Unless the opponents of this bill can demonstrate that psychologists have not done an adequate job in the Department of Defense and in five states and that the Government Accounting Office report is flawed, then SB 677 presents a great opportunity to provide badly needed mental health services to the people of Hawaii.

Respectfully submitted,



Alex Lichton, Ph.D., CSAC
Psychologist

SB-677

Submitted on: 2/11/2023 4:27:31 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
nancy sidun	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

As a clinical psychologist living in Hawaii for the last 23 years, I have witnessed many patients not being able to get the care they need. Therefore, I am in full support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Having been one of the behavioral health supervisors for Kaiser Permanente for over a decade, I saw many in our communities suffering because of the lack of access to comprehensive mental health care. This was especially true for our neighbor island folks that frequently had to wait months to be seen by a provider that could prescribe much needed psychotropic medication. According to recent research on the federal level, psychiatrists can only fill 18% of the need. I know we didn't have enough psychiatrists at Kaiser to provide the care that many patients needed and when we tried to refer them to the community, there weren't psychiatrists there to receive them.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai'i. I recently retired from Tripler where I was the chief of our outpatient behavioral health clinic there; I was so grateful that the Army supported having prescribing psychologists as part of their staff. I definitely gave preference in my hiring practice, when I could, to a psychology that was appropriately trained to prescribe.

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Dr. Nancy Sidun

SB-677

Submitted on: 2/11/2023 7:48:46 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeffrey Duong	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Jeffrey Duong, M.A.

SB-677

Submitted on: 2/11/2023 10:56:15 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dianne Okudara	Individual	Support	Written Testimony Only

Comments:

Born and raised in Hawaii, I have noticed the increased need for mental health services. Especially for the houseless community, who are always in my prayers.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

SB-677

Submitted on: 2/11/2023 6:33:05 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessica Rosenfeld	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Jessica Rosenfeld, PsyD

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple and undisputable. There are not enough psychiatrists to provide much needed care and medications for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i, and they can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps to elevate the mission. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

I am a proud resident of Hawaii and a licensed clinical psychologist proudly serving Hawaii through private practice. I have also completed a rigorous and thorough postdoctoral training program in psychopharmacology, earning a master's degree in Clinical Psychopharmacology which provides psychologists the level of competence appropriate for independent prescriptive authority.

While the psychotherapy services I provide are improving the mental health of the clients I serve, I know more can be done to enhance their lives through the passing of SB677. A substantial portion of my clients would also benefit from psychotropic medication for optimal mental health functioning. However, there is often significant access to care concerns when clients attempt to find a psychiatric prescriber. Clients are often disheartened to discover that prescribers are not accepting new clients, or cannot schedule the client for an appointment for several weeks.

With the passing of SB677, this would eliminate the need for my clients to see another provider for psychiatric medication needs. Through the therapy process, I come to know clients extremely well, including their mental health, medical histories, current health issues, and biopsychosocial functioning. I have frequent contact with each client (typically one hour per week), which promotes an extremely thorough knowledge and understanding of the client that is invaluable to prescribing and monitoring medication response/safety. This is in stark contrast to most prescribers who are only able to dedicate 10-20 minutes per client.

I would love to see Hawai'i take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Ginger Spaulding, Psy.D, MSCP

SB-677

Submitted on: 2/12/2023 6:57:11 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alisha Ballin	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, February 10, 2023

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am a clinical psychology graduate student interested in prescriptive authority in Hawai'i.

I strongly support SB677, which authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition, and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

Hawai`i's Governor, Josh Green, has made mental health a top priority in his administration, and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for individuals without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military. Prescribing psychologists have provided care for more than twenty years and could make a difference today if you vote YES.

In addition, please allow the licensure of anyone who has prescribed as a licensed prescribing or medical psychologist in the military, Health & Human Services, Indian Health Service or for one of the five states that already grant prescribing rights (LA, NM, IL, IA or ID) for a minimum of five years and has maintained their license in good standing.

Also, please remove the rotation requirements at (3)(F) because facilities and supervisors are unavailable on all islands.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted

SB-677

Submitted on: 2/12/2023 7:44:43 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joseph E. Comaty, Ph.D., M.P.	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

This is a national problem. There is a national shortage of psychiatrists that leads to long wait times that denies access to quality mental health care for those citizens most in need of such services.

I am a prescribing psychologist, so I know first hand how much me and my colleagues have made a difference in the lives of individuals with a variety of behavioral health needs by providing them with safe, high quality treatment. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years.

Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. In some states, Prescribing Psychologists serve individual who are insured by Medicaid and Medicaid provides reimbursement for their services. Third party insurers also reimburse Prescribing Psychologists in those states.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

Please vote **YES** on SB677 to allow greater access to care for those most in need.

Elaine Foster, Ph.D., ABPP
Prescribing Psychologist

2488 Calle De Guadalupe, Mesilla, NM 88046
Tel: 575-652-3654/Fax: 575-652-4383

177 Terrace Street
Ashland, OR 97520
11 February 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

Re: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

TESTIMONY OF MORGAN T. SAMMONS, PhD, ABPP IN FAVOR OF HB 326

Dear Chair San Buenaventura, Chair Keohokalole, honorable committee members and staff:

I am writing on behalf of SB677, a bill that would allow appropriately trained psychologists to augment their current skills with a certain formulary of psychotropic drugs. My name is Dr. Elaine Orabona Foster. I am a prescribing psychologist in New Mexico and a graduate of the third iteration (1996) of the Department of Defense's Psychopharmacology Demonstration Project (PDP).

There were many hurdles and challenges associated with the PDP that went beyond the training in psychopharmacology. It also involved overcoming the bias against such training, mostly from psychiatrists. The climb toward prescriptive authority was steep. I started the PDP as a fully licensed clinical psychologist in the USAF in the rank of Captain and by the end of my 21-year career, I was a prescribing psychologist with an unrestricted formulary in the rank of Lt. Colonel. Along the way I was observed, tested, and challenged. Psychiatrists openly criticized the program at every step of the process. But by the end of 1998, the American College of Neuropsychopharmacology (mostly comprised of psychiatrists and psychopharmacologists) wrote a report that stated that they had been, "impressed with the work of the graduates, their acceptance by psychiatrists (even while they may have disagreed with the concept of prescribing psychologist), and their contribution to the military readiness of the groups they have been assigned to serve." (ACNP Bulletin, summer 2000, volume 6 no. 3).

More proof of our hard-fought acceptance by psychiatry in my case, is the fact that before I retired in 2008, my Flight Commander and head psychiatrist, Dr. Boilini, created a new civilian position for a prescribing psychologist which was approved by the Director of Base Medical Services and the hospital's Pharmacy and Therapeutics committee. This was a "first" in the USAF. I was proud to have my work stand as the the prototype

for that position and to be hired into it in Florida. Later, family health issues resulted in my need to relocate, so I left that position in 2011, and my husband and I moved to New Mexico where I became licensed to prescribe as a psychologist (PSY-RXP #0021). This was a heart-warming experience since I had trained many of the first prescribers in the state. I am also fortunate to be a bilingual (Spanish/English) Latina psychologist who is able to treat an underserved, Hispanic population here in Mesilla, New Mexico. My clinic felt like a new “front line” because many of these patients witness trauma and violence daily.

To this day, I have been able to uniquely help my low-income, Spanish-speaking patients as a prescriber. They often come to me saying they stopped taking a medication prescribed by their primary care physician because it is “too strong” or because they already “feel better”. Without a proper understanding of the medication, they are often caught in a cycle of recurring mental health symptoms and their malignant effects. With the training I received through the PDP, and after, I am able to explain and instruct them about psychotropic medications and to provide behavioral therapy in a way that promotes their understanding and feelings of autonomy.

I have been working as a prescribing psychologist since 1996, both in the military and as a civilian. With over 27 years of safe and effective prescribing (i.e., no adverse events, complaints, or reports) I can say that the PDP was a huge success. My solo-provider clinic here in southern NM is composed of 95 percent Medicaid, and 80 percent Spanish-speaking patients. These clients can’t be served by psychiatrists because there are less than a handful in this area and even fewer who speak Spanish. Fortunately, I can also depend on a small number of other licensed prescribing psychologist working in the local area. Without me and these other prescribers, these patients would receive little to no psychopharmacological treatment.

I have tried to treat my Latino patients using telehealth, but often, they don’t have access to a computer, or their Wi-Fi is inadequate or nonexistent due to cost or location. In my area, telehealth is a dream for the future. For now, we must work within the confines of a population that has minimal to no experience with computers, minimal access to computers and slow to no WIFI. These are the realities of providing mental health services in a southern NM town.

I hope my almost 30-year career as a prescribing psychologist demonstrates the success of the PDP using a single case example of how powerful this training program turned out to be for so many of us who graduated from this program. I believe that HB 677 reflects the same type of innovative approach to the expansion of mental health services, and I urge you to support this important bill.

Please feel free to reach out to me with any questions you may have at Dr.ElaineFoster@psyconops.com or via telephone at 575-652-3654.

Very respectfully,



Elaine Orabona Foster
Dr. Elaine Foster, Ph.D., ABPP
Fellow, American Psychological Association
Board Certified in Clinical Psychology
Prescribing Psychologist, NM
Lt Col (ret) USAF

SB-677

Submitted on: 2/12/2023 7:53:26 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ktreese Rodriguez	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

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Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Ktreese M. Rodriguez, BS

SB-677

Submitted on: 2/12/2023 8:09:44 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Margaret Lagarde	Individual	Support	Written Testimony Only

Comments:

Dear Committee,

I am a clinical psychology graduate student interested in prescriptive authority in Hawaii.

I strongly support SB677, which authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

Our communities lack access to comprehensive mental health care and a dearth of mental health practitioners, especially in rural areas of the United States. Our most vulnerable citizens cannot obtain the care needed to live healthy and functional lives.

According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition, and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

Hawai`i's Governor, Josh Green, has made mental health a top priority in his administration, and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for individuals without homes who suffer from serious mental illness. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals. We are part of the coalition to address homelessness and provide care alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military. Prescribing psychologists, in a collaborative healthcare model, have provided care for more than twenty years and could make a difference today if you vote YES.

In addition, please allow the licensure of anyone who has been prescribed as a licensed prescribing or medical psychologist in the military, Health & Human Services, Indian Health Service, or for one of the five states that already grant prescribing rights (LA, NM, IL, IA or ID) for a minimum of five years and has maintained their license in good standing.

Also, please remove the rotation requirements at (3)(F) because facilities and supervisors are unavailable on all islands.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Margaret Lagarde, M.S.

New York State Permanently Certified School Psychologist, K-12

Doctoral Student, Clinical Psychology Ph.D. Program

American Foundation for Suicide Prevention, Field Advocate

SB-677

Submitted on: 2/12/2023 9:24:56 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lynda Sosa-Lowry	Individual	Support	Written Testimony Only

Comments:

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

As a current licensed psychologist practicing in Hawaii and a current student of a clinical psychopharmacology masters program, I can personally attest to the rigorous training psychologist will receive to obtain prescription privileges. Additionally, I am a practicing Pediatric Psychologist in Kailua-Kona and many of my adolescent clients have to wait months to see a child psychiatrist. Currently Pediatricians and APRNs are asking to consult with me about medication options. Therefore, I am currently providing the care described without the ability to prescribe directly.

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Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness and provide care alongside our colleagues and community partners.

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Respectfully submitted,

Lynda Sosa-Lowry, PhD

Psychologist, Kailua-Kona, HI

RE: Testimony in **SUPPORT** of SB677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS.

I am a prescribing clinical psychologist, otherwise known as a medical psychologist by the U.S. Drug Enforcement Agency, and I prescribe psychiatric medicine here in Hawaii. In addition to my clinical psychology PhD, I have a medical degree that took close to 3 years to complete. 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 psychiatric medicine. My medical degree courses covered clinical medicine, physical assessment, biochemistry, pharmacology, psychopharmacology, neurochemistry, neurophysiology, neuropathology and psychiatric treatment of special populations (child, geriatric, chronic pain, and racial differences). This medical degree is called a Postdoctoral Master of Science in Clinical Psychopharmacology, or MSCP. I have also passed a national board exam for medical psychologists. In addition to my medical degree, I spent 15 months in a supervised practicum prescribing psychiatric medicines. As an independent and fully credential provider, I have been prescribing medicine on my own for over 12 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 for the greatest amount of time, about 20 years. During this time they have had an excellent safety record and it is estimated they have written over one million prescriptions.

I prescribe psychiatric 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 such as schizophrenia and bipolar disorders. Some of my psychiatrist colleagues here in Hawaii, who do not know me or my training, and even a few physicians here who do not know me or my training, will tell you that medical psychologists are ill-trained and dangerous. But many physicians disagree with them. For example, the Board of Medicine in Louisiana, run by physicians to ensure the safe practice of medicine and prescribing, disagrees with them. They embrace medical psychology and in fact have granted me the license to practice psychiatric medicine with my patients every day, which they do because they have full confidence in my medical training 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. Despite what

psychiatrists and a few physicians will tell you, medical psychology has a proven treatment and safety record.

I prescribe psychiatric medicine 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 greatly appreciate this. Sometimes they ask me why there are not more like me, trained in both therapy and medicines, who are able to provide both types of treatment for them at one appointment?

And so, with great respect, I ask you the same question.

Please vote **YES** on SB677 to allow greater access to safe and proven psychiatric treatment for those who most need it.

Respectfully submitted,

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

SB-677

Submitted on: 2/12/2023 9:57:17 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bryce Kananowicz	Individual	Support	Written Testimony Only

Comments:

Hello,

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Being an Idaho resident and future psychologist, I have seen the impact it has made in Idaho, and believe Hawai`i will have a similar positive impact on mental health across the state.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted

Bryce Kananowicz

SB-677

Submitted on: 2/12/2023 9:57:28 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jose Lara	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Monday, February 13, 2023

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

My in-laws and wife are from Hawaii.

I strongly support SB677, which authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

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In addition, please allow the licensure of anyone who has prescribed as a licensed prescribing or medical psychologist in the military, Health & Human Services, Indian Health Service or for one of the five states that already grant prescribing rights (LA, NM, IL, IA or ID) for a minimum of five years and has maintained their license in good standing.

Also, please remove the rotation requirements at (3)(F) because facilities and supervisors are unavailable on all islands.

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Respectfully submitted,

Jose Lara

SB-677

Submitted on: 2/12/2023 10:22:59 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie Firestone	Individual	Support	Written Testimony Only

Comments:

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Respectfully submitted,

SB-677

Submitted on: 2/12/2023 10:57:58 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Monica Hernandez	Individual	Support	Written Testimony Only

Comments:

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Respectfully submitted,

Monica Hernandez

**SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023**

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
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HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

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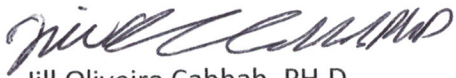
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Respectfully submitted,



Jill Oliveira Cabbab, PH.D.

Licensed Clinical Psychologist

Testimonial letter in favor of the passing of State of Hawaii SB677

To whom it may concern:

I am a resident of Hawaii, specifically Big Island. Over the last couple of decades I, as well as all of us, have seen an increase in violent crimes and mass killings nationwide. In most of these, the "criminal" seems to have been someone who might have benefited from mental health treatment, with possible treatment with medication, where appropriate. Broadcast news also communicates the need for mental health care, and to everyone's credit, the act of seeing a mental health care professional is becoming less and less of a stigma.

I feel there are several contributing factors to the need for Prescribing Psychologists:

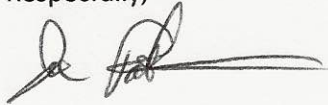
- 40 years of Budget cutbacks to federal, state and local mental health programs
- dwindling numbers of psychiatrists (especially on the Big Island)
- increasing numbers of suicide in Hawaii (and everywhere)

Psychiatrists are specialized doctors, with extensive knowledge in drug interactions with the human body; Psychologists are specialized "mind" doctors; wouldn't it make sense to have a psychologist trained in pharmacology, as an additional option?

I understand that the training and licensing exams for prescribing psychologists is extremely rigorous and detailed, so much so that a Primary Care Provider (PCP) may consult with a prescribing psychologist for detailed analysis and/or drug prescription.

I understand that the Psychiatry field may balk at this addition of prescribing psychologists, but given the shortage of health care, shouldn't we be focused on the patients, i.e. the people of Hawaii ?

Respectfully,

A handwritten signature in black ink, appearing to read 'Joseph Rackelmann', with a long horizontal flourish extending to the right.

Joseph Rackelmann



Jocelyn A. Markowicz, Ph.D., P.C.

Psychotherapy and Assessment Services for Children, Adolescents, and Adults

Michigan Main Office: 340 N. Main St. Ste. 202, Plymouth, MI 48170 |

Phone: (734) 743-1608

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

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I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

My name is Dr. Jocelyn Markowicz. My doctorate degree in psychology was earned in 2009. Since that time, I have become licensed to practice in several states. I am currently pursuing a post-doctoral Master of Science in Clinical Psychopharmacology (MSCP) degree seeking future prescriptive authority as a psychologist. I currently operate a private practice wherein I provide neuropsychological testing and therapy services for children, adolescents, and adults. My career has spanned working in forensic settings such as the correctional system, veteran's health administration, and providing state disability evaluations while also provide therapy and testing for children and adults in private practice. I was raised in Texas and would love to move back to a warm climate. **I would be willing to move to Hawaii if SB677 were passed. It would be my pleasure to increase access to comprehensive mental health treatment inclusive of psychopharmacological medication intervention in Hawaii.**

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai'i suffer from a mental health condition and 41,000 of our citizens



Jocelyn A. Markowicz, Ph.D., P.C.

Psychotherapy and Assessment Services for Children, Adolescents, and Adults

Michigan Main Office: 340 N. Main St. Ste. 202, Plymouth, MI 48170 |

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experience a serious mental illness. Almost 70 percent of Hawai'i's youth ages 6-17 who have depression did not receive any care in the past year.

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Respectfully submitted,

Jocelyn Markowicz, Ph.D.

Licensed Psychologist

Masters of Science in Clinical Psychopharmacology (MSCP)-current student

Independent Practice Owner, Jocelyn A. Markowicz, Ph.D., P.C.

SB-677

Submitted on: 2/12/2023 1:22:30 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Virginia Haviland	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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Respectfully submitted,

virginia Haviland
prescribing psychologist Idaho

SB-677

Submitted on: 2/12/2023 5:44:29 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cheyenne Rude	Individual	Support	Written Testimony Only

Comments:

Jeffrey D. Stern, Ph.D.
1433 Kamehameha IV Rd
Honolulu, HI 96819

THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: SENATE COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

HEARING: Monday, February 13, 2023

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

Hawai`i's Governor Josh Green has made mental health a top priority in his administration and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

Thank you for the opportunity to testify on this important matter.

Respectfully submitted,

Jeffrey D. Stern, PhD

Psychologist

Past President, Hawai'i Psychological Association

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa

HEARING: Monday, February 13, 2023

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

My name is Dr. Bracken Gott, and I am a Licensed Clinical Psychologist living and serving the people of Hawaii for almost ten years now. **I am writing in strong support of SB677.** I live on the windward side of Oahu and have been providing services to both Oahu and Hawaii Island. I understand the unmet needs of our people regarding quality mental health care. In addition to 7 years of graduate school, I have also attended the extremely rigorous training at UH Hilo and obtained a Master's degree in Clinical Psychopharmacology. As part of the training, I completed a one-year practicum in prescribing under the supervision of a local psychiatrist. I have spent many additional years learning how to prescribe in order to better serve my patients/our people. I plead your support in SB 677 to allow Specially Trained Psychologists (Prescribing Psychologists) to help the mental health crisis that we are facing.

For over twenty years, prescribing psychologists have been well established in many other states, the US military, and Native American Indian Health Services. Prescribing Psychologists are safe, well-educated practitioners. The University of Hawaii at Hilo has already provided me with the education and training to move forward with prescribing. My next step is to pass the national exam, Psychopharmacology Examination for Psychologists (PEP). Without your support, our hands are tied. My training and education are a valuable resource that is going unused in the current mental health crisis in Hawaii.

Hawai'i's Governor Josh Green has made mental health a top priority in his administration and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. We (clinical psychologists) already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness and provide care alongside our colleagues and community partners.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Bracken Gott PsyD, MSCP (Doctor of Clinical Psychology; Master of Clinical Psychopharmacology)
Licensed Clinical Psychologist

SB-677

Submitted on: 2/12/2023 3:52:57 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaime Wilson	Individual	Support	Written Testimony Only

Comments:

SENATE
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REGULAR SESSION OF 2023

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Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe

and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority

will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers,

in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Jaime Wilson

SB-677

Submitted on: 2/12/2023 1:28:43 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane Zelman	Individual	Support	Written Testimony Only

Comments:

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Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I am a licensed psychologist in the State of California and also a Professor at Alliant International University. I earned the postdoctoral master's degree in Psychopharmacology in 2001 and am currently reviewing to take the Psychopharmacology Exam for Psychologists (the PEP). This training was demanding, comprehensive, and it strongly integrated basic mental health training and training in the skills needed to prescribe medication to those with mental illness. I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I have a slightly different view of the profound need for services, because although I am not actively providing mental health services, I teach the topic of Clinical Psychopharmacology to students currently studying for both the masters- and doctoral degree in two universities. I strongly support that psychologists with sufficient training be able to gain prescriptive authority, and my greater mission is that all mental health professionals will know what they need to know about medications in order to make a referral to a prescribing mental health practitioner, and that all those providing mental health services will be aware of danger signs or signs of side effects, non-compliance, worsening mental health status after medication use, or on the other side, signs of improvement when clients are on medication for mental health problems. What I have learned directly from my students who are being trained as mental health providers is that there is a critical shortage of professionals who can provide comprehensive mental health care, huge waitlists for psychiatric care, and that although even individuals with good insurance and resources to pay for psychiatrists are having difficulty finding care, the lack of psychiatric care disproportionately impacts individuals of lower income and insufficient insurance coverage. What's more, the psychiatrists who serve our population are spread very thin, have little time for follow-up and patient and family education, and also have little time for liaison/collaboration of care or for training of mental health practitioners. So while I primarily work with mental health trainees who will not seek prescriptive privileges in their careers, they have become aware that we desperately need well-trained practitioners who can both provide comprehensive mental health services -- including meeting medication needs -- and who can work collaboratively with mental health practitioners. Appropriately training and licensed psychologists can meet these needs.

Clearly the situation in Hawaii is similar to or more serious than what I have heard from my students who are training in California. According to NAMI (2021), 187,000 adults in Hawai'i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai'i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

**Diane Zelman PhD
Professor
Alliant International University**

SB-677

Submitted on: 2/12/2023 3:10:32 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cristina Magalhaes	Individual	Support	Written Testimony Only

Comments:

Clinical psychologists with specialized training in psychopharmacology have a holistic understanding of the needs of their clients given their extensive training in the recognition of multiple factors that contribute to development and maintenance of mental health conditions, including biological, psychological, and social determinants of disease. They are ideally equipped with the knowledge, skills, and experience to assess for mental health problems and to decide on the appropriate course of treatment, which may include psychotherapy, psychopharmacology, or both. Prescriptive authority for clinical psychologists increases access to highly specialized services to patients.

SB-677

Submitted on: 2/12/2023 3:18:42 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Arin Alberts	Individual	Support	Written Testimony Only

Comments:

The ability for psychologists to safely obtain prescriptive authority allows for improved services and continuity of care. There is a shortage of mental health providers across the country, and difficulty obtaining timely appointments prevents Patients from obtaining necessary care for mental health treatment. Psychologists are trained to diagnose and provide ongoing, long-term treatment. Patients that are provided long-term care also develop a trust in their provider, what improves compliance with treatment recommendations, including prescription of psychotropic medications. Psychologists are specially trained to provide mental health treatment, and are dedicated to providing excellent care. RxP programs provide rigorous training to ensure the highest level of care, and have consistently demonstrated to be safe and effective in their training and ongoing treatment provisions. Other states and military branches have effectively utilized prescribing psychologists to provide safe, effective care to their populations. Many of us are dedicated to providing this care and are seeking places to relocate in order to provide our skills and training to populations in need. I personally have graduated from an APA accredited MSCP program. I am currently in the process of studying for the PEP, and plan to complete training hours in the fall of 2023 or spring of 2024. I currently have family residing in the state of Hawaii and this would provide the opportunity for me to live near my family, and provide needed services. This bill is immensely important to practitioners and those in need of quality mental health treatment.

CHARLES M. LEPKOWSKY, PH.D.
LICENSED PSYCHOLOGIST PSY 9118
1143 DEER TRAIL LANE, SOLVANG, CALIFORNIA 93463-9519
TELEPHONE: (805) 688-1229 FACSIMILE: (805) 686-9382
E-MAIL: CLEPKOWSKY@GMAIL.COM

COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Monday, February 13, 2023 1:00 PM
Conference Room 225 & Videoconference

RE: SB 677 RELATING TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

Please support SB677, which would allow psychologists with advanced specialized training to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

Importantly, SB677 would vastly increase access to care for members of the Hawai'ian community.

The National Alliance on Mental Illness (NAMI) reports that 187,000 adults in Hawai'i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness, but most are unable to access prescriptive psychiatric care in the community. In the category of states having the greatest shortage of psychiatrists, Hawai'i has less than 18% of the prescribing psychiatrists needed for our mental health population:

<https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/HawaiiStateFactSheet.pdf>

Effectively, this means that over 80% of adults with mental health conditions (153,340 Hawai'ians) and over 80% of adults with serious mental illness (33,620 Hawai'ians) cannot access prescriptive care from a psychiatrist. Psychiatry also has the highest opt-out rate of any specialty in Medicare and Medicaid: <https://www.kff.org/medicare/issue-brief/how-many-physicians-have-opted-out-of-the-medicare-program/>

Allowing prescription privileges to licensed clinical psychologists who go on to obtain extensive advanced training in clinical psychopharmacology would provide access to prescriptive treatment to over 80% of those in need.

Thank you for your consideration.

Sincerely,



Charles M. Lepkowsky, Ph.D.

SB-677

Submitted on: 2/12/2023 12:38:11 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Edward Korber, PhD	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

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Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on your neighbor islands. Prescribing Psychologists are experts in psycho social intervention. They also receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for several decades in our federal agencies and other states. They are already prescribing for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor, Josh Green, and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Edward Korber, PhD

Licensed Psychologist , NYSOMH

SB-677

Submitted on: 2/12/2023 1:32:35 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael R. Tilus, PsyD, MP	Individual	Support	Written Testimony Only

Comments:

I strongly support the passing of SB677. As a Prescribing Psychologist in the rural Stat of Idaho, I have seen first hand the significant impact our Idaho prescribing psychology bill has done in increasing access to our rural Medicare & Medicaid patients living in in obscure towns and isolated areas. Being trained, credentialed, and licensed as both clinical psychologists and prescribing medical psychologists allows us to bring the best of professional psychology and psychiatry to each individual patient's needs. Idaho has an active agenda in advancing the prescribing psychologist to our larger main stay medical agencies and clinics as well. We are able with the appropriate training to independently treat children, adolescents, adults, and geriatric populations while maintaining our already well established safe clinical practice of ongoing case consultation, education, and training.

Previoiusly, Idahoans routinely waited 12-14 months to see an adult psychiatrist, and 18-22 months to see a child/adolescent psychiatrist. Idaho Prescribing Psychologists hope to reduce this public health burden.

Respectfully submitted,

Michael R. Tilus, PsyD, MP

CDR, USPHS (Ret.)

SB-677

Submitted on: 2/12/2023 1:36:31 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anthony Ragusea	Individual	Support	Written Testimony Only

Comments:

To Whom It May Concern:

I am a board-certified clinical psychologist in Pennsylvania, and I have been practicing for 15 years. I am writing to strongly support passage of SB677. It doesn't matter what part of the country you're in, we all recognize that there is a crisis in access to psychiatric services. Enabling specially trained psychologists to prescribe is a well-established, partial yet important, solution to the problem. Prescribing psychologists are extremely well-trained, and will help to improve the mental health of the residents of Hawaii.

Anita Brown Catus, PhD
1562 Cambridge Avenue
College Park, GA 30337

DATE: February 11, 2023
TO: Senate Health and Human Services Committee
Hawaii State Senate

RE: **Testimony in support of SB 677 RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS**

I am writing in support of SB 677 authorizing prescriptive authority for appropriately trained clinical psychologists to augment their current skills with the use of a specified formulary of psychotropic drugs.

My name is Anita Brown Catus and I am one of the ten graduates of the Department of Defense Psychopharmacology Demonstration Project (DOD PDP). I entered the US Army in 1994 by direct accession as a Major (O-4) with 14 years of clinical and academic experience following the receipt of my doctorate in Clinical Psychology from the University of Pittsburgh in 1979, and my initial licensure as a Psychologist in 1981. Following completion of my training in 1994, I went on to treat patients until leaving active duty in 1999 and then intermittently in military settings as a GS-employee psychologist until 2008, with privileges at Fort Hood, TX ; Fort Eustis VA and Landstuhl Regional Medical Center in Kaiserslautern, Germany.

The two-year DOD PDP postdoctoral Fellowship program that we completed included comprehensive medical and nursing coursework in the basic medical and clinical sciences alongside 1st and 2nd year medical students and nurse-anesthetists at the Uniformed Services University of the Health Sciences; and inpatient and outpatient rotations in Military Treatment Facilities alongside Psychiatry residents. We were tested using the national Medical Boards that evaluate the learning of 2nd year medical students, AND our program was periodically evaluated by a Blue Ribbon Panel of the American College of Neuropsychopharmacology (ACNP). **There is no question of the adequacy and the comprehensiveness of our training.** Most current training models for psychologists in clinical psychopharmacology are comparable.

Nor has our competency and the quality of our effective treatment during the period of the project been questioned. The conclusions of the **American College of Neuropsychopharmacology/ ACNP Evaluation Panel Final Report of May 1998** indicated that as graduates we effectively filled unmet needs where assigned; functioned as psychologists with the extended benefits that prescriptive authority provides; were sensitive and responsive to medical needs and in making appropriate referrals; performed safely and effectively as prescribing psychologists and as a result of the program could expand the delivery of mental health treatment in a cost effective way.

The subsequent June 1999 **GAO Report to the Chairman and Ranking Minority Member, Committee on Armed Services, U.S. Senate** on "PRESCRIBING PSYCHOLOGISTS: DOD Demonstration Participants Perform Well but Have Little Effect on Readiness or Costs" was generally favorable regarding the training and the positive impact of a prescribing psychologist for the military. However, in basing their conclusions about cost effectiveness and combat readiness on the fact that psychotropic medications are typically not used in combat situations, the study concluded that the costs of training were excessive for that purpose. The report also concluded the costs of the pilot project were excessive for training only 10 psychologists when compared to usual training costs. It is certainly not an accurate assessment in

that it was a pilot demonstration for projecting costs to train at a larger scale. This report however had many favorable conclusions, including that the prescribing psychologist contributes to peacetime readiness of troops. It also states that the costs for military psychiatrists are still higher than for military psychologists, prescribing or not.

The interest in psychopharmacology training as an additional skill for psychologists is robust and consistently growing. I am now working as the Director of Professional Affairs for the Georgia Psychological Association and in this role can appreciate issues of mental health workforce capacity in many states. There are unmet needs for comprehensive and integrated mental health services. Allowing the only other doctoral level mental health provider this capability, given the appropriate training, will be a significant advance in Hawaii. I urge you to pass this important bill to become the next state allowing psychologists prescriptive authority.

SB-677

Submitted on: 2/12/2023 2:27:59 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Adam Snider	Individual	Support	Written Testimony Only

Comments:

I am a psychologist who works at a psychiatric inpatient program as a contractor at California Medical Facility, a state prison. The California Department of Corrections and Rehabilitation (CDCR) has five main Psychiatric Inpatient Programs or “PIPs” in the state prison mental health delivery services program. If psychologists had the opportunity to pursue Rx qualifications in HW and other states, we could help close the gap between need for services and availability of services. I believe this would be true in a variety of setting in which psychologists work.

Thank you for your consideration,

Dr. Adam Snider PsyD (CA)

SB-677

Submitted on: 2/12/2023 4:03:51 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nicole Bereolos	Individual	Support	Written Testimony Only

Comments:

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority

will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners. Prescriptive authority for specially trained psychologists (most of us hold a PhD which is the HIGHEST level of education that one can obtain) is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

Early in my career, I was fortunate to work closely with Pacific Islanders, specifically American-Samoans. We created a culturally appropriate treatment program for a chronic condition. There are many Samoans that live in Hawai'i and would also benefit from greater access to psychiatric care as I do not remember there being a psychaitric provider on the island.

I am a graduate of a MSCP and am working on fulling the requirements of becoming a prescribing psychologist..

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Sincerely,

Dr Nicole Bereolos, PhD, MPH, MSCP, CDCES, FADCES

SB-677

Submitted on: 2/12/2023 12:09:47 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lynette Pujol	Individual	Comments	Written Testimony Only

Comments:

SENATE

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The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

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Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

As a civilian employee, I prescribe to Active Duty military members. There is a lack of psychiatrists serving this population. I urge you to grandparent in any person who has prescribed safely for at least 5 years in another state, in the military, IHS or HHS. It is also not necessary to have the 8 week rotations (see 465 (3)F). Section A already covers special populations.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Lynette Pujol, Ph.D., MSCP

Licensed Clinical Prescribing Psychologist

SB-677

Submitted on: 2/12/2023 5:50:28 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alton Couturier	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

In the past, Mayor Kawakami of Kaua'i has endorsed the need for psychologists to be able to prescribe psychotropic medications. That would greatly help underserved populations here on Kaua'i and in other underserved Islands of Hawai'i.

Respectfully submitted,

IQBAL “IKE” AHMED, M.D., FRCPsych (U.K.)

1042 LOHO STREET
HONOLULU, HI 96822
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TO: The Senate Committee on Health and Human Services

DATE: Feb. 11, 2023

SB 677 RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS.

POSITION: **OPPOSE**

I am writing to you as a not only as a concerned citizen of Hawaii, but as a psychiatrist practicing for more than 40 years. I have been a professor of psychiatry in four major medical schools. I am also a consultant, educator, and researcher in psychopharmacology. As a geriatric psychiatrist, I have primarily provided psychiatric services to our kupuna.

I am opposed to this bill because:

- That it could endanger the lives of Hawaii’s most vulnerable citizens, including our kupuna, by allowing individuals with insufficient medical training to prescribe potent and potentially risky medications to citizens of Hawaii with 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.
- There is a severe shortage of all types of mental health care providers, not primarily prescribing providers, available to serve the needs of the State’s residents in rural or medically underserved communities, especially in Hawai’i, Maui, and Kaua’i counties. This shortage has become even more critical with increasing mental health problems from the COVID pandemic.
- The lack of access to appropriate mental health treatment has serious and irrevocable consequences, including suicides, increased alcohol and substance use, and disability. Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications.
- Most psychiatric problems, including depression, anxiety and PTSD can be effectively treated by talk therapy and other psychological interventions. Often these therapies are more effective than even medication for the treatment of these disorders.
- 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, depression, and PTSD without the associated side-effects of medications. Psychologists are well qualified to provide these services.
- Suicide cannot be prevented by having psychologist prescribe medications. If anything, certain psychiatric medications, especially when not properly prescribed, 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. Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications.

- If this bill passes, our most vulnerable citizens with mental illness will be unnecessarily exposed to risks from powerful psychiatric medications prescribed by the least trained prescribers of these medications. 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. Even psychiatrists and other physicians have to be cautious in the use of these medications. New warnings, including “black box warnings” (the highest level of warning), and other regulations for medical monitoring of people using these medications are being issued by the Food and Drug Administration (FDA) on a regular basis. .
- Does the legislature really want to get expose the people of Hawaii to unnecessary harm through unintended consequences of its action? Its time, energy, effort and resources can be spent to address the critical shortage of all mental health services in Hawaii.
- I hope you realize that there is a reason that no one other country in the world that has prescribing privileges for psychologist to address the mental health needs of its people.
- Hawaii is already ramped up access to some extent in ways proven safe and effective, including telemedicine and Collaborative Care. These proven and already implemented methods need to be expanded and supported.
- In addition, passing SB674 related Interstate Medical Licensure Compact will help with the access issue.

Thank you for your consideration to HOLD **SB 677** in committee.

Iqbal “Ike” Ahmed, M.D.

Senate Bill SB677

Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice-Chair

Senate Committee on Health & Human Services

February 13, 2023, 1:00pm

Chair San Buenaventura, Vice-Chair Aquino, and members of the Committee:

Aloha, we are a group of resident psychiatrists (PGY-1) at the University of Hawaii. As physicians, we urge the Committee to oppose SB 677, which establishes prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements.

Overall, there is a shortage of psychiatrists in the U.S, with many patients struggling to receive psychiatric care, waiting many months to be evaluated by a provider. One of the primary arguments for passing SB 677 is that if psychologists, in addition to providing therapy, could provide medications, this could help with the shortage of psychiatrists, especially in rural regions.

It is understandable that the shortage of psychiatrists is a major concern and it is imperative to find solutions to mitigate this problem. However, giving psychologists prescriptive authority is not the solution. Rather, it would cause detrimental effects for patients, which ultimately could cause greater issues.

It is important to understand the differences between a psychologist and a psychiatrist. A psychologist is an individual who studies human emotions and behaviors and can make clinical diagnoses based on patient presentation. They can hold a Masters or Doctorate degree in psychology, but they are not medical doctors. Traditionally, there is a primary focus on sociology and humanities. Whereas a psychiatrist is a medical doctor, spending at least a decade in medicine to understand not only the psychological treatments (that psychologists learn) but also the complexities of neurobiology, brain stimulation therapies/procedures, medications, as well as the general physical health and the medical conditions of the patient.

Medications are not benign and can have severe detrimental consequences if not prescribed correctly. A physician must take in not only the psychiatric diagnosis but also the physical health and other comorbid medical conditions in treatment.

From personal experience, I previously trained as a medical student in Utah; our neighboring state Idaho gave psychologists prescribing privileges. Many patients ultimately ended up in our healthcare system due to inadequate care provided by the prescribing psychologists. One example I distinctly remember was a 27-year-old female, originally from Idaho, who was placed on Vyvanse, a stimulant medication used to treat attention deficit hyperactivity disorder (ADHD) by a psychologist. She subsequently started to exhibit signs of psychosis. This included paranoid delusions that her father-in-law hated her and that she needed to kill him. Ultimately, the patient's symptoms worsened and she needed to be brought to Utah for further treatment. Most likely, the primary culprit of the patient's sudden psychotic symptoms was the Vyvanse, and the treatment team in Utah discontinued the medication; it was explicitly told to her treatment team, including the psychologist, that the patient should not be on Vyvanse. However, several months later, the patient was brought back to Salt Lake City for similar symptoms. The psychologist had restarted the patient's Vyvanse, despite the patient's detrimental symptoms. Ultimately, the patient established permanent psychiatric care with the Utah healthcare system.

The other major argument is that by having psychologists prescribe medications, it can help rural populations gain access to mental health resources. However, according 2015 county-level analysis of the distribution of licensed psychologists in the United States done by the American Psychological Association, there are higher concentrations of licensed psychologists in urban areas; licensed psychologists were unevenly distributed across the country, with higher concentrations located in the Northeast, Pacific cost, and in urban areas¹. Therefore, according to data, rural areas may still have a hard time gaining accessibility to psychiatric care from either a psychiatrist or psychologist. While there are more psychologists than psychiatrists across the United States, if there is this severe unequal distribution of mental health resources between rural and urban areas, then regardless, patients still will not get care even if psychologist have prescribing authority.

Psychologists and psychiatrists are partners, advocating for greater mental health for our patients. However, we are specialized for certain roles to create optimal care for our patients. If psychologists were given the ability to prescribe medications, it can be detrimental to patient health and ultimately have limited impact on rural healthcare.

Other avenues need to be explored to further improve the accessibility to mental health resources. This includes increasing telehealth in which psychiatrists can have greater accessibility to neighboring island communities and rural regions. Another option includes encouraging expedited licensure for continental psychiatrists to practice in Hawaii via telehealth.

Overall, these would be safer approaches to improving patient mental health. For all these reasons, I hope you will not advance this bill.

Mahalo for the opportunity to testify,

Psychiatry PGY1 Class

Dilan Nakatomi, MD

Bryant Yu, MD

Kyle Still, DO

Brian Lammert, MD

Zack Bonzell, MD

Ryan Adachi DO

Allison Chang MD

References

1. Lin, Luona, et al. "2015 County-Level Analysis of U.S. Licensed Psychologists and Health Indicators." *American Psychological Association*, American Psychological Association, 2016, <https://www.apa.org/workforce/publications/15-county-analysis>.

SB-677

Submitted on: 2/12/2023 12:18:36 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Morgan Cowger	Testifying for University of Hawaii	Oppose	Written Testimony Only

Comments:

With the discussion arising of the possibility of psychologists prescribing psychiatric medications, it clues me into the idea that the government is aware of the mental health crisis and need for access to mental healthcare. I think we are aligned on the value mental healthcare for people living in Hawaii and have the goal to improve access to care, but we might be addressing it from different angles.

As a psychiatry resident, I support the prescribing of psychiatric medications by physicians (MD, DO) and mid-level providers (APRN, PA). I'm not able to comment on naturopathic physicians as I am not knowledgeable about their scope of practice in Hawaii.

As a resident, I have had 4 years of training in medical school and will complete 4 years of training in psychiatry residency. Family medicine/internal medicine practitioners have 3 years of residency. Residency is a time for training under the direct supervision of a board certified physician. This is done for our education, the safety of our patients, and to learn what to do when things don't go as anticipated.

Antidepressants (and other psychiatric medications) are not completely benign. There are possible adverse effects that we need to monitor for including:

- Hyponatremia (low salt level)
- Mania (as in bipolar disorder; this can be triggered by starting medication)
- Suicidal thoughts (risk is higher in people age 25 and younger)
- Prolonged QT interval (leading to risk of cardiac arrhythmia or death)
- A myriad of other physical side effects

What will psychologists do if things get worse with antidepressants? Or if the patient has an adverse effect?

We often do lab tests to look for possible underlying causes of depression or anxiety, including thyroid abnormalities and low vitamin levels. We also get an EKG (to look at heart rhythm and the QT interval as stated above) in high-risk patients.

Will psychologists screen for past manic episodes or run and interpret these basic tests?

There is also the issue of role creep and practicing outside the scope of professional boundaries.

The bottom line is, I do NOT support the prescribing of antidepressants (or other psychiatric medications) by psychologists. There are other ways at addressing the systems issue of decreased access to care, which is for a different forum.

Thank you for your consideration.

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice-Chair
Senate Committee on Health & Human Services

Subject: SB677 Relating to Prescriptive Authority for Clinical Psychologists

Hearing Date/Time: Monday, February 13, 2023/1:00PM

Dear Chair San Buenaventura, Vice-Chair Aquino, and members of the Committee:

As resident physicians in Hawaii specializing in psychiatry, we strongly urge the Committee to **OPPOSE** SB677. If passed, this bill could endanger the lives of Hawaii's most vulnerable citizens by allowing psychologists to prescribe potentially dangerous medications with insufficient medical training.

As psychiatric residents, we entered medical school with undergraduate degrees and the completion of a multitude of science-based pre-medical courses. During our four years of medical school, we spent hours systematically studying the human body, diseases, diagnoses and treatment. We had the privilege of treating patients across the lifespan and in multiple medical specialties and treatment settings. Now as psychiatric residents with a minimum of four years of post-graduate training, we continue to build on our biological foundation of medicine and understand human behavior by integrating the biological, psychological and sociocultural frameworks. **We utilize our years of training in the sciences and consider the entire patient, including co-morbid medical conditions, when judiciously prescribing psychotropic medications.**

We respect our psychologist colleagues as important members of our behavioral health care team, however, **they have limited to no medical training.** Psychology is based in the humanities whereas medicine is a science. Psychotropic medications are powerful chemicals that affect the entire body, not just the mind, and have potential life-threatening risks, side effects and interactions with other medications. **Given psychologist's lack of training in the medical sciences, we are very concerned that passing this bill will compromise patient safety and do more harm than good.**

In 2007, the Hawaii State Legislature ordered the Legislative Reference Bureau to study this same proposal. The **report** highlighted the stark differences in treatment models of psychologists versus psychiatrists:

"There is little, if any, biological or neuroscience based coursework required to receive a PhD in clinical psychology. In contrast, as an undergraduate, a premedical student must complete 26 credit hours of science courses that include general biology, cellular and molecular biology, chemistry, biochemistry, and physics even before entering medical school. Additional science requirements continue through medical school and the psychiatry residency."

Even with the proposed post-doctoral requirements needed for application for prescriptive authorities, psychologists will have only a sliver of the medical training psychiatrists have completed for the same privilege and competency to safely treat our patient population. It would be a disservice to the mental health population to allow individuals with such truncated training to manage their health and medications.

In addition to concerns from the psychiatric and medical community, our patients and their families are also concerned with the potential expansion of psychotropic prescribing power to psychologists. In fact, the National Alliance on Mental Illness (NAMI), our country's largest organization representing those affected by mental illness, **does not endorse proposals to expand prescribing privileges to psychologists.**

We acknowledge the need to expand access to mental health care, however, **in the five states where psychologists can prescribe, less than 200 psychologists are currently registered to be prescribers**. Not only does this number show an inadequate increase in access to care, but it highlights the hesitation among psychologists themselves to pursue the responsibility of prescribing medications.

We urge you to consider alternatives to safely expand access to mental health care in our state:

1. Lawmakers can increase the amount of resource allocation to case management, intensive outpatient treatment programs, and substance abuse treatment programs.
2. Lawmakers can expand access to telepsychiatry and integrated care models, such as the Collaborative Care Model.
3. Lawmakers can expand loan forgiveness options and practice incentives for mental health clinicians, psychiatrists and primary care providers in rural and/or underserved areas of the state.
4. Lawmakers can lower the excise tax burden and increase Medicaid reimbursements for Hawaii (lowest in the 50 states) for physicians who accept Medicare/Medicaid.
5. Hawaii can expedite licensure for US continent physicians to practice in Hawaii in person and by telehealth.

As physicians, we are guided by the Hippocratic Oath to “first do no harm.” Please help us fulfill our promise and keep patient safety the priority by voting **AGAINST** SB677. Mahalo for your consideration.

Respectfully,

Russell Pi'imauna Kackley, MD
Heather Miura, MD
Ian Nagata, DO
Jordon Post, MD
Jineane Shibuya, DO
Alexander Shin, MD
Shelley Wong, MD

To: Chair Senator Joy A Buenaventura, Vice-Chair Senator J C Aquino and members of the Committee on Health and Human Services

From: Leslie Hartley Gise MD

Hearing Date: February 13, 2023

Hearing Time: 1 pm

Re: **SB 677**

Position: **OPPOSE**

Please vote NO on SB677 – Prescriptive Authority for Clinical Psychologists

As opposed to clinical psychologists, medical doctors and nurses have medical training and work together in teams in hospitals. The culture of medical professionals is different from that of psychologists. Medical professionals are indoctrinated with a culture emphasizing our tremendous power to heal, but also our tremendous power to harm. Psychologists don't grow up and train in that culture. This makes psychologists prescribing dangerous.

Hawai'i can expedite licensure for US continent medical doctors to practice in Hawai'i in person and by telehealth. Psychiatrists on the mainland are already staffing DOH AMHD facilities. Australia is the first country to have a universal medical license facilitating nationwide care in person or by telehealth.

Thank you in advance for your attention.

Aloha,

Leslie Hartley Gise MD, Maui

Clinical Professor, Department of Psychiatry, John A Burns School of Medicine, UH

Hawai'i Assembly Representative, American Psychiatric Association (APA)

Member, Committee on Psychiatric Dimensions of Disaster, APA

Mental Health Lead, Maui branch of the Honolulu Chapter, American Red Cross

Member, Medical Reserve Corps, Maui County Health Volunteers

Member, Vibrant Emotional Health which runs the new 988 suicide hotline

Chief Psychiatry Residents

Ailea Apana, MD

Jennifer Lyman, MD, MPH

Sunny Mah, MD

Testimony to OPPOSE SB 677

We are the Chief Residents of the Psychiatry Residency Program in Hawai'i, and **we strongly oppose psychologists prescribing medications.**

This past week, residents and attendings got together to discuss a case during our weekly case conference. The presentation was as follows: a 39 year old female arrived at the clinic with her husband due to a one week period of going without restful sleep and behavioral changes. She had no psychiatric history prior to this.

On the surface, this seems like a relatively straightforward case right? However, psychiatrists working at Queens Medical Center immediately recognized the nuances in her presentation, and their years of medical training led them to **recommend that patient be seen at the hospital for immediate medical attention** from neurologists and OBGYN (the appropriate consultants because the team knew what they were looking for) - anti-NMDA receptor encephalitis, which has a high association with ovarian teratomas and a ghastly prognosis when not quickly treated.

Another case that was discussed: a 20 year old male who was appearing withdrawn at home; he was not eating for a few days, and he was barely talking to his family while he isolated in his room. We understand how someone might see this as a straight-forward case of depression, but as medical professionals - we approach things differently and build a vast differential of diagnoses.

Psychiatrists at Queens Medical Center recognized **this patient was becoming catatonic, which - when it is not treated - is life-threatening. It was imperative that he was seen at the hospital ASAP for intravenous treatment.**

Medicine is a complicated science. Psychiatrists have completed four years of college with a focus on premedical coursework, four years of medical school (which includes suturing up a patient after getting AV fistula surgery, delivering babies at 3 in the morning and leading CPR in a room where a patient is coding) + four years of residency training (treating patients in family medicine and neurology clinics, rapidly correcting hyperkalemia in a patient who overdosed and managing pain in a patient with terminally ill cancer). **Please do not place the lives of our community members - your aunts, your uncles, your nieces & nephews - in the hands of individuals with 3% of our clinical training.** **Knowing the consequences of prescribing is a big part of our diligence to the patients, and knowing when the prescriptions are appropriate to prescribe is even more imperative.**

If the priority is to ensure access to mental health professionals in rural settings, **allowing psychologists to prescribe the already underserved communities puts these communities at risk for adverse**

outcomes. These communities would - in essence - become second class citizens, being treated with medications by individuals that have no medical training.

While we agree that there is a shortage of psychiatrists practicing medicine in Hawai'i, **this bill does not address the workforce problem that is ahead of us.**

Please work with the psychiatrists of Hawai'i to ensure the safety of our loved ones.

We urge you to see lives that could be harmed - or even ended - by this law.

TO: Representative Joy A. San Buenaventura, Chair, Representative Henry J.C. Aquino, Vice Chair, and members of the Committee on Health and Human Services

RE: SB 677 RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS
Position: OPPOSED

As physicians specializing in child and adolescent psychiatry, we strongly urge the Committee to oppose SB 677. If passed, this bill could endanger the lives of our keiki and this should not be taken lightly.

We are currently undertaking an additional two years of training through a child and adolescent psychiatry fellowship to be able to care for the psychiatric needs of pediatric patients. Children are physiologically different from adults and thus require additional training to acquire the knowledge and skills to provide complete and competent care. To provide this, psychiatrists are required to complete a two year fellowship specializing in child and adolescent psychiatry in order to prescribe to pediatric patients. General psychiatrists are not able to prescribe to children.

It is concerning that with this bill psychologists who have no medical training will be allowed to prescribe when our colleagues who complete general psychiatry residency training and are fully licensed to practice psychiatry for adults are not even allowed to prescribe for children.

Creating a program in which psychologists, who have no medical training, train other psychologists to write prescriptions is like flight attendants teaching flight attendants to be pilots: it is illogical and worse, dangerous. Most patients with mental illness have medical conditions; it is essential that a medical professional consider the entire patient and be knowledgeable about the other organ systems besides the nervous system. This is why the current medical school training system requires so many hours and years of training.

During our first year of fellowship training here in Hawai'i we are currently providing care for children on the islands of O'ahu, Kaua'i, Maui, Moloka'i, and Hawai'i Island in-person and using telepsychiatry. The use of telehealth which has expanded since the covid pandemic has helped us reach more keiki without lowering the standard of care which is crucial for keeping our children safe.

To provide adequate mental health care for our children and families oftentimes there is a need for individual and family psychotherapy. We have personally found it extremely difficult to find enough therapists to provide psychotherapy for our patients. We find that many of our patients would benefit from proper psychotherapy but not all children need medications. If psychologists start prescribing medication there will be less psychologists to provide the psychotherapy that our children so desperately need. We appreciate the critical role our psychologists fulfill by providing psychotherapy for our keiki and appreciate that their curriculum focuses on building expertise in this area.

We urge you to consider alternatives to safely expand access to mental health care:

1. Psychologists can enroll in medical school, physician assistant or APRN school.
2. Lawmakers can lower the excise tax burden and increase Medicaid reimbursements for Hawaii (lowest in the 50 states) for physicians who accept Medicare/ Medicaid.
3. Hawaii can expedite licensure for US continent MDs to practice in Hawaii in person and by telehealth.
4. Lawmakers can expand access to integrated care models, such as the Collaborative Care Model.

Please vote to keep our vulnerable keiki safe. Please vote against SB 677.

Very respectfully,

Megan Araujo, MD

Ashley Mathe, DO

Kryslin Nishibun, MD

Child and Adolescent Psychiatry Fellows

SB-677

Submitted on: 2/10/2023 5:00:17 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michelle Lu	Individual	Oppose	Written Testimony Only

Comments:

Psychologists not adequately trained in basic science supporting drug prescription to safely account for drug side effects in patients and risks morbidity and mortality of Hawaiiis keiki/kupuna/residents

SB-677

Submitted on: 2/10/2023 5:22:23 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sarah Bellatti	Individual	Oppose	Written Testimony Only

Comments:

Leave the medications to the MDs and DOs.

SB-677

Submitted on: 2/10/2023 8:01:57 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eryn Nakashima	Individual	Oppose	Written Testimony Only

Comments:

As a future psychiatrist, I urge the Committee to oppose SB 677. The amount of training involved in fully understanding the nuances of these potentially dangerous medications requires a full medical degree. If passed, this bill could endanger the lives of Hawaii's most vulnerable citizens.

SB-677

Submitted on: 2/10/2023 8:14:08 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nicole Mahealani Lum	Individual	Oppose	Written Testimony Only

Comments:

As a physician, I urge the Committee to OPPOSE SB 677. If passed, this bill could endanger the lives of Hawaii’s most vulnerable citizens – our Keiki, rural populations, and Kupuna– by allowing psychologists to prescribe potentially dangerous medications. Psychologists are an important part our behavioral health teams, but they have NO medical training. The term, “Medical Psychologist” is an oxymoron. Medicine is a science. Psychology is one of the humanities. Creating a program in which psychologists train other psychologists to write prescriptions is like flight attendants teaching flight attendants to be pilots: it is illogical and worse, dangerous. The National Alliance on Mental Illness (NAMI), our country’s largest organization representing those affected by mental illness, opposes proposals to expand prescribing privileges to psychologists. Hawaii residents agree. A 2022 APA poll found that nearly 80% of Hawaii residents believe only individuals who have a medical degree and a state license to practice medicine should be allowed to prescribe psychotropic medications. SB 677 would be a redundant waste of State funds. In 2007, the Hawaii State Legislature ordered the Legislative Reference Bureau to study this same proposal. The report found over 20 significant concerns and advised that adequate training as determined by medical doctors is necessary to protect the safety of our vulnerable patients. Most patients with mental illness have medical conditions; it is essential that a medical professional consider the entire patient. A lawsuit in Louisiana arose when a prescribing psychologist failed to consider a four-year-old child’s seizure disorder and prescribed stimulants with long-term consequences. In a separate lawsuit, a psychologist wrongly diagnosed a post-operative condition as depression; prescribed both an antidepressant and a stimulant, and the patient suffered a heart attack. In the five states where psychologists can prescribe, they are concentrated in urban areas; less than 250 psychologists are currently registered. We urge you to consider alternatives to safely expand access to mental health care:

1. Psychologists can enroll in medical school, physician assistant or APRN school.
2. Lawmakers can lower the excise tax burden and increase Medicaid reimbursements for Hawaii (lowest in the 50 states) for physicians who accept Medicare/ Medicaid.
3. Hawaii can expedite licensure for US continent MDs to practice in Hawaii in person and by telehealth.
4. Lawmakers can expand access to integrated care models, such as the Collaborative Care Model.

As LG Josh Green said to HPMA in October of 2021: “With telehealth, there should be no reason the

Neighbor Island Community Health Centers can’t hire a (Oahu or other) Telepsychiatrist.”

Please vote to keep our vulnerable Keiki, rural residents and Kupuna safe. Please vote against SB 677.

SB-677

Submitted on: 2/12/2023 12:52:14 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nainoa Fiddler	Individual	Oppose	Written Testimony Only

Comments:

My wife is a psychiatry resident, and I have watched her sacrifice her days and nights working for her patients. She has worked 12+ years to get to where she is to safely diagnose and treat patients who present with psychiatric concerns. She has worked in numerous settings: Kuakini Medical Center, Tripler Hospital, Queens Medical Center, Kapiolani Women's and Children Hospital to get the training that is necessary to treat her patients and keep alive. This bill is NOT what we need to solve the workforce problem that lies ahead. This bill endangers the lives of our loved ones. Please do not pass this bill. Our communities deserve medical professionals to treat their medical conditions.

SB-677

Submitted on: 2/10/2023 10:24:01 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lauren Yun Cook Au	Individual	Oppose	Written Testimony Only

Comments:

I do not think psychologists have adequate medical training to safely prescribe psychiatric medications. While the goal is to give medical care access to more people, this may lead to unsafe practices.

SB-677

Submitted on: 2/11/2023 12:01:02 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Blake Pinell	Individual	Oppose	Written Testimony Only

Comments:

As a physician specializing in the field of psychiatry, I strongly oppose SB677. Psychiatrists have robust medical training, having gone through undergraduate studies in biological sciences, four years of medical school, post-graduate training of at least four years in accredited residency programs, and a multitude of rigorous standardized testing procedures. Psychiatrists also get trained in residency in the fields of neurology and internal medicine to provide a solid foundation of medical knowledge. Prescribing psychiatric medications not only requires knowledge of psychopharmacology, but also a thorough understanding of the complexities of the human body. Medications prescribed by psychiatrists can have an effect on organs such as the thyroid, skin, kidneys, heart, and liver. Many of the patients we treat have complex medical comorbidities, and prescribing certain medications without the knowledge of how they intersect can potentially lead to life-threatening consequences or death. Often times, monitoring or surveillance of these conditions requires physical examination, laboratory testing, or imaging. Psychologists do not receive training in these skillsets. This is not knowledge that can be gained by taking a course and passing a multiple choice test. Psychologists being able to prescribe after 500 hours would amount to 3.125% of the 16,000 hours required for psychiatrists to have the privilege to prescribe. I would not feel comfortable flying on a plane with someone who has had a mere fraction of training compared to another pilot, nor would I want to send a family member to a mental health professional whom has only had a few hundred hours of training. The repercussions are serious and will threaten the well-being of some of the most vulnerable people in our communities. Psychologists do not have a training background in the biological sciences as it is fundamentally a part of the humanities. Allowing psychologists to train other psychologists would be irresponsible to those in our community. The Hawaii State Legislature in 2007 ordered the Legislative Reference Bureau to study this proposal, and found over 20 significant concerns regarding psychologists and prescription rights. There is no question that psychologists are an incredibly valuable part of the mental health team. However, there are safer and more effective ways to tackle the issue of access to care. Expansion of integrated care models can lead to psychiatrists interfacing with primary care physicians, and expansion of telemedicine services can allow those in rural areas to still receive quality care. I urge you to please vote against SB677 to keep our vulnerable residents safe.

SB-677

Submitted on: 2/11/2023 9:48:02 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lucille Morelli-Vine	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill for psychologist prescribing as it would compromise community health and safety, first and foremost, and jeopardize our already vulnerable populations. YOU NEED TO BE A Medical DOCTOR for prescribing any type of Meds. (Even a chiropractor can't prescribe meds) Prescribing is both an art and intricate science that Takes Years of Clinical and Medical Training and understanding, even with that it is an EXTremely Complex multisystemic challenge.

It is vital one not underestimate the responsibility entailed in prescribing SAFELY.

Please help keep our community safe from unnecessary risks and harm and instead seek other alternatives to increasing access to mental health care —utilizing psychologists in the counseling roles they are highly trained for as well as the already trained prescribing professionals, such as APRNs and other MD, DO specialists/practitioners. Please also consider consistent expansion of Telepsychiatry and collaborative care with primary care doctors working w psychiatrists.

SB-677

Submitted on: 2/11/2023 1:07:29 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
rika suzuki	Individual	Oppose	Written Testimony Only

Comments:

To the Honorable Members of our Hawaii State Legislature

RE: SB 677---OPPOSE

I oppose SB 677 /psychologist prescribing because it would compromise community health and safety, first and foremost, and jeopardize the safety of our already vulnerable populations.

Prescribing is both an art and intricate science that takes years of clinical and medical training and knowledge, on an ongoing basis, and even with that it is an extremely complex multisystemic challenge. It is vital to not underestimate the responsibility entailed in prescribing SAFELY.

Please help keep our community safe from unnecessary risks and harm and instead seek other alternatives to increasing access to mental health care —utilizing psychologists in the counseling roles they are highly trained for as well as the already trained prescribing professionals, such as APRNs and other MD, DO specialists/practitioners. Please also consider consistent expansion of Telepsychiatry and Collaborative care with primary care doctors working w psychiatrists.

Please VOTE IN OPPOSITION OF SB 677.

Mahalo and aloha,

Rika Suzuki M.D. Adult and Geriatric Psychiatry

SB-677

Submitted on: 2/11/2023 2:46:56 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Caroline Ritson	Individual	Oppose	Written Testimony Only

Comments:

I am a board certified psychiatrist who is in opposition to psychologists prescribing psychotropic medications. Psychologists play a vital role in our mental health team, but I believe only individuals who have a medical degree and a state license to practice medicine should be responsible for prescribing medications. Please don't put our patients at risk by allowing individuals without an adequate medical training background to prescribe potentially dangerous medications.

SB-677

Submitted on: 2/11/2023 9:07:43 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Naomi Bikle MD	Individual	Oppose	Written Testimony Only

Comments:

As a physician specializing in psychiatry on the Big Island, I urge the Committee to oppose SB677. If passed, this bill could endanger the lives of Hawaii’s most vulnerable citizens – our Keiki, rural populations, and Kupuna – by allowing psychologists to prescribe potentially dangerous medications. Psychologists are an important part our behavioral health teams, but they have NO medical training. The proposed minimum requirements are inadequate, and put patients at risk.

Creating a program in which psychologists train other psychologists to write prescriptions is like flight attendants teaching flight attendants to be pilots: it is illogical and worse, dangerous.

The proposed "study in a program offering intensive didactic education including instruction in anatomy and physiology, biochemistry, neuroanatomy, neurophysiology, neurochemistry, physical assessment and laboratory examinations, clinical medicine and pathophysiology, clinical and research pharmacology and psychopharmacology, clinical pharmacotherapeutics, research, and professional, ethical, and legal issues" sounds like medical school, but:

- 800 hrs
- 100 pts
- 4 2-month rotations

is severely inadequate to understand the medical nuances among diagnoses (some of which psychologists will not be aware in their training) and treatments. Moreover, geriatric psychiatrists spend an additional year of training after 4 years of general psychiatry residency training. Child and adolescent psychiatrists spend an additional 2 years of training after a 3 or 4 year general psychiatry residency, all after 4 years of medical school. If psychologists are considered adequate to prescribe medications to kupuna and keiki after the time requirements as stated in the bill, keiki and kupuna are extremely vulnerable to misdiagnosis and wrong treatment.

The National Alliance on Mental Illness (NAMI), our country’s largest organization representing those affected by mental illness, opposes proposals to expand prescribing privileges to psychologists. Hawaii residents agree. A 2022 APA poll found that nearly 80% of Hawaii residents believe only individuals who have a medical degree and a state license to practice medicine should be allowed to prescribe psychotropic medications.

SB 677 would be a redundant waste of State funds. In 2007, the Hawaii State Legislature ordered the Legislative Reference Bureau to study this same proposal. The report found over 20 significant concerns and advised that adequate training as determined by medical doctors is necessary to protect the safety of our vulnerable patients.

Most patients with mental illness have medical conditions; it is essential that a medical professional consider the entire patient. A lawsuit in Louisiana arose when a prescribing psychologist failed to consider a four-year-old child's seizure disorder and prescribed stimulants, with long-term consequences. In a separate lawsuit, a psychologist wrongly diagnosed a post-operative condition as depression; prescribed both an antidepressant and a stimulant, and the patient suffered a heart attack.

In the five states where psychologists can prescribe, they are concentrated in urban areas, not rural; less than 250 psychologists are currently registered.

We urge you to consider alternatives to safely expand access to mental health care:

1. Psychologists can pursue education and training to become a physician, physician assistant, or nurse practitioner.
2. Lawmakers can lower the excise tax burden and increase Medicaid reimbursements in Hawaii (lowest in the 50 states) for physicians who accept Medicare/ Medicaid.
3. Hawaii can expedite licensure for US continent MDs to practice in Hawaii in person and by telehealth.
4. Lawmakers can expand access and reimbursement to integrated care models, such as the Collaborative Care Model, to help recruit and retain Hawaii psychiatrists, who can provide their expertise to other medically trained staff that understand other medical comorbidities better than a psychologist (cardiac, neurologic, etc).

As then-LG Josh Green said to HPMA in October of 2021: "With telehealth, there should be no reason the Neighbor Island Community Health Centers can't hire a (Oahu or other) Telepsychiatrist."

Please vote to keep our vulnerable Keiki, rural residents and Kupuna safe. Please vote against SB 677.

Thank you for your attention and consideration.

Naomi Bikle, MD
General Adult Psychiatry
Kailua Kona, HI

SB-677

Submitted on: 2/12/2023 8:37:06 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sarah Gabriel	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB 677 for the safety of patients. Prescribers without proper medical backgrounds will lead to dangerous patient outcomes. SB 677 puts vulnerable populations such as geriatrics and children at significant risk for adverse outcomes.

Jenny L. Boyer, M.D., J.D., Ph.D.

505 Flint Ridge Drive

Norman, Oklahoma 73072

Telephone number 405-535-0594

Email: JennyLBoyer@hotmail.com

February 12, 2023

Senate Committee on Health and Human Services
State Capital
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Buenaventura, Vice Chair Aquino, and members of the Committee:

I am a past Chair of the Board of Licensure and Supervision for Psychologists in Oklahoma as well a past member of the Board of Licensure and Supervision for physicians in Oklahoma. I am presently a full time tele-psychiatrist for the Veterans Administration. These opinions are mine alone and do not represent those of the VA.

I practiced 15 years as clinical psychologist and the reason I went back to medical school in my 40s, even though I already practicing as a clinical psychologist, I hope will be of interest to you.

I was seeing patients independently as a clinical psychologist and I was having success in doing testing and psychotherapy. However, over the years I realized that to be clinically 'safe' for me, and other psychologists, a biological perspective was also required. Some examples may help you understand this perspective:

I had a patient die of a brain tumor because I did not recognize the potential diagnosis of glioblastoma. She had a slightly irregular gait, but I kept doing cognitive behavioral psychotherapy as I was not trained to appreciate sufficient differential diagnosis. She died 4 weeks after I asked a psychiatrist friend to advise me, but it was too late. A patient reported, "panic attacks," and was also having sleep apnea and who died of a heart attack brought on by an arrhythmia caused by gasping for breath in the middle of the night. I was doing deep relaxation exercises with this patient. I missed sleep apnea and only thought that he was suffering from insomnia, due to generalized anxiety disorder. I had a patient who was depressed, manic and psychotic but then found out that the person had been on prescription steroids. I had a patient die from a combination of high dose Prozac and valium that I had not prescribed but which I could not warn the patient about the danger of taking too much valium with the Prozac as I did not realize the danger myself. I had insufficient knowledge about the interaction. I have had completed suicides when I underestimated the contribution of chronic pain and was trying to do cognitive interventions. In my view it is not prescribing that is the problem as much as not having a correct diagnoses and breadth of knowledge to make the diagnosis. One must have a great deal of exposure to all illness to recognize it and only medical school will give you that breadth of exposure. That does not mean that others cannot practice but they cannot be expected to know what they do not know medically.

I finally mustered the courage to go to medical school so I would hopefully not miss critical medically based diagnoses. When I got to medical school, I thought there would be overlap of education, but I was

mistaken. The psychological model is behavioral and cognitive and does not include the biological model. Medical school was an eye-opening experience for me as I learned what I thought I knew, but I had a blind spot as I had been assured in PhD school that psychologists and psychiatrists were equivalent but just had different training. They are not equivalent at all.

I wonder about access to diagnosis and treatment myself. I think psychiatrists cannot see all the patients. I am in favor of biological training as well as supervision and consultation by the more extensively biologically trained mental health professionals. I think you must share what you know, and the best thing is a team approach as I appreciate psychologists and social work colleagues who possess unique perspectives that are also important. They do not have a biological perspective however, even if they take pharmacology classes. They will miss diagnoses. I think perhaps we need to use the collaborative care model more where primary care physicians work with mental health professionals, such as psychiatric physicians and nurse practitioners, to maximize the opportunities for patient improvement and well-being.

This is not a turf war for me. I want access and safety. That is all I want.

Thank you,

A handwritten signature in cursive script that reads "Jenny Boyer".

Jenny Boyer, M.D., J.D., Ph.D.

Board Certified American Board of Psychiatry and Neurology (in Psychiatry)

SB-677

Submitted on: 2/12/2023 9:37:03 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashley Lee	Individual	Oppose	Written Testimony Only

Comments:

Please consider the collaborative care model that we learned about during our psychiatry and neurology unit in medical school. The federal evidence has shown this to work for patients and provide a team of providers that all take on the responsibility of the patient at different levels. I have personally seen this to be effective at Waimanalo Health Center.

SB-677

Submitted on: 2/12/2023 9:51:19 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Ahmed	Individual	Oppose	Written Testimony Only

Comments:

I am writing to you as a concerned citizen of Hawaii In opposition to this bill because it could endanger the lives of Hawaii’s most vulnerable citizens by allowing individuals with insufficient medical training to prescribe and potentially risky medications to citizens of Hawaii with mental health disorders.What we need is mental health providers in Hawaii who can provide therapy and other psychological services to people with depression,anxiety and other psychiatric problems. Psychologists can provide these services currently without the need for prescribing medications. There is currently a severe shortage of psychologists and other mental health providers. Please work on increasing the number of such providers rather than wasting time on trying to provide prescriptive authority to psychologists.

SB-677

Submitted on: 2/12/2023 10:11:42 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jihan Yuen	Individual	Oppose	Written Testimony Only

Comments:

I am writing to you as a concerned citizen of Hawaii In opposition to this bill because it could endanger the lives of Hawaii’s most vulnerable citizens by allowing individuals with insufficient medical training to prescribe and potentially risky medications to citizens of Hawaii with mental health disorders. What we need is mental health providers in Hawaii who can provide therapy and other psychological services to people with depression, anxiety and other psychiatric problems. Psychologists can provide these services currently without the need for prescribing medications. There is currently a severe shortage of psychologists and other mental health providers. Please work on increasing the number of such providers rather than wasting time on trying to provide prescriptive authority to psychologists.

SB-677

Submitted on: 2/12/2023 10:53:15 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rodel Maulit	Individual	Oppose	Written Testimony Only

Comments:

Aloha my name is Rodel Maulit, MD and I am currently a resident psychiatrist at the Honolulu VA-Behavioral Health Clinic and I would like to present my opposing testimony relating to the Prescriptive Authority of Clinical Psychologists.

You wouldn't send police officers to a task warranting firemen such as saving people from a burning building. This is due to the simple fact that their training is different. Same reason you would not trust untrained/inexperienced council members to sign a bill that decides the fate of the people of Hawaii. Such a bill should really be reviewed and signed by an appropriate member including the Governor, the Senate, or a House Representative who have dedicated many years in training and understanding law, and understanding the people and needs of the state they work in.

Mental health disease is a multifactorial condition which needs multifaceted treatment including psychological, social, and biological/medical support. Biological/medical pharmacological support is very important ingredient to such treatment especially in schizophrenia, bipolar disorder (mania), substance use, and severe cases of depression and anxiety. "Authorizing qualified clinical psychologists with appropriate advanced training to prescribe" is not a short term solution to the long term problem of psychiatric providers shortage in the state of Hawaii. The only way to be qualified to prescribe medications is to go through the rigorous academic and clinical training obtained in accredited medical programs that train Nurse Practitioners, Physician Assistants, and Medical Doctors. Only thereafter completing such training will clinical psychologists be authorized and qualified to prescribe. An "advanced training to prescribe" in less than a year and treating 100 patients will not suffice as medical training that includes understanding the whole body and mind concerning pathophysiology and benefits/dangers of pharmacological agents down to the cellular/granular level. Inappropriate pharmacological training-> poor prescribing practices-> medical complications -> medical emergencies -> fatal psychological and medical consequences. This proposed short term solution will instead increase the psychological and medical burden our state is currently facing.

Other states such as those who have faced psychiatric provider shortage including California and New York have collaborated with other states through telepsychiatry to address shortages of medical professionals. There are many local psychiatrists doing telepsychiatry to treat patients in the mainland. Having out-of-state medically trained providers to assist in the shortage in Hawaii will continue to pursue the goal "to facilitate

and enhance collaborative practice between licensed clinical psychologists and medical doctors”.

Thank you for reading my testimony for such an important bill. Please remember that this bill will directly affect your friends, siblings, spouses, keiki, and your kupuna.

SB-677

Submitted on: 2/12/2023 12:06:45 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Julienne Aulwes, M.D.	Individual	Oppose	Written Testimony Only

Comments:

As a physician specializing in psychiatry, I urge the Committee to oppose SB 677. Psychologists are an important part our behavioral health teams, but they have NO medical training. The term, “Medical Psychologist” is an oxymoron. Medicine is a science. Psychology is one of the humanities. Creating a program in which psychologists train other psychologists to write prescriptions is like flight attendants teaching flight attendants to be pilots: it is illogical and worse, dangerous to people of Hawaii. Most patients with mental illness have medical conditions; it is essential that a medical professional consider the patient's entire body, not just one organ in isolation. A lawsuit in Louisiana arose when a prescribing psychologist failed to consider a four-year-old child’s seizure disorder and prescribed stimulants with long-term consequences. In a separate lawsuit, a psychologist wrongly diagnosed a post-operative condition as depression, prescribed both an antidepressant and a stimulant, and the patient suffered a heart attack.

As LG Josh Green said to HPMA in October of 2021: “With telehealth, there should be no reason the neighbor island community health centers can't hire a (Oahu or other) telepsychiatrist.” Please vote to keep our vulnerable keiki, rural residents, and kupuna safe. Please vote against SB 677.

SB-677

Submitted on: 2/12/2023 4:52:08 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Awapuhi Lee	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB677 as I believe it is only a band-aid that does not address the bigger issue of lack of mental healthcare in Hawaii. Allowing psychologists to prescribe medications despite not having the appropriate knowledge about the human body could lead to an increase of adverse events. Physicians are trained not only to understand how medications treat symptoms but how they affect other parts of the body. Psychologists to my knowledge do not have that same understanding. While they may be familiar with the mechanism of action and adverse effects of a drug, not all psychologists may be able to relate it to other medications or disease conditions that a patient has.

Additionally, this bill does not address the main cause of the mental health crisis in Hawaii, which is simply that there are not enough providers. Rather than focusing on providing medications, the state should focus on obtaining and retaining mental health care providers, including providing incentives for working on neighbor islands and providing benefits to address the high cost of living in Hawaii. Even increasing funding for programs to allow more local residents to attend health care professional school is vital as they are more likely to stay and work in Hawaii. Establishing collaborative care models in hospital systems can also help patients while they wait to see a psychiatrist. These solutions should be considered first and foremost before allowing psychologists to prescribe medication.

SB-677

Submitted on: 2/12/2023 3:39:25 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laulani Teale	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I must personally oppose this measure as it is currently written as it lacks safeguards to prevent it from being potentially used in an abusive manner against those who have not fully consented to being medicated, which I am eyewitness to as an increasing problem in Hawai'i that I have reason to believe may escalate dramatically under the new Governor.

I feel torn, because increased access is certainly important. I am surrounded by people in serious access struggles. However, this is not specific to psychiatry - there is a severe lack of access to all kinds of mental health resources, and health resources as a whole. Moreover, the focus should be on stopping the systemic abuses and imbalances that are the root of the majority of trauma, colonialism, and capitalist exploitation that underlies much of the mental illness epidemic that our communities face.

I am especially concerned about the potential for systemic abuse of two specific groups: the houseless, and children.

"Consent" means a lot more than agreeing to something verbally or in writing. Mental health can be sticky where it overlaps with systemic management of "behavioral health." Pharmaceutical corporate pressure is real and prevalent. All of these truths need better examination before opening doors into further medication of vulnerable populations that might be pressured or manipulated.

Children are over-medicated to keep them compliant with learning environments that do not work for them. We are regularly losing free-thinking creative ADHD minds and out-of-the-box spirits to high-pressure medicated conformity, and that is not okay. I know this personally from my own childhood and school struggles in my children's education, as well as a youth worker, teacher and public health professional.

Similarly, many adult creative geniuses are bipolar or have other neurologic diversity. This includes many great musicians, cultural practitioners, artists and more. In some cases, medication may be helpful to them, and in some cases, not. It is their choice. As the point that is being made in this measure is the scarcity of mental health resources (which I do not disagree with), my concern here is that the logical default will quickly shift to medicating people rather

spending the time and resources that they actually deserve to shift those things that will actually allow them to thrive fully as unique individuals.

I am especially concerned about this phenomenon in regards to the houseless population. There is currently serious discussion of involuntary or pressured medication, with problematic proposals such as prescribing long-acting antipsychotics in conjunction with housing and other services, or even forensic encumberment of houseless persons deemed “unfit” to make their own decisions without any actual threat to anyone. These would be violations of human rights and the potential is real. I have known many houseless persons who were already involuntarily detained and medicated with no incident or cause, other than chronic houselessness and refusal to participate in programs they did not want to be in. Plausible deniability further clouds this issue, as it clouds many alarming issues surrounding the State government’s “emergency” response to houselessness right now. This is unacceptable and scary.

Real solutions need to respect human rights and the right to the greatest fulfillment of a person’s full individual spirit, according to their own ea. Society needs to change on a deep level to accomodate a much greater range of neurodiversity, and respect people as human beings with real choice before anything else.

The government needs to stop raiding the houseless and taking their belongings. Stop the destruction of communities and theft of land and out-of-control real estate market that is straining people to the point of threatening their survival, destroying their mental health and making them homeless. Acknowledge the occupation of Hawai‘i and reestablish Indigenous-centered government by stepping out of the way of those who could actually solve these problems if they had their Independent country back, as is their right. Respect and appreciate children and adults for their unique ways of being themselves.

When these things are done, and there is not a large, looming threat of human rights violations hanging over some of the most vulnerable people in Hawai‘i, perhaps the careful expansion of practice could be reasonably discussed. But while this threat is imminent and tied to unacceptable potential human rights violations, I cannot accept anything that seems likely to be used to facilitate further oppression of those outside of the systemic box.

Mahalo for your consideration of these concerns.

Aloha

Laulani

SB-677

Submitted on: 2/12/2023 1:42:45 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeffrey Singer	Individual	Comments	In Person

Comments:

I will be submitting my testimony remotely via zoom.

But here is the written testimony:

Chair San Buenaventura, members of the Committee, my name is Jeffrey Singer, and I am a general surgeon in Phoenix, Arizona. Perhaps ironically, as a licensed physician, I can legally prescribe psychiatric meds to my patients even though it has been years since I received any training or experience with psych meds. I am also a senior fellow at the Cato Institute in Washington, DC, where I perform health policy research. In October, I published a paper on this subject.

In Hawai'i, as in most states, clinical psychologists with doctorate degrees must refer their patients who need medication to licensed prescribers—usually psychiatrists. But nowadays, roughly 50% of psychiatrists don't take insurance, and it can be difficult and costly for patients to see psychiatrists. Psychologists can also refer their patients to primary care practitioners or, as I mentioned a few moments ago, even general surgeons like myself if a psychiatrist is unavailable.

More than 30 years ago, the Dept of Defense trained clinical psychologists to prescribe psych meds to increase the workforce of prescribing psychotherapists. The American College of Neuropsychopharmacology reviewed the program for the DOD and concluded:

“It seems clear that a 2-year program—one year didactic, one-year clinical practicum that includes at least a 6-month inpatient rotation—can transform licensed clinical psychologists into prescribing psychologists who can function effectively and safely...and expand the delivery of mental health treatment to a variety of patients in a cost-effective way.”

A Government Accounting Office review of the program concurred.

Today, prescribing psychologists practice in several federal agencies, five states, and the territory of Guam.

As I point out in my paper, the evidence shows that prescribing psychologists prescribe as safely as—and possibly more conservatively than psychiatrists. They also tend to continue talk psychotherapy with their patients, whereas recent research shows less than 11% of psychiatrists engage in talk therapy these days—most only do pharmacotherapy.

I encourage lawmakers to avoid making prescribing psychologists undergo unnecessary didactic training and to tailor requirements to what prescribing psychologists will face in their practices. It is essential to make licensing criteria flexible enough to accommodate educational innovations that academics, practitioners, and policymakers cannot foresee.

Hawai'i lawmakers can help increase access to medically assisted mental health services by licensing prescribing psychologists without expending taxpayer dollars.

Respectfully,

Jeffrey A. Singer, MD, FACS

Senior Fellow, Cato Institute

LATE

SB-677

Submitted on: 2/13/2023 6:52:53 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna-Maria Wegierek-Skorupa	Testifying for WPC, Inc	Support	Written Testimony Only

Comments:

I write a strong support SB 677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training and registration requirements.

Our communities are suffering because of the lack of access to company as healthcare. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021) ,187,000 adults in Hawaii suffer from a mental health condition and 41,000 of Hawaii citizens experienced a serious mental health. Almost 70% of Hawaii yuth ages 6 to 17 years old who have depression did not receive any care in the past year. The numbers are simple. There are not enough psychiatrists to care for people Hawaii especially on the neighbor islands. Prescribing psychologist could offer psychopharmacology and psychotherapy services. Prescribing psychologist have long history of safe prescribing. It is without a doubt that prescribing psychologists in Hawaii will improve the above cited numbers as they do in Louisiana, New Mexico, Illinois, Iowa and Idaho.

Last, I am a Polish speaking prescribing psychologist in Illinois. The Polish community in Illinois is gigantic in fact there is more Polish speaking individuals in the Chicagoland area then in Warsaw – Poland. Without a doubt, as a Polish speaking prescribing psychologist I am contributing to the comprehensive mental health care. This care includes psychotherapy and psychopharmacology services to those that were unable to have a psychologist and the prescriber that speaks their language within one appointment. I am sure that similar examples can be found in Hawaii. I am certain that prescribing psychologists are undeniably needed in Hawaii.

Respectfully submitted, by Dr. Ana Maria Wegierek the 13th prescribing psychologists in Illinois.

LATE

SB-677

Submitted on: 2/12/2023 9:31:04 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jo Velasquez	Testifying for iNetMed Rx2	Support	Written Testimony Only

Comments:

Senate committee chair and committee members, I am Dr. Jo Velasquez, a New Mexico, prescribing psychologist. I was licensed as a clinical psychologist in California in 1995 and in Nevada in 1997. Fifteen years later, after providing psychological care for thousands of children and their families in Nevada I decided to pursue a post-doctoral masters in clinical psychopharmacology. In 2014, I relocated to New Mexico and in 2017 my husband and I started a psychiatric services company in the southern region of our state. Today we have 8 prescribing psychologists on the team. From 2017-2022 our company, iNetMed Rx2 has provided 50,000 visits to 4400 individual adults and children in urban, rural and frontier areas. Like other prescribing psychologists in the State of New Mexico, over 90% of our patients are Medicaid recipients. I strongly urge your committee to vote in favor of SB 677 because the people of Hawaii deserve competent committed psychologists to provide high level psychopharmacologic care.

SENATE
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Brenton Awa



COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Angus L.K. McKelvey
Herbert M. Tim Richards, III
Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training and registration requirements.

I have been an educator and administrator in the field of Clinical Psychopharmacology for close to thirteen years and have taught undergraduate, graduate and postdoctoral students for close to 40 years. I served as Coordinator for the UH Hilo Daniel K Inouye College of Pharmacy's Master of Science in Clinical Psychopharmacology (MSCP) program from its inception in 2010 until 2016. I became Director for the Alliant International University MSCP program in 2017 until I stepped down a few months ago. I continue to teach biochemistry, statistics and research methodology, endocrinology, autonomic nervous system pathophysiology and pharmacology for the program.

I am the chair of the American Psychological Association's Division 55 (Society for Prescribing Psychology) Training Director Program. I am happy to provide first hand knowledge regarding curriculum and training and offer to provide facts regarding all of the training programs.

I would like to address specific claims that have been made regarding access to care in those states that allow psychologists to prescribe.

Claim: Prescriptive authority for psychologists has [*sic*] not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.

Fact: This purported "study" was based on telephone registration of prescribing psychologists in these two states. In fact, many practitioners have offices in the main cities and drive daily to the rural areas to practice. A prescribing psychologist is not precluded from practicing in rural settings just because they have an office in a city.

Claim: 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.

Fact: The Master of Science in Clinical Psychopharmacology programs have extensive lectures on every organ system in the body. This includes but is not limited to the central nervous system, peripheral nervous system, heart, lungs, kidneys, endocrine organs, gastrointestinal tract, liver, pancreas, gall bladder, smooth and striated muscle, bone, vasculature, and skin. The curriculum includes differential diagnosis of all health conditions that might be mimicked by mental health conditions and vice versa. The curriculum also includes contraindications for all medications, not just psychotropic medications.

Claim: 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. More than half of all patients that have a mental health disorder also have one or more physical ailments.

Fact: MSCP students are trained and tested in this area of medicine. The Master of Science in Clinical Psychopharmacology programs have extensive lectures on:

- Pharmacokinetics (Absorption, Distribution, Metabolism and Excretion)
- Pharmacodynamics (Receptor and symporter binding)
- Drug-drug interactions (for all medications including but not limited to those affecting cardiac, autonomic, vascular, renal, rheumatoid, endocrine, gastrointestinal, dermatologic systems).
- Phase I and phase II metabolism and the substrates, inhibitors and inducers that affect metabolism
- Pharmacogenomics (which can explain why some people respond to low doses of a medication while others develop adverse reactions without

therapeutic effect and still others require high doses to achieve a therapeutic benefit).

This material is covered in virtually every course but especially the Clinical Medicine courses in which students learn to integrate biochemistry, neuroscience, pathophysiology and physical assessment. Pharmacology and Special Populations courses focus on pharmacology and pharmacotherapeutics, which includes differential diagnosis and medication treatments.

Claim: The claimed “3-4 years of Master’s Degree in Clinical Psychopharmacology” essentially only takes 2.6 months full-time to complete.

Fact: Most MSCP programs take 2-3 years. For those programs that require all of the state’s practical experience before graduation, the program can last 4 years. The program at Alliant International University, for which I was Program Director from 2017-2022 and where I continue to serve as core faculty, has ten 8-week courses. Students have reading assignments and discussion questions every week as well as weekly quizzes, midterms, finals, SOAP note assignments and case presentations. Every course has 45 credit hours of live lectures and interactive learning experiences. I am not clear how anyone can calculate 2.6 months out of 80 weeks of classes and I welcome the opportunity to explain the curriculum.

Claim: The Department of Defense Demonstration Project was a failure.

Fact: The 1999 GAO report to the US Senate Committee on Armed Services reported:

The ten PDP graduates seem to be well integrated at their assigned military treatment facilities. For example, the graduates generally serve in positions of authority, such as clinic or department chiefs. They also treat a variety of mental health patients; prescribe from comprehensive lists of drugs, or formularies; and carry patient caseloads comparable to those of psychiatrists and psychologists at the same hospitals and clinics. Also, although several graduates experienced early difficulties being accepted by physicians and others at their assigned locations, the clinical supervisors, providers, and officials we spoke with at the graduates’ current and prior locations – as well as a panel of mental health clinicians who evaluated each of the graduates – were complimentary about the quality of patient care provided by the graduates. (pg 3)

The GAO report highlighted both benefits and challenges associated with the DOD Demonstration Project. At the time, it was recognized that the training was expensive resulting in it being more costly than the traditional training of psychiatrists or psychologists. This is because they had to hire instructors for

the small group of students. In fact, training the PDP students was \$157,226 whereas training psychiatrists was \$188,472, so training was still less expensive for the prescribing psychologists (see GAO report, page 24).

The current MSCP programs use a variety of approaches to result in much more cost effective training without sacrificing quality. Programs have a variety of scientists, physicians, psychiatrists, nurse practitioners, pharmacists and prescribing psychologists teach in their programs. Some integrate online learning with live or on-ground lectures. By contrast, the DOD Demonstration Project required both students and faculty to be on-ground, which was the main expense of the program. It was neither the quality of the training nor the success of the graduates that was in question.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens. Does that make sense?

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES for SB677.

Hawai`i's Governor Josh Green and the entire legislative body have made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

I recommend the following revisions to SB677:

Add a definition of the board that will oversee licensure to include; a physician, a nurse practitioner, a pharmacist and a minimum of two licensed psychologists and three licensed prescribing psychologists.

Add the following under the section on Prescriptive authority privilege; renewal §465-11:

- (e) a psychologist who has been licensed to prescribe for five or more years in another state that authorizes prescriptive authority for psychologists shall be granted prescriptive authority privilege by the board.*
- (f) a psychologist who is authorized to prescribe in the United States Military within the United States Department of Health and Human Services or the Indian Health Service shall be granted prescriptive authority privilege by the board.*

Remove the 8 week rotations (see §465 (3) F). Section A already covers the special populations.

Hawai`i cannot afford to turn away practitioners who have trained and invested in the profession of prescribing psychology. **We are ready** to help with those who are without a home and require mental health care. **We are ready** to help those who have substance use disorders and mental health conditions. **We are ready** to help those who have suffered long haul COVID and those who have depression and anxiety as a result of the pandemic. **We are ready** to help our rural communities. Please open the door to treating Hawai`i's mental health care needs.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need. **The time is now.**

Respectfully submitted,

Your Name

Organization or credentials

SB-677

Submitted on: 2/12/2023 8:13:03 PM

Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Brian Goodyear	Individual	Support	Written Testimony Only

Comments:

Aloha Senators,

Please support this biil which will increase access to essential mental health services for many Hawaii residents, particularly on the neighbor islands and in rural areas of Oahu. There is a chronic shortage of providers who are able to prescribe psychotropic medications.

Mahalo!

SB-677

Submitted on: 2/12/2023 9:11:54 PM

Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Sean W. Scanlan, Ph.D.	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I've been working with kids for a long time, and it's clear that their pharmacotherapeutic needs are not being met. For example, one of my families had to wait 4 months, just for Concerta. That was half the 6th grade year with the kid falling behind, being an irritant to his teachers and peers. This is broken. Trained psychologists want to help fix it. It's time. Mahalo.

Dr. Robert Mayfield
Ben Archer Health Center
Mayfield School Based Center
1990 Bruins Ln
Las Cruces, NM 88001

LATE

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I am a prescribing psychologist serving rural New Mexico, licensed in 2007 to prescribe medications, and I work for Ben Archer Health Centers, a Federally Qualified Health Center which is an integrated primary care/dental center serving New Mexican's of all ages. As part of our service area, I also provide service to Veterans through a VA Ben Archer Community-Based Outpatient Clinic 2 days per week. Our geographic commitment is large, and our populations were chronically underserved.

In New Mexico the original prescribing psychology law was implemented in 2004 with the intent to bring services to the underserved populations in NM in a safe and effective manner, and for the last 19 years we have done this.

I have, on average, some 1000 covered lives that I see within any 3 month period, along with another 160 consults for primary care on medication initiation or issues. My colleagues throughout the state and I work collaboratively with primary care providers, as well as specialty providers including neurology, psychiatry, obstetrics, trauma, surgeons, pain specialists, mental health therapists, non-prescribing psychologists, and addictions, as well as others. We work within school-based centers to ensure access to school aged individuals, as well as our consults with primary care providers and dental providers who screen for depression, anxiety, addiction, and other serious mental illness.

Much like Hawai'i, New Mexico faces shortage of psychiatrists to assist our population. For the last 19 years, prescribing psychologists have provide safe, effective, lifesaving services for underserved populations. The training for prescribing psychologists based on the American Psychological Association guidelines is safe and effective. We've demonstrated that over the past 19 years in New Mexico, and it has made a qualitative and quantitative difference for our citizens.

If your population lacks access to comprehensive mental health care, and if you have young people who are not receiving services, this legislation will help to ensure your citizens get the help that they need.

I do believe that I have colleagues who already prescribe for the Army and Navy in Hawai'i. If allowed to provide services outside the military, Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. Our commitment as a group to those who are indigent, or Medicaid and Medicare patients, is a historical fact.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please join us in moving towards a better mental health care solution for your citizens. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "R. Mayfield".

Dr. Robert Mayfield, ABMP
Prescribing psychologist 0008
Licensed psychologist 0943
Neuropsychologist.

SB-677

Submitted on: 2/13/2023 6:52:05 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jinsoon Lee	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

LATE

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists

have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Dr. Jin Lee, PsyD., MSCP, BCB

Your Pediatric Psychologist, LLC

LATE

SB-677

Submitted on: 2/13/2023 7:42:47 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eric Silk	Individual	Support	Written Testimony Only

Comments:

RE: Testimony in SUPPORT of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN

CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I am the Training Director for the Idaho State University Clinical Psychopharmacology Program and serve on the Idaho Board of Psychologist Examiners. Although Idaho and Hawai'i seem like worlds apart, our states have a long-standing connection. A present-day connection is the need for expanded access to mental health care. A critical component of this is prescriptive authority for psychologists.

Much like in Idaho, there are simply not enough psychiatrists to care for the people of Hawai'i and neighbor islands. Running the training program for Prescribing Psychologists at ISU and teaching at the Idaho College of Osteopathic Medicine, I can assure you that our students receive far more psychopharmacology training than primary care physicians. Prescribing Psychologists have provided safe and effective mental health care starting in the Military in the 90s.

Idaho became the fifth state to grant psychologists prescriptive authority. As of today, there are eight prescribing psychologists in the state. This may seem like a small number, but Idaho is ranked 50th in mental health professionals with the fewest psychiatrists per capita of any state. The addition of eight highly trained prescribers is incredibly important. I will note that prescribing psychologists often implement therapeutic techniques, and are often "un-prescribing" inappropriate medications.

I urge you to consider supporting Psychologists with Prescriptive Authority. The lesson learned in Idaho is that they will help provide safe and appropriate care for your citizens – specifically those in need of the most care that suffer from mental illness. Please vote YES on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Eric Silk, PhD, MSCP

SB-677

Submitted on: 2/13/2023 7:24:36 AM

Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
David Fukuzawa	Individual	Oppose	Written Testimony Only

Comments:

Dear Honorable Senators -

I am opposed to this legislative bill. As a retired substance abuse counselor, I think this would be a slippery slope to take. Psychologists are not trained physicians and should not overstep their knowledge base or expertise. Giving them prescriptive authority could lead to problems that would create public safety. We have enough problems with physicians who prescribe too much medication legally and illegally. Why would we want to add to this. WE already have dentists, nurse practitioners and physician assistants who have this authority. And I am more confident with them having that authority as they have the medical training to deal issues regarding medications. As a substance abuse counselor, I probably have more education regarding pharmacology than most medical professionals. So again, I think Psychologists should stay in their scope of practice and refer to certified Psychiatrists or Psychiatric Nurse Practitioners or Physician Assistants. If we go to this level, what is next allowing social workers to do the same. Please rescind this bill and end it.

Sincerely,

David J Fukuzawa, SAS-V, CSAC, CCJP, CCS (Retired)

SB-677

Submitted on: 2/13/2023 8:30:57 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Robin Miyamoto	Individual	Support	Written Testimony Only

Comments:

Honorable Chair San Buenaventura, Vice-Chair Aquino and members of the Committee on Health & Human Service, I am Robin Miyamoto, a Clinical Psychologist, serving the Medicare/Medicaid community across Oahu. I wish to submit this testimony in strong support of SB 677. This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense.
- The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to those unserved and underserved communities. SB 677 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.

677 Ala Moana Blvd. 1016

Honolulu, Hawaii 96813

Office: 808-692-1012

Fax: [808-587-8576](tel:808-587-8576)

robinemi@hawaii.edu

SB-677

Submitted on: 2/13/2023 8:37:24 AM
Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Robert Rottschaefer, PhD	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2023

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Sharon Y. Moriwaki

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Angus L.K. McKelvey

Herbert M. Tim Richards, III

Brenton Awa

HEARING: Monday, February 13, 2023, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I am a 2006 graduate of a Department of Defense psychopharmacology training program. You may be aware that following the successful but politically discontinued Psychopharmacology Demonstration Program of the mid-1990's, Senator Inouye directed the Air Force to select and train a psychologist to prescribe. I was selected for this program and in 2004, began Nova Southeastern's two-year, MS in Psychopharmacology program while I was stationed at MacDill AFB, FL. In 2007, following successful completion of this program, one year of supervised clinical practice, and successfully passing the American Psychological Association's competency exam, I was independently privileged to prescribe psychotropic medication. I continued to practice at MacDill AFB, treating both civilians and active duty members, until I was deployed to Afghanistan in 2008. Because of my advanced training, I was forward-deployed and assigned to provide care to more than 8,000 U.S. troops in southern half of the country. For these efforts, I was awarded the Bronze Star. Following my return to the U.S., I continued to provide safe and effective mental health care, including psychotropic medication, to my patients until my retirement in July, 2022.

While I have not been stationed in Hawai'i, I have been stationed in several locations with inadequate mental health resources. In each of these locations, my additional training and privileging allowed me to increase access to safe, comprehensive mental health care for both active duty and non-active duty beneficiaries. In addition to the direct patient care services I provided, I also provided consultation to Primary Care Managers and other medical specialists on psychotropic medication. Over the 15+ years I was prescribing, there were never any concerns raised about safety or the quality of care I was providing both in or outside the military setting. I was considered a respected member of the professional staff and an expert in mental illness and treatment, including treatment with medication. For all but three years, my clinical care was peer-reviewed by a psychiatrist and no safety or treatment concerns were ever noted. In short, it was clear to all with whom I worked, including psychiatrists and other physicians, that I was well trained and able to provide safe, effective, comprehensive mental health care.

Communities and citizens in Hawai'i are also suffering because of the lack of access to comprehensive mental health care. The most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai'i suffer from a mental health condition and 41,000 of citizens experience a serious mental illness. Almost 70 percent of Hawai'i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. In most cases, Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing

Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They have already prescribed for the Air Force, Army and Navy in Hawai`i. They have provided care at Pearl Harbor in addition to non-active duty, Hawai`i citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority can and will provide safe, comprehensive, and appropriate care for those individuals who are without homes and who suffer from serious mental illness. Psychologists already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness and provide care alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today in Hawai`i if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Robert B. Rottschafer, MA, MS, PhD

Colonel (ret), USAF, BSC

Prescribing Psychologist

SB-677

Submitted on: 2/13/2023 8:55:26 AM
Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Kathleen M McNamara	Individual	Support	Written Testimony Only

Comments:

"RE: Testimony in **SUPPORT** of SB 677: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. Almost 70 percent of Hawai`i's youth ages 6-17 who have depression did not receive any care in the past year. According to recent research on the federal level, psychiatrists can only fill 18% of the need.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Hawai`i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB677 helps address this issue. Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

I have been continuously involved in efforts to secure prescriptive authority for psychologists in Hawai'i since 1989-1990. At that time I was part of a working group mandated by the Legislature to engage in an alternative dispute resolution process. The group reached consensus that Hawaii's citizens were in need of significantly more mental health care, but would not make a recommendation about including prescriptive authority for appropriately trained psychologists as an additional measure. The need for Hawaii's citizens to have appropriate and timely care for mental health needs has only markedly increased, and is even greater as a result of the pandemic. It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote **YES** on SB677 to allow greater access to care for those most in need.

Respectfully submitted,

Kathleen M. McNamara, Ph.D., ABPP