

JAN 19 2024

A BILL FOR AN ACT

RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds there is a significant
2 shortage of prescribing mental health care providers available
3 to serve the needs of Hawaii's people. As a means of addressing
4 this shortfall, access to quality, comprehensive, and affordable
5 health care can be facilitated and enhanced by collaborative
6 practice between licensed clinical psychologists and medical
7 doctors. Authorizing qualified clinical psychologists with
8 appropriate advanced training to prescribe from a limited
9 formulary of psychotropic medication will benefit Hawaii
10 residents who live in rural or medically underserved
11 communities, where mental health professionals with prescriptive
12 authority are in short supply.

13 The legislature further finds that the mental health needs
14 of the State continue to outweigh present capacity. According
15 to the Annual Report on Findings from the Hawaii Physician
16 Workforce Assessment Project (December 2023), psychiatrist
17 shortages are highest in Maui and Kauai counties. Using an



1 updated method of calculating shortage for psychiatrists, the
2 report identified statewide shortages for adult psychiatry and
3 child/adolescent psychiatry as 45.2 per cent and 42.8 per cent.
4 Hawaii county has the greatest shortage, at 75.1 per cent,
5 followed by Kauai county with a 71.2 per cent shortage, and then
6 Maui county with a 50.4 per cent shortage. The 2022 report,
7 using a new analytical approach to capture the reported need for
8 psychiatrists more accurately reflected a shortage of 35.2 per
9 cent for psychiatrists and a shortage of 39.0 per cent for
10 child/adolescent psychiatrists in the city and county of
11 Honolulu. All of these calculations do not factor in the
12 additional systemic barriers related to accessing care areas
13 across the State, such as long wait times to see psychiatrists,
14 psychiatrists not taking new patients due to being overbooked,
15 and psychiatrists not taking medicaid or medicare insurance. As
16 high as these shortages are, the 2022 report notes that these
17 measurements are based on the assumption that there is an
18 adequate number of primary care physicians in each county.
19 Since there are critical shortages of primary care physicians in
20 Hawaii, the prescriber shortages may still be underestimated.



1 These shortages have been amplified by recent catastrophic
2 events from the coronavirus disease 2019 pandemic and the August
3 2023 Maui wildfires. Resources already depleted from the
4 pandemic have been stretched even thinner by the prolonged
5 challenges that have long-term effects on mental health,
6 including the trauma of experiencing the fires, the loss of
7 homes, the loss of loved ones, and the loss of income.

8 Lack of access to appropriate mental health treatment has
9 serious and irrevocable consequences for many Hawaii residents.
10 According to Mental Health America, Hawaii ranks last in the
11 United States (including Washington, D.C.) for adults with any
12 mental illness who did not receive treatment (69.1 per cent).
13 According to the department of health, of the ten leading
14 injury-related causes of death, death by suicide is the number
15 one cause among Hawaii residents from the ages of fifteen to
16 twenty-four. Studies have shown that people who attempt or
17 commit suicide have often received inadequate or no mental
18 health treatment due to the effects of a shortage of community
19 mental health providers. While causes for suicide are complex,
20 the most commonly reported contributing factors are mental



1 health conditions that, when identified and treated, respond
2 favorably to therapy and psychotropic medication.

3 A 2016 Hawaii News Now article reported that sixty-one per
4 cent of all people arrested in 2015 on Oahu suffered from
5 serious mental illness or severe substance intoxication. This
6 almost two-fold increase occurred in the period following
7 substantial cuts to state-supported mental health services in
8 2009.

9 According to the National Alliance on Mental Illness and
10 the federal Substance Abuse and Mental Health Services
11 Administration, approximately thirty-two thousand adults in
12 Hawaii, representing more than three per cent of the population,
13 live with serious mental illness. The actual scope of need in
14 the State is even greater since this figure excludes individuals
15 with clinical diagnoses such as unipolar depression, anxiety
16 disorders, adjustment disorders, substance abuse, or post-
17 traumatic stress disorder.

18 The legislature additionally finds that increasing the
19 number of prescribing mental health providers would be
20 beneficial to the State's homeless population. According to the
21 2018 Hawaii Statewide Point-In-Time Count, there are an



1 estimated 6,530 homeless persons in the State, with an estimated
2 1,714 of those persons meeting the definition of chronically
3 homeless. Hawaii and Kauai counties realized twenty and ten per
4 cent increases respectively between 2022 and 2023 in total
5 homelessness driven largely by increases in unsheltered
6 homelessness, while Maui declined five per cent overall.
7 According to the 2018 Oahu Homeless Point-In-Time Count, there
8 are an estimated 4,495 homeless persons on Oahu. Of those
9 persons, a large number fall into four subpopulations that would
10 likely benefit from increased access to prescribing mental
11 health providers, including one thousand eighty-four adults with
12 a serious mental illness; eight hundred twenty adults with a
13 substance use disorder; forty-eight adults with HIV/AIDS; and
14 two hundred eighty adult survivors of domestic violence. The
15 2023 Oahu Homeless Point-In-Time Count reported a two per cent
16 increase in the overall homeless population on Oahu compared to
17 2022.

18 Clinical psychologists are licensed health professionals
19 with an average of seven years of post-baccalaureate study and
20 three thousand hours of post-graduate supervised practice in the
21 diagnosis and treatment of mental illness. The American



1 Psychological Association has developed a model curriculum for a
2 master's degree in psychopharmacology for the education and
3 training of prescribing psychologists; however, the current
4 allowable scope of clinical psychologists' practice in Hawaii
5 does not include prescribing medications. Currently, these
6 providers' patients must consult with and pay for another
7 provider to obtain psychotropic medication when it is indicated.

8 The legislature has previously authorized prescription
9 privileges for advanced practice registered nurses,
10 optometrists, dentists, and naturopathic physicians. Licensed
11 clinical psychologists with specialized education and training
12 for prescriptive practice have been allowed to prescribe
13 psychotropic medications to active duty military personnel and
14 their families in federal facilities and the United States
15 Public Health Service for decades. In recent years, Colorado,
16 Idaho, Illinois, Iowa, Louisiana, and New Mexico have adopted
17 legislation authorizing prescriptive authority for advanced
18 trained psychologists. Many of these prescribing psychologists
19 have filled long-vacant public health positions or otherwise
20 serve predominantly indigent and rural patient populations.



1 Independent evaluations of the federal Department of
2 Defense psychopharmacological demonstration project by the
3 Government Accountability Office and the American College of
4 Neuropsychopharmacology, as well as the experiences in other
5 jurisdictions, have shown that appropriately trained
6 psychologists can prescribe and administer medications safely
7 and effectively. Furthermore, prescribing psychologists have
8 been found to reduce the rate of suicide in New Mexico and
9 Louisiana by five to seven per cent since the introduction of
10 prescriptive authority there.

11 The purpose of this Act is to authorize and appropriate
12 funds to the board of psychology to grant prescriptive authority
13 to prescribing psychologists who meet specific education,
14 training, and registration requirements.

15 SECTION 2. Chapter 465, Hawaii Revised Statutes, is
16 amended by adding a new part to be appropriately designated and
17 to read as follows:

18 "PART . PRESCRIBING PSYCHOLOGISTS

19 §465- Definitions. As used in this part unless the
20 context otherwise requires:



1 "Advanced practice registered nurse with prescriptive
2 authority" means an advanced practice registered nurse, as
3 defined in section 457-2, with prescriptive authority granted
4 pursuant to section 457-8.6.

5 "Clinical experience" means a period of supervised clinical
6 training and practice in which clinical diagnoses and
7 interventions, [~~that~~] can be completed and supervised as part of
8 or subsequent to earning a post-doctoral master of science
9 degree in clinical psychopharmacology training, are learned.

10 "Controlled substance" has the same meaning as in section
11 329-1.

12 "Forensically encumbered" means a person who has been
13 detained by Hawaii courts for forensic examination or committed
14 to a psychiatric facility under the care and custody of the
15 director of health for appropriate placement by any court, has
16 been placed on conditional release or released on conditions by
17 a judge in Hawaii courts, or is involved in mental health court
18 or a jail diversion program.

19 "Narcotic drug" has the same meaning as in section 329-1.

20 "Opiate" has the same meaning as in section 329-1.



1 "Prescribing psychologist" means a clinical psychologist
2 who has undergone specialized training in clinical
3 psychopharmacology, passed a national proficiency examination in
4 psychopharmacology approved by the board, and been granted a
5 prescriptive authority privilege by the board.

6 "Prescription" means an order for a psychotropic medication
7 or any device or test directly related to the diagnosis and
8 treatment of mental and emotional disorders pursuant to the
9 practice of psychology.

10 "Prescriptive authority privilege" means the authority
11 granted by the board to prescribe and administer psychotropic
12 medication and other directly related procedures within the
13 scope of practice of psychology in accordance with rules adopted
14 by the board.

15 "Primary care provider" means a physician or osteopathic
16 physician licensed or exempt from licensure pursuant to section
17 453-2 or an advanced practice registered nurse with prescriptive
18 authority.

19 "Psychotropic medication" means only those agents related
20 to the diagnosis and treatment of mental and emotional disorders
21 pursuant to the practice of psychology, except drugs classified



1 into schedule I, II, or III pursuant to chapter 329, opiates, or
2 narcotic drugs; provided that psychotropic medication shall
3 include stimulants for the treatment of attention deficit
4 hyperactivity disorder regardless of the stimulants' schedule
5 classification.

6 "Serious mental illness" means bipolar I disorder, bipolar
7 II disorder, delusional disorder, major depressive disorder with
8 psychotic features, psychosis secondary to substance use,
9 schizophrenia, schizophreniform disorder, and schizoaffective
10 disorder, as defined by the most current version of the
11 Diagnostic and Statistical Manual of Mental Disorders.

12 §465- Administration. (a) The board shall prescribe
13 application forms and fees for application for and renewal of
14 prescriptive authority privilege pursuant to this part.

15 (b) The board shall develop and implement procedures to
16 review the educational and training credentials of a
17 psychologist applying for or renewing prescriptive authority
18 privilege under this part, in accordance with current standards
19 of professional practice.

20 (c) The board shall determine the exclusionary formulary
21 for prescribing psychologists. The board may form an advisory



1 panel for developing the exclusionary formulary and
2 establishment of rules.

3 (d) The board shall adopt rules pursuant to chapter 91 for
4 the implementation of this part; provided that the board shall
5 establish a rule that, whenever possible, a prescribing
6 psychologist shall collaborate with the patient's primary health
7 care provider.

8 (e) The board shall have all other powers which may be
9 necessary to carry out the purposes of this part.

10 **§465- Prescriptive authority privilege; requirements.**

11 Beginning on July 1, 2025, the board shall accept applications
12 for prescriptive authority privilege. Every applicant for
13 prescriptive authority privilege shall submit evidence
14 satisfactory to the board, in a form and manner prescribed by
15 the board, that the applicant meets the following requirements:

16 (1) The applicant possesses a current license pursuant to
17 section 465-7;

18 (2) The applicant successfully graduated with a post
19 doctoral master's degree in clinical
20 psychopharmacology from a regionally-accredited
21 institution with a clinical psychopharmacology program



1 designated by the American Psychological Association,
2 or the equivalent of a post doctoral master's degree,
3 as approved by the board; provided that any equivalent
4 shall include study in a program offering intensive
5 didactic education including instruction in anatomy
6 and physiology, biochemistry, neuroanatomy,
7 neurophysiology, neurochemistry, microbiology,
8 physical assessment and laboratory examinations,
9 clinical medicine and pathophysiology, clinical and
10 research pharmacology and psychopharmacology, clinical
11 pharmacotherapeutics, research, professional, ethical,
12 and legal issues;

13 (3) The applicant has clinical experience that includes:

14 (A) A minimum of eight hundred hours completed in a
15 clinical prescribing practicum including
16 geriatric, pediatric, and pregnant patients
17 completed in not less than twelve months and not
18 more than fifty-six months;

19 (B) Supervision of a minimum of one hundred patients
20 including geriatric, pediatric, and pregnant
21 patients;



1 (C) A minimum of eighty hours completed in a physical
2 assessment practicum in a primary care, family
3 practice, community, or internal medicine
4 setting;

5 (D) A minimum of one hundred hours of community
6 service with homeless, veteran, or low-income
7 populations; and

8 (E) A minimum of two hours per week of supervision by
9 a primary care provider or a prescribing
10 psychologist; and

11 (4) The applicant has successfully passed the nationally
12 recognized Psychopharmacology Examination for
13 Psychologists developed by the American Psychological
14 Association's Practice Organization's College of
15 Professional Psychology prior to 2017, the Association
16 of State and Provincial Psychology Boards after 2018,
17 or other authority, relevant to establishing
18 competence across the following content areas:
19 neuroscience, nervous system pathology, physiology and
20 pathophysiology, biopsychosocial and pharmacologic
21 assessment and monitoring, differential diagnosis,



1 pharmacology, clinical psychopharmacology, research,
2 and integrating clinical psychopharmacology with the
3 practice of psychology, diversity factors, and
4 professional, legal, ethical, and interprofessional
5 issues; provided that the passing score shall be
6 determined by the American Psychological Association's
7 Practice Organization's College of Professional
8 Psychology prior to 2017, the Association of State and
9 Provincial Psychology Boards after 2018, or other
10 authority, as applicable.

11 **§465- Prescriptive authority privilege; renewal. (a)**

12 The board shall implement a method for the renewal of
13 prescriptive authority privilege in conjunction with the renewal
14 of a license under section 465-11.

15 (b) To qualify for the renewal of prescriptive authority
16 privilege, a prescribing psychologist shall present evidence
17 satisfactory to the board that the prescribing psychologist has
18 completed at least eighteen hours biennially of acceptable
19 continuing education, as determined by the board, relevant to
20 the pharmacological treatment of mental and emotional disorders;
21 provided that a first-time prescribing psychologist shall not be



1 subject to the continuing education requirements under this
2 section for the first prescriptive authority privilege renewal.

3 (c) The continuing education requirement under this
4 section shall be in addition to the continuing education
5 requirement under section 465-11.

6 (d) The board may conduct random audits of licensees to
7 determine compliance with the continuing education requirement
8 under this section. The board shall provide written notice of
9 an audit to each licensee randomly selected for audit. Within
10 ninety days of notification, the licensee shall provide the
11 board with documentation verifying compliance with the
12 continuing education requirement established by this section.

13 (e) A psychologist who has been licensed to prescribe for
14 five or more years in another state that authorizes prescriptive
15 authority for psychologists shall be granted prescriptive
16 authority privilege by the board.

17 (f) A psychologist who is authorized to prescribe in the
18 United States Military, within the United States Department of
19 Health and Human Services or the Indian Health Service shall be
20 granted prescriptive authority privilege by the board.



1 §465- Prescriptive authority privilege; prescribing
2 practices. (a) It shall be unlawful for any psychologist not
3 granted prescriptive authority privilege under this part to
4 prescribe, offer to prescribe, administer, or use any sign,
5 card, or device to indicate that the psychologist is so
6 authorized.

7 (b) A valid prescription issued by a prescribing
8 psychologist shall be legibly written and contain, at a minimum,
9 the following:

- 10 (1) Date of issuance;
- 11 (2) Original signature of the prescribing psychologist;
- 12 (3) Prescribing psychologist's name and business address;
- 13 (4) Name, strength, quantity, and specific instructions
14 for the psychotropic medication to be dispensed;
- 15 (5) Name and address of the person for whom the
16 prescription was written;
- 17 (6) Room number and route of administration if the patient
18 is in an institutional facility; and
- 19 (7) Number of allowable refills, if applicable.



1 (c) A prescribing psychologist shall comply with all
2 applicable state and federal laws and rules relating to the
3 prescription and administration of psychotropic medication.

4 (d) A prescribing psychologist shall:

5 (1) Except as provided in paragraph (3), prescribe and
6 administer psychotropic medication only in
7 consultation with and pursuant to a written
8 collaborative agreement with a patient's primary care
9 provider that is established and signed prior to
10 prescribing any psychotropic medication for the
11 patient;

12 (2) Make any changes to a medication treatment plan,
13 including dosage adjustments, addition of medications,
14 or discontinuation of medications only in consultation
15 and collaboration with a patient's primary care
16 provider;

17 (3) For patients who are forensically encumbered and for
18 patients with a diagnosis of serious mental illness
19 who are subject to the jurisdiction of the department
20 of health:



1 (A) Prescribe and administer psychotropic medication
2 only:

3 (i) In accordance with a treatment protocol
4 agreed to by the prescribing psychologist
5 and the treating department of health
6 psychiatrist; and

7 (ii) With notification to all other health care
8 providers treating the patient; and

9 (B) Enter into a collaborative agreement with the
10 department of health prior to prescribing any
11 psychotropic medication; and

12 (4) Document all consultations in the patient's medical
13 record.

14 (e) A prescribing psychologist shall not prescribe or
15 administer psychotropic medication for any patient who does not
16 have a primary care provider.

17 (f) A prescribing psychologist shall not delegate
18 prescriptive authority to any other person.

19 §465- Prescriptive authority privilege; exclusionary
20 formulary. (a) A prescribing psychologist shall only prescribe
21 and administer medications for the treatment of mental health



1 disorders as defined by the most current version of the
2 Diagnostic and Statistical Manual of Mental Disorders.

3 (b) The exclusionary formulary for prescribing
4 psychologists shall consist of drugs or categories of drugs
5 adopted by the board.

6 (c) The exclusionary formulary and any revised formularies
7 shall be made available to licensed pharmacies at the request of
8 the pharmacy and at no cost.

9 (d) Under the exclusionary formulary, prescribing
10 psychologists shall not prescribe or administer:

11 (1) Schedule I controlled substances pursuant to section
12 329-14;

13 (2) Schedule II controlled substances pursuant to section
14 329-16;

15 (3) Schedule III controlled substances pursuant to section
16 329-18, including all narcotic drugs and opiates; and

17 (4) For indications other than those stated in the
18 labeling approved by the United States Food and Drug
19 Administration for patients seventeen years of age or
20 younger;



1 provided that prescribing psychologists may prescribe and
2 administer stimulants for the treatment of attention deficit
3 hyperactivity disorder, regardless of the stimulants' schedule
4 classification and buprenorphine for the treatment of opioid use
5 disorder.

6 **§465- Drug Enforcement Administration; registration.**

7 (a) Every prescribing psychologist shall comply with all
8 federal and state registration requirements to prescribe and
9 administer psychotropic medication.

10 (b) Every prescribing psychologist shall file with the
11 board the prescribing psychologist's federal Drug Enforcement
12 Administration registration number. The registration number
13 shall be filed before the prescribing psychologist issues any
14 prescription for a psychotropic medication.

15 **§465- Violation; penalties.** Any person who violates
16 this part shall be guilty of a misdemeanor and, on conviction,
17 subject to penalties as provided in section 465-15(b). Any
18 person who violates this part may also be subject to
19 disciplinary action by the board."

20 SECTION 3. Section 329-1, Hawaii Revised Statutes, is
21 amended as follows:



1 1. By adding two new definitions to be appropriately
2 inserted and to read:

3 "Prescribing psychologist" means a clinical psychologist
4 licensed under chapter 465 who has undergone specialized
5 training in clinical psychopharmacology, passed a national
6 proficiency examination in psychopharmacology approved by the
7 board of psychology, and has been granted a prescriptive
8 authority privilege by the board of psychology.

9 "Psychotropic medication" means only those agents related
10 to the diagnosis and treatment of mental and emotional disorders
11 pursuant to the practice of psychology, as defined in section
12 465-1, except drugs classified into schedule I, II, or III
13 pursuant to this chapter, opiates, or narcotic drugs; provided
14 that psychotropic medication shall include stimulants for the
15 treatment of attention deficit hyperactivity disorder regardless
16 of the stimulants' schedule classification and buprenorphine for
17 the treatment of opioid use disorder."

18 2. By amending the definition of "practitioner" to read:

19 "Practitioner" means:

20 (1) A physician, dentist, veterinarian, scientific
21 investigator, or other person licensed and registered



1 under section 329-32 to distribute, dispense, or
2 conduct research with respect to a controlled
3 substance in the course of professional practice or
4 research in this State;

5 (2) An advanced practice registered nurse with
6 prescriptive authority licensed and registered under
7 section 329-32 to prescribe and administer controlled
8 substances in the course of professional practice in
9 this State; [and]

10 (3) A prescribing psychologist licensed and registered
11 under section 329-32 to prescribe and administer
12 psychotropic medication in the course of professional
13 practice in this State; and

14 [~~3~~] (4) A pharmacy, hospital, or other institution
15 licensed, registered, or otherwise permitted to
16 distribute, dispense, conduct research with respect to
17 or to administer a controlled substance in the course
18 of professional practice or research in this State."

19 SECTION 4. Section 329-38, Hawaii Revised Statutes, is
20 amended by amending subsection (i) to read as follows:



1 "(i) Prescriptions for controlled substances shall be
2 issued only as follows:

3 (1) All prescriptions for controlled substances shall
4 originate from within the State and be dated as of,
5 and signed on, the day when the prescriptions were
6 issued and shall contain:

7 (A) The first and last name and address of the
8 patient; and

9 (B) The drug name, strength, dosage form, quantity
10 prescribed, and directions for use. Where a
11 prescription is for gamma hydroxybutyric acid,
12 methadone, or buprenorphine, the practitioner
13 shall record as part of the directions for use,
14 the medical need of the patient for the
15 prescription.

16 Except for electronic prescriptions, controlled
17 substance prescriptions shall be no larger than eight
18 and one-half inches by eleven inches and no smaller
19 than three inches by four inches. A practitioner may
20 sign a prescription in the same manner as the
21 practitioner would sign a check or legal document



1 (e.g., J.H. Smith or John H. Smith) and shall use both
2 words and figures (e.g., alphabetically and
3 numerically as indications of quantity, such as five
4 (5)), to indicate the amount of controlled substance
5 to be dispensed. Where an electronic prescription is
6 permitted, either words or figures (e.g.,
7 alphabetically or numerically as indications of
8 quantity, such as five or 5), to indicate the amount
9 of controlled substance to be dispensed shall be
10 acceptable. Where an oral order or electronic
11 prescription is not permitted, prescriptions shall be
12 written with ink or indelible pencil or typed, shall
13 be manually signed by the practitioner, and shall
14 include the name, address, telephone number, and
15 registration number of the practitioner. The
16 prescriptions may be prepared by a secretary or agent
17 for the signature of the practitioner, but the
18 prescribing practitioner shall be responsible in case
19 the prescription does not conform in all essential
20 respects to this chapter and any rules adopted
21 pursuant to this chapter. In receiving an oral



1 prescription from a practitioner, a pharmacist shall
2 promptly reduce the oral prescription to writing,
3 which shall include the following information: the
4 drug name, strength, dosage form, quantity prescribed
5 in figures only, and directions for use; the date the
6 oral prescription was received; the full name, Drug
7 Enforcement Administration registration number, and
8 oral code number of the practitioner; and the name and
9 address of the person for whom the controlled
10 substance was prescribed or the name of the owner of
11 the animal for which the controlled substance was
12 prescribed.

13 A corresponding liability shall rest upon a
14 pharmacist who fills a prescription not prepared in the
15 form prescribed by this section. A pharmacist may add
16 a patient's missing address or change a patient's
17 address on all controlled substance prescriptions
18 after verifying the patient's identification and
19 noting the identification number on the back of the
20 prescription document on file. The pharmacist shall
21 not make changes to the patient's name, the controlled



1 substance being prescribed, the quantity of the
2 prescription, the practitioner's Drug Enforcement
3 Administration number, the practitioner's name, the
4 practitioner's electronic signature, or the
5 practitioner's signature;

6 (2) An intern, resident, or foreign-trained physician, or
7 a physician on the staff of a Department of Veterans
8 Affairs facility or other facility serving veterans,
9 exempted from registration under this chapter, shall
10 include on all prescriptions issued by the physician:

11 (A) The registration number of the hospital or other
12 institution; and

13 (B) The special internal code number assigned to the
14 physician by the hospital or other institution in
15 lieu of the registration number of the
16 practitioner required by this section.

17 The hospital or other institution shall forward a copy
18 of this special internal code number list to the
19 department as often as necessary to update the
20 department with any additions or deletions. Failure
21 to comply with this paragraph shall result in the



1 suspension of that facility's privilege to fill
2 controlled substance prescriptions at pharmacies
3 outside of the hospital or other institution. Each
4 written prescription shall have the name of the
5 physician stamped, typed, or hand-printed on it, as
6 well as the signature of the physician;

7 (3) An official exempted from registration shall include
8 on all prescriptions issued by the official:

9 (A) The official's branch of service or agency (e.g.,
10 "U.S. Army" or "Public Health Service"); and

11 (B) The official's service identification number, in
12 lieu of the registration number of the
13 practitioner required by this section. The
14 service identification number for a Public Health
15 Service employee shall be the employee's social
16 security or other government issued
17 identification number.

18 Each prescription shall have the name of the officer
19 stamped, typed, or handprinted on it, as well as the
20 signature of the officer; ~~and~~



1 (4) A physician assistant registered to prescribe
2 controlled substances under the authorization of a
3 supervising physician shall include on all controlled
4 substance prescriptions issued:

5 (A) The Drug Enforcement Administration registration
6 number of the supervising physician; and

7 (B) The Drug Enforcement Administration registration
8 number of the physician assistant.

9 Each written controlled substance prescription issued
10 shall include the printed, stamped, typed, or hand-
11 printed name, address, and phone number of both the
12 supervising physician and physician assistant, and
13 shall be signed by the physician assistant [-]; and

14 (5) A prescribing psychologist authorized to prescribe and
15 administer psychotropic medication pursuant to
16 part of chapter 465 in consultation and
17 collaboration with a primary care provider shall
18 include on all psychotropic medication prescriptions
19 issued:

20 (A) The Drug Enforcement Administration registration
21 number of the licensed primary care provider;



1 (B) The printed, stamped, typed, or hand-printed
2 name, address, and phone number of both the
3 licensed primary care provider and prescribing
4 psychologist; and

5 (C) The signature of the prescribing psychologist."

6 SECTION 5. Section 329-39, Hawaii Revised Statutes, is
7 amended by amending subsection (b) to read as follows:

8 "(b) Whenever a pharmacist sells or dispenses any
9 controlled substance on a prescription issued by a physician,
10 dentist, podiatrist, or veterinarian, or any psychotropic
11 medication on a prescription issued by a prescribing
12 psychologist, the pharmacist shall affix to the bottle or other
13 container in which the drug is sold or dispensed:

- 14 (1) The pharmacy's name and business address;
- 15 (2) The serial number of the prescription;
- 16 (3) The name of the patient or, if the patient is an
17 animal, the name of the owner of the animal and the
18 species of the animal;
- 19 (4) The name of the physician, dentist, podiatrist, [~~or~~]
20 veterinarian, or prescribing psychologist by whom the
21 prescription is written; and



1 SECTION 9. (a) The board of psychology shall submit a
2 report to the legislature, no later than twenty days prior to
3 the convening of the regular session of 2025, on the
4 authorization of prescriptive authority to prescribing
5 psychologists who meet specific education, training, and
6 registration requirements pursuant to this Act.

7 (b) The board of psychology shall collaborate with the
8 department of health when preparing information in the report
9 regarding the treatment of patients who are forensically
10 encumbered or patients with a diagnosis of serious mental
11 illness who are subject to the department's jurisdiction.

12 SECTION 10. In accordance with section 9 of article VII of
13 the Hawaii State Constitution and sections 37-91 and 37-93,
14 Hawaii Revised Statutes, the legislature has determined that the
15 appropriations contained in Act 164, Regular Session of 2023,
16 and this Act will cause the state general fund expenditure
17 ceiling for fiscal year 2024-2025 to be exceeded by
18 \$ or per cent. This current declaration takes
19 into account general fund appropriations authorized for fiscal
20 year 2024-2025 in Act 164, Regular Session of 2023, and this Act



1 only. The reasons for exceeding the general fund expenditure
2 ceiling are that:

3 (1) The appropriation made in this Act is necessary to
4 serve the public interest; and

5 (2) The appropriation made in this Act meets the needs
6 addressed by this Act.

7 SECTION 11. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$ or so
9 much thereof as may be necessary for fiscal year 2024-2025 for
10 the board of psychology to implement prescriptive authority
11 privilege for certain clinical psychologists, including the
12 procurement of staff.

13 The sum appropriated shall be expended by the department of
14 commerce and consumer affairs for the purposes of this Act.

15 SECTION 12. This Act does not affect rights and duties
16 that matured, penalties that were incurred, and proceedings that
17 were begun before its effective date.

18 SECTION 13. If any provision of this Act, or the
19 application thereof to any person or circumstance, is held
20 invalid, the invalidity does not affect other provisions or
21 applications of the Act that can be given effect without the



1 invalid provision or application, and to this end the provisions
2 of this Act are severable.

3 SECTION 14. Statutory material to be repealed is bracketed
4 and stricken. New statutory material is underscored.

5 SECTION 15. This Act shall take effect on July 1, 2024;
6 provided that the amendments made to section 329-38(i), Hawaii
7 Revised Statutes, by section 4 of this Act shall not be repealed
8 when that section is reenacted on June 30, 2023, pursuant to
9 section 6 of Act 66, Session Laws of Hawaii 2017.

10

INTRODUCED BY:

A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is highly cursive and difficult to decipher.

S.B. NO. 2489

Report Title:

Board of Psychology; Clinical Psychologists; Prescriptive Authority Privilege; Report; Expenditure Ceiling; Appropriation

Description:

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 7/1/2025. Requires the Board of Psychology to report to the Legislature. Declares that the general fund expenditure ceiling is exceeded. Makes an appropriation to the Board of Psychology to implement prescriptive authority privilege for certain clinical psychologists.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

