

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**  
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No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 2049  
RELATING TO PSYCHOLOGISTS

By  
Tommy Johnson, Director

Senate Committee on Health and Human Services  
Senator Joy A. Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

Friday, January 26, 2024; 1:00 p.m.  
State Capitol, Conference Room 225 and via Videoconference

Chair Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Department of Corrections and Rehabilitation (DCR) has reviewed Senate Bill (SB) 2049, which requires the Board of Psychology to establish a pilot program to grant prescriptive authority to qualified psychologist applicants statewide.

The Department supports SB 2049, but we respectfully provide restrictions for the legislature to consider including in this measure. The mental health needs of our incarcerated detainees would be assisted by any positive outcomes from the program. The previous approval of prescriptive authority being granted to other licensed health care professionals has proved to be an effective solution to health care barriers. The DCR recognizes the oppositional concerns by some psychologists regarding licensure under "non-traditional means and substandard training" which is why we concur with the DOH's recommendation for conditional support with the following conditions:

- No black box prescriptions for minors despite guardians' approval.
- No AMHD consumers without prior approval.
- Collaborative practice agreement with a physician.

Testimony on SB 2049

Senate Committee on Health and Human Services

January 26, 2024

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In conclusion the DCR respectfully defers to the expertise of the Department of Commerce and Consumer Affairs (DCCA) and Board of Psychology on the assessment and requirements of the proposed program.

Thank you for the opportunity to provide testimony in **support** of SB 2049.

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

**Before the  
Senate Committee on Committee on Health and Human Services  
Friday, January 26, 2024  
1:00 p.m.  
Conference Room 212 and Videoconference**

**On the following measure:  
S.B. 2049, RELATING TO PSYCHOLOGISTS**

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 offers comments on this bill.

The purpose of this bill is to establish a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center.

The Board will review this bill at its scheduled meeting on February 9, 2024. In the meantime, the legislative committee (Committee) offers the following comments:

This bill is substantially similar to bills related to the prescriptive authority of qualifying psychologists in past legislative sessions including: S.B. 677 from the 2023 legislative session, and S.B. 131 from the 2021 legislative session. The Committee acknowledges that S.B. 677 did not establish a pilot program, but both it and S.B. 131 establish the same criteria for training and education to acquire prescriptive authority. This bill appears to have reduced training requirements that the Board had, in previous sessions, requested to be increased. The training and education requirements in S.B. 760, which is being heard by this Committee, appear to be more aligned with the Board's past positions.

For your information, the Board supported S.B. 677 and S.B. 760 during the 2023 legislative session, and noted a and added comments noting a potential need to add or specify that a member of the Board holds prescriptive authority.

Thank you for the opportunity to testify on this bill.

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## Testimony of Derek S.K. Kawakami

Mayor, County of Kaua'i

Before the

### Senate Committee on Health and Human Services

January 26, 2024; 1:00 PM

Conference Room 225 & Videoconference

In consideration of

### Senate Bill 2049 Relating to Psychologists

Honorable Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The County of Kaua'i is in **strong support** of SB 2049 which establishes a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center. B

The December 2023 Hawai'i Physician Workforce Assessment Project continues to indicate a significant shortage of doctors throughout our state and especially on our outer islands. Included in this shortage is a substantial deficiency of psychiatrists. With a lack of access to appropriate mental health treatment, the consequences are devastating and too often end in suicide.

In recent years, Idaho, Iowa, Illinois, Louisiana, and New Mexico have adopted legislation authorizing prescriptive authority for advanced trained psychologists as a means of addressing the shortage of adequate evaluation and treatment for their mental health patients and have had success with this practice.

We look forward to the implementation of this pilot program in Waianae and the eventual implementation of limited prescriptive authority services by qualified psychologists statewide.

Thank you for your consideration of this important mental health service.



January 25, 2024

INETMED RX2 INC.

• 575-636-2506 • 1635 S. Don Roser, Las Cruces, NM 88011

The Prescribing Psychologist program is a commendable initiative aimed at addressing the mental health needs of underserved populations. Mental health disparities have long plagued marginalized communities, and this program strives to bridge the gap by providing accessible and quality care.

New Mexico, with its diverse demographic makeup and rural landscapes, often faces challenges in delivering mental health services to those in need. The iNetMed Rx2 organizations utilizes technology to connect mental health professionals with underserved communities, transcending geographical barriers. Through telehealth, providers can offer psychiatric and psychological care, and support, allowing individuals to receive assistance without the need to travel long distances.

This initiative does not just tackle accessibility; it also emphasizes cultural competence. Providers acknowledge the importance of understanding and respecting the cultural backgrounds of the population they serve. By recognizing the unique experiences and challenges faced by different communities, iNetMed Rx2 clinical leadership ensures that mental health services provided are relevant and sensitive to cultural nuances, thus increasing their effectiveness.

Collaboration is at the core of iNetMed Rx2's success. The providers coordinate care with physicians, clinics and community organizations that address economic and social disparities. This collaborative approach not only strengthens the organization's outreach but also fosters a sense of community involvement and ownership in addressing mental health issues.

With the prescribing psychology law in New Mexico, iNetMed Rx2 has provide since 2017:

1. 63, 404 Visits
2. 5,128 Total new patients
3. 150 Avg Visits per week
4. 2005 Total workdays

The company continues to expand psychiatric services throughout the state (see attached).

Dr. Jo Velasquez, PhD, MSCP, COO



**To: Committee on Health and Human Services**

**Hearing Date/Time: Friday, January 26, 2024 at 1:00 pm**

**Re: Testimony to Strongly Support of SB 2049**

**From: Heather Lusk, Hawaii Health & Harm Reduction Center**

Dear Chair Senator Joy A. San Buenaventura, Vice Chair Senator Henry J.C. Aquino, and members of the committees.

The Hawaii Health & Harm Reduction Center (HHRC) supports SB 2049 which would provide a pathway for psychologists to be granted prescriptive authority for a project at FQHCs. Hawai'i is in a crisis with access to mental health providers - especially those who can prescribe medications. This project has requirements and guardrails to ensure adequate training and support which would result in many more of our island residents getting access to life-changing medications. This discussion has been ongoing for years, as our community continues to suffer from untreated mental illness on the streets and in our families. The time has come to conduct a pilot and demonstrate that this concept will save lives.

HHRC's mission is to *reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities. We support increased access to mental health services, but strongly feel these services should be outside the correctional setting.

HHRC is lucky to have a psychiatrist on staff and knows firsthand the challenges of not having enough capacity to support medication management and especially the clinical support of both mental health and substance use disorders. We need more capacity as a system, and this bill will provide much-needed access and will demonstrate that prescribing can be done safely and effectively with psychologists who have the proper training and support.

Thank you for the opportunity to testify.

Heather Lusk, LCSW, MSW  
Executive Director  
Hawaii Health & Harm Reduction Center



## **SB2049 Psychologist Prescribe**

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Friday, January 26, 2024, 1:00 Room 225

### **Hawaii Substance Abuse Coalition supports SB2049:**

*ALOHA CHAIRS, VICE CHAIRS, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.*

**We can't meet the exponentially growing epidemic of behavioral health needs (24% of Americans)** due to the prolonged shortage of psychiatrists, especially in rural areas. There is no viable plan that will successfully bring in sufficient psychiatrists to meet current needs in the timeframe we need.

**At this time, only 255 psychologists across the nation meet these challenging requirements.** While training opportunities for psychologists are expanding so more can get certification, we are a long way from saturating the market. Moreover, there are psychologists willing to undergo these extensive requirements so there can be relief, especially for neighbor islands. In the meantime, over the next decade, we can work towards getting more psychiatrists to practice in Hawai'i.

**Since the pilot is for Health Centers only, it makes sense given the Training, Experience, and Requirements are extensive for a psychologist to prescribe, which such training and supervision is needed because psychologist lack the medication expertise of a psychiatrist:**

1. 5-year pilot program where psychologists receive training at Waianae Coast Health Center.
2. Completed specialized education and training approved by American Psychological Association and the board of psychology.
3. Passed the Psychopharmacological Examination for Psychologists.
4. Is employed by, including as a contract provider, federally qualified health center in this State.

**For a "conditional" prescription certificate, these requirements meet APA recommendations<sup>1</sup>:**

1. Clinical license,

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<sup>1</sup> American Psychological Association: Prescriptive authority gains new momentum  
Legislative victories, new training opportunities, and a maturing of the field are giving prescriptive authority a new boost  
Tori DeAngelis: June 1, 2023 Vol. 54 No. 4: <https://www.apa.org/monitor/2023/06/prescriptive-authority-psychologists>

2. Meet APA educational and training for prescriptive authority,
3. Master's degree in psychopharmacology,
4. Two years under supervision with over 400 hours treating,
5. Pass the Psychopharmacological Examination for Psychologists,
6. Federal Drug Enforcement Administration registration
7. Malpractice insurance sufficient to satisfy the rules.
8. Only prescribe at a federally qualified health center

**Absent a sufficient number of psychiatrists to meet our needs, psychologists who achieve a conditional certification could provide some help.**

We appreciate the opportunity to provide testimony and are available for any questions.



Good morning, Madame Chair and members of the Committee. Thank you for the opportunity to testify today.

My name is Dr. Petros Levounis. I am President of the American Psychiatric Association (APA), the national medical specialty representing nearly 39,000 psychiatric physicians across the country, including Hawaii.

We urge the Committee to oppose SB 2049, which would establish a pilot program to allow psychologists to prescribe medications to patients seen through federally qualified health centers.

If enacted, S. 2049 would jeopardize patient safety in Hawaii. We are opposed for the following reasons:

**Training:** Psychologists are trained in behavioral intervention but are not medically trained. Alternatively, psychiatrists have 4 years of medical school and 4 years of residence and 12,000 hours of clinical training.

**Patient Safety:** Medical training is an essential component of prescribing, especially for our most vulnerable and underserved patients with complex medical needs.

**Comorbidity:** 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

**Health Disparities:** Adding prescribers who are not medically trained could further stigmatize already underserved patients by creating a two-tiered system that could exacerbate health disparities.

**Access:** There is a workforce shortage of psychologists in rural and underserved areas. This will not increase access but instead jeopardize patient safety in these areas.

We strongly encourage the committee to protect patient safety by focusing on solutions such as expanding audio-only telehealth services and access to the Collaborative Care Model.

Thank you.



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

Friday, January 26, 2024  
1:00 PM  
Re: SB 2049 - Relating to Psychologists

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

The Hawaii Psychiatric Medical Association (HPMA) is a professional, non-profit corporation serving psychiatrists in Hawaii. 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 2049. This bill establishes a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center. We urge the Committee to oppose SB 2049. 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 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.

For your further information, we have attached a chart illustrating the differences in education requirements between psychiatrists, psychologists, nurse practitioners, and physician assistants.

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

Mahalo,  
Gerald Busch, MD, President  
Hawaii Psychiatric Medical Association

	UNDER-GRADUATE	GRADUATE			POST-GRADUATE			ASSESSMENT	
	Undergraduate degree	Prerequisites for entry into medical school or graduate program	Entrance exam	Postgraduate schooling	Post-graduate residency and duration	Total patient hours required through training in post-graduate education	Minimum completion time (including undergraduate)	Licensing Exam	Maintenance of Certification (MOC)/ Recertification
PSYCHIATRIST	Standard 4-year BA/BS	Some pre-med courses required at all programs; some programs also have additional recommended courses	Medical College Admission Test (MCAT)	4 year doctoral program (M.D. or D.O.)	4-7 year psychiatry residency	12,000-16,000 hours	12 years	USMLE Part 1; USMLE Part 2, Clinical Skills; USMLE Part 2, Clinical Knowledge; USMLE Part 3; ABPN Clinical Skills Verified; ABPN written knowledge exams	For Maintenance of Certification: 30 CME per year, Self-Assessment every 3 years, Professional Standing every 3 years, Performance in Practice (PIP) every 3 years, Cognitive Expertise written exam every 10 years
PSYCHOLOGIST	Standard 4-year BA/BS	Some programs have recommended, but not required	Graduate Record Examinations (GRE) (Not uniformly required)	2-3 year Master's program (MA/MS)  OR  5-7 year Doctoral program (PsyD/PhD)	1 year	1 year or 1,500 – 6,000 post doctorate supervised clinical practice hours	7 years PhD	Examination for Professional Practice in Psychology (EPPP): 225 multiple choice test	If certified before 2015, can waive MOC. If certified after 2015, must do a self-evaluation every 10 years to fulfill MOC
PHYSICIAN ASSISTANT	Standard 4-year BA/BS (Not uniformly required)	Many programs have science prerequisites, but not uniform	Graduate Record Examinations (GRE) (Not uniformly required)	2-2 ½ year master's program (some award a bachelor's, certificate of completion or associate)	None required	2,000 hours	6 years	Physician Assistant National Certifying Exam (PANCE): 300 multiple choice question	CME and 6-year (soon to be 10-year) recertification assessment called PANRE
NURSE PRACTITIONER	Current and future students: 4-year Bachelor's degree (BSN). Previously, a two-year associate degree (ADN) or a diploma from an approved nursing program was acceptable and there are NPs still practicing with this background.	Be a licensed RN. Some programs require 1,000 patient care, but not uniform requirement	No standard requirements	No minimum length required; usually 1.5-3 years. Didactic components of the NP programs surveyed ranges from 30 to 40 credit units. Master's (MSN) or doctoral (DNP) degree program	None required	500 hours	5.5 years	Family Nurse Practitioner (FNP) exam: 150-200 question exam, depending on which organization one chooses for certification	Option 1: Recertify every 5 years via proving 1,000 clinical hours of practice over 5 years plus 100 CE hours over 5 years. Option 2: Recertify by examination



## 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: January 26, 2024

From: Hawaii Medical Association

Beth England MD, Chair- HMA Public Policy Committee

**RE SB 2049 Relating to Psychologists** - Prescriptive Authority; Psychologists; Pilot Program; Report

**Position: Oppose**

This measure would establish a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center.

Hawaii experiences high rates of mental illness including depression, anxiety and substance abuse. Hawaii Medical Association (HMA) is deeply concerned about the impact of mental illness across the state. 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.

(continued)

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#### 2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, 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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## Philippine Medical Association of Hawai'i

94-837 Waipahu Street, Waipahu, HI 96797

P.O.Box 1294, Pearl City, Hawai'i 96782 • Ph: 888-674-7624

• Fax: 888-391-7624 pmahinfo@gmail.com • www.pmah-hawaii.org

**Rhea Bautista, MD**  
*Executive Director*

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### SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A San Buenaventura, Chair

Senator Henry JC Aquino, Vice Chair

Date: January 23, 2024

From: Philippine Medical Association of Hawaii

Lyla Cachola Prather, President, PMAH

The **Philippine Medical Association of Hawaii** is issuing this statement to express our profound concerns regarding the recent bills being considered by the Senate Committee on Health and Human Services (**RE SB 760 and SB 2049**) that proposes to grant prescribing privileges to clinical psychologists.

The Philippine Medical Association of Hawaii, with 200 member physicians is deeply committed to ensuring the highest standards of patient care and safety. We believe that the proposed bill, while well-intentioned in its efforts to address the mental health needs of our communities, may inadvertently compromise patient safety and the quality of mental health care.

Our concerns are primarily rooted in the following areas:

**1. Training and Expertise:** The rigorous training and extensive education that medical doctors, especially psychiatrists, undergo to prescribe medications is unparalleled. This includes in-depth knowledge of pharmacology, diagnosis, and management of complex medical conditions. Psychologists, while highly skilled in psychological assessment and therapy, traditionally do not receive this level of medical training. Granting them prescribing privileges raises significant concerns about their preparedness to handle the complexities of medication management and its implications on physical health.

**2. Patient Safety:** The lack of comprehensive medical training in drug interactions, side effects, and management of physical health conditions could pose a risk to patient safety. Psychiatric medications often require careful monitoring and an understanding of the patient's overall health, something that medical professionals are uniquely qualified to provide.

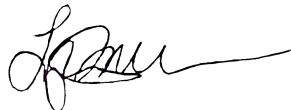
**3. Interdisciplinary Collaboration:** The proposed bill could disrupt the collaborative model of mental health care, where psychologists and physicians work together, each bringing their specialized expertise to patient care. This synergy is crucial for holistic treatment.

**4. Impact on Healthcare Systems:** The bill could have significant implications for healthcare systems, including regulatory, educational, and financial aspects. The need for additional training programs and oversight mechanisms would also be a substantial consideration.

While we recognize and support the need for improved access to mental health care, particularly in underserved areas, we believe that patient safety and quality of care must remain paramount. We advocate for alternative solutions that enhance collaborative care models, improve psychiatric training and resources, and increase access to mental health services without compromising professional standards and patient safety.

We strongly urge the Committee on Health and Human Services to reject the proposed measures. Maintaining the responsibility of medical treatment, including the prescribing of medications, within the realm of medically trained physicians and healthcare providers ensures that safeguards are in place to protect the quality of mental health care received. This approach ensures that the complexities of pharmacological interventions are managed by those with the most comprehensive and relevant medical training. We believe this is paramount in safeguarding the overall well-being of our patients. To break from this standard of care poses significant risks to patient safety and risks undermining the necessary team approach needed to appropriately treat and address the complex needs of patients in need of mental health treatment.

Respectfully,



Lyla Cachola Prather, MD, DABIM, DNBPAS  
President, Philippine Medical Association of Hawaii



Rainier Dennis D. Bautista MD, DABFM, FAAFP  
President-Elect, Philippine Medical Association of Hawaii





**Testimony to the Senate Committee on Health and Human Services  
Friday, January 26, 2024; 1:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: SENATE BILL NO. 2049 – RELATING TO PSYCHOLOGISTS.**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **OFFERS COMMENTS** on Senate Bill No. 2049, RELATING TO PSYCHOLOGISTS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

The bill, as presently drafted, would establish a multi-phase, five-year pilot project to allow qualified psychologists to prescribe psychotropic medications for the treatment of mental illness to patients under the psychologist's care at a federally qualified health center.

While we recognize that this bill, as presently drafted, would have direct and consequential impacts on FQHC operations, we only learned of this measure two days ago and are in the process of surveying our members about the specific facts that led to its introduction. With that stated, we believe, however, that any legislative proposal would need to be harmonized with federal law regarding liability, reimbursement, and the dispensing of controlled substances, at a minimum.

In conclusion, the HPCA wishes to commend the introducer for offering this creative proposal to expand Hawaii's health care workforce, especially in rural and underserved areas throughout the State.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).

**SB-2049**

Submitted on: 1/25/2024 12:36:51 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nainoa Fiddler	Individual	Oppose	Remotely Via Zoom

Comments:

Just one question as I have already submitted a testimony regarding SB760. What happens if/when this program is not successful and is discontinued? What happens to these individuals that have been misdiagnosed for 5 years? You have now have just created a drug problem and a misdiagnosis to all of these individuals on top of the global and state-wide mental epidemic. these might be test subjects to you, but these are real people with real families and this program has real repercussions on these real people.

**SB-2049**

Submitted on: 1/23/2024 1:03:37 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cards Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cardenas Pintor

**SB-2049**

Submitted on: 1/23/2024 6:16:23 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Brian McGee	Individual	Support	Written Testimony Only

Comments:

I am in favor of this bill

**SB-2049**

Submitted on: 1/24/2024 5:41:31 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

**I strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai`i as well as other military bases, US Public Health Service, and Indian Health Service. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Hawai`i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai`i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Joseph E. Comaty, PhD, MP

**SB-2049**

Submitted on: 1/24/2024 1:42:40 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia Kim	Individual	Support	Written Testimony Only

Comments:

Aloha. With regard to **SB 2049**: Again, clinical social work is not included as a mental health profession in promoting eligibility for psychiatric prescription privileges. This is an outmoded phenomenon and an artifact of bias from a long-gone era where we could have agreed that social workers were not consistently educated, trained, supervised, and licensed. It does the exact opposite of creating and promoting equity for those that did not have the privilege to attend medical school or a PhD/PsyD program.

I would hope that the NASW Hawai'i body and APA would be advocating for our inclusion in this, given requirements that mandate **accredited education** at a commensurate level, as well as **robust requirements for 6 years of supervised clinical training** and supervision in order to be license-eligible at the level required of clinical psychologists to practice independently (at the highest level of licensure, again varies from state to state). Specifically, clinical social workers need up to 1 year of supervised general practice to sit for their initial licensing exam (LMSW), 3 additional years of high volume clinical training under direct supervision to sit for their secondary licensing exam (LCSW), and an additional 3 years of supervised clinical experience in order to be eligible to practice independently and be reimbursed by most insurance panels. Even the initial educational phase in that process includes two years of full-time/condensed classroom education with 20 hours per week of accredited internship placement for each of those years, meaning by the time we graduate, we have at least 1,200 hours of applied practice in the field.

It is neither accurate nor reasonable to say that a clinically educated social worker at the highest level of licensure who has been in practice for 20 years is less capable or worthy of earning psychopharmacological certification than, perhaps, a recently licensed clinical psychologist with one year of internship and as few as 1,500 hours of supervised clinical experience.

If we are truly advocating for meeting and exceeding expectations for how to more effectively address the mental health needs (the system we have now does not work) of our communities, while promoting inclusion, diversity, and equity within the workforce, we need to create and broaden the proposed pathways for non-medical mental health professionals to more fully be prepared to address the critical role that medication management plays in mental health treatment.

Mahalo for your consideration of these comments, and with aloha.

**SB-2049**

Submitted on: 1/24/2024 6:40:46 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Anh Ho	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS.

My name is Anh Lauren Ho, and I am a PhD clinical psychology student at Fielding Graduate University. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.



The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Anh Lauren Ho

Clinical psychology doctoral student

Fielding graduate university

**SB-2049**

Submitted on: 1/24/2024 7:53:03 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Judith White	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

I have been a psychologist on Kauai for 2+ decades, and the lack of the lack of prescribing providers has negatively impacted dozens and dozens of clients. Please pass this bill!

Judith C. White, Psy.D.

SENATE  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

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

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS.

**I write in strong support of SB2049**, which establishes a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center.

I am a prescribing 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 Idaho and Colorado. In New Mexico and Louisiana medical psychologists have been prescribing for the greatest amount of time, about 20 years. During this time they have written over one million prescriptions and have had an excellent safety record.

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, 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 psychiatry's position. The Board of Medicine in Louisiana supports medical psychology and have licensed me to practice psychiatric medicine with my patients every day, which I do, and 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 may 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 sincere respect, I ask you the same question.

Please vote **YES** on SB2049 to allow greater access to safe and proven psychiatric treatment for those who most need it.

Respectfully submitted,

Samuel S. Dutton, PhD, MP  
Medical Psychologist  
Kane'ohe, HI  
Louisiana Board of Medical Examiners License MP.000016

**SB-2049**

Submitted on: 1/24/2024 9:41:08 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jessica Rosenfeld	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023

fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make a difference today if you vote YES.

I am an early career psychologist with a strong interest in studying to become a prescribing psychologist. As a clinician, I am seeing first-hand the impact on patients who do not have access to good psychiatric care.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Jessica Rosenfeld, PsyD

**SB-2049**

Submitted on: 1/25/2024 6:14:59 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teresa Juarez	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS.

As a current mental health clinician and a PhD doctoral student in clinical psychology, I have seen the growing need for mental health care. However, as a community member who grew up on the Leeward Coast, I could already see the need in my community for years! There is a disconnect between public policy concerning services for mental health providers who are properly trained (e.g., years of education, internships, qualifying exams) and the need for care in the community. In Hawaii, there are specially trained psychologists who have additional education in psychopharmacology and are willing and able to help fill in the gaps if allowed.



Upon completing my studies, I also intend to return to the islands to become a prescribing psychologist.

**I strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Teresa Juarez

SENATE  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS.

I **strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center. I am a patient.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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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programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Linda Teramoto

Your Name

Organization or credentials

**SB-2049**

Submitted on: 1/25/2024 7:19:35 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Eric Silk, PhD, MSCP	Individual	Support	Written Testimony Only

Comments:

Committee on Health and Human Services Chair, Vice Chair, and Members,

I am the program director for the Idaho State University College of Pharmacy Clinical Psychopharmacology program (MSCP) and am writing as an individual citizen in support of SB2049.

Prescriptive authority for psychologists was passed in Idaho in 2017 and we currently have 11 licensed prescribers in the state. That may not seem like a lot, but in a rural state with just over 100 psychiatrists, in a short time we have added a significant number of highly trained professionals. It is a slow process, but prescriptive authority for psychologists is making fundamental changes to mental healthcare in Idaho. I always stress that this is not just about prescribing medication, but the right to de-prescribe inappropriate medications and implement alternative psychotherapy strategies to address the root cause of the problems.

Of note, Idaho owes a great deal to the State of Hawai'i. As you know, Hawai'i has been a leader in the prescriptive authority movement for psychologists despite not have prescriptive authority in the state. Specifically notable are the efforts nationally by Senator Inouye beginning in 1985. After the MSCP training closed at the University of Hawai'i Hilo's College of Pharmacy, Idaho State University became the only MSCP program in a college of pharmacy, now joined by Drake University. Additionally, Idaho State University now trains US Navy Psychologists in the MSCP program - a distinction the University of Hawai'i Hilo previously had.

Hawai'i has contributed so much to the prescriptive authority for psychologists movement nationally, but has not overcome the hurdle to grant Hawai'i psychologists the right to prescribe. I urge you to support this bill to change the landscape of mental healthcare in Hawai'i as we have done in Idaho.

Eric Silk, PhD, MSCP

SENATE  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair  
Senator Jarrett Keohokalole  
Senator Maile S.L. Shimabukuro  
Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS.

Aloha Senators San Buenaventura, Aquino, Keohokalole, Shimabukuro, and Awa,

I live and work on the island of O'ahu and I am a 2nd year doctoral student in Clinical Psychology with a concentration in Neuropsychology. With the shortage of mental care reach and the geographical constraints of Hawaii, I **strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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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There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nancy Eastwood", with a long horizontal line extending to the right.

Nancy Eastwood  
Clinical Psychology PhD Student  
Fielding Graduate University

**SB-2049**

Submitted on: 1/25/2024 7:21:44 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
María García-Ellis	Individual	Support	Written Testimony Only

Comments:

**Aloha.**

**I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

**Now, more than ever before, the islands and their people are in need of additional support measures. This bill establishes a good and safe venue for providing those needed measures.**



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 Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

**I write in strong support of SB2049**, which establishes a five-year pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center.

I have been an educator and administrator in the field of Clinical Psychopharmacology for close to fourteen 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 last year. I continue to teach biochemistry, statistics and research methodology (for about ten years) and taught endocrinology, autonomic nervous system pathophysiology and pharmacology for the Alliant program for the past seven years.

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.

Over the last twelve months, I have collaborated with several clinical and research colleagues to examine ways to demonstrate the safety and effectiveness of Prescribing Psychologists. My collaborators include Dr Jo Velasquez, Mr David Velasquez, Mr Phillip Hughes and Dr Jack Tsai. Each has submitted individual testimony on SB2049. Dr Velasquez is a Prescribing Psychologist licensed in New Mexico and President of the State Psychologist Association of New Mexico. Dr Velasquez is the Chief Operating Officer of iNetMed Rx2, a business that provides an excellent model for how Hawai'i might address the devastating prescriber deficit across the state. These preliminary observational findings were presented at the Hawai'i Psychological Association Convention in August, 2023 (Hughes, P, Velasques, J, Velasquez, D, Tsai, J &

Steinman, J (presenter). 2023. Demonstration of Safety and Efficacy of Prescribing Psychology in Underserved Communities Across New Mexico - Lessons for Hawai'i.).

The table below represents the types of medications for which licensed prescribing psychologists within iNetMed Rx2 wrote prescriptions in a 12 month period (2022-2023).

<b>Medications (12 month period)</b>	<b>Total Prescribed</b>
Anticonvulsants	199
Antidepressants	1606
Antipsychotics	898
Psychostimulants	770
<b>Total</b>	<b>3473</b>

In addition, prescribing psychologists are experienced in providing pharmacotherapeutic care to patients with complex medical cases, as illustrated in this table showing the types of comorbid health conditions seen in patients in the same 12 month period:

<b>Body System (last 12 months)</b>	<b>Total Documented Findings</b>
Gastrointestinal	2785
Cardiovascular	1534
Neurological	3474
Endocrine	2178
Hematologic	911
Respiratory	1769

Musculoskeletal	3060
Genitourinary	1210
<b>Total (visits w/ at least one body system finding)</b>	<b>5520</b>

This next section of my testimony addresses specific claims that have been made regarding access to care in those states that allow psychologists to prescribe. Some of these accusations are very similar to those made by physicians and psychiatrists thirty plus years ago when nurse practitioners sought the authority to prescribe medications to their patients.

**Claim:** Prescriptive authority for psychologists has 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. Please see the testimony of David Velasquez regarding the geographic range of the patients seen by prescribing psychologists who work at iNetMed Rx2.

**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. Prescribing Psychologists are not trained to address complex medical cases with co-morbid mental health conditions.

**Fact:** The Master of Science in Clinical Psychopharmacology programs have extensive lectures on EVERY ORGAN SYSTEM OF 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 disorder also have one or more physical ailments.

**Fact:** 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 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 a faculty member, has ten 8-week courses. Students have reading assignments and discussion questions every week as well as quizzes, midterms, finals, SOAP note assignments and case presentations. I am not clear how anyone can calculate 2.6 months out of 80 weeks of classes and welcome the opportunity to find out how they do this.

**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.

Testimony was provided in SB677 in February 2023 by many of the DoD Demonstration Project graduates. They went on to have successful careers as prescribers. They serve as role models and educators today, mentoring and inspiring new psychologists to enter the field.

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.

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.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, 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 at the state level and could be making a difference today if you vote YES.

Prescribing psychologists provide more access to care to Medicaid 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 SB2049:

- Make the five year demonstration project focused on Maui for the first year and add the neighbor islands in year 2. All neighbor islands will be included in years 2-4.
- Remove reference to the UH Hilo Daniel K Inouye College of Pharmacy program.
- Replace reference to a “pilot study” with the term “demonstration project.”
- Remove specific reference to Waianae Coast Comprehensive Health Center until a time when an agreement with the center is established
- Grant licensure to those who have been licensed prescribing or medical psychologists in other states, in the military, the Indian Health Service or Health and Human Services for at least five years as long as their license is current and is in good standing with the appropriate licensure review board.
- Allow Prescribing Psychologists to prescribe buprenorphine and opioid receptor antagonists (i.e., naloxone) so that they have access to the appropriate tools to provide care for their patients with Opioid Use Disorders.

Hawai`i cannot afford to turn away practitioners who have trained and invested in the profession of prescribing psychology. **We are ready** to help Maui. **We are**

**ready** to help with those who are homeless 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 SB2049 to allow greater access to care for those most in need. **The time is now.**

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Judi Steinman', with a long horizontal flourish extending to the right.

Judi Steinman, PhD

SENATE  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

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

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS.

My name is Dr. Bracken Gott, and I am a Licensed Clinical Psychologist living and serving the people of Hawaii for over ten years now. **I am writing in strong support of SB2049.** 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 (2 years, full time, hybrid, in person and online). As part of the training, I completed a one-year practicum (800 hours) 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 SB2049 to allow Specially Trained Psychologists (Prescribing Psychologists) to help the mental health crisis facing the people of Lahaina.

**I strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. In addition to the master's degree in Psychopharmacology, Prescribing Psychologists MUST pass a nationally accredited psychopharmacology exam (PEP) to be licensed to prescribe. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in



which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Dr. Bracken Gott  
Psy.D, MSCP

**SB-2049**

Submitted on: 1/25/2024 9:55:50 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashley K. Dorsey, MS	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

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Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

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fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

**SENATE**

**THE THIRTY-SECOND LEGISLATURE**

**REGULAR SESSION OF 2024**

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

**RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS**

My name is Dr. Isaiah Moreno and I **strongly support SB2049**, which establishes a five-year pilot program to allow qualified trained psychologists with authority to prescribe psychotropic medications to patients under the care of a medical provider at a federally qualified health center (FQHC). As a current psychologist employed at a FQHC (i.e., Waikiki Health), I am directly in contact with patients in the community that need ongoing psychiatric care and are unable to access services due to limited psychiatric staff and providers who are not actively take specific patients' medical insurance (e.g. Quest) and who are readily available. Working with my primary care team we are doing the best we can to meet the mental health needs of our patients, but having access to prescribing psychologist who directly work at a FQHC would drastically improve access in care.

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. **Prescribing Psychologists** receive more psychopharmacology training than primary care physicians (PCP) and physician assistants (PA). They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide. There are now five Masters of Science in Clinical Pharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages. 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 over thirty years and could make 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 SB2049** to allow greater access to care for those most in need.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'I. M.', with a horizontal line extending to the right.

**Dr. Isaiah M. Moreno, PsyD, LMFT, CSAC**

Licensed Clinical Psychologist

Licensed Marriage & Family Therapist

Certified Substance Abuse Counselor

**SB-2049**

Submitted on: 1/25/2024 10:40:27 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
amanda abbie	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS.

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

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SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

amanda abbie



**SB-2049**

Submitted on: 1/25/2024 5:01:35 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. Derek Phillips	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

**Respectfully submitted,**

**Dr. Derek Phillips, Licensed Prescribing Psychologist in IL**

**SB-2049**

Submitted on: 1/25/2024 11:53:33 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Amy Daley	Individual	Support	Written Testimony Only

Comments:

Aloha. I write in strong support for SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

I am a clinical psychologist who recently completed a post-doctoral master's degree in clinical psychopharmacology. While I do not currently live in Hawai'i, I have been to your beautiful state and would certainly consider moving should prescribing privileges be granted to psychologists.

Respectfully,

Amy Daley, PhD, MSCP, ABPP

**SB-2049**

Submitted on: 1/25/2024 5:42:32 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alexander Kraft	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".**

**SB-2049**

Submitted on: 1/25/2024 3:45:48 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lilnetria Johnson	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS.

I, Lilnetria Johnson, a graduate student in the field of clinical psychology, strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Lilnetria Johnson

Graduate Student, Fielding Graduate University

SENATE  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair  
Senator Jarrett Keohokalole  
Senator Maile S.L. Shimabukuro  
Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS.

I **strongly support SB2049**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six

programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Xaviera Gadpaille



**SB-2049**

Submitted on: 1/25/2024 11:41:54 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
LAVERN	Individual	Support	Written Testimony Only

Comments:

My name is Lavern Elliott, I served our nation for 31-years in the United States Army. These services are much needed for our service members and family members. Service members who have deployed, or that have been in situations that need services like this will be appreciated.

This five-year pilot program is much needed in my opinion. Qualified psychologists need the authority to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center.

In my opinion this will not only help our service members but will also help others in the community with mental health issues.

Respectfully,

Lavern Elliott

**SB-2049**

Submitted on: 1/25/2024 11:49:51 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".**

The Lahaina fires of August 2023 caused catastrophic trauma to the residents of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical

school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Hawai`i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

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 over thirty years and could make 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 this measure to allow greater access to care for those most in need.

Respectfully submitted,"

Jose Lara, USN Veteran

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, there already was a shortfall of mental health providers. This lack of needed mental health services across the State was recognized by the legislature at least as early as 1989. At that time I was a member of a group addressing legislation to allow psychologists prescriptive authority which the legislature assigned to an Alternative Dispute Resolution process. The primary finding that the multidisciplinary group could come to a consensus on was that more mental health services were needed.

This lack of sufficient qualified mental health providers has created a situation across the State where 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 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 proposed pilot program is an important step in the direction of addressing the limited access to qualified mental and behavioral health providers. There is no doubt that psychologists can be among the qualified providers to address this need. For those unfamiliar with the area of psychology in which highly trained licensed psychologists can and are prescribing please know that Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental and behavioral health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, but at the same time currently are restricted from providing that same access and quality care to other citizens of Hawaii. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide. It is tragic to consider the lives that would have been saved, and the distress that individuals and their loved ones would have been spared as they were faced with inadequate access to needed care since 1989. Had the original legislation and subsequent legislative efforts been seen in a factual and realistic light and allowed to become the accepted practice in our State, so much psychological tragedy could have been avoided. Our State now faces another opportunity to spare unnecessary harm.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

**SB-2049**

Submitted on: 1/25/2024 1:14:29 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 760: RELATING TO PSYCHOLOGISTS.

**I strongly support SB760**, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB760 to allow greater access to care for those most in need.

Respectfully submitted,

Miriam

Clinical Psychology Doctoral Student



**SB-2049**

Submitted on: 1/25/2024 12:43:55 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joseph Walloch	Individual	Support	Written Testimony Only

Comments:

My name is Dr. Joseph Walloch and I'm current a student in the post-doctoral masters in clinical psychopharmacology and fully support this bill. I have colleagues who currently live in Hawai'i who have dedicated a significant amount of their professional career serving the people of this great state. As a student in the program and as a psychologist who lives in the state of New Mexico, which is a rural state, I understand the difficulty that patients face when looking for psychiatric treatment. I recognize that by our state having prescribing/medical psychologists who are able to provide psychopharmacotherapy, we are helping to solve the shortage of psychiatric care that exists. The people of Hawai'i too could benefit from quality care that is more accessible. As someone who is always trying to support where the need may be, I too would consider moving to Hawai'i should an opportunity arise. Thank you for your time and consideration. Dr. Joseph Walloch

**SB-2049**

Submitted on: 1/25/2024 12:04:16 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeffrey D. Stern, Ph.D.	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

Hawai'i communities across the state were suffering, even before the wildfires Ravaged Lahaina, 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The main point is that there are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2

percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

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 over thirty years and could make 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 this measure to allow greater access to care for those most in need.

Thank you for the opportunity to share my perspective with you.

Me ka ha'aha'a,

Jeffrey D. Stern, PhD

Psychologist

**SB-2049**

Submitted on: 1/25/2024 12:31:30 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center. SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages. The Lahaina fires of August 2023 caused catastrophic trauma to the residents of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed. Hawai'i communities across the state were suffering even before the fires 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 Hawaii's youth ages 6-17 who have depression did not receive any care in the past year. Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school. The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

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 over thirty years and could make 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 this measure to allow greater access to care for those most in need.

Respectfully submitted, Alec Lara

**SB-2049**

Submitted on: 1/25/2024 12:17:50 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sean W. Scanlan, Ph.D.	Individual	Support	Written Testimony Only

Comments:

Aloha. I'm a long time psychologist, professor, and lifelong resident. I support this bill because I believe it can improve the mental health of the community. Mahalo. Sean Scanlan, Ph.D.

**SB-2049**

Submitted on: 1/25/2024 11:18:20 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

**I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

**I am a prescribing psychologist in Idaho and would consider re-locating to Hawaii if this bill passes.**

**SB-2049**

Submitted on: 1/25/2024 8:41:56 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tiffany	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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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fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Tiffany Koch, Intern MFT

509-781-1559

kochcounseling@gmail.com

**SB-2049**

Submitted on: 1/25/2024 11:00:44 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ehimwenma J Ogbebor	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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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The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023

fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Ehimwenma Ogbemor, MSW

FIELDING GRADUATE UNIVERSITY

## **IN SUPPORT OF: SB2049**

### **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. The situation becomes more critical by the year as our primary care shortage in the neighbor islands and rural areas steadily becomes worse. 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 unprescribe.”

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-2049**

Submitted on: 1/25/2024 7:47:52 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kelli Lyman	Individual	Oppose	Written Testimony Only

Comments:

Please oppose SB 2049.

This proposed bill is irresponsible and one not to take lightly. Psychologists, although experts in their respected area, lack the medical knowledge and experience psychiatrists acquire through years of medical school and rigorous residency. Prescribing medicine is a well earned privilege psychiatrists receive once completing said medical school and residency.

Thank you.

**SB-2049**

Submitted on: 1/25/2024 8:13:38 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jared Kim	Individual	Oppose	Written Testimony Only

Comments:

I'm concerned about patient safety and the risk of providing substandard psychiatric medical care, which is often times worse than no care at all, to our FQHC patients. Psychotropic medications do not exist in a vacuum; they have wide ranging metabolic and neurological (medical) side effects and complex interactions with other non-psychotropic medications, as well as non-psychiatry medical conditions. There is no way to only prescribe/adjust a patient's psychotropic medications without taking into account all of the medications they're currently taking and their underlying non-psychiatric medical conditions. Consequently, the current standard of training to prescribe medications (including psychotropic medications) involves several years of formal education and supervised clinical training. It is unclear how a crash course for non-medical prescribers to start prescribing and modifying medications will be able to meet these minimum training and education standards.

**SB-2049**

Submitted on: 1/25/2024 8:13:45 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ailea Apana	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.



**SB-2049**

Submitted on: 1/25/2024 8:42:16 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ashley	Individual	Oppose	Written Testimony Only

Comments:

I oppose bill SB2049.

**SB-2049**

Submitted on: 1/25/2024 8:43:04 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Blake Pinell	Individual	Oppose	Written Testimony Only

Comments:

As a physician specializing in psychiatry, I strongly oppose SB2049. Every member of the mental health team is incredibly valuable. However, psychologists do not attend medical school and should not prescribe potentially dangerous medications. Complex interactions between mental and physical health conditions require advanced medical training to ensure high-quality clinical care. Inappropriate prescription practices can be harmful and potentially fatal. Many medical illnesses may also show symptoms that look similar to mental health conditions to the untrained observer. Interpreting laboratory tests and reading medical diagnostic tests are an integral part of medical training that is absent in the training of psychologists. If this legislation is passed, it could endanger the lives of Hawaii's most vulnerable citizens.

**SB-2049**

Submitted on: 1/25/2024 2:37:44 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jeffrey Akaka, MD	Individual	Oppose	Written Testimony Only

Comments:

A Board of Psychology is no more qualified to determine what is needed to practice medicine than a Board of Paralegals is to determine what is neededf to practice law in court.

Please vote no on SB2049.

Thank you,

Jeffrey Akaka, MD

**SB-2049**

Submitted on: 1/25/2024 8:52:45 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chayanin Foongsathaporn	Individual	Oppose	Written Testimony Only

Comments:

Psychologist should have adequate training first before they have aBility to prescribe.

**SB-2049**

Submitted on: 1/25/2024 9:22:56 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sunny Mah	Individual	Oppose	Written Testimony Only

Comments:

I am a psychiatrist practicing in the State of Hawaii and I STRONGLY OPPOSE SB 2049.

**SB-2049**

Submitted on: 1/25/2024 6:25:39 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Lyman	Individual	Oppose	Written Testimony Only

Comments:

I am one of two psychiatrists currently working out of Waimānalo Health Center, which is a FQHC. I have been a provider there for four hours per week since July 2024 (my counterpart is there even less frequently). Even with my abbreviated commitment, there are still days with gaps in my schedule! Furthermore, any new patient that needs to see me can book an appt within 1-2 weeks at the most. There is no current delay in their care - even with my 1/2 day/week presence. Adding more psychiatric providers here would become redundant! The supply would be greater than the demand.

This bill is out of touch with the actual experience of clinicians working at FQHC and the patients being served by these facilities. Imposing psychologists that can prescribe medications doesn't fit a current need, and it overwhelmingly perpetuates the health inequities that these communities already face.

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). We are board certified not only in psychiatry but in neurology as well.

This bill allows the lives of our community members - your aunts, your uncles, your nieces & nephews - to be put into the hands of individuals with **3% of a current psychiatrists 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.

Not only is this bill completely out of touch with the communities it is intending to serve, it places the lives of our loved ones into the hands of those that could harm - or even end - their lives.

Please vote NO on SB2049.

Thank you for considering my testimony in opposition to SB2049.

Jennifer Lyman, MD, MPH



**SB-2049**

Submitted on: 1/25/2024 10:07:27 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sohee Ki	Individual	Oppose	Written Testimony Only

Comments:

As a resident psychiatrist, I strongly oppose this bill. Psychologists do NOT have, by any means, an equivalent knowledge base and experience as psychiatrists. Passing this bill would jeopardize the safety of our patients, most of whom are already a marginalized population.



**SB-2049**

Submitted on: 1/25/2024 10:17:47 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dilan Nakatomi	Individual	Oppose	Written Testimony Only

Comments:

I am a psychiatry resident in the state of Hawaii and strongly oppose SB 2049. I do recognize I have self-interest in maintaining prescribing rights to providers as is the status quo, but I do believe that psychologists are not adequately trained to manage psychiatric medications. The knowledge to do so safely comes from a completely different background of training; we learn the medical implications of these medicines we prescribe from medical school. Prescribing without medical training would put patients at risk and furthermore, would not increase access to quality helathcare.

**SB-2049**

Submitted on: 1/25/2024 10:40:41 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Junji Takeshita	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to SB2049 allowing psychologists who are non medical practitioners to prescribe psychotropics. There is already a mechanism with advanced practice nurses who have medical training to address the shortage of prescribing behavioral health providers. The suggested psychopharmacology courses for psychologists is insufficient to ensure safe prescribing.

**SB-2049**

Submitted on: 1/25/2024 10:49:01 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carrie Ip	Individual	Oppose	Written Testimony Only

Comments:

I am a pediatrician and I oppose psychologists prescribing. I receive 4 years of medical school and 3 years of pediatric residency training and consult my child and adolescent psychiatry colleagues for help with prescribing for children and adolescents.

**SB-2049**

Submitted on: 1/25/2024 10:55:03 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Neil Gray	Individual	Oppose	Written Testimony Only

Comments:

Psychologists do not have sufficient training to safely prescribe psychotropic medication. A knowledge of human physiology, drug metabolism, drug interactions, and side effects that can occur in many other systems (e.g., kidney dysfunction, electrolyte abnormalities, skin & mucosal rashes, edema, etc). Psychologists are currently able to pursue the necessary education through medical school or by becoming APRNs. This bill would introduce a shortcut that presents a danger to mental health consumers.

Neil Gray, MD, PhD

**SB-2049**

Submitted on: 1/25/2024 11:03:44 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sean He	Individual	Oppose	Written Testimony Only

Comments:

As a resident psychiatrist, I strongly oppose this bill. Psychologists do NOT have, by any means, an equivalent knowledge base and experience as psychiatrists. Passing this bill would jeopardize the safety of our patients, most of whom are already a marginalized population.

**SB-2049**

Submitted on: 1/25/2024 11:15:59 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carol Collier	Individual	Oppose	Written Testimony Only

Comments:

I spent 8 years in school learning about medicine in order to prescribe medicine to the most vulnerable members of our society. I understand there is a notion that more warm bodies means more care for those in rural or other underserved areas, but I don't understand why are medical system is decreasing the requirements for training in order to meet this need. I would only accept care for my loved ones from a psychiatrist who has the training needed to care for individuals with psychiatric illnesses.

**SB-2049**

Submitted on: 1/25/2024 11:22:11 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Pablo Stewart, M.D.	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. Allowing non-medical personnel the authority to treat complicated medical/psychiatric disorders is a very dangerous attempt to increase the pool of psychiatric providers in Hawaii. Psychologists should never be allowed to medically treat psychiatric patients.

**SB-2049**

Submitted on: 1/25/2024 11:32:58 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Gerald Busch	Individual	Oppose	Written Testimony Only

Comments:

Psychogists are needed in our state. They are needed for the training that they have in diagnosis and therapy. There is no objective evidence based on data collection and analysis that there is an inadequate number of psychiatric prescribers currently. There is evidence that people have difficulty being connected to available providers.



**SB-2049**

Submitted on: 1/25/2024 11:42:02 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christian Krause	Individual	Oppose	Written Testimony Only

Comments:

As a resident psychiatrist, I strongly oppose this bill. Psychologists do NOT have, by any means, an equivalent knowledge base and experience as psychiatrists. Passing this bill would jeopardize the safety of our patients, most of whom are already a marginalized population.

**SB-2049**

Submitted on: 1/25/2024 11:43:37 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christopher Tokeshi	Individual	Oppose	Written Testimony Only

Comments:

Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice-Chair

Senate Committee on Health & Human Services

DATE: Friday, January 26, 2024

TIME: 1:00 PM

Conference Room 225 & Videoconference

PLACE: State Capitol

415 South Beretania Street

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

As a physician specializing in child and adolescent psychiatry, I urge the Committee to oppose SB2049. Comprehensive theoretical and applied medical training are necessary in order to prescribe psychotropics safely (at minimum, understanding of drug pharmacology and interactions, medical comorbidities and biologic factors that may affect patient’s symptoms). I believe the current proposed training requirements are insufficient. During our residency and fellowship training, we work with patients across various sites, including neighbor islands, major emergency departments across the state, and collaborate care with various state agencies. Access to medications represent a portion of the issue, however the greater disparity lies with other psychosocial aspects of care including access to individual psychotherapy, case management for patients/families and waitlists for community resources. Psychologists are extremely valuable resources, and the impact of a positive therapeutic relationship on a patient’s overall stability, prognosis and safety cannot be understated. To remain judicious with how we utilize our limited resources, I would consider strengthening existing resources and infrastructure (ie telepsychiatry, use of integrated care models, funding for residential programs, step-down

services and case management) to best support mental health issues for our vulnerable population.

Please vote against SB2049. Thank you very much for your consideration.

Christopher Tokeshi MD

**SB-2049**

Submitted on: 1/25/2024 11:50:49 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
BRYANT YU	Individual	Oppose	Written Testimony Only

Comments:

Harmful to patients who deserve doctors with full medical training, 4 yrs of med school, 4 years of residency!

**SB-2049**

Submitted on: 1/25/2024 12:04:11 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr Joy Andrade	Individual	Oppose	Written Testimony Only

Comments:

Hello,

I am submitting my opposition to SB 2049 that would allow psychologist limited prescribing authority. I am a trained and licensed adult and child psychiatrist and have been practicing over 10 years in Hawaii. I understand and deal/manage the effects of limited to sometimes no access to psychiatry and child psychiatrist for our community. The answer to increasing accessibility is NOT to allow psychologist to be able to prescribe but to provide resources to psychiatrist and psychiatric specialist (child, geriatric, addiction, forensic, etc) to practice in Hawaii. Examples are increase funding for psychiatrist, especially those that choose to practice in areas with none to low numbers of psychiatrist, provide incentives to practice in these area, provide psychiatrist with resources to support their patients (e.g. access to AMHD, Hawaii State Hospital w/o needing to be criminal, CAMHD, Developmental disability services), community programs, accessing and navigating social services, access to therapy, mental health coordinator, case workers. Thinking that medication and having more prescribers is a narrow view of a larger problem to tackle mental health.

Every adult psychiatrist has undergone at least 8 years of training and education (4yrs medical school + 4 yrs of residency) to have the privilege and great responsibility to provide psychiatric/medical care to patients. For those like myself who choose to become a specialist in the field of psychiatry we have 1-3yrs additional training in an a speciality fellowship. I highlight this because to assume that any other profession like psychology which has absolutely no medical training, and their training is entirely different (doctorate study theories on various therapy) with a year or few months of pharmacology now has the knowledge and skill set to practice medicine by allowing the privilege of prescribing is an insult to profession of medicine and more importantly extremely dangerous. By allowing psychologist who again have NO medical training, basic human biology, chemistry at all to prescribe we are essentially saying psychologist are allowed to practice medicine aka they are medical physicians. Prescribing medications is not a simple task. You need to have knowledge on how the body works, how medications interact, how illness behave, etc.. Psychiatry is complex. Also, psychiatric medications like all medications have the potential to be lethal and dangerous especially for those who have little understanding.

I strongly oppose this bill to allow psychologist to prescribe.

Sincerely,

Joy Andrade, M.D

Board Certified Adult and Child Psychiatrist

**SB-2049**

Submitted on: 1/25/2024 12:47:20 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Megan Araujo, M.D.	Individual	Oppose	Written Testimony Only

Comments:

**I oppose SB2049.** I am a child and adolescent psychiatry fellow in my final year of training who currently serves patients on the islands of O’ahu, Kaua’i, Maui, Molokai, and Hawai’i. I strongly oppose psychologists prescribing through the pilot program being proposed. If psychologists wish to prescribe they can pursue prescriptive authority through the MD/DO or APRN tracks. I pursued 4 years of medical school and 5 years of psychiatry residency and fellowship training to be able to safely prescribe medications and provide psychotherapy to children, adolescents, adults, and geriatric patients in our community.

This bill would allow psychologists to prescribe in a fraction of the time after seeing a fraction of patients which is truly unsafe. To crunch numbers, this bill proposes that a psychologist should be able to prescribe after a minimum of 400 hours and 100 patients in 2 years. Reviewing my duty hour and patient logs, during my first year of psychiatry residency training (so this does count the other required 4 years of medical school and 4 years of residency and fellowship), I worked over 2800 supervised hours and recorded over 1100 different patient encounters. To allow someone the same prescriptive authority with this significant level of imbalance in training is insulting and makes me very concerned for the people of Hawai’i. This is not nearly enough time or experience to learn to identify and manage serious psychotropic medication side effects or drug-drug interactions.

I was born and raised in Hawaii with roots from Kaua’i and Hawai’i island so I have personally seen and experienced the difficulty in accessing medical care, including mental health care, in our rural and underserved communities. However, families living in a rural or underserved area should not be subjected to lesser care from those less trained to try and “improve access.” Yes, there is a huge need and we want to improve access but safely! There are other initiatives such as telepsychiatry and the collaborative care model which have been shown to be effective at improving access to care without compromising safety. For the safety of our keiki and kupuna, **VOTE NO FOR SB760.**

**SB-2049**

Submitted on: 1/25/2024 12:59:18 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kryslin Nishibun, MD	Individual	Oppose	Written Testimony Only

Comments:

I oppose Bill SB2049 because it is unsafe and inappropriate for psychologists to be prescribing psychiatric medication without fulfilling the same requirements for licensure and practice as psychiatrists. I am Kryslin Nishibun, M.D., a board-certified general psychiatrist who is currently in her last few months of a two-year fellowship in child and adolescent psychiatry. In addition to completing four years of medical school, I'll have completed five years of post-graduate training in psychiatry (both adults and children), sat for three board exams to be even be eligible to practice medicine in the United States, and passed at least one psychiatry board exam to be even be hired by most major health systems. These are the requirements that the national officials and regulators of medicine have determined I must be held to in order to practice psychiatry - or in more simpler terms, be able to prescribe psychiatric medications and neuromodulating therapies for the treatment of mental illness. There is a reason why the training and certification process for this field of medicine is so rigorous, and it is because mental illness is treated as an illness that can affect all parts of the body and also be affected by all parts of the body. The training requirements proposed to allow psychologists to prescribe psychiatric medications is what most psychiatry residents complete in less than one year of their post-graduate training. It is insufficient training for the work and skill that is required of providers who prescribe psychiatric medications that can cause side effects including, but not limited to, cognitive changes (i.e. memory impairment), worsened mood and suicidality, movement disorders, electrolyte imbalances, neurologic symptoms (i.e. tremors, seizures), cardiac symptoms (i.e. arrhythmias) and death. By expanding practice limitations of others without also regulating and holding them to the same professional expectations and training requirements as others in the field, patient safety is risked, and that is not worth being able to serve more people. The aim should be for quality over quantity of care.



**SB-2049**

Submitted on: 1/25/2024 1:31:23 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Charlene Hsia	Individual	Oppose	Written Testimony Only

Comments:

As a resident physician, I strongly oppose this bill. The training of a psychologist differs significantly from that of a psychiatrist, as psychiatrists undergo the 8+ years of post-graduate training of a physician (MD or DO) needed to understand the complexities of prescribing medications. Psychiatric medications have many adverse effects and complex biochemical interactions with human physiology--knowledge that a psychologist does not learn during the course of their training. Therefore a psychologist would not be equipped to prescribe psychiatric medications. Passing this bill would jeopardize the safety of patients and be an act of gross negligence on the part of our legislators.

**SB-2049**

Submitted on: 1/25/2024 4:01:32 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alyssa	Individual	Oppose	Written Testimony Only

Comments:

As a resident psychiatrist, I strongly oppose this bill. Psychologists do NOT have, by any means, an equivalent knowledge base and experience as psychiatrists. Passing this bill would jeopardize the safety of our patients, most of whom are already a marginalized population.

**SB-2049**

Submitted on: 1/25/2024 5:35:52 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carrie lyman	Individual	Oppose	Written Testimony Only

Comments:

Please oppose SB2049.

Thank you.

**SB-2049**

Submitted on: 1/25/2024 5:44:44 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Fenner-Marie Shupe	Individual	Oppose	Written Testimony Only

Comments:

Oppose!

**SB-2049**

Submitted on: 1/25/2024 3:38:11 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jerris Hedges	Individual	Comments	Written Testimony Only

Comments:

For the Senate [COMMITTEE ON HEALTH AND HUMAN SERVICES](#) membership.

Regarding SB2049:

I am in general supportive of the goals and approach outlined to incrementally extend prescriptive authority to clinical psychologists working in federally qualified health centers under close supervision by either primary care physicians or psychiatrists licensed to prescribe psychoactive pharmaceutical drugs in Hawai'i.

Although the clinical psychologist trainees will be supervised for a minimum of two years regarding their use of pharmaceutical drugs, they will be practicing with significantly less clinical experience and pharmacological training/knowledge than their supervising physicians. Thus, **I recommend strongly that the bill be amended to clearly state that psychologist trainees should they choose to continue to prescribe psychoactive pharmaceuticals to the patients under their care following this pilot study will do so ONLY under the continuous supervision by a licensed physician having clinical experience and training in the prescription of psychoactive pharmaceuticals.**

Please note that a 2-5 year period of supervision (preceded by limited prior relevant education) as included in this bill is insufficient supervised practice to allow safe **independent** prescriptive authority for clinical psychologists. For the safety of Hawaii residents, I urge you to amend the language as noted above.

Jerris Hedges, MD

Dear Legislators,

My name is Orlando Rodriguez. I am a licensed psychologist in Texas with specialty post-doctoral training in psychopharmacology from Fairleigh Dickinson University. I am writing to you in strong support of SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai`i, especially on neighbor islands. Hawai`i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

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 over thirty years and could make 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 this measure to allow greater access to care for those most in need.

Respectfully submitted,



Orlando Rodriguez, Ph.D., MSCP  
Doctor of Philosophy in Clinical Psychology  
Postdoctoral Master of Science in Clinical Psychopharmacology  
Licensed Psychologist  
Texas License # 36473





January 25, 2024

Joy A. San Bonaventura, Chair  
Henry J.C. Aquino, Vice Chair  
Committee on Health and Human Service  
Hawaii State Senate  
Hawaii State Capitol  
Honolulu, Hawaii

Re: SB2409

Dear Chair San Bonaventura, Vice Chair Aquino, and members of the committee:

I appreciate the opportunity to submit information to this Committee, which is considering legislation to create a pilot program that would expand the scope of practice of licensed, doctorate-level clinical psychologists to grant them prescriptive authority.

I am a Senior Fellow at the Cato Institute, working in the Department of Health Policy Studies. In October 2022, the Cato Institute published my study, “Expand Access to Mental Health Care: Remove Barriers to Psychologists Prescribing Medications.”<sup>1</sup>

I am also a general surgeon in private practice for over 40 years in Phoenix, AZ. Perhaps ironically, I can prescribe psychiatric meds to my patients even though it has been years since I received clinical psychopharmacology training or experience. In Arizona, as in most states, clinical psychologists with doctorate degrees must refer patients who need medication to assist with their therapy to licensed prescribers. These are usually psychiatrists. However, roughly 50 percent of psychiatrists nowadays don’t accept insurance, and it can be difficult and costly for patients to see psychiatrists. Psychologists can also refer their patients to primary care practitioners to prescribe psych meds or, as previously mentioned, even to general surgeons like me if a psychiatrist is unavailable.

In any case, patients are subjected to the inconvenience and added cost—in time and money—of seeing two health care providers to receive medication-assisted psychotherapy. This can cause hardships for people suffering from mental health problems in rural and underserved areas.

As my paper describes, more than 30 years ago, the U.S. Department of Defense trained doctorate-level clinical psychologists to prescribe psych meds to increase the workforce of prescribing psychotherapists. The American College of Neuropsychopharmacology reviewed the program for the Department of Defense. It concluded, “It seems clear that a two-year program—one year didactic, one year clinical practicum that includes at least six months of 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 (or RxPs) practice in several federal agencies, including the military, the U.S., Public Health Service Commissioned Corps, and the Indian Health Service. They have been practicing in the territory of Guam since 1999, in New Mexico since 2002, and in the states of Louisiana (2004), Illinois (2014), Iowa (2016), Idaho (2017), and, this year, Colorado.<sup>2</sup>

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 to talk psychotherapy with their patients, whereas recent research shows less than 11 percent of psychiatrists engage in talk therapy these days—most primarily practice pharmacotherapy.

Researchers publishing in the August 2023 issue of the journal *Health Policy* used data from the National Vital Statistics System of the National Center for Health Statistics from 1999–2015 to evaluate suicide rates before and after New Mexico and Louisiana expanded psychologists’ scope of practice to include prescriptive authority.<sup>3</sup> The authors concluded:

*Expanding the scope of practice of doctoral-level psychologists who have completed training in clinical psychopharmacology to include prescriptive authority is associated with a 5 to 7 pp [percentage point] decrease in suicides in New Mexico and Louisiana. The largest reductions in suicides are for male, white, married, single, and middle-aged sub-populations. The results are robust to several different additional specifications and frameworks.*

And:

*In the U.S., expanding scope of practice for specifically trained psychologists to include prescriptive authority may help address poor mental health care outcomes, such as suicides. Similar policy expansions may be useful for other countries where referral from a psychologist and prescription assignment from a psychiatrist are separated.*

I encourage lawmakers to avoid making psychologists undergo unnecessary didactic or clinical training and to tailor requirements to what prescribing psychologists will face in their clinical practices. For example, in some states, representatives of the MD and DO professions have sought to make psychologists complete clinical rotations in surgery, internal medicine, obstetrics-gynecology, and even histology before they are granted prescriptive authority. Lawmakers should view such proposals as cynical attempts by entrenched incumbents to reduce competition by erecting barriers to psychologists seeking prescriptive authority.

It is also essential to make licensing criteria flexible enough to accommodate educational innovations that academics, politicians, and policymakers cannot foresee.

Some states grant provisional prescriptive authority to clinical psychologists, requiring them to practice in collaboration with a licensed prescriber for one or two years, after which the clinical psychologists’ prescriptive authority becomes unrestricted. Lawmakers should avoid legislation requiring prescribing psychologists to maintain such collaborative agreements beyond two years. To do so would defeat the primary purpose of granting prescriptive authority to psychologists: minimizing the number of providers (and the attendant costs in time and money) that mental health patients need to see to obtain medication-assisted psychotherapy, thus helping improve access to mental health services.

Hawaii lawmakers can help increase access to medication-assisted mental health services without expending taxpayer dollars by granting prescriptive authority to qualified clinical psychologists.

Respectfully submitted,

Jeffrey A. Singer, MD, FACS  
Senior Fellow  
Cato Institute

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<sup>1</sup> <https://www.cato.org/briefing-paper/expand-access-mental-health-care-remove-barriers-psychologists-prescribing> and [https://www.cato.org/sites/cato.org/files/2022-10/BP\\_142\\_update.pdf](https://www.cato.org/sites/cato.org/files/2022-10/BP_142_update.pdf)

<sup>2</sup> <https://www.cato.org/blog/colorado-poised-become-sixth-state-allow-patients-access-prescribing-psychologists>

<sup>3</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0168851023001318#preview-section-introduction>



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

**LATE**

P.O. Box 833  
Honolulu, HI 96808

[www.hawaiipsychology.org](http://www.hawaiipsychology.org)

Phone: (808) 521-8995

## COMMITTEE ON HEALTH AND HUMAN SERVICES

**Senator Joy A. San Buenaventura, Chair**

**Senator Henry J.C. Aquino, Vice Chair**

January 26, 2024 1:00 P.M. – Rm 225 and via VIDEO CONFERENCE

### Testimony in Strong Support of SB2049 RELATING TO PSYCHOLOGISTS

The Hawaii Psychological Association **strongly supports SB2049**. This bill would create a demonstration project targeting underserved Medicaid populations in Federally Qualified Health Centers; and will allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law – **and only in consultation and collaboration with a patient's primary care provider**.

For over three decades, clinical psychologists in the State of Hawai'i 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, SB2049 would vastly increase access to care for members of the Native Hawaiian community. The number of prescribing psychiatrists available to the community in the state of Hawai'i is not adequate. Psychiatry has the highest opt-out rate of any specialty in Medicare and Medicaid.<sup>1</sup>
2. 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.
3. 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 few adverse effects or safety concerns.
4. There are now approximately 300 psychologists who have been licensed to prescribe in New Mexico, Louisiana, Illinois, Iowa, Idaho and Colorado with demonstrated increases in access to care and no major 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.

<sup>1</sup> <https://www.kff.org/medicare/issue-brief/how-many-physicians-have-opted-out-of-the-medicare-program/>

5. There are now over 1,425 graduates from APA designated Master of Science in Clinical Psychopharmacology (MSCP) programs and another 241 current students. The number of people interested in Prescribing Psychology has skyrocketed in the last five years. Membership in national and regional prescribing groups have increased as much as 2.5 times in the last five years.
6. 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.
7. The training usually 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.
8. Recent Studies indicate that psychologists prescribe less than psychiatrists.<sup>2</sup>
9. Recent Studies indicate that psychologists make fewer errors than psychiatrists.<sup>3</sup>
10. Psychologists perform well on pharmacology exams - at rates that are on par with psychiatrists and psychiatric nurse practitioners.<sup>4</sup>
11. There have been no/few lawsuits related to medical malpractice by prescribing psychologists according to insurance claims.
12. Suicide rates have been reduced by 5-7% in New Mexico and Louisiana after implementing prescriptive authority for psychologists.<sup>6</sup>
13. In a head-to-head comparison of didactic and clinical training protocols, Prescribing Psychologists receive training very similar to that of Psychiatrists; and more than Nurse Practitioners, Physician Assistants, Podiatrists, Dentists and Optometrists.<sup>7</sup>

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<sup>2</sup> Phillip Hughes, personal communication and testimony submitted for SB760 and SB2049

<sup>3</sup> Phillip Hughes, personal communication and testimony submitted for SB760 and SB2049

<sup>4</sup> Cooper, Ryan R. 2020. Comparing Psychopharmacological Prescriber Training Models via Examination of Content-Based Knowledge. Master's thesis, Harvard Extension School. (See <https://nrs.harvard.edu/URN-3:HUL.INSTREPOS:37365636>)

<sup>6</sup> Phillip M. Hughes, Robert E. McGrath, Kathleen C. Thomas. In press. Evaluating the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. *Research in Social and Administrative Pharmacy*. Choudhury AR, Plemmons A. Deaths of despair: prescriptive authority of psychologists and suicides. Published online <https://www.thecgo.org/research/deaths-of-despair/>; September 28, 2021.

<sup>7</sup> Linda, W. P., & McGrath, R. E. (2017). The current status of prescribing psychologists: Practice patterns and medical professional evaluations. *Professional Psychology: Research and Practice*, 48(1), 38–45. <https://doi.org/10.1037/pro0000118>

14. In a 2007 study conducted by the Hawaii State Legislative Reference Bureau, it was reported on p. 73 that:

*“Community health centers in Hawaii have indicated support for prescribing psychologists as a way to increase access to mental health services needed by their clients. Furthermore, some community health centers have indicated that their clients' mental health needs may be better served by hiring mental health care providers other than psychiatrists.”<sup>10</sup>*

In conclusion, 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 – **and only in consultation and collaboration with a patient's primary care provider**. Please help our communities by supporting SB2049.

Thank you for your consideration.

Sincerely,



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

Chart 1: Prescribing Professionals in Pennsylvania  
Comparisons in Education Prior to Licensure

Psychiatrist	Primary Care Physician	Physician Assistant	Nurse Practitioner	Prescribing Psychologist	Podiatrist	Optometrist	Dentist
Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree	Bachelor's Degree
Doctoral Degree	Doctoral Degree	Master's Degree	Master's Degree	Doctoral Degree	Doctoral Degree	Doctoral Degree	Doctoral Degree
Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam	Licensing Exam
Grad Med Trainee License	Grad Med Trainee License	PA-C License	CRNP License	Psychology License	Podiatry License	Optometry License	Dental License
Residency (4 years)	Residency (3 years)			Additional Master's Degree			
Licensing Exam	Licensing Exam			National Examination			
Physician License	Physician License			Prescribing Certificate			
Prescribe Any Medication	Prescribe Any Medication	Prescribe medications under physician co-signature	Prescribe medications with collaborative agreement	Prescribe psychotropic medication only with collaborative agreement	Prescribe medications relative to speciality	Prescribe medications relative to speciality	Prescribe medications relative to speciality

<sup>10</sup> <https://library.lrb.hawaii.gov/cgi-bin/koha/opac-retrieve-file.pl?id=8c6778bed86b5b58668fe2edb4dc383c>

**LATE**

**SB-2049**

Submitted on: 1/25/2024 10:02:23 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christina Uemura	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB760, which establishes a pilot program to give qualified psychologists the authority to prescribe psychotropic medications to patients under their care.**

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

There are not enough psychiatrist is available to serve the need we have for psychotropic medication and management. Please allow the neighbor islands to get prescriptive privileges.

**LATE**

**SB-2049**

Submitted on: 1/26/2024 4:30:07 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

**LATE**

**SB-2049**

Submitted on: 1/26/2024 5:36:58 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Samantha Salinas	Individual	Support	Written Testimony Only

Comments:

SENATE

THE THIRTY-SECOND LEGISLATURE

REGULAR SESSION OF 2024

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Senator Jarrett Keohokalole

Senator Maile S.L. Shimabukuro

Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB 2049: RELATING TO PSYCHOLOGISTS.

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.



The Lahaina fires of August 2023 caused catastrophic trauma to the citizens of Lahaina and the entire island of Maui. Medical and Mental Health providers from around the state are using all of their training to address the shortfall of providers; however, even before the fires, we were already taxed.

Hawai'i communities across the state were suffering even before the fires 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.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five MSCP programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. Hawai'i Island has the most significant deficit in the number of psychiatrists needed to care for island residents (75.1%), followed by Kauai County with a 71.2 percent shortage, and then Maui County with a 50.4 percent shortage before the August 2023 fires.

SB2049 offers a unique approach to proposing a five-year demonstration project. I recommend that the bill focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Samantha Salinas

Texas Woman's University, School Psychology Doctoral Student in Training

**LATE**

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 Jarrett Keohokalole  
Senator Maile S.L. Shimabukuro  
Senator Brenton Awa

HEARING: Friday, January 26, 2024, 1PM CR 225 and Videoconference

RE: Testimony in **SUPPORT** of SB 2049: RELATING TO PSYCHOLOGISTS

Chair San Buenaventura and members of the committee,

My name is Phillip Hughes, and I am a PhD Candidate in pharmaceutical outcomes and policy at the University of North Carolina at Chapel Hill. My research focuses on how mental health policy, such as prescriptive authority for psychologists, impacts access to mental health care. This research was conducted in collaboration with colleagues from a range of disciplines using robust methods and data sources. I am writing to you in support of SB2049.

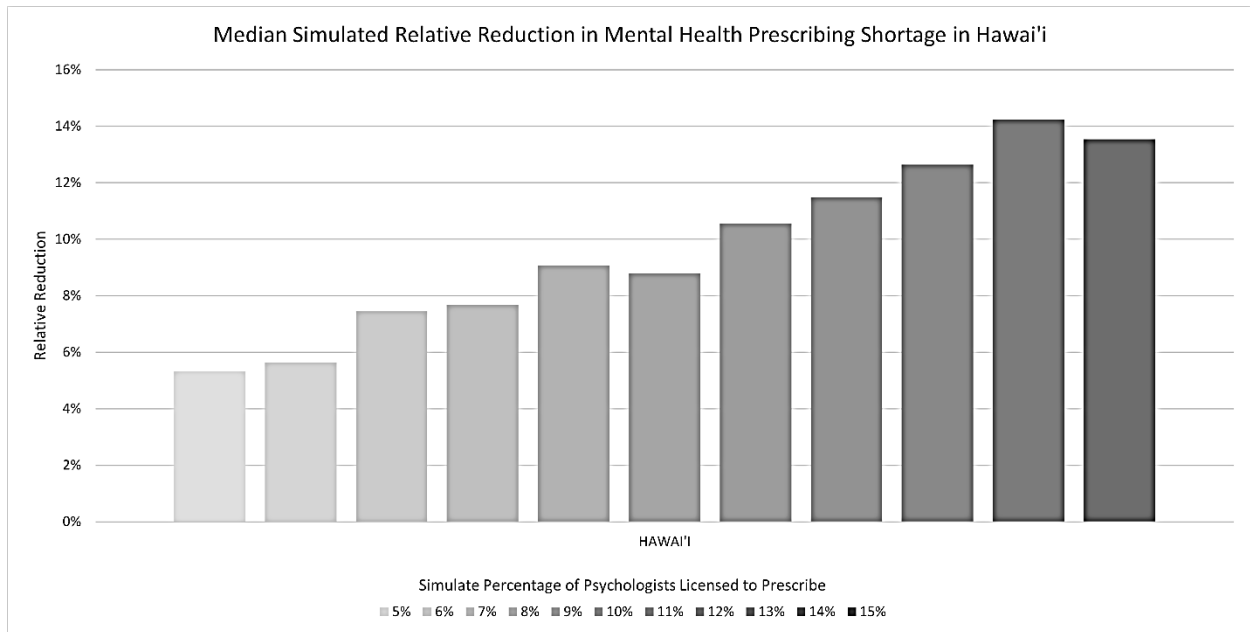
In my research, I have found ample evidence to suggest that prescriptive authority for psychologists can improve population mental health. Using death certificate data from New Mexico and Louisiana, I found that rates of mental health mortality, such as suicide rates, were lower after psychologists began prescribing.<sup>1</sup> A subsequent cost-effectiveness study found granting prescriptive authority to psychologists is a cost-effective suicide reduction policy over a 20-year span.<sup>2</sup> Extrapolating those findings to the 1.4 million residents of Hawai'i translates to 11,816 fewer suicide attempts, 11,270 fewer suicide deaths, and a savings of \$179.2 million.

Prescriptive authority for psychologists may also increase access to care. Using nationally-representative data on children with mental health conditions, I found that the probability of having unmet mental health needs was 5.4 percentage points lower among children in states where psychologists can prescribe.<sup>3</sup> Additionally, I conducted a policy simulation study to estimate the potential impact of prescribing psychologists on the shortage of mental health prescribers for each state.<sup>4</sup> In Hawai'i, if 5% of psychologists become licensed to prescribe, it could reduce prescribing shortages by nearly 6%; if that increased to 15% of psychologists, prescribing shortages could be reduced by approximately 14% (Figure 1).

For my doctoral dissertation, I conducted research regarding the safety and efficacy of prescribing psychologists as compared to psychiatrists. I evaluated patient outcomes in the first year of treatment with a psychotropic medication and compared them between psychologists and psychiatrists using private insurance claims data for over 21,000 patients. My findings suggest that prescribing psychologists are similarly effective in treating patients while

potentially having better safety outcomes. After accounting for myriad patient demographics, clinical factors, and healthcare utilization, I found that the rate of adverse drug events was 24% lower among patients treated by prescribing psychologists and the rate of patients receiving multiple classes of psychotropic medications (a risk factor for complications) was 20% lower among patients treated by prescribing psychologists. Additionally, there were no differences between prescribing psychologists and psychiatrists in terms of psychiatric emergency department utilization and medication adherence.

**Figure 1. Simulated reductions in mental health prescribing shortages for Hawai'i if psychologists become prescribers.**



The research to date is clear that prescriptive authority for psychologists is safe, reduces suicide rates, and reduces healthcare costs. Prescriptive authority for psychologists may not fix the mental healthcare system, but all of the available evidence suggests that it will improve access to mental health care and ultimately saves lives. For these reasons, I urge you to vote **YES** on SB2049.

Sincerely,

Phillip Hughes, MS

*PhD Candidate, Division of Pharmaceutical Outcomes and Policy*

*Predoctoral Fellow, Cecil G. Sheps Center for Health Services Research*

[phughes1@email.unc.edu](mailto:phughes1@email.unc.edu)

## References

1. Hughes PM, McGrath RE, Thomas KC. Evaluating the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. *Res Soc Adm Pharm.* 2023;19(4):667-672. doi:10.1016/j.sapharm.2022.12.006
2. Hughes PM, Phillips DC, McGrath RE, Thomas KC. Examining Psychologist Prescriptive Authority as a Cost-Effective Strategy for Reducing Suicide Rates. *Prof Psychol Res Pract.* 2023;54(4):284-294. doi:10.1037/pro0000519
3. Hughes PM, Graaf G, Gigli KH, deJong N, McGrath RE, Thomas KC. Pediatric Mental Health Care and Scope-of-Practice Expansions. *Adm Policy Ment Health.* In Press.
4. Hughes PM, McGrath RE, Thomas KC. Simulating the Impact of Psychologist Prescribing Authority Policies on Mental Health Prescriber Shortages. *Prof Psychol Res Pract.* In Press.

I'm Dr. Cecilia Tuliloa Gay. I'm originally from American Samoa but grew up for some time in Laie, HI. I left for the military and returned again in 2012. I graduated from the Hawaii School of Professional Psychology. I left in 2015 to finish graduate training in Colorado. I'm currently a clinical psychologist practicing in Pueblo. I completed a 3-year postdoc Masters degree in Clinical Psychopharmacology in 2021.

I am here representing myself and asking you to vote YES for prescriptive authority. My main reason in advocating is for the welfare and safety of our people. Too many are suffering from persistent mental illness and waitlists are too long to get to them in time for services that could prevent significant and irreparable damage to their lives. I saw it in Hawaii and I see it here in Colorado. I joined the Colorado task force to advocate for prescriptive authority and the bill was signed by the governor in 2023. I had always planned to move back to Hawaii but now that Colorado has allowed prescribing authority to psychologists I may remain here to use my skills more fully. My preference is to return to my loved ones in Hawaii and if prescribing authority is granted I'll come back, ready to work. My aim is to serve the Polynesian communities and spread awareness about mental health and provide effective treatment.

Prescribing psychologists can provide comprehensive evaluation and testing and offer appropriate therapeutic treatment that may or may not include medications. Specially trained psychologists can save the patient time and money as they would not have to go to several providers for these services. This brings quicker relief of symptoms and the person can go back to work, mend their relationships, prevent their suicide, and so on.

The model of prescribing psychologists is already successful in 6 other states, the territory of Guam, and federal agencies. Please vote YES on this important bill. Mahalo and fa'afetai tele lava for considering this legislation.

**LATE**

**LATE**

**SB-2049**

Submitted on: 1/26/2024 8:35:38 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.

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 and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years. They already prescribe for the Army and Navy in Hawai'i. They can provide care at Pearl Harbor or other federal facilities to military personnel and their families, just not across the street to HI citizens. States in which Prescribing Psychologists practice have seen a five to seven percent reduction in the rate of suicide.

There are now five Masters of Science in Clinical Psychopharmacology (MSCP) programs that have received designation status from the American Psychological Association and one additional program that is under review. Two of these six programs are housed in pharmacy schools. As many as four new programs will launch their MSCP programs in 2024 or 2025; of these, one is in a medical school, two are in pharmacy schools, and one is a collaboration between a psychology department and a nursing school.

Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes, who suffer from serious mental illness or from the stress associated with recent tragedies to include ongoing COVID-19 pandemic, Lahaina fires, and rising violent acts across the nation and within our home state. 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 over thirty years and could make 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 SB2049 to allow greater access to care for those most in need.

Respectfully submitted,

Jill Oliveira Cabbab, PH.D.

Licensed Clinical Psychologist



**LATE**

**SB-2049**

Submitted on: 1/26/2024 10:00:59 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bradley McConnell	Individual	Support	Written Testimony Only

Comments:

As a licensed psychologist in Hawaii (PSY-1663), I am in full support of this bill for the following reasons:

1. **Increased Access to Care:** In many regions, especially rural or underserved areas, there is a shortage of psychiatrists or other medical professionals who can prescribe medication. Granting prescription privileges to psychologists can help bridge this gap, allowing more patients to receive comprehensive mental health care, including both therapy and medication management, from a single provider.
2. **Holistic Treatment Approach:** Psychologists with prescription privileges can offer a more integrated approach to treatment. They are trained in both psychotherapy and psychopharmacology, allowing them to consider both medication and therapy in their treatment plans. This holistic approach can be beneficial in treating complex mental health issues.
3. **Reduced Stigma and Improved Continuity of Care:** When mental health treatment, including medication management, is provided by a psychologist, it may reduce the stigma sometimes associated with seeing multiple providers for mental health issues. It also ensures better continuity of care as the psychologist is already familiar with the patient's history and can closely monitor the effects of medication alongside psychotherapy.
4. **Specialized Knowledge in Mental Health:** Psychologists have extensive training in mental health conditions, and those with additional training in psychopharmacology can have a deep understanding of how medications impact mental health. This specialization can be particularly valuable in complex cases where mental health conditions intersect with psychological, social, and developmental factors.
5. **Cost-Effectiveness:** Having psychologists with RxP can potentially reduce healthcare costs. It could decrease the need for multiple appointments with different providers and reduce the overall time to treatment, as patients can receive medication and therapy from the same provider.
6. **Enhanced Collaboration in Healthcare:** Psychologists with prescription privileges can work more effectively in multidisciplinary teams. They bring a unique perspective to medication management, which can enhance collaborative care models alongside psychiatrists, general practitioners, and other health care providers.

**LATE**

**SB-2049**

Submitted on: 1/26/2024 10:15:33 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Stephen Berger	Individual	Support	Written Testimony Only

Comments:

**"Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".**

**LATE**

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

1042 LOHO STREET  
HONOLULU, HI 96822  
TELEPHONE: (808) 554-4457  
EMAIL: [ahmedi96822@gmail.com](mailto:ahmedi96822@gmail.com)

From: Iqbal “Ike” Ahmed, MD as an individual.

Hearing Date: January 26, 2024

Re: SB 2049

Relating to Psychologists

Position: **OPPOSED**

Dear Chairperson San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services

Please vote NO on SB 2049

I am writing to you 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 by training more counselors and therapists, not more prescribers of medications. Innovative approaches such as training lay counselors are being tried in other parts of the country (<https://www.statnews.com/2024/01/18/mental-health-therapist-shortage-lay-counselors-needed/>)
- 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.

Thank you for your consideration to please vote NO on **SB 2049** .

Iqbal “Ike” Ahmed, M.D., FRCPsych (UK)

**LATE**

**SB-2049**

Submitted on: 1/26/2024 10:24:44 AM  
Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

RESPECTFULLY SUBMITTED TO THE HAWAI'I STATE LEGISLATURE:

Aloha. My name is Diane Zelman, PhD and I am a licensed clinical psychologist and professor in the State of California. I am submitting testimony as a private citizen.

In addition to my PhD training I earned a master's degree in Clinical Psychopharmacology in 2001 and since then, I have been teaching a graduate level course on what mental health counselors need to know about psychiatric medications to make appropriate referrals to physicians, to act as advocate for their patients, and to work in collaborative professional teams.

My students are being trained at mental health settings across California and they are aware of the profound need for psychiatric services. Even after they establish that their clients need to see psychiatrists for medication evaluation, it is extremely challenging to acquire psychiatric care for their clients. Psychiatrists are booked for months. Even when care is acquired, there is insufficient psychiatric time available for follow-up with patients and their families, and little time for collaboration with other mental health practitioners. Even families who are able to pay full fee for psychiatric care face difficulty finding it. Those dependent on health insurance and state funded health care have even greater difficulty finding care for themselves and their loved ones. This has created great burden on family medical practitioners who are themselves overwhelmed with supporting their regular medical practices. These problems are compounded in Hawai'i.

I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighboring islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".

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 over thirty years and could make 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 this measure to allow greater access to care for those most in need.

*Respectfully submitted.*

*Diane Zelman, PhD  
Professor, Alliant International University  
1475 66th St STE 104  
Emeryville, CA 94608  
January 26, 2024*

**SB-2049**

Submitted on: 1/26/2024 10:32:54 AM

Testimony for HHS on 1/26/2024 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
DR CHERIE B RUBEN	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**

**LATE**

**SB-2049**

Submitted on: 1/26/2024 10:37:04 AM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr Jeffery Coker, CEO	Individual	Support	Written Testimony Only

Comments:

Hello, I am a clinical psychologist in California looking to move to Hawaii. I have worked with underserved patients for most of my career going back over 20 years. I currently work with genocide survivors conducting PTSD treatment at a Federally Qualified Health Center (FQHC). I would like to continue serving the poor and mentally ill in Hawaii by conducting treatment but including prescription services of psychotropic medications. Currently, I have to refer my patients to a nurse practitioner which is less efficient in terms of time and cost. There is ample empirical evidence indicating psychologists with proper training can help fill in the gap of shortage regarding prescribers of psychotropic medications, thus reducing levels of psychopathology and suicide. I strongly support SB2049 as a necessary step towards helping meet the needs of the underserved mentally ill patients in Hawaii.



January 26, 2024

Aloha.

This is a letter of support for SB2049. I am an Affiliate Faculty member in the PsyD Clinical Psychology Program at Antioch University, Seattle, a Licensed Clinical Psychologist with Lifespan Psychological Services on Bainbridge Island, WA, and Certified Prescribing Psychologist in New Mexico. In addition, I am President of the American Psychological Association's Division 55, Society for Prescribing Psychology.

Since 2017, I have commuted monthly to New Mexico to provide pediatric psychology prescribing services in Family Medicine at Memorial Medical Center in Las Cruces, NM. In New Mexico, and elsewhere, prescribing psychologists have demonstrated prescribing practices that are safe and effective. We also increase access since many of our prescribers have a diverse population of patients from all areas of the state. As an indicator of safety, when I became a prescriber, my malpractice insurance rate only increased \$94. If we were deemed unsafe by the insurance companies, I am certain that our rates would be much higher.

The Lahaina fires of August 2023 resulted in even more stress to a mental health system experiencing a shortfall of prescribers. SB2049 helps alleviate this stress by establishing a five-year pilot program to allow qualified psychologists with limited authority to prescribe medications under supervision. There cannot be much risk given that six states have already legalized prescriptive authority for psychologists with success. These new prescribers can immediately help those in need.

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

Sincerely,

*Steve Curtis, PhD*

Steve Curtis, PhD, NCSP, MSCP  
Affiliate Faculty in PsyD Clinical Psychology Program

Certified Prescribing Psychologist  
Family Medicine  
Memorial Medical Center  
Las Cruces, NM

Licensed Psychologist  
Lifespan Psychological Services  
Bainbridge Island, WA

President of APA Division 55 (Society for Prescribing Psychology)



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

We know systems.  
We know relationships.  
We know FAMILY MATTERS.

**LATE**

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**COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Senator Joy A. San Buenaventura, Chair**

**Senator Henry J.C. Aquino, Vice Chair**

**January 26, 2024 1:00 P.M. – Rm 225 and via VIDEO CONFERENCE**

**Testimony in Strong Support of SB2049 RELATING TO PSYCHOLOGISTS**

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB2049 as a critical tool in improving access and meeting the overwhelming demand for quality mental health services, particularly for those needing medical intervention in Federally Qualified Health Centers. This proposal would grant prescriptive authority to qualified psychologists, who've undergone robust educational and clinical training; but who are also under the supervision of those traditionally qualified, but low in number. The need is particularly acute on the neighbor islands. Demand for services far exceeds the viable supply of mental health providers. Here's a snapshot of recently recorded ratios of clients/patients to mental health providers in Hawai'i:

Hawai'i 320:1

Honolulu 370:1

Kauai 480:1

Maui 550:1

Moloka'i has no registered providers.

In our work with family systems, and through our training and experience, we often understand where medical intervention can be most effective. However, our hands are tied because we do not have the authority or credentials to provide many needed services and interventions. Yet, we are unable to get our patients to someone who can because the shortage of prescribing mental health professionals is so dire.

Several other states -New Mexico, Louisiana, Illinois, Iowa, Idaho, and Colorado, as well as in the Public Health Service, the Indian Health Service, the U.S. military, and the U.S. territory of Guam – are filling these needs by granting psychologists with robust training and experience with such prescriptive authority. Many of these approaches are done in consultation and collaboration with medical doctors, including psychiatrists and other primary care providers. We believe this approach is effective – and most compassionate.

Please pass this bill all mental health professionals can work together to address the needs of our most vulnerable and underserved. Thank you for the opportunity to provide this testimony in strong support of this bill.

Sincerely,

*Mary A Navarro*

Mary A. Navarro, MA, LMFT, President  
The Hawaiian Islands Association for Marriage and Family Therapy

**Phone:** (808) 291-5321 **Email:** [hawaiianislandsmfts@gmail.com](mailto:hawaiianislandsmfts@gmail.com) **Address:** PO Box 698 Honolulu, HI 96709 **Website:** [www.hawaiimft.org](http://www.hawaiimft.org) **Social Media:** FB - @mfthawaii, IG - @hawaiimft



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

**January 26, 2024 1:00 P.M. – Rm 225 and via VIDEO CONFERENCE**

**Testimony in Strong Support of SB2049**

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2049 Relating to Psychologists, which would establish a 5-year pilot program to grant prescriptive authority to qualified psychologist applicants in a Federally Qualified Health Center – which serves the Medicaid population.

Our membership of social workers, licensed at multiple levels and in working multiple settings across the state - can attest to the dire shortage of prescribing psychiatrists to address crisis-level needs amongst those who have the least access and means of receiving this care.

We know, first-hand, that oftentimes the best, most effective and efficient intervention for those we serve with mental disorders is simply the proper medication. This proposal promises to alleviate concerns that most mental health professionals understand; but are not authorized to address. Those who can are too few in number; and not available where the needs are greatest.

There is well-established precedent in several other states -New Mexico, Louisiana, Illinois, Iowa, Idaho, and Colorado, as well as in the Public Health Service, the Indian Health Service, the U.S. military, and the U.S. territory of Guam – which shows that empowering psychologists with prescriptive authority – with proper consult and collaboration with psychiatrists and other primary care providers – works, and works well without detrimental consequences.

It is also a more compassionate approach to help our most vulnerable and underserved.

We thank you for your careful attention to this critical mental health access bill.

Sincerely,

, MSW, LCSW

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

**LATE**

**SB-2049**

Submitted on: 1/26/2024 12:05:40 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

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

Comments:

**"Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages".**

**SB-2049**

Submitted on: 1/26/2024 12:19:38 PM

Testimony for HHS on 1/26/2024 1:00:00 PM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Diane Logan	Individual	Support	Written Testimony Only

Comments:

Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.

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**LATE**

**SB-2049**

Submitted on: 1/26/2024 1:00:32 PM

Testimony for HHS on 1/26/2024 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Reilynn Yamane	Individual	Support	Written Testimony Only

Comments:

**Aloha. I strongly support SB2049, which establishes a five-year pilot program to allow qualified psychologists with limited authority to prescribe psychotropic medications to patients under the care of a psychologist at a federally qualified health center.**

**SB2049 offers a unique approach by proposing a five-year demonstration project. I recommend that the bill be revised to focus on Maui for the first year and then integrate the neighbor islands of Kauai, Hawai'i, and possibly areas on Oahu with severe shortages.**