

DAVID Y. IGE  
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony in SUPPORT of SB384 SD1  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL  
PSYCHOLOGISTS.**

SENATOR GILBERT KEITH-AGARAN, CHAIR  
SENATE COMMITTEE ON JUDICIARY AND LABOR

SENATOR JILL TOKUDA, CHAIR  
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 28, 2017                      Room Number: 211

1    **Fiscal Implications:** None for Department of Health.

2    **Department Testimony:** As part of an overall population health management strategy,  
3    authorizing licensed clinical psychologists with specialized education and training for limited  
4    prescriptive authority may alleviate patient access barriers.

5    However, the Department of Health, in its capacity as a provider of behavioral health care  
6    services for severely and persistent mentally ill patients, requires the following criteria as part of  
7    any enabling legislation:

- 8            1. A requirement for collaborative agreements with a patient’s primary care provider;
- 9            2. A requirement for concurrence by a Department of Health psychiatrist for patients in the
- 10            care of the department, to include those who are forensically encumbered or diagnosed
- 11            with a serious and persistent mental illness; and
- 12            3. Restrictions on off-label use of medication for patients under seventeen years old.

13    The department defers to the Department of Commerce and Consumer Affairs on matters of  
14    professional licensure.

15

16    **Offered Amendments:** N/A

## LATE TESTIMONY



February 28, 2017

The Honorable Gilbert S.C. Keith-Agaran  
Chairman  
Hawaii State Senate Committee on Judiciary and Labor  
Hawaii State Capitol  
Room 221  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chairman Keith-Agaran:

**The American Osteopathic Association (AOA), the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) and the American College of Osteopathic Neurologists and Psychiatrists (ACONP) are writing to urge you to reconsider your support for SB 384.**

This bill would expand the scope of practice for clinical psychologists to allow them to prescribe psychotropic medication without requiring psychologists to attain a level of competency equivalent to psychiatrists. We believe that this expansion in psychologists' scope of practice is improper, and that health professionals' scope of practice must be based on their level of training, education, experience and examination.

The AOA represents nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at [www.osteopathic.org](http://www.osteopathic.org). HAOPS is a professional organization that represents over 300 DOs providing patient care in Hawaii. The ACONP represents 890 osteopathic neurologists and psychiatrists from across the United States.

Psychology and psychiatry share similar subject matter, but are significantly different. A psychologist holds a doctorate degree and a license to practice psychology, while a psychiatrist is a specialized physician with a DO or MD degree and a license to practice medicine. Historically, only physicians have been permitted to prescribe medications due to the risk that poor prescribing practices will harm patients. Psychotropic medications present a heightened risk of patient harm because they are among the most powerful drugs available to modern medicine. These medications affect the entire body, not just the brain. Without adequate medical training, psychologists may not recognize underlying medical conditions that can mimic mental illnesses, such as thyroid disorders and tumors of the central nervous system.

The Honorable Gilbert S.C. Keith-Agaran

February 28, 2017

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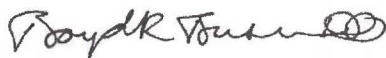
Psychiatrists' extensive medical education and training have prepared them to understand medical treatment of disease, complex case management and safe prescribing practices. Psychiatrists complete four years of medical school, followed by four to seven years of clinical residency programs. By the time psychiatrists are permitted to prescribe medications independently, they have completed 12,000 to 16,000 hours of total patient care.

In comparison, this bill allows a licensed psychologist to prescribe psychotropic medication after obtaining a postdoctoral master's degree in clinical psychopharmacology that requires only 400 hours of didactic education, completing four hundred hours of clinical experience and passing an exam that is designed by a psychological organization. Thus, not only will SB 384 permit psychologists who complete less education and experience requirements than psychiatrists to apply for prescriptive authority, their competence will be evaluated by an exam designed and approved by other psychologists who may not have any personal knowledge of safe and effective prescribing practices. Further, the bill allows clinical psychologists to prescribe in collaboration with an advanced practice registered nurse, who similarly does not have comparable expertise to a physician.

The continuing education requirement in SB 384 also pales in comparison to what is required of psychiatrists and other physicians. Currently, Hawaii's psychiatrists are required to complete 100 hours of continuing medical education every two years, but clinical psychologists will only be required to complete 18 hours of continuing education. Board certified DOs also participate in Osteopathic Continuous Certification, a process that compares their current practice performance against established benchmarks. No similar program exists to evaluate the professional competence of board certified psychologists over time.

A short course in psychopharmacology is a poor substitute for the comprehensive knowledge and skills physicians acquire by completing medical school or osteopathic medical school, obtaining extensive postgraduate clinical experience, and participating in substantial continuing education and ongoing professional development. **We urge you to protect the safety of Hawaii's patients by reconsidering your support for SB 384.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at [nshelligo@osteopathic.org](mailto:nshelligo@osteopathic.org) or (800) 621-1773, ext. 8185.

Sincerely,



Boyd R. Buser, DO  
President, AOA



Spencer Lau, DO  
President, HAOPS



Anthony Emmer, DO, FACN  
President, ACONP

CC: Mark A. Baker, DO, AOA President-elect  
William J. Burke, DO, Chair, AOA Department of Governmental Affairs  
Richard Thacker, DO, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Chief Executive Officer  
Laura Wooster, MPH, Senior Vice President, AOA Public Policy  
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs  
Samyuktha Gumidyala, MPH, Affiliate Executive, HAOPS  
Sue Wesserling, Executive Director, ACONP

## LATE TESTIMONY

To: Senate Committees JDL/WAM

From: Amber Lea Rohner Sakuda, MD

Subject: **SB 384, Relating to Prescriptive Authority for Certain Psychologists**

Position: **OPPOSED FROM MAUI**

Aloha Senators,

Mahalo for this opportunity to testify in opposition to SB 384. I am a medical doctor specializing in adult psychiatry with 2 years of sub-specialty training in child & adolescent psychiatry. This is my 6<sup>th</sup> year back home on Maui practicing psychiatry since I finished my 13 years of supervised training on thousands of patients. I'm very concerned about the lack of safety in HB 767 which would allow psychologists with no medical background to do substantially less training (800 hours over 56 months on 100 patients) to be able to prescribe many of the same medications I do. That means they could potentially prescribe addicting substances for ADHD like Desoxyn (methamphetamine) & Adderall (amphetamine salts) with minimal training & supervision.

I continue to be heavily involved in mental health integration/collaborative care efforts on Maui, helped with a case on Kaua'i, & formerly helped on the Big Island as well, to train primary care physicians (PCPs) to manage psychiatric conditions better, which seems a much safer & cost effective way to improve access to mental health treatment. It would require a significant amount of time & money, and new legislation, to train a psychologist with absolutely no medical background how to try to function as a medical doctor specializing in psychiatry.

If your parent or child was depressed & suicidal & in need of medication, would you want them to see a psychiatrist with 12+ years of medical training, or a psychologist with 1-4 years of medical training? Let's do what is pono & protect patient safety.

Please support patient safety & **VOTE NO on HB 767!**

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

(808) 870-1093

LATE TESTIMONY

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [JDL Testimony](#)  
**Cc:**  
**Subject:** Submitted testimony for SB384 on Feb 28, 2017 09:50AM  
**Date:** Tuesday, February 28, 2017 7:37:05 AM

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**SB384**

Submitted on: 2/28/2017

Testimony for JDL/WAM on Feb 28, 2017 09:50AM in Conference Room 211

| Submitted By | Organization     | Testifier Position | Present at Hearing |
|--------------|------------------|--------------------|--------------------|
| Heather Lusk | The CHOW Project | Support            | No                 |

Comments: Thank you for hearing SB 384, SD1, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care. Psychologists have had prescriptive authority since 1994 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists. The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training and registration will be authorized to prescribe from a limited formulary of psychiatric medications. Passing SB 384 will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and should have a right to access. Please help us improve mental health in Hawaii by passing SB 384. Thank you for the opportunity to submit this testimony. Heather Lusk

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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## LATE TESTIMONY

**From:** Sid Hermosura  
**To:** JDL Testimony  
**Subject:** In support of SB 384  
**Date:** Tuesday, February 28, 2017 8:21:55 AM

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To: Senator Gilbert S.C. Keith-Agaran, Chair, Senator Karl Rhoads, Vice Chair, and members of the Senate Committee on Judiciary and Labor

Senator Jill N. Tokuda, Chair, Senator Donovan M. Dela Cruz, Vice Chair, and members of the Senate Committee on Ways and Means

From: Sid Hermosura, PsyD

Re: Testimony in support of SB 384, SD1, Relating to Prescriptive Authority for Certain Clinical Psychologists

Hearing: Tuesday, February 28, 2017, 9:50 am, Conference Room 211

Thank you for hearing SB 384, SD1, which authorizes the Board of Psychology to grant prescriptive authority to psychologists who meet specific education, training, and registration requirements. I strongly support this measure because it will help to alleviate the difficulty that people suffering from mental health problems have in accessing proper treatment and care. As a psychologist dedicated to serving rural communities, I have seen the suffering that happens when there is inadequate access to medications for mental health issues. This bill could assist with increasing access and therefore ease suffering.

Psychologists have had prescriptive authority since 1994 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists.

The language in this measure will provide the necessary safeguards to ensure only those psychologists with appropriate education, clinical training and registration will be authorized to prescribe from a limited formulary of psychiatric medications.

Passing SB 384 will give properly trained and approved psychologists the ability to help consumers that otherwise would be unable to access the medication they need and should have a right to access. Please help us improve mental health in Hawaii by passing SB 384.

Thank you for the opportunity to submit this testimony.

Mahalo,

Sid Hermosura, Psy.D.

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**SB384**

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Mahalo,

Sid Hermosura, Psy.D.

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