

HMSA



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February 5, 2009

The Honorable Ryan Yamane, Chair
The Honorable Scott Nishimoto, Vice Chair
House Committee on Health

Re: HB 252 – Relating to Psychologists

Dear Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 252 which would establish conditional prescriptive certificates that authorize qualified psychologists practicing at federally qualified health centers or health clinics located in a medically underserved area or a mental health professional shortage area to prescribe psychotropic medications.

HMSA is dedicated to ensuring that all of our members are able to access the care they need, when they need it. This includes services not just for an individual's physical health but for their mental health as well. We support initiatives to increase the ability of individuals with mental illness who are in underserved areas to access appropriate services.

Thank you for the opportunity to testify in support of HB 252.

Sincerely,

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

Jennifer Diesman
Assistant Vice President
Government Relations

West Hawaii Community Health Center, Inc.

Ola Ke Ola Waena O Hawai'i Komohana

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February 6, 2009

To: **House Committee on Health**

The Hon. Ryan I. Yamane, Chair

The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 252 Relating to Psychologists

Submitted by Richard Taaffe, Executive Director

As the Executive Director of the West Hawaii Community Health Center, I strongly support this measure. The West Hawaii Community Health Center serves over 4,000 people per year, 23% of patient visits are uninsured, 34% of visits are covered by Med-QUEST and 68% of our patients are below 100% of poverty.

The West Hawaii Community Health Center, like other community health centers across the state, accepts all patients regardless of income and nearly 70% of our patients need behavioral health services as part of their medical care. We ask the legislature to support this bill because it will enable patients who already receive their medical care at community health centers to also receive their primary behavioral health services. Additionally:

- Psychologists are trained to be part of a primary care treatment team so they understand the needs and circumstances of the patients and resources of the health center.
- Psychiatrists are trained as specialists and not as a member of a primary health care team.
- Psychologists are more readily available and the cost are lower to employ a psychologist, as compared to psychiatrists; since community health centers must be fiscally prudent the use of psychologists is the highest and best way to provide primary behavioral care to our patient population.

Thank you for the opportunity to support this measure which is so important to my health center and the people we care for.

To: House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair

From: May Akamine, RN, MS, Executive Director

**Testimony in Support of House Bill 252
Relating to Psychologists
February 6, 2009, 8:30 a.m. agenda, Room 329**

The Waimanalo Health Center fully supports this bill in order to broaden the scope of services so badly needed by Hawaii's Community Health Centers' ability to serve the myriad of patients who present to our centers needing mental health services. For our health center approximately 8% of the clients we serve have a mental health or substance abuse condition.

It goes without saying that health centers are the perfect venue for diagnosing and treating patients needing mental health services who are already accessing other services within our centers. By serving them in a one-stop shop capacity we can have the greatest opportunity to impact their clinical and mental health outcomes. We desperately need to be able to offer as many options to our patients as possible and providing prescriptive authority for trained psychologists has the potential to serve as one of the most cost effective and efficient ways to deliver care to those with virtually no options for mental health treatment requiring medications. Our practitioners face day-to-day dilemmas in knowing that their patients' medical and mental health conditions won't improve without such needed services, yet they do the best they can. Practitioners who work in our centers deserve this type of back up and support. We believe that this measure could create a model that can have the greatest impact on the mental health of underserved communities.

Thank you for the opportunity to testify on this bill.



Waimanalo Health Center

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House Health Cmte
Friday, Feb 6, 2009
8:30 am
room 329

National Association of Social Workers

Hawaii Chapter

February 5, 2009

TO: Representative Ryan Yamane, Chair
Members of the House Health Committee

FROM: Sharon Otagaki, LSW
National Association of Social Workers

RE: HB 252 Relating to Psychologists- **SUPPORT**

Chairman Yamane and members of the House Health Committee, I am Sharon Otagaki, Chair of the Legislative Committee for the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii. We are testifying in **SUPPORT of HB 252** authorizing trained and supervised licensed psychologists employed at FQHCs to prescribe psychotropic medications for the treatment of mental illness.

The recent incident of the stabbing of two hikers at Koko Crater by a 19 year old man who was found naked in a tree and yelling for the police to get him is a call for help and evidence for the need for more mental health treatment in our communities. Our current system of care is inadequate and is not getting any better. With individuals and families now experiencing economic difficulties, we can expect to see more situations like what occurred at Koko Crater in the near future. We need to improve access to treatment so individuals and families can get the help they need when they need it.

NASW supported this issue in 2006. We have been silent for the last 2 years to allow the medical profession to step forward and fill the need as they testified they would be able to do. Two years have gone by and we find the situation as dire as we did in 2006. We can no longer be silent and must speak up for those who need mental health care. Currently, there are 20 psychologists who have received psychopharmacological training through the Tripler Army Medical Center, psychology training program and are already practicing collaboratively with primary care physicians at 11 FQHCs. If given prescriptive authority, these 20 psychologists will be available to provide immediate access to mental health treatment at the FQHCs.

I urge your favorable consideration of HB 252 and thank you for this opportunity to testify.



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To: **The House Committee on Health**
The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 252
Relating to Psychologists
Submitted by David D Derauf MD MPH, Executive Director
Kokua Kalihi Valley

Kokua Kalihi Valley (KKV) is strongly supportive of this measure, which would allow appropriately trained psychologists to prescribe a limited set of medications in the setting of Federally Qualified Health Centers.

It is our opinion that the key question to be entertained in deliberating on this law is: Will this law assist under-served communities in Hawaii to increase access to safe and effective mental health care services? We think the answer is most certainly yes!

A growing body of research shows that a large percentage of individuals (upwards of 70% in some studies) seeking medical care in community clinics have important underlying behavioral health issues. We see that to be true in our health center every day with patients of all ages and ethnicities. But today, thanks to new models of care, in which psychologists are co-located with medical providers, effective therapy can be delivered to more and more patients. Thanks to this model, many people suffering from a wide variety of behavioral health issues, ranging from medication adherence, gaining motivation to begin exercise programs, dealing with chronic pain, or treating anxiety and depression, now have access to the help of trained professionals.

The questions to be answered are: should the psychologists working in Community Health Center settings, where doctors and psychologists are working side by side, be licensed to prescribe certain medications? Would that be safe? Would that improve further the treatment of a group of people with limited access to specialty psychiatric care? What other realistic options are there?

Hawaii's experience with Nurse Practitioners over the past years gaining prescriptive authority may be instructive. Fears that they would not be able to prescribe safely have been shown to be misplaced. The scientific evidence that exists on the question of the safety of Psychologist prescribing (from studies carried out at the Department of Defense) is that PhD level psychologists with adequate training and ongoing training can earn to prescribe safely. Summarizing this research, one article reported "Although many of the supervising clinical psychiatrists had reservations about the appropriateness of affording psychologists prescribing privileges, they unanimously rated the quality of care provided by these psychologists as good to excellent."

The idea of other avenues towards increasing access to psychiatric services to Hawaii's underserved is certainly a good one and one worthy of our support, but it is unreasonable to imagine that Hawaii in the near future will have enough psychiatrists to serve the mental health needs of its population, especially the under-served and most especially the under-served in rural areas.

Granting prescriptive authority to psychologists practicing in federally Qualified Health Centers should help to continue to develop the promising move towards expanded behavioral services for Hawaii's under-served populations in a safe manner.

Thank you.

Date: 2/3/09

To: **The House Committee on Health**
The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

From: David Peters
Chief Executive Officer
Ho'ola Lahui Hawai'i

Testimony in Support of House Bill 252
Relating to Psychology
February 6, 2009, 8:30 a.m. agenda, Room 329

We support HB252, which allows professionally trained clinical psychologists who work at Federally Qualified Health Centers, to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law.

Ho'ola Lahui Hawai'i on Kaua'i the island's only federally qualified health center sees many patients suffering from chronic mental health conditions. Psychiatric care on Kaua'i for the uninsured is severely limited. There is a paucity of psychiatrists on Kaua'i and our physicians would greatly benefit from trained psychologists in treating and prescribing for patients with certain mental health conditions.

The model of care currently employed at our health center is one of integration in that clinical psychologists work directly with physicians to diagnose mental health conditions and recommend courses of treatment. This bill would enhance our ability to treat patients with mental health conditions in an effective manner by giving psychologists the prescriptive authority thus freeing our physicians to concentrate on the medical needs of our patients which is their training.

Federally Qualified Health Centers are an ideal place for this type of service. Federally Qualified Health Centers are regulated by the federal government with strict standards of quality assurance—among the strictest of any health care entity. This bill is critical to the continued success of our health center. Please give it your full support. We appreciate the opportunity to testify on this most important legislation.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Practice Directorate

February 5, 2009

To: The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair
Committee Members
Committee on Health
Hawaii House of Representatives
State Capitol Building
415 South Beretania Street, Room 329
Honolulu, HI 96813

Re: Support for HB 252, Relating to Prescriptive Authority for Psychologists

Dear Representatives Yamane, Nishimoto, and Distinguished Committee Members,

I am writing on behalf of the American Psychological Association (APA) in support of allowing appropriately trained psychologists to prescribe and dispense psychotropic medications within the scope of practice of psychology as defined by Hawaii law in federally qualified health centers in medically underserved areas. APA is the leading scientific and professional society representing psychologists in the United States and is the world's largest association of doctorally-trained psychologists, with more than 148,000 members and affiliates. Through its 54 divisions in subfields of psychology, including psychopharmacology, and its affiliations with 60 state, provincial and territorial psychological associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health and human welfare.

While APA supports the spirit and intent of HB 252 and appreciates that this Committee is considering it today, APA believes that HB 666, a similar bill granting prescriptive authority to appropriately trained psychologists, is more consistent with APA's policies regarding prescriptive authority. APA strongly supports legislation allowing appropriately trained psychologists to prescribe in Hawaii for the following reasons:

- There is a critical need in Hawaii for improved access to safe and effective psychoactive medication treatment delivered by providers who are skilled in both the diagnosis of mental conditions and in the use of psychotropic medications. Appropriately trained prescribing psychologists can provide badly needed psychological and psychopharmacological treatment services to the underserved populations of Hawaii.

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Executive Director

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- The evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense Psychopharmacology Defense Project (PDP) clearly demonstrated that appropriately trained psychologists can safely and effectively prescribe psychotropic medications. And appropriately trained psychologists in Louisiana, New Mexico and the U.S. military have written over 200,000 prescriptions without incident and are effectively contributing to the unmet need for mental health services in those states.
 - Psychiatry has a long history of opposing advances by psychologists that have proven beneficial to the public health.
- **There is a critical need for appropriate and effective psychoactive medication, but access to this type of care is being impeded.**

There is a clear need for increased access to care in Hawaii. For example, the data indicate that there are insufficient mental health services available to meet the needs of Hawaii's citizens. The federal government has recognized that native Hawaiians have the highest rate of untreated medical and psychological concerns, including significant substance abuse issues, in Hawaii and higher rates than other indigenous and minority individuals within the U.S.¹ According to the President's New Freedom Commission on Mental Health, the lack of access to the full range of mental health services is especially pronounced for rural Americans, including many citizens of Hawaii.

One reason for the inadequate access to mental health care is the shortage of psychiatrists. According to a 1999 survey conducted by the Public Health Research Group, at least 444 U.S. counties had licensed psychologists, but no psychiatrists. A recent study of health workforce profiles in the U.S. indicates that while there are approximately 40.39 psychologists per 100,000 of the Hawaiian population, there are no psychiatrists per 100,000.² The number of psychiatrists is expected to decline further. The Council on Graduate Medical Education projects a need for 55,000 general psychiatrists by the year 2010, yet only 33,000 are projected to be licensed. And the U.S. Bureau of Health Professions projects that between 1995 and 2020, demand for psychiatrists will increase by 100% for child and adolescent psychiatrists and by 19% for generalists. This bill would allow psychologists to help address this shortage.

In addition to addressing this critical shortage, HB 252 would improve the quality of care for those who benefit from psychoactive medication. The key to successful medication treatment

¹ See Native Hawaiian Health Care Act of 1988 a/k/a Native Hawaiian Health Care Improvement Act, 42 USC § 11701 (2005). See also MENTAL HEALTH: CULTURE, RACE AND ETHNICITY – A Supplement to Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services [DHHS], 2001) <<http://www.surgeongeneral.gov/library/mentalhealth/crc/>>.

² See the *United States Health Workforce Profile*, prepared by the Center for Health Workforce Studies, School of Public Health, University of Albany, State University of New York for the Health Resources and Services Administration [HRSA] (October 2006).

is the accurate diagnosis and treatment of the mental condition at issue. Due to the extreme shortage of psychiatrists, the majority of psychotropic medications are currently prescribed by non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health disorders.³ HB 252 would authorize psychologists to perform this valuable service, allowing patients to have the benefit of psychologists' special knowledge and training in the mental health field when managing medication treatment.

Under HB 252, psychologists would also improve quality by integrating two key mental health treatment approaches— therapy and medication management. Numerous studies, including a 2008 study published in the *Journal of the American Medical Association* and a 2007 study published in the *American Journal of Psychiatry*, show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders. Yet most psychiatrists focus solely on medication management and no longer provide therapy, while primary care physicians are not even trained to provide psychotherapy.

In contrast, psychologists who are trained to prescribe medication offer both psychotherapy and pharmacotherapy. The psychological model of prescribing is a systems-oriented, holistic and integrative approach wherein treatment involves an active, problem-solving role by the patient and collaboration between the psychologist and patient. For psychologists, medication is only one of a number of psychological interventions at their disposal and they are more likely to use medication in combination with other interventions/treatment methods, such as psychotherapy. As a result, a number of prescribing psychologists in New Mexico and Louisiana, which have enacted prescriptive authority laws for psychologists, and psychologists certified to prescribe in the U.S. military have reduced or eliminated medications for a significant percentage of their patients.

- **Evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.**

Granting psychologists prescribing authority is not a new concept. New Mexico and Louisiana have already enacted prescriptive authority laws for appropriately trained psychologists. There are now nearly seventy appropriately trained psychologists in New Mexico and Louisiana who are certified to prescribe and who have written over 200,000 prescriptions since February 2005 without any adverse incident. There are also those military psychologists, who were trained to prescribe in the Department of Defense Psychopharmacology Demonstration Project and have been prescribing safely and effectively for over 10 years as well as current active-duty military psychologists who are trained and credentialed to prescribe. The evidence from these experiences shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.

³ Pincus, H. A., Tanielian, T. L., Marcus, S. C., Olfson, M., Zarin, D. A., Thompson, J., & Zito, J. M. (1998). Prescribing trends in psychotropic medications: Primary care, psychiatry, and other medical specialties. *JAMA*, 279, 526-531.

APA's support for the prescriptive authority issue is not taken lightly, nor has it come quickly. It has evolved from years of examination of the need for such service, and intense scrutiny of the potential for successfully training psychologists to prescribe and of the best model for such training. One example of APA's commitment to this issue is our support for the Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP), which proved that psychologists can be trained to prescribe safely and effectively.

In 1991, ten psychologists participated in the Department of Defense's Psychopharmacology Demonstration Project, which was designed to train and use psychologists to prescribe psychotropic medications. APA committed to seeing the PDP completed in order to answer the question of whether already licensed clinical psychologists can be trained to safely and effectively prescribe medications. The ten prescribing psychologists treated a wide variety of patients, including active duty military, their dependents, and military retirees, with ages ranging from 18 to 65.

The PDP was a highly scrutinized program. The American College of Neuropsychopharmacology (ACNP) conducted its own independent, external review of the PDP and in 1998, presented its final report to the DoD. Likewise, the General Accounting Office (GAO) issued its report on the PDP program to the U.S. Senate Armed Services Committee. Both reports repeatedly stressed how well the PDP psychologists had performed. Both the ANCP and the GAO had interviewed each of the PDP psychologists' clinical supervisors. Both reports found that every single supervisor – each one of them a psychiatrist – praised the psychologists' quality of care. According to the 1999 GAO Report, "an outside panel of psychiatrists and psychologists who evaluated each of the graduates rated the graduates' quality of care as good to excellent." The 1998 ACNP review stated that the PDP psychologists "had performed safely and effectively as prescribing psychologists, and that no adverse outcomes had been associated with their performance." Several physicians told the GAO that they came to rely on the PDP psychologists for information about psychotropic medications.

Those ten PDP-trained military psychologists along with the nearly seventy civilian psychologists certified to prescribe in New Mexico and Louisiana have been prescribing psychotropic medications to patients without any adverse effects. Therefore, it is clear that already licensed doctoral psychologists can be trained to prescribe safely and effectively. There are many more psychologists who have acquired the additional education and training and regularly deal with medication issues in treating their patients.

A 1999 APA survey of practitioners revealed that 99 percent of responding psychologists collaborate with physicians who prescribed psychotropics and other drugs. Most respondents – about 96 percent—had at least one patient on psychotropic medication and expect that number will continue to increase. The additional training in psychopharmacology proposed under this legislation would allow psychologists to continue to engage in these activities even more effectively. Allowing appropriately trained psychologists in Hawaii to prescribe would greatly improve the availability of quality mental health care services and increase the number of qualified prescribing health care providers available to treat those citizens who previously lacked access to mental health care.

- **Psychiatry has a long history of opposing advances by psychologists that have proven beneficial to the public health.**

Psychology's movement towards prescription privileges did not occur in a vacuum, but rather, in the context of a similar movement by other health professionals. At present, there are a number of non-physician health professionals who have obtained prescription privileges. For example, today, optometrists have obtained independent prescription privileges in all 50 states. It took almost 30 years since the first state granted privileges in 1971 for optometry to obtain this result. Podiatrists, advanced nurse practitioners and physician assistants have also achieved prescriptive authority in the majority of states. In those 30 years, two patterns clearly emerged. First, organized medicine unsuccessfully opposed the granting of privileges in every state. Secondly, and most importantly, organized medicine's warnings about the danger to patients have proved to be unfounded.

The January 31, 2005 issue of U.S. News & World Report, which includes a number of articles about the current state of health care, profiles the opposition by medicine to non-physicians seeking prescriptive authority in an article entitled, "Medicine's Turf Wars." The article chronicles the ongoing prescription battle between medicine and non-physicians, dating back to the late 1960s and 1970s when doctors of osteopathy sought prescription privileges. Medicine raised claims of patient safety again in the early 1980s when optometrists began seeking prescriptive authority as well as in the early 1990s when physician assistants and nurse practitioners began to push for prescription privileges. Organized medicine opposed these advances, always arguing that only through attendance at medical school can one safely prescribe. Nevertheless, the January 31st article notes that experience "has shown that many non-physician providers perform safely, or at least as safely as physicians do, in their expanded role."

Not surprisingly, psychiatry has a history of opposing any expanded scope of practice for psychology as a profession. The resistance of psychiatry to the development of professional psychology has been strong and consistent throughout the history of professional psychology in the United States. A half-century ago, psychiatric societies tried to pass laws to limit the practice of psychotherapy to physicians only.

Psychiatric societies have used their much greater financial and political strength to block or at least to delay almost every expansion in the scope of practice of psychologists. From the 1950s through the 1970s, psychiatrists argued that it was not safe to permit psychologists to practice outpatient psychotherapy without medical referral or supervision. Despite this opposition, all fifty states plus the District of Columbia now license psychologists for the independent practice of psychotherapy. In fact, the Fourth Circuit Court of Appeals, in denying the psychiatric position, took judicial notice of the fact that psychologists and psychiatrists are economic competitors and issued a strong warning to the psychiatric community "that it is not the function of a group of professionals to decide that competition is not beneficial to their line of work . . ." (VACP v. Blue Shield of Virginia, 1990). The use of psychological testimony in court was delayed for years by the efforts of psychiatric groups to discount its significance. Psychiatrists tried for decades to prevent psychologists from diagnosing mental disorders, claiming that diagnosis was exclusively a medical function.

When psychologists initiated licensing laws to regulate the practice of psychology and protect the public, psychiatric societies actively worked to defeat these laws. They eventually lost the battle -- every state now has a psychology licensure law. Psychiatry has also opposed psychologists' ability to treat patients in hospital settings. This position has been clearly rejected by the California Supreme Court, which held that a hospital may permit clinical psychologists on its staff "to provide psychological services within the legal scope of their licensure, without physician supervision and without discriminatory restrictions." (*CAPP v. Rank*, 1990). Psychiatry's current opposition to psychology's seeking to expand its practice to include prescriptive authority is neither surprising nor new. And the patient safety issue asserted by the psychiatric community is the same issue that organized medicine has repeatedly cited in its attempts to limit other non-physician providers.

In conclusion, I would like to reiterate the critical points for your legislature to keep in mind while considering this legislation:

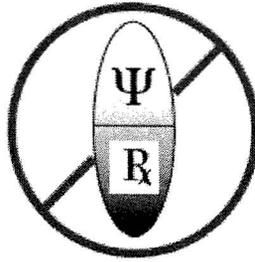
- There is a critical need for improved access to safe and effective psychoactive medication treatment delivered by providers skilled in both the diagnosis and treatment of mental conditions and in the use of psychotropic medications.
- Psychologists are highly trained mental health specialists, many of whom have acquired this additional post-doctoral training in psychopharmacology in order to collaborate with physicians about their patients' medications. They would not be the first non-physician providers to prescribe medications, and in fact, psychologists in New Mexico, Louisiana, and the military, who have been certified to prescribe, have already demonstrated their ability to prescribe safely and effectively.
- Psychiatry's opposition is highly suspect considering its routine opposition to the legitimate progress for the profession of psychology -- areas in which psychologists are now successfully engaged.

Furthermore, APA firmly believes that prescribing psychologists can help fill some of the gaps in mental health care delivery, just as other prescribing non-physician healthcare providers serve the citizens of Hawaii. The states of New Mexico and Louisiana have already enacted psychologist prescribing laws for similar reasons. We urge your support of HB 252.

Sincerely,



Katherine Nordal, Ph.D.
Executive Director for Professional Practice



PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

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To: Representative Ryan I. Yamane, Representative Scott Y. Nishimoto, Representative Della Au Belatti, Representative Joe Bertram, Representative Tom Brower, Representative Mele Carroll, Representative John M. Mizuno, Representative Maile S.L. Shimabukuro, Representative Lynn Finnegan

February 4th 2009

RE: **OPPOSE** HB 252 Relating to prescription privileges for psychologists

Dear Honorable Representative Ryan I. Yamane, Representative Scott Y. Nishimoto, Representative Della Au Belatti, Representative Joe Bertram, Representative Tom Brower, Representative Mele Carroll, Representative John M. Mizuno, Representative Maile S.L. Shimabukuro, Representative Lynn Finnegan:

We are a group of psychologists who **OPPOSE** this bill because it is designed to allow psychologists to prescribe medication *with less than half of the medical training required of other prescribing professionals.*

We believe that psychologists have made major contributions to human health and well-being and will continue to do so. The profession of psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence.

Our opposition is based on the following considerations:

1. Psychologists are divided about obtaining prescription privileges.

Only about half of surveyed psychologists support prescription privileges. (Walters, G.D., 2001, A meta-analysis of opinion data on the prescription privilege debate, *Canadian Psychology*, 42, pp. 119-125).

When allied medical professions such as optometrists have sought an expansion of scope of practice in the form of prescription privileges, doing so originated by members of the profession and was not controversial. This is not the case within psychology. Instead, the pursuit of prescription privileges became a policy of the American Psychological Association without input from the membership (DeNelsky, 2001, *The National Psychologist*, 10 [4], p.5) Psychologists who support prescription privileges have been shown to provide legislatures with unsubstantiated reasons for expanding scope of practice to the field of medicine (Pollitt, B. 2003, Fools Gold: Psychologists Using Disingenuous Reasoning to Mislead Legislatures into Granting Psychologists Prescriptive Authority, *American Journal of Law and Medicine*, 29)

2. Risk to the consumer

As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed *only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions*. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does *not* equip them to prescribe and manage medications safely.

Because of consumer safety concerns, prescribing medication by psychologists has not been supported by patient advocacy groups and has been explicitly opposed by the International Society of Psychiatric Mental Health Nurses because the training is inadequate (Response to Clinical Psychologists Prescribing Psychotropic Medications Position Statement, 2001).

3. Inadequate medical training

Unfortunately, the American Psychological Association's (APA) model for training

doctoral psychologists to obtain prescription privileges does *not* match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in *terms of* their overall training in matters directly related to managing medications.

The APA model is *substantially less rigorous and comprehensive than the training required for all other prescribing disciplines*. Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is *not* the case for training in clinical psychopharmacology.

The APA training model for prescribing even fails to meet the recommendations of APA's own experts in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; accreditation of programs).

It is noteworthy that the APA training model is substantively *less rigorous* than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is *far less comprehensive*, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not!

4. Psychology regulatory boards are not prepared to monitor the practice of medicine

Psychology regulatory boards have limited expertise of to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have *not* overseen prescribing, we question whether regulatory boards have the resources and systems to provide effective oversight of psychologist prescribing.

5. Integrative care is a viable solution to providing psychoactive medication

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. For example, they point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they *are*

highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available *collaborative* models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

Thank you for your kind consideration of our opinion.

Sincerely,

Julie A. Holmes

Psychologists Opposed to Prescription Privileges for Psychologists



COMMITTEE ON HEALTH

TESTIMONY IS SUPPORT OF HB 252: RELATING TO PSYCHOLOGISTS

Submitted by: Dr. Ric Custodio, Medical Director

Waianae Coast Comprehensive Health Center

Contact: rcustodio@wcchc.com

Just because you are poor does not mean you deserve poor health care, in poor facilities, by poorly trained providers. The need for behavioral health services in medically underserved areas is great. Being poor is stressful. 2 out of every 3 patients seen at WCCHC have a co-morbidity related to behavioral health. This includes: anxiety, depression, divorce, substance abuse, domestic violence, incest and child abuse.

To address this **need**, WCCHC integrates behavioral health into the primary care clinics. Family Practitioners work in partnership with Psychologists in the clinic. The Psychiatrist is available for more difficult consults. The model has been so successful, it has been spread from the main site primary care clinics to the satellite clinics and even to the emergency room. Using Medical Psychologists, the number of mental health and substance abuse encounters increased from 2,133 in 2002 to **15,108** in 2005.

The **safety** of this program is borne out of the fact that in 4 years, with over 32,000 visits – there have been no quality of care issues or provider care incident reports (as WCCHC Medical Director, I sit on both the Quality Assurance and Peer Review Committees).

The **efficacy** of this program has been objectively measured both clinically and financially by **HMSA** (see attached) over the years 2004 and 2005. Basically for patients with depression, adjustment disorder, anxiety disorders and bipolar affective disorder, WCCHC Medical Psychologists require ½ (half) the visits at 1/3 (a third) of the costs resulting in better (healthier) outcomes by standard illness measures.

In Fiscal Year FY 2006, **4,200** of 25,000 patients at WCCHC were diagnosed with a mental health or substance abuse diagnosis. Resources existed to treat only **1,811** of these patients.

Prescriptive authority increases the efficiency of the Medical Psychologists, allowing more patients to be seen, thus ensuring quality and access for critically needed care.

Please support HB 252.

Mahalo.

**PRESENTATION OF THE
BOARD OF PSYCHOLOGY**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Friday, February 6, 2009
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 252, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE RYAN I. YAMANE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Elaine Heiby, Ph.D., and I am a member of the Board of Psychology ("Board"). Thank you for the opportunity to testify on House Bill No. 252. The Board has not had an opportunity to review this bill, but will do so on February 20, 2009. However, the bill is very similar to a bill that was deferred by the House Committee on Health last year (House Bill No. 2411), in which the Board testified in opposition. Based on the similarities with the bills, the Board's testimony at this time is to raise the same points of opposition as it did last year because these numerous points of objections have not been addressed.

The bill proposes to authorize appropriately trained and supervised licensed medical psychologists practicing in federally qualified health centers ("FQHC"), to prescribe psychotropic medications for the treatment of mental illness.

As written, the Board opposes this bill for the following reasons:

Scope of Practice

- The proposed scope of practice allows psychologists to prescribe psychotropic medications to patients of all ages, including patients who have medical illnesses in addition to mental conditions. Unlike the

Department of Defense's Psychopharmacology Demonstration Project ("PDP"), the model upon which this bill is purportedly based upon, this bill does not restrict psychologists to prescribe psychotropic medication to a certain age group. The Board believes that the unlimited authority to prescribe psychotropic medication to the general population poses a great risk to the public. The Board's position is that many psychotropic medications should not be prescribed to children, and that psychotropic medication may have different effects when used by patients who are over the age of sixty-five (65). Further the Board believes that in general, psychotropic medication may produce serious harm to patients, with side effects either from the medication itself or from an interaction between other medications that the patient is taking. Thus, the Board supports limiting the prescriptive authority to patients between the ages of eighteen (18) and sixty-five (65) to better ensure public safety.

§465-B Conditional prescription certificate; application.

- The Board raised several problematic areas of concern such as substantive inconsistencies with the preferred training model for prescriptive authority of the PDP. Specifically, the bill's clinical training experience requirement is significantly lower when compared to the PDP. The PDP required one year of full-time clinical training with six (6) months of "in-patient" experience and six (6) months of "out-patient experience". The bill only requires that psychologists complete at least one (1) year of supervised practicum experience, which appears to conflict with §465-D of

the bill. §465-D of the bill states a psychologist who applies for a prescription certificate shall demonstrate, in addition to other requirements, that the psychologist “has been issued a conditional prescription certificate and **has successfully completed two years of prescribing psychotropic medication...**” Given this information, it appears that the requirements for a conditional prescription certificate fall short of what is required to obtain a prescription certificate. Additionally, with regard to the supervisory requirement, the Board prefers that the two hours of weekly supervision be on-site supervision.

§465-C Conditional prescription certificate; powers, duties, and responsibilities.

- Subsection (a)(2): *“Inform the board of the name of the supervising physician under whose supervision the psychologist will prescribe psychotropic medication and the name of the federally qualified health center...”*

The Board is concerned that, while this provision requires the prescribing psychologist to inform the Board of the supervising physician's name, there is no explicit requirement that a prescribing psychologist be supervised by a physician. As currently drafted, the bill only implies that a prescribing psychologist be supervised by a physician.

§465-D Prescription certificate.

- The Board is extremely concerned that the bill, as currently drafted, allows a psychologist with a prescription certificate to prescribe outside of a FQHC. The Board recommends that language similar to §465-B(7) of the

bill which states that a psychologist “[i]s employed or contracted by, and shall practice the prescribing authority at a federally qualified health center established under Title 42 United States Code 1396” be inserted within §465-D.

- Subsection (a)(1): *“Has been issued a conditional prescription certificate and **has successfully completed two years of prescribing** psychotropic medication as certified by the supervising physician.”*

The language above is inconsistent with the requirements set forth in §465-B(3) which requires that the psychologist complete one year of supervised practicum experience.

- Subsection (a)(2): *“Has successfully undergone a process of independent peer review approved by the board of medical examiners and the Hawaii Primary Care Association.”*

The Board questioned the purpose of having the psychologist undergo an independent peer review. Additionally, the Board questioned how the information provided from an independent peer review would assist in determining the qualifications of obtaining a prescription certificate.

- Subsection (c)(2): *“Annually satisfies the continuing education requirements for prescribing psychologists, as set by the board, which shall be no fewer than twenty hours each year, at least half of which shall be in pharmacology or psychopharmacology.”*

Before continuing education is implemented for any board or commission of the Department of Commerce and Consumer Affairs, the Professional

and Vocational Licensing Division's Continuing Education Guidelines – Checklist ("Checklist") must be completed to demonstrate a need for the continuing education requirement. Given the fact that the Checklist has not been completed, the Board recommends deleting this provision in its entirety.

§465-E Administration.

- The substantial workload placed on the Board to implement this bill would require more time and resources than what is proposed (Effective date July 1, 2009, no appropriation). While the bill specifies some of the requirements that must be completed for a psychologist to obtain the conditional prescription certificate and the prescription certificate, it is silent on many issues that are directly related to the effective implementation of this bill. For example, the Board must promulgate rules to: 1) establish which proficiency examination may be used to test an applicant's knowledge in the area of psychopharmacology; 2) identify the amount of malpractice insurance a psychologist must maintain for both the conditional prescription certificate and prescription certificate; 3) clarify the procedures to renew a conditional prescription certificate and prescription certificate; and 4) specify the grounds for denial, suspension, or revocation of a conditional prescription certificate and prescription certificate, including provisions for suspension or revocation of license to practice psychology upon suspension or revocation of a conditional prescription certificate or prescription certificate. The Board understands the urgency

to have the bill become law after years of debate on this issue. However, as currently drafted, the bill does not provide the Board sufficient fiscal and staff resources to carry out many elements of the bill. In addition, the bill does not include an appropriate delayed date of implementation to realistically complete the process of rule-making.

Thank you for the opportunity to testify on House Bill No. 252.

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Friday, February 6, 2009
8:30 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 252, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE RYAN I. YAMANE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Hawaii Medical Board ("Board") thanks you for the opportunity to testify on H.B. No. 252, which authorizes qualified psychologists to prescribe at federally qualified health centers. The Board has not had the opportunity to review this bill but will be discussing it at the next Board meeting on February 13, 2009. Therefore, it is not able to take a position at this time.

However, a similar bill, H.B. No. 2411, was heard by this Committee last year and deferred. At that hearing, the Board testified in strong opposition to the bill for the reasons stated below.

The Board does not consider the proposed training to be adequate for the safe prescribing of psychotropic medications, does not agree that psychologists should be able to prescribe controlled substances without physician supervision, and believes that psychologists are ill-equipped to deal with the drug interactions and medical conditions of their patients.

With regard to the training proposed in the bill, the Board believes it falls short of the training model for the Department of Defense Psychopharmacology Project Program ("PDP"). This is of significant importance as a 2007 report done by the Legislative Reference Bureau ("Bureau") states "that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the PDP program." The report, entitled "Prescriptive Authority for Psychologists: Issues and Considerations" was done at the request of the Legislature, through a Senate resolution adopted during the 2006 Regular Session.

While the PDP requires 650 to 700 classroom hours in certain core areas, the bill proposes 660 hours of classroom hours but lacks a core area contained in the PDP program (cell biology).

For clinical training, 2,000 hours of clinical training were required by the PDP. In contrast, the bill allows psychologists to obtain two years of prescribing experience under the supervision of a physician. However, the number of hours is not delineated and therefore, may fall short of the 2,000 hours required in the PDP Program.

Additionally, the PDP clinical training included six months of inpatient and six months of outpatient clinical experience at Walter Reed Army Medical Center ("Walter Reed") or Malcolm Grow Medical Center ("Malcolm Grow"). Unlike the PDP Program, inpatient and outpatient experiences are not required by the bill.

Furthermore, according to the Bureau's 2007 report, all participants during the PDP clinical training "treated patients between the ages of 18 to 65, who had mental

conditions, but who were without medical complications..." In contrast, the bill allows psychologists to treat a diverse population.

Finally, as pointed out by the Bureau's 2007 report, the PDP "clinical training at Walter Reed or Malcolm Grow provided participants an optimum learning environment in a comprehensive medical center that offered a wide range of medical care, proximity to a large number of physician and nonphysician health care providers, available diagnostic and treatment equipment and facilities, and other advantages or learning experiences that may not be available at small medical facilities." The bill, on the other hand, provides for practicum training in smaller, federally qualified health centers which would not be as well integrated as that of Walter Reed's and Malcolm Grow's.

With regard to drug interactions and medical conditions, the Bureau's 2007 report points out that while "it is true that nonphysician health care prescribers have successfully held prescriptive authority for several years, the classroom and clinical training of these prescribers provide a medical background that clinical psychologists lack." The Board believes psychologists treat mental illness as social scientists from a behavioral perspective while nonphysician health care prescribers treat patients from a medical perspective. Without the necessary and complete science-based training, psychologists are ill-equipped to determine the effects and interactions that medications have on patients. Additionally, patients presenting symptoms suggesting a mental health condition may in fact have an underlying medical condition. That medical condition may produce symptoms that mimic mental health problems and lead to an incorrect or delayed diagnosis if the practitioner lacks broad medical training and

background.

With regard to prescribing controlled substances, it should be noted that aside from podiatrists, only one other health-related profession, physician assistants ("PA"), has the ability to prescribe controlled substances and it is done under physician supervision. Another profession, advance practice registered nurses with prescriptive authority ("APRN Rx"), will also be able to prescribe controlled substances under physician supervision once administrative rules are in place. Conversely, this bill will allow psychologists with prescription certificates to prescribe controlled substances without physician supervision and, in the Board's opinion, inadequate training.

Given the concerns above, the Board believes that allowing psychologists to prescribe psychotropic medications puts the public at risk as psychologists would be unable to safely prescribe complex psychotropic medications, recognize medical conditions, and understand potential drug interaction.

Thank you for the opportunity to provide written comments on H.B. No. 252.



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February 4, 2009

STRONG SUPPORT, HB 252, Relating to Psychologists

TO: House Health Committee, Rep. Ryan Yamane, Chair, Rep. Scott Nishimoto, Vice Chair, and members

FR: Marya Grambs, Executive Director, Mental Health America of Hawai`i

RE: HB252, Relating to Psychologists, 8:30 am Feb. 6, rm 329

I am submitting this testimony in strong support of HB252, the bill authorizing psychologists' prescriptive authority that was proposed and passed two years ago. However, we request that the language from HB666 be inserted into HB252, because it contains significant improvements.

I am writing on behalf of Mental Health America of Hawai`i, whose purpose is to promote mental health, prevent mental illnesses, reduce stigma, and improve the care, treatment, and participation of people with mental illnesses. Our reasons for supporting these bills include:

- There is a dire need to increase mental health provider capacity. Fewer patients are being seen through the State mental health system whose services are being reduced, while more people are suffering from severe stress due to the current economic downturn, stress that can lead to serious mental health problems.
- There is a paucity of psychiatrists, especially in rural communities and especially for low-income (QUEST, Medicaid, Medicare) patients. Few psychiatrists treat those with public insurance, and those that do are full and have no space for new patients. Attempts have been made over the past several years to increase the number of psychiatrists in underserved areas and for low income patients, but these have not been successful
- This bill requires extensive training in psychopharmacology, close supervision, standardized testing, board review and authorization, and practice only within Community Health Centers as part of a collaborative team of providers. Thus, ample protection is provided to patients, and this model has been proven successful and safe in other states and in the U.S. Department of Defense.
- Both the federal government and our state's Mental Health Transformation Grant recommend as optimum the integration of mental health with primary health care. It means people can go to one place -- a

Community Health Center - for all their care, will be treated as a whole person with both physical and mental health needs, and will not have to go to the more stigmatized setting of a mental health clinic to obtain mental health services.

Through this bill, we have a real opportunity to make a difference and provide effective mental health treatment by significantly increasing the number of providers who can prescribe mental health medications while working in collaboration with primary care providers.

We would also like to suggest additional remedies to the lack of mental health care in rural communities, such as increased use of Tele-health (videoconferencing) for mental health treatment.

Thank you for the opportunity to offer this testimony.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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TESTIMONY: HB 252 Relating to Psychologists

House Committee on Health

Friday, February 6, 2009

8:30 am

Conference Room 329

State Capitol

Hardy Spoehr, Executive Director

Aloha Chair Yamane and Members of the House Committees on Health.

Given the current state of affairs in our state with behavior health services being drastically reduced by agency budget reductions and the growing frustrations in all of our communities, this measure is critical.

Papa Ola Lokahi, the Native Hawaiian Health Board, strongly supports this measure which would enable limited prescriptive authority for those trained psychologists working within community health centers. The testimony provided you by the Hawai'i Primary Care Association provides you with the facts and figures relating to access to timely behavior health services in the state and the great need for this legislation.

This measure in no way is meant to demean or confine the practices of psychiatrists but rather to buttress the ability of Hawai'i residents needing behavior health services. The Native Hawaiian Health Scholarship Program has been responsible for training many of the psychologists and a few of the psychiatrists who now are practicing in Hawai'i. Unfortunately, there are simply not enough psychiatrists to provide timely services for those needing them. The model which our state needs to emulate is that utilized at the Waianae Coast Comprehensive Health Center and at Na Pu'uwai on Moloka'i where behavior health is viewed as an integral part of health care. Behavior health services for those needing help is quickly available on a same day basis. This measure will afford this to many residents in the state of Hawai'i who currently do not have this afforded to them.

Thank you for this opportunity to provide testimony on this important matter.

**Testimony in strong support of
House Bill 252 Relating to Psychologists**

My name is Phil Kinnicutt and I am the board chair of the Waikiki Health Center.

Our health center provides health care for about 6,000 people annually. We provide care with compassion and do everything we can for the people we serve. Many of them need mental health services and we provide that. Unfortunately, that number is growing and we can't meet the needs of them all.

It is really important to us to have psychologists available to take care of our patients. We especially need the services of psychologists who have been trained to prescribe medications.

It is our mission to meet the needs of the people of our community. We strongly support this bill because it will help us provide our services and we ask that you do, too.



February 5, 2009

PLEASE DELIVER TO:
Health Committee

2/6/2009
8:30 a.m.
Room 329

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: HB 252 RELATING TO PSYCHOLOGISTS

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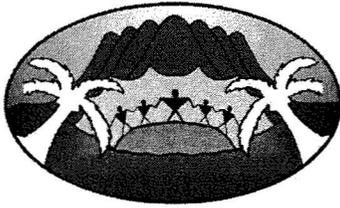
Hawaii Medical Association opposes this measure to expand prescriptive authority to psychologists practicing at federally qualified health centers for the following reasons:

1. The measure places the authority for approving a psychologist to prescribe under the Board of Psychology and circumvents the Hawaii Medical Board, which is best qualified to determine eligibility and qualifications.
2. The training criteria approved by the American Psychological Association are not equivalent or comparable to the medical school and residency training psychiatrists have had.
3. While the measure requires an ongoing collaborative relationship with a physician, it does not specify that the physician be a psychiatrist, nor does it require direct physician supervision or even oversight. It merely states that the psychologist must have an ongoing collaborative relationship with the physician who oversees the patient's general medical care.
4. All prescriptive privileges should be determined by the Hawaii Medical Board, rather than the Board of Psychology.

HMA opposes prescriptive privileges for psychologists because they do not have the requisite training and education to prescribe these powerful drugs, which can have serious adverse reactions affecting multiple organ systems.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net



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**To: The House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice-Chair**

**Testimony in Support of House Bill 252 Relating to Psychologists
Submitted by William G. Christoffel
Executive Director, Ko'olauloa Community Health and Wellness Center
February 6, 2009**

The Ko'olauloa Community Health and Wellness Center strongly supports the passage of H.B. 252. Psychologists providing critical behavior health care in community health centers are handicapped currently in their practice due to the unnecessary limitations on their ability to prescribe needed pharmaceuticals.

The Ko'olauloa Community Health Centers have been serving the Windward Oahu region of Oahu for the past 5 years. We have over 4,000 patients and had more than 11,000 visits in 2008. We have been very fortunate to have a clinical psychologist on our staff. Dr. Tanner joined our Center in 2007. This position was advertised for more than six months prior to Dr. Tanner joining us. Since joining us, Dr. Tanner's practice has steadily increased.

This bill would remove one substantial barrier to the efficient use of an extremely scare resource. Community Health Centers are located in areas without adequate access to health care. Accepting the need for behavioral health services is especially difficult for many people and any barrier, however slight, may be sufficient reason for many in need to forego behavioral health care. The current limitations on prescribing authority for psychologists hinder their ability to quickly and efficiently treat our clients.

H.B. 252 has sufficient safeguards insuring that each psychologist practicing in Community Health Centers receives the necessary training and is under the supervision of a licensed physician. The passage of H.B. 252 will improve the delivery of critically needed behavioral health. I urge that H.B. 252 be passed.

Thank you for this opportunity to provide testimony

*Responsive to community needs
Promoting health and wellness in Ko'olauloa
IMUA!*

.....



Hawai'i Primary Care Association

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To: **The House Committee on Health**
The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 252
Relating to Psychology
Submitted by Beth Giesting, CEO
February 6, 2009, 8:30 a.m. agenda, Room 329

Community Health Centers (CHCs) across the state and the Hawai'i Primary Care Association strongly endorse this bill, which addresses prescriptive authority for certain psychologists. We believe that the requirements outlined in this bill regarding psychopharmacological training, supervised practice, standardized testing, board review and authorization, and practice only within Community Health Center settings will ensure that patients will be well-served and protected. Moreover, we feel this bill, which costs the State nothing, is imperative to meet escalating needs and shrinking mental health resources. It must be emphasized that ONLY the patients who are cared for by CHCs and ONLY the psychologists appropriately trained, supervised, and working with a CHC will be affected by this legislation.

This bill is key to enabling CHCs to implement a model of behavioral health care for their patients that is integrated with primary medical care and provided by a team of medical and behavioral health professionals. It is notable that one of the major recommendations coming out of the State Mental Health Transformation grant is to integrate primary health care and behavioral health care. Moreover, this model is highly recommended by the federal Healthcare Resources & Services Administration, which mandates that CHCs provide mental health care. By "integration" we mean that medical and behavioral health clinicians work from a common set of protocols and refer patients back and forth as appropriate to the needs of the patient, and freely communicate with each other about their care and management. Ideally, the integrated team should be supported by consultation with a psychiatrist on treatment decisions who would also be available to provide direct clinical care to referred patients who are seriously mentally ill.

Why do we think this is the best behavioral health model for Community Health Centers in Hawai'i?

- **Significant needs.** Hawai'i's 14 nonprofit community health centers on six islands care for 110,000 people who are at risk for not getting the health care they need because of poverty, lack of insurance, language and cultural gaps, or just because they live in rural areas where few doctors practice. Increasingly, CHCs – both in rural and urban areas – are the providers of behavioral health care in underserved communities because their patients, who typically have a number of co-occurring social, educational, economic, and health problems, are more susceptible even than the norm to depression, anxiety, and other mental disorders. Some studies suggest that 40% of CHC patients are in need of behavioral health care. At the same time, CHC patients are increasingly less likely to have access to any behavioral health care providers other than those who work at a CHC, in part, because of cutbacks in state funding for mental health services. We have every expectation that needs for mental health services will grow significantly in the coming year because of anxiety and depression related to the economy.
- **Training fits needs.** The psychologists who would be affected by this bill go through a thoroughly vetted training program to prescribe the drugs that are included in a limited formulary. The psychologists are also trained to be part of the primary care treatment team at CHCs. As such, they understand the

needs and circumstances of the patients, the resources of the health center, and their role as part of the clinical team.

- Workforce availability. While this legislation affects a relatively small number of psychologists, their number and availability to Community Health Centers is roughly equivalent to the demand for their services. As there is a shortage of psychiatrists available even to serve privately insured patients living in urban areas, the availability of psychiatrists to CHCs is questionable.
- Appropriate to needs. Psychologists are well-suited both to the needs of Community Health Centers and to their financial resources. Psychiatrists are scarce, command high salaries, and are necessary to health centers primarily as consulting specialists on a limited basis. It makes a lot more sense to us to get the most from our psychologists.

We believe the thousands of underserved patients cared for by Community Health Centers need and will appreciate this legislation. Thank you for the opportunity to support it.



TO: The House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair

RE: **Testimony in Support of House Bill 252 Relating to Psychology**

FROM: Sheila Beckham, RD, MPH
Executive Director

DATE: February 6, 2009, 8:30 am agenda, Room 329

I support HB252, authorizing psychologists from community health centers to write prescriptions within a specific scope. With the State's recent \$25 million decrease in funding for mental health services, community health centers are feeling the burden.

Up to 75% of all patients presenting at our health center with chronic health conditions, have a compounding behavioral illness. With the cut in state funding for adult mental health services, we're already seeing an escalation in utilization related to anxiety, depression, and violence. With the current uncertainty in the socioeconomic climate, hiring a psychiatrist is beyond the budget constraints of our health center.

Community Health Centers currently offer a model of integrated primary and behavior health care that meets the needs of our clients. Enabling *specialty trained psychologists* working within these federally qualified health centers, to obtain limited prescriptive authority, would improve the quality of care and ensure that the health care needs of our vulnerable patients are met.

We ask your support and appreciate this opportunity to present our testimony.

Rupert R. Goetz, M.D., D.F.A.P.A.
Diplomate, American Board of Psychiatry and Neurology
P.O Box 154
Kaaawa, HI 96730
(808) 237-7083
r.r.goetz@att.net

Re: HB 252, Relating to Psychologists
HB 428, Relating to Psychologists

OPPOSE

Allow me to submit my written testimony in strong opposition to these measures. My reasons in opposition are related to the following:

1. This is a clinical safety problem:
 - a. With the advent of ice, differentiating medical, drug-related and psychiatric conditions has become much more difficult to diagnose. Indeed, these three conditions now generally coexist in patients with more severe disorders and a person with medical experience must be involved in the diagnostic process.
 - b. Treatment is also more complex, not simpler. A brief primer on newer psychiatric medications that now have much fewer side effects seems tempting and safe. However:
 - i. Medical disorders frequently coexist with psychiatric conditions and their subtle presentation can be easily mistaken. (E.g.: Low thyroid conditions can produce symptoms of depression; treatment with antidepressants without ordering thyroid tests will lead to more damage to physical health.)
 - ii. Psychiatric medications can cause more slowly emerging medical problems, such as diabetes and heart rhythm ("QT") problems that require laboratory and even EKG monitoring to be prescribed safely.
2. No improvement in community access to psychiatric medication services is to be expected:
 - a. In other states where these arguments were made, Psychologists were located in the same places as psychiatrists.
 - b. In shortage areas it was not psychologists, but primary care physicians and nurse practitioners picking up the pieces.
3. There is already a path for psychologists to prescribe medications:
 - a. They can attend medical school and become physicians
 - b. They can attend nursing school and become Advanced Practice RNs

Thank you for the opportunity to express my personal beliefs and thank you for your consideration to HOLD this measure in committee.

To: House Health Committee
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair

February 6, 2009, 8:30 a.m. agenda, Room 329
Relating to Psychologists, HB 252

Aloha Kakou,

My name is Kathy Sassi (MSN APRN CHCNS-BC FNP) and I have been staff at Waikiki Health Center in the past, take my nursing students out to Onelau`ena Shelter in Barber's point, and work as an FNP at Waimanalo Job Corps. I have seen unmet mental health needs out in the community. I have also worked in Halawa, Women's Community Correctional Center, OCCC, and Hawaii State Hospital and have seen the end results of mental illness untreated in the community that leads ultimately to crime, self-medication with substance abuse, suicide attempts, and self neglect and suffering. I read the bill carefully including the educational requirements and preparation that these doctoral prepared psychologists would have and I feel they would probably be the best prepared professionals to deal with both psychotherapy and pharmacotherapy. APRNs are also qualified to prescribe psychotropics, and while I am aware that some do not support this bill, I believe most of those who have worked in community health centers and in our prison and mental health system (as contrasted with private practice in urban areas) welcome collaboration with psychologists and support this move forward to getting mental health treated in the communities where it is most needed.

Mahalo,
Kathy Sassi MSN APRN CHCNS-BC FNP
Visiting Assistant Professor
Hawaii Pacific University

FNP Medical Corner (serving Job Corps Waimanalo)

Volunteer (Aloha Medical Mission)

Iqbal 'Ike' Ahmed, M.D.

HB 252 and SB 428 Relating to Psychologists

Position: OPPOSED

I submit my testimony in opposition to this measure. I am a psychiatrist, a clinical psychopharmacologist, and a professor of psychiatry. I am responsible for teaching the psychopharmacology course to psychiatry residents in training at the University of Hawaii and provide psychiatric consultations, and do research in psychopharmacology. My reasons in opposition are related to:

1. Concerns about patient safety and well being

- a. The lack of adequate medical education of psychologists, even with the proposed psychopharmacology training, about physical disease that can contribute to psychiatric presentations or complicate the pharmacologic management of psychiatric disorders. Didactic teaching and supervised prescribing for a few hundred hours is not enough. Psychiatrists' training in doing physical examinations on patients, and treating medical diseases gives them a grasp of the type of side effects seen with medications, and complexity of treating patients co-existing medical and psychiatric diseases. Having a non-psychiatric physician treat the medical component without sufficient grasp of psychiatric problems with a psychologist prescribing psychiatric drugs leads to un-integrated and potentially risky medical and psychiatric care.
- b. Modern psychopharmacology is more complex than is realized. We are dealing with rapidly growing fields of neuroscience and psychopharmacology, with a large number of medications coming out, and the brain being the most complex organ in the human body (with one trillion cells, and several dozen brain chemicals). What goes on in the brain affects the body and vice versa.
A number of the psychiatric medications have side effects which can be life threatening. In addition, since patients are on a number of medications (both medical and psychiatric medications) simultaneously, there is a high risk of drug interactions that can lead to poor response to the medications, or even produce dangerous drug reactions that can lead to hospitalization and death. As it is adverse drug effects are the 5th leading cause of deaths in the U.S. Do we really want to make thing even worse in Hawaii?
Whether a medication is beneficial or harmful to a patient depends not just on how good the medication is, but how good the prescriber is.
- c. What is necessary is having as skilled as possible, not less skilled and knowledgeable practitioners. As a result of this bill, I am afraid we are looking to develop not "excellent practitioners", but not even "good enough practitioners. We should be looking to enhance training of psychiatrists in psychopharmacology through strong undergraduate, graduate and continuing medical education of psychiatrists, not look for less trained practitioners by having psychologists

prescribe medications. I do not object to psychologists prescribing medications after going to medical school.

2. Access to mental health care:

- a. Issues associated with access to medical care are real and the committee has valid concerns. However the solution is not just increasing the number of providers, but by increasing the right type of providers. This can be done in several ways
- b. Increasing the number of graduating psychiatrists from the residency programs who would serve in underserved areas. This could be done by offering public or rural psychiatry stipends during the training years with payback by serving the same number of years as they received the stipend (e.g.: 3 year payback for 3 years of stipend). There was a similar program a few years ago at the University of Hawaii residency program till the funding ran out. Reinstating State funding (about \$ 15,000 a year per psychiatric resident) can help meet the needs of underserved areas. Graduates of this program went on to serve the Hawaii State Hospital, the islands of Hawaii, Maui, Kauai, and Molokai.
- c. Offering other incentives to psychiatrists would be programs such as J-1 visa waiver programs for international medical graduates who are willing to serve in federally designated underserved areas. A number of states in the country staff their rural areas through this program.
- d. Collaborative efforts involving advanced prescriptive practice nurses working with psychiatrists can meet needs in rural areas. An example of this type of program was the IMUA program of the Adult Mental Health Division and the University of Hawaii on the island of Hawaii.
- e. Telemedicine programs funded through State and Federal grants can also bring access to high quality psychopharmacologic care in the context of multidisciplinary mental health care to rural areas. A number of states have used this approach. Elements of this have also been used on the island of Hawaii through the IMUA project. There are already efforts underway in the State with the psychiatric community taking a lead in this.

In conclusion, access to care and high quality psychopharmacologic services are not mutually exclusive. I would urge the committee to not come up with a solution that is worse than the problem by pass the psychology prescribing bill. As the Hippocratic Oath states: "Primum non nocere" or First do no harm

Thank you for your consideration to hold this measure in committee.

Iqbal "Ike" Ahmed, M.D., MRCPsych (U.K)

Phil Bohnert, MD
Former Vice Chairman and Behavioral Science Director
Department of Family Medicine and Community Health
John A. Burns School of Medicine

RE: HB 252 / SB 428

POSITION: OPPOSE

I am a psychiatrist in strong opposition to this measure for the safety of consumers. I maintain my position for quality health care for all Hawaii residents.

Thank you for your consideration.

Phil Bohnert, MD
Ret. Vice Chairman and Behavioral Science Director
Dept. of Family Medicine and Community Health
John. A. Burns School of Medicine

JEFFREY AKAKA, MD
Community Psychiatrist

RE: HB 252, Relating to Psychologists
SB 428, Relating to Psychologists

Position: OPPOSE

I am a native Hawaiian physician, a psychiatrist specializing in caring for people suffering from severe brain diseases such as schizophrenia, bipolar disorder and PTSD. I graduated from the Kamehameha Schools and later, from the John A. Burns School of Medicine, where today I hold the faculty position of Associate Clinical Professor in the Dept of Psychiatry. I am currently the Medical Director of the Diamond Head Community Mental Health Center.

While I can understand that there is great need for psychiatric care in rural areas that is not currently met, and that this measure seeks to remedy this need, it does not assure that the proposed prescribers will be able to prescribe safely or that they will serve in rural areas.

Part of my concern stems from the idea that a prescriber could be adequately trained within 12 weeks of class plus 1 year of supervision that might not be from even a single physician, much less a psychiatrist. Physicians generally study science and medicine for 12 years to take care of patients safely, during which, it is under the watchful eye of dozens of senior physicians, in hospital settings, the first year of residency entirely at the bedside for 80+ hours per week, not from a single non-physician in 2 hours per week conferences in an office. The hours I put in were crucial to learn not just what drug goes with what psychiatric disease, but how to handle when things go wrong, when the same patients' body also has heart, kidney, liver and blood diseases, may be pregnant, rebels against the medication, and gets worse. I learned, and am still learning, what can go wrong and what to do about it.

The American College of Neuropsychopharmacology noted in their final report of May 1998, in evaluating the military program that trained psychologists to prescribe, a program that required 2 years didactic (later shortened to 1 year didactic) and one year practicum, both full time and under the supervision of dozens of psychiatrists: "While the graduates were for the most part highly esteemed, valued, and respected, there was essentially unanimous agreement that the graduates were weaker medically than psychiatrists...their medical knowledge was variously judged as on a level between a 3rd or 4th year medical students...". The ACNP report further stated, "Virtually all graduates of the psychologist demonstration project considered the "short-cut" programs proposed in various quarters to be ill-advised."

In addition to my concerns about adequate training and safety, the bill does not assure that graduates will in fact practice in rural areas. Of Louisiana, Randall Hager, CA Psychiatric Association Director of Government Affairs reports that, "A survey of the website of the Louisiana State board of Examiners of Psychologists reveals, at press time, 21 certified "medical

psychologists (MP) practicing in Louisiana. 18 of the 21 currently certified MPs were practiced in cities among Louisiana's 10 largest. None listed their work address at a primary care clinic nor in far-flung corners of the state.

Accordingly, although proposing to meet a need, I have concerns that this bill will only provide us with a second tier of health care for the poor. We suggest that focus be turned to the Mental Health Transformation Grant efforts and the efforts currently being implemented to carve-in psychiatry to the FQHC primary care settings and telepsychiatry as well as physicians incentives to work in rural areas.

Thank you for your consideration to hold this measure in committee.

JEFFREY AKAKA, MD

GALE R. BEARDSLEY, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

ONE KAPIOLANI BUILDING, SUITE 402
600 KAPIOLANI BOULEVARD
HONOLULU, HI 96813
TELEPHONE (808) 537-2665
FAX (808) 524-3747

Hawaii State Capitol
Honolulu, Hawaii 96813

RE: HB 252/SB 428, Relating to Psychologists

Dear Chair and Committee Members,

IN OPPOSITION

I am writing to you as a psychiatrist in private practice on Oahu. I am asking that you hold this bill in committee. I have at least three concerns about this bill.

- 1) There are preferable ways to improve access to psychiatric services in the Federally Qualified Health Centers. Please help us “carve in” psychiatric services in these primary care clinics.
- 2) As the LRB study reported there are significant concerns about safety when it comes to psychologists prescribing medicine. The training in this measure is insufficient to ensure safety.
- 3) Our Native Hawaiian residents and the others who get their care at FQHC’s deserve the same quality of care as every other state resident. Do not create a second tier level of care which this bill would do.

Thank you for allowing me to provide this testimony in opposition.

Sincerely,
Gale R. Beardsley, MD

Alan Buffenstein M.D

1100 Ward Ave #1070, Honolulu HI 96814 Ph: (808) 548 5400 Fax: (808) 548 5400

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I submit my testimony in opposition to this measure, Relating to Psychologists, because

- a. Psychologists do not have relevant scientific backgrounds. They are trained in a social, not a medical model.
- b. Only study done on prescribing psychologists were on the first 10 trained under the most rigorous of the DOD training iterations in supervised, military hospitals with a long history of teaching health professionals. The DOD training was not just 660, there were hundreds if not thousands of additional hours in supervised trainings and lab work in addition to the classroom.
- c. The DOD was highly supervised by psychiatrists and the only patients the prescribing psychologists were allowed to treat where otherwise health adults between the ages of 18 - 65. This legislation has none of those features.
- d. Unlike training for other prescribers, this bill has no accreditation mechanism to evaluate psychopharmacology programs or supervised clinical experiences exist.

This is not a fight between professions, it is also a major controversy within psychology.

Please hold this measure in committee to allow mental health consumers the right to quality healthcare.

Sincerely,

Alan Buffenstein, MD

DARYL MATTHEWS, M.D., PH.D.
TERESA LATHROP, M.F.T.
DARYL FUJII, PH.D.
TODD ELWYN, J.D., M.D.
SHEILA WENDLER, M.D.

HAWAI'I FORENSIC ASSOCIATES, LLC
345 QUEEN STREET, SUITE 900
HONOLULU, HAWAI'I 96813
PHONE: 808-735-8505
FAX: 808-356-0739

FORENSIC CONSULTANTS IN PSYCHIATRY,
PSYCHOLOGY, AND THE BEHAVIORAL
SCIENCES

RE: HB252 RELATING TO PSYCHOLOGISTS

Position: Oppose

Dear Chair and Committee Members:

I submit my testimony in opposition to this measure because I am very concerned about the quality of professional training received by many psychologists now practicing in Hawaii. Hawaii's only doctoral-granting program in psychology, other than the University of Hawaii at Manoa is Argosy University. Argosy is a for-profit, proprietary institution, carrying the potential that educational quality could be compromised for owner profits. The profession of medicine abolished for-profit medical schools in the U.S. in the 1920's because of the poor quality of such schools, and medicine has never allowed them to return.

Argosy is producing and will produce the bulk of Hawaii's psychologists for the 21st century, and its training program is only reviewed and accredited by the American Psychological Association, the psychologists' own professional association. This is in contrast to medical schools and psychiatry training programs, which are each reviewed for their adequacy by several independent outside agencies, for the purposes of protecting the public. It is also especially alarming given the proprietary nature of the school. I am a former psychiatry residency training director, and also am an accrediting inspector for the outside agency that accredits psychiatry residency programs. I can vouch for the intensity and integrity of the accreditation review process in psychiatric education. There is no such process in psychology education, and in my opinion, and that of many psychological educators at traditionally run universities, one is sorely needed. Surely before the profession ventures into what traditionally has been the practice of medicine.

Hawaii's proprietary psychology school continues to expand and produce greater numbers of psychologists, without meaningful educational programmatic oversight by any outside group. Faculty of Argosy are among the bill's chief supporters.

Even if a short course in prescribing would be adequate for some psychologists, would it be adequate for the new breed of psychologists being turned out in Hawaii? Psychologists have not publicly raised this question because it would reveal the underlying splits in the profession over both prescribing and the for-profit schools themselves. Physicians have not raised it largely because of lack of familiarity with psychology education in general and Argosy in particular. Because I have a Ph.D. in sociology and am a forensic psychiatrist, I have supervised doctoral students in psychology at both Argosy and UH, have lectured at both schools, and I have been concerned about the knowledge base of the Argosy students, who generally are not as carefully selected or as well trained as the UH students.

I do not practice psychiatry or any other medical specialty, do not prescribe medications, and personally feel no occupational threat from psychology prescribing. However I would be quite concerned to have a friend or family member treated with medications by many Hawaii psychologists, no matter what training program they may eventually complete.

Lori Murayama

2756 L Pali Hwy

Honolulu, Hawaii 96817

Ph: (808) 222-9575

RE: HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Dear Chair and Committee members,

My name is Lori Murayama, M.D. I strongly oppose this measure, which gives psychologists the authority to prescribe medication because I am concerned for the safety of patients in Hawaii.

As a psychiatrist in training, I can testify first-hand that it will take more training time to prescribe psychotropic medications than what this bill proposes. I am in my 3rd year of psychiatric training where I have worked 60-80 hours a week for 50 weeks a year. This does not even take into account the thousands of hours I have spent in science classes prior to medical school and my training time during medical school.

Despite the thousands of hours I have spent, I still get nervous at times prescribing psychotropic medications because my training has made me realize how complicated prescribing can be. It is not as simple as giving an antidepressant to someone who is depressed. It is about ruling out medical diseases and medications that may be presenting as psychiatric illnesses. I often remind myself how devastating it would be to symptomatically treat a person for depression if the reason they had that depression was because they had hypothyroidism or pancreatic cancer. I have seen first hand, a patient who was deemed as "psychiatric" who was later admitted for a head bleed because we had enough clinical suspicion to order a scan of his head.

Before one even prescribes, it is also about taking into consideration what medications or comorbid illnesses the patient has so that the medications prescribed do not cause further problems. Antidepressants, such as those described in this bill, can increase the risk of bleeding on blood thinner medications, can increase blood pressure, and can increase or decrease the blood levels of other medications that patient may be taking. I have had 3 years of training in psychiatric medications, and I am still learning these things.

I respect the role psychologists play in the mental health treatment of patients but to have them accept roles for which they are not adequately trained is dangerous. I understand that access to underserved areas has been limited but why not fund psychiatrists in these areas instead? I have spoken with many of my fellow residents and if positions were available, I know many of us would consider working in these areas. I strongly urge you to oppose this bill. Thank you for giving me the opportunity to speak to you on such an important issue.

Derick Chae, M.D.

To Whom it May Concern,

HB252, Relating to Psychologists

Position: OPPOSE

Dear Chair and Committee Members:

My name is Derick Chae. I am a child psychiatrist in opposition to this measure. Our patients deserve better treatment than the trial and error method that may come to pass.

I was born in Korea, lived in Michigan, Virginia, and New Jersey before moving to Hawaii four years ago to for my adult and child psychiatry training

I feel very fortunate to be able to call Hawaii home. I love my job as a psychiatrist and feel confident on depending on my medical and psychiatric training during my medical school and residency years to benefit my patients. The psychologists that I've met are excellent at what they do - which is psychotherapy. I've met many excellent psychologists and am thankful for the expertise in helping our patients. However, it is difficult for me to understand how a 10 week training class will allow them to safely prescribe medications that are potentially disabling and even lethal.

The people that may suffer from granting psychologists prescribing rights are the indigent population of Hawaii. These are the people that need our help the most, and we are offering them a dangerous alternative. Why not offer the best care by offering psychiatrists stipends to enter underserved areas? I know many residents, including myself, that would be thrilled to do this. Why send people that have minimal medical knowledge to prescribe medications to our patients?

I hope that we can work to prevent such dangerous bills to protect the people of Hawaii.

Sincerely,

Derick Chae, MD

Testimony to the Hawaii Legislature
Rep. Ryan Yamane
Chair, House Health

HB 252, Relating to Psychologists

10,000+ HOURS OF TRAINING WITH 1.5 YEARS TO GO

Dear Chair and Committee Members:

I submit my testimony in opposition to HB 252, Relating to Psychologists. I am a third year resident so am qualified to know what it takes to become well trained to prescribe. I am not in favor of radically short-cut programs to benefit psychologists over the welfare of patients.

It is my belief that what is proposed in this bill will not be safe for patients and therefore violates the “due no harm” tenant of medical practice. Access to rural areas has improved with a better understanding of what are the barriers to access, the growing utilization of telepsychiatry through the University of Hawaii and with the work of the Psychiatric Access Collaboration to increase the number of positions in rural areas for our graduating residents to fill on the neighboring islands

Thank you for your time.

Joseph A. Cook, MD
8,000 hours + of training and still learning

Harry Chingon, M.D.
98-211 Pali Momi Street, Suite 414
Aiea, Hawaii 96701-4318
Ph: (808) 484-9200 Fax: (808) 484-9299

TO: House Health Hearing
February 6, 2008 at 8:30
RE: SB 252, RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I submit my testimony in opposition to this bill because a comprehensive medical education is necessary to safely prescribe psychotropic medications. My medical training required five years of residency training in hospital residency programs in addition to four years of medical school and a four-year Bachelor of Science degree. Allowing psychologists to prescribe medications without adequate medical training will only serve to degrade the level of medical care in Hawaii. We are fortunate to have the John A. Burns School of medicine in our state, which has raised the quality of medical training and care in Hawaii. The use of medications in psychiatry has become increasingly complex as risks and side effects of new powerful medications become apparent. Risks involved with the use of powerful psychiatric medications include but are not limited to diabetes, metabolic syndrome, suicidal ideation, cerebral vascular accidents, growth retardation, anorexia, tachycardia, hypertension, psychosis, intestinal entrapment, neurologic disorders, glaucoma and sudden cardiac death.

In order to safely prescribe medications, in addition to my thirteen years of medical school education, residency training, and science education, I am regularly attending conferences both here and on the mainland to keep up to date to ensure that the people of Hawaii are given only the best medical/psychiatric care available.

Marie-louise devegvar, m.d.
THE QUEEN'S PHYSICIANS OFFICE BUILDING I
1380 LUSITANA STREET, SUITE 511
HONOLULU, HAWAII 96813

PSYCHIATRY

TELEPHONE: (808) 526-0313

February 4, 2009

TO: Rep. Ryan Yamane, Chair House Health
House Health Committee Members

RE: HB 252 RELATING TO PSYCHOLOGISTS

OPPOSED

I would like to express my deep concern regarding the psychologists in Hawaii who want to prescribe medication. Unfortunately, they do not appreciate the substantial risks of giving patients medication without the benefit of four years of medical school and four years of psychiatry residency.

In my practice, I treat a number of patients with medical problems such as asthma, hypertension, and diabetes. A psychiatrist has the comprehensive knowledge of the basic sciences and medicine to safely prescribe medications to these patients. Each psychotropic medication may or may not have an adverse effect on the person's underlying medical condition. Each psychotropic medication may or may not also have an adverse effect on the person because of potential interactions with medications he or she is already on for the treatment of other illnesses.

I therefore ask you to vote against any bills which would allow psychologists to have prescription privileges. I truly believe it will put the people of Hawaii at risk for potentially serious medical complications.

Sincerely,

Marie-Louise deVegvar, M.D.

Gary Huang, MD, Pediatrician

1356 LUSITANA ST., 4th FLOOR
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TELEPHONE (808) 536-2900
FAX (808) 262-5966

OPPOSED HB 252, Relating to Psychologists
OPPOSED SB 248, Relating to Psychologists

I submit my testimony in opposition. As a pediatrician, I understand the need for anyone prescribing medications to have appropriate medical knowledge. Child psychiatrists have gone through training in medical school and residency to study how the body works and different systems relate to one another. Psychologists, on the other hand, are valuable in providing therapy for pt. they however, do not get any medical training. it is dangerous for psychologist to be prescribing medications as all medications have side effects and potential interactions with other medications and effects on other body systems.

I understand the need for more mental health providers. it would be great to have a team composed of psychiatrists who prescribes the medications while the psychologist provide the therapy. There are plans to increase patients' access to psychiatrists on the neighbor island, and this is a better solution. Patients on the neighbor islands deserve the same treatment. I hope you support efforts such as telemedicine and increased funding for psychiatrists instead of bills with danger to the children and different treatment for patients on neighbor islands.

Gary Huang, M.D.
Pediatrician

Peter In, M.D, Private and Public Practice, Waimea/Hilo, Hawaii

HB 252, RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I am submitting my testimony in opposition to this measure. I oppose this measure because Psychologists will need additional training which cannot replicate that which is learned at medical school. They do not have the necessary medical background which would create a risk problem which would offset the benefit in the addition of providers who could prescribe medications. Nurse practioners already have this privilege. The need for additional providers could be better met by increasing the incentives for training more psychiatrists, encouraging physicians to practice in underserved areas, more collaboration between psychologists and medical doctors, and increasing the number of nurse practioners. Giving psychologists prescriptive rights would only increase the risk of adverse medication outcomes which is already a huge problem. Thank you for the opportunity to voice these concerns.

Peter A. In, M.D.
Adult and Child

HOUSE COMMITTEE ON HEALTH

DATE: Friday, February 6, 2008.

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

My testimony is submitted in opposition to this bill, relating to psychologists.

I am opposed to this measure because:

- 1. The Transformation Grant, the Psychiatric Collaboration Committee, the John A. Burns School of Medicine, the Hawaii Psychiatric Medical Association and the Department of Health are all working to reduce system barriers to mental health services and helping to improve access to quality health care to all mental health consumers.**
- 2. Psychologists have a path open to them to obtain prescribing authority in Hawaii via the two year APRN program at the School of Nursing at the University of Hawaii . This is an accredited and nationally regulated training curriculum.**
- 3. Legislation first appeared in Hawaii in 1984, twenty-five years ago, requesting prescriptive authority for psychologists. Legislation has continuously been declined. Nurses, osteopaths, optometrists and dentists have all been able to expand their scope of practice based on their strength of training. Psychologists have been continuously denied due to a demonstrated lack of a medical curriculum, regulated schools of psychology, and no standardization of training.**

Thank you for your consideration to HOLD this bill in committee

**LiLi Kelly, M.D., Adult and Adolescent/Child Psychiatrist,
Maui Memorial Medical Center, Wailuku, Maui
Hamakua Health Center, Honokaa, Big Island
808 371 3701**

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
79-1020 Haukapila Street, Kealahou, Hawaii

February 3, 2009

RE: HB 252, RELATING TO Psychologist
Hearing: 2/6/08 at 8:30 a.m. am in 329

Dear House Health Committee Chair and Committee Members:

I believe that I am uniquely qualified to speak to the matter of prescriptive privileges for psychologists.

I am both a board-certified psychiatrist and a PhD clinical psychologist, and I received both my psychiatric and psychology training at the same institution, viz. The University of Minnesota. I am very proud to have studied clinical psychology under the late Drs. Paul Meehl (Regents Professor and past-president of the American Psychological Association) and Starke Hathaway (author of the MMPI).

I believe that my training in psychiatry was also exemplary.

Having studied each discipline within the same institution, I can state unequivocally that psychiatrists, are not, by dint of their training, qualified to administer psychological testing, much less interpret these tests and formulate a psychological profile on the basis of these instruments. (Not even the Minnesota Multiphasic Personality Inventory, which some feel qualified by geographic osmosis.) This is uniquely the province of the clinical psychologist.

By the same token, the psychologist (even a neuropsychologist or clinical psychologist) is not qualified to prescribe medications. The psychologist in training has virtually no core training in human biochemistry, neurophysiology, pharmacology, or other medically germane subjects except as they ELECT to study during the course of their doctoral training.

It takes four years of medical study to become a physician, and another four years to become a psychiatrist trained and skilled in the prescription of psychotropic medication. With all due respect to psychologists (and respect them for their intellectual pursuits and expertise I do), they simply do not have the medical understanding and underpinnings to qualify them to prescribe medications that can have such a profound effect on a patient's physiology and neuropsychological functioning.

And this medical grounding cannot be obtained in a crash course geared to the prescription of psychotropic medications. The psychologist who, following such a course of study, would presume to prescribe medications is exhibiting considerably more hubris than understanding.

A prescription uttered by a psychologist is a prescription for disaster.

Rodger C Kollmorgen, MD, PhD, JD
Psychiatrist and Clinical Psychologist
Distinguished Life Fellow, American Psychiatric Association

James Scamahorn, M.D.
Emergency Medicine
Kauai

February 5th 2009

Regarding: HB 252, Relating Psychologists

From: James O. Scamahorn, M.D.

I am writing to express my opposition to Senate bill 2415 and House bill 2411, relating to psychologist prescribing. Once again, these bills are introduced for legislative consideration.

My opposition is based on the following considerations:

- There is nothing new in these bills over similar bills presented last year and in the past. They offer more hours of training, but do not address the main issue that training in prescribing practices does not equal competence in understanding the complexities that accompany psychiatric disorders.
- Psychologists do not have adequate preparation or training to prescribe medications for some of the most complex disorders with which physicians deal on a daily basis. Making accurate diagnoses of depression, bipolar disorder and schizophrenia require a great deal of training and skill, as these disorders are frequently mimicked by other medical conditions.
- Psychologists lack the basic science preparation to fully comprehend the concepts that are taught to medical students in biochemistry, physiology and pharmacology. Trying to fast track professionals with inadequate basic science preparation is a mistake.
- I work as an emergency room physician on the neighbor island of Kauai. I see patients with complex psychiatric, addictive and medical disorders on a daily basis. It is a frightening thought that some psychologists think they can adequately handle these conditions and prescribe the appropriate medicines to treat them, without the most fundamental basic science preparation.
- We are most fortunate to have excellent psychiatric coverage on an emergency basis for patients on our island. There is a two-tiered call system and the response from the psychiatrists on call is generally prompt and helpful.
- Access issues in some of the more remote parts of our state are being adequately handled by the psychiatrists working in concert with the medical school and Department of Health.

Thank you for taking the time to read and consider my testimony.

Sincerely,

James Scamahorn, M.D.
Emergency Medicine

STEPHEN B. KEMBLE, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

ONE KAPIOLANI BUILDING, SUITE 402
600 KAPIOLANI BOULEVARD
HONOLULU, HI 96813
TELEPHONE (808) 537-2665
FAX (808) 524-3747

February 4, 2009

Re: HB 252, Relating to Psychologists

I am a practicing psychiatrist who prescribes psychotropic medications every day. I am opposed to this bill because I believe it fails seriously to come to grips with the reality of prescribing psychotropic medications.

- There is no clear distinction between psychological symptoms and symptoms of general medical illness, and both are often mixed together. Patients often report symptoms in ways that do not fit the textbook list of symptoms that correspond to an official psychiatric diagnosis, or that would be taught in a course in psychopharmacology.
- There is no such thing as a psychotropic medication that only affects the mind (psychology) and not the rest of the body, and the ability to assess the significance of non-psychological illnesses and symptoms is essential to appropriate and safe prescription of psychotropic medications.
- A large percentage of my patients in a general psychiatric practice (probably 2/3) have concurrent general medical conditions and non-psychiatric medications presenting issues relevant to psychiatric diagnosis and choice of psychoactive drugs. These interactions cannot be properly evaluated without general medical training that psychologists do not have, and would not have under HB 2411.
- Psychopharmacology and basic medical science courses are completely inadequate training for the practice of psychopharmacology. Course work must be supplemented with years of supervised experience treating actual general medical patients in a clinical setting. This kind of clinical training is only addressed by a full 4-year medical school curriculum plus at least a year of internship, which is far more clinical training than proposed for prescribing psychologists in this bill.
- The formulary for psychologists in this bill is limited to antidepressants and anti-anxiety medications, some of which are highly addictive if used for more than a short time. All of the drugs relevant to treating psychosis, drug addiction, and bipolar disorders are left out, because they have serious risks of general medical complications. A psychologist prescribing with this limited formulary would be able to appropriately treat a minority of those needing psychotropic medications, and would be tempted to treat inappropriately for those patients who really need a medication beyond the limited formulary.
- This bill would not solve any of the access problems or the shortage of psychiatrists in rural areas. The answer is not giving under-trained psychologists limited prescription privileges, but increasing support for fully trained psychiatrists to serve in these areas, including hiring them in community health centers.

Stephen B. Kemble, M.D.

Kathleen Sitley Brown, Ph.D.

98-707 Iho Place #805

Aiea, Hawaii 96701

Phone: (808) 487-3262

February 5, 2009

Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Members of the House Committee on Health

RE: Support of HB 252, Relating to Psychologists

I am writing in strong support of HB 252, which would allow appropriately trained psychologists who work in federally qualified health centers (FQHCs) or in medically underserved areas (MUAs) to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law. I want to address the training concerns of psychiatrists and legislators that I have heard in my visits to the legislature and in discussions with my psychiatry colleagues.

The length and content of the training has been a concern raised in the past. In evaluating this issue, I urge the Committee to look at the available evidence as seen by the educational requirements and the safety and efficacy record of prescribing psychologists over the past 10 years within other venues, e.g. Indian Health Service, Department of Defense and now in two states, Louisiana and New Mexico. The current practice of psychology within the community involves collaboration with primary care physicians around the medical needs of their patients on a daily occurrence. Psychiatrists are valiantly attempting to meet the needs of the seriously mentally ill via the community mental health centers and have been unable to provide services to the broader community despite prior promises to move into the FQHCs and MUAs.

Physicians and other health care professionals routinely turn to psychologists for their diagnostic capabilities and services. In addition to mental health, psychologists provide primary, preventive and chronic care services for patients dealing with both mental and physical disorders. As behavioral risk factors are significant precursors to the top 10 medical conditions in Hawaii, such as diabetes, kidney disease and cardiac conditions, psychologists are currently involved in the care of patients with chronic medical illness. The psychosocial risk factors and consequences, such as depression, to these medical conditions

can be profound and potentially fatal if appropriate interventions are not collaboratively addressed. Some of my psychiatry colleagues would have legislators believe that the mind and body are separate and psychologists have been addressing only the emotional and mental health issues of patient without consideration for the health and medical status of patients. In fact, ethically, we must insure that medical conditions are ruled out before proceeding with our care; thus, such evaluations are the rule to our practice rather than the exception.

Medical school has never been designated as the only or best way to produce quality prescribers. The evidence of prescribing psychologists and other prescribing professions demonstrates such as seen by a record of safe prescribing among these professions. Psychiatry has used the same argument about the need for medical school and safety risks against other professions who sought prescriptive authority, such as nurses, podiatrists, optometrists, dentists and doctors of osteopathy.

This bill does not pertain to all psychologists but *only* those psychologists who have gone on to complete the additional postdoctoral training to become a prescribing psychologist AND are working at or with a community health center serving a medically underserved area/population. I respect the committee's concerns about the safety and quality of the psychopharmacology training program of psychologists. As a psychologist, I too am concerned about such issues, as the health and safety of the consumers I serve is paramount to my practice, both clinically and ethically.

Although I am unable to make the hearing on Friday, February 6, I respectfully request your support of HB 252 to permit those psychologists, who are appropriately trained, to provide a full range of mental health services to those unserved and underserved in our communities.

Thank you for your thoughtful consideration of HB 252, Relating to Psychologists.

Respectfully submitted by,

Kathleen Sitley Brown, Ph.D.
Clinical Psychologist

nishimoto2-Bryce

From: Coralee Chin [chico006@gmail.com]
Sent: Thursday, February 05, 2009 8:04 AM
To: HLTtestimony
Subject: Testimony in Support of House Bill 252, Relating to Psychologists

Date: February 5, 2009

To: House Committee on Health,
The Honorable Ryan Yamane, Chair
hlttestimony@capitol.hawaii.gov

From: Coralee Chin, MSW
Outreach Worker
Kalihi Palama Health Center

**Testimony in Support
House Bill 252, Relating to Psychologists
February, 6, 2009, 8:30 a.m. Agenda, Room 329**

I am an outreach worker at Kalihi Palama Health Center. Our health center provides health care for about 15,000 people annually. We provide care with compassion and do everything we can for the people we serve. Many of them need mental health services and we provide that. Unfortunately, that number is growing and we can't meet the needs of them all.

It is really important to us to have psychologists available to take care of our patients. We especially need the services of psychologists who have been trained to prescribe medications. It is my understanding that this bill will allow psychologists who undergo extensive post-doctoral psychopharmacological training to prescribe medications for their patients. This would significantly impact rural areas of Hawai'i that are underserved, and would benefit greatly from psychopharmacological intervention to is not otherwise available.

It is our mission to meet the needs of the people of our community. I support this bill because it will help us improve our services and we ask that you do, too.

Thank you for the opportunity to testify in strong support of this bill.

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"Do not store up for yourselves treasures on earth.... But store up for yourselves treasures in heaven.... For where your treasure is, there your heart will be also." Matt 6:19-21 (NIV)

Kathryn Egan, M.D.
1133 Waimanu Street, Apt 509
Honolulu, HI, 96814
808.285.6369

Sgt at Arms

*Please deliver
40 copies to Clerk in Rm. 441
HLT 2/6/09 @ 8:30
Conf. Rm. 329*

HOUSE COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

DATE: Friday, February 6th, 2009, 8:30 AM

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Kathryn Egan, and I am 5th year Triple Board resident studying pediatrics, general psychiatry, and child and adolescent psychiatry in the UH Residency Program. I am testifying on my own behalf in strong opposition of HB 252, relating to psychologists prescribing, which would allow psychologists to prescribe certain psychotropic medications.

I have completed a bachelors of science in zoology with a focus in molecular biology, 4 years of medical school, and 4 and ½ years of residency training, and every day I am still learning things related to the biochemistry and pharmacology of psychotropic medications. More importantly, each time I prescribe a medication, I have to consider how it interacts with complex adult and pediatric physiology as well as other medications. I do not feel that it is safe for someone to consider all these things and prescribe medications if they do not have the medical training to do so. In turn, I strongly urge the committee to oppose HB 252.

Thank you for your consideration of my testimony. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Kathryn Egan, M.D.

Kristen Low, M.D.
91-848C Makule Rd.
Ewa Beach, HI 96706
Ph: (808) 689-5338

HB 252 Relating to psychologists

POSITION: **OPPOSE**

I submit my testimony in opposition.

First, I was born and raised in a rural area. I currently still live in Ewa Beach and have family members with mental illness. Therefore, I am fully aware of the issues of access to mental health care in underserved areas.

Second, in college, I received a degree in psychology, which emphasizes a social model, NOT a medical one. For that reason, I can substantiate the LACK of training in BASIC sciences as a psychology major. It took an additional 2 years (minimum 90 credit hours) to complete the PREREQUISITES for medical school. It is impossible for 10 weeks of training (450 hours / 30 credit hours, as stated in Senate Bill) to be adequately qualified to prescribe medication.

Finally, as a psychiatrist, my most important concern is patient SAFETY. As a resident psychiatrist, I have first hand experience of a BAD OUTCOME when a patient was prescribed medications from a psychologist who “actively collaborate(d) with primary care physicians to provide combined therapy and psychopharmacological care to a medically underserved patient population...”(SB 1004, p. 3). Unfortunately, the psychologists did not consider the patient’s significant medical conditions and prescribed medications that worsened the illness and required a prolonged hospitalization, including intensive care.

In summary, FIRST DO NO HARM. This is the underlying principle in medicine. As members of the consumer PROTECTION committee, patient SAFETY should be the central issue.

- All medications have adverse effects and multiple drug interactions, even common medications included on a *limited* formulary, are dangerous when prescribed by *under* qualified providers.
- SAFER alternatives are currently available to address the access issue, such as telepsychiatry and logistically allowing more psychiatrists to practice in community health centers.

Thank you for your time and consideration.

Daniel J Mardones, M.D., RR 2 Box 4753, Pahoia, HI 96778

RE: HB 252, Relating to Psychologists

I am submitting my testimony in opposition. I am a psychiatrist who dedicates a day or more weekly to treat chronic mentally ill patients in the rural district of Puna on the Big Island of Hawaii.

I am board certified by the American Board of Psychiatry and Neurology in both the medical specialty of Psychiatry as well as in the medical subspecialty of Child and Adolescent Psychiatry.

One of the principal roles of a psychiatrist, such as myself, is to integrate the medical knowledge I have acquired by completing 4 years of medical school with the additional 5 years of knowledge I have acquired by completing a residency training program in the medical specialty of psychiatry in order to render complex decisions about the most safe and appropriate psychotropic agents that I might consider prescribing in order to alleviate pain and suffering in my patients.

I find it unconscionable that any serious consideration be given to permitting the training of a psychologist to prescribe psychotropic medication.

We live in an era of expansive growth in medicine. There never has been and never will be a specialty board that could justify support of any measure that would permit a non-medical health care provider such as a psychologist to perform medical duties such as prescribing psychotropic medication. There are multiple drug interactions and potentially serious medical complications that can and do result from providing a patient with a psychotropic medication. Only an extensively medically trained health care provider can safely prescribe to patients.

Thank you for listening to an advocate for chronic mentally ill patients, many of whom would not even be capable of comprehending the serious threat to their safety that is posed by considering granting the privilege of authorizing medical prescriptions by a non-medically educated and trained provider.

I regret that I can not be personally present to speak with you today since I am serving in rural Pahoia Village/City as a community psychiatrist on this day. I would, of course, be pleased to meet with any of you to discuss this issue farther.

Thank-you sincerely,
Daniel J Mardones, M.D.
Board Certified by the American Board of Psychiatry and Neurology for Adult, Child and Adolescent Psychiatry.
e-mail: danmardones@hotmail.com



Courtney Matsu, MD, UH Dept of Psychiatry

“Those living in rural areas deserve care...quality, qualified care.”

RE: HB 252 RELATING TO PSYCHOLOGISTS

Dear Committee Chair and Members,

I am submitting my testimony in OPPOSITION.

It would be shortsighted to grant prescriptive authority to psychologists. When is substandard care an acceptable substitute for standard of care? I believe those living in rural areas deserve care...quality, qualified care, as we all do. In fact, they may need even more protection and advocacy for qualified care given the limited resources to outlying, underserved areas.

I hope you will oppose this measure.

Sincerely,

Courtenay Matsu, M.D.

Gerald J. McKenna, MD
Psychiatrist

Regarding: House Bill 252, Relating to Psychologists
Senate Bill 428, Relating to Psychologists

From: Gerald J. McKenna M.D.

I am unable to attend today's hearing as I am on Kauai presenting at a (5) CME training program for primary care physicians to better prepare them to engage and treat the mental health patient. I am here doing something about access.

My testimony is in strong opposition to legislative measures relating to psychologist prescribing. As a psychiatrist practicing on a neighbor island I am very familiar with the practice of psychiatry in a rural setting. I work in a collegial manner with the other psychiatrists on Kauai and with many of the psychologists as well.

By opposition to these bills stands from my long experience has a practicing psychiatrist now for almost 40 years and from my understanding of the unique needs of the population that we serve.

- These bills do not differ in any appreciable sense from the bills that were submitted last year. Adding 200 more hours of training does nothing to address the issue of the lack of basic science training in the education of the vast majority of psychologists.
- The access issue, frequently put forward as the main reason for requesting passage of these and similar bills is based on false assumptions. The presumption is that psychologists will choose to practice in the most remote areas of our state, where his data available for this state and for other states indicate that psychologists congregate in the urban centers.
- We realize that we do have unique access problems in our archipelago state. Our psychiatric association, in collaboration with the DOH division of mental health as well as the JABSOM have formed a collaborative effort to address these issues. We have the capability of telemedicine to reach even the most remote communities and we are working to play psychiatrists and community health centers around the state.
- Psychiatric disorders and their treatment are among the most complex issues facing medicine. Ongoing research is indicating the essential neurological nature of most of these chronic psychiatric disorders. One doesn't get an understanding of brain disorders from a few hundred hours of training prescribing practices. The basic science requirements for entrance into medical school have been in place for the past hundred years with good reason. One cannot understand the complex subjects taught in medical school without that fundamental basic science preparation.

- There are several tracks currently available for any psychologist that wishes further training in order to be able to prescribe medications. Medical school is the most obvious track and some psychologists have, in fact, obtained medical degrees. The prescriptive privileges can also be gained by attending advanced practice nursing programs available in most of the nursing schools throughout the state or by obtaining a degree has a Physicians assistant.
- We don't need to increase the pool of people available to prescribe very complex medications used in the treatment of even more complex disorders without a thorough understanding of the coal occurring medical disorders frequently seen in patients with psychiatric disorders.

I appreciate your willingness to consider this testimony and applaud your efforts on behalf of the health and welfare of Hawaii's citizens.

Sincerely,

Gerald J. McKenna M.D.
President, Hawaii Psychiatric Medical Association

Denis Mee-Lee, MD
Director, Hawaii Clinical Research Center
1750 Kalakaua Ave., Suite 2602
Honolulu, Hawaii 96826

RE: HB 252, RELATING TO
PSYCHOLOGISTS

I am submitting testimony in opposition.

I oppose this measure because I do not believe that the short term education of any professional is adequate and safe given the increasing complexity of the mechanism of action of many psychiatric medications, the intricate interplay with complicating medical and other psychiatric illnesses and medications, the ongoing responsibility to evaluate and monitor serious adverse events that may be caused by these medications, and the medical responsibility and liability incurred by medication prescribing practice.

Psychologists are significantly needed to provide leadership to the treatment team in the specialized assessment protocols so essential for better treatment to our patients, and therapeutic leadership in demonstrating those specialized cognitive-behavioral and other therapeutic techniques that are neglected areas of our treatment continuum as equally important as medication treatment.

The mentally ill individuals of Hawaii lack access to many of these essential treatment components, not just medication treatment. Let us not rush to the aid of medication treatment, whether done safely or not, and further neglect the strength of an interdisciplinary, specialized treatment team that can best respond to complex psychiatric illnesses drawing from a broad set of therapeutic skills.

I thank you for the opportunity to provide testimony and request that the Committee not act favorably on this bill.

Sincerely,
Denis Mee-Lee, M.D.

Carol E. Minn, MD, MSPH
2222 Citron Street, #1802
Honolulu, HI 96826
Cellphone: 808-927-7470

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

I am a board-certified psychiatrist and medical director of one of 4 state-run community mental health centers (CMHCs) on Oahu. This testimony is being submitted as a private citizen who is seriously concerned about the repeated attempts to allow psychologists to prescribe medications to mentally-ill persons who are least able to fend for themselves.

Please oppose this measure. There is absolutely no need for legislation which would discriminate against the mentally ill and subject them to dangers inherent in the practice of medicine without proper training.

Unlike previous years, tangible efforts are already underway to identify barriers to mental health services in rural and other underserved areas and to develop viable solutions for sustainable access to quality psychiatric services. A Psychiatric Access Collaboration involving a wide range of stakeholders from the community was established in May 2006. On February 22nd, just 3 weeks from now, a special "Primary Care & Behavioral Health Care Integration Forum" will convene all day at the Hilton Hawaiian Village to address mental health needs within the primary care framework (e.g., the federally-qualified health centers, FQHCs, mentioned in HB1456).

Increased collaboration is starting to occur between CMHCs and FQHCs. Within our CMHC in Central Oahu, I am currently supervising a 4th year psychiatric resident who has a J-1 visa. As such, following completion of residency later this year, she would need to seek employment in an underserved area or FQHC to continue residing in Hawaii. If all goes as planned, she will transition from our CMHC to Waianae Comprehensive (which is a federally-qualified health center) to provide psychiatric services.

Properly-trained psychiatrists on a J-1 visa are eagerly seeking opportunities to serve in FQHCs. It makes absolutely no sense to bypass these skilled physicians by offering a crash course in prescribing to psychologists who lack the medical training necessary to provide safe and effective treatment to mentally-ill patients who often have complex problems.

Please oppose HB1456 HD1 Thank you.

CELIA ONA, MD
Psychiatrist

HB 252 Relating to Psychologists

I oppose psychologist prescribing for several reasons:

- Training proposed is extremely inadequate to address the risks involved in prescribing psychotropic medications that require comprehensive knowledge not only with drug-drug interaction, but a broad understanding of the latest in pharmacology, molecular biology, and genomic pharmacotherapy.
- Safety is a major issue- even with fully trained physician MD who underwent rigorous medical school and background knowledge in anatomy, physiology, pharmacology, pathology, microbiology, clinical skills preceptorship, internship, and Residency-the challenge to keep abreast with evidenced based best practice is daunting. I seriously doubt that psychologist will be able to safely prescribe medications without this background knowledge, rigorous training and experience.
- The third reason which is very close to my heart is based on the Oath of Hippocrates the guiding principle in my practice " I will prescribe a regimen for the good of my patient according to my ability and my judgment and never do harm to anyone". I believe allowing this bill allowing psychologist prescribing will do harm to patients who are most vulnerable.

Respectfully submitted,

Celia M. Ona, MD

SONIA G. PATEL, M.D., INC.

▼ 3465 Waialae Avenue
▼ Suite 270
▼ Honolulu, HI 96816
▼ 808-271-0537

OPPOSE

Dear Honorable Representatives:

I am writing in regard to hb 252 that would give psychologists prescriptive privileges. I am opposed to this bill.

This bill is unnecessary because we already have a system in place to train physician psychiatrists to prescribe medications safely. The problem lies not with psychiatrists and their willingness to serve in rural areas, but rather with the unfortunate reality of the lack of jobs in rural areas for physician psychiatrists. Over the past few years, I have been seeking a job as a psychiatrist on Molokai. I have a special place in my heart for Molokai because I am a graduate of Molokai High School. I inquired at all the health centers on the island, but there was no regular full-time or part-time job as a psychiatrist available for me. However, I am now providing psychiatric care to the people of Molokai once a week. I was able to secure contract work through a Maui-based company which has given me the opportunity to provide psychiatric care to children and adolescents at all of the Molokai public schools. Furthermore, a Molokai based community organization has given me the opportunity to provide occasional psychiatric consultations to abused children on the island. In addition, I started my own private psychiatric practice on Molokai, in which I provide care to children, adolescents, and adults. I have to pay for my own airfare, car rental, and office space rental for this private practice. This would not be such a burden, except that I have not been paid by most of the insurance companies since I began this private practice in September 2007. The psychologists who support this bill are fortunate that they have jobs created for them in rural areas, jobs that pay for their transportation, office rent, and salaries. It makes me sad that psychiatrists do not have the same opportunities. Perhaps we need to focus on creating equal opportunities for psychiatrists to work in rural areas, rather than trying to create substandard prescribing courses for psychologists.

Thank you for your attention to this matter, and please support me in opposing this bill.

Sincerely,

Sonia G. Patel, M.D.



TO: HAWAII STATE LEGISLATURE
FROM: DENNIS LIND, M.D.
RE: HB 252, Relating to Psychologists;
POSITION: OPPOSED

I am strongly opposed to psychologists prescribing as proposed in this legislation. If they want to prescribe, they should, just as I did, by using their good college grades, apply to medical school to get a clinical orientation to study the human from that perspective. Psychologists are intelligent, but their training and perspective is not medical, and simply by taking a few hours of academic courses will not give them the comparable sense of the human organism as a whole complex interaction, coupled with the multiple disease models which medical doctors and personnel have to experience in their training. Please keep the prescription of drugs in the medical model.

Thank you for the opportunity to testify in strong opposition to this measure.

DENNIS LIND, M.D.

Kara Lum, M.D.

HB 252 Relating to Psychologists

Position: OPPOSED

Having "Doctor" as a title does not automatically give anyone the right to prescribe medications.

To Whom It May Concern:

I am a concerned citizen who is writing in opposition to the psychologist prescribing bill. I feel that this bill, if passed, would allow people who are unqualified to prescribe dangerous medications to some of our most vulnerable citizens.

As some form of this bill is brought out every year, it has become more and more clear that every year, patients and their advocates (such as NAMI, The Hawaii Disability Rights Center and the Kokua Council) stand in opposition. It is unfair to force this unwanted and unnecessary change upon the very people that this bill is supposed to "benefit."

In addition, I would like to make it clear that the education for a psychologist is quite different from that of a medical doctor or advance practice nurse, who both are trained in the "medical model." Medical doctors must undergo years of classroom studies and direct, supervised training in the medical sciences in both undergraduate and postgraduate work, in addition to another 3-5 years of training in a general residency program. Having "Doctor" as a title does not automatically give anyone the right to prescribe medications. (Consider: A friend of mine is getting her PhD in Education. She will soon be a "doctor," yet she is not asking to be able to prescribe narcotics to the citizens of Hawaii. What this bill is asking you to do is to allow is the same thing.)

This bill is dangerous, perhaps even deadly, and unwanted by the very people it is supposed to serve. It must be stopped.

Thank you.

Kara W. Lum, MD
1165 Kamehame Dr.
Honolulu, HI 96825

John J. Culliney, M.D., M.S., D.A.B.R

Chairman Department of Radiology
Radiation Safety Officer
3-3420 Kuhio Highway, Suite B
Lihue, Hawaii 96766
Phone: (808) 245-1293
Fax: (808) 246-2914
jculliney@wilcoxhealth.org

February 4, 2009

Re: HB 252, Relating to Psychologists
Hearing: 2/6/08 at 8:30 am

SB 428, Relating to Psychologists

POSITION: OPPOSE

I am a radiologist practicing at the Kauai Medical Clinic. I am strongly against passage of this measure. These bills come up year after year, never seem to address the primary issue of lack of adequate scientific training in Ph.D. psychology programs to adequately prepare psychologists for the complex issues involved in prescribing psychotropic drugs. I have personally spent one year in a Psychiatry training program and personally appreciate the value of a medical degree to assure that the patient is treated properly and to minimize any untowards effects, especially in patients with multiple medical problems where drug-drug interactions become a major issue.

1. Psychology training programs lack courses in a basic sciences which formed the prerequisite training for all physicians before they can even enter medical school.
2. Prescribing psychotropic drugs is a complex matter has these are used to treat brain disorders that require a great deal of knowledge and experience in medicine would psychologists don't have and cannot get with a few hundred hours of training.
3. Lack of access issues are being addressed by the Hawaii psychiatric medical association in concert with the medical school in several ways, including telemedicine programs to provide direct consultation to remote parts of the state, as well as placing psychiatrists in community health centers.

I urge the respective committees not to pass these bills.

Sincerely,

John J. Culliney, M.D., M.S., D.A.B.R
Chairman Department of Radiology
Radiation Safety Officer



Susan Mikami, MD 1356 Lusitana St., 4th Fl., Honolulu, HI

THE TWENTY-FOURTH LEGISLATURE 2008

RE: HB 252, Relating to Psychologists

Dear Committee Chair and Members:

I am writing to oppose this bill regarding psychiatrist's prescribing rights. As a psychiatrist-in-training, I have spent many years and much effort in college and medical school to learn all the anatomy, physiology, chemistry, biochemistry and pharmacology to safely prescribe medication. I am currently undergoing *several more years* of training in residency, with *daily supervision* by medical school faculty to be able to carefully monitor patients on psychotropic medications using careful and directed medical history-taking, physical exam skills and routine laboratory studies. I do not believe that psychologists can be adequately trained in a crash course to safely prescribe these medications as well as monitor patients on them. This is a dangerous matter, and I strongly urge you to protect our psychiatric population and prevent further morbidity and mortality, not to mention malpractice, by stopping this measure allowing prescribing privileges to psychologists.

Sincerely,
Susan Mikami, MD
Psychiatry/Child Psychiatry/Pediatrics Resident, level 4
University of Hawaii/John A. Burns School of Medicine

SHALINI MISHRA, MD

RE: HB 252, Relating to Psychologists

POSITION: OPPOSE

Psychiatrists see a lot of mentally ill people with co-morbid medical conditions such as diabetes, high blood pressure, stroke, renal disease etc. Providing proper health care to those with co-morbid conditions makes providing good treatment more challenging on a day to day basis. Most underserved areas in Hawaii lack professional psychiatrists and hence these mentally and medically challenged people often do not receive adequate treatment.

Psychologists will not be able to provide professional and safe mental health care in this population. Allowing them to prescribe after only an abridged training program could cause more harm than good.

Shalini Mishra
University of Hawaii Psychiatry Residency program

**Don Purcell, M.D.
Internist/Psychiatrist
CA DMH/SVPP**

RE: HB 252 RELATING TO PSYCHOLOGISTS

I submit my testimony to you today in opposition.

I have been practicing medicine for the better part of twenty years, having completed two residencies (Internal Medicine and Psychiatry). I have worked in the areas that overlap these two disciplines, and am often called upon to treat patients with both medical and psychiatric concerns - a very common entity that is becoming more the rule than the exception these days.

I can honestly attest that the treatment of patients - even with the newest "safest" antidepressants and psychotropic agents - requires the experience only provided by rigorous medical training coupled with years of clinical patient contact through direct (comprehensive) medical care. Without this, conditions can be easily overlooked which may lead to dangerous drug-drug and/or drug-medical interactions not recognized by those without extensive training in pharmacology and direct (physical "hands on") patient care. For instance, unless someone understands how to interpret the laboratory findings and physical signs and symptoms of such things as The Metabolic Syndrome or Neuroleptic Malignant Syndrome, subtleties of these potentially lethal conditions can be easily missed in their early stages. I know this to be true as I deal with outcomes such as these routinely. Psychiatrists are trained to recognize these conditions for appropriate management and/or referral - something someone of lesser training may not even realize although an afflicted patient is sitting right before them.

Even a thorough course in pharmacology and/or introductory experience in clinical patient care is not sufficient to recognize and manage these complex medically-based patients we are seeing on an ever increasing basis, and whom often present with serious medical conditions in subtle - and indirect - ways.

Very truly yours,

Don Purcell, M.D.
Internist and Psychiatrist
CA DMH/SVPP

From: Mike Pablin, concerned voter and consumer

Re: HB 252: Relating to Psychologists – OPPOSED

I am a consumer of mental health services, a family member of a person diagnosed with schizophrenia who lives in an adult residential care home, and an active mental health consumer advocate.

The **Executive Summary for Prescriptive Authority for Psychologists: Issues and Considerations** clearly states that the ultimate decision to authorize psychologists prescriptive authority should be guided by considerations of patient safety and that patient safety cannot be compromised.

The practice of psychiatry has been evolving into sub-specializations such as forensic psychiatry, geriatric psychiatry, and addiction psychiatry. Patients are being diagnosed with more than one mental illness concurrent and most treatment regimes involve the administration of two or more psychiatric medications concurrent. Further, the basic mental illnesses, especially clinical depression, are symptomatic across all these areas.

This evolution in the practice of psychiatry now requires not just medical training and medical supervision, but also an ever-growing body of knowledge and experience that can assist patients in finding the safest and most effective combination of psychiatric medications. Further, combinations of psychiatric medications involve side effects (indications of affecting other bodily organs and systems) not produced by the administration of single medications. I am one of those patients.

Although this bill adopts the recommendations in the above stated report, except for limiting the conditional period of prescriptive authority to two years, I really do not think that the requirements for medical training and medical supervision satisfies standards for patient safety and clinical effectiveness. In fact, I strongly think psychologists would be way out of their league trying to prescribe any psychiatric medication for any mental illness due to the ever-increasing complexity of psychiatry.

Further, there are other ways to ensure that patients can access psychiatric services including telepsychiatry and collaboration with primary care physicians that would ensure a proper level of patient safety and clinical effectiveness.

Therefore, I am **strongly opposed** to this measure and **strongly urge** the Committee on Commerce, Consumer Protection, and Affordable Housing to hold this bill in committee.

Thank you for the opportunity to testify.

Amber Rohner, M.D.

2250 Pauoa Rd., #1-B

Honolulu, HI, 96813

Ph: (808) 870-1093

TO: HOUSE COMMITTEE ON HEALTH

DATE: Friday, February 6th, 2008

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Amber Rohner, and I am a 4th year psychiatry resident from Maui in the UH Psychiatry Residency Program. I am testifying on my own behalf in **strong opposition** of HB 252, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I have gone through 4 years of undergraduate education with emphasis on science courses relevant to medicine, 4 intense years of medical school, and will endure at least another 4 years of residency before I'm fully trained and licensed to prescribe psychotropic medications on my own. Wow! Twelve years of school to learn about all the aspects of medicine and to become a doctor capable of prescribing medications. I would be terrified if someone told me I had to cram all that learning into an 11 week training session! Even if it were only so I could prescribe a quarter of the medications I'm currently learning to use, I would still be quite wary of my ability to learn so much in such a short time.

Every day when I see my patients, I am constantly thinking about questions like: Did I order the right lab tests to know if this medication is affecting my patient's liver or platelets? Am I monitoring them for side effects and treating side effects if they occur? Did I order the test to see if the medication is at a therapeutic blood level? Is the medication I'm prescribing interacting with their hypertension or their medications for high blood pressure? Will it make their diabetes worse and have I checked their blood sugar lately? Did I check an EKG to make sure I haven't made their cardiac condition worse? How much should I adjust the amount of medication I'm giving to my patients with kidney failure? Can I stop the medication when they need a surgical procedure done? Is this medication safe for a pregnant woman? These are complex questions, even for doctors like me who have had training in things like obstetrics and gynecology, surgery, and internal medicine during medical school.

I believe that the proposed training for psychologists who wish to prescribe would not be enough to safely take care of patients. Psychologists would need to learn about the medications themselves, but also the interactions with other medications and health conditions. They'd need to learn about proper laboratory monitoring and interpretation of

lab results. They'd also need authority to order these labs. This seems like it would be quite an undertaking for someone with no medical background. The psychological tests that psychologists often administer are quite complex, and I would not feel qualified to give them with a crash course a few weeks or months long.

I think we need to invest in other *safer* strategies to improve the availability of psychiatric care and medications to our underserved populations. Simply giving psychologists prescriptive privileges would not solve the problem, especially since there is also a shortage of psychologists in those same areas. Creating positions for psychiatrists in the community health centers would greatly help. Research shows that when psychiatry is carved-in, the ability of all providers in the primary care setting goes up in the treatment of patients, and patient outcomes improve. Also, supporting and expanding telepsychiatry would help. Lastly, offering help with loan repayment programs or tax breaks would help give psychiatrists the incentives and ability to practice in rural areas where they might not otherwise be able to afford to practice. I personally intend to return to Maui once my training is complete. I also know of several other residents in our program who plan to practice psychiatry on the Big Island, Moloka'i, rural/underserved areas of O'ahu (North Shore & Kalihi Valley), and also possibly Maui.

Again, I strongly urge the committee to oppose this measure. I do not believe it is the right answer to the problem we have with getting enough mental health coverage in rural areas.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,

Amber Lea Rohner, M.D.

Bruce Schaaf
Ph: 728-1619

TESTIMONY TO
RE: 252 RELATING TO PSYCHOLOGISTS
POSITION: OPPOSED HB252

Legislation proposes to discriminate against the Mentally Ill

Dear Chair, Vice-Chair and Members of the Committee:

I submit this testimony in strong opposition to this measure. I have family members who would be impacted by Hawaii lowering its standard of care for the mentally ill. If the intent of the measure is to increase access to mental health services, this bill will not provide that. The only outcome of this measure will be Hawaii endorsing two systems of health care: one for the rich and one for the poor.

I do not agree with that. This bill proposes a training standard which is unacceptable and discriminatory.

Please vote NO.

BRUCE SCHAAF

Daniel Sciaroni, M. D.
Neighbor Island Family Practice

RE: HB 252, Relating to Psychologists
SB 428, Relating to Psychologists

POSITION: OPPOSED

Dear Health Committee Chair and Committee Members

I submit my testimony in opposition to this measure for a number of reasons:

1. Training is an issue: There is no reason why psychologists or anyone else cannot prescribe, if they have adequate training. To allow a recognized professional to gain medical authority with only compromised training causes me to have grave concern for the safety of Hawaii's mentally ill. 660 hours of didactics is not adequate.
2. The access issues that are often used as justification for psychologist prescribing are being addressed by the Department of Health, the SAMSHA Mental Health Transformation Work Groups, the Legislature, University of Hawaii and the JABSOM Department of Psychiatry as well as private sector entities such as the Psychiatric Access Collaboration. New technologies such as telemedicine, as well as placing psychiatrists in key community health centers around the state will go far to improve access.
3. Kauai is fortunate in its ability to collaborate and refer patients with relative ease. As a family practitioner on Kauai I am able to get timely psychiatric consultations on my patients and treatment for those who need the specialized care of a psychiatrist.

Sincerely,

Daniel Sciaroni, M. D.
Family Practice

TOSHIYUKI SHIBATA

ONE KAPIOLANI BUILDING, SUITE 402
600 KAPIOLANI BOULEVARD
HONOLULU, HI 96813
TELEPHONE (808) 537-2665
FAX (808) 524-3747

HB 252 RELATING TO PSYCHOLOGIST:

OPPOSE

Dear Chair and Committee Members:

I am writing to you as a concerned citizen and to voice my opposition to this measure. This is a dangerous bill which would allow inadequately trained psychologists to prescribe powerful medications after a few hundred hours of medically related courses.

Medical doctors have undergone more than ten thousand hours and registered nurses and optometrist thousands of hours of rigorous studies, training, and supervision in the sciences and medicine before they are allowed to prescribe medicines. It is inconceivable that psychologist, many without any science or medical background, could safely be trained to prescribe medications that affect a person's brain and other organ systems after a few hundred hours of courses and supervision. Would you want a seriously ill family members or loved one to be treated and prescribed medicine by an inadequately trained health professional? This is what you would be allowing by passing this bill. Previous attempts at psychologist prescription privileges have been found to be extremely costly, inefficient and ineffective.

There are safer and more effective means to provide safe mental health access for the residence of Hawaii. Please do not subject the people of Hawaii to a dangerous and costly program. I urge you to vote NO.

Sincerely,

Toshiyuki Shibata

Chanida Siripraparat, MD

OPPOSE:

HB 252, RELATING TO PSYCHOLOGISTS

I write in opposition.

My personal experiences have helped me understand why there may be a shortage of psychiatrists on neighbor islands. As an international medical graduate who underwent psychiatry residency training in the US on J1 Visa status, I was required to either return to my home country for 2 years or work in an underserved area at the conclusion of my training. Because of my connections and experience with Hawaii, I sought a position in Hawaii and inquired about work in community health centers and hospitals in the neighbor islands. Before graduating from fellowship training in June 2005, I contacted many of the community health centers in all of the areas in Hawaii that are considered underserved including, Hilo, Kona, Molokai, Maui, Kauai, Waianae, Waimanalo. However, I was informed that most of these clinics and hospitals did not have any openings for psychiatrists at the time. I contacted Dr. Robert Young at Waianae Comprehensive Health Center who told me that while they needed more psychiatrists, they didn't have enough "office space" and so they were unable to hire more psychiatrists at that time.

I next applied to Hana Community Health Center. I was informed that one of my duties would be supervising the psychology interns working at the clinic who were "managing medications" for the patients. As I considered their training inadequate to provide quality medical care, I informed them that I would need to see all patients together with the psychology interns and in that capacity would be willing to supervise them. The director of the clinic told me they would be unable to pay me the same rate as the average psychiatrist earns because of their funding. However, I told them I was amenable to discussing this as I was having trouble finding a job in an underserved area in Hawaii and I was set to graduate in a month. Because I really wanted to stay in Hawaii, I was willing to work at Hana Community Health Center even though it is located in very remote area. I interviewed at the facility and was willing to commit to working there for at least 3 years before working anywhere else. I made this clear to them. However, 2 weeks later I received a letter from the Hana Community Health Center thanking me for my interest in the "Psychologist position" but indicating they would prefer to continue the search for a Psychologist for the clinic, despite the fact that they only had one psychiatrist traveling to Hana from Kahului about once every two weeks.

I also attempted to apply for a psychiatrist position at the Hilo Community Mental Health Center, which I was told had a serious shortage of psychiatrists for many years. However, despite my inquiries to AMHD, it took almost 6 months for the authority in charge of the hiring process to contact me back. I interviewed and was accepted for a position starting

August 2005. However, in order to work in this underserved area I had to change my visa by getting a J1 waiver and applying for an H1B visa. The responsibility for starting the visa process lay with AMHD, but for some unclear reason, my lawyer had difficulty getting the required feedback and necessary paperwork from AMHD. As I had been unemployed for at least 5 months and there still was no progress being made from AMHD, I searched for other opportunities. Fortunately at the end of November, 2 part-time positions became available in underserved areas in Honolulu. Staff at these programs were very eager to help me obtain the J1 waiver and H1B visa, although the process took about 7 months before I could start working. I had to return to my home country about 6 months to wait for my working visa.

Psychiatrists graduating from foreign medical schools who have undergone residency training in the United States face very real and painful experiences when trying to find work in underserved areas in Hawaii. My experiences opened my eyes to some reasons for the shortage of psychiatrists on our neighbor islands:

1. An ineffective recruitment and hiring process. At the Adult Mental Health Division there was only one person in charge of hiring all psychiatrists for the neighbor islands. Getting in contact with this person was extremely difficult. Despite my repeated efforts to call this person and have him call me back, my inquiries went nowhere. I spoke with another applicant for the position on the Big Island, a former classmate, and he reported experiencing the same problem. He now works in California and the Big Island is still without a permanent psychiatrist.
2. Most of the community clinics I contacted told me they didn't have any positions for psychiatrists, but only for psychologists. I was extremely surprised to learn that finding a job as a psychiatrist—which is supposedly a profession in dire shortage—is not so easy after all.

I hope that my experience would help you understand the deeper issues of the mental health system in Hawaii. The problem is not a lack of psychiatrists willing to serve in remote areas but a lack of an appropriate recruitment system and funding structures to support hiring them.

Chanida Siripraparat, M.D.

Donna Sliwowski, MD
Ph: 741-1410

RE: HB 252 Relating to Psychologists – OPPOSE

I work as a psychiatrist for community mental health provider agency. My interest has been to work on neighbor islands however positions are not available. I would appreciate more legislative work to solve barriers instead of pushing an agenda on a poor solution objected to by many.

I have concerns that if you are to take this leap to allow someone outside of the medical training arena to prescribe after only a year of didactic training, how long will it be before psychologists with a PsyD degree will also want prescriptive authority with only minimal training or others such as social workers and case managers?

It seems so many falsehoods and half-truths are being told in an effort to push this measure forward it has become difficult to review rural health needs objectively.

Sincerely,

Donna Sliwowski, MD

Steven R. Williams, MD

Board Certified in Pediatrics, Adult and Child Psychiatry
The Queen's Physician Office Bldg. I
1380 Lusitana St, Suite 511
Honolulu, Hawaii 96813
Tel.# (808) 537-3433, Fax # (808) 531-8884

HB 252, Relating to Psychologists
SB 428, Relating to Psychologists

OPPOSE

My testimony is in opposition to HB 252 and SB 428. My impression is this bill represents an aggressive effort by the psychologists to present an impression of a shortage of psychiatrists in the rural areas of Hawaii. I believe this issue has much more to do with a group of psychologists wanting to practice medicine than with addressing the access issue. The psychologists are proposing an extreme example of top down learning. In Hawaii there are licensed psychologists who have never taken a college course in chemistry or have ever taken someone's blood pressure. Without clinical training in medicine how will a psychologist be able to tell the difference between a symptom of a particular medical illness from a side effect with a psychiatric medication.

With this measure the psychologists would be able to treat elderly patients with multiple medical problems and also young children. As a pediatrician and a child and adolescent psychiatrist, I am familiar with how even adult psychiatrists and pediatricians seldom prescribe psychiatric medications to children because of their limited training in this area.

The bill would allow a profession without any medical education or clinical medical experience to prescribe psychiatric medication to children after approximately 650 hours of schooling for all ages of patients.

It should be noted that after completing the M.D. degree and a minimum of three years in adult psychiatry, that training in child and adolescent psychiatry is a two year program with some night calls. This child and adolescent training alone amounts to at least 4,000 hours.

I believe this measure is woefully inadequate in training people without a medical background to prescribe psychiatric medication.

Sincerely,

Steven R. Williams, M.D.

Cynthia M. Stuhlmiller RN, MS, DNSc.

February 5, 2009

RE: HB 252 Relating to Psychologists, 2/6/09 at 8:30 a.m., Conf. Rm 329

I am opposed to this bill because it does not reflect any substantive changes from last year's proposal. Here are my continued reasons for non-support:

- there is no provision in the training for the depth and breadth of knowledge about physical health conditions required of safe prescribers,
- prescribers with minimal background in medical/psychiatric co-morbidities will be unable to discern medication side effects from other physical health conditions.
- the proposed training does not meet the educational standards required of other prescribers who are medically trained.

Thank you for the opportunity to testify in opposition.

CYNTHIA STUHMILLER, RN, MS, DNSc.

Cynthia M. Stuhlmiller RN, MS, DNSc.
Email: cstu@hawaii.edu

Hiro Sung, MD, Internal Medicine

2756 K Pali Hwy

Honolulu, Hawaii 96817

Ph: (808) 351-8487

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

My name is Hiro Sung, MD, Internal Medicine and I strongly oppose the bill that would allow non-physicians to prescribe psychotropic medications because of my fears for patient safety and because of my vow upon entering medicine to first and foremost “do no harm”. Harm is what could potentially be inflicted on patients who are prescribed medications by those who have not had the proper training. These psychotropic medications carry effects that extend far beyond the mind and the brain. The effects of the medications themselves as well as their interactions with other commonly prescribed medications can have potentially devastating toxic effects on nearly any organ system of the body if taken inappropriately. This bill does not simply address the question of “who prescribes?” It should also address the equally important questions of: “Who is able to recognize the ill effects of these medications?” “Who can take the steps to correct these effects?” It would be irresponsible to pass this bill if the prescriber is unwilling to be accountable for these questions as well. Unfortunately these tough questions cannot be answered with a crash course or a training manual. There is no substitute for rigorous clinical training and experience. Mental health patients in 47 of the other states in the nation have the benefit receiving the standard of medical care by having physicians prescribe psychotropic medications. Why should our fellow citizens be denied the same standard of care? In our united goal of “doing no harm”, I ask that you reconsider the passing of this bill.

Thank you.

Rika Suzuki, M.D.

February 13, 2007

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

15 Weeks of Training versus 8 Years: Who do you want treating your loved ones?

My name is Rika Suzuki, MD -- I am testifying in *strong opposition* of this measure, relating to psychologists, which would allow psychologists to prescribe certain psychotropic medications.

I plan to specialize in geriatric psychiatry and have a special interest in this issue because of the enormous and unacceptable risks this bill would pose for elderly patients needing psychiatric care. All patients, but particularly the elderly have sensitive and individualized physiological responses to medicines. Additionally, because many of our elderly in Hawaii have multiple medical conditions, they tend to need multiple medications-- what we refer to polypharmacy. Though we try to minimize and streamline every patient's medication regimen, in the elderly, who require various medications, this is a unique challenge.

The human body responds differently to medications as it ages, and what may not be harmful to a young adult can be dangerous to our aging patients. The more medications a patient is on, the greater the challenge of considering drug interactions and adverse reactions, weighing benefits and risks at all times. For this reason, current medical training in this country places tremendous emphasis on this understanding of biochemical and physiological responses to chemicals in medicines. This is accomplished via pharmacology classes, but virtually every other discipline in the medical curriculum-- anatomy/physiology, biochemistry, and then the systems-based academic units (i.e., cardiology, pulmonology, endocrinology, gastrointestinal medicine, behavioral sciences and neurology, to name just a few).

I strongly urge you to consider that medication prescription is a learned scientific skill that cannot be replaced by courses in pharmacology to augment a rigorous training in Psychology. Medication prescription commands intensive and holistic systems-based medical training, so as not to place our patients' health and lives at stake.

Thank you for your time and consideration to oppose this bill.

Sincerely,
Rika Suzuki, M.D.

Junji Takeshita, M.D.

1356 Lusitana Street, 4th Floor

Honolulu, HI 96813

(808) 586-2927

Fax: (808) 586-2940

COMMITTEE ON HEALTH

Chair, Rep. Ryan Yamane

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

The solution is not to provide the mentally ill with a “lower standard of care” but rather to have new models which provide access and improve patient outcomes.

Dear Chair and Committee Members:

I submit my testimony in opposition to this measure.

In my clinical role I frequently see psychiatric patients whose medical problems are seriously impacted by their psychotropic medications. Many of these patients are managed by primary care practitioners who have 4 years of college, 4 years of medical school, and at minimum 3 years of residency training. Even with such training, the complexity of modern psychopharmacology results in frequent drug interactions with serious consequences. The idea that psychotropic medications even if improperly used is better than nothing at all is appalling.

I recall seeing one middle aged woman who nearly died from an overdose due to a combination of psychiatric medications prescribed by an internist (two commonly used antidepressants). She required prolonged hospitalization in the intensive care unit. A routine psychiatric consultation would have clearly picked up the error. I wonder if a psychologist with minimal training would have recognized a problem missed by a board-certified internist.

Finally, I agree that access to psychiatrists is a serious problem for the mentally ill especially in the outer islands. The solution is not to provide the mentally ill with a “lower standard of care” but rather to have new models which provide access and improve patient outcomes. For Hawaii, the best example would be telepsychiatry. Telepsychiatry bridges the distance between patient and provider. With adequate funding, the resources of psychiatrists from Honolulu could easily assist the rural communities.

Please hold this measure in committee.

JUNJI TAKESHITA, MD

Sharon M. Tisza, MD, 2009 Makiki St. #C Honolulu, HI 96822

**Passing this bill still will not improve access to
psychiatric services; it will only create a lowered
standard of care.**

Re: HB 252 Relating to Psychologist

I am writing in opposition to this measure.

I have been a physician in the state of Hawaii since 1996. I have had extensive training in Adult Psychiatry, Child and Adolescent Psychiatry, Addiction Psychiatry, Forensic Psychiatry and Pediatrics. Following four years of undergraduate school and four years of medical school, my residencies and fellowships took seven years to complete. I am now board certified in Adult Psychiatry, Child and Adolescent Psychiatry and Forensic Psychiatry and all three of these certifications were possible after a total of *fifteen years* of training, supervision and studying.

It is with great concern that I write this testimony related to psychologists, who with minimal additional training, believe that they can safely, competently, *and independently* prescribe psychotropic medications.

There are numerous deficiencies in psychologists training that do not support the ability to prescribe psychotropic medications:

- a. The lack of adequate medical education about physical disease that can contribute to psychiatric presentations as well as severe and life threatening side effects that are possible with these powerful central nervous system agents
- b. The lack of adequate grounding in the basics of organic chemistry, biochemistry, normal and abnormal physiology, anatomy, and general pharmacologic principles.
- c. Inadequate experience in the care and treatment of the seriously mentally ill and patients with dual medical and psychiatric illnesses.

Thank you for your consideration to oppose this measure.

Sharon M. Tisza, MD

“We did not receive our diploma to practice medicine from a philosophy program”

RE: HB 252, Relating to Psychologists

**Testimony of John O. Viesselman, D.O.
Position: OPPOSE**

I submit my testimony in opposition to this bill.

I am a board certified adult and child psychiatrist. I am a clinical associate professor of Psychiatry at the John A. Burns School of medicine. I am involved with training psychiatric physicians. I am opposed to crash course prescribing by psychologists. It is based on greed, not patient need. This bill is a foot in the door approach.

If psychologist submitting this measure truly were concerned about patient medical need with regard to medical care, they would have gone to medical or nursing school since that is a time and scientifically proven training method designed to maximize patient safety and minimize quackery.

Please keep saying “no” each time this comes up. It will continue to come up in upcoming years. Psychologist strategy is to willfully wear down legislative resistance by re-introducing this measure each year until legislators give up and pass it. Don't give in. Just say no. Keep saying no and move on to more substantive issues.

1. With regard to access. This is a red herring to justify crash course prescribing. Family practitioners, pediatricians, psychiatrists, child psychiatrists, other physicians, and APRN nurses all can prescribe and have the training for it. Legislation helping the available workforce would be better than creating a pseudo medical tier of inadequately trained people to give our underserved patients and families what amounts to 10th rate medical care (based on training hours proposed). Would you or your family want 10th rate medical care?

2. With regard to training and safety, crash course prescribing is dangerous. Medicine is life and death. We deal daily with medical issues and health. We did not receive our diploma to practice medicine from a philosophy program. Without medical training and medical oversight patient safety will suffer. Adequate training to prescribe has clearly been defined as medical school or nursing school with advanced nursing training.

John Viesselman, D.O.

CARLOS WARTER M.D. , PSYCHIATRIST
4211Waiālae Ave Suite 207
Honolulu Hi 96816

“Access to psychiatric services can be improved through telepsychiatry and by carving-in psychiatry to community health centers.”

HB 252 Relating to Psychologists

POSITION: **OPPOSE**

I am writing in opposition to this bill.

I am a Chilean Born physician, trained in Chile, UK, Harvard and Colorado who has made Hawaii home for me and my family. I am a psychiatrist specializing in caring for people suffering from severe diseases such as schizophrenia, bipolar disorder, depression and PTSD. I also have published 20 books in the field and created a Foundation which 20 years ago received the Messenger of Peace Award from the United Nations for its charitable contribution to the underserved in 3 continents. I also specialize in issues of personal growth, identity crisis and spirituality. I have been a doctor for 36 years in practice

I firmly oppose this measure because:

- Psychopharmacological inadequate training is not human physiology and Pharmacology. There is more to prescribing than knowing one area of pharmacology. One would not want to receive heart disease medicines or cancer therapeutics by someone trained for only one exclusive part of a human global functioning

• **Access to psychiatric services** can be improved through telepsychiatry and by carving-in psychiatry to community health centers.

Please do not pass this measure out of your committee. Please instead support other bills to improve access on neighbor islands.

Thank you.

Carlos Warter M.D.
Associate Clinical Professor of Psychiatry University of Miami School of Medicine
Assistant Clinical Professor Complementary and Alternative Medicine University of Hawaii
JABSON School of Medicine

CRAIG WILLERS
MENTAL HEALTH CONSUMER
CONCERNED VOTER

OPPOSE

HB 252, Relating to Psychologists

I have been watching the progress of the push to train and license Psychologists to prescribe and monitor medications used to treat various forms of Severe Mental Illness and wanted to weigh in on the subject.

The care and treatment of those who suffer with these illnesses is near and dear to my heart as I have been a Psychiatric Patient for over twenty years. I have been diagnosed with Paranoid Schizophrenia, Major Depression, Anxiety and PTSD amongst other disorders. I have seen firsthand how skilled Psychiatrists can treat and alleviate some of the symptoms of these illnesses and bring much needed relief and clarity to me personally and I believe however imperfect these methods are, they are a giant leap forward in the treatment and understanding thereof.

We have been shackled to attic beds and put on the proverbial "funny farms" to work out our days of madness and woe. We have been shocked and institutionalized and sent out into a hostile world with no clear understanding of who we are and what we need to survive. We were the "useless eaters" in Nazi Germany sent to our death with the Jews, Homosexuals and the Jehovahs Witnesses. We have come to far to see this kind of a "turf war" rage at our behest and sit idly by and watch like helpless spectators.

What we, The Mentally Ill, need, is for both sides of this conflict to come together and partner in the proper and humane care we absolutely deserve.

Psychologists: What are you thinking? Maybe you went through the wrong track in school if you find yourselves suddenly so interested in our welfare. What's wrong with going the same route as your Psychiatrist colleagues and really learn what they have learned? Why do you want a "shortcut" to get where they are? You are being very presumptuous and disrespectful of your partners and friends in this battle.

Psychiatrists: Ah, my old friends. Maybe this is a wakeup call for you to start encouraging budding students in Mental Health to tackle this field and take your side. There does seem to be a need for expanded outreach and care that is being unmet.

Both sides need to do some sober soul-seeking and come to some sort of mutual understanding and actually support each other instead of this kind of divisive politicking. There's more than enough work for all of you and you all really count.

Thanks for listening and Aloha,

Craig S. Willers
91-271 Hanapouli Circle Apt. 1
Ewa Beach, Hawaii 96706

Nancy W. Withers M.D., Ph.D.
Staff Psychiatrist, Pacific Islands Veterans' Affairs Healthcare System
Honolulu, HI

HB 252
The House
Committee on Health; Representative Ryan Yamane, Chair
2/6/09, Friday at 8:30 am
Conference Room 329

POSITION: OPPOSE

I respectfully submit written testimony in opposition to this measure, which authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.

I oppose this bill because: the training delineated in HB 252 is inadequate. Dr. Hirsch, in his testimony, has delineated the appropriate, minimum training and supervision requirements for psychologists to prescribe. Unless the bill is modified, the prescriptive authority for psychologists will place Hawaii's citizens at risk for adverse health events. No one should prescribe medications without appropriate medical training, supervision, and monitoring.

Thank you for your consideration.

Sincerely,

Nancy W. Withers M.D., Ph.D.
NancyW.Withers@va.gov
808 433 0618

Jason Worchal, M.D.
Community Psychiatrist: East Hawaii, Puna to Kohala

TESTIMONY FOR COMMERCE, CONSUMER PROTECTION AND
AFFORDABLE HOUSING

“To allow psychologists to practice as physicians will result in the destruction of the psychiatric residency, further eroding the possibility of keeping our local residents practicing in this state.”

HB 252 Relating to Psychologists

OPPOSED

I would like for the members of the Committee to know we are aware of our physician shortages in East Hawaii and are working toward solutions our community finds acceptable. As a practicing, community psychiatrist in these areas, from Puna to Kohala, I have first hand knowledge of the availability of psychiatrists and APRN-RX. We currently have 4 psychiatrists and 4 APRN RX working for the state. There are private APRN's and multiple private psychiatrists in Hilo, Waimea and other areas in East Hawaii. We are in the process of finalizing recruitment to hire additional psychiatrists for East and West Hawaii. Our barriers to hire psychiatrists were not so much about lack of psychiatrists but poor working conditions and underpayment for services. Now that those two factors have been improved, hiring and retaining psychiatrists and/or APRNs will not be difficult.

The Bay Clinic has not attempted to hire psychiatrists. They refer patients to the mental health clinic and we always are able to see their patients. We have no waiting list for new assessments. The opposite is not true. We can not find primary care physicians, including those at the Bay Clinic willing to take new patients. We are in need of other specialties, such as orthopedic surgeons, cardiologists, neurologists, rheumatologists, dermatologists, etc. It is a disgrace that the politicians would even consider relegating our most vulnerable patients to the second rate care they would receive from psychologists prescribing medications. This is even more egregious when the rationale is based upon the false basis there is a lack of highly trained psychiatrists in rural areas. I doubt they would send their own family members to a psychologist for the diagnosis and medication treatment of serious mental illness. They must know it is not possible for a psychologist to acquire the requisite knowledge to differentiate medical illness from psychiatric illness or diagnose and treat the myriad of complications caused by psychotropic medications without the rigors of a medical education and residency training.

The politicians must know that to allow psychologists to practice as physicians will result in the destruction of the psychiatric residency, further eroding the possibility of keeping our local residents practicing in this state. I have already had calls from colleagues saying they would not relocate to a state that allowed psychologists to prescribe medications. We will lose our ability to attract and retain psychiatrists if this is passed.

Jason Worchel, MD

Michael B. Zafrani MD

**“Psychiatrists are already willing to serve in rural clinics
but there are no positions available.”**

RE: HB 252, RELATING TO PSYCHOLOGISTS

OPPOSE

Dear Chairman and Members of the Committee:

As a physician I feel that all my hard 14 years of graduate work in Medicine were in vain if a Psychologist who has no medical training could prescribe Psychotropic medications after a preparatory course. The problem of under serviced areas cannot be solved by creating another problem of introducing incompetent people to service the area.

Rather the Hawaii Psychiatric Medical Association is taking action to get Telepsychiatry to be paid for by insurance. We make ourselves available to consult with primary care physicians to treat the mentally ill in emergency, until we can see them. We are requesting psychiatric positions at the mental health clinics to be made available. Psychiatrists are already willing to serve these rural clinics but there are no positions available. Please defeat this bill and let's offer a real medical solution rather than a flimsy band-aid.

Sincerely,

Michael B. Zafrani MD

Rep. Ryan Yamane and members of the Health Committee

February 6, 2009, 8:30 a.m. agenda, Room 329

Re: HB 252

My name is Robert Cooper and I am a board member of the Bay Clinic in Hilo which is a Federally Qualified Community Health Center.

Our health center provides health care for about 15,000 people annually. Many of these patients are ones seeking mental health problems. Except for our Hilo clinic, the three others are in rural areas.

It is really important to us to have psychologists available to take care of our patients. We especially need the services of psychologists who have been trained to prescribe medications.

It seems to me that the safe guards you have in this bill will make it safe for this authority to be given to psychologists. Please make this happen so we can help those in our community that need it.

Robert Cooper

486-B Akolea Road

Hilo, HI 96720

PSYCHOLOGICAL RESOURCES HAWAII

3577 Pinao Street Honolulu, Hawaii 96822 (808) 988-7655 - voice (808) 988-2323 - fax

Testimony in Support of HB 252 Relating to Psychologists February 6, 2009

Honorable Chair Yamane, Vice-Chair Nishimoto, and Members of the Committee,

My name is Dr. Raymond Folen. I would like to provide testimony in strong support of HB 252 that will allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs):

1. There is a huge need for mental health services in rural and underserved areas in Hawaii. With recent cuts in mental health funding, this need has turned into a crisis.
2. For years, the Hawaii Primary Care Association, Community Health Centers, Mental Health America of Hawaii and other community groups have proposed a no-cost, safe and effective means to help address this pressing need. Providing appropriately trained psychologists, who already live and serve in these underserved areas, the authority to prescribe will have a significant positive impact on these communities. This is the intent of HB 252.
3. While I support HB 252, I request that the bill's prescribing psychologist training requirements be replaced with the training requirements in HB 666. The training requirements in HB 666 are more consistent with current U. S. Navy and U. S. Air Force standards for psychologists credentialed to prescribe. They are also more consistent with training requirements in other states where psychologists prescribe. The training requirements that HB 666 proposes will insure patient safety and quality care. This has been documented, studied and clearly demonstrated in the practices of prescribing psychologists.
4. Unfortunately, organized psychiatry continues to distort and mischaracterize the training requirements with fictional graphs, charts and disparaging statements. Let us put the training issue to rest: the training proposed in HB 666 is essentially equivalent to the training received by the psychologists in the extremely successful DoD Demonstration Project. The success of that program was confirmed in several objective and independent studies. This year, the legislature will receive testimony from the former director of the DoD Demonstration Project – a noted psychiatrist – who confirms that the training proposed in HB 666 is essentially equivalent to the training provided in the DoD program.
5. There are simply not enough psychiatrists to meet the need. It is no secret that psychiatry residencies are difficult to fill. 40% of these positions have to be filled by foreign graduates or otherwise go vacant. The University of Hawaii graduates two or three psychiatry residents per year, a mere drop in the bucket when viewed in light of the tremendous need. It is difficult to find an available psychiatrist in downtown Honolulu, let alone in rural communities on the neighbor islands.
6. Rather than relying on psychiatry to spread - even more thinly - their very limited resources, we are offering a solution based on demonstrated success. Hawaii's psychologists are well represented in the rural communities and can provide the needed

psychopharmacology services at no cost to the State. Please pass HB 252 with the modifications noted above so we can deliver a full range of mental health services to the people who need them.

Raymond A. Folen, Ph.D., ABPP
Licensed Psychologist



R. Yamane
Hawaii State Capitol
415 S Beretania St

February 6, 2009

**Testimony Supporting HB 252
Relating to Psychologists**

Honorable Chair Yamane and members of the committee, my name is Dr. Don Kopf and I'm here to provide testimony in **support** of H.B. 252 that would allow appropriately trained psychologists to prescribe.

Mental Health services will improve with this bill.

Currently, many families and individuals in rural and medically underserved areas do not have access to mental health care. This bill allows appropriately trained psychologists to provide needed medication services in these areas. Psychologists receive extensive training in diagnosing and treating mental illness. Before being licensed to practice, each must pass an average of seven years of study, 3,000 hours of supervised practicum, a year of post-doctoral supervision, qualifying exams, a dissertation, and a national proficiency exam.

Psychologists currently prescribe medications in the Department of Defense and have been doing so safely and successfully since 1995. New Mexico, Louisiana and Guam also have this privilege.

Around ten years ago, a program was begun at several Department of Defense facilities that trained Psychologists to independently prescribe psychoactive medications. Studies on the program here in Hawaii and on the Mainland by the GAO and the American College of Neuropsychopharmacology have shown that Psychologists were very successful in this practice. In fact, patients reported a high degree of satisfaction with the Psychologists. Twenty nine psychologists in Louisiana and New Mexico have written over 30,000 prescriptions with no problem.

Non-Physician Professionals currently prescribe.

In Hawaii, other healthcare professionals have prescriptive authority. These include Osteopaths, Podiatrists, Optometrists, Advanced Practice Nurses, Dentists and Physician Assistants. Each of these professions have a limited formulary of medications within their scope of practice that they are able to safely administer to their patients. Psychologists seek to prescribe only within their scope of practice. As such this would include less than 1% of medications.

Thank you for considering my testimony in support of H.B. 252

Respectfully submitted,

Donald Kopf, Ph.D.

Rosemary Adam-Terem, Ph.D.
1833 Kalakaua Avenue, Suite 800
Honolulu, Hawai`i 96815
Tel (808) 947-5676 Fax (808) 951-9282

Testimony in Support of HB 252, Relating to Psychologists
February 4, 2009

Honorable Chair Yamane and members of the committee, my name is Dr. Rosemary Adam-Terem. I am a Clinical Psychologist working in private practice in Honolulu and currently serve as the President of Hawai'i Psychological Association (HPA), and as the Co-Chair of the Rural Health Committee of the American Psychological Association (APA). I am also beginning a three-year term as the domain representative for Social Justice and Public Policy on the board of APA's Division 29, Psychotherapy. I represented HPA on APA's Council of Representatives for three years from 2005-2007. I have a Ph.D. in Developmental Psychology from the University of Southampton, England, a post-doctoral certificate of respecialization in Clinical Psychology from the University of Hawai'i at Manoa, and completed Argosy University's post-doctoral Psychopharmacology core curriculum.

I would like to provide testimony in support of HB 252 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHC's) or in medically underserved areas (MUA's). I would like to also add, however, that while I support the spirit and intent of HB 252 and appreciate it being heard today, I would like to request that the contents of HB 666 replace that of HB 252.

In Louisiana, which passed similar legislation on 2006, psychologists with prescriptive authority are referred to as 'medical psychologists' and I will use that term here for convenience.

Critical Need for Access of Care

Medically underserved areas (MUA's) are identified as federally designated communities with a documented severe shortage of primary care health professionals. These MUA's also have a serious situation with regard to mental health needs, which have gone under- or unserved. It is estimated that 20% of the population will suffer from some mental disorder, and that up to 47% of visits to primary care doctors are actually for mental health reasons. In addition, major depression is a common complication of many physical diseases and disabilities. Many of the serious and chronic diseases and seven (7) of the ten (10) leading causes of death in the United States are known to be modifiable by psychological and behavioral intervention. Medical psychologists are positioned to provide timely and efficient mental health treatment for these underserved populations. This important legislation would greatly enhance patients' access to mental health care in these FQHCs.

Limited to appropriately trained psychologists practicing at FQHCs or in MUAs

All Psychologists receive extensive training in the diagnosis, assessment, and treatment of mental and emotional disorders. Before being licensed to practice, each psychologist must pass an average of seven years of doctoral study, 3,000 hours of supervised practicum and internship, a year of post-doctoral supervised residency, qualifying exams, a dissertation, and a national proficiency exam. HB 252 would allow these licensed psychologists to prescribe a limited formulary when practicing at a

FQHC or in MUA's, **only after having completed an additional 2 years of psychopharmacology classwork, a 1-year practicum, and 2 years of supervised practice.**

The proposed curriculum provides adequate training for the prescription of psychotropic medications

The proposed curriculum includes a minimum of 450 hours in at least the following core areas of instruction:

- Anatomy & Physiology
- Biochemistry
- Neurosciences (neuroanatomy, neurochemistry, neurophysiology)
- Pharmacology and clinical pharmacology
- Psychopharmacology
- Pathophysiology
- Health assessment, including relevant physical and laboratory assessment; and
- Clinical pharmacotherapeutics

This is a model curriculum developed by the American Psychological Association based on the deliberations and recommendations of a Blue Ribbon Panel that consisted of an extraordinary group of nationally recognized health professionals and scientists with expertise in medicine, psychiatry, nursing, pharmacy, the neurosciences, psychology, public policy, as well as gender and multicultural factors relevant to psychopharmacology. I have included a separate sheet with the names and credentials of those on the panel.

Psychologists can prescribe safely

Since 1995, the U.S. DOD Psychopharmacology Demonstration Project has proven that adequately trained psychologists can prescribe psychotropic medications safely and effectively. This was convincingly established through independent evaluations by the U.S. General Accounting Office (GAO) and the American College of Neuropsychology. These studies on the have shown that Psychologists were very successful in this practice of prescriptive authority. In fact, patients reported a high degree of satisfaction with the Medical Psychologists.

In addition, recent safety data from Louisiana reveals Medical Psychologists there have seen 7,260 patients. Of these, 3,863 were given a prescription. The total number of prescriptions to date (including refills) is 9,345. There have been **no** serious adverse events.

Summary

To wrap things up, I would like go out on a limb and say that while I feel this legislation has the opportunity to increase access to quality care across the State of Hawaii, it **is** about expanding the scope of practice for appropriately trained psychologists. We are asking to expand our scope of practice to reflect our growing knowledge and ability level necessitated by the mounting needs of our patients, not our wallets.

Thank you for considering my testimony in support HB 252.

Respectfully Submitted,

Rosemary Adam-Terem, Ph.D.
Clinical Psychologist
President, Hawai'i Psychological Association

ROBIN E. S. MIYAMOTO, PSY.D.
2226 LILIHA STREET, SUITE 306
HONOLULU, HAWAII 96817
TEL (808) 531-5711 FAX (808) 531-5722

Testimony in Support of HB 252, Relating to Psychologists
February 6, 2009

Honorable Chair Yamane, Vice Chair Nishimoto and members of the committee, my name is Dr. Robin Miyamoto. I am a Clinical Psychologist working at Hawaii Medical Center, Director of Training for I Ola Lahui, a psychology training program that sends trainees to Hawaii's rural areas, and Past-President of Hawaii Psychological Association. I would like to provide testimony in support of the intent of HB 252 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs).

As you know, this is not a new issue, but the demand for such legislation has increased recently because of the problematic economy and the recent cuts to the Adult Mental Health Division. We are so pleased to have a strong group of supporters in both the House and Senate. As a result of this support, 2 prescriptive authority bills were introduced this session in the House, HB 666 by Representative Carroll and HB 252 by Representative Herkes. While we are so grateful to Representative Herkes for his efforts to support rural mental health care, the bill he introduced is in fact the compromised bill that resulted from the 2007 session. We feel that the needs in the rural communities have increased significantly and we have 2 more years of data from other states and the military demonstrating the safety profile of prescribing psychologists. Consequently, we are respectfully requesting that you consider inserting the language of HB 666 (crafted by Beth Giesting of HPCA) into HB 252.

In 2007, SB 1004 passed through the State Legislature, allowing appropriately trained psychologists working in Federally Qualified Community Health Centers (FQHCs) and Medically Underserved Areas (MUAs) to prescribe psychotropic medications. On July 10, 2007 Governor Lingle vetoed the measure.

In the 2 years that have passed, the State of Hawai'i's need for mental health services has only increased:

- In a 6-month period in 2008, there were 6 Domestic Violence murders (3 of them murder-suicides), a 50% increase over previous years.
- In 2006, 1435 residents were involuntarily taken to emergency rooms for psychiatric evaluation and treatment.
- In the first 4 months of 2007, HPD responded to 404 calls to assist in psychological crisis. Based on a review of records, 54% of these calls resulted from inadequate medication management.
- A recent report by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that only 40.4% of the population currently diagnosed with severe and persistent mental illness received services by the DOH, AMHD. In 2007, 14, 276 out of a total of 52,064 adults with SMI received services through AMHD, indicating that approximately 37,788 individuals may not have received services. These numbers do not include other individuals with diagnoses such as substance abuse post-traumatic stress disorder, or a prior experience with domestic violence.
- The Department of Health's Adult Mental Health Division (AMHD) cut \$25 million dollars from their 2009 budget and plans another 20% cut for 2010. These cuts mean thousands more will go without services.

- While Psychiatry has made attempts to service rural areas, we have seen no increase in services on the 4 major islands. Efforts to increase services to Moloka'i have resulted in a total of 8 in-person service days per month, and 1 day per month via VTC. 6 of these days are only available to patients in the AMHD or DOE system. Additionally, the recipients of the services are primarily Caucasian and do not reflect the ethnic distribution of the island, namely 68% Native Hawaiian. The island's Native Hawaiian population continues to seek services at the CHC or Na Pu'uwai Native Hawaiian Health Care System.

I believe that prescription privileges for psychologists working in Federally qualified health centers (FQHCs) would help to alleviate access issues, relieve an overburdened mental health system, and begin to decrease the tremendous health disparities existing for ethnic minorities and the poor. Thank you for your attention and consideration.

Thank you for considering my testimony in support HB 252.

Respectfully Submitted,

Robin E. S. Miyamoto, Psy.D.
Clinical Psychologist
Past-President, Hawai'i Psychological Association

Wailua Brandman APRN-Rx BC
Ke'ena Mauiola Nele Paia, LLC
615 Piikoi Street
Honolulu, Hawaii 96815

February 3, 2009

RE: HB 252 Relating to Psychologists
Hearing Date: Friday, February 6, 2009

POSITION: Opposed

My name is Wailua Brandman, MSN APRN Rx BC. . Thank you for this opportunity to testify in OPPOSITION.

In presenting the following educational information to you, let me say that I do not object to appropriately educated professionals prescribing medications, even psychologist.

Psychologists have been promoting this privilege to the Legislature for over twenty years instead of going back to school to prepare themselves for prescribing by becoming a physicians or an advance practice registered nurse. They need to earn the privilege to prescribe by means already available to them. Prescribing medications is in the physical domain, one in which psychologists are not now nor have ever been educated. Prescribing medications is, understandable, not within their scope of practice. There are those currently proscribing psychologists who have taken the acceptable route, that of retuning to school to learn the physical domain of health care, medical or nursing school. I know of advanced practice nurses who have returned to school to become licensed psychologists as well. **What is the real motivation of spending two decades to legislate a practice which is not within their knowledge base?** We need to look beyond the politics here and face reality.

As to the needs of this state, we already have the resources available to us to fill the needs in the federally qualified health centers, we simply have not created the means in the respective administrative systems to fill the needs. There are several bills currently before this legislature which begin to change the system and fill those needs. The Psychiatric Access Collaboration is also addressing, articulating and taking action to resolve the needs of the mental health population in rural areas. Let's put our current resources to work and stop wasting time mulling over legislating privileges that, by all rights, should be earned by matriculating from approved programs of medicine and nursing. I urge you to hold this bill in committee.

Mahalo for your consideration and the opportunity to testify against this bill.

Wailua Brandman APRN-Rx BC

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2009 9:41 AM
To: HLTtestimony
Cc: waffleschip@yahoo.com
Subject: Testimony for HB252 on 2/6/2009 8:30:00 AM

Testimony for HLT 2/6/2009 8:30:00 AM HB252

Conference room: 329
Testifier position: comments only
Testifier will be present: Yes
Submitted by: Dr. Cindi Dang
Organization: Individual
Address: Mililani, Hawai'i
Phone:
E-mail: waffleschip@yahoo.com
Submitted on: 2/5/2009

Comments:

Aloha Committee Chair and members,
On February 06, 2009, the committee will begin hearings on HB 252, which is a significant proposal to improve the accessibility and acceptability of healthcare in community health centers. In many rural communities, health issues related to substance abuse and violent relationships appear to be pervasive. Innovative and collaborative partnerships within these communities may serve to enhance not only accessibility but, more importantly, accessibility by stakeholders. A hybrid program which allows extensively trained psychologists to partner with physicians has the opportunity to noticeably improve utilization. Additionally, while I support the spirit and intent of HB 252 and appreciate it being heard on February 06, 2009, I would like to request that the contents of HB 252 be replaced with that of HB 666. Good luck on a promising session.
Mahalo,
Dr. Cindi Dang

nishimoto2-Bryce

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Thursday, February 05, 2009 11:02 AM
To: HLTtestimony
Subject: FW: HB 252 and HB 666

HB 252: Psychologists

From: Jeffrey Akaka [mailto:jakaka@gmail.com]
Sent: Thursday, February 05, 2009 10:31 AM
To: Rep. Ryan Yamane
Subject: Fwd: HB 252 and HB 666

From: **Gayln Akaka** <kongakaka@gmail.com>

Representative Ryan Yamane
Chair, House Health Committee

Representative Scott Nishimoto
Vice Chair, House Health Committee

February 6, 2009

Re: HB 252 and HB 666 February 6, 2009
Position: Opposed

Dear Representative Yamane,

I am a social worker who worked for 7 years in VA Mental Health Clinics, both here and on the mainland. I have worked closely with physicians and medical students, as well as psychologists and psychology students. Both professions take years to learn, but otherwise have no comparison. One should not be substituted for the other.

The medical students' training involves constant interrogation by their professors on every aspect of their patients body: liver, kidney, heart, etc. The psychology students spend years learning counseling, how to work with individuals, families, and groups and certainly deserve credit for that. But counseling is not chemistry. Psychology is not medicine. Both are valuable, but are very, very different kinds of training designed for very different purposes.

Would you let a medical student with half a year of medical school, who never set foot in a hospital, nor had any training under a real physician professor, to practice medicine on you or on your mother? These bills require even less.

It is disturbing to hear that the local NASW may be in support of this. I do not know why, because they certainly do not speak for me, nor for the social work colleagues and friends of mine, who are abhorred by this idea.

Please vote no on HB 252 and 666.

A far better alternative would be to help Advanced Practice Registered Nurses serve psychiatric patients in underserved areas and in Federally Qualified Health Centers. The 7 + years of medical training that they have is way better than the 4 months of training called for by the above bills. Some APRNs are already legally providing psychiatric care in collaboration with medical doctors in underserved areas. For years there has been an APRN providing psychiatric care in Hamakua, and since 2007 an APRN RX has been providing psychiatric care full time in Ka'u.

Thank you for your consideration of my testimony.

Gayln Akaka, MSW

I am writing this letter in support of the passage of Senate Bill 1045 and House Bill 1378.

I am a pediatric nurse practitioner (PNP), certified by the American Academy of Nurse Practitioners (PNP-c) and the Interim Associate Dean for Academics at the University of Hawaii. I have been a PNP for over 20 years and I have seen and experienced limitations in my scope of practice due to the current practice laws in Hawaii. By adopting Senate Bill 1045 and House Bill 1378, Advanced Practice registered (APRN) Nurses in Hawaii will be able to provide much needed care to Hawaii's people. These bills would permit APRNs to provide high quality health care at their full capabilities to the full extent training and education allows.

The APRN's practice in Hawaii has been severely limited by outdated restrictions that Bill 1045 and 1378 address. These restrictions to practice are unique to Hawaii; in many other states Nurse Practitioners can be identified as Primary Care Providers, receive full reimbursement for services, and order needed ancillary services such as physical and occupational therapy. Numerous studies in the literature support the fact that NPs are safe and effective in providing high quality health care. In addition, this bill supports National Certification Examination and Recertification Requirements for APRN's, an additional credentialing measure to ensure quality of Advanced Practice Registered Nursing preparation to practice in the expanded nursing role.

Allowing unrestricted practice for APRNs would improve Hawaii's health care system. The current climate of Hawaii's Health Care system makes it difficult to recruit and retain new practicing physicians as well as Nurse Practitioners. The National decline in graduating Primary Care Physicians and restrictions to practice for APRN's continues to fuel the healthcare crisis in Hawaii; especially in the rural and neighbor islands. This crisis can be diverted or delayed by allowing APRNs who are already in Hawaii to practice to their full potential and by making Hawaii a more attractive State to recruit APRNs.

I respectfully encourage you to support these bills.

Victoria P. Niederhauser
Associate Professor & Interim Associate Dean for Academic Affairs
University of Hawaii
School of Nursing & Dental Hygiene



Na Pu'uwai
Native Hawaiian Health Care System
PO Box 130 Kaunakakai, Hawaii 96748
(808) 553-8288 • Fax (808) 553-8277

Na Pu'uwai Fitness Center (808) 553-5848 • Na Pu'uwai Clinical Services: (808) 553-8288 • Fax (808) 553-8277
• Ke Ola Hou O Lana'i • PO Box 630713 Lana'i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

TESTIMONY IN SUPPORT OF H.B. 252
RELATING TO PSYCHOLOGISTS

Hearing scheduled:
February 6, 2009 at 8:30
Conference Room 329

TO: Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice-Chair
Members of the House Committee on Health

FROM: **Dr. Jill Oliveira Gray, Licensed Clinical Psychologist**

DATE: February 6, 2009

Honorable Chair Yamane, Vice-Chair Nishimoto, and Members of the House Committee on Health, my name is Dr. Jill Oliveira and I am a Licensed Clinical Psychologist who has worked on the island of Moloka'i for five years as the Director of Behavioral Health at Na Pu'uwai Native Hawaiian Health Care System. I am also employed 3 days a week at the Waimanalo Health Center and provide integrated behavioral health services there as well. Lastly, I am the current President-Elect of Hawaii Psychological Association. Because of my 9 years of clinical experience serving rural, medically underserved areas, and having the first hand knowledge of what the severe needs of these communities are, as well as, the profound impacts that mental health provider shortages have on the psychological well being of these communities, **I would like to submit this testimony in strong support of House Bill 252.** I would like to add, however, that while I support the mission of HB 252, I would like to recommend that the contents of HB 252 be updated and replaced with that of HB 666.

Prescriptive authority for appropriately trained psychologists who work in federally qualified health centers (FQHCs) would significantly improve and increase access to sorely needed comprehensive mental health services. Despite recent efforts by the state and psychiatrists to improve mental health provider shortages in rural, medically underserved areas, there still remains significant need, particularly from a preventative and ongoing care standpoint. We need multiple efforts from all mental health providers **over a consistent and extended period of time** before mental health needs across our state will be adequately met. H.B. 252 provides another effective means whereby highly trained mental health providers will be maximally utilized to conduct quality patient care.

Psychologists are already employed in 9 of the 14 FQHCs, making recommendations regarding psychotropic medications while working collaboratively with primary care physicians. These psychologists are poised to maintain this presence and continue to expand via existing training programs that are already up and running. One such psychology training program, called, I Ola Lahui was established in 2007 to train psychologists at the intern and post-doctoral level full-time in the FQHCs. Collaborative arrangements have been forged over the past two years between I Ola Lahui and three FQHCs (Waimanalo Health Center, Molokai Community Health Center, and most recently, West Hawaii Community Health Center) to support two psychology intern and three psychology post-doctoral positions from 2007-2008 and 2008-2009. The vision of this training program is to provide culturally-minded evidence-based behavioral health care that is responsive to the needs of medically underserved and

predominantly Native Hawaiian rural communities by increase the number of doctoral level behavioral health providers and services available in the medically underserved and rural areas of Hawai'i.

The psychiatrists that do work in rural Hawaii are overworked, and as a result are not able to meet with patients as often as is needed (psychiatrist schedules outside of DOH are typically once or twice per month per psychiatrist), and/or give them the level of close monitoring in order to enhance treatment compliance, adherence to medication regimes, and improve patient satisfaction. I have been working on Molokai for the past 6 years and have witnessed first hand what is needed to achieve good treatment outcomes with rural residents. Despite recent increases in psychiatrists who provide services on Molokai, there are still considerable delays in initiating and maintaining treatment and reported hesitancy from patients on following through with these providers due to problems associated with stigma, mistrust, and gaps in care. Thus, merely increasing the status quo with regard to a system of care in Hawaii that is focused on acute psychiatric care, versus holistic, integrative, culturally appropriate care, will lack the impact needed to truly address Hawaii's mental health problems.

I firmly believe that the passage of this bill is long overdue, and is a no cost solution in this time of economic crisis to help reduce the needless suffering of thousands of Hawaii's residents. While it is a partial solution, it is one that has provided significant relief to thousands of patients in the states of New Mexico and Louisiana where this same legislation has been passed, and in Hawaii, will offer more than the status quo has been able to provide in decades.

Respectfully submitted,

Dr. Jill Oliveira Gray

February 3, 2009

Re: HB 252

Dear Representatives,

I am in opposition to House Bill 252. I believe there is unacceptable risk to consumers if psychologists were granted prescriptive authority. I also believe the background and rationale used to justify the request for granting this authority, as outlined in the Bill, is not 'the whole truth'.

In my job as a psychiatrist administrator, I have seen first hand the challenges, problems, and adverse outcomes associated with the use of the types of medications proposed in the legislation. Psychotropic medications, all of them, have effects on a person's whole body, not just the brain, and interact with other medical conditions and other medications. Known as 'adverse events' or, if severe enough, 'sentinel events', complications occur from the use of these medications by even the most experienced of psychiatric physicians. Psychiatrists, by virtue of their medical training, know how to minimize the risk of, and successfully manage, complications if and when they occur. The other professions who currently hold prescriptive authority are trained to manage adverse outcomes, as well. Psychologists, under the provisions of this Bill, would not (and do not) have the medical background, training, or expertise to safely prescribe and manage the adverse effects of psychotropic medications.

Additionally, I know that there is much, much better geographic availability of psychiatrists than is described in Bill 252. In my job, I oversee psychiatrists working in centers very close to federally qualified health centers in virtually

every area of our State. I also believe that several psychiatrists have offered to work at federally qualified health centers, and had those offers declined. So, the notion that psychiatrists are not available statewide is simply not accurate. I know the Department of Health/Adult Mental Health Division has psychiatrists and advanced practice nurses with prescriptive authority available to citizens who reside in every catchment area of Hawaii.

Please join with me in opposition to this bill.

Sincerely,

William P. Sheehan, M.D.
2206 Aha Niu Place
Honolulu, Hawaii 96821



House Committee on Health
Representative Ryan Yamane, Chair

Friday; 6 Feb, 2009
Room 329
8:30AM

Honorable Representatives:

RE: HB 252; RELATING TO PSYCHOLOGISTS:

I am writing IN STRONG SUPPORT of this bill and its intent to grant prescribing authority to appropriately trained clinical psychologists. It is about time for Hawaii to join the national trend by taking full advantage of this cadre of mental health workers with skills that go beyond the traditional model.

It is a tremendous advantage to the clients of psychologists who are trained in pharmacology, to have all their psychological care managed by them, including their medications. The therapist and the client working in concert are the people best informed about how the client is responding to his or her medication. They are also the most able to make informed decisions about adjustments in dosage or changes in the medications used.

I have worked in primary care medicine for thirty four years, the last 18 years in Hawaii. I had the great privilege of working side-by-side with pharmacologically trained psychologists in a primary care setting. The interactions between the providers of basic health services, and the psychologists, were wonderful! To the advantage of the public we served, there was a team of professionals working together; the perspectives of the mental health workers were truly valued by the other practitioners. This was especially true when it came to managing the medications; the psychologists, with their focus on psychotropic meds, afforded valued expertise in the decision making.

Two questions I would ask when considering these issues and this bill; 1) to whose advantage is it to NOT grant these prescribing privileges? Certainly it is not the public we serve. And 2), how complicated will Hawaii's approach be to all this? So complicated that it will effectively discourage these services from becoming available and accessible to the public? Consider our critically underserved public FIRST, and then make the pathway to these services as straight forward as possible. Pleased don't let Hawaii be last in this.

Thank you for this opportunity to present this supportive testimony.

Dan Domizio PA/MPH
Clinical Programs Director
Puna Community Medical Center

February 4, 2009

To: Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

RE: **Testimony in Support of HB 252 with Revisions: Relating to Psychologists**

Submitted by: Dr. Ricardo C. Custodio, Medical Director
Waianae Coast Comprehensive Health Center
Contact – rcustodio@wcchc.com

Aloha,

For our patients, poverty leads to stress, stress leads to anxiety, anxiety leads to anger and anger leads to abuse. In our community, deficits lead to cutbacks; cutbacks decimate services and lack of services enable poverty. In Waianae there are now less case managers. In Waianae, our health center had to absorb one hundred of the three hundred and fifty behavioral health clients of the former Waianae Community Mental Health.

I support HB252 with the revision of replacing HB252 wording with the wording of HB666.

The need for behavioral health services in medically underserved areas is great. 2 out of every 3 patients seen at Waianae Coast Comprehensive Health Center (WCCHC) have a co-morbidity related to behavioral health. To address this **need**, WCCHC integrates behavioral health into primary care, emergency care and substance abuse. Family Practitioners, ER Physicians, Advance Practice Nurses and Internists work in partnership with Psychologists. The Psychiatrist is available for more difficult consults. Using Medical Psychologists, the number of mental health and substance abuse encounters increased from 2,133 in 2002 to **15,108** in 2005.

The **safety** of this program is borne out of the fact that in 5 years, with over 47,000 visits – there have been no quality of care issues or provider care incident reports from both the Quality Assurance and Peer Review Committees. The **efficacy** of this program has been objectively measured both clinically and financially by **HMSA** (see attached) over the years 2004 and 2005. Basically for patients with depression, adjustment disorder, anxiety disorders and bipolar affective disorder, WCCHC Medical Psychologists require ½ (half) the visits at 1/3 (a third) of the costs resulting in better (healthier) outcomes by standard illness measures.

In Fiscal Year FY 2006, **4,200** of 25,000 patients at WCCHC were diagnosed with a mental health or substance abuse diagnosis. Resources existed to treat only **1,811** of these patients. **Prescriptive authority increases the efficiency of the Medical Psychologists, allowing more patients to be seen, thus ensuring quality and access for critically needed care.**

Sincerely,
Ricardo C. Custodio, MD, MPH
Medical Director

**Testimony in Support of HB 252
Relating to Psychologists**

Chair Ryan I. Yamane and members of the Health Committee, my name is Vincent G. Tsushima. I am a licensed clinical psychologist and I am an Associate Professor of Psychology at Hawaii Pacific University. I would like to submit testimony in support of House Bill 252 that would allow appropriately trained psychologists to prescribe in federally qualified health centers in medically underserved areas. While I support the spirit and intent of HB 252 and appreciate it being heard today, I would like to request that the contents of HB 252 be replaced with that of HB 666.

There Is A Critical Need For Appropriate And Effective Psychotropic Medication, But Access To This Type Of Care Is Limited And Decreasing.

- I. Twenty percent of all Americans suffer from mental illness at any given time.
- I. The **mental health needs of Hawaii's rural, poor, and underserved areas are severe.**
- II. Federally qualified Community Health Centers (CHCs) serve as the medical and behavioral health care "safety net" for the majority of Hawaii's medically underserved populations.
- III. 85% of all psychotropic medications are prescribed by non-psychiatric health care providers who have limited exposure to diagnosing mental illnesses.
- IV. During times of economic stress the prevalence of mental disorders such as depression, substance abuse, and domestic violence increases.

Appropriately Trained Psychologists Are The Best Choice To Fill A Crucial Gap In Our System.

- I. Psychologists have an average of seven years of doctoral training in the diagnosis, assessment and treatment of mental and emotional disorders.
- II. Psychologists interested in obtaining prescriptive authority receive 2 years of psychopharmacology coursework, a 1-year practicum and 2 years of supervised training.
- III. Psychologists are highly trained specialists in mental health who can and are being trained to prescribe psychoactive medications.
- IV. Ten military psychologists have been trained to prescribe, and an independent study of the graduates' quality of care was, without exception, "good to excellent" and that "It is **more cost effective** to train psychologists to prescribe than to use a combination of psychologists and psychiatrists to provide the same mental health care."
- V. Safety data from New Mexico and Louisiana supports that prescribing psychologists are **safe and economical.**
- VI. Such holistic and integrative training makes more than good economic sense; it provides care where none was available.

The passing of this bill will address the critical mental health needs of our rural Hawaii citizens. Moreover, it will do so in a timely, more cost effective manner.

Thank you for considering this testimony in support of HB 252.

Respectfully submitted,

Vincent G. Tsushima, Ph.D., J.D.
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Sgt at Arms

*Please deliver
40 copies to Clerk in Rm. 441
HLT 2/6/09 @ 8:30
Conf. Rm. 329*

HOUSE COMMITTEE ON HEALTH

Rep. Ryan I. Yamane, Chair

Rep. Scott Y. Nishimoto, Vice Chair

DATE: Friday, February 6th, 2009, 8:30 AM

HB 252 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Rose Clute, and I am an Advanced Practice Community Mental Health nurse. I have worked in Hawaii for over 30 years as a nurse and Advanced Practice for over 10 years. I am testifying on my own behalf in *strong opposition* of HB 252, relating to psychologists prescribing, which would allow psychologists to prescribe certain psychotropic medications.

- Counseling is not science it is an art
- Psychologists don't have any medical background
- APRNs are already trained to do this & do it better
- Psychologists are trained to do counseling and specific testing for mental disorders
- Re-training psychologists to prescribe medicine will take too long & cost too much
- There are psychiatrists and APRNs in rural areas now.
- It's not safe for psychologists to prescribe especially with oversight from Primary Care physicians
- Patients are not and can not be *treated in isolation*, any prescriber must know of drug to drug interactions to be safe and effective for patients.

Again, I strongly urge the committee to **oppose HB 252**. I know it is NOT safe.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering opposing this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely,


Rose Clute, APRN-RX