

Honolulu, Hawaii

FEB 20 2009

RE: S.B. No. 428

Honorable Colleen Hanabusa
President of the Senate
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Madam:

Your Committee on Health, to which was referred S.B. No. 428
entitled:

"A BILL FOR AN ACT RELATING TO PSYCHOLOGISTS,"

begs leave to report as follows:

The purpose of this measure is to ensure that individuals
living in rural areas of the State have access to appropriate
mental health care services.

The measure attempts to accomplish this purpose by
authorizing appropriately trained and supervised licensed medical
psychologists working in federally qualified health centers to
prescribe psychotropic medications for the treatment of mental
illness.

Your Committee received testimony in support of this measure
from the American Psychological Association, Hawaii Medical
Service Association, Hawaii Primary Care Association, Mental
Health America of Hawaii, the National Association of Social
Workers, Waianae Coast Comprehensive Health Center, Waimanalo
Health Center, Kalihi-Palama Health Center, Na Pu'uwai Native
Hawaiian Health Care System, Lanai Community Health Center,
Molokai Community Health Center, Psychological Resources of
Hawaii, and Koolauloa Community Health and Wellness Center.

Testimony in opposition to this measure was submitted by the
American Psychiatric Association, Hawaii Medical Association,
Hawaii Psychiatric Medical Association, and Psychologists Opposed
to Prescription Privileges for Psychologists.



Comments on this measure were submitted by the Department of Human Services, Hawaii Medical Board, and Board of Psychology.

Written testimony presented to your Committee may be reviewed on the Legislature's website.

Your Committee finds that allowing appropriately licensed and trained psychologists to prescribe psychotropic medications will address the urgent need for timely, appropriate, and cost-effective mental health and pharmacological services for an underserved population. Your Committee finds that the federally qualified health centers are most in need of psychologists with prescriptive authority and would achieve the largest impact for individuals in need of these services.

As affirmed by the record of votes of the members of your Committee on Health that is attached to this report, your Committee is in accord with the intent and purpose of S.B. No. 428 and recommends that it pass Second Reading and be referred to the Committee on Commerce and Consumer Protection.

Respectfully submitted on
behalf of the members of the
Committee on Health,



DAVID Y. IGE, Chair



The Senate
Twenty-Fifth Legislature
State of Hawaii

Record of Votes
Committee on Health
HTH

Bill / Resolution No.:* SB 428	Committee Referral: HTH, CPN	Date: 2/13/9		
<input type="checkbox"/> The committee is reconsidering its previous decision on this measure. If so, then the previous decision was to: _____				
The Recommendation is: <input checked="" type="checkbox"/> Pass, unamended 2312 <input type="checkbox"/> Pass, with amendments 2311 <input type="checkbox"/> Hold 2310 <input type="checkbox"/> Recommit 2313				
Members	Aye	Aye (WR)	Nay	Excused
IGE, David Y. (C)	✓			
GREEN, M.D., Josh (VC)	✓			
BAKER, Rosalyn H.	✓			
ESPERO, Will				✓
NISHIHARA, Clarence K.			✓	
HEMMINGS, Fred			✓	
TOTAL	3	0	2	1
Recommendation: <input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted				
Chair's or Designee's Signature: <i>Josh Green</i>				
Distribution: Original Yellow Pink Goldenrod File with Committee Report Clerk's Office Drafting Agency Committee File Copy				

*Only one measure per Record of Votes

JAN 23 2009

A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

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

1 SECTION 1. The legislature finds that there is limited
2 access to mental health care treatment services for citizens
3 across the State of Hawaii. The delivery of comprehensive,
4 accessible, and affordable mental health medical care may be
5 enhanced by providing trained medical psychologists, licensed in
6 Hawaii, with prescriptive authority. The legislature has
7 previously authorized prescription privileges to advanced
8 practice registered nurses, optometrists, dentists, podiatrists,
9 osteopaths, and physician assistants.

10 The legislature acknowledges that the United States Public
11 Health Service, Health Resources and Services Administration,
12 has officially designated much of the State of Hawaii as a
13 mental health professional shortage area. In addition to rural
14 areas where geographic isolation is an obvious reason for
15 shortage problems, urban areas located minutes from downtown
16 Honolulu, such as Kalihi-Palama and Kalihi Valley, have also
17 received this shortage designation. The nearly statewide



1 shortage designations indicate that both rural and urban areas
2 suffer when it comes to accessing mental health care.

3 The legislature acknowledges that the mental health needs
4 of the State continue to outweigh present capacity. From
5 2000-2004, more people died from suicide than from automobile
6 accidents or homicides. At 22.5 per cent, Hawaii's suicide rate
7 is higher than the national average. While causes for suicide
8 are complex, the most commonly reported reasons include
9 depression, relationship problems, and serious medical problems,
10 conditions with significantly high rates of occurrence within
11 the general population.

12 In 2008, six domestic violence murders (three of which were
13 murder-suicides) occurred within six months compared to an
14 average of nine domestic killings from 1996 through 2006. The
15 Hawaii State Coalition Against Domestic Violence acknowledged
16 that these are the highest numbers they have witnessed in
17 decades. Many perpetrators of these types of killings are not
18 obviously troubled. They represent individuals from the general
19 population, and from both rural and urban areas of Hawaii.
20 Last year, a review by the Honolulu police department revealed
21 that in 2006, 1435 people were involuntarily taken to emergency
22 rooms for psychiatric evaluation and treatment.



1 During the first four months of 2007, the Honolulu police
2 department responded to four hundred four calls to assist in
3 psychological crisis who required emergency attention. Based on
4 a review of the records, approximately fifty-four per cent of
5 these calls resulted from inadequate medication management.

6 At the same time that mental health needs are apparently
7 growing, resources available for treatment and assistance are
8 being reduced. Due to the State's anticipated budget short-
9 fall, the department of health recently announced a \$25,000,000
10 funding cut-back for fiscal year 2009 and plans reductions up to
11 an additional twenty per cent for fiscal year 2010.

12 Psychologists with appropriate credentials have been
13 allowed to prescribe medications to active duty military
14 personnel and their families in federal facilities and the
15 Indian Health Service for years. In recent years, Louisiana and
16 New Mexico adopted legislation authorizing prescriptive
17 authority for appropriately trained psychologists without regard
18 to the service setting.

19 Since 2000, twenty psychologists, all born and raised in
20 Hawaii, have received psychopharmacological training through the
21 Tripler Army Medical Center, psychology training program. These
22 psychologists have actively collaborated with primary care



1 physicians to provide combined therapy and psychopharmacological
2 care to a medically underserved patient population at eleven
3 federally qualified health centers, Bay Clinic, Hana, Molokai,
4 Kauai, Waianae, Kalihi-Palama, Waimanalo, Ko'olauloa, West
5 Hawaii, Kokua Kalihi Valley, and Waikiki, as well as a native
6 Hawaiian healthcare system clinic located in a federally
7 designated medically underserved area on Molokai.

8 To date, thousands of native Hawaiians and other ethnic
9 minorities have received the necessary combined therapy and
10 psychopharmacological care that has been historically lacking to
11 address significant mental and behavioral health care needs.

12 For example, psychologists at the Waianae Coast Comprehensive
13 Health Center completed approximately 3,840 patient encounters
14 in 2004; seventy per cent of these patients received necessary
15 psychotropic medication for the treatment of mental illness.

16 Psychologists in several federally qualified health centers in
17 the State have formed successful collaborative relationships
18 with primary care physicians for mental health treatment of the
19 underserved.

20 Psychologists are licensed health professionals with an
21 average of seven years of post-baccalaureate study and three
22 thousand hours of post-graduate supervised practice in the



1 diagnosis and treatment of mental illness. Because the current
2 scope of psychologists' practice does not include prescribing
3 medications, patients must consult with and pay for another
4 provider to obtain prescriptions. However, practitioners with
5 prescriptive authority are not readily available in some areas
6 and to some populations.

7 Research data soundly demonstrates that there is an
8 insufficient amount of prescribing mental health care providers
9 available to serve the needs of the people in Hawaii. Based on
10 prevalence rates provided by the Substance Abuse and Mental
11 Health Services Administration and reported in "The Behavioral
12 Health Workforce in Hawai'i: A Status Report" (January, 2008),
13 40.4 per cent of the population diagnosed with severe and
14 persistent mental illness received services by the department of
15 health, adult mental health division. In 2007, 14,276 out of a
16 total of 52,064 adults with severe mental illness received
17 services through the adult mental health division, indicating
18 that approximately 37,788 individuals may not have received
19 services. Adults diagnosed with severe mental illness represent
20 5.2 per cent of the total state population and do not include
21 other individuals with other clinical diagnoses such as



1 substance abuse, post-traumatic stress disorder, or a prior
2 experience with domestic violence that may require treatment.

3 Since 1988, federal law has recognized the extraordinarily
4 poor health of native Hawaiians. In Hawaii, native Hawaiians
5 have the highest rate of untreated medical and psychological
6 concerns, and higher rates than other indigenous and minority
7 individuals in the United States. Recent concerns include the
8 impact of the crystal methamphetamine epidemic, which is
9 especially prevalent in areas with a large native Hawaiian
10 population, such as Waianae, Molokai, Waimanalo, Maui, Puna, and
11 Kau, and related issues. This epidemic, coupled with the
12 economic and cultural distress of the native Hawaiian
13 population, has created unprecedented demands for services from
14 an already over-taxed mental health system. Further
15 exacerbating the dire need for mental health treatment in areas
16 across the State is the fact that patients from some cultural
17 backgrounds are sometimes reluctant to seek treatment due to the
18 stigma of mental health problems. Timely access to accurate
19 diagnosis and effective treatment of emotional and behavioral
20 disorders may contribute substantially to the State's
21 responsibilities to Hawaii's "Felix" children and needy adults
22 in underserved rural and urban areas.



1 The United States Congress, through the native Hawaiian
2 health care professions scholarship program, requires
3 scholarship recipients to work in federally designated medically
4 underserved areas for a number of years (typically four) equal
5 to the number of years they received scholarship funding. Under
6 this program, psychologists of native Hawaiian ancestry are now
7 using modern training and education to deliver health care in a
8 culturally appropriate manner to other native Hawaiians through
9 their placement in federally qualified health centers, native
10 Hawaiian health systems clinics, and other federally designated
11 health clinics in medically underserved areas.

12 The American Psychological Association has developed a
13 model curriculum for a master's degree in psychopharmacology for
14 the education and training of prescribing psychologists.

15 Independent evaluations of the Department of Defense
16 Psychopharmacological Demonstration Project by the United States
17 General Accounting Office and the American College of
18 Neuropsychopharmacology have found that appropriately trained
19 medical psychologists prescribe safely and effectively.

20 The purpose of this Act is to authorize appropriately
21 trained and supervised licensed psychologists to prescribe
22 psychotropic medications for the treatment of mental illness.



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

4 "PART . PRESCRIPTION CERTIFICATION

5 §465-A Definitions. As used in this part, unless the
6 context otherwise requires:

7 "Board" means the board of psychology established under
8 chapter 465.

9 "Clinical experience" means a period of supervised clinical
10 training and practice in which clinical diagnoses and
11 interventions are learned and which are conducted and supervised
12 as part of the training program.

13 "Narcotics" means natural and synthetic opioid analgesics,
14 and their derivatives used to relieve pain.

15 "Prescription" is an order for a drug, laboratory test, or
16 any medicine, device, or treatment, including a controlled
17 substance, as defined by state law.

18 "Prescriptive authority" means the authority to prescribe,
19 administer, discontinue, or distribute without charge, drugs or
20 controlled substances recognized in or customarily used in the
21 diagnosis, treatment, and management of individuals with
22 psychiatric, mental, cognitive, nervous, emotional or behavioral



1 disorders, or other procedures directly related thereto within
2 the scope of practice of psychology in accordance with rules and
3 regulations adopted by the board.

4 "Psychologists certified to prescribe" means a licensed,
5 doctoral-level psychologist who has undergone specialized
6 education and training in preparation for prescriptive practice
7 and has passed an examination accepted by the board relevant to
8 establishing competence for prescribing, and has received from
9 the board a current certificate granting prescriptive authority,
10 which has not been revoked or suspended.

11 "Psychotropic medication" means only those agents related
12 to the diagnosis and treatment of mental and emotional
13 disorders, including controlled substances except narcotics.

14 "Supervising physician" means a medically trained and
15 licensed physician or psychiatrist who accepts professional
16 responsibility for the provision of psychopharmacotherapy.

17 **§465-B Conditional prescription certificate; application.**

18 (a) A psychologist who applies for a conditional prescription
19 certificate shall demonstrate all of the following by official
20 transcript or other official evidence satisfactory to the board:

21 (1) The psychologist holds a current license in good
22 standing to practice psychology in Hawaii;



1 (2) As defined by the board, and consistent with
2 established policies of the American Psychological
3 Association for educating and training psychologists
4 in preparation for prescriptive authority:

5 (A) The psychologist shall have completed a master's
6 degree in psychopharmacology or the equivalent.
7 This is an organized sequence of study in an
8 organized program offering intensive didactic
9 education, and including the following core areas
10 of instruction: basic life sciences,
11 neurosciences, clinical and research pharmacology
12 and psychopharmacology, clinical medicine and
13 pathophysiology, physical assessment and
14 laboratory examinations, clinical
15 pharmacotherapeutics, research, professional,
16 ethical and legal issues; and

17 (B) The psychologist shall have obtained relevant
18 clinical experience sufficient to attain
19 competency in the psychopharmacological treatment
20 of a diverse patient population under the
21 direction of a supervising physician. This
22 consists of at least one year, involving four



1 hundred hours treating a diverse population of no
2 fewer than one hundred patients with mental
3 disorders including at least two hours of weekly
4 supervision. The supervising physician shall not
5 be in the employ of the person being directed or
6 supervised;

7 (3) The psychologist shall pass an examination developed
8 by a nationally recognized body (e.g., the American
9 Psychological Association's Practice Organization's
10 College of Professional Psychology) and approved by
11 the board;

12 (4) The psychologist shall obtain a federal Drug
13 Enforcement Administration registration number for
14 limited use as restricted by state law;

15 (5) The psychologist shall have malpractice insurance in
16 place sufficient to satisfy the rules adopted by the
17 board, that covers the applicant during the period the
18 conditional prescription certificate is in effect;

19 (6) The psychologist has met all other requirements, as
20 determined by rules adopted by the board pursuant to
21 chapter 91, for obtaining a conditional prescription
22 certificate; and



1 (7) The psychologist is employed or contracted by and will
2 practice the prescribing authority at a federally
3 qualified health center established pursuant to Title
4 42 United States Code Section 1396.

5 (b) The board shall issue a conditional prescription
6 certificate if it finds that the applicant has met all of the
7 requirements of subsection (a).

8 (c) The conditional prescription certificate shall be
9 immediately relinquished by the psychologist if the psychologist
10 no longer meets the requirements of subsection (a).

11 **§465-C Conditional prescription certificate; powers,**
12 **duties, and responsibilities.** (a) A psychologist holding a
13 conditional prescription certificate shall:

14 (1) Continue to hold a current license to practice
15 psychology in Hawaii and continue to maintain
16 malpractice insurance;

17 (2) Inform the board of the name of the supervising
18 physician under whose supervision the psychologist
19 will prescribe psychotropic medication; provided that
20 the psychologist shall promptly inform the board of
21 any change of the supervising physician; and



1 (3) Maintain an ongoing collaborative relationship with
2 the doctor of medicine who oversees the patient's
3 general medical care.

4 (b) A psychologist holding a conditional prescription
5 certificate shall be authorized to prescribe, administer,
6 discontinue, or distribute without charge, drugs or controlled
7 substances recognized in or customarily used in the diagnosis,
8 treatment, and management of individuals with psychiatric,
9 mental, cognitive, nervous, emotional or behavioral disorders
10 and relevant to the practice of psychology, or other procedures
11 directly related thereto within the scope of practice of
12 psychology in accordance with rules and regulations adopted by
13 the board. The authorization shall be limited to services
14 provided to patients under the care of the psychologist and who
15 are enrolled at the federally qualified health center identified
16 by the board.

17 (c) When prescribing psychotropic medication for a
18 patient, a psychologist holding a conditional prescription
19 certificate shall maintain an ongoing collaborative relationship
20 with the doctor of medicine who oversees the patient's general
21 medical care to ensure that:

22 (1) Necessary medical examinations are conducted;



1 (2) The psychotropic medication is appropriate for the
2 patient's medical condition; and

3 (3) Significant changes in the patient's medical or
4 psychological condition are discussed.

5 (d) A prescription written by a psychologist holding a
6 conditional prescription certificate shall:

7 (1) Comply with applicable state and federal laws;

8 (2) Be identified as issued by the psychologist as
9 "psychologist certified to prescribe"; and

10 (3) Include the psychologist's board number or the
11 identification number assigned by the department of
12 commerce and consumer affairs.

13 (e) A psychologist holding a conditional prescription
14 certificate shall not delegate prescriptive authority to any
15 person. Records of all prescriptions shall be maintained in the
16 prescribing psychologist's patient records.

17 (f) When authorized to prescribe controlled substances, a
18 psychologist holding a conditional prescription certificate
19 shall file with the board, in a timely manner, all individual
20 federal Drug Enforcement Administration registration numbers.

21 §465-D Prescription certificate. (a) A psychologist who
22 applies for a prescription certificate shall demonstrate all of



1 the following by official transcript or other official evidence
2 satisfactory to the board:

3 (1) The psychologist has been issued a conditional
4 prescription certificate and has successfully
5 completed two years of prescribing psychotropic
6 medication as certified by the supervising physician;

7 (2) The psychologist has successfully undergone a process
8 of independent peer review approved by the department
9 of commerce and consumer affairs;

10 (3) The psychologist holds a current license in good
11 standing to practice psychology in Hawaii;

12 (4) The psychologist has malpractice insurance in place,
13 sufficient to satisfy the rules adopted by the board,
14 that will cover the applicant as a prescribing
15 psychologist; and

16 (5) The psychologist meets all other requirements, as
17 determined by rules adopted by the board pursuant to
18 chapter 91, for obtaining a prescription certificate.

19 (b) The board shall issue a prescription certificate if it
20 finds that the applicant has met all of the requirements of
21 subsection (a).



1 (c) A psychologist with a prescription certificate may
2 prescribe psychotropic medication if the psychologist:

3 (1) Continues to hold a current license to practice
4 psychology in Hawaii and continues to maintain
5 malpractice insurance;

6 (2) Annually satisfies the continuing education
7 requirements for prescribing psychologists, as set by
8 the board, which shall be no fewer than twenty hours
9 each year, at least half of which shall be in
10 pharmacology or psychopharmacology; and

11 (3) Continues to maintain an ongoing collaborative
12 relationship directly or by telecommunication with the
13 doctor of medicine who oversees the patient's general
14 medical care to ensure that:

15 (A) Necessary medical examinations are conducted;

16 (B) Psychotropic medication prescribed is appropriate
17 for the patient's medical condition; and

18 (C) Significant changes in the patient's medical or
19 psychological condition are discussed.

20 (d) The prescription certificate shall be immediately
21 relinquished by the psychologist if the psychologist no longer
22 meets the requirements of subsection (a).



1 **§465-E Administration.** (a) The board shall adopt rules
2 pursuant to chapter 91 establishing the procedures to be
3 followed to obtain a conditional prescription certificate, a
4 prescription certificate, and renewal of a conditional
5 prescription certificate and prescription certificate. The
6 board may set reasonable application and renewal fees.

7 (b) The board shall adopt rules pursuant to chapter 91
8 establishing the grounds for denial, suspension, or revocation
9 of conditional prescription certificates and prescription
10 certificates, including provisions for suspension or revocation
11 of a license to practice psychology upon suspension or
12 revocation of a conditional prescription certificate or
13 prescription certificate. Actions of denial, suspension, or
14 revocation of a conditional prescription certificate or a
15 prescription certificate shall be in accordance with this
16 chapter.

17 (c) The board shall maintain current records on every
18 prescribing psychologist, including federal registrations and
19 numbers.

20 (d) The board shall provide to the board of pharmacy an
21 annual list of psychologists holding a conditional prescription
22 certificate or prescription certificate that contains the



1 information agreed upon between the board and the board of
2 pharmacy. The board shall promptly provide the board of
3 pharmacy with the names of any psychologists who are added or
4 deleted from the list.

5 **§465-F Narcotics; prohibited.** This part shall not be
6 construed to permit a psychologist holding a conditional
7 prescription certificate or prescription certificate to
8 administer or prescribe a narcotic."

9 SECTION 3. Chapter 465, Hawaii Revised Statutes, is
10 amended by designating sections 465-1 to 465-15 as part I and
11 adding a title before section 465-1, Hawaii Revised Statutes, to
12 read as follows:

13 **"PART I. GENERAL PROVISIONS"**

14 SECTION 4. Section 465-3, Hawaii Revised Statutes, is
15 amended to read as follows:

16 **"§465-3 Exemptions.** (a) This chapter shall not apply to:

- 17 (1) Any person teaching, lecturing, consulting, or
18 engaging in research in psychology insofar as the
19 activities are performed as part of or are dependent
20 upon employment in a college or university; provided
21 that the person shall not engage in the practice of



- 1 psychology outside the responsibilities of the
2 person's employment;
- 3 (2) Any person who performs any, or any combination of the
4 professional services defined as the practice of
5 psychology under the direction of a licensed
6 psychologist in accordance with rules adopted by the
7 board; provided that the person may use the term
8 "psychological assistant", but shall not identify the
9 person's self as a psychologist or imply that the
10 person is licensed to practice psychology;
- 11 (3) Any person employed by a local, state, or federal
12 government agency in a school psychologist or
13 psychological examiner position, or a position that
14 does not involve diagnostic or treatment services, but
15 only at those times when that person is carrying out
16 the functions of such government employment;
- 17 (4) Any person who is a student of psychology, a
18 psychological intern, or a resident in psychology
19 preparing for the profession of psychology under
20 supervision in a training institution or facility and
21 who is designated by a title as "psychology trainee",
22 "psychology student", "psychology intern", or



1 "psychology resident", that indicates the person's
2 training status; provided that the person shall not
3 identify the person's self as a psychologist or imply
4 that the person is licensed to practice psychology;

5 (5) Any person who is a member of another profession
6 licensed under the laws of this jurisdiction to render
7 or advertise services, including psychotherapy, within
8 the scope of practice as defined in the statutes or
9 rules regulating the person's professional practice;
10 provided that, notwithstanding section 465-1, the
11 person does not represent the person's self to be a
12 psychologist or does not represent that the person is
13 licensed to practice psychology;

14 (6) Any person who is a member of a mental health
15 profession not requiring licensure; provided that the
16 person functions only within the person's professional
17 capacities; and provided further that the person does
18 not represent the person to be a psychologist, or the
19 person's services as psychological; or

20 (7) Any person who is a duly recognized member of the
21 clergy; provided that the person functions only within
22 the person's capacities as a member of the clergy; and



1 provided further that the person does not represent
2 the person to be a psychologist, or the person's
3 services as psychological.

4 (b) Nothing in this chapter shall in any way restrict any
5 person from carrying on any of the psychological activities as
6 defined in section 465-1; provided that ~~[such]~~ the person does
7 not offer psychological services as defined in this chapter
8 except as such activities are incidental to the person's lawful
9 occupational purpose.

10 (c) A person may use the title of
11 industrial/organizational psychologist, provided that the person
12 registers with the board, and:

- 13 (1) Is professionally competent in the practice of
14 industrial/organizational psychology; ~~[and]~~
- 15 (2) Holds a doctoral degree from an accredited institution
16 of higher education with training and education in
17 industrial/organizational psychology, satisfactory to
18 the board; and
- 19 (3) Provides psychological service or consultation to
20 organizations ~~[which]~~ that does not involve the
21 delivery or supervision of direct psychological
22 services to individuals or groups of individuals,



1 without regard to the source or extent of payment for
2 services rendered.

3 (d) Nothing in this chapter shall prevent the provision of
4 expert testimony by a psychologist who is otherwise exempted by
5 this chapter.

6 ~~[(e) Nothing in this chapter shall be construed as
7 permitting the administration or prescription of drugs, or in
8 any way engaging in the practice of medicine as defined in the
9 laws of the State.] "~~

10 SECTION 5. In codifying the new sections added by section
11 2 of this Act, the revisor of statutes shall substitute
12 appropriate section numbers for the letters used in designating
13 the new sections in this Act.

14 SECTION 6. Statutory material to be repealed is bracketed
15 and stricken. New statutory material is underscored.

16 SECTION 7. This Act shall take effect on July 1, 2009.

17

J. Paul Sen
INTRODUCED BY: Jim Durand
Josh Green

David V. Ige
Carol Fournier
Paula de Bak
Mike Hubbard
Ronny Bunn



Report Title:

Prescriptive Authority; Psychologist

Description:

Authorizes prescriptive authority for qualified psychologists who practice at a federally qualified health center.





STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 3, 2009

MEMORANDUM

TO: Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 428 – RELATING TO PSYCHOLOGISTS**

Hearing: Tuesday, March 3, 2009, 9:30 A.M.
Conference Room 229, State Capitol

PURPOSE: The purpose of this bill is to authorize prescriptive authority for qualified psychologists who practice at a federally qualified health center.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) has a mixed position because DHS appreciates the intent to expand access to behavioral health services in medically underserved areas but believes this bill does not have sufficient provisions to ensure quality of care and patient safety.

Federally Qualified Health Centers (FQHCs) provide primary care and behavioral health services. This bill allows psychologists at FQHCs to prescribe psychotropic medications despite there being primary care providers capable of doing so.

With any bill of this nature, the issue is the balance of access versus quality and safety. Psychologists are not trained to provide medication management, but through an advanced training program, psychologists may receive training to provide some basic services. Those

services should be delivered only to adults aged 18 years and older and limited to certain medications.

Because children are particularly at increased risk for complications of treatment, such as increased suicide when treated for depression, the patient population treated pharmacologically by inexperienced psychologists should be limited to adults. No one wants a child to die unnecessarily.

Because the risk profile of medications varies and in considering the standard of behavioral health care, a group that includes a majority of psychiatrists should determine what medications can be safely be prescribed by a psychologist.

Completion of a training program no less rigorous than the Department of Defense Psychopharmacology Demonstration Project and approved by the American Psychiatric Association or its local chapter or comparable body should be required and must include proficiency testing. This should be followed by an initial period of practice under the supervision of a psychiatrist of at least one or two years.

The Department of Human Services is committed to increasing access to services, but only if a high level of quality of care and patient safety is assured.

Thank you for this opportunity to testify.

**PRESENTATION OF THE
BOARD OF PSYCHOLOGY**

TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Tuesday, March 3, 2009
9:30 a.m.

**WRITTEN COMMENTS ON SENATE BILL NO. 428, RELATING TO
PSYCHOLOGISTS.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Board of Psychology ("Board") thanks you for the opportunity to provide written comments on S.B. No. 428. The Board had an opportunity to review this bill at its meeting on February 20, 2009, during which the Hawaii Psychological Association ("HPA") also provided responses to the Board's concerns. While the Board appreciates HPA's perspectives, the Board must respectfully agree to disagree and continue to oppose the substance of this bill.

The bill proposes to authorize appropriately trained and supervised licensed psychologists 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 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 strongly believes the bill should limit prescriptive authority to patients between the ages of eighteen (18) and sixty-five (65), to better ensure public safety. As the 2007 report completed by the Legislative Reference Bureau ("LRB") states, the PDP program required that "patients treated were generally limited to outpatients between the ages of 18 to 65, without serious medical conditions or serious mental illnesses." LRB Report No. 2, 2007, Prescriptive Authority for Psychologists: Issues and Considerations, page 74.

§465-A Definitions.

- *“Psychotropic medication” means only those agents related to the diagnosis and treatment of mental and emotional disorders, including controlled substances except narcotics.*

The Board notes that the definition of “psychotropic medication” mirrors the definition included in last year’s bills (H.B. No. 2411 and S.B. No. 2415), which were both deferred in their respective committees. However, the Board is concerned that unlike last year’s bills, a separate provision setting forth a list of excluded medications is not included within this bill. The Board believes strongly that an exclusionary formulary list be included in the bill.

§465-B Conditional prescription certificate; application.

- Subsection (2)(A): *“The psychologist shall have completed a master’s degree in psychopharmacology **or the equivalent...**”*

The Board has grave concerns with the phrase “or the equivalent” and believed that the phrase is much too vague. The Board remains steadfast that, in lieu of the master’s degree, only training in a program no less rigorous than the PDP training model is acceptable. As all parties are aware, the PDP is the only medical training model for psychologists that has been evaluated for consumer safety. The conclusions in the LRB Report clearly recommended that training for psychologists should be “no less rigorous than the PDP training model...” (as set forth in pages 73 -76

of the LRB Report No. 2, 2007). To ensure clarity and conciseness the Board asks that the following language be used to replace the text in the bill:

*“The psychologist shall have completed a master’s degree in psychopharmacology, **or satisfactorily participated for the number of years in a Department of Defense PDP, or a program similar to the Department of Defense PDP under the auspices of any branch of the United States Armed Services...**”*

- Subsection (2)(B): *“The psychologist shall have obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of a diverse patient population under the direction of a supervising physician. **This consists of at least one year, involving four hundred hours treating a diverse population of no fewer than one hundred patients with mental disorders including at least two hours of weekly supervision...**”*

This provision conflicts with §465-D of the bill, which 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...**” Such conflicting provisions need to be corrected to ensure consistency with the minimum requirements to obtain a prescription certificate. Additionally, with regard

to the supervision requirement, the Board believes that the two hours of weekly supervision be on-site supervision.

The Board insists on amending subsection (2)(B) to read:

*“The psychologist shall have obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of a supervising physician. This consists of at least **two years**, involving four hundred hours treating a diverse population of no fewer than one hundred patients with mental disorders including at least two hours of **on-site** weekly supervision...”*

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

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

The Board is very 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.

- Subsection (b): *“...The authorization shall be limited to services provided to patients under the care of the psychologist and who are enrolled at the federally qualified health center **identified by the board.**”*

The Board believes that its jurisdiction does not extend to identifying federally qualified health center (“FQHC”) sites. Therefore, the Board asks that the language “*identified by the board*” be deleted.

§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 asks that language similar to §465-B(7) of the bill, which states that “the psychologist is employed or contracted by and will be practice the prescribing authority at a federally qualified health center established under Title 42 United States Code Section 1396” be inserted within §465-D.
- Subsection (a)(1): *“The psychologist 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(2)(B) of the bill which requires at least one year of relevant clinical experience. This inconsistency needs to be corrected.

- Subsection (a)(2): *“The psychologist has successfully undergone a process of independent peer review approved by the department of commerce and consumer affairs.”*

The Board questions the purpose of having the psychologist undergo an independent peer review. Additionally, the Board questions 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.

- Subsection (d): *“The prescription certificate shall be immediately relinquished by the psychologist if the psychologist no longer meets the requirements of subsection (a).”*

The Board questions whether subsection (c) should be referenced instead of subsection (a).

§465-E Administration.

- The substantial workload placed on the Board to implement this bill will 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 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; 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; and 5) establish procedures for peer review. 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 provide written comments, respectfully in opposition to Senate Bill No. 428.

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Tuesday, March 3, 2009
9:30 a.m.

**WRITTEN COMMENTS ON SENATE BILL NO. 428, RELATING TO
PSYCHOLOGISTS.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Hawaii Medical Board ("Board") thanks you for the opportunity to provide written comments on S.B. No. 428, which authorizes qualified psychologists to prescribe at federally qualified health centers. The Board is in strong opposition to this bill.

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.

It should be noted that 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.

Moreover, once a psychologist receives a prescription certificate, the psychologist is no longer required to be supervised by a physician nor is the psychologist limited to practicing and prescribing in federally qualified health centers.

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 non-physician 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 non-physician 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 non-physician health care prescribers treat patients from a medical perspective. 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 from a medical perspective.

Thank you for the opportunity to provide written comments on S.B. No. 428.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Practice Directorate

February 26, 2009

To: The Honorable Rosalyn H. Baker, Chair
The Honorable David Y. Ige, Vice Chair
Committee Members
Committee on Commerce & Consumer Protection
Hawaii Senate
State Capitol Building
415 South Beretania Street, Room 229
Honolulu, HI 96813

Re: Support for SB 428, Relating to Prescriptive Authority for Psychologists

Dear Senators Baker, Ige, 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.

The APA supports SB 428 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.
- The evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense

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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, SB 428 would improve the quality of care for those who benefit from psychoactive medication. The key to successful medication treatment 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

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/cre/>>.

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).

non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health disorders.³ SB 428 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 SB 428, 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.

o **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.

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

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.

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, organized 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:

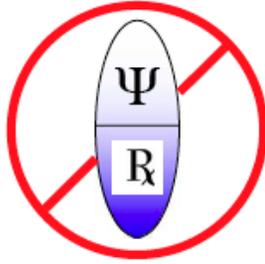
- There is a critical need for improved access to safe and effective psychoactive medication treatment delivered by providers skilled in both the diagnosis and treatment of mental conditions and in the use of psychotropic medications.
- Psychologists are highly trained mental health specialists, many 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 SB 428.

Sincerely,



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



PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

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To: Senator Rosalyn H. Baker, Senator David Y. Ige, Senator Will Espero, Senator Josh Green, Senator Les Ihara, Senator Norman Sakamoto and Senator Fred Hemmings

February 26th 2009

RE: **OPPOSE** SB 428 Relating to prescription privileges for psychologists

Dear Honorable Senator Rosalyn H. Baker, Senator David Y. Ige, Senator Will Espero, Senator Josh Green, Senator Les Ihara, Senator Norman Sakamoto and Senator Fred Hemmings

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

Re: SB 428 Relating to Psychologists

OPPOSE

The Hawaii Psychiatric Medical Association (HPMA) submits its testimony in opposition to SB 428 due to the inadequacy of the training. Passing this measure would establish a policy in Hawaii that would provide a compromised, inadequate standard of care for those being treated by the federally qualified health centers. In fact the 2007 LRB report does not support the training level as proposed by SB 428. The exact LRB recommendation was, "...a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP [Department of Defense Psychopharmacology Demonstration Project." HB 252 falls considerably short of the PDP minimum requirements. SB 428 appears to have fewer requirements than HB 252.

There is a premise that individual's mental health needs are not being met, however data to support the argument has not been documented and the extent of the need not described. Certainly the recent changes within the DOH Adult Mental Health Division give rise to some concern, however there is much uncertainty regarding impact or extent of impact from the recent AMHD decisions. It is opportunistic to offer a solution before knowledge if whether or not an issue exists. The HPMA strongly urges legislators to fully utilize Hawaii's 300+ psychiatrists, roster of APRN Rx, network of community mental health centers, community health centers and rural health initiatives to meet the current need.

Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx) have appropriate medical training and are capably, currently providing services to patients in underserved areas, particularly on the Island of Hawaii. On Hawaii APRNs been working in partnership with psychiatry since 1996 to provide quality mental health services.

Instead of giving expensive consideration to a cadre of professionals trained in a social model of training, we request this committee give favorable consideration to the bills introduced this year to improve access to quality health services in Hawaii's underserved areas by providing the already licensed Advanced Practice Registered Nurses with Prescriptive Authority with global signature and recognition as primary care providers and promoting the expansion of telehealth.

Access issues in Hawaii are being addressed:

- 1. Telepsychiatry, West Side Hawaii: In 1996, a partnership between nursing and psychiatry** led to Advanced Practice Registered Nurses (APRNs) in the State of Hawaii obtaining prescriptive authority. The Departments of Psychiatry and Nursing

through the State (AMHD)-University Collaboration agreement developed a demonstration project in the mid-1990s to provide psychiatric services at the rural mental health clinics on the Big Island. APRNs provided care in places such as Kau, Puna, and Honakaa through collaboration with psychiatrists located in Kona and Hilo. **In support of this program and the UH School of Nursing APRN training program, the HPMA consistently supported legislation in 1996 and moving forward to authorize APRNs with prescriptive authority.** While the demonstration project ended about 5 years ago, a successful telepsychiatry program was established and continues today in West Hawaii and Kau under the leadership of Dr. Michael McGrath.

2. **Telepsychiatry: UH Rural Health Initiative:** Chad Koyanagi, MD and Mike Fukuda, MSW and Associate Chair, JABSOM Department of Psychiatry (DOP) initiated the DOP Rural Health Initiative in 2006. A telepsychiatry learning service model has been successfully servicing **Wailuku, Hana, Molokai and Lanai.** More recently and in partnership with the Department of Human Services MedQUEST Division, a telepsychiatry program is currently being developed to provide mental health services to patients of the Bay Clinic on Hawaii.
3. **Kau: Full-time mental health APRN-Rx, Monday – Friday, 7:30 a.m. – 4:30 pm.** Psychiatrist Mick McGrath, MD provides additional support once a month and via telepsychiatry once a week and as needed.
4. **Molokai:** Sonia Patel, MD, raised on Molokai, and recent graduate of the JABSOM Dept of Psychiatry residency program, and Board Certified not only in adult but in Child Psychiatry, has returned to Molokai twice each month to practice child psychiatry, one week on behalf of the DOE, and one week for her private practice. She had actually gone more often, 3 times each month, but found that the need for going that often simply wasn't there.
5. **Primary Care Physician Mental Health Training Program:** The Hawaii Psychiatric Medical Association developed a five (5) CME Category 1 mental health training program for primary care and family health physicians. The statewide training programs target rural health providers. (Flyer attached). The training program offers ongoing psychiatrist liaison support to participating primary care and family health physicians.
6. **Increase Reimbursements for Neighbor Island Mental Health Services, 2008 Legislative Session:** With support from the Department of Human Services, a bill was introduced to increase Medicaid reimbursements for Neighbor Island psychiatrists, the measure's scope expanded and a budget line item was passed for a Neighbor Island differential for all physicians. While the Governor supported the measure, she was unable to release funds due to the economy. If funds become available, the HPMA will be asking this measure be reconsidered.

Access to Mental Health Services Still Unresolved in Louisiana and New Mexico:

Testimony of the Hawaii Psychiatric Medical Association

These are two states that adopted psychologist prescribing in an effort to improve access. Bottom line, it didn't work. New Mexico telehealth consortium contacted the HPMA and the University of Hawaii JABSOM Department of Psychiatry requesting input to establish an effective telepsychiatry system in New Mexico. New Mexico went through considerable state expenditure to establish a training and oversight board for psychologist prescribing only to find only seven psychologists responded and those that did remained in urban areas. Louisiana psychologist program has also proved to be a failure as psychologists there again provide services in urban areas.

Thank you for your consideration in opposition to this measure.

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 3, 2009

The Honorable Rosalyn Baker, Chair
The Honorable David Ige, Vice Chair

Senate Committee on Commerce and Consumer Protection

Re: SB 428 – Relating to Psychologists

Dear Chair Baker, Vice Chair Ige and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 428.

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 today.

Sincerely,

A handwritten signature in black ink, appearing to read 'JD' followed by a long horizontal stroke.

Jennifer Diesman
Assistant Vice President
Government Relations



ADMINISTRATION:
938E AUSTIN LANE
Honolulu, HI 96817
Phone: (808) 845-8578
Fax: (808) 841-1265

CLINIC:
915 NORTH KING ST.
Honolulu, HI 96817
Phone: (808) 848-1438
Fax: (808) 843-7270

KALIHI-PALAMA HEALTH CENTER
Hale Ho'ola Hou – House of New Life

To: Senate Committee on Commerce & Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable David Y. Ige, Vice Chair

Testimony in Support
Senate Bill 428, Relating to Psychologists
Tuesday, March 3, 2009, 9:30 a.m. agenda, Room 229

My name is Darrin Sato and I am a staff member of Kalihi-Palama Community 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 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.



KALIHI-PALAMA HEALTH CENTER is a 501(c)3 non-profit, federally qualified, community health care center.

Date: 2/26/09

To: The Senate Committee on Commerce & Consumer Protection
The Hon. Rosalyn H. Baker, Chair
The Hon. David Y. Ige, Vice Chair

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

Testimony in Support of Senate Bill 428
Relating to Psychologists
March 3, 2009, 9:30 a.m. agenda, Room 229

We support SB 428, 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.



KOKUA KALIHI VALLEY

Comprehensive Family Services

2239 North School Street, Honolulu, Hawaii 96819

Phone (808) 791-9400 ♦ Fax (808) 848-0979

The Senate Committee on Commerce & Consumer Protection

The Hon. Rosalyn H. Baker, Chair

The Hon. David Y. Ige, Vice Chair

Testimony in Support of Senate Bill 428

Relating to Psychologists

Submitted by David D Derauf MD MPH, Executive Director

Kokua Kalihi Valley

March 3, 2009, 9:30 a.m. agenda, Room 229

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.

LĀNA'Ī WOMEN'S CENTER DBA LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna'ī City, HI 96763-0142



Phone: 808-565-9196
Fax: 808-565-6229
E-mail: dshaw@wave.hicv.net

TO : The Senate Committee on Commerce & Consumer Protection

The Hon. Rosalyn H. Baker, Chair
The Hon. David Y. Ige, Vice Chair

Date: March 3, 2009 9:30AM , Senate Conference Room 229, Hawaii State Capital

Re: SB 428 Relating to Prescriptive Authority for Psychologists

Thank you for the opportunity to speak in strong support of SB 428. As a community health center executive director and resident of Lāna'ī, I have experienced the ill effects of lack of access to primary care services first hand. As I build the services that **Lāna'ī Women's Center dba Lāna'ī Community Health Center** offers to the community, I see a growing need for behavioral health services — and Lāna'ī does not have access to psychiatry services on island. This bill would provide psychologists with the authority to write prescriptions for a specified formulary. Only psychologists who have met rigorous training and testing requirements and who work in formal collaboration with a physician would be qualified for prescriptive authority. This additional authority would allow us to provide economic, culturally sensitive services in a high quality manner.

The Lāna'ī Community Health Center has become virtually the only available mental health provider in our communities, other than the school. And public funds for mental health services do not match growing needs. The rates of anxiety, depression, domestic violence, and substance abuse rates are expected to increase with the poor economy.

As you know, the community health center model of care integrates primary mental health services with primary medical care. Addressing mental health issues is essential to be able to improve physical health issues. Prescribing psychologists at FQHCs will be able to address mental health problems early, stabilize patients with medications, as needed, and provide additional therapy to prevent the development of more serious mental illnesses.

Without prescriptive authority for psychologists, the efficiency of community health centers is vastly reduced because the psychologist (and the patient) will have to wait until they can confer with and get a prescription written by the physician with whom they are working. I respectfully ask for your support of SB 428.

E Ola nō Lāna'ī

LIFE . HEALTH . and WELL-BEING FOR LĀNA'Ī

Adam Sprouse-Blum
45-615 Halekou Pl.
Kaneohe, HI 96744

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

DATE: Tuesday, March 3, 2009 at 9:30 am

RE: SB 428, RELATING TO PSYCHOLOGISTS

My name is Adam Sprouse-Blum, MD and I submit my testimony in opposition to SB 428.

Instead of giving expensive consideration to a cadre of professionals trained in a social model of training, we request this committee give favorable consideration to the bills introduced this year to improve access to quality health services in Hawaii's underserved areas by providing the already licensed Advanced Practice Registered Nurses with Prescriptive Authority with global signature and recognition as primary care providers and promoting the expansion of telehealth.

Thank you for your "No" vote.

Adam Sprouse-Blum, MD

Alan Buffenstein M.D

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

SB248 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 were otherwise healthy 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

Ian Chun (4TH year triple board resident--psych, child psych, pediatrics)
3075 Ala Poha Pl., # 804
Honolulu, HI 96818

Ian Chun M.D

3075 Ala Poha Place, #804, Honolulu, HI 96815

SB248 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

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

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- c. The DOD was highly supervised by psychiatrists and the only patients the prescribing psychologists were allowed to treat were otherwise healthy 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,

Ian Chun, MD

DENNIS LIND, MD
615 Piikoi Street, Honolulu, Hawaii 96815
(808) 596-7800

Re: SB 428 Relating to Psychologists

OPPOSE

I am a psychiatrist in private practice, and I've been taking care of medically and psychiatrically ill patients the past 38 years, here in Hawaii. I am familiar with this legislation, which would give non-physician, doctoral level psychologists prescribing authority.

I am very much against this bill and this concept. Psychologists do not have medical and clinical orientation of physicians, and they have not had clinical exposure to medically ill patients in a supervised, hospital setting, such as in the medical school and clinical rotations that physicians get. Simply taking an academic course in prescribing medications does not provide the overall awareness of the patient's general medical health and oftentimes complicated medical problems which actually must be taken into consideration to provide good care. I strongly urge the Senate not to support this bill.

Dennis B. Lind, M.D.

Derick Chae, M.D.

To Whom it May Concern,

SB 248, 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

*Doreen Fukushima, MD, 3rd year Psychiatry Resident
98-1813 Hapaki Street, Aiea, HI 96701*

RE: SB 428 Relating to Psychologists

My name is Doreen Fukushima and I am a physician, psychiatrist, and 3rd year psychiatry resident at the UH JABSOM Department of Psychiatry. I submit my testimony in opposition to SB 428.

As a psychiatry resident I am familiar with the direction that health care organizations are taking vis a vis training, education and experience. That trend is towards more training and experience, not less. And when mid-level practitioners are involved, the trend is towards more direct supervision, not less. The creation of an entirely new educational pathway for individuals with no medical training background is NOT congruent with trends towards increased training, knowledge and experience.

Thank-you for the opportunity to provide this testimony in opposition.

Fenner-Marie Makapihaikamalamalamaokalani Shupe, R.N.

RE: SB 428, Relating to Psychologists

POSITION: OPPOSE

Dear Committee Members,

The following is my testimony:

I oppose this bill.

My degree is a Bachelor of Science in Nursing, which consisted of 2 years of pre-nursing, and three years of nursing, including college level biology, chemistry, biochemistry, and anatomy, in addition to what psychologists think is an adequate course of study in order to prescribe medication. There is no way I would entrust myself to a psychologist to prescribe my psychotropic medications, nor would I entrust my fellow native Hawaiians to such a dangerous practice.

My degree is from Emory University School of Nursing in Atlanta, Georgia. I am sure the powers that be at Emory University's Medical School would be appalled to learn that Hawaii is considering allowing psychologists to prescribe medicine.

**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: 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 there 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

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

TO: SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

RE: SB 248, 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.

Eric Arquero

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 28, 2009 1:50 PM
To: CPN Testimony
Cc: jholmes@hawaii.edu
Subject: Testimony for SB428 on 3/3/2009 9:30:00 AM

Testimony for CPN 3/3/2009 9:30:00 AM SB428

Conference room: 229
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Julie Holmes
Organization: PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS
Address:
Phone:
E-mail: jholmes@hawaii.edu
Submitted on: 2/28/2009

Comments:

Testimony to the Hawaii Legislature

SB 248, 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 this measure. I am a psychiatrist 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 “do no harm” tenet 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

Kathryn Egan, M.D.

1133 Waimanu Street, Apt 509
Honolulu, HI, 96814
808.285.6369

SB 248 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 this measure, 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 SB 248.

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.

**Kenton Ko, MD
1909 Kihi St.
Honolulu, HI, 96821**

RE: SB 428

POSITION: OPPOSE

I am a psychiatrist in my 2nd year of child fellowship training after first receiving four years of general psychiatry training. **My six years of practicum** (vs. **SB 428 of one year**) come in addition to four years of medical school and four years of undergraduate study. I am almost 14 years into training before I will be able to treat patients under my own name.

I am 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.

Kenton Ko, MD
2nd Year Child Fellow, Psychiatry

LESLIE GISE, MD

leslieg@maui.net

I am opposed to SB 428. Psychologists should not prescribe medication to patients because they are not medically trained. The primary care doctor is the first stop for patients with nervous and emotional problems. Advanced practice nurses are licensed in this state to prescribe medication especially when there are not enough psychiatrists to go around. Nurses are medically trained. They work in hospitals and are used to working with doctors. The culture of medicine, which is shared by nurses, includes a humility and deep appreciation of our enormous power to harm as well as to help. Psychology has much important expertise which we need but does not include this tradition of caution and emphasis on medical complications, drug side effects, drug-drug interactions, etc. Allowing psychologists to prescribe medicine is dangerous and does a great disservice to our patients.

Please vote NO to this measure.

LESLIE HARTLEY GISE, MD

Lester L. Fung
3516 Waiialae Ave. #1
Honolulu, HI 96816
Cell. 354-9361

Testimony on Senate Bill 428

Committee on Commerce and Consumer Protection

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Notice of Decision Making

Date: Tuesday, March 03, 2009

Time: 9:30 A.M.

Place: Conference Room 229

State Capitol

415 South Beretania Street

Agenda

Testimony: I am against Psychologist having prescriptive authority in prescribing medication.

1. My first reason why I am against it is because Psychologist is trained to study human behavior and not human behavior with the use of healing medication to prescribe to a patient with mental illness.
2. Psychologist are not trained in human anatomy as a doctor because medications are used to control and heal a patient with a brain disorder and the relation with side affects with each different individual human anatomy.
3. Psychiatry covers all medical training on human anatomy, psychotropic medication that gives side effect on each individual and a thorough coverage of each related study of mental illness disease.

I am a consumer with a mental illness and had seen a psychologist which did not answer my questions on my behavior and he could not help me in solving my problem because this certified Psychologist did not understand my disease. Knowing this from his therapy I quickly went back to my Psychiatrist and got the correct treatment with psychotherapy and proper effective prescribed medication.

Evidently, I don't trust psychologist because they use theory behavior from past Scientist who may not match the patient with the proper mental illness because of the patient s behavior.

Therefore, I am convinced from this experience that Psychologist are not trained to Prescribe Medication because of my three reasons stated and from having experienced the poor results of having therapy with a psychologist.

Eric Arquero

From: diamondheadclubhouse@yahoo.com
Sent: Monday, March 02, 2009 10:45 AM
To: CPN Testimony
Cc: Kathleen Rhoads Merriam; Ko'olau Clubhouse; Ellen Awai;
UNEXPECTED_DATA_AFTER_ADDRESS@.SYNTAX-ERROR
Subject: S.B. 428 Bill
Attachments: S.B. 428 Bill.tif

Aloha,

Monday, March 02, 2009

My name is Lorrin N. Nahinu and I am a consumer from the Diamond Head Clubhouse, a program of the Adult Mental Health Services here in Hawaii. I am writing on my behalf and on the behalf of many other consumers when I say that passing a bill for psychologists to be able to prescribe medications will be dangerous. Dangerous not only for myself, but for loved ones who are around me. Psychologists are not fully trained nor are they capable for being able to prescribe medications when infact they are not educated in specific courses of anatomy and biology of the body. Psychiatrists are dedicated and specifically trained to know how certain medications will react with consumers. Most psychologists don't know the side effects of medications or how certain medications will work when used together. I believe that in order to uphold a standard of care for mental illness, we need to know the proper and humane ways to treat all consumers; that being fair, honest, and just. Please know that if all psychologists were properly educated and trained in the same field as a psychiatrists there would probably be no resistance about this bill. Let's not cut any corners or resort to any type of modifications in order to make the very few of this bill happy and rich. We here at Diamond Head Clubhouse, including myself, thank you for your time and consideration of my appeal for this SB 428 Bill.

Best Regards,

Lorrin N. Nahinu & the Diamond Head Clubhouse

***Please take a look at the attached file submitted. Mahalo!

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

PSYCHIATRY
0313

TELEPHONE: (808) 526-

RE: SB 248, 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.

Eric Arquero

From: NAMI Hawaii [namihawaii@hawaiiantel.net]
Sent: Friday, February 27, 2009 12:03 PM
To: CPN Testimony
Subject: S.B. 428 for Tuesday, March 3, 2009-Committee on Commerce and Consumer Protection

NAMI Hawaii aka The National Alliance on Mental Illness-Hawaii
770 Kapiolani Blvd., Suite 613
Honolulu, HI 86813
808.591.1297 (office)

TO: Senate Committee on Commerce and Consumer Protection
Hawaii State Capitol
Tuesday, March 3, 2009 Hearing for Decision Making
9:30 a.m.

DEAR SENATOR BAKER, VICE CHAIR IGE AND COMMITTEE MEMBERS:

I am Marion Poirier, the Executive Director of NAMI Hawaii, a local affiliate of the National Alliance on Mental Illness. We are one of over 1,000 affiliates. Our organization has a national policy on this subject, and it's the largest grassroots mental health organization in the nation. We represent people who have mental illness, their families and larger o'hana, health care providers, and persons interested in the subject of psychiatric disorders.

WE TESIFY/COMMENT IN STRONG OPPOSITION TO S.B. 428 RELATING TO PSYCHOLOGISTS FOR THE FOLLOWING REASONS:

- Our national public policy director has addressed this issue by noting that there is no evidence that psychologists are either trained or oriented to prescribe medications under any circumstances. I cannot find a public policy statement regarding this matter on the Mental Health America website.
- Advanced Practice Nurses RX are licensed in all 50 states to prescribe medications. They are underutilized in Hawaii, and we also have a shortage.
- These medications require knowledge of other body part interrelationships, as well as co-occurring diseases and disorders.
- Psychologists are needed to supply components of the mental health delivery system for which they are trained, and are very much in demand.
- This topic poses a serious healthcare safety issue. That is why past proposals haven't passed muster.
- Over 45 states do not allow psychologists to prescribe. Let us not make Hawaii an experiment, as some would desire.
- We respectfully request that this bill be held in Committee.

Thank you very much for allowing us this opportunity to testify/comment.

**Naveen Gara, MD (2nd year Internal Medicine)
710 Lunalimo Street, #301
Honolulu, HI 96813**

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSE

I submit my testimony in opposition to this measure.

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. Please vote no this measure which

will not improve access.

NAVEEN GARA, MD

NORA BAMMIDI, MD
710 Lunalilo Street, #301
Honolulu, HI 96813

I am opposed to SB 428. Psychologists should not prescribe medication to patients because they are not medically trained. The primary care doctor is the first stop for patients with nervous and emotional problems. Advanced practice nurses are licensed in this state to prescribe medication especially when there are not enough psychiatrists to go around. Nurses are medically trained. They work in hospitals and are used to working with doctors. The culture of medicine, which is shared by nurses, includes a humility and deep appreciation of our enormous power to harm as well as to help. Psychology has much important expertise which we need but does not include this tradition of caution and emphasis on medical complications, drug side effects, drug-drug interactions, etc. Allowing psychologists to prescribe medicine is dangerous and does a great disservice to our patients.

Please vote NO to this measure.

NORA BAMMIDI, MD

PETER COLLORI, M.D.

I've listened to the banter about psychologist prescribing for some time now and hoped to share a few thoughts. Please process them as you see fit or contact me via phone or email if you would like me to elaborate:

Clearly, the community's need exceeds available prescribers. The temptation to extend prescribing privileges to psychologists simply to increase numbers is no doubt tempting. Upon further consideration, several questions come to mind.

One must ask the question "Is prescribing medication the same as practicing medicine?" Clearly, anytime an agent is systemically introduced in order to alter an organism's physiology, one would hope that it is done with a firm, experientially based understanding of the whole organism. That is, medications do not just affect the brain, they affect and indeed interact with the entire organism and all of its subsystems. This is why all physicians are required to study and develop competence in general medicine before branching out into a subspecialty. If a cardiologist were to prescribe a medication that could potentially affect the skin or reproductive organs, it may help to understand this in principle, however dealing with and indeed recognizing these events is near impossible without adequate clinical experience in the relevant fields of medicine. One might be a bit hesitant to take such a medication from a cardiologist that has never actually treated liver patients or dermatology patients.

There are complex agents that, regardless of their comforting and simplistic names, have widely varied effects. They treat neurochemistry and systemic physiology. They do not treat "depression" or "mood" or "psychosis." Certainly, in skilled hands they may have the latter as an observable result. In unskilled hands, however, their effects can be devastating. Most psychopharmacologists, people who devote their entire practice to the study of neurophysiology and drugs, would argue that it takes many years to even begin to understand. A psychiatrist with 4 years of medical school and 4 years of residency training is in a position to just begin developing competence in altering the single most complicated organ system known to humankind.

Though long-winded, the implication appears to be that yes, prescribing medication means practicing medicine. In this case it begs the question "Should we allow people without medical training to practice medicine?" Psychologists are an enormously valuable asset. They are the experts in their field -- psychology, not medicine. As a physician, I am thankful for their expertise and extraordinarily valuable contributions, viewing such practice with the utmost respect. Similarly, as a physician, I recognize my own limitations even in prescribing medications. This is the very field I trained in for the past 7 years, and even now feel that my own knowledge is just in its infancy. What road are we heading down if people who have not trained as physicians are given license to practice medicine? Psychiatric medications are medications. There is no getting around that. They have medical consequences and play a role in overall health. If nonphysicians begin to practice this area of medicine, one can come just short of guaranteeing an increase of adverse events, some of which are vastly debilitating or even lethal. Moreover the patients who are the recipients of such malpractice will do much to contribute to the suspicion and disdain for an already stigmatized field.

As a final thought, who will pay for it when things go wrong? Will it be the psychologist, the taxpayers, or will it be the legislators who pass the bill?

Sincerely,
Peter Collori, MD

Phil Bohnert, MD

RE: 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

Rose Clute, APRN
46-106 Humu St.
Kaneohe Hawaii 96744
(o) 537-7792

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

Aloha, my name is Rose Clute and I am an Advanced Practice Registered Nurse with over 30 years in this community as a nurse and 12 as advanced practice. I am testifying on my own behalf in *strong opposition* of SB 428, 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 nursing. After practicing nursing at the bedside for almost 15 years, I returned to school for my master's in nursing and then post-masters degree. This is the educational preparation I needed to be able to prescribe medications in a safe and effective manner.

I know that the proposed training for psychologists 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.

Again, I strongly urge the committee to oppose SB 428.

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

Ruby Agoha, M.D.
3rd Year Triple Board
Psychiatrist, Child Psychiatrist, Pediatrician

RE: SB 428 RELATING TO PSYCHOLOGISTS

I submit my testimony to you today in opposition.

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.

Psychologist simply do not have the foundation education in physiology of medications and biological effects. This cannot be learned in the short course proposed.

Very truly yours,

Ruby Agoha, MD

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

RE: SB248, Relating to Psychologists
Hearing Date: Tuesday, 3/3/09

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

Iqbal ‘Ike’ Ahmed, M.D.

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)

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

Re: SB 428, Relating to Psychologists

Position: Opposed

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 SB 428.

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

*George Bussey, MD, Chief Medical Officer
FirstHealth, Inc.*

RE: SB 428 Relating to Psychologists

My name is George D. Bussey, and I am a physician, psychiatrist, and Chief Medical Officer of FirstHealth, a multi-hospital health care system in south-central North Carolina. I am writing in **OPPOSITION** to this bill, which would grant prescriptive authority to psychologists who meet the criteria of the above mentioned bill.

Although I no longer live in Hawaii, As a former twenty year resident of Hawaii, past president of the Hawaii Psychiatric Medical Association and practicing psychiatrist in Hawaii, I remain interested in and concerned with the quality of health care, and psychiatric health care in particular, in Hawaii, thus my taking the time to provide this testimony from North Carolina.

You will receive extensive testimony from psychiatrists, other physicians, and perhaps even psychologists describing the shortcomings of this bill. Let me provide an additional perspective. In my current role I am involved in hospital medical staff credentialing and risk management activities. As such, I am familiar with the direction that health care organizations are taking vis a vis training, education and experience. That trend is towards more training and experience, not less. And when mid-level practitioners are involved, the trend is towards more direct supervision, not less. The creation of an entirely new educational pathway for individuals with no medical training background is NOT congruent with trends towards increased training, knowledge and experience.

Additionally, the awareness of the biological basis and pharmacological management of many psychiatric illnesses has been around for over twenty-five years. Any individual with a desire to work with and treat patients suffering from psychiatric disorders with medications has had ample opportunity to embark on an undergraduate education that would provide the foundation for attending medical school, where they could get fully trained in the underpinnings of medicine (four years of education) and then go on to receive an additional four years of psychiatric training – as compared to what appears to be a less than three month didactic “medical” training, followed by a one year experiential training program.

Thank-you for the opportunity to provide this testimony.

Regarding: SB 428, Relating to Health; Psychologist Prescribing

From: Geri Young, MD, Pediatrician

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

I am writing to oppose Senate Bill 428, relating to psychologist prescribing. I am a practicing pediatrician on the island of Kauai and am opposed to non physicians being allowed prescriptive privileges for psychiatric disorders.

This bill would allow psychologists to prescribe psychotropic medications to children after a relatively few weeks of training to learn how to prescribe very complex psychotropic drugs.

Psychologists are well educated individuals who make a valuable contribution to our society through their practice of psychological treatments for individuals. However, they lack the extensive scientific foundation that is needed before we even allow students to enter medical school. They obviously don't have the four years of rigorous training in medical school , nor the three years of residency training in the treatment of psychiatric disorders to be able to understand the complexities of these brain disorders and the skill in differential diagnosis, pharmacology and drug interactions to be able to safely prescribe these medications.

We have sufficient psychiatrists on our island to obtain timely consultation and treatment of children with psychiatric disorders. We should not be entrusting our children, nor anyone else without adequate medical training, to undertake this task.

I appreciate your continued efforts and those of the other committee members in ensuring the health and safety of the citizens of Hawaii.

Sincerely,

Gerri Young, M.D.
Pediatrician

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: SB 428, Relating to Psychologists

OPPOSE

Hawaii enters the 25th year since this bill was first introduced. The Legislature has continued to find flaws in the training program proposed by psychologists. However, legislation related to medical model training models have been able to move forward such as legislation for prescriptive authority for APRNs.

Hawaii has an excellent roster of Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx). APRN Rx have solid medical training and are capably and currently providing services to patients in underserved areas, particularly on the Island of Hawaii.

Instead of giving expensive licensing consideration for a few psychologists that have received limited training beyond current standard training, we request this committee give favorable consideration to the bills introduced this year to improve access to quality health services in Hawaii's underserved areas by providing the already licensed Advanced Practice Registered Nurses with Prescriptive Authority with global signature and recognition as primary care providers.

Other 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.

Mya Moe Hla, MD, MPH, PhD

625 Auwina Street

Kailua, HI 96734

Ph: (808) 263-0180

Fax: (808) 843-8382

SB 428 RELATING TO PSYCHOLOGISTS

In Opposition

Honorable Chair and Committee Members:

I had been working at a Federally Qualified Community Health Center for over 10 years developing programs for comprehensive health care. Seeing a need of mental health in underserved population inspired me to pursue Residency Training in Psychiatry.

Psychologist prescribing psychotropic medication is not the answer to improving access for mental health care. Psychiatry services should be carved-in to the community health center in primary care setting. Research shows when psychiatry is carved-in the ability of all providers in the primary care setting goes up in the treatment of patients with improvement in patient outcomes.

I am planning to return to work at a Community Health Center, and also to have part of my residency training in a community health center setting. Likewise, a number of colleagues who are psychiatry training have intention to work in underserved areas across the State of Hawaii. Promoting training of psychiatrists in community and telepsychiatry services are some of the promising ways to improve access to mental health service in underserved areas.

I strongly believe that Psychiatrists are essential part of a team in providing mental health care assuring quality and clinical safety. Population served by Community Health Centers deserves the direct access to services by Psychiatrists.

Thank you very much giving me opportunity to testify at this hearing.

Respectfully,

Mya Moe Hla

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

SB 428, 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

**James Scamahorn, M.D.
Emergency Medicine
Kauai**

Regarding: SB428, Relating Psychologists

From: James O. Scamahorn, M.D.

I am writing to express my opposition to SB 428, 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

Jullyn Chargualaf, MD
1200 Queen Emma St. # 1904
Honolulu, HI 96813

RE: SB 428, Relating to Psychologists

Dear Senate Committee on Commerce and Consumer Protection

Please accept my testimony in strong opposition to SB 428. SB 428 offers 12 credit hours less than HB 252 which was heard and deferred last week by the House Committee on Health.

I am a resident of Guam where I plan to return to practice psychiatry upon completion of my psychiatric residency program in 2010. I can assure in underserved areas, we do not want poorly trained health professionals. We are in need of those who can provide competent, clinical care.

Please vote NO on this measure.

JULLYN CHARGUALAF, MD

DIANA T. KIM

916 Hunakai Street, Honolulu, HI 96816

Re: SB 428 Relating to Psychologists
Hearing: 3/3/09, Senate Committee on Commerce and Consumer Protection

OPPOSE

Access to Mental Health Services Still Unresolved in Louisiana and New Mexico:

These are two states that adopted psychologist prescribing in an effort to improve access. Bottom line, it didn't work. New Mexico telehealth consortium has been in contact with the HPMA and the University of Hawaii JABSOM Department of Psychiatry requesting our assistance to establish an effective telepsychiatry system in New Mexico. New Mexico went through considerable state expenditure to establish a training and oversight board for psychologist prescribing only to find too few psychologists responded and those that did remained in urban areas. Louisiana psychologist program has also proved to be a failure as psychologists there again provide services in urban "under-served" areas.

Thank you for your consideration in opposition to this measure.

DIANA T. KIM, MD

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

RE: SB 428, RELATING TO PSYCHOLOGISTS

Dear Senate 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

Louise M. Lettich MD

811 Kaiipii Street, Kailua, HI 96734 Ph: (808) 254-5445 Fax: (808) 254 5445

SB 428 RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE**

My testimony is submitted in opposition to SB 428, relating to psychologists.

I am opposed to this measure because:

1. The proposal does not follow a medical model of training. The proposal only offers a cap of training which is not sufficient,
2. The John A. Burns School of Medicine, the Hawaii Psychiatric Medical Association and the Department of Health are all working to reduce system barriers mental health services and helping to improve access to quality health care to all mental health consumers.
3. 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.
4. Legislation first appeared in Hawaii in 1989, seventeen 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.
5. Mental health consumers deserve to receive the same quality healthcare as all others.
6. While two states have granted prescriptive authority (New Mexico and Louisiana), New York State passed legislation banning psychologists from being able to prescribe,
7. The two states that passed legislation did so for reasons of improved access. An evaluation must be completed to determine if access to mental health services has improved in New Mexico and Louisiana. An evaluation is still at least three years from being performed.

Thank you for your consideration to vote NO

Louise M. Lettich MD

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

SB 428 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.

Kara Lum, M.D.

SB 428 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

Daniel J Mardones, M.D., RR 2 Box 4753, Pahoa, HI 96778
RURAL PSYCHIATRIST ON THE ISLAND OF HAWAII - PAHOA

RE: SB 428, 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 Pahoa 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

Lori Murayama

2756 L Pali Hwy

Honolulu, Hawaii 96817

Ph: (808) 222-9575

RE: SB 428 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, I can testify first-hand that it will take more training time to prescribe psychotropic medications than what this bill proposes. I have recently completed 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 co-morbid 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.



Courtney Matsu, MD, JABSOM UH Dept of Psychiatry

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

RE: SB 428 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.

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: SB 428 RELATING TO PSYCHOLOGISTS

Position: Oppose

Dear Chair Ige, Vice Chair Green, MD 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.

Gerald J. McKenna , MD
4374 Kukui Grove St, Ste 104
Lihue Hi., 96766
808 246-0663

Re: Senate Bill number 428

Dear Senators,

I am writing in opposition to Senate Bill 428 regarding psychologist prescribing. The main reasons for my opposition are as follows.

1. The primary reason for this bill appears to be the lack of access to mental health care, particularly prescription medicines, for the care of our residents with neuro-psychiatric illness. The bill states that there are insufficient numbers of mental health providers with prescribing privileges currently to provide for the needs of this population on all the islands of our state. It further states that providing psychologists with such prescribing privileges will relieve this lack of access to care.
2. The Hawaii Medical Psychiatric Association recognizes that primary care physicians in all areas of our state, rural as well as urban, are currently prescribing most of the psychiatric medications used by residents with neuro psychiatric illness. They are doing this in private practice settings, in rural health care settings, in federally funded health centers around the state. These physicians are trained in all of the basic sciences required in pre-medical training, have gone through the rigorous curriculum of medical school, have completed an internship and residency in one of the primary care specialties and are fully qualified to prescribe these psychotropic medications.
3. The Hawaii Psychiatric Medical Association, in collaboration with members of the Hawaii Family Practice Association have designed a training program to enhance the efficiency of primary care physicians in prescribing these complex medications. We have also designed a program that will allow primary care physicians in all areas of our state to have ready access to the additional pharmacological expertise of practicing psychiatrists through this collaborative effort. This program is physician to physician in a mutually collaborative effort to enhance the access of all our citizens to the most expert training and ability in the prescription of psychiatric medications.
4. We recently started this program on the island of Kauai and will continue it on all the islands this year and in succeeding years.
5. We understand that access is a serious problem and we wish to ensure this

committee that Hawaii's physicians are doing everything in their power to ensure that all our citizens have access to the best psychiatric medications available, that are prescribed by the most qualified people to handle this responsibility.

6. The current bill states that following the completion of training by psychologists, they will serve an internship and be monitored under the guidance of the very physicians they are supposed to be helping to prescribed psychiatric medications. They will be monitored by the physicians who are currently prescribing these medications, or by psychiatrists who are helping these physicians support their prescribing practices and who have not asked for additional assistance.

7. A serious objection to the whole idea of psychologist prescribing is based in the lack of scientific training in any aspect of the undergraduate or graduate education of many psychologists. Unlike medical training, which has been standardized in the United States since the 1930s, there is no standardization in training programs for psychologists. Some are outstanding university-based training programs that teach the skills necessary to be a competent clinical psychologist. Others are fly-by-night schools that are little more than Ph.D. educational mills, giving doctorates to those who can afford to attend the school. This was exactly the problem in American medicine in the early part of the 20th century, where most of the schools of medicine were privately owned, the curricula were varied and not standardized , resulting in physicians being granted MDs who are incompetent to practice.

The Flexner report recommended the standardization of medical school curricula, so that students in every medical school in the United States and Canada would take the same courses. This change in medical school education was a revolutionary change that enable to American medicine to assume leadership in research and clinical care throughout the world.

We would strongly suggest that the professional psychology do something similar and introduce a system of scientific education starting in the undergraduate years to ensure some standardization and training and a strong scientific basis for the training of psychologists who wish to prescribed medications.

8. The bill compares psychologist prescribing training to that of Advanced Nurse Practitioners and Physicians Assistants. The training programs of both of these disciplines are based on a strong foundation in basic science and in the science of clinical medicine. Both of these are missing in the training of psychologists.

Thank you for allowing me to provide you with his testimony. I wish you well in your awesome responsibility of reviewing legislation to include the health care of our citizens.

Respectfully Submitted,

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



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

THE TWENTY-FIFTH LEGISLATURE 2009

SENATE COMMITTEE ON HEALTH

RE: SB 428, 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

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

HB 428 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.

SHALINI MISHRA, MD

RE: SB 428, 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, MD

CELIA ONA, MD
Psychiatrist

SB 428 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 Waiālae Avenue
▼ Suite 270
▼ Honolulu, HI 96816
▼ 808-271-0537

OPPOSE

Dear Honorable Senators:

I am writing in regard to SB 428 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. 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.



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

RE: SB 428 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

Rodney Yamaki, MD
Child Psychiatry Fellow
99-019 A Kaamilo St.
Aiea, HI 96701

Re: SB 428, Relating to Psychologists
OPPOSED

Dear Senate Committee on Commerce and Consumer Protection:

My name is Rodney Yamaki, MD and I am a child fellow. Before being accepted into the Fellowship program I complete four years of undergraduate school majoring in science, four years of medical school, four years of psychiatric residency training and now a one year fellowship program.

SB 428 fails to provide important fundamental training essential to patient safety.

Thank you for your consideration of a no vote on this measure.

Rodney Yamaki, MD

Amber Rohner, M.D.

2250 Pauoa Rd., #1-B

Honolulu, HI, 96813

Ph: (808) 870-1093

TO: SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
HB 428 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 SB 428, 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.

Jason Sakuda
2250 Pauoa Road, #1B, Honolulu, HI 96813

TESTIMONY TO

RE: SB 428 RELATING TO PSYCHOLOGISTS

POSITION: OPPOSED

Legislation proposes to lower the quality of health care.

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.

Jason Sakuda
Teacher

Bruce Schaaf
Ph: 728-1619

TESTIMONY TO
RE: SB 428 RELATING TO PSYCHOLOGISTS
POSITION: OPPOSED

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: SB 428, Relating to Psychologists

POSITION: OPPOSED

Dear 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

Submitted by Email: William Sheehan, MD

Re: SB 428
Relating to Psychologists
OPPOSE

I am in opposition to Senate Bill 428. 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.

Additionally, I know that there is much, much better geographic availability of psychiatrists than is described in Bill 428.

Please join with me in opposition to this bill.

Sincerely,

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

TOSHIYUKI SHIBATA

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

SB 428 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:

SB 428, 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: SB 428 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

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.

February 9, 2009

RE: SB 428, Relating to Psychologists

Dear Senate Committee Members:

Once more the public's health is at risk in our legislature. This time a bill to allow psychologists [Ph.D.s] to prescribe medication, SB 428.

The public often confuses psychiatrists and psychologist because they both begin with "psych" and overlap in doing talking therapy. But psychiatrists are *physicians* [M.D.s] who go through the strenuous medical education of four years and then at least four more years of supervised patient care during a residency. . Psychotropic medications are among the most powerful of medicines. This bill, now in the Senate, is an attempt to "end-run" this rigorous training and it needlessly endangers the public's health.

The issue is presented as fulfilling a need in rural areas, but psychologists like to practice where psychiatrists do— in urban areas. Unless funding incentives are dedicated to get physicians to rural areas, we will continue to see a lack of all specialty medical care in rural areas.

I had a psychologist in my residency who went to medical school to become a psychiatrist. That path is always open. But why do by academic *degree* when you can just get a legislative *decree*? The hardest task for our elected representatives is to say no to special interests when public safety is involved, but it is their most important duty.

Mark Dillen Stitham, M.D., F.A.P.A.
Diplomate American Board of Psychiatry and Neurology:
334 Ilimalia Loop
Kailua, HI 96734

254 3838

Cynthia M. Stuhlmiller RN, MS, DNSc.

February 7, 2009

RE: SB 428 Relating to Psychologists,

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

SB 428 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.

SB 428 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

SB 428 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

Scott Teraoka, MD
2nd Year Child Fellow with 3 Years General Psychiatry
98-1378 Kaohohi Street
Aiea, Hawaii 96701

RE: SB 248, Relating to Psychologists

POSITION: Opposed

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 returning 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. . I urge you to hold this bill in committee.

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

Scott Teraoka, MD

Thomas Grollman, MD

Kauai Medical Group

PO Box 1607

Lihue, HI 96766

(808) 245-4824

Regarding: SB 428 Relating to Psychology

OPPOSE

From: Thomas Grollman, M.D.

I am an Orthopedic Surgeon on the island of Kauai, I want to express my strong opposition to this measure. These bills seem little different from bills that have been introduced over the past several years.

Specifically, I am opposed to their passage for the following reasons:

We have adequate psychiatric coverage for the care and treatment of patients with psychiatric disorders on this neighbor island. We do not need to have an additional group of largely untrained professionals with prescriptive privileges for some of the most complex medications and illnesses that we see in medical practice.

We need to think very carefully about the amount of preparation in the basic sciences that an individual needs to be able to prescribe medications. I'm concerned that psychologists won't even grasp what they don't know and will falsely believe that prescribing psychotropic medications is easy.

We have adequate medical tracks available for the granting of prescriptive privileges, either through attendance at an approved medical school, advanced practitioner programs in nursing schools or colleges for the training of physicians assistants.

Issues of access to psychiatric care do not appear to be problematic on Kauai. I understand that the psychiatric association, the mental health division of the Department of Health and medical school are working in a collaborative project to address the access issue on some of the more remote communities of our state.

The granting of prescription privileges to individuals with no scientific background or training will put many of our most vulnerable citizens at high risk.

Sincerely,

Thomas Grollman, M.D.
(electronic signature approved)

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

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

SB 428 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

SB 428, 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. I
Ewa Beach, Hawaii 96706
685-8823

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

SB 428
The Senate Committee on Commerce and Consumer Protection

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 AND CONSUMER PROTECTION

“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.”

SB 428 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: SB 428, 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

TO: Senate Committee on Commerce and Consumer Protection

FROM: Debbie Zimmerman

RE: SB 428, Relating to Psychologists

I am writing you against SB 428.

As the mother of a child diagnosed with ADHD, I have seen both medical doctors and psychologists to help me son. While psychologists are brilliant at suggestions for behavioral interventions, the thought of having minimally trained professionals prescribe drugs is scary and dangerous to me. Many of the medications used to help keiki with ADHD, or other behavioral conditions, are extremely strong. They need to be administered with careful consideration of the child's complete medical history, as well as knowledge of potential drug interactions. Moreover, because of the dynamic nature of research, I believe these prescription medications should be administered by professionals who are immersed in the day to day practice of medicine and stay current with the latest scientific findings – which are seemingly ever changing.

I recognize the dire need for psychiatric services in rural communities. Perhaps patients in these areas could be helped with telemedicine, or nurse practitioners with prescriptive authority who work under physicians. Regardless, no care is better than malpractice. When the legislature authorizes who can administer medical care, they undertake a terrific social responsibility.

As a parent, and an individual with extensive professional background in mental health, you are probably well aware of the issues I address. I'm thankful that someone with your experience is at the helm of the Health Committee and I appreciate your service to our state.

Sincerely,

Debbie Zimmerman
debbiez@hawaii.rr.com