

SB 428



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

February 11, 2009

MEMORANDUM

TO: Honorable David Y. Ige, Chair
Senate Committee on Health

FROM: Lillian B. Koller, Director

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

Hearing: Wednesday, February 11, 2009, 3:00 PM.
Conference Room 016, 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 supports expanding access to behavioral health services in medically underserved areas with certain provisions to ensure quality of care and patient safety. This bill does not currently have sufficient provisions.

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. Is dangerous health care better than no health care? 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 limited to certain medications and delivered only to adults aged 18 years and older.

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

Also, 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 psychologists should be limited to adults. No one wants a child to die unnecessarily.

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.

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 HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Wednesday, February 11, 2009
3:00 p.m.

TESTIMONY ON SENATE BILL NO. 428, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Elaine Heiby, Ph.D., and I am a member of the Board of Psychology ("Board"). Thank you for the opportunity to testify on S.B. No. 428. The Board has not had an opportunity to review this bill, but will do so on February 20, 2009. However, this bill is very similar to a proposal provided to the Board by the Hawaii Psychological Association ("HPA"), in which the Board provided comments and concerns. Based on the similarities with the proposal, the Board's testimony at this time is to raise the same concerns as it did with the HPA.

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 supports limiting the prescriptive authority to patients between the ages of eighteen (18) and sixty-five (65) to better ensure public safety.

§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 the bill. The Board would propose that an exclusionary formulary list be included.

§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 expressed its concern with the phrase “or the equivalent” and believed that the phrase is too vague. The Board suggests the following language as an alternative:

*“The psychologist shall have completed a master’s degree in psychopharmacology, **or satisfactorily participated for x 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 appears to conflict 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...**” Given this

information, it appears that the requirements for a conditional certificate

falls short of what is required to obtain a prescription certificate.

Additionally, with regard to the supervision requirement, the Board prefers that the two hours of weekly supervision be on-site supervision.

The Board suggests 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 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 recommends deleting the language "*identified by the board*".

§465-D Prescription certificate.

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

- 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 questioned the purpose of having the psychologist undergo an independent peer review. Additionally, the Board questioned how the

information provided from an independent peer review would assist in determining the qualifications of obtaining a prescription certificate.

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

Before continuing education is implemented for any board or commission of the Department of Commerce and Consumer Affairs, the Professional and Vocational Licensing Division’s Continuing Education Guidelines – Checklist (“Checklist”) must be completed to demonstrate a need for the continuing education requirement. Given the fact that the Checklist has not been completed, the Board recommends deleting this provision in its entirety.

- 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 questioned whether subsection (c) should be referenced instead of subsection (a).

§465-E Administration.

- The substantial workload placed on the Board to implement this bill would require more time and resources than what is proposed (Effective date July 1, 2009, no appropriation). While the bill specifies some of the requirements that must be completed for a psychologist to obtain the

conditional 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 testify on S.B. No. 428.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 11, 2009

The Honorable David Ige, Chair
The Honorable Josh Green M.D., Vice Chair

Senate Committee on Health

Re: SB 428 – Relating to Psychologists

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 428 which would establish conditional prescriptive certificates that authorize qualified psychologists practicing at federally qualified health centers or health clinics located in a medically underserved area or a mental health professional shortage area to prescribe psychotropic medications.

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

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink, appearing to read 'JD', with a long horizontal stroke extending to the right.

Jennifer Diesman
Assistant Vice President
Government Relations

From: Aukahi Austin [aaustin@waimanalohc.org]
Sent: Tuesday, February 10, 2009 3:33 PM
To: HTHTestimony
Subject: SB428 in SUPPORT of Prescriptive Authority for Psychologists

Categories: Green Category, Blue Category

Aloha Kakou-

I am a Native Hawaiian clinical psychologist who works at Waimanalo Health Center. As Native Hawaiian health practitioner, I feel the need to convey my perspective regarding SB428. The bill was developed to address the urgent need of Native Hawaiians and other medically underserved communities living in Waimanalo and other rural areas throughout Hawai'i. As we come together to find a way to provide necessary mental health services for our communities, the voice of Native Hawaiian health practitioners like myself should be given considerable weight in determining what is best for our people. I have considered this issue carefully and am convinced that this bill is the best way to get quality mental health services to our people in all communities.

As a historically strong advocate for the Native Hawaiian community, I ask you to acknowledge the voices of the Native Hawaiian health practitioners that support this bill.

I urge you to sign bill SB428 as a way to reduce the health disparities facing Native Hawaiians today. Mahalo nui loa.

A. Aukahi Austin, Ph.D.
Licensed Clinical Psychologist

Waimānalo Health Center
41-1347 Kalaniana'ole Hwy
Waimānalo, HI 96795
Office: (808)954-7131

American Psychiatric Association

1000 Wilson Boulevard, Arlington VA 22209

SB 428 2-11-2009

Senate Committee on Health

Re: SB 428

Position: Opposed

Dear Senator Ige and members of the Senate Health Committee:

Please hold SB 428.

THE LOGIC DOESN'T MAKE SENSE.

Psychology is a social science. Medicine is a physical science. Both are valuable, but they are different. Apple trees do not produce oranges. Counseling is not chemistry, no matter how many years of counseling one takes. 16 weeks of class designed or taught by counselors does not equal 6-12 years of full time instruction from science professors in medical or nursing schools, hospitals and clinics, no matter how many times someone, or SB 428 implies it is. SB 428 is founded on fundamentally flawed math. It doesn't add up.

IT PROMOTES DISCRIMINATION.

Surely the proponents of this bill didn't mean to perpetuate discrimination, but at its core, SB 428 does. Don't native Hawaiian psychiatric patients of limited incomes have the rights to the same medically competent care for their illness as any patient who goes to the same clinic? Insultingly, SB 428 would allow social scientists with less than a single semester of the first medical school year to practice on them. No other patients are singled out in such a disparaging manner.

It is most curious that the very organizations that should be out front against this kind of health discrimination seem to be perpetuating it. One has to wonder. Why aren't those organizations demanding that their constituents be given the same medical expertise and safeguards required of everybody else?

NO PROOF OF SAFETY, EVIDENCE OF HARM

Statements that thousands of patients have been prescribed medication by psychologists without a single adverse outcome defy medical credibility. All drugs, even fake drugs called placebos, have adverse effects. Psychiatric drugs are no different, and can cause severe adverse effects, either by themselves, with added psychiatric drugs, or with non-psychiatric drugs prescribed by other physicians.

Close to home, 2 years ago testimony was given in a Hawaii House Health Committee Hearing, reporting that a patient wound up in the ICU in heart failure right after taking medication advised by her psychologist. Would not such an ICU stay be considered an adverse outcome? In states where psychologists won prescriptive authority, why have no adverse outcomes been reported, when medically they must have occurred? Were they not even recognized? Did the prescriber not even know what it was that he or she should have asked? What other downsides went either undetected or unreported by Psychologists in New Mexico and Louisiana? Could that be why, in 2003, New York State, with the support of the psychologists there, passed a law BANNING psychologists from prescribing?

THERE IS A BETTER WAY to solve the access problem, and they are already being implemented, without resorting to the safety gaps of SB428.

Extensive outreach efforts to rural areas have already been made, by multiple entities in recent years, and sensible initiatives implemented. Additional psychiatrists, and Advanced Practice Registered Nurses with Prescriptive Authority (APRN-Rxs), have been hired by the Adult Mental Health Division (AMHD). They now serve Honolulu, Central Oahu, including a full time psychiatrist in Wahiawa, and Waianae (including Makaha). New psychiatrists and APRNs serve East Hawaii (four psychiatrists and one APRN-Rx covering Hilo, Honokaa, Puna and the Hilo Medical Center), West Hawaii (3 Full time and one back-up psychiatrist, plus one APRN-rx covering Kona Hospital, the Kona outpatient clinic, and full time coverage at the Kau Satellite of the Kona Community Mental Health Center). For years the AMHD has supplied regular psychiatric coverage to Molokai and Lahaina, as well as Wailuku.

Telepsychiatry has been implemented through the Department of Psychiatry at the Medical School as well as through the AMHD, and in recent years has expanded to serve Maui, Molokai and Kau. Adult and Child Psychiatrist Sonia Patel, MD raised on Molokai, started a private practice on Molokai over a year ago, and found that despite offering her services to a community health center there, she has not been called upon very often. These are the better ways, safer ways, of improving access to the psychiatric needs of patients in rural/underserved areas.

Better to carve psychiatrists back into the Community Health Centers as was demonstrated to work in Waianae and Kalihi, expand the utilization of Psychiatric APRN-RXs as in Kau and East Hawaii, and foster the expanded use of telepsychiatry. In summary, the legislation is unnecessary as the state, individual psychiatrists and other appropriately clinically educated and trained non-physicians are stepping up to meet the needs of Hawaii's citizens.

Thank you for your consideration of my testimony.

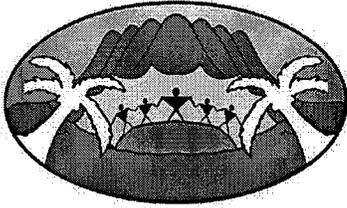
Aloha and mahalo,

Jay Scully, MD

Jeffrey Akaka, MD

Medical Director

Native Hawaiian
Immediate Past Speaker, American Psychiatric Association



**KO'OLAULOA COMMUNITY HEALTH and
WELLNESS CENTER, INC.**

54-316 Kamehameha Hwy # 7, Hauula, Hawaii 96717
Clinic Telephone: (808) 293-9216 Fax: (808) 293-5390

**Testimony in Support of Senate Bill 428
Submitted by Halona W. Tanner, Psy.D.
Date: February 6, 2009**

Honorable Chair Ige, Vice-Chair Green, and Members of the Senate Committee on Health, my name is Dr. Halona Tanner. I am a Licensed Clinical Psychologist and Native Hawaiian Health Scholarship recipient. I am employed by the Ko'olauloa Community Health and Wellness Center and have been Director of the Behavioral Health Program there since 2007. **I would like to submit this testimony in support of Senate Bill 428 that would allow appropriately trained psychologists to prescribe in federally qualified health centers in medically underserved areas.**

Prescriptive authority for psychologists would help to address the critical need for comprehensive mental health care to Hawaii's underserved population. Current programs and initiatives have been unable to adequately meet the significant mental health needs of Hawaii's rural, poor, and underserved areas. The populations currently lacking of access to appropriate and effective mental health care are important and vital components of our island community and deserving of adequate, safe, and comprehensive services.

Psychologists are highly trained mental health specialists who are actively engaged in providing and expanding access to care to the beneficiaries of this bill; the underserved populations of Hawai'i. Psychologists are currently employed in 9 of Hawaii's 13 FQHCs. These psychologists provide a critical link in our States safety net by providing high quality and highly efficient mental health care, which includes active collaboration and consultation with Primary Care Physicians on a range of issues including psychotropic medications. Psychologists are experts in the diagnosis, assessment and treatment of mental and emotional disorders with an average of seven years of doctoral training. The pursuit of prescriptive authority involves a commitment to an additional 2 years of psychopharmacology coursework, a 1-year practicum and 2 years of supervised training.

Psychologists have been prescribing safely for over 10 years. Since 1995, the U.S. DOD Psychopharmacology Demonstration Project has proven that adequately trained psychologists can prescribe psychotropic medications safely and effectively. This was convincingly established through independent evaluations by the U.S. General Accounting Office (GAO) and the American College of Neuropsychology. These studies on the have shown that Psychologists were very successful in this practice of prescriptive authority. In fact, patients reported a high degree of satisfaction with the Psychologists. Medical psychologists have been actively prescribing in New Mexico and Louisiana, since 2002 and 2004 respectively, with no serious adverse events. SB 428 incorporates sufficient safeguards to insure adequate training, supervision, and oversight for prescribing psychologists.

Our communities need your help to close this large and critical healthcare gap, a gap that delays access to effective integrated care, overburdens primary care physicians and leads to out-of control pharmacy costs. I firmly believe that this bill will be part of the solution by helping patients access the help they need more quickly, more efficiently, and more cost effectively. Thank you for considering this testimony in support of SB 428.

Respectfully submitted,

Halona Tanner, Psy.D.

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.....

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Fax: (808) 553-5194

MOLOKAI



COMMUNITY
HEALTH CENTER

Post Office Box 2040
Kaunakakai, Hawaii 96748

**TESTIMONY IN SUPPORT OF S.B. 428
RELATING TO HEALTH**

February 10, 2008

TO: Chair: David Y. Ige
Vice Chair: Josh Green, MD
Members of the House Committee on Health

FROM: Desiree Puhi, Executive Director of Molokai Ohana Health Care, Inc.

Honorable Chair David Y. Ige, and Members of the Senate Committee on Health, my name is Desiree Puhi, Executive Director of Molokai Ohana Health Care, Inc. (MOHC). MOHC is the only federally qualified health center on Molokai providing comprehensive healthcare services through a single point of entry, regardless of a person's insurance status and ability to pay. Molokai has been specifically designated as a Health Professional Shortage Area (HPSA) and ranked as being among one of the highest in need for mental health services by the federal government (HPSA score of 17). Research is demonstrating that underlying behavioral health problems account for up to 70 percent of all primary care visits. State Offices of Rural Health have identified suicide, stress, depression, anxiety, and the lack of access to mental and behavioral health care as major rural health issues of our time.

I humbly submit this testimony in strong support of Senate Bill 428.

Prescriptive authority for appropriately trained psychologists who work in federally qualified health centers (FQHCs) would significantly improve and increase access to sorely needed comprehensive mental health services. Despite recent efforts by the state and psychiatrists to improve mental health services in rural communities, there still remains significant unmet demand for mental health services, particularly from a preventative and ongoing care standpoint. We believe the SB 428 is a step in the right direction to address the unmet need for basic mental health services on Molokai.

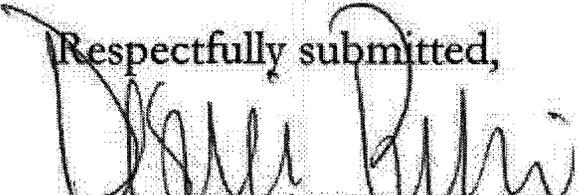
Psychologists are already employed in 8 of the 13 FQHCs, making recommendations regarding psychotropic medications while working collaboratively with primary care physicians. These psychologists are poised to maintain this presence and continue to expand via existing training programs that are already up and running. A newly formed psychology training program, called, I Ola Lahui was established last year to train psychologists at the intern and post-doctoral level full-time in the FQHCs. Collaborative arrangements were completed between I Ola Lahui and two FQHCs (Waimanalo Health Center and Molokai Community Health Center) to support two psychology intern positions during the

training year from 2007-2008. This training will continue in these FQHCs and likely expand to West Hawaii Community Health Center for the 2008-2009 training year, and add post-doctoral positions in addition to those at the intern level.

The psychiatrists that do work in rural Hawaii are overworked, and as a result are not able to meet with patients as often as is needed. Having lived on Molokai for over 15 years I have witnessed change in the healthcare arena; nevertheless, a safety net for mental health services remains needed. Despite recent increases in psychiatrists who provide services on Molokai, there are still considerable delays in initiating and maintaining treatment and reported hesitancy from patients on following through with these providers due to problems associated with stigma and mistrust. Thus, merely increasing the status quo with regard to a system of care in Hawaii that is focused on acute psychiatric care, versus holistic, integrative, culturally appropriate care, will lack the impact needed to truly address Hawaii's mental health problems.

Together we can make a difference and touch lives. With a unified effort, we can create the change that gets patients the help they need more quickly, more efficiently and more cost effectively. Please support Senate Bill 428.

Respectfully submitted,


Desiree Puhi, Executive Director
Molokai Ohana Health Care, Inc.



...working for Hawaii's mental health for 66 years

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MAUI CO. OFFICE

808.242.6461

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808.966.8736

1124 Fort Street Mall, Suite 205 • Honolulu, Hawai`i 96813
Ph: 808.521.1846 • Fx: 808.533.6995 Email: info@mentalhealth-hi.org

February 10, 2009

STRONG SUPPORT

TO: Senate Health Committee, Hon. David Ige, chair, and Hon Josh Green, M.D., Vice Chair, and members
FR: Marya Grambs, Executive Director, Mental Health America of Hawai`i
RE: SB 428, Relating to Psychologists

I am submitting this testimony in strong support of SB428, the bill authorizing psychologists' prescriptive authority.

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

- This is a cost-effective strategy for increasing delivery of mental health services as the State mental health system has significantly reduced service delivery. Furthermore, more people are suffering from severe stress related to the current economic downturn, stress that can lead to serious mental health problems. Our Community Health Centers are becoming de facto mental health clinics due to the spillover from the State and the increasing unmet need because of lack of providers.
- Little gains have been made to address the paucity of psychiatrists, especially in rural communities, and especially for low-income (QUEST, Medicaid, Medicare) patients in the last few years. Few psychiatrists treat those with public insurance, and those that do are full and have no space for new patients. Attempts have been made over the past several years to increase the number of psychiatrists in underserved areas and for low income patients, but these have not been successful.
- The bill requires extensive training for psychologist providers given prescriptive authority and limits practice to participation on an interdisciplinary team and practice only within Community Health Centers, a model that has been proven successful and safe in other states and in the U.S. Department of Defense. (It would require training in psychopharmacology, close supervision, standardized testing, board review and authorization for psychologists.)
- National best practices for rural mental health and our state's Mental Health Transformation Grant recommend the integration of mental health treatment with primary health care. The passage of this bill will allow

people to access general and mental health care at primary care settings which reduces stigma, mainstreams mental health care as part of primary health care, and treats the whole person. This is the mission of Community Health Centers.

We would also like to suggest additional solutions to the lack of mental health care in rural and other under-served communities, such as increased use of Tele-health (videoconferencing) for mental health treatment and the recruitment of more Advanced Practice Registered Nurses (APRNs) in mental health. Barriers to these solutions should be identified and remedied.

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

Thank you for the opportunity to offer this testimony.

With Aloha,

Marya Grambs
Executive Director

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 Health

February 11, 2009 3:00 PM , Senate Conference Room 016, 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.

Sincerely, Diana V. Shaw, PhD, MPH, MBA, FACMPE

E Ola nō Lāna'ī
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī



COMMITTEE ON HEALTH
TESTIMONY IN SUPPORT OF SB 428: RELATING TO PSYCHOLOGISTS

Submitted by: Dr. Ric Custodio, Medical Director

Waianae Coast Comprehensive Health Center

Contact: rcustodio@wcchc.com

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

To address this **need**, WCCHC integrates behavioral health into the primary care clinics. Family Practitioners work in partnership with Psychologists in the clinic. The Psychiatrist is available for more difficult consults. The model has been so successful; it has been spread from the main site primary care clinics to the satellite clinics and even to the emergency room. Using Medical Psychologists, the number of mental health and substance abuse encounters increased from 2,133 in 2002 to **14,729** in 2005.

The **safety** of this program is borne out of the fact that in 5 years, with over 50,000 visits – there have been no significant quality of care issues or provider care incident reports (as WCCHC Medical Director, I oversee both the Quality Assurance and Peer Review Committees).

The **efficacy** of this program has been objectively measured both clinically and financially by **HMSA** over the past 5 years. Basically for patients with depression, adjustment disorder, anxiety disorders and bipolar affective disorder, WCCHC Medical Psychologists require ½ (half) the visits at 1/3 (a third) of the costs resulting in better (healthier) outcomes by standard illness measures.

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

Prescriptive authority makes Medical Psychologists more efficient, allowing more patients to be seen, thus enabling quality and access for critically needed care.

Please support SB 428.

Mahalo.

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Wednesday, February 11, 2009
3:00 p.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 428, RELATING TO PSYCHOLOGISTS.

TO THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

The Hawaii Medical Board ("Board") thanks you for the opportunity to testify on S.B. No. 248, which authorizes qualified psychologists to prescribe at federally qualified health centers. The Board has not had the opportunity to review this bill but will be discussing it at the next Board meeting on February 13, 2009. Therefore, it is not able to take a position at this time.

However, a similar bill, S.B. No. 2415, was heard by this Committee last year and deferred. At that hearing, the Board testified in strong opposition to the bill for the reasons stated below.

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

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

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.

Finally, as pointed out by the Bureau's 2007 report, the PDP "clinical training at Walter Reed or Malcolm Grow provided participants an optimum learning environment in a comprehensive medical center that offered a wide range of medical care, proximity to a large number of physician and nonphysician health care providers, available diagnostic and treatment equipment and facilities, and other advantages or learning

experiences that may not be available at small medical facilities." The bill, on the other hand, provides for practicum training in smaller, federally qualified health centers which would not be as well integrated as that of Walter Reed's and Malcolm Grow's.

With regard to drug interactions and medical conditions, the Bureau's 2007 report points out that while "it is true that nonphysician health care prescribers have successfully held prescriptive authority for several years, the classroom and clinical training of these prescribers provide a medical background that clinical psychologists lack." The Board believes psychologists treat mental illness as social scientists from a behavioral perspective while nonphysician health care prescribers treat patients from a medical perspective. 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.

**Testimony in Support of SB 428
Relating to Psychologists**

Chair David Y. Ige and members of the Health Committee, my name is Vincent G. Tsushima. I am a licensed clinical psychologist and I am an Associate Professor of Psychology at Hawaii Pacific University. I would like to submit testimony in support of Senate Bill 428 that would allow appropriately trained psychologists to prescribe in federally qualified health centers in medically underserved areas.

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

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

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

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

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

Thank you for considering this testimony in support of SB 428.

Respectfully submitted,

Vincent G. Tsushima, Ph.D., J.D.
Associate Professor of Psychology

Don Shaw AIA
Architect / Planner
41-949 Laumilo Street
Waimanalo, Hawaii 96795

February 10, 2009

To:

Senator David Ige, Chair
Senator Josh Green, M.D., Vice Chair
Committee on Health
State Capitol
415 South Beretania Street
Honolulu, Hawaii

Subject: Veto Senate Bill 428

Dear Senator Ige and Green:

Senate Bill 428 should not become law. It sets the very dangerous precedent of substituting political pressure for proper professional training and education. If we architects lobby hard enough, will you pass legislation to let us practice as structural engineers? How about interior decorators?

Speaking as a former UH professor, this law would also play havoc with professional education standards. Each profession has its own curriculum, which has been carefully crafted by academics and professionals who know their field. When the legislature by passes the university to grant privileges not based on educational abilities or attainment, this is a very, very bad precedent to set. Can you imagine the outcry from the legal community if people with other degrees were allowed to practice law, simply because of intense lobbying efforts?

As someone with both psychologists and psychiatrists in the immediate family, I have respect for both professions and for their very different educational backgrounds. I have attended legislative hearings on the matter. After hearing some of the arguments in support of this legislation, I am astounded and appalled that it is being considered seriously.

A brief review of the admissions requirements for medical school and clinical psychology reveals stark differences in the basic science requirements. There is no substitute for high achievement in rigorous basic sciences. You can't even get into medical school without this background, yet you can get certified as a clinical psychologist without ever taking organic chemistry. Why expand the scope of psychologists' practice if no steps have been taken to make their basic education more rigorous?

As a resident of Waimanalo for nearly a quarter century, I was particularly offended by arguments, (from a *malahini haole* psychologist), stating that native Hawaiians here cannot possibly get access to any form of mental health treatment, unless it is provided to them by psychologists. Given the fact that the head of the Psychiatry Department at the medical school, Naleen Andrade, M.D., happens to be a native Hawaiian, this is a very condescending attitude. If the legislature is concerned about psychiatric care for rural Hawaiians, why not ask Dr. Andrade how much money she needs to help solve the problem?

Regards,

Don Shaw

Don Shaw AIA
808-295-7429 cell
808-259-0028 fax

P.S.

Almost anyone with the tuition money can get into some psychology programs. Medical schools are highly selective; only the best and brightest are admitted. Who would you rather have administer (potentially dangerous) medications to your family?

Testimony in Support of SB 428
Relating to Psychologists
February 10, 2009

Honorable Chair David Ige and members of the Senate Health Committee, my name is Dr. Darryl Salvador. I am a licensed clinical psychologist and Director for Behavioral Health Services at the Molokai Community Health Center. I would like to submit testimony in support of Senate Bill 428 that would allow appropriately trained psychologists to prescribe psychotropic medications in federally qualified health centers in medically underserved areas.

There is a critical need for appropriate and effective psychotropic medication, but access to this type of care is limited and decreasing.

- The mental health needs of Hawaii's rural, poor, and underserved areas are severe. The last two decades have not seen an appreciable change in this condition. Psychiatrists have been coming to Molokai but their time is significantly limited in addressing our rural population on Molokai. They have been only able to come 1 time per month and their wait list to see patients in need of psychiatric services are often 2 – 3 months.
- It is evident that the federally qualified Community Health Centers (CHCs) serve as the medical and behavioral health care "safety net" for the majority of Hawaii's medically underserved populations.
- 20% of all Americans suffer from mental illness at any given time.
- 85% of all psychotropic medications are prescribed by non-psychiatric health care providers who have limited exposure to diagnosing mental illnesses.
- By the year 2020, depression with psychological etiology will be the second leading cause of the non-fatal disabling effects of disease. (Depression currently accounts for 47% of the effects of physical disease and injury.)

Appropriately trained psychologists are the best choice to fill a crucial gap in our system.

- Psychologists are highly trained specialists in mental health who can and are being trained to prescribe psychoactive medications.
- Psychologists have an average of seven years of doctoral training in the diagnosis, assessment and treatment of mental and emotional disorders.
- Psychologists interested in obtaining prescriptive authority receive 2 years of psychopharmacology coursework, a 1-year practicum and 2 years of supervised training.
- RxP clearly supports a psychological model of prescribing, not a medical model of prescribing. Practice and prescribing according to these two models is philosophically and fundamentally distinct. Psychology views the individual and prescribing from a biopsychosocial framework, whereas medical practice and prescribing focuses on identifying disease and eradicating it.
- Ten military psychologists have been trained to prescribe, and an independent study of the graduates' quality of care was, without exception, "good to excellent" and that "It is more cost effective to train psychologists to prescribe than to use a combination of psychologists and psychiatrists to provide the same mental health care".
- Safety data from New Mexico and Louisiana supports that prescribing psychologists are safe and economical.
- Such holistic and integrative training makes more than good economic sense; it provides care where none was available.
- As the U.S. Surgeon General has said, "If we can demonstrate that psychologists have the training to prescribe, then they should be allowed to prescribe."

We need your help, legislators and constituents both, to close this large and critical gap in healthcare in our state, a gap that delays access to effective integrated care, overburdens primary care physicians and leads to out-of-control pharmacy costs. With a concerted, unified effort, we can create the change that gets patients the help they need more quickly, more efficiently and more cost effectively.

Thank you for considering this testimony in support of SB 428.

Respectfully submitted,

Darryl

Darryl S. Salvador, Psy.D.

Director, Behavioral Health Services
Molokai Community Health Center
P.O. Box 2040
Kaunakakai, HI 96748-2040
Phone: (808) 553-5038
Fax: (808) 553-5194
Email: dsalvador@molokaichc.org

Mission: To provide and promote accessible comprehensive individual and community health care to the people of Molokai with respect and aloha.

Clinician/Community Ambassador
National Health Service Corps (NHSC)

"Become one of America's Health Care Heroes: Ask me about the NHSC Scholarship and Loan Repayment Programs"

<http://nhsc.bhpr.hrsa.gov/>

1-800-221-9393

Public Interest Representative
Committee on Early Career Psychologists (CECP)
American Psychological Association
<http://www.apa.org/earlycareer/>

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Hawai'i Primary Care Association

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347
www.hawaiiipca.net

To: **The Senate Committee on Health**
The Hon. David Y. Ige, Chair
The Hon. Josh Green, MD, Vice Chair

Testimony in Support of Senate Bill 428
Relating to Psychologists
Submitted by Beth Giesting, CEO
February 11, 2009, 3:00 p.m. agenda, Room 016

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

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

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

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

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

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

Opponents of this bill, largely psychiatrists, argue against it because of patient safety and the purported dangers of establishing a two-tier system. We firmly reject that position. We have a “one tier” system now and it completely neglects the needs of tens of thousands of people. Not only is the care that will be provided of the highest quality but to continue to do nothing - to allow our underserved communities to be without help because psychiatrists do not serve them - is to endanger the patients and the communities that Community Health Centers care about.

Thank you for the opportunity to support it.

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

Testimony in Support of SB 428, Relating to Psychologists
February 11, 2009

Honorable Chair Ige, Vice Chair Green and members of the committee, my name is Dr. Robin Miyamoto. I am a Clinical Psychologist working at Hawaii Medical Center, Director of Training for I Ola Lahui, a psychology training program that sends trainees to Hawaii's rural areas, and Past-President of Hawaii Psychological Association. I would like to provide testimony in strong support of SB 428 that would allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs).

As you know, this is not a new issue, in 2007, SB 1004 passed through the State Legislature, allowing appropriately trained psychologists working in Federally Qualified Community Health Centers (FQHCs) and Medically Underserved Areas (MUAs) to prescribe psychotropic medications. However, on July 10, 2007 Governor Lingle vetoed the measure. Since then, the demand for such legislation has increased because the needs have not been met; in fact they have grown exponentially, because of the problematic economy and the recent cuts to the Adult Mental Health Division. It that same period of time, psychologists are now in 11 of the 14 FQHCs and the health centers are convinced this is the best way to service their patients. This coupled with 2 more years of data from other states and the military demonstrating the safety profile of prescribing psychologists, suggests this is a no-cost safe solution to an overburdened system.

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

- In a 6-month period in 2008, there were 6 Domestic Violence murders (3 of them murder-suicides), a 50% increase over previous years.
- In 2006, 1435 residents were involuntarily taken to emergency rooms for psychiatric evaluation and treatment.
- In the first 4 months of 2007, HPD responded to 404 calls to assist in psychological crisis. Based on a review of records, 54% of these calls resulted from inadequate medication management.
- A recent report by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that only 40.4% of the population currently diagnosed with severe and persistent mental illness received services by the DOH, AMHD. In 2007, 14,276 out of a total of 52,064 adults with SMI received services through AMHD, indicating that approximately 37,788 individuals may not have received services. These numbers do not include other individuals with diagnoses such as substance abuse post-traumatic stress disorder, or a prior experience with domestic violence.
- The Department of Health's Adult Mental Health Division (AMHD) cut \$25 million dollars from their 2009 budget and plans another 20% cut for 2010. These cuts mean thousands more will go without services.
- While Psychiatry has made attempts to service rural areas, we have seen no increase in services on the 4 major islands. Efforts to increase services to Moloka'i have resulted in a total of 8 in-person service days per month, and 1 day per month via VTC. 6 of these days are only available to patients in the AMHD or DOE system. Additionally, the recipients of the services are primarily

Caucasian and do not reflect the ethnic distribution of the island, namely 68% Native Hawaiian. The island's Native Hawaiian population continues to seek services at the CHC or Na Pu'uwai Native Hawaiian Health Care System.

I believe that SB 428 would help to alleviate access issues, relieve an overburdened mental health system, and begin to decrease the tremendous health disparities existing for ethnic minorities and the poor. Thank you for your attention and consideration.

Thank you for considering my testimony in support SB 428.

Respectfully Submitted,

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



Waimānalo Health Center
Ola Hāloa
The Sustaining of Life

February 10, 2009

My name is Valerie Danao and I am a Registered Nurse, and the Quality & Performance Administrator at the Waimanalo Community Health Center.

Our health center provides health care for about 4,000* people annually. We provide care with compassion and utilize all the resources we have for the people we serve. Many of them need mental health services in addition to medical services which we provide. Unfortunately, that number of patients needing mental health services is growing at a rapid pace, and we can't meet the needs of them all with our present resources.

It is important to us to have psychologists available to care of these patients. These patients especially need the services of trained psychologists who have the authority to prescribe medications to complete their care.

It is our mission to meet the needs of all the people of our community. We strongly support this bill because it will help provide our patients with comprehensive services necessary for a healthy community. Please support this bill with us as you are our spokespersons in the legislature.

Mahalo nui loa,

Valerie Danao, RN

* Patient numbers for each clinic:

Bay Clinic (15,000)

Community Clinic of Maui (8,000)

Hamakua Health Center (7,500)

Hana Community Health Center (1,700)

Ho'ola Lahui Hawai'i (6,500)

Kalihi-Palama Health Center (15,000)

Kokua Kalihi Valley (9,000)

Ko'olauloa Community Health & Wellness (4,000)

Lana'i Community Health Center (100)

Moloka'i 'Ohana Health Center (1,600)

Wai'anae Coast Comprehensive (27,000)

Waikiki Health Center (6,000)

Waimanalo Health Center (3,500)

West Hawai'i Community Health Center (4,500)

To: Senate Committee on Health
The Honorable David Ige, Chair
The Honorable Josh Green, Vice Chair

From: Christina Lee, MD, Medical Director

**Testimony in Support of Senate Bill 428
Relating to Psychologists
February 11, 2009, 3:00 p.m. agenda, Room 016**

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

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

Thank you for the opportunity to testify on this bill.

Waimanalo Health Center

Ph. (808) 259-7948 Fax: (808) 259-6449
www.waimanalohc.org



41-1347 Kalaniana'ole Hwy
Waimanalo, Hawaii 96795



Senate Health Cmte
Wed, Feb 11, 2009
3:00 pm
room 016

National Association of Social Workers

Hawaii Chapter

February 9, 2009

TO: Senator David Ige, Chair
Members of the Senate Health Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

RE: SB 428 Relating to Psychologists- **SUPPORT**

Chairman Ige and members of the Senate Health Committee, I am Debbie Shimizu, Executive Director of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii. We are testifying in **SUPPORT of SB 428** authorizing trained and supervised licensed psychologists employed at FQHCs to prescribe psychotropic medications for the treatment of mental illness.

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

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

I urge your favorable consideration of SB 428 and thank you for this opportunity to testify.

From: Kathy Conner [nalocats@yahoo.com]
Sent: Monday, February 09, 2009 10:08 PM
To: HTHTestimony
Subject: Senate Bill 428
Attachments: stat3580.jpg; stat7087.jpg

Categories: Blue Category

Committee on Health

able Ryan I. Yamane, Chair

able Scott Y. Nishimoto, Vice Chair

ny Conner (Board Member, Waimanalo Health Center)

Testimony in Support of Senate Bill 428

Relating to Psychologists

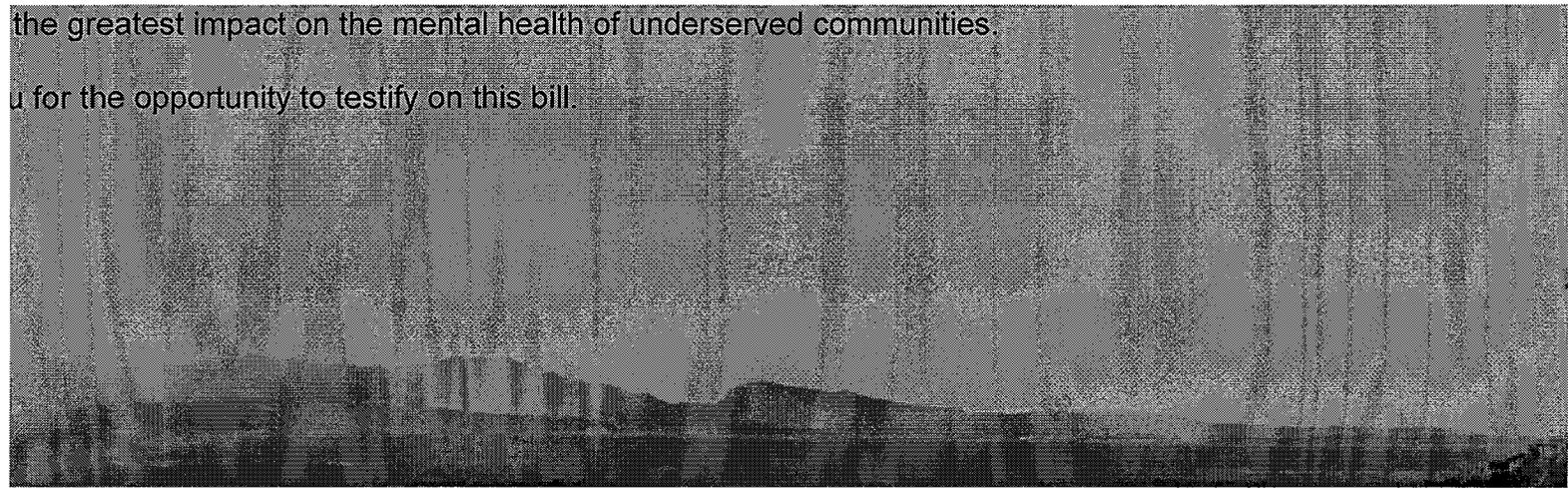
February 11, 2009, 3:00 a.m. agenda, Room 016

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

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

the greatest impact on the mental health of underserved communities.

u for the opportunity to testify on this bill.





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

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

TESTIMONY IN SUPPORT OF S.B. 428
RELATING TO PSYCHOLOGISTS

Hearing scheduled:
February 11, 2009 at 3:00
Conference Room 016

TO: Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice-Chair
Members of the Senate Committee on Health

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

DATE: February 11, 2009

Honorable Chair Ige, Vice-Chair Green, and Members of the Senate Committee on Health, my name is Dr. Jill Oliveira and I am a Licensed Clinical Psychologist who has worked on the island of Moloka'i for five years as the Director of Behavioral Health at Na Pu'uwai Native Hawaiian Health Care System. I am also employed 3 days a week at the Waimanalo Health Center and provide integrated behavioral health services there as well. Lastly, I am the current President-Elect of Hawaii Psychological Association. Because of my 9 years of clinical experience serving rural, medically underserved areas, and having the first hand knowledge of what the severe needs of these communities are, as well as, the profound impacts that mental health provider shortages have on the psychological well being of these communities, **I would like to submit this testimony in strong support of Senate Bill 428.**

Prescriptive authority for appropriately trained psychologists who work in federally qualified health centers (FQHCs) would significantly improve and increase access to sorely needed comprehensive mental health services. Despite recent efforts by the state and psychiatrists to improve mental health provider shortages in rural, medically underserved areas, there still remains significant need, particularly from a preventative and ongoing care standpoint. We need multiple efforts from all mental health providers **over a consistent and extended period of time** before mental health needs across our state will be adequately met. S.B. 428 provides another effective means whereby highly trained mental health providers will be maximally utilized to conduct quality patient care.

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

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

I firmly believe that the passage of this bill is long overdue. It has multiple safeguards built into it, and a more than 12 year record of safety to stand on to include DoD, New Mexico, and Louisiana prescribing psychologists, and finally, is a solution in this time of economic crisis to provide comprehensive mental health services at no extra cost to the state.

Respectfully submitted,

Dr. Jill Oliveira Gray

Received by Email: William Sheehan, MD

February 7, 2009

Re: SB 428
Relating to Psychologists
OPPOSE

Dear Senator Ige and Members of the Senate Committee on Health,

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. Known as 'adverse events' or, if severe enough, 'sentinel events', complications occur from the use of these medications by even the most experienced of psychiatric physicians. Psychiatrists, by virtue of their medical training, know how to minimize the risk of, and successfully manage, complications if and when they occur. The other professions who currently hold prescriptive authority are trained to manage adverse outcomes, as well. Psychologists, under the provisions of this Bill, would not (and do not) have the medical background, training, or expertise to safely prescribe and manage the adverse effects of psychotropic medications.

Additionally, I know that there is much, much better geographic availability of psychiatrists than is described in Bill 428. In my job, I oversee psychiatrists working in centers very close to federally qualified health centers in virtually every area of our State. I also believe that several psychiatrists have offered to work at federally qualified health centers, and had those offers declined. So, the notion that psychiatrists are not available statewide is simply not accurate. I know the Department of Health/Adult Mental Health Division has psychiatrists and advanced practice nurses with prescriptive authority available to citizens who reside in every catchment area of Hawaii.

Please join with me in opposition to this bill.

Sincerely,

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

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.

v 3465 Waiialae Avenue
v Suite 270
v Honolulu, HI 96816
v 808-271-0537

OPPOSE

Dear Honorable Representatives:

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

Gary Huang, MD, Pediatrician

1356 LUSITANA ST., 4th FLOOR
HONOLULU, HI 96814
TELEPHONE (808) 536-2900
FAX (808) 262-5966

OPPOSED SB 248, Relating to Psychologists

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

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

Gary Huang, M.D.
Pediatrician

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

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**

February 7, 2009

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

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)

**Gene Altman, MD
Suite 1125, 1001 Bishop St.
Honolulu, HI 96813
ph: 587-7077 fax: 587-7076**

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.

Gene Altman, MD



**Alfred M. Arensdorf, M.D., F.A.A.C.A.P. 80 Huluhulu Place
Child and Adolescent Psychiatry**

**Kahului, Hawai'i 96732
(808) 877-3601
ARENSDORA001@Hawai'i.rr.com**

Re: Relating to Psychology

OPPOSE

I am a Hawai'i child psychiatric physician practicing on a neighbor island of Maui and I strongly oppose this measure relating to psychology. I understand the 2007 Maui Health Task Force has issued, as part of its solutions, legislation to train psychologists to prescribe psychotropic medications. However, that suggestion did not specify the training. I would hope that the Maui Health Task Force would recognize the training would have to be, at the minimum, the same as is required of an APRN.

I oppose this bill for the following reasons:

- On Maui and for Maui County, we have taken preferred steps to resolving access issues that do not include undertrained psychologists.
 - Community Clinic of Maui: 2 psychiatrists come once a month then are available during the interim by video teleconferencing and direct consultation. Having two psychiatrists available by phone during clinic hours to provide timely consultations regarding the FQHC patients.
 - Molokai: A child psychiatrist has set up private practice on Molokai once a month, a child psychiatrist see DOE clients three times a month, one adult psychiatrist sees patients once a week. Telepsychiatry is now offered at the Molokai General Outpatient clinic: two psychiatrists once a month, then once a week by telepsychiatry and available by phone during the interim.
 - Hana: One adult and one child psychiatrists serve Hana twice a month and telepsychiatry is now available as well once a week and by immediate consultation, when needed.
 - Lanai: Two psychiatrics are there once a month and telepsychiatry is now available once a week and by immediate consultation, when needed.
 - A child and adult psychiatrist has been hired to cover Maui Memorial Hospital call and inpatient services. Which allowed Maui Memorial to re-open is Molokini Unit.
1. Psychiatrists are present either directly on staff or in collaboration with FQHCs in more communities than there are psycholgosts.
 2. Primary Care Physicians have no trouble assisting patients with their moderate mental health problems such as sleep disorders, stress, depression, or anxiety. The majority of patients who seek mental health assistance from their PCP do so because they do not 'want to talk about it', they just want the help.
 3. Primary Care Physicians need assistance with the unstable, psychotic patient. For these patients psychologists have said they would not be involved but would refer to a psychiatrist. This is exactly the same area where primary care physicians need the assistance.
 4. The psychologists are not proposing a 2-year Full-time training program. They are proposing to have 1 year to complete insufficient hours of 'didactics' which can be completed over their home computer. A medical student can complete that in under 12 weeks and a resident could complete that in under 6 weeks. The second so-called year is to complete 400 hours in which 100 patients must be seen. It is not specified how much of this is to be supervised nor by whom. The lack of supervision and accreditation standards in this bill is appalling.

As the Honolulu Advertiser observed in last year's editorial, "When a crisis is at hand, it's tempting to seize the quick fix and hope it buys enough time for a real solution to be in place." An impetuous solution "... may cause more problems in the future than it would solve in the near term."¹

Thank you for the opportunity to provide this testimony,

Alfred M. Arensdorf, M.D.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 09, 2009 4:45 PM
To: HTHTestimony
Cc: hspoehr@papaolalokahi.org
Subject: Testimony for SB428 on 2/11/2009 3:00:00 PM

Categories: Blue Category

Testimony for HTH 2/11/2009 3:00:00 PM SB428

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Hardy Spoehr
Organization: Papa Ola Lokahi
Address: 894 Queen Street Honolulu, HI 96813
Phone: 597-6550
E-mail: hspoehr@papaolalokahi.org
Submitted on: 2/9/2009

Comments:

Aloha. Papa Ola Lokahi strongly supports this legislation. It will enable a much enhanced capacity to provide much needed timely behavior health services to those in need through community health centers.

thank you for the ioportunity to provide supportive testimony on this important issue.

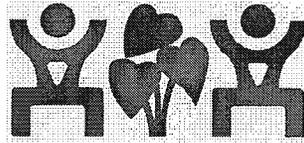
Testimony in strong support of
Senate Bill 428 Relating to Psychologists
Wednesday, February 11, 2009, 3:00 pm agenda, Room 016

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

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

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

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



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 Health
The Honorable David Y. Ige, Chair
The Honorable Josh Green, MD, Vice Chair

Testimony in Support
Senate Bill 428, Relating to Psychologists
Wednesday, February 11, 2009, 3:00p.m. Room 016

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.





Bay Clinic, Inc.

224 Haili Street, Building B • Hilo, HI 96720 • Tel: (808) 961-4071 • Fax: (808) 961-5167

To: Senate Committee on Health,
The Honorable David Ige, Chair

Testimony in Support

Senate Bill 428, Relating to Psychologists

Wednesday, February 11, 2008, 3:00p.m. Agenda, Room 016

Submitted by Paul Strauss, Chief Executive Officer

Bay Clinic, Inc. strongly supports this bill which authorizes prescriptive authority for qualified psychologists who practice at a Federally Qualified Health Center.

Bay Clinic health centers help keep people from over-utilizing emergency room and hospital services by providing integrated primary medical, dental, and behavioral health care. Bay Clinic, Inc. is the *only* federally qualified health center serving East and South Hawaii Island, a geographic service area of over 2000 square miles. This area is home to a growing population of 86,000 people who suffer from high rates of poverty, health disparities and/or a lack of health insurance.

In fulfilling our mission to provide primary care to those in need, annually we serve over 15,000 patients providing over 50,000 medical, dental, and behavioral health visits. With the shortage of health care providers in our area, Bay Clinic remains the only option for many, especially those needing mental health services, and we provide those services. However, the number is growing and we cannot 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.

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

From: Fedex Redestar Express [namioahu@hawaiiantel.net]
Sent: Monday, February 09, 2009 2:37 PM
To: HTHTestimony
Subject: Senate Bill 428

Categories: Green Category, Blue Category

NAMI HAWAII-THE NATIONAL ALLIANCE ON MENTAL ILLNESS-HAWAII
770 KAPIOLANI BLVD., SUITE 613
HONOLULU, HAWAII
808.497.3443(C)

TO: SENATE COMMITTEE ON HEALTH
HAWAII STATE LEGISLATURE
STATE CAPITOL
SENATE COMMITTEE HEALTH HEARING
WEDNESDAY, FEBRUARY 11, 2009
RM 016-3 P.M.

S.B. 428 RELATING TO PSYCHOLOGISTS

SENATOR IGE AND MEMBERS OF THE SENATE HEALTH COMMITTEE:

I AM MARION POIRIER, THE EXECUTIVE DIRECTOR OF NAMI HAWAII AKA THE NATIONAL ALLIANCE ON MENTAL ILLNESS-HAWAII. WE REPRESENT ONE OF OVER 1,000 AFFILIATES OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS, AS WELL AS ITS NATIONAL POLICY POSITION IN THIS TESTIMONY. NAMI IS THE LARGEST GRASSROOTS MENTAL HEALTH ORGANIZATION IN THE NATION, REPRESENTING PEOPLE WHO HAVE MENTAL ILLNESSES, THEIR FAMILIES AND LARGER O'HANA, HEALTHCARE PROFESSIONALS, AND PERSONS INTERESTED IN THE SUBJECT OF MENTAL ILLNESS IN HAWAII.

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

* I HAVE JUST RETURNED FROM A NAMI NATIONAL LEADERSHIP MEETING. IT WAS ARTICULATED BY PUBLIC POLICY/ GOVERNMENT AFFAIRS LEADERSHIP THAT THERE IS NO EVIDENCE THAT PSYCHOLOGISTS ARE EITHER TRAINED OR ORIENTATED TO PRESCRIBE MEDICATIONS UNDER ANY CIRCUMSTANCES. I CAN NOT FIND A PUBLIC POLICY STATEMENT REGARDING THIS MATTER ON THE MENTAL HEALTH AMERICA WEBSITE.

AT THE SAME NAMI NATIONAL LEADERSHIP MEETING A ROOM FULL OF LEADERSHIP MEMBERS UNDERLINED THAT ADVANCED CLINICAL NURSE PRACTITIONERS ARE LICENSED IN ALL 50 STATES TO PRESCRIBE MEDICATIONS. IN THIS REGARD, THEY ARE UNDER UTILIZED. HAWAII NEEDS TO DO MUCH BETTER TO INCENTIVIZE OUR NURSING COMMUNITY TO FILL ANY VOIDS THAT MAY EXIST. NURSE ARE TRAINED IN THE SCIENCES THAT BUILD UP CAPACITY TO PRESCRIBE MEDICATIONS. WE ALSO NOTE THAT PSYCHOTROPIC MEDICATION ARE JUST ABOUT THE

MOST COMPLEX MEDICATIONS TO PRESCRIBE. THESE MEDICATIONS REQUIRE A KNOWLEDGE OF OTHER BODY 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 ARE ARE VERY MUCH IN DEMAND.

*THIS TOPIC IS A SERIOUS HEALTHCARE SAFETY ISSUE. THAT IS WHY THIS PROPOSAL HAS FAILED TO PASS MUSTER IN NUMEROUS PAST EFFORTS.

*OUR TESTIMONY IN STRONG OPPOSITION SUPPORTS THE PRACTICE IN 48 OTHER U.S. STATES THAT DO NOT ALLOW PSYCHOLOGISTS TO PRESCRIBE MEDICATIONS.

LET'S NOT MAKE HAWAII AN EXPERIMENT THAT DISALLOWS BEST U.S. HEALTHCARE DELIVERY PRACTICES.

WE RESPECTFULLY REQUEST THAT THIS BILL BE HELD IN COMMITTEE.

THANK YOU VERY MUCH FOR ALLOWING US THIS OPPORTUNITY TO TESTIFY IN OPPOSITION TO S.B. 428 RELATING TO PSYCHOLOGISTS.

PSYCHOLOGICAL RESOURCES HAWAII

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

Testimony in Support of SB 428 Relating to Psychologists February 11, 2009

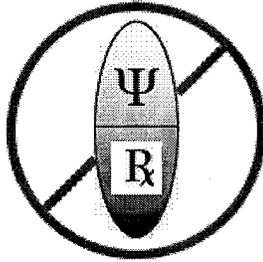
Honorable Chair Ige, Vice-Chair Green, and Members of the Committee,

My name is Dr. Raymond Folen. I would like to provide testimony in strong support of SB 428 that will allow prescriptive authority for appropriately trained psychologists practicing at federally qualified health centers (FQHCs):

1. There is a huge need for mental health services in rural and underserved areas in Hawaii. With recent cuts in mental health funding, this need has turned into a crisis.
2. For years, the Hawaii Primary Care Association, Community Health Centers, Mental Health America of Hawaii and other community groups have proposed a no-cost, safe and effective means to help address this pressing need. Providing appropriately trained psychologists, who already live and serve in these underserved areas, the authority to prescribe will have a significant positive impact on these communities. This is the intent of SB 428.
3. The training requirements in SB 428 are consistent with current U. S. Navy and U. S. Air Force standards for psychologists credentialed to prescribe. They are also consistent with training requirements in other states where psychologists prescribe. The training requirements that SB 428 proposes will insure patient safety and quality care. This has been documented, studied and clearly demonstrated in the practices of prescribing psychologists.
4. Unfortunately, organized psychiatry continues to distort and mischaracterize the training requirements with fictional graphs, charts and disparaging statements. Let us put the training issue to rest: the training proposed in SB 428 is essentially equivalent to the training received by the psychologists in the extremely successful DoD Demonstration Project. The success of that program was confirmed in several objective and independent studies. This year, the legislature has received testimony from the former director of the DoD Demonstration Project – a noted psychiatrist – who confirms that the training proposed in SB 428 is essentially equivalent to the training provided in the DoD program.
5. There are simply not enough psychiatrists to meet the overwhelming mental health needs in our state. It is no secret that psychiatry residencies are difficult to fill. 40% of these positions have to be filled by foreign graduates or otherwise go vacant. The University of Hawaii graduates a very small number of psychiatry residents per year, a mere drop in the bucket when viewed in light of the tremendous need. It is difficult to find an available psychiatrist in downtown Honolulu, let alone in rural communities on the neighbor islands.
6. Rather than relying on psychiatry to spread - even more thinly - their very limited resources, we are offering a solution based on demonstrated success. Hawaii's psychologists are well represented in the rural communities and can provide the needed

psychopharmacology services at no cost to the State. Please pass SB 428 so we can deliver a full range of mental health services to the people who need them.

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



PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

POPPP

P.O. Box 337

Edmonds, WA 98020

(425) 771-4548

Email: responses@poppp.org

Website: <http://psychologistsopposedtoprescribingbypsychologists.org/>

To: Senator David Y. Ige, Senator Josh Green, Senator Rosalyn H. Baker, Senator Will Espero, Senator Clarence K. Nishihara, and Senator Fred Hemmings

February 9th 2009

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

Dear Honorable Senator David Y. Ige, Senator Josh Green, Senator Rosalyn H. Baker, Senator Will Espero, Senator Clarence K. Nishihara, 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



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Practice Directorate

February 6, 2009

To: The Honorable David Y. Ige, Chair
The Honorable Josh Green, Vice Chair
Committee Members
Hawaii Senate Committee on Health
State Capitol Building
415 South Beretania Street
Honolulu, HI 96813

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

Dear Senators Ige, Green, 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 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.

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5913
(202) 336-5797 Fax
(202) 336-6123 TDD

Katherine C. Nordal, Ph.D.
Executive Director

Web: www.apa.org



- 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 non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health

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).

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.

- **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

From: Stephen Kemble [sbkemble@lava.net]
Sent: Monday, February 09, 2009 5:50 AM
To: HTHTestimony
Subject: SB 428 (Oppose)

Categories: Blue Category

I am writing in opposition to psychologists prescribing psychiatric medications (S.B. 428):

1. Demonstration of need for more mental health services in Hawaii does not justify allowing inadequately trained psychologists to prescribe medications.

The shortage of psychiatrists in Hawaii (and nationwide) is not due to unwillingness by psychiatrists to practice in underserved areas. It has much more to do with structural problems in American health care financing, such as inadequate Medicare and Medicaid reimbursement and burdensome managed care policies by health insurance companies over the past 20 years. These are problems that will not be solved by training a few psychologists in psychopharmacology, but without the general medical training that psychiatrists have, and that is an integral part of day to day psychopharmacology practice.

2. Prescribing privileges should be granted on the basis of training, not political lobbying.

Training requirements for physicians, including psychiatrists, were not developed to exclude other professions. They were developed based on what was felt to be necessary and relevant for practicing medicine, including prescription of medications. All drugs are distributed throughout the body and may affect any organ system, so general medical training is highly relevant to the prescriptions of psychiatric drugs. Short-circuiting this general medical training for psychologists will compromise public safety.

3. Psychiatric medications can affect the whole body, and general medical training is necessary to manage them competently.

As a practicing psychiatrist who prescribes medications every day, I can say that patient reports of symptoms that could be side effects of their medications, or could be related to their non-psychiatric medications or their general medical conditions, or could be incidental, are extremely common. True medication side effects may likewise affect any organ system. A psychologist prescribing psychiatric medications without adequate general medical training would not be in a position to properly evaluate and treat these issues. Psychopharmacology training is not adequate. Substantial general medical training, comparable to medical school and internship, would be necessary to competently manage these everyday issues in psychopharmacology practice.

4. Allowing psychologists to prescribe antipsychotic medications, which commonly cause severe and sometimes permanent neurological side effects, is dangerous to the public.

If psychologists were allowed to prescribe antipsychotic medications, they would not be competent to evaluate and manage neurotoxic and endocrine side effects from these medications, which in some cases can be permanent, without extensive clinical general medical training and the ability to prescribe non-psychiatric medications. Similar risks can on occasion apply to all the other psychotropic medications as well. Adequate training to diagnose and manage these risks would require something very close to medical school and a psychiatric residency (i.e. full training as a psychiatrist).

5. Psychologists with limited prescription privileges would not be effective in serving the needs of underserved areas.

Psychologists have argued that they would be able to expand access by practicing and prescribing psychiatric medications in under-served areas of Hawaii. Without general medical training comparable to psychiatrists (who must have an MD degree before starting psychiatric training), psychologists would not be qualified to prescribe psychotropic medications independently. SB 428 proposes requiring prescribing psychologists without general medical training to be under the supervision of primary care physicians. This means the State of Hawaii would have to fund an expansion of the Board of Psychology, and it would create practitioners so limited that they would need daily back-up from already overburdened primary care physicians due to the frequency of general medical issues arising in psychopharmacology practice. This is no solution to mental health access problems in Hawaii.

6. If we need psychiatrists in underserved areas, the legislature should focus on training more psychiatrists and giving them incentives to practice in these areas, instead of spending money training psychologists whose practice would be so limited that they would not be able to treat the real needs in these areas.

Stephen Kemble, MD
Assistant Professor of Medicine, John A Burns School of Medicine
Board Certified in Psychiatry and Internal Medicine
600 Kapiolani Blvd, #402
Honolulu, HI 96813

From: Joel Fischer [jfischer@hawaii.edu]
Sent: Sunday, February 08, 2009 1:06 PM
To: HTHTestimony
Subject: HB428;HTH;2/11/09;3PM;Rm016

Importance: High

Categories: Blue Category

SB428, Relating to Health
HTH: Chair, Sen Ige

PLEASE, PLEASE PASS THIS BILL!

The only thing holding passage of this bill back is the turf war between psychiatrists and psychologists. Unfortunately, the unreasonableness of the psychiatrists' hostility toward this bill is keeping many people throughout Hawai'i from receiving appropriate medications. That alone is clear evidence that the testimony by psychiatrists is purely self-serving.

In fact, under this bill, psychologists will receive more training on specific medications than psychiatrists receive in their education So where's the beef?

I support this bill because I support hands-on regular access by all patients to qualified dispensers of medication which psychologists have been shown to be throughout the US.

Thank you very much for supporting this bill.

Aloha, joel

Dr. Joel Fischer, ACSW
President, 19-3, Democratic Party

Professor
University of Hawai'i, School of Social Work
Henke Hall
Honolulu, HI 96822

"It is reasonable that everyone who asks justice should DO justice."
Thomas Jefferson

"There comes a time when one must take a position that is neither safe, nor politic, nor popular, but one must take it because one's conscience tells one that it is right."
Dr. Martin Luther King, Jr.

"Never, never, never quit."
Winston Churchill

Marvin A. Oleshansky, M.D.
2418 Round Top Drive
Honolulu, HI 96822

February 9, 2009

The Hawaii State Legislature
State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Senator Ige and Members of the Health Committee,

As the former Director of Training of the Department of Defense Psychopharmacology Demonstration Project (PDP), I would like to provide you with a brief history of the program and my assessment of the program's similarities to the training being proposed in SB428.

In response to directives from the U.S. Congress, the Department of Defense began to train psychologists to prescribe psychoactive medications in 1991. The program went through a number of iterations and refinements, eventually resulting in a curriculum that consisted of 660 hours of coursework and a one year practicum experience treating no less than 100 patients. Had the program continued, there would have been further refinements of the coursework and the elimination of didactic elements that were found to be of limited relevance to the practice of psychologists prescribing psychoactive agents.

I have reviewed the training requirements outlined in SB428. I have also reviewed the curriculum currently being taught at Argosy University in Hawaii. It is my considered opinion as a physician, a psychiatrist, and the former Director of Training of the DoD PDP, that the training outlined in SB428 is essentially equivalent to the instruction and relevant experiences that was provided to the PDP students. The training required in SB428 is more than adequate to produce competent and safe prescribing psychologists. It is similar to the standards currently set by the U. S. Navy, U. S. Air Force and states where psychologists have been safely prescribing for a number of years.

Following the completion of their training, the PDP graduates served with distinction in all branches of the service. The care they provide, to include prescribing a broad range of psychoactive medications, was deemed by their superiors to be safe, efficacious, and of the highest quality. I would expect the same of those that will graduate from the training program in Hawaii.

Marvin A. Oleshansky, M.D.
Colonel (retired)
United States Army Medical Corps

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 07, 2009 12:05 PM
To: HTHTestimony
Cc: thirr33@gmail.com
Subject: Testimony for SB428 on 2/11/2009 3:00:00 PM

Categories: Green Category, Blue Category

Testimony for HTH 2/11/2009 3:00:00 PM SB428

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Arvid Tadao Youngquist
Organization: The Mestizo Association
Address:
Phone:
E-mail: thirr33@gmail.com
Submitted on: 2/7/2009

Comments:
Chair David Y. Ige
Vice Chair Josh Green, M.D.
Right Honorable Members
Hawaii Senate Health Committee

This is a brief testimony in support of SB 428 Relating to Psychologists.

It expands upon a Capitol discussion which has been going on for the better part of the last five years; an eternity for the newer members of the Legislature or specifically the Hawaii Senate.

I am gratified that some members who opposed such a proposal in the past have joined the introducer in sponsoring SB 428. When a psychologist has already undertaken the necessary training at his Federal facility over the majority of the last five years, the defective effective date of June 1, 2010, should be reasonable.

I see by your agenda this afternoon many similar proposals for other practitioners with similar requests. Each should be considered on its own merits.

Mahalo.

To: Senate Health Committee
Senator David Y. Ige, Chair
Senator Josh Green, MD Vice Chair

February 11, 2009, 3:00 p.m. agenda, Room 016
Relating to Psychologists, SB 428

Aloha Kakou,

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

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

FNP Medical Corner (serving Job Corps Waimanalo)

Volunteer (Aloha Medical Mission)

To: Senate Committee on Health
The Honorable David Ige, Chair
The Honorable Josh Green, Vice Chair

From: May Akamine, RN, MS, Executive Director

**Testimony in Support of Senate Bill 428
Relating to Psychologists
February 11, 2009, 3:00 p.m. agenda, Room 016**

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

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

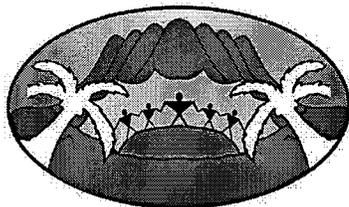
Thank you for the opportunity to testify on this bill.



Waimanalo Health Center

Ph. (808) 259-7948 Fax: (808) 259-6449
www.waimanalohc.org

41-1347 Kalaniana'ole Hwy
Waimanalo, Hawaii 96795



**KO'OLAULOA COMMUNITY HEALTH and
WELLNESS CENTER, INC.**

P.O. Box 395, 54-316 Kamehameha Hwy #7, Hauula, Hawaii 96717
Clinic Telephone: (808) 293-9216 Fax: (808) 293-5390

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**To: The Senate Committee on Health
The Honorable David Y. Ige, Chair
The Honorable Josh Green, MD, Vice-Chair**

**Testimony in Support of Senate Bill 428 Relating to Psychologists
Submitted by William G. Christoffel
Executive Director, Ko'olauloa Community Health and Wellness Center
February 11, 2009, 3:00 p.m., Room 016**

The Ko'olauloa Community Health and Wellness Center strongly supports the passage of SB 428. Psychologists providing critical behavior health care in community health centers are handicapped currently in their practice due to the unnecessary limitations on their ability to prescribe needed pharmaceuticals.

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

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

SB 428 has sufficient safeguards insuring that each psychologist practicing in Community Health Centers receives the necessary training and is under the supervision of a licensed physician. The passage of SB 428 will improve the delivery of critically needed behavioral health. I urge that SB 428 be passed.

Thank you for this opportunity to provide testimony

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