Hawai'i Primary Care Association

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

LATE

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

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.

LATE

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Where Aloha is more than just a word

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Resource Center
670-A Waiale Drive
Wailuku, HI 96793

Na Hale O Waine'e
15 Amakua Lane
Lahaina, HI 96761

Testimony in Support of Senate Bill 428
Relating to Psychologists
Submitted by Dana Alonzo-Howeth, Executive Director
March 3, 2009, 9:30 a.m. Room 229

The Community Clinic of Maui 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. In Maui County alone, there are extremely limited mental health services and those that are available cannot be accessed by the underserved, mainly due to lack of insurance or poor mental health provider reimbursement rates. Those that are available are typically reserved for the chronically mentally ill. 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 extremely vital bill.

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LATE

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

Testimony in SUPPORT of SB 428
RELATING TO HEALTH
Submitted by Keith Kiuchi,
Board Member, Kalihi-Palama Health Center
March 3, 2009, 9:30 a.m., Room 229

As a board member of the Kalihi-Palama Health Center, I strongly support this bill.

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.

Thank you for the opportunity to support this bill with my testimony.

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

LATE

From: **DEBORAH SMITH**
41-1160 Waikupanaha Street
Waimanalo, HI 96795

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

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.

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

LATE

From: **Jim Kastner, Board Member**

41-829 Kakaina Street

Waimanalo HI 96795

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

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

LATE

From: Mary Ann Crowell, Board of Director and Patient of
Waimanalo Health Center

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

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

LATE

From: Moana De Mello, Vice-President, Board of Directors and patient of Waimanalo Health Center

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

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Thank you for the opportunity to testify on this bill.

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

From: Andrew Jamila, Jr
41-640 Poalima Street
Waimanalo, HI 96734

LATE

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

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.

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Thank you for the opportunity to testify on this bill.

Testimony in Support of SB 428
Relating to Psychologists
March 3, 2009
Senate Commerce and Consumer Protection Committee
9:30am

Honorable Chair Rosalyn Baker, Vice-Chair David Ige, and members of the Senate Commerce and Consumer Protection 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.
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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)
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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/

TESTIMONY OF JEFF AKAKA, MD

Re: SB 428

Possition: Opposed

Please hold SB 428 for the following reasons:

While it contains some statements that are true, it also contains a number of substantial inaccuracies.

Despite numerous assertions that such a program is safe, there are no scientifically valid studies of any merit, by an objective party, proving this. The closest was our own Hawaii Legislature which ordered the Legislative Research Bureau to do such a study which found in 2007, that such programs could not be considered safe, and bore no comparison to the often reference Department of Defense, Psychopharmacology Demonstration Program

Often repeated testimony that thousands of patients have been prescribed medication by psychologists without a single adverse outcome, have no basis in any scientifically valid study. Given adverse reactions to all drugs, including fake drugs called placebos, such statements not only strain but break medical credibility. First hand testimony of a witness to actual patient harm, reporting that a patient who had to be hospitalized in the intensive care unit in heart failure, because she followed the advice of a psychologist to take certain psychiatric medications, was presented in a House Health Committee 2 years ago.

Extensive outreach efforts to rural areas have been made over the past few years. Additional psychiatrists, and APRN-Rxs, have been hired by the Adult Mental Health Division in the past few years. They serve Honolulu, Central Oahu including a full time psychiatrist in Wahiawa, and Waianae (including Makaha). They 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, Telepsychiatry has been implemented through the Department of Psychiatry, and Sonia Patel, MD started a private practice on Molokai, adjusting her practice to the actual need.

A school of thought that promotes the idea that less than one semester of Medical School, (660 hours = four months if done at a medical school level of intensity) is enough to safely practice medicine, is a school that no one should enroll in.

Thank you for your consideration of my testimony.

Aloha and mahalo,

Jeffrey Akaka, MD

Kenneth A Hirsch, PhD, MD
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SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice-Chair
Senator Josh Green, M.D.
Senator Willie Espero
Senator Les Ihara, Jr.
Senator Norman Sakamoto
Senator Fred Hemmings

DATE: March 3, 2009

SB 428: RELATING TO PSYCHOLOGISTS

POSITION: **OPPOSE AS WRITTEN**

Background – Kenneth A Hirsch, PhD, MD

a. PhD in Clinical Psychology with eleven (11) years of post-doctoral practice (prior to earning the MD degree)
    i. Four (4) years as Army psychologist
    ii. Seven (7) years as civilian psychologist

b. MD with seventeen (17+) years of post-residency psychiatric practice
    i. Certified in General Psychiatry
    ii. Certified in Addiction Medicine
    iii. Four (4) years as Army psychiatrist
    iv. Eleven (11) years as Navy psychiatrist
    v. Two+ (2½) years as Veterans Health Administration Psychiatrist

c. Teaching Faculty History: both Psychology Internship and Psychiatry Residency at,
    i. Eisenhower Army Medical Center (as a psychologist)
    ii. Letterman Army Medical Center (as a psychologist)
    iii. Naval Medical Center San Diego (as a psychiatrist)

d. Current positions:
    i. Manager, Traumatic Stress Disorders Program
    Veterans Administration – Pacific Islands Health Care System
    ii. Senior Advisor, Pacific Islands Division, National Center for PTSD (VA)

The Department of Defense Psychopharmacology Demonstration Project (PDP) represents the primary model in support of prescriptive authority for psychologists. Studies of the PDP have demonstrated that clinical psychologists who are properly trained and have an appropriate scope of practice can safely and effectively prescribe psychotropic agents, thus enhancing the care they provide to their patients and thereby the access to care. The most complete such study is that conducted by the American College of Neuropsychopharmacology (ACNP) on contract for the Department of Defense. There has been no formal study of the safety and efficacy of other training programs for such prescriptive authority, and the PDP therefore remains the standard against which such programs are measured. There were four graduating classes of the PDP, and each had somewhat different training experiences. The first class required two full years of didactic training in addition to a one-year practicum, whereas the three remaining years had only one didactic year plus the practicum year. Didactic requirements were modified over the course of the program, generally in the direction of reduction of certain requirements. The final year of the Program was the least demanding in terms of formal requirements, but according to the report of the ACNP, graduates still performed well post-graduation. Therefore, the standards used in that final iteration of the DoD PDP are the ones that will be discussed below.

There has been ongoing contradictory testimony about the composition of the DoD PDP in comparison to SB428 and prior iterations of this bill. In order to facilitate accurate comparison, the chart below presents relevant sections of SB428 compared with (1) the official report of the ACNP for the Department of Defense (last iteration or year-group of that program), and with a proposed revision of SB428. The full report of the ACNP may be downloaded for reference at: http://www.acnp.org/Docs/BulletinPdfFiles/vol6no3.pdf.

Critical areas of comparison include:

1. Didactic Training
2. Supervised Practicum
    a. Intensity/Duration
    b. Diversity
    c. Supervision
3. Examination
4. Scope of Practice
    a. Formulary
    b. Patients
5. Independent Practice Requirements
    a. Duration/Intensity
    b. Supervision
    c. Peer Review

SB428	DoD PDP per ACNP Report	Proposed
Didactic Training Didactic training time has been reported as semester hours, quarter hours and contact hours in various discussions and reports, and it is often difficult to draw direct comparisons. In general, each semester hour credit is the equivalent of 12.5-15 contact hours, with the higher figure used below. Hours presented below are contact hours (time actually spent in classroom). SB428 requires a master's degree in psychopharmacology (or the equivalent). In medical and nursing training programs, accrediting bodies strictly monitor the content, breadth and depth of the didactic curriculum. There are no such accrediting bodies for the master's degree programs in psychopharmacology.		
Master's Degree Didactics (SB428) Psychopharmacology Foundations 45 hours Neuroanatomy 30 hours Pathophysiology 60 hours Introduction to Physical Assessment & Laboratory Exams 45 hours Pharmacology 30 hours Neurophysiology 30 hours Pharmacotherapeutics 30 hours Clinical Pharmacology 60 hours Psychopharmacology 45 hours Special Issues in Pharmacology 30 hours Neurochemistry hours 30 hours Legal, Ethical, & Professional Issues 15 hours Total Contact Hours 450 hours §465-B (a) (2) (A): The psychologist shall have completed a master's degree in psychopharmacology or the equivalent… *No definition of "or the equivalent" is provided, nor a mechanism to define such.* **TOTAL CONTACT HOURS 450 hours**	DoD PDP per ACNP Report (Page 12) Medical School: Pharmacology 102 hours Clinical Pharmacology 21 hours Clinical Medicine II 121 hours Clinical Concepts 100 hours Modified Medical School / Nursing School: Anatomy/Cell Biology 48 hours Neuroscience I & II 91 hours Biochemistry 57 hours Physiology 39 hours Pathophysiology 60 hours Health Assessment 39 hours Clinical Psychopharmacology 34 hours Total Contact Hours 712 hours While the ACNP reports 712 hours, as above, it appears that in the final year this was actually reduced to 660 hours, and that figure is reported below for purposes of comparison. **TOTAL CONTACT HOURS 660 hours**	Proposed Requirements Medical School or Certified Equivalent: Pharmacology 100 hours Clinical Pharmacology & Clinical Concepts 105 hours Clinical Medicine 100 hours Clinical Psychopharmacology* 35 hours Nursing School or Certified Equivalent: Anatomy/Cell Biology 30 hours Neuroscience 90 hours Biochemistry 50 hours Physiology 50 hours Pathophysiology 30 hours Health Assessment 40 hours Total Contact Hours 625 hours It is recommended that the above be flexible in allowing up to 20% variation in the above content hours to allow for special interests, but with retention of total contact hours. * The DoD PDP provided for a 34 credit hour symposium in clinical psychopharmacology. In order to provide flexibility and responsiveness to the needs and interests of the individual trainee, this has been replaced with 35 hours of didactics in any clinically applicable psychopharmacology content area(s). **TOTAL CONTACT HOURS 625 hours**

SB428	DoD PDP per ACNP Report	Proposed
Supervised Practicum		
Time: 400 hours over one year (or more)	Time: one full-time year (2,080 hours, less leave, holidays, etc. but plus on-call duties)	Time: one full-time year less leave, sick time, and holidays totaling at least 1,900 hours
Patients: Minimum number 100 As written, there is no requirement that medications be considered or prescribed for even <u>one</u> patient.	The graduates of the final year-group averaged slightly over 150 patients each.	Patients: Minimum number 150 Psychotropic medications must be prescribed for at least 75 of the minimum 150 patients.
Diversity (patients): undefined	Diversity (patients): 57% women, 45% active duty, and almost 75% were less than age 50.	Diversity (patients): undefined Mix of gender and age (across the spectrum of age permitted by scope of practice)
Diversity (diagnoses) undefined	Diversity (diagnoses): nearly 50% were diagnosed as non-bipolar depressive spectrum disorders, 8% bipolar disorder, 18% substance abuse, 13% anxiety or panic, and 13% adjustment disorders.	Diversity (diagnoses): including at least, Depressive Spectrum Disorders 20 excluding Adjustment Disorders Anxiety Disorders 20 Generalized Anxiety Disorder, Panic Disorder, PTSD… Schizophrenic Spectrum Disorders 10 Bipolar Spectrum Disorders 10 Substance Use Disorders 10 excluding tobacco use disorders
Diversity (medications): undefined Seeing 100 patients once each, with no medication usage at all would allow satisfaction of the requirements of this bill.	Diversity (medications): experience with all classes of psychotropic medications, to include newer antidepressants, antipsychotics, mood stabilizers.	Diversity (medications): experience with all classes of psychotropic medications, to include at a minimum the newer antidepressants, antipsychotics, mood stabilizers. Candidates must have experience with at least ten patients in each of the above classes of medication.
Supervision: “supervising physician”	Supervision: psychiatrist	Supervision: psychiatrist

The professional who provides the supervision during this clinical training experience should be expert in the prescribing of psychotropic medication. By definition, this is the realm of the psychiatrist. Primary care providers and other specialists may develop a reasonable familiarity with psychotropic medications, but this is different from expertise. As an analogy, many psychiatrists are comfortable making adjustments in their patients’ antihypertensive medication if the condition is uncomplicated. But few if any psychiatrists would consider him/herself competent to treat complicated cases or to train or supervise a trainee in the use of such medications. In medicine, such expertise is typically demonstrated by board-certification in the area of practice, in this case psychiatry. Thus, supervision should be provided by a board-certified psychiatrist(s).

SB428	DoD PDP per ACNP Report	Proposed
Examination		
Examination developed by a nationally recognized body (e.g., the American Psychological Association's Practice Organization's College of Professional Psychology) and approved by the board.	Three-part examination developed by the faculty of the DoD PDP: Multiple choice Essay component Oral component (modeled on psychiatry specialty boards)	Examination developed and/or approved by a nationally recognized body with expertise in the area of psychopharmacology, e.g., American Psychiatric Association or the American College of Neuropsychopharmacology (ACNP).
The examination for any content area should be developed and/or approved by the discipline which is consensually expert in the area of examination. Allowing the American Psychological Association (or an element thereof) to develop/approve an examination in psychopharmacology is akin to having the American Psychiatric Association develop/approve an examination in cardiology… There exist two nationally recognized organizations with expertise in psychopharmacology, and either or both of those organizations should develop and/or approve the examination and the passing criteria: the American Psychiatric Association and the American College of Neuropsychopharmacology (ACNP).		

Scope of Practice: Conditional and Full Prescription Certificate		
Patients: no restrictions	Patients: healthy adults age 18-65	Patients: healthy adults age 18-65
Most board-certified general psychiatrists will be reluctant or actually refuse to prescribe to children, adolescents, the elderly and the medically compromised, because treatment of those populations represents subspecialty care and requires subspecialty training. Though general psychiatrists are permitted by their license to prescribe to these populations, most consider it to be outside their ethical scope of practice to do so. There is no approved/accredited specialty training for psychologists in these areas, whereas there are formal subspecialty fellowships and board-certification examinations in these areas for psychiatrists (child/adolescent psychiatry, geriatric psychiatry, consultation/liaison psychiatry). Prescribing psychologists should not have a broader scope of practice than board-certified general psychiatrists.		
Formulary: all psychotropics, including controlled substances	Formulary: varied across candidates and circumstances	Formulary: recommend exclusionary formulary list and formulary committee to monitor and modify permitted agents, as has been proposed in most prior iterations of this legislation.

Independent Practice Requirements (Full Prescription Certificate)		
Duration: Two years, without specification of number of hours, full-time vs part-time, etc.	Duration: Varied with individual and with location, but by the end of two years of full-time supervised practice, most graduates had attained independent practice status.	Duration: two years full-time or equivalent part-time (e.g., four years part-time) clinical practice.
Patients: Minimum number undefined With no requirement for number of hours per week of clinical work, theoretically a candidate could see only a "handful" of patients over the two years and still meet the requirements for full prescription certificate.	Patients: Minimum number, undefined but practice was full-time, resulting is a significant caseload (average psychology panel 150+ patients at any one time, with gradual turnover due to treatment completion, relocations, etc).	Patients: Minimum number undefined as this is accommodated by the clinical practice time above.
Supervision: "supervising physician"	Supervision: psychiatrist	Supervision: psychiatrist
The discussion presented above regarding supervision during the practicum for the conditional prescription certificate applies with equal validity here. The supervising provider should be an expert in the area of supervision. In medicine, such expertise is typically demonstrated by board-certification in the area of practice, in this case psychiatry. Thus, supervision should be provided by a board-certified psychiatrist(s).		
Supervisory Requirements (per week) unspecified	Supervisory Requirements (per week) unspecified	Supervisory Requirements (per week): two hours per week of full-time practice.
Peer Review: to be approved by the Department of Commerce and Consumer Affairs	Peer Review: to be approved by the Department of Commerce and Consumer Affairs	Peer Review: to be approved by the Department of Commerce and Consumer Affairs

Senate CPN Cmte
Tues, March 3, 2009
9:30 am
room 229

NASW

National Association of Social Workers Hawaii Chapter

March 3, 2009

TO: Senator Roz Baker, Chair
Members of the Senate Commerce and Consumer Protection Committee

FROM: Debbie Shimizu, LSW
National Association of Social Workers

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

Chairman Baker and members of the Senate Commerce and Consumer Protection 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.

677 Ala Moana Blvd #702 ● Honolulu, HI 96813 ● TEL (808)521-1787 ● FAX (808)628-6990 ● Email: info@naswhi.org

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

From: Andrew Jamila, Jr
41-640 Poalima Street
Waimanalo, HI 96734

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

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.

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

From: **DEBORAH SMITH**
41-1160 Waikupanaha Street
Waimanalo, HI 96795

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

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Thank you for the opportunity to testify on this bill.

KIUCHI & NAKAMOTO
ATTORNEYS AT LAW

ASB TOWER, SUITE 1010 • 1001 BISHOP STREET
HONOLULU, HAWAII 96813 • (808) 521-7465 FAX: (808) 521-5873

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

Testimony in SUPPORT of SB 428
RELATING TO HEALTH
Submitted by Keith Kiuchi,
Board Member, Kalihi-Palama Health Center
March 3, 2009, 9:30 a.m., Room 229

As a board member of the Kalihi-Palama Health Center, I strongly support this bill.

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.

Thank you for the opportunity to support this bill with my testimony.

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

From: Moana De Mello, Vice-President, Board of Directors and patient of Waimanalo Health Center

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

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Thank you for the opportunity to testify on this bill.

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
March 2, 2009

Honorable Chair Baker, Vice-Chair Ige, 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 <u>equivalent</u> 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

ROBIN E. S. MIYAMOTO, PSY.D.
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Testimony in Support of SB 428, Relating to Psychologists
March 3, 2009

Honorable Chair Baker, Vice Chair Ige 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 Hawai'i's need for mental health services has only increased:

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

Caucasian and do not reflect the ethic 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

Na Pu`uwai
Native Hawaiian Health Care System
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TESTIMONY IN SUPPORT OF S.B. 428
RELATING TO PSYCHOLOGISTS

Hearing scheduled:
March 3, 2009 at 9:30
Conference Room 229

TO: Senator Roz Baker, Chair
Senator David Ige, Vice-Chair
Members of the Senate Committee on Commerce and Consumer Protection

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

DATE: March 3, 2009

Honorable Chair Baker, Vice-Chair Ige, and Members of the Senate Committee on Commerce and Consumer Protection, my name is Dr. Jill Oliveira Gray 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