

**Written Testimony Presented Before the  
Senate Committee on Ways and Means  
March 30, 2016 9:00 A.M.  
by  
Laura Reichhardt, NP-C, APRN, Director  
Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**HB1072 HD1, SD1, RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Chair Tokuda, Vice Chair Dela Cruz and members of the Senate Committee on Ways and Means, thank you for hearing testimony today related to HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists.

The Hawai'i State Center for Nursing is in support of this measure. Research indicates that 25% of the adult population in the United States has a mental disorder, and that 68% of this population has a comorbid medical condition. This is 10% higher than the population without mental disorders. Further, research indicates that a person with a mental disorder diagnosis is, more likely to develop a chronic medical condition, more likely to have elevated symptom burden, and may have difficulties managing their chronic condition due to barriers caused by the mental disorder<sup>1</sup>. This population is vulnerable due to the unique nature of their mental and medical conditions.

We are currently experiencing a widespread shortage of Mental Health Care Professionals as a subset of our overall Health Provider workforce shortage. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) estimates that only 50.91% of the need nationally, and 64% of the need in Hawai'i is currently met by the existing psychiatric workforce<sup>2</sup>. Increasing access to qualified health care professionals trained in mental disorder diagnosis and pharmacotherapy treatment, and counseling is of dire need for this population and for our state.

The HSCN has undertaken the task of achieving the Institute of Medicine's Future of Nursing recommendations<sup>3</sup>, which includes expanding opportunities for nurses to lead collaborative improvement efforts and to remove barriers to practice that inhibit access to quality care. The HSCN is in favor of the SD1 draft language and thanks the Senate Committee on Ways and Means for the proposed amendments as it relates to establishing mechanisms to support safe, quality, and accessible interprofessional practice in Hawai'i.

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<sup>1</sup> Policy Brief: Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation. 2011.  
[http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438)

<sup>2</sup> Mental Health Care Health Professional Shortage Areas (HPSAs). Kaiser Family Foundation. 2016.  
<http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>

<sup>3</sup> Institute of Medicine. Future of Nursing. 2010.  
<https://iom.nationalacademies.org/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf>

Therefore, the HSCN supports HB 1072, HD1, SD1, with comments. Thank you for your support of equitable and safe health care access in Hawai'i.

2528 McCarthy Mall, Webster 402 Honolulu, HI 96822  
T 808.956.5211 F 808.956.0547 [hscfn@hawaii.edu](mailto:hscfn@hawaii.edu) [hawaiiicenterfornursing.org](http://hawaiiicenterfornursing.org)



March 30, 2016

The Honorable Jill N. Tokuda, Chair  
The Honorable Donovan M. Dela Cruz, Vice Chair  
Senate Committee on Ways and Means

Re: HB 1072, HD1, SD1 – Relating to Prescriptive Authority for Certain Psychologists

Dear Chair Tokuda, Vice Chair Dela Cruz, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1072, HD1, SD1, which would provide prescriptive authority for qualified psychologists. HMSA supports this Bill.

HMSA is dedicated to ensuring that all of our members are able to access the care they need, when they need it. This not only includes services for their physical health and wellbeing, but their mental health as well.

We believe that the language contained within this measure will provide the necessary safeguards to ensure only those psychologists with the appropriate education, clinical training, and registration will be authorized to prescribe the medications our members need. This will afford our members greater and wider access to care.

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

Sincerely,

Jennifer Diesman  
Vice President, Government Relations

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [wailua@aya.yale.edu](mailto:wailua@aya.yale.edu)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Monday, March 28, 2016 10:04:59 PM

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## **HB1072**

Submitted on: 3/28/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By    | Organization                         | Testifier Position | Present at Hearing |
|-----------------|--------------------------------------|--------------------|--------------------|
| Wailua Brandman | Hawaii Assoc. of Professional Nurses | Support            | No                 |

Comments: HAPN supports HB1072 with comments. We find that the Post-doctoral Master of Psychopharmacology Degree offered at the UHH Daniel Inouye School of Pharmacy adequately prepares the graduate to enter the practice of psychiatric prescribing as a novice prescriber. We believe that after graduating, a 1-2 year full-time practice supervised by a seasoned psychiatric prescriber, e.g., a psychiatrist or psychiatric advance practice registered nurse, would offer the psychologist an opportunity to hone one's skills and be mentored and supervised in the process of acquiring additional advanced experience and knowledge of medical issues inherent in the psychiatric patient population. We would hope that this compromise would somewhat satisfy those in opposition to this bill. It is obvious that after nearly 3 decades of pursuing prescriptive authority, these psychologists are not going away, and their persistence will eventually pay off, as it did for APRNs who faced the same resistance we see today for the psychologists. A solution of a higher order can be acquired if we all work together to create a safe and effective way for psychologists to prescribe. We believe a 1-2 year "supervised internship" may be the way. Mahalo for your consideration, and Warmest Aloha, Wailua Brandman APRN PMHCNS/NP BC FAANP, Chair, HAPN Legislative Committee

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PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

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TO: Senator Jill Tokuda, Chair  
Senator Donovan Dela Cruz, Vice-Chair  
Members, Senate Committee on Ways and Means

FROM: Scott Fuji, Executive Director PHOCUSED

HEARING: **Wednesday, March 30<sup>th</sup>, 2016 at 9:00am in Conf. Rm. 211**

**Testimony in Support of HB1072 HD1 SD1 – RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Thank you for the opportunity to provide testimony in strong support of HB1072 HD1 SD1 which would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii's law. PHOCUSED is a nonprofit membership and advocacy organization that works together with community stakeholders to impact program and policy change for the most vulnerable in our community, including homeless individuals and families.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense



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Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Once again, PHOCUSED strongly urges your support of this bill. If you have any questions, please do not hesitate to contact PHOCUSED at 521-7462 or by e-mail at [admin@phocused-hawaii.org](mailto:admin@phocused-hawaii.org).

**To:** Senator Jill Tokuda, chairperson and all of the Members of the Senate  
Committee on Ways and Means

**From:** Saul Levin, M.D., M.P.A.  
CEO and Medical Director  
American Psychiatric Association

**Subject:** HB 1072 HD1 and SD1 Relating to Prescriptive Authority for Certain Psychologists

**Hearing Date:** March 30, 2015

Dear Chairwoman Tokuda and all of the Members of the Senate Committee on Ways and Means:

I am writing on behalf of the American Psychiatric Association, the national medical specialty society representing more than 36,000 psychiatric physicians as well as their patients and families, to urge you to vote "No/Do Not Pass" on HB 1072.

This legislation, as amended, is a proposal that puts the health and safety of the citizens of Hawaii with mental illness, including substance use disorders, in serious jeopardy. HB 1072 proposes to allow clinical psychologists, who are expert in important behavioral interventions but who have no medical training, the permission to prescribe extremely powerful psychotropic drugs for patients with psychiatric disorders as well as heart, lung, liver and other serious physical conditions. While we understand that the intentions of this legislation is to increase access to needed mental health care, HB 1072 puts Hawaii's most vulnerable patients at risk while failing to promote *available evidence-based solutions* to mental health access challenges. We urge you to look at other care models already up and functioning in Hawaii, as there are better and safer alternatives to supporting patients with mental health needs.

As you know, HB 1072 would permit psychologists to obtain a prescription pad by acquiring an online master's degree in psychopharmacology or "equivalent", as determined by the Hawaii Board of Psychology - a professional regulatory group that has no specific medical expertise or medical background. HB 1072 would require little clinical experience to prescribe medications including controlled substances, antipsychotics, and an almost unlimited range of non-psychotropic medications. Under HB 1072, only 400 contact hours with 100 patients is suggested, not required, as part of this training. Consider for a moment that psychiatric resident physicians, who complete a four-year medical residency program following graduation from medical school, **will generally see 100 patients in just two weeks.**

HB 1072 would require passage of an exam created and administered by the same national organization that accredits these haphazard postdoctoral degree programs and that stands to directly benefit from this new certification. No other voluntary, dues-paying membership organization in any medical specialty (e.g., cardiology, obstetrics and gynecology, psychiatry)

has created such an exam – nor do national professional advocacy associations for nurses and physician assistants accredit their graduate programs. These dangerously low and inadequate requirements must be taken into consideration, and any proposed training standards must be compared to the 12 or more years of medical education and training psychiatrists and other physicians receive to be able to safely care for any patient that is suffering physical, mental, or substance use disorders. We have included a chart for your reference that lays out the differences in training between psychiatrists, nurse practitioners, physician assistants, and the proposed training psychologists would be required to undergo under HB 1072.

As you review HB 1072, please consider:

- Proponents of HB 1072 state that this will increase access to mental health care in Hawaii and cite both Louisiana and New Mexico as examples. The facts in New Mexico and Louisiana illustrate that psychologists' claims about increased access have not materialized. Specifically, after having gained prescriptive privileges, few psychologists in either New Mexico or Louisiana have become certified to prescribe psychotropic drugs, let alone practice in a rural or underserved area.
- Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.
- Powerful psychotropic medications do not stop at the patient's brain; they affect many systems of the body such as the heart, lungs, stomach, and kidneys. There can be seriously disabling or deadly side-effects of the medications if improperly prescribed and managed.
- Patients needing more than one drug at a time for other physical conditions, such as both heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients that have a mental disorder also have one or more physical ailments. The medical providers who treat these patients must be trained to understand and treat all systems of the body in order to recognize the warning signs of adverse effects. The proposed bill would not require the scientific education and training necessary to safely treat all such patients. We have included a chart that will give the Committee an idea of some of the side effects and potential complications that could occur. In short, there are medications that should only be prescribed by clinicians with significant medical training and broad understanding of all systems of the body. Furthermore, we have included a chart that details some of the medications Louisiana and New Mexico psychologists have prescribed to patients under their care. These are not psychotropic medications, and all have serious side effects that must be managed by physicians.



- Fragmentation of Hawaii's health care system will increase by limiting the availability of behavioral therapy that integrated mental health care teams have come to rely on from psychologists. Coordinated, team-based care in which every member is relied on for their training and expertise is the model of practice and reimbursement the nation is moving toward. We would be happy to serve as a resource to this Committee on programs like Project Echo and collaborative care models already underway in Hawaii and in other states that would be more sustainable alternatives to solving significant access problems. HB 1072 would seriously undermine this movement.

In summary, the practice of medicine is a serious responsibility that requires years of thorough and relevant medical education and training. Allowing psychologists to prescribe after dramatically short-cutting the medical education and training necessary presents a serious and avoidable danger to Hawaii's most vulnerable patients. Again, we urge you to vote No/Do Not Pass on HB 1072 and would welcome the opportunity to work with you through our partners - the Hawaii Psychiatric Medical Association and the Hawaii Medical Association – in order to facilitate evidence-based, proven programs that can truly assist citizens of Hawaii suffering from mental illness, including substance use disorders.

Thank you for the opportunity to share our concerns. If you have any questions regarding this information, please contact Brian Smith, Director, State Government Affairs at [bsmith@psych.org](mailto:bsmith@psych.org) or (703) 907-7800.



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

TO: Senate Committee on Ways and Means

DATE: Wednesday, March 30, 2016

TIME: 9:00 A.M.

PLACE: Conference Room 211

FROM: Hawaii Medical Association

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

**Re: HB 1072 HD 1 SD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

**Position: OPPOSE**

Chairs & Committee Members:

The Hawaii Medical Association (HMA) opposes HB 1072. We believe it is important that professionals playing different roles coordinate and collaborate in delivering high quality and safe clinical care.

We believe the state should focus its resources on reducing stigma, increasing mental health parity, increasing funding for programs, and increasing support for recruitment of physicians to Hawaii's rural areas.

**State monies could be better spent making Hawaii an attractive and competitive place to practice medicine.** In each of the last six years the Hawaii Physician Workforce Assessment study, funded through a special tax on physicians, has documented a deterioration of the physician workforce. Strides to shore up our physician shortage can be better achieved by funding an expansion of JABSOM to train more resident physicians, providing loan repayment to physicians practicing in rural areas, reducing administrative burdens, reducing malpractice insurance costs, and working to increase payment by altering Hawaii's Medicare geographic adjustment to truly account for the cost of living and practicing medicine in the State of Hawaii. Until we fix the underlying problems causing our provider shortage the people of Hawaii will continue to suffer.

**The addition of prescriptive authority to psychologists will not serve to improve the access issues of care in our rural areas.** Distribution studies performed in the two states with a history of allowing for psychologist prescription authority, New Mexico and Louisiana, show that

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psychologists do not go to areas with an underserved mental health population, but rather to the same areas currently served by psychiatrists and primary care physicians! In essence, **passing this bill would not improve access to mental healthcare, but would simply increase the number of prescribers, with no net increase in access.**

Let's be honest with ourselves and focus the states limited resources in a direction that is meaningful and effective. Psychologist prescriptive authority will not help Hawaii, only the psychologists. Instead, let's focus on issues that make a difference.

To: Senator Jill N. Tokuda, Chair of Committee on Ways and Means; Senator Donovan M. Dela Cruz, Vice Chair of Committee on Ways and Means

From: Julianne O. Aulwes, M.D.  
President, Hawai'i Psychiatric Medical Association

Subject: HB 1072 HD1 SD1 Relating to Prescriptive Authority for Certain Psychologists

Hearing Date: Wednesday 3/30/16 at 0900

Position: OPPOSED

Please vote NO on HB 1072 SD1 Proposed

Thank you for the opportunity to testify in opposition to HB 1072 HD1 which proposes to allow psychologists to prescribe medications to the mentally ill population. I wanted to give you a heads-up regarding some of the claims you'll hear from proponents of this bill. On their website <http://www.rxphawaii.com/> under training of psychologists, they claim that the Master's Degree in Clinical Psychopharmacology takes 3-4 years. What they fail to explain is that according to the referenced Alliant International University's program, the training consists of only 462 hours of online classes, which is equivalent to 2.6 months full-time. If you do the training part-time, it may take up to 5 semesters, which is still not equivalent to the 3-4 years claimed on the proponent's website, because there are only 2 semesters/year, making 5 semesters equivalent to 2.5 years only. Also, the 14-month supervised experience is not a part of Alliant's training program, whose requirements can be found here: [http://catalog.alliant.edu/preview\\_program.php?catoid=28&poid=3703&returnto=1096](http://catalog.alliant.edu/preview_program.php?catoid=28&poid=3703&returnto=1096)

So in reality, the claimed "3-4 years of Master's Degree in Clinical Psychopharmacology" essentially only takes 2.6 months full-time to complete. This is in stark contrast to the actual 4 years of full-time medical school training (for a total of 8348 hours) every physician in the U.S. has to undertake, which includes 2 full years of classroom teaching and 2 full years of clinical experience seeing actual patients under supervision. The teaching is not done solely online. In addition, psychiatrists upon completing their M.D. degree then go on to complete a 4-7 year full-time clinical residency training program in psychiatry/child psychiatry where they see patients under supervision.

What the proponents also fail to describe is that the "5-7 years it takes to complete a Ph.D. or Psy.D." degree in psychology, is composed of classes in statistics, data analysis, and the social and developmental aspects that impact one's psychology. University of Hawai'i Manoa's own Ph.D. psychology program whose course requirements can be found here, <http://www.psychology.hawaii.edu/graduate/phd.html>, has 12 of their 13 classes pertaining to communicating with patients. None of these classes teach students the understanding and treatment of medical illnesses in patients

so claiming the 4-7 years as part of their training towards becoming a “prescribing psychologist” is irrelevant. The entire course catalog for UH Manoa’s Psychology Graduate Program can be found here <http://www.catalog.hawaii.edu/courses/departments/psy.htm> where it is evident there is no training that deals with the human body.

Also, nowhere does it list in the UH Manoa’s M.A./Ph.D. program the “1900 hours of supervised experience” which is claimed on the proponents’ website. The “training of prescribing psychologists” graph on [www.rxphawaii.com](http://www.rxphawaii.com) inflates the actual number of years of clinically relevant training. Their claimed “13-15 years” is in reality only 2.6 months of training relevant to the “prescribing psychologist”. How can this minimal training be considered “safe” for the people of Hawai’i when misdiagnosis, harmful side effects, or drug-drug interactions of medications could actually kill people? The people of Hawai’i deserve better healthcare than this.

Already existing in Hawai’i are alternative healthcare models which seek to increase access to specialty healthcare, including mental healthcare. The Hawai’i ECHO (Extension for Community Healthcare Outcomes) Project, a partnership between the Hawai’i State Rural Health Association and the University of Hawai’i, is an innovative medical education and mentoring program that educates and builds the skills of primary care providers. They have 2 separate weekly 90-minute video teleconference meetings with volunteer participants in specialty care and primary care. Currently there is a track for behavioral health care and another for endocrinology. Various topics in these areas are discussed in the beginning followed by a case conference where a de-identified patient is discussed. Through this innovative model, primary care providers are better equipped to deal with these issues as they see patients in their office.

Another model of care in Hawai’i is collaborative care where “care managers” (who could be Master’s level mental health personnel or registered nurses) in primary care clinics serve as liaisons between the primary care providers and specialists, e.g. psychiatrists. The psychiatrist reviews cases with the care managers who then relay the information back to the primary care providers and in so doing, many more patients have access to specialty care because an entire population is being managed in a timely fashion, instead of having a “one-on-one” appointment with the specialist, which can be less efficient. This innovative model increases access to mental health care but is not yet billable and solely reliant on the volunteerism of the psychiatrist. If reimbursed by healthcare insurances, this would be a practical solution to increasing access to mental healthcare with our existing providers.

Another way to increase access to mental healthcare is through telemedicine or telepsychiatry. Many private healthcare insurers reimburse for this modality of care and clinical outcomes have been equivalent to face-to-face visits. Some patients even prefer it. This helps increase access to mental healthcare from remote/rural areas. The patients can be seen in their primary care provider’s office with the psychiatrist located elsewhere. If Medicaid and Medicare approve reimbursement for these services, a huge part of the population’s mental health needs would be served.

I hope the legislature would consider these alternative models of care in lieu of allowing inadequately trained psychologists to start prescribing powerful medications to Hawai'i's vulnerable mentally ill population, without guaranteeing that they would actually be practicing in underserved areas of the community. I urge your Committee not to pass this measure. Thank you for considering my testimony in opposition to HB 1072 HD1.



**Board of Advisors**

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# **Petition-Testimony **OPPOSE HB1072HD1SD1****

## **A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (**HB1072, HD1,SD1**)**

We, the undersigned psychologists and all others concerned about quality healthcare to **OPPOSE** any efforts to allow psychologists to prescribe medications through non-traditional means. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being championed by other stakeholders, such as patient advocacy or public health groups. 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. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and wellbeing 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...even if they obtain the additional training advocated by the American Psychological Association.

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.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, 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; no 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! In fact, the final report on the DoD project revealed that the psychologists were "**weaker medically**" than psychiatrists and compared their medical knowledge to **students** rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. At this point, the training is less rigorous, with most of the training occurring online.

**Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda.** An article in the *American Journal of Law & Medicine* entitled, "Fool's Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents 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.

Other health professionals, including nurses and physicians, are also concerned about psychologist prescribing. However, this should not be seen as a simple turf battle: It is because of legitimate concerns that the proposals for training psychologists to prescribe are too narrow and abbreviated. The International Society of Psychiatric-Mental Health Nurses position statement asserts, "nurses have an **ethical responsibility** to oppose the extension of the psychologist's role into the prescription of medications" due to concern about psychologists' inadequate preparation, even if they



were to get *some* additional training, in accordance with the APA model. When it comes to prescribing psychoactive medications that have a range of potential therapeutic and adverse effects on the human body, including interactions with other medications, shortcuts to training are ill advised. Some psychoactive drugs come with black box warnings about their potential risks.

Another concern is the limited expertise of psychology regulatory boards 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 expertise, resources and systems to provide effective oversight of psychologist prescribing.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. 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.

There are better and safer alternatives to psychologists prescribing that we believe will have a greater positive impact on mental health services. A more promising means for enhancing the mental health services available to all citizens than to allow psychologists to prescribe would be to dedicate efforts to better integrating mental health professionals, including psychologists, into the healthcare system, such as in primary care settings, where they could collaborate with other providers (who are prescribers) in the care of people who may need medications and psychological services. The barriers to such care have been detailed in a recent report by the U. S. Department of Health and Human Services, *Reimbursement of Mental Health Services in Primary Care Settings*. Overcoming the barriers to such care is an objective upon which psychologists agree with each other, and with other health professionals, and is clearly in the public interest. It would improve the quality of mental health care available in urban and rural areas.

**We respectfully request that you OPPOSE HB1072, HD1 SD1 that would allow psychologists to prescribe through non-traditional means.**

|                                       |   |                                    |
|---------------------------------------|---|------------------------------------|
| Al Galves, Ph.D.                      | International Society for Ethical Psychology and Psychiatry | agalves2003@comcast.net            |
| Alex Williams                         | University of Kansas  | alexwilliams123@gmail.com          |
| Alexandra Solovey                     | Minnesota School of Professional Psychology                 | sandrazas@gmail.com                |
| Alix Timko, Ph.D.                     | Towson University   | ctimko@towson.edu                  |
| Alan E. Fruzzetti, Ph.D.              | University of Nevada, Reno                                  | aef@unr.edu                        |
| Andrew M. Sherrill, M.A.              | Northern Illinois University                                | andrew.sherrill@gmail.com          |
| Andrew Whitmont, Ph.D.                | dba Yakima Psychological Services                           | yakpsyche@yahoo.com                |
| Anne Marie Albano, Ph.D.,<br>A.B.P.P. | Columbia University College of Physicians and Surgeons      | aa2289@columbia.edu                |
| Arlyne J. Gutmann, Ph.D.              | Private Practice  | ajgutmann@aol.com                  |
| Barry Dauphin, Ph.D.                  | Private Practice  | barrydauphin@mac.com               |
| Beth Hartman McGillley, PhD           | Univ. of Kansas School of Medicine                          | bmcgilley@psychology.kscoxmail.com |
| Braden Berkey, Psy.D.                 | Prairie Psychological Services                              | braden.berkey@sbcglobal.net        |
| Brandon Gaudiano, Ph.D.               | Butler Hospital/Brown University                            | brandon_gaudiano@brown.edu         |
| Brett Deacon, Ph.D.                   | University of Wollongong                                    | bdeacon@uow.edu.au                 |
| Brian Chu, Ph.D.                      | Rutgers University  | brianchu@rci.rutgers.edu           |
| Bruce L. Baker, Ph.D.                 | UCLA  | baker@psych.ucla.edu               |
| Bruce Gale, Ph.D.                     | BehaviorTech Solutions, Inc                                 | bruce@bgalephd.com                 |
| Carolina Clancy, Ph.D.                | Durham VA Medical Center                                    | carolina.clancy@va.gov             |

|  |  |                                |
|--|--|--------------------------------|
| Carolyn A. Weyand, Ph.D.               | Private Practice   | cweyand@copper.net             |
| Carolyn Black Becker, Ph.D.            | Trinity University                                       | cbecker@trinity.edu            |
| Catherine A. Fiorello, Ph.D., A.B.P.P. | Temple University  | catherine.fiorello@temple.edu  |
| Cheryl Carmin, Ph.D.                   | University of Illinois at Chicago                        | ccarmin@psych.uic.edu          |
| Cynthia Spanier, Ph.D.                 | Psychological Health & Behavioral Medicine               | cyndiespanier@aol.com          |
| Dana Fox, Ph.D.                        | Private Practice   | decfox@aol.com                 |
| Daniel J. Burbach, Ph.D., A.B.P.P.     | Lakeview Psychological Associates, S.C.                  | dbgc@tds.net                   |
| David Fresco, Ph.D.                    | Kent State University                                    | fresco@kent.edu                |
| David Marcus, Ph.D.                    | Washington State University                              | david.marcus@wsu.edu           |
| David S. Schwartz, M.A.                |  | DSchwa68@aol.com               |
| David Valentiner, Ph.D.                | Northern Illinois University                             | dvalentiner@niu.edu            |
| David L. Van Brunt, Ph.D.              | Private Practice   | dlvanbrunt@gmail.com           |
| Dawn Birk, Ph.D.                       | Indian Health Services Behavioral Health (MT)            | dawn.birk@ihs.gov              |
| Dean McKay, Ph.D.                      | Fordham University                                       | mckay@fordham.edu              |
| Deanna Barch, Ph.D.                    | Washington University                                    | dbarch@artsci.wustl.edu        |
| Diana S. Rosenstein, Ph.D.             | Private practice   | drosenstein@juno.com           |
| Diane L. Bearman, Ph.D.                | University of Minnesota Medical School                   | bearm003@umn.edu               |
| Dianna L. Kucera, M.A.                 | Private Practice   | DKucera21@yahoo.com            |
| Don Benson, Psy.D.                     | Park Ridge Behavioral Health Care                        | donbenpsyd@yahoo.com           |
| Douglas A. MacDonald, Ph.D.            | University of Detroit Mercy, Dept of Psychology          | macdonda@udmercy.edu           |
| Drew A. Anderson, Ph.D.                | University at Albany-SUNY                                | drewa@albany.edu               |
| E. David Klonsky, Ph.D.                | University of British Columbia                           | edklonsky@gmail.com            |
| Edward Katkin, Ph.D.                   | SUNY at Stony Brook                                      | edward.katkin@sunysb.edu       |
| Elaine Heiby, Ph.D.                    | University of Hawaii at Manoa                            | heiby@hawaii.edu               |
| G Neffinger, Ph.D., A.B.P.P.           | Private Practice   | ggneff@earthlink.net           |
| Gail Margoshes, Psy.D.                 | Private Practice   | margoshes@aol.com              |
| Gary Schoener, M. Eq.                  | Gary R. Schoener Consulting                              | grschoener@aol.com             |
| Geoffrey L. Thorpe, Ph.D., A.B.P.P.    | University of Maine                                      | geoffrey.thorpe@umit.maine.edu |
| Gerald C. Davison, Ph.D.               | University of Southern California                        | gdavis@usc.edu                 |
| Gerald Rosen, Ph.D.                    | University of Washington                                 | grosen@uw.edu                  |
| Gregory Stuart, Ph.D.                  | University of Tennessee Health Science Center            | gstuart@utk.edu                |
| Howard Eisman, Ph.D.                   | New York Institute for Cognitive and Behavioral Therapy  | howardeisman@verizon.net       |
| Howard N. Garb, Ph.D.                  | Lackland Air Force Base                                  | howard.garb@lackland.af.mil    |
| Ian Douglas Rushlau, Psy.D.            | Belmont Center for Comprehensive Treatment               | Rushlau@einstein.edu           |
| Ian R. Sharp, Ph.D.                    | Private Practice   | is@medavante.net               |
| Ilyssa Lund, Psy.D.                    | Argosy University  | ilyssa.lund@gmail.com          |
| James C. Megas, Ph.D., L.P.            | Private Practice   | jmegas@cal.berkeley.edu        |
| James Carson, Ph.D.                    | Oregon Health Science University                         | carsonja@ohsu.edu              |
| James Coan, Ph.D.                      | University of Virginia                                   | jcoan@virginia.edu             |
| James D. Herbert, Ph.D.                | Drexel University  | james.herbert@drexel.edu       |
| James G. Murphy, Ph.D.                 | University of Memphis                                    | jgmurphy@memphis.edu           |
| James Overholser, Ph.D., A.B.P.P.      | Case Western Reserve University                          | overholser@case.edu            |
| James Schroeder, Ph.D.                 | St. Mary's Center for Children                           | jschroeder@stmarys.org         |
| Jan Willer, Ph.D.                      | Private Practice   | jan@drwiller.com               |
| Jane E. Fisher, Ph.D.                  | University of Nevada, Reno                               | jefisher6@yahoo.com            |
| Jeff R. Temple                         | University of Texas Medical Branch, Galveston            | jtemple@utmb.edu               |
| Jeffrey M. Lohr, Ph.D.                 | University of Arkansas                                   | jlohr@uark.edu                 |
| Jeffrey M. Zacks, Ph.D.                | Washington University                                    | jzacks@artsci.wustl.edu        |
| John A. Yozwiak, Ph.D.                 | University of Kentucky                                   | jayozwiak@uky.edu              |
| John Allen, Ph.D.                      | University of Arizona                                    | jallen@u.arizona.edu           |
| John Breeding, Ph.D.                   | Private Practice   | wildcolt@austin.rr.com         |
| John B. Hertenberger, PhD              | Rockdale Juvenile Justice Center                         | johnh@rrjjc.com                |
| John C. Hunziker, Ph.D.                | Private Practice   | JCHunziker@msn.com             |
| John P. Hatch, Ph.D.                   | University of Texas Health Science Center at San Antonio | hatch@uthscsa.edu              |
| John T. Moore, Ph.D.                   | Richmond State Hospital                                  | moorejohnt@gmail.com           |

|                                  |   |  |
|----------------------------------|---|--|
| Jon Elhai, Ph.D.                 | University of Toledo  | jonelhai@gmail.com                     |
| Jonathan Abramowitz, Ph.D.       | University of North Carolina at Chapel Hill                         | jabramowitz@unc.edu                    |
| Jordan Bell, Ph.D.               | New Mexico Veterans Affairs Health Care System                      | jordan.bell@va.gov                     |
|                                  | Advocate Illinois Masonic Medical Center Behavioral Health Services |  |
| Jorge Cuevas, Ph.D.              | Nationwide Children's Hospital                                      | Jorge.Cuevas@advocatehealth.com        |
| Joseph Hatcher, Ph.D., A.B.P.P.  |   | Joseph.Hatcher@NationwideChildrens.org |
| Julie Anne Holmes, Ph.D.         |   | jholmes@hawaii.edu                     |
| Julie Larrieu, Ph.D.             | Tulane University School of Medicine                                | jlarrrie@tulane.edu                    |
| K. Anthony Edwards, Ph.D.        | Private Practice  | kanth86@hotmail.com                    |
| David L. Van Brunt, Ph.D.        | Private Practice  | dlvanbrunt@gmail.com                   |
| Karen B. Wasserman, PsyD, RN     | Private Practice  | drkarenb@columbus.rr.com               |
| Katherine Kainz, Ph.D.           | Olmsted Medical Center  | kkainz@olmmed.org                      |
| Kathleen Palm, Ph.D.             | Clark University  | kpalm@clarku.edu                       |
| Kathleen Palm, Ph.D.             | Clark University  | kpalm@clarku.edu                       |
| Kelly G. Wilson, Ph.D.           | University of Mississippi   | kwilson@olemiss.edu                    |
| Kenneth D. Cole, Ph.D.           | VA Long Beach Healthcare System                                     | kenneth.cole@va.gov                    |
| Kenneth Feiner, Psy.D.           | Private Practice  | kenfeiner@aol.com                      |
| Kenneth L. Grizzle, Ph.D.        | Medical College of Wisconsin  | kgrizzle@mcw.edu                       |
| Kristin Kuntz, Ph.D.             | The Ohio State University Medical Center                            | kristin.kuntz@osumc.edu                |
| Kristy Dalrymple, Ph.D.          | Brown University/Rhode Island Hospital                              | kristy_dalrymple@brown.edu             |
| Latha Soorya, Ph.D.              | Mount Sinai School of Medicine                                      | latha.soorya@mssm.edu                  |
| Leonardo Bobadilla, Ph.D.        | Western Carolina University   | lbobadilla@wcu.edu                     |
| LeRoy A. Stone, Ph.D., A.B.P.P.  | Private Practice  | lastone2@earthlink.net                 |
| Lewis Schlosser, Ph.D.           | Seton Hall University   | lewis.schlosser@shu.edu                |
| Lisa Hoffman-Konn, Ph.D.         | Minneapolis VAMC  | lisa.hoffman-konn@va.gov               |
| Lisette Wright, M.A.             | Private Practice  | lwrightpsy1@earthlink.net              |
| Marc Atkins, Ph.D.               | University of Illinois at Chicago                                   | atkins@uic.edu                         |
| Marc Kessler, Ph.D.              | University of Vermont   | mkessler@uvm.edu                       |
| Marion Rollings, Ph.D.           | Private Practice  | Drmarionrollings@gmail.com             |
| Marion Rudin Frank, Ed.D.        | Private Practice  | mjfrank@comcast.net                    |
| Mark D. Popper, Ph.D.            | Sequoia Psychotherapy Center, Inc.                                  | mdpphd@comcast.net                     |
| Mark Zipper, Ph.D.               | Allina Medical Clinic   | Mark.Zipper@allina.com                 |
| Marlys Johnson, M.A.             | University of Minnesota   | marlysjohn@aol.com                     |
| Martha Josephine Barham, Ph.D.   | Private Practice  | marti@drbarham.com                     |
| Martin Keller, Ed.D., A.B.P.P.   | Private Practice  | martykeller@cox.net                    |
| Mary A. Fristad, Ph.D., A.B.P.P. | The Ohio State University   | mary.fristad@osumc.edu                 |
| Mary Gail Frawley-O'Dea, Ph.D.   | Private Practice  | mgfod@aol.com                          |
| Mary Lamia, Ph.D.                | Private Practice  | drlamia@aol.com                        |
| Mary Pharis, Ph.D., ABPP         | Private Practice  | marypharis@mail.utexas.edu             |
| Matthew Fanetti, Ph.D.           | Missouri State University   | mfanetti@missouristate.edu             |
| Matthew Jarrett, Ph.D.           | University of Alabama   | majarrett@ua.edu                       |
| Matthew K. Nock, Ph.D.           | Harvard University  | nock@wjh.harvard.edu                   |
| Michael Aisenberg, Psy.D.        | Private Practice  | Dr.A@yourAgame.com                     |
| Michael Handwerk, Ph.D.          | Harrisburg Medical Center   | handwerk@u.arizona.edu                 |
| Michael J. Rohrbaugh, Ph.D.      | University of Arizona   | michaelr@u.arizona.edu                 |
| Michael Myslobodsky, Ph.D.       | Howard University   | mmyslobodsky@gmail.com                 |
| Michael P. Twohig, Ph.D.         | Utah State University   | michael.twohig@usu.edu                 |
| Michael Thompson, Psy.D.         | Private Practice  | info@drmichaelthompson.com             |
| Michael P. Dunlap, Psy.D.        | Mentor Professional Corporation                                     | talkdoc@comcast.net                    |
| Michelle James, Ph.D., A.B.P.P.  | Private Practice  | mjames@oakton.edu                      |
| Mike Parent, M.A.                | University of Akron   | michael.parent@ufl.edu                 |
| Milton E. Strauss, Ph.D.         | University of New Mexico/Case Western Reserve University            | Milton.Strauss@gmail.com               |
| Molly S. Clark, Ph.D.            | University of Mississippi Medical Center                            | mclark@umc.edu                         |
| Monte Bobele, Ph.D., A.B.P.P.    | Our Lady of The Lake  | bobem@lake.ollusa.edu                  |
| Nandi Haryadi                    | PT. Mekar Armada Jaya   | n4ndie@gmail.com                       |
| Nathan Weed, Ph.D.               | Central Michigan University   | nathanweed@charter.net                 |
| Nathan Weed, Ph.D.               | Central Michigan University   | nathanweed@charter.net                 |

|                                     |   |                                       |
|-------------------------------------|---|---------------------------------------|
| Nicholas Greco, M.A.                |   | gandggroup@yahoo.com                  |
| Nicki Moore, Ph.D.                  | University of Oklahoma                                  | nmoore@ou.edu                         |
| Patricia J Aletky, Ph.D.            | Private Practice  | aletk001@umn.edu                      |
| Patricia K. Kerig, Ph.D.            | University of Utah                                      | p.kerig@utah.edu                      |
| Patricia McKenna, Ph.D.             | Private Practice  | mail@patriciamckenna.com              |
| Patrick L. Kerr, Ph.D.              | West Virginia University School of Medicine             | pkerr@hsc.wvu.edu                     |
| Paul Arbisi, Ph.D., A.B.P.P.        | Minneapolis VA Medical Center                           | arbisi001@umn.edu                     |
| Paul M. Brinich, Ph.D.              | Private Practice  | brinich@unc.edu                       |
| Paul Springstead, Ph.D., A.B.P.P.   | Northern Pines MHC                                      | pspringstead@npmh.org                 |
| Paula D. Zeanah, Ph.D.              | Tulane University                                       | pzeanah@tulane.edu                    |
| Paula MacKenzie, Psy.D.             | Private Practice  | paula_mackenzie_126@comcast.net       |
| Peter H. Lewis, Psy.D.              | James A. Lovell Federal Health Care Center              | peter.lewis@va.gov                    |
| R C Intrieri                        | Western Illinois University                             | mfrci@wiu.edu                         |
| Ralph J. Tobias, Ph.D.              |   | Tobiasrj@sbcglobal.net,               |
| Reid K Hester, Ph.D.                | Private Practice  | reidhester@behaviortherapy.com        |
| Renate H. Rosenthal, Ph.D.          | University of Tennessee Health Science Center           | rrosenthal@uthsc.edu                  |
| Richard B. Stuart, D.S.W., A.B.P.P. | University of Washington                                | rstuart@seanet.com                    |
| Richard H. Schulte, Ph.D.           | Private Practice  | rickschulte@cox.net                   |
| Richard Sethre, Psy.D.              | Private Practice  | rsethre@gmail.com                     |
| Robert Bloom, Ph.D.                 | Chicago School of Professional Psychology               | bobloom@ameritech.net                 |
| Robert Henry, Ph.D.                 | Center for Problem-Solving Therapy                      | earthy.psychologist@doctor.com        |
| Robert H. Moore, Ph.D.              |   | moorebob@juno.com                     |
| Robert Parker, Ph.D.                | Private Practice  | bob@focusreframed.com                 |
| Robert Klepac, Ph.D.                | University of Texas Health Science Center – San Antonio | bobappic@aol.com                      |
| Karl Schmitt, Psy.D.                |   | ksschmitt@gmail.com                   |
| Richard Schweickert, Ph.D.          | Purdue University                                       | swike@psych.purdue.edu                |
| Robert L. Sokolove, Ph.D.           | Boston University School of Medicine                    | sokolove@bu.edu                       |
| Robin MacFarlane, Ph.D.             | Private Practice  | MacFarlane.testing@gmail.com          |
| Roland Moses, Ed.D., A.B.P.P.       | Private Practice  | rolandmoses@msn.com                   |
| Ron Acierno, Ph.D.                  | Medical University of South Carolina                    | acierno@musc.edu                      |
| Ronald Glaus, Ph.D.                 | Oregon State Hospital (ret.)                            | rag7@comcast.net                      |
| Sam R. Hamburg, Ph.D.               | Sam R. Hamburg, Ph.D.                                   | Sam R. Hamburg, Ph.D.                 |
| Samantha Kettle, Psy.D.             | VA Medical Center, Durham                               | samantha.kettle@va.gov                |
| Samuel B. Tobler, Ph.D.             | Private Practice  | samuel.tobler@mountainhome.af.mil     |
| Sandra Georgescu, Psy.D.            | Chicago School of Professional Psych                    | sgeorgescu@sbcglobal.net              |
| Scott F. Coffey, Ph.D.              | University of Mississippi Medical Center                | scoffey@psychiatry.umsmed.edu         |
| Scott J. Hunter, Ph.D.              | University of Chicago                                   | shunter@yoda.bsd.uchicago.edu         |
| Scott Lilienfeld, Ph.D.             | Emory University  | slilien@emory.edu                     |
| Seth J. Gillihan, Ph.D.             | Haverford College                                       | mail@sethgillihan.com                 |
| Shireen L. Rizvi, Ph.D.             | New School for Social Research                          | RizviS@newschool.edu                  |
| Sophia K. Bray, Ph.D.               | Private Practice  | sk-bray@comcast.net                   |
| Stephen Benning, Ph.D.              | Vanderbilt University                                   | s.benning@vanderbilt.edu              |
| Stephen E. Finn, Ph.D.              | Center for Therapeutic Assessment                       | sefinn@mail.utexas.edu                |
| Stephen Labbie, Ph.D.               | Private Practice  | labbiephd@comcast.net                 |
| Stephen Soldz, Ph.D.                | Boston Graduate School of Psychoanalysis                | ssoldz@bgsp.edu                       |
| Steven B. Gordon, Ph. D., A.B.P.P   | Steven B. Gordon, Ph. D., A.B.P.P                       | sgordon@behaviortherapyassociates.com |
| Steven C. Hayes, Ph.D.              | University of Nevada                                    | stevenchayes@gmail.com                |
| Steven M. Ross, Ph.D.               | University of Utah                                      | steve.ross@utah.edu                   |
| Stewart Shankman, Ph.D.             | University of Illinois at Chicago                       | stewarts@uic.edu                      |
| Stuart Quirk, Ph.D.                 | Central Michigan University                             | Stuart.Quirk@gmail.com                |
| Susan M. Flynn Ph.D.                |   | flynnphd@comcast.net                  |
| Susan E. Hickman, Ph.D.             | Oregon Health & Science University                      | hickmans@ohsu.edu                     |
| Susan Wenze, Ph.D.                  | Brown University Medical School                         | susan_wenze@brown.edu                 |
| Suzann P. Heron, M.A.               | Private Practice  | spheron8@aol.com                      |
| Tanya Tompkins, Ph.D.               | Linfield College  | tatompki@linfield.edu                 |

|  |  |                                       |
|--|--|---------------------------------------|
| Teri Hull, Ph.D.                       | Rush University Medical Center               | Teri_Hull@rush.edu                    |
| Terry Unumb, Ph.D.                     | Private Practice                             | drtunumb@aol.com                      |
| Terry Wilson, Ph.D.                    | Rutgers University                           | tewilson@rci.rutgers.edu              |
| Thomas C. Hamburg, Ph.D.               | Consultants in Anxiety and Related Disorders | thamburg@charter.net                  |
| Thomas Gustavsson, M.A.                | Psychology Partners                          | Thomas.gustavsson@psykologpartners.se |
| Thyra Fossum, Ph.D.                    | University of Minnesota                      | tafossum@umn.edu                      |
| Tim Carey, Ph.D.                       | University of Canberra                       | Tim.Carey@canberra.edu.au             |
| Timothy A. Post, Psy.D.                | Whiteman Air Force Base                      | timothy.post@whiteman.af.mil          |
| Timothy E. Spruill                     | Florida Hospital                             | timothy.spruill.edd@flhosp.org        |
| Timothy Tumlin, Ph.D.                  | Clinical & Health Psychologists, Ltd.        | tumlintr@comcast.net                  |
| Todd Finnerty, Psy.D.                  | Private Practice                             | toddfinnerty@toddfinnerty.com         |
| Toni Heineman, D.M.H.                  | A Home Within                                | theineman@ahomewithin.org             |
| Tony Papa, Ph.D.                       | University of New Mexico                     | apapa@unr.edu                         |
| Tracy A Knight, Ph.D.                  | Western Illinois University                  | TA-Knight@wiu.edu                     |
| Tracy L. Morris, Ph.D.                 | West Virginia University                     | tracy.morris@mail.wvu.edu             |
| Wayne B. Kinzie, Ph.D., A.B.P.P.       | Grand Valley State University                | kinziew@gvsu.edu                      |
| Wendy Nilsen, Ph.D.                    | University of Rochester School of Medicine   | Wendy_Nilsen@URMC.Rochester.edu       |
| William Douglas Tynan, Ph.D., A.B.P.P. | Nemours Health & Prevention Services         | dtynan@nemours.org                    |
| William Robiner, Ph.D., A.B.P.P.       | University of Minnesota Medical School       | robin005@umn.edu                      |
| Yessenia Castro, Ph.D.                 | UT Austin                                    | ycaastro1@mdanderson.org              |
| Zeeshan Butt, Ph.D.                    | Northwestern University                      | z-butt@northwestern.edu               |
| Frank Floyd                            | University of Hawaii at Manoa                | ffloyd@hawaii.edu                     |

**PRESENTATION OF THE  
BOARD OF PSYCHOLOGY**

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2016

Wednesday, March 30, 2016  
9:00 a.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON HOUSE BILL NO. 1072, H.D. 1, S.D. 1, RELATING TO  
PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS.**

TO THE HONORABLE JILL N. TOKUDA, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is May Ferrer, Executive Officer of the Hawaii Board of Psychology ("Board"). Thank you for the opportunity to testify on House Bill No. 1072, H.D. 1, S.D. 1, Relating to Prescriptive Authority for Certain Psychologists. The purpose of this measure is to authorize the Board of Psychology ("Board") to grant prescriptive authority to prescribing psychologists who meet specific education, training, and registration requirements. The Board has not had an opportunity to review House Bill No. 1072, H.D. 1, S.D. 1, but will do so at its next meeting on Friday, April 15, 2016.

Over the past year, the Board has worked collaboratively with proponents of this bill to ensure that due consideration be given to the appropriate education and training of certain psychologists to be able to safely serve the mental health needs of Hawaii residents. These concerns along with others were addressed in the Proposed S.D.1, which were adopted by the Committees on Commerce, Consumer Protection, and Health, and Judiciary and Labor.

The Department is appreciative of the Committees' understanding of the need for a delayed implementation date as the extension will allow for the development of processes necessary to effectively carry out the elements of the bill.

Thank you for the opportunity to submit testimony on House Bill No. 1072, H.D. 1, S.D. 1.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [alnnovak@msn.com](mailto:alnnovak@msn.com)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Tuesday, March 29, 2016 1:24:03 PM

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**HB1072**

Submitted on: 3/29/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Allen Novak  | Individual   | Support            | No                 |

Comments: I find that the Post-doctoral Master of Psychopharmacology Degree offered at the UHH Daniel Inouye School of Pharmacy adequately prepares the graduate to enter the practice of psychiatric prescribing as a novice prescriber. I believe that after graduating, a 1-2 year full-time practice supervised by a seasoned psychiatric prescriber, e.g., a psychiatrist or psychiatric advance practice registered nurse, would offer the psychologist an opportunity to hone one's skills and be mentored and supervised in the process of acquiring additional advanced experience and knowledge of medical issues inherent in the psychiatric patient population. A solution of a higher order can be acquired if we all work together to create a safe and effective way for psychologists to prescribe. I believe a 1-2 year "supervised internship" may be the way. Mahalo for your consideration. Allen Novak, APRN Hilo, Hawaii

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

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**THE TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016**

**TO: COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair

Senator Donovan M. Dela Cruz, Vice Chair

**FROM: Jill Oliveira Gray, Ph.D.**

Hawaii Licensed Clinical Psychologist

**RE: TESTIMONY IN SUPPORT OF HB 1072, HD 1, SD 1**

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN  
PSYCHOLOGISTS

**Hearing: Wednesday, March 30, 2016 at 9:00 am, Conference Room 211**

Honorable Chair Tokuda, Vice-Chair Dela Cruz and members of the Committee on Ways and Means, my name is Dr. Jill Oliveira Gray and I am a licensed Clinical Psychologist who has worked in rural, medically underserved areas for the past 15 years to include Hana, Maui, Molokai, Waimānalo, and Hilo. I am also a past President of the Hawai'i Psychological Association and the current Training Director at I Ola Lāhui Rural Hawai'i Behavioral Health pre-doctoral internship and post-doctoral fellowship that has trained and placed psychologists in rural, medically underserved areas across our state since 2007. Because of my years of clinical experience serving rural, medically underserved areas, and first hand knowledge of what the severe needs of these communities are and the profound impact 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 HB 1072, HD 1, SD 1.**

**The mental health needs of individuals across our state continue to outweigh the capacity of our mental health system.** I have been advocating in support of this measure for 13 years and during this time have not witnessed significant improvements in patients being able to access timely psychiatric care, particularly in rural areas of our state, but also on O'ahu where repeated referrals to multiple psychiatrists are made due to many who do not accept new patients and/or Medicaid/Medicare patients. The psychiatrists that I do know who have made themselves available in rural areas are ***severely overbooked*** and unable to provide patients the attention and connectedness they need and require in order to benefit from their services.

According to a Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2014), physician shortages, including psychiatry, are highest in Hawai'i's rural areas. Across the different counties, in ranking order, the greatest shortage of psychiatrists is found on Maui at 41.2%, followed by Hawai'i island 39.2%, and, Kaua'i at 29.5%. According to this report, there is a 0% shortage for psychiatry on O'ahu, however, this doesn't take into account other aspects of accessibility including, availability (i.e., how soon and how often can a patient be seen?) and acceptability (i.e., quality of the relationship). I have witnessed all too often the suffering that persists due to individuals not being able to receive adequate psychiatric care. The shortage of psychiatrists across the nation is expected to get worse over time. Data from the U.S. Department of Health and Human services identifies an expected ***24-40% shortage in the number of psychiatrists by 2020.***

**THE TWENTY-EIGHTH LEGISLATURE  
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**Prescriptive authority for advanced trained medical psychologist is a long term, no-cost solution to addressing the mental health provider shortages in our state.** In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. The highest reported number of deaths in a 21-year period was a mere 5 years ago in 2010 with 195 deaths (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017). According to this report, the most common negative life events that precede suicide are relationship issues (34%) (i.e., break up or divorce), or serious illness or medical issues (26%). Many studies show that people who commit suicide receive little or no treatment for their mental health problems due to the multiple barriers that exist (i.e., access, availability, acceptability, cost). It is not to be taken lightly that despite a 0% documented shortage of psychiatrists on O'ahu, "...65% of the O'ahu [suicide] victims had a documented history of mental illness" (Hawai'i State Department of Health, Hawai'i Injury Prevention Plan, 2012-2017, p. 34). Something does not add up here. We need more solutions to address the problems of accessing timely, accessible, and acceptable care across our State.

**The basic argument from those who oppose this measure is that patient safety will be seriously compromised by allowing psychologists to prescribe—but after 20 years of psychologists' prescribing, this has not proven to be true.** Psychologists have been prescribing in the Indian Health Service and Department of Defense for the past 2 decades. Updated information on prescribing psychologists indicate there are now **154** prescribing psychologists licensed through New Mexico and Louisiana, many of whom are serving in rural, medically underserved areas and medically underserved populations. For example, the prescribing psychologists in New Mexico have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In very recent communication with prescribing psychologists from NM and LA there have **STILL been no known complaints** made to the board of psychology in NM or the LA State Board of Medical Examiners.

**The post-doctoral, master's level clinical psychopharmacology (MSCP) training sequence proposed in HB 1072 HD 1 SD1 is equivalent to that of the American Psychological Association's recommendations for obtaining the requisite sequence of training and certification specific to the practice of prescribing psychotropic medication.** Post-doctoral psychopharmacological training programs have been available in Hawai'i since 2001 beginning at Tripler, Argosy University, and since January 2011, at the University of Hawai'i at Hilo, College of Pharmacy. At present, there are three licensed clinical psychologists who are in the UH Hilo, College of Pharmacy, MSCP program who would be eligible to apply for a license to prescribe within the next 2 years. I know these individuals professionally and personally as they have all completed either pre- and/or post-doctoral training at I Ola Lāhui, Inc. They all continue to serve in rural areas and have done so since graduating from our program.

**There are multiple safeguards imbedded in this legislation to include:**

- 2 years of intensive course work culminating in a master's degree that covers content areas essential to prescribing psychotropic medication; a supervised clinical experience including at least 400 direct face-to-face hours treating a diverse

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REGULAR SESSION OF 2016**

population of no less than 100 patients in either inpatient or outpatient settings within 12-48 months;

- Passing a rigorous national exam, the Psychopharmacology Exam for Psychologists (PEP);
- Required to obtain Federal DEA license;
- Required to maintain malpractice insurance;
- A prescribing psychologist would only be able to prescribe **if** a person has a primary care physician **and** a written collaborative agreement is in place:
  - A written collaborative agreement must be established and signed prior to a prescribing psychologist prescribing any psychotropic medication for the patient;
  - Collaboration must occur with regard to changes in a medication treatment plan, including dosage adjustments, addition of medications, or discontinuation of medications; provided that for those who are forensically encumbered or for patients with a diagnosis of serious mental illness (basically AMHD clients), a prescribing psychologist shall prescribe only in accordance with a treatment protocol agreed to by the prescribing psychologist and the treating department of health psychiatrist, and with notification to all other health care providers treating the patient;
  - A prescribing psychologist may enter into a collaborative agreement with the department of health; and
  - Document the consultation in the patient's medical record.
- Prescribing psychologists can only prescribe medications for the treatment of mental health disorders as defined by the DSM.
  - Prescribing psychologists shall **NOT** prescribe:
    - Schedule I controlled substances
    - Schedule II controlled substances
    - Schedule III controlled substances
    - Including all narcotic drugs and opiates
    - Any off-label med's for patients 17 years of age or younger
- Mandated CE requirements (18 to be completed biennially relevant to the pharmacological treatment of mental and emotional disorders) for prescribing psychologists, in addition to the existing CE requirement under section 465-11.

For all these reasons, and most importantly, to improve the health care system for Hawaii's medically underserved areas and most vulnerable populations, I humbly ask for your support of HB 1072, HD 1, SD 1.

Respectfully submitted,

Jill Oliveira Gray, Ph.D.  
Director of Training  
I Ola Lāhui, Inc.

28 March 2016

Subject: OPPOSITION to HB1072

Dear Members of the Ways and Means Committee:

Please vote NO on HB1072 which would allow a small group of psychologists to have prescriptive authority. This is a seriously dangerous proposition which could harm mentally-challenged persons, many of whom are incapable of fending adequately for themselves.

As a board-certified psychiatrist, as well as a public health specialist, who has practiced psychiatry over 2 decades here on Oahu, I am very much aware of access issues, not just in psychiatry but across all medical specialty areas. The safe and logical solution lies in promoting and supporting collaborative efforts to enhance integrative medicine approaches, combined with prevention.

Not just in Hawaii but throughout the United States, concerted efforts by psychiatrists, psychologists, nurses and primary care physicians to work together collaboratively to provide quality care have shown success. This process needs to continue. What we need is more support for integrative care by qualified providers, not misguided legislation for an unrealistic "quick fix".

Passing legislation to allow psychologists, who lack necessary medical knowledge and experience, to attempt a short-cut to prescribing potentially dangerous psychotropic medications without going to medical school is a recipe for harm. Addressing potential drug-drug interactions and underlying complex medical and substance-related problems in persons with mental illness can be challenging even for physicians who are specially trained to handle these concerns. Why should persons with mental illness be treated as second-class citizens who don't deserve proper treatment by qualified psychiatrists?

Please help. Please vote NO on HB1072.

Sincerely,

Carol E. Minn, MD, MSPH

[c.minn@earthlink.net](mailto:c.minn@earthlink.net)

**From:** [Dr. Kelly Harnick](#)  
**To:** [WAM Testimony](#)  
**Subject:** HB 1072 Written Testimony in Strong Support  
**Date:** Monday, March 28, 2016 11:16:15 PM

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COMMITTEE ON WAYS AND MEANS  
Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

NOTICE OF DECISION MAKING

DATE: Wednesday, March 30, 2016  
TIME: 9:00 a.m.  
PLACE: Conference Room 211  
State Capitol  
415 South Beretania Street

Dear Honorable Chair Tokuda, Vice Chair Dela Cruz, and the members of the Committee on Ways and Means.

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of HB 1072 HD1 SD1, related to Prescriptive Authority for Specially Trained Psychologists.

First, HB 1072 is a cost neutral solution for the State of Hawaii, which will greatly improve access to much needed mental health care that a Prescribing Psychologist can provide. I have completed a Master's of Science in Clinical Psychopharmacology and can attest to the rigors of the training. The MSCP is a Postdoctoral Masters Degree, attained over the span of a two to two and a half year course of study. Education is a process that cannot be calculated merely on simple addition of classroom hours, which is misleading and is meant to undermine the validity and understanding of an MSCP degree and all it entails.

For the record, these are the courses, along with the descriptions that I was required to pass in order to earn the MSCP degree:

Curriculum of APA accredited Postdoctoral Masters of Science in Clinical Psychopharmacology (MSCP) Program

(Alliant University)

**PPH 6905 – Clinical Biochemistry**

This course reviews inorganic and organic chemistry. Topics include cellular organization and metabolism, protein structure and function, hemoglobin and blood buffers, enzyme action, fuel metabolism, hormone regulation of metabolism, nutrition, and information transfer by nucleic acids.

**PPH 7925 – Physical Assessment**

Course covers components of physical exam and laboratory assessments, and how both are affected by psychoactive compounds. Signs and symptoms of physical illness with psychological sequelae are emphasized. Topics include neurological examination, patient history, neurophysiological tests, blood chemistry, urinalysis, neuroimaging.

**PPH 6930 – Neurophysiology and Clinical Medicine/Pathophysiology**

This course has two components: Neurophysiology and Clinical Medicine/Pathophysiology. In the Neurophysiology segment topics include: membrane physiology, action potential conduction, neural integration, post synaptic potentials, synaptic transmission, receptor physiology, sensory systems, motor systems, neural basis of sleep and arousal behavior, right/left cerebral hemispheric specialization, learning and memory, and neuroendocrinology; the Clinical Medicine/Pathophysiology segment covers normal anatomy and physiological processes, but emphasizes: 1) how clinical characteristics of diseases and their treatment affect psychological symptoms; and 2) how alterations in cardiovascular,

hepatic, gastrointestinal, neural, renal, and endocrine functions affect bioavailability and biodisposition of medications.

**PPH 6921 – Neuroscience: Neuroanatomy/ Neuropathology**

This course covers structure, function, and common pathologies of the central and peripheral nervous systems. Topics include dementia, delirium, and other cognitive disorders; movement, vascular, and seizure disorders; traumatic brain injury; other pathologies of the nervous system, and extrapyramidal dysfunction.

**PPH 6925 – Neuroscience: Neurochemistry**

This course covers major neurotransmitter systems: acetylcholine, dopamine, norepinephrine, serotonin, amino acid neurotransmitters and opioid neuropeptides. Topics for each include: anatomical distribution, synthesis, inactivation, synaptic specializations, pharmacology of specific receptor subtypes, second messenger systems and associated behavioral roles.

**PPH 6935 – Pharmacology/Clinical Pharmacology**

All major classes of drugs are discussed, emphasizing their interactions with psychopharmacological agents. Lecture topics include pharmacokinetics and pharmacodynamics, including the pharmacological effects of drugs, their mechanisms of actions, side effects, therapeutic applications, and drug-drug interactions.

**PPH 7900 – Special Populations 1: Child, Geriatric, Chronic Pain, Chronic Medical Conditions, Trauma**

Topics include: child/adolescent psychopharmacology, geriatric psychopharmacology (dementia, polypharmacy, and interactions between pharmacotherapy and age associated illnesses); developmental disorders; treatment of chronic pain disorders; psychopharmacological issues for individuals with chronic medical illness, victims of trauma, and patients with personality disorders.

**PPH 7905 – Special Populations 2: Gender, Ethnicity, Chemical Dependency**

**PPH 7918 – Advanced Psychopharmacology and Molecular Nutrition**

Major classes of psychotropics are presented: antidepressants, antipsychotics, anxiolytics, sedative-hypnotics, antimanics, mood stabilizers, anticonvulsants, atypical medications, herbals and supplements. Discussion includes indications for use, diagnostic considerations, historical perspectives, mechanisms of action, side effects, toxic effects, laboratory assessments and drug-drug interactions. In addition, this course will help students identify nutrient deficiencies, and key drug-nutrient-herb interactions, evaluate the brain/gut/mind connection, recommend safe nutritional supplementation, and use food to support mental/emotional well-being.

### PPH 7920 – **Pharmacotherapeutics**

Three separate classes: 1) Integration of psychotherapy and psychopharmacology; 2) Research issues in pharmacotherapy; 3) Professional/ethical/legal issues. Topics include: when to initiate/discontinue pharmacotherapy, long-term benefits and side effects, how to evaluate current psychopharmacology research, and psychopharmacology practice guidelines for prescribing and non-prescribing psychologists.

### PPH 7930 – **Case Seminar**

Integrates coursework on Clinical Medicine/Pathophysiology, Physical Assessment, Psychopharmacology, and Special Populations. Case examples are presented that illustrate how to apply this knowledge base with patients who present with different combinations of physical and psychological symptomatology.

As you can see, the training covers all bodily systems and requires the student to achieve competence in how to prescribe safely and effectively. Most importantly, HB 1072 mandates for collaboration with a patient's primary care physician, which in my opinion, improves patient safety by being able to improve communication among prescribers and reduce potential interaction effects of medications prescribed by multiple providers. This bill will actually improve patient care, not diminish it.

Of the utmost importance, is that our state is in a mental health crisis. I have seen first hand the suffering in our rural communities because of patients being unable to access their mental health medications while working in Hana, Molokai, and now Lahaina since 2008. Additionally, as a future Prescribing Psychologist, I would use all tools and modalities to comprehensively treat my patients, with or without medications. To me, the authority to prescribe medications would also allow the authority to discontinue medications as behavioral therapies begin to work. Not everyone needs medication and HB 1072 is not about "pushing pills." This is absolutely not what this bill is about. I see my patients for at least an hour a week and would continue to do so if given the authority to prescribe mental health medications if clinically indicated.

This bill is about access to quality, comprehensive care that a Prescribing Psychologist could provide to their patients, psychotherapy and integrated pharmacotherapy if needed. It also minimizes the need for multiple office visits, saving the time, money, and precious energy of an already fragile, mentally ill population. Improving access through HB 1072 will have a positive effect on society. With a mentally healthier workforce, work productivity will go up, homelessness will go down, the overburdening of our Emergency Rooms will go down, and citizens who may have previously been unable to function as contributors to society could achieve better health and functioning and begin to do so.

My experience as a practicing, Board Certified and Licensed Psychologist on Maui is this: patients have to wait months to get in to see a psychiatrist, if they can get in at all. Most psychiatrists do not accept Quest or Medicare insurance. What is really happening is that Primary Care Providers are managing mental health medications, which is not their chosen focus of practice. Prescribing Psychologists start out their

doctoral studies as specialists in mental health and Clinical Psychology is known to have a medically oriented aspect to our training. We have already chosen our specialty and yes, we have taken science courses such as biology, neurobiology, biological basis of behavior, and organic and inorganic chemistry. If you read testimony that indicates the wait times are not what I state above, I would question 1. How much does the psychiatrist charge/how much of their clientele is self-pay and 2. What kind of insurance is accepted, if any? I would deduce that if any testifier indicates they have little to no wait time, they either do not accept all insurances including Quest or Medicare, or charge very high out of pocket fees for patients who are able to self-pay. That is not adequate access to care for all our citizens.

Thank you for the opportunity to submit written testimony in strong support of HB 1072. This bill will help save lives. Please feel free to contact me with any questions or concerns and I respectfully request you vote Aye, to help alleviate suffering and even deaths that have occurred in our communities, especially on the neighbor islands, because of the lack of patients being able to access their mental health medications from a qualified mental health specialist.

Respectfully Submitted,

Kelly C. Harnick, Psy.D., ABPP, MSCP  
Board Certified, Clinical Psychologist  
President, Maui Counseling Centers Inc.  
West Maui Counseling Center  
[www.westmauicounseling.com](http://www.westmauicounseling.com)



**From:** [hpaexec@gmail.com](mailto:hpaexec@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:42:10 AM

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Raymond Folen  
3577 Pinao Street #16  
Honolulu, HI 96822-1100

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

My name is Dr. Raymond Folen and I am the Executive Director of the Hawaii Psychological Association. I wish to lend my strongest support to HB1072, HD1, SD1. This bill will allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

For three decades, clinical psychologists in the State of Hawaii have proposed this action as an important and necessary tool to improve access to mental health care, particularly to those in underserved and unserved areas. To our utter dismay, organized medicine throughout this time has conjured up as many misleading and false arguments as possible to block this proven initiative. Their arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In every single case where the non-physician providers have prevailed against the medical blockade, access to care has increased, and with absolute safety.

Organized psychiatry has promised - primarily in years when a psychology prescribing bill is introduced in the legislature - to address the access to care problem in Hawai'i's rural, medically underserved areas, but they have ignored their promises or have come up with short-lived solutions that have ended in failure. As a result, we continue to see our communities suffer as the mental health needs clearly outweigh the present capacity of our health care system. A number of my psychiatry colleagues are supportive of the bill but are unwilling to face the punishment they will get from their professional organization. It is most disheartening that, for organized psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

I support this bill for numerous reasons:

1. In Hawai'i, a huge void in available mental health care can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain extensive advanced training in clinical psychopharmacology.

2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, and Air Force) with no adverse effects or safety concerns.

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana with demonstrated increases in access to care and no safety issues. In New Mexico, for example, prescribing psychologists have increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training occurs after a psychologist has completed a doctoral degree and is licensed, and all costs are covered by the individual psychologist. The State is not being asked to fund a single penny.

Psychology has been unerringly consistent in the testimony provided over the years: the bill will allow psychologists to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072, HD1, SD1 expands psychologists' ability to do exactly that. Please help our communities by supporting and defending HB 1072, HD1, SD1. Thank you for your consideration.

Sincerely,

Raymond A. Folen, Ph.D.  
808-988-7655



Na Pu'uwai  
Native Hawaiian Health Care System  
PO Box 130 Kaunakakai, Hawaii 96748  
(808) 560-3653 • Fax (808) 560-3385

Na Pu'uwai Fitness Center (808) 553-5848 • Na Pu'uwai Clinical Services: (808) 560-3653 • Fax (808) 560-3385  
• Ke Ola Hou O Lana'i • PO Box 630713 Lana'i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

**THE TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016**

**COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

**NOTICE OF HEARING**

Wednesday, March 30, 2016 at 9:00 a.m.  
Conference Room 211  
State Capitol  
415 South Beretania Street

**TESTIMONY IN SUPPORT OF HB 1072, HD 1 SD1  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Dr. Erin Ogawa, a behavioral health provider on the island of Molokai, and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.  
The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.



Na Pu'uwai  
Native Hawaiian Health Care System  
PO Box 130 Kaunakakai, Hawaii 96748  
(808) 560-3653 • Fax (808) 560-3385

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4. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. **These programs do not cost the state a single penny.**

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

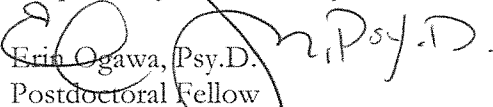
In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an *increasing trend* in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

  
Erin Ogawa, Psy.D.  
Postdoctoral Fellow



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Native Hawaiian Health Care System  
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**THE TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016**

**COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

**NOTICE OF HEARING**

Wednesday, March 30, 2016 at 9:00 a.m.  
Conference Room 211  
State Capitol  
415 South Beretania Street

**TESTIMONY IN SUPPORT OF HB 1072, HD 1  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Kelsey Mukai, MA a behavioral health provider on the island of Molokai and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.



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(808) 560-3653 • Fax (808) 560-3385

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Na Pu'uwai Fitness Center (808) 553-5848 • Na Pu'uwai Clinical Services: (808) 560-3653 • Fax (808) 560-3385  
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4. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. **These programs do not cost the state a single penny.**

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an *increasing trend* in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Kelsey Mukai, MA  


**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [mgrambs@hotmail.com](mailto:mgrambs@hotmail.com)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Monday, March 28, 2016 11:09:20 PM

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## **HB1072**

Submitted on: 3/28/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Marya Grambs | Individual   | Support            | No                 |

Comments: Aloha members of the Ways and Means Committee, My name is Marya Grambs. I am writing as a concerned member of the community and a member of the Board of Directors of PHOCUSED (Protecting Hawaii's Ohana, Children, UnderServed, Elderly, and Disabled). Contrary to what you may have been told (by psychiatrists), there are virtually no psychiatrists on the Neighbor Islands, and very few on Oahu, who will accept Quest patients. I have been told this by people with mental health challenges and also by their parents, desperate for help for their loved ones. Also, contrary to what you may have been told, the Masters degree in Clinical Psychopharmacology is a demanding two year program; you can check directly with the UH Hilo Daniel K. Inouye College of Pharmacy to substantiate this. Additionally, the Clinical Psychologists must pass a rigorous national exam. And they may only prescribe in collaboration with a patient's primary care provider. If this training is so inadequate as to cause the Prescribing Psychologists to endanger patients, why does the U.S. Military (using the SAME level of training) conduct such a program? This also can be substantiated. Why would New Mexico and Louisiana also utilize Prescribing Psychologists if it is so dangerous to patients? I urge you to pass HB1072 to ensure better access to care for low income people with mental health problems. Thank you.

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



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**THE TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016**

**COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

**NOTICE OF HEARING**

Wednesday, March 30, 2016 at 9:00 a.m.  
Conference Room 211  
State Capitol  
415 South Beretania Street

**TESTIMONY IN SUPPORT OF HB 1072, HD 1 SD1  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Dr. Nicole Robello, a behavioral health provider on the island of Molokai, and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.  
The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.





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4. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. **These programs do not cost the state a single penny.**

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an *increasing trend* in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Nicole Robello, Psy.D.

Licensed Clinical Psychologist

Behavioral Health Program Director

**From:** [shrinkart@aol.com](mailto:shrinkart@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:27:16 AM

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Robert K. Ax Ph.D.  
5610 Chatmoss Road  
Midlothian, VA 23112-2360

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

March 29, 2016

To the Members of the Hawaii Legislature:

Once again, I am writing about something which I believe is of great importance to the people of Hawaii, and to citizens all across our country. I ask your strong support of HB 1072, the bill to permit properly trained psychologists to prescribe psychotropic medications.

I am a retired clinical psychologist. I have nothing to gain from the passage of such a bill. I spent my career in the New Jersey and federal prison systems and have been advocating on behalf of prescriptive authority in correctional systems for years. There are many mental health care "consumers" in other settings - community mental health centers, on Indian reservations, and in rural areas, for instance - who could benefit from properly trained psychologists' authorization to prescribe psychotropic medications.

Prescribing psychologists have shown that they can provide this service safely and effectively. I believe the passage of a prescriptive authority bill, HB 1072, would be a great benefit to the people of Hawaii, as similar authorization already has been for patients in the military, New Mexico, and Louisiana, and will soon be to patients in Illinois. I wish we had such a progressive law here in Virginia.

Thank you for your attention to this request.

Sincerely yours,

Robert K. Ax, Ph.D.  
Federal Bureau of Prisons (Retired)

5610 Chatmoss Road  
Midlothian, VA 23112  
&#8195;

Sincerely,

Robert K. Ax, Ph.D.

Sean Hodges, Ph.D., MSCP

## **In Strong Support of HB1072**

## **Why not Hawaii?**

**The medical training in the MSCP program provides a competency-based model of learning and assessment in preparation for prescriptive authority.** Prescribing psychologists must pass a nationally based certified exam in psychopharmacology comparable to the American Board Exam in Psychiatry and Neurology. I'm a licensed psychologist in the State of Hawaii practicing in California. If this bill is passed I will return to Hawaii to help the Kamaaina in need.

**Psychologists are already safely prescribing in Louisiana, New Mexico, Illinois, Guam, the military and on Native American Reservations.** Prescribing psychologists are highly educated and competent within psychopharmacology. Over a million prescriptions have been written by psychologists over the last 30 years and zero complaints were filed. This exemplary safety record was verified by the Hawaii legislature's review on safety. The oppositions claim to hazardous prescribing by psychologists is illegitimate and unfounded.

**HB1072 will support those on the frontline of mental health including law enforcement, emergency services, fire/paramedics, community health clinics, businesses and families by providing medically trained prescribing psychologists to help alleviate the overwhelming distress seen in the trenches of the community.** There are too many people not getting needed medication because of lack of access to care. Passage of this bill will increase contact to qualified mental health psychologist prescribers desperately needed Hawaii.

**Hawaii legislators are wise to include mandated collaboration between the medically trained advanced practice psychologists and primary care physicians in the bill.** This edict in the law will promote a higher quality of care that prescribing psychologists and PCP's desire and Hawaii deserves. It will set a standard that other medical professionals may want to immolate.

**The following MSCP curriculum supports skilled and safe prescribing by specially trained/designated medical psychologists:**

### I. Basic Science

A. Anatomy & Physiology

B. Biochemistry

### II. Neurosciences

A. Neuroanatomy

B. Neurophysiology

C. Neurochemistry

### III. Physical Assessment and Laboratory Exams

A. Physical Assessment

B. Laboratory and Radiological Assessment

### C. Medical Terminology and Documentation

Supervised clinical experience or lab experience in conducting physical exam, ordering psychometric and laboratory tests, understanding results and interpretation

## IV. Clinical Medicine and Pathophysiology

A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.

B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities

C. Differential Diagnosis

D. Clinical correlations-the illustration of the content of this domain through case study

E. Substance-Related and Co-Occurring Disorders

F. Chronic Pain Management

Supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems

## V. Clinical and Research Pharmacology and Psychopharmacology

A. Pharmacology

B. Clinical Pharmacology

C. Pharmacogenetics

D. Psychopharmacology

E. Developmental Psychopharmacology

F. Issues of diversity in pharmacological practice (e.g., sex/gender, racial/ethnic, and lifespan factors related to drug metabolism access, acceptance, and adherence)

Supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation

## VI. Clinical Pharmacotherapeutics

A. Combined therapies - Psychotherapy/pharmacotherapy interactions

B. Computer-based aids to practice

C. Pharmacoepidemiology

Supervised clinical experience or lab experience in integrated treatment planning and consultation and implications of treatment

## VII. Research

- A. Methodology and Design of psychopharmacological research
- B. Interpretation and Evaluation of research
- C. FDA drug development and other regulatory processes

#### VIII. Professional, Ethical, and Legal Issues

- A. Application of existing law, standards and guidelines to pharmacological practice
- B. Relationships with pharmaceutical industry
  - 1. Conflict of interest
  - 2. Evaluation of pharmaceutical marketing practices
  - 3. Critical consumer

Supervised clinical experience by a Board Certified Psychiatrist on acute, short-term, and maintenance medication strategies.

#### **How adding Prescribing Psychologists Will Support the Underserved**

It has been argued in response that psychologists with prescriptive authority would be no more likely to locate in underserved and rural areas than psychiatrists are (e.g., [Uecker 2009](#)). Even so, the imbalance in the number of healthcare psychologists relative to psychiatrists is sufficient that RxP could markedly increase the number of prescribers with specialty training in psychological disorders. The U.S. Department of Labor *Occupational Outlook Handbook 2008–2009* (available at [www.bls.gov/oco](http://www.bls.gov/oco)) estimated there were 150,000 healthcare psychologists in the country in 2006 versus 33,000 psychiatrists. In Louisiana, where psychologists were able to fulfill the requirements for authorization to prescribe quickly once the legislation passed, approximately 9% of all licensed healthcare psychologists are already prescribing as medical psychologists. If this statistic can be used as an estimate of the percentage of psychologists who would choose to become licensed to prescribe nationally, prescriptive authority for all psychologists would translate into a 41% increase in the availability of prescribers. According to [Hartley et al. \(1999\)](#), the per capita density of psychologists in rural areas is almost four times that of psychiatrists, so even in rural areas prescriptive authority for psychologists could increase the availability of prescribers by almost 35%. In a recent survey of 26 prescribing psychologists, respondents on average estimated 55% of their caseload was economically, socially, linguistically, or otherwise disadvantaged, and this represented an increase of 20% in the number of cases from disadvantaged backgrounds since receiving prescriptive authority ([Muse & McGrath 2010](#)).

#### **Prescriptive Authority for Psychologists**

Annual Review of Clinical Psychology

Vol. 6: 21-47 (Volume publication date April 2010)

Sophia Schmitt-Daskalos  
[daskalos@hawaii.edu](mailto:daskalos@hawaii.edu)

3/28/16

To: Senator Jill N. Tokuda, Chairperson  
Senator Donovan M. Dela Cruz, Vice-Chairperson  
And members of the Senate Committee on Ways and Means

RE: **HB1072 HD1 SD1, Relating to Prescriptive Authority For Certain  
Psychologists – SUPPORT**

Hearing Date and Time: 3/30/2016 9:00am  
Hearing Room: 211

Senator Jill N. Tokuda Chair, Senator Donovan M. Dela Cruz Vice-Chair, and members of the Senate Committee on Ways and Means, I am testifying in support of HB1072 HD1 SD1.

I am currently pursuing a bachelor's degree in Social Work at the Myron B. Thompson School of Social; UH Manoa. I am very concerned for the wellbeing of all people and feel that this bill, if passed, will positively influence the lives of people who are in a critical mental state. As noted in the bill, the patient must have a serious mental illness, which may help in preventing the passing of medications to avoidable patients.

Due to the fact that there is such a high rate and growing number of suicide attempts in the State every year; for the portion of citizens that are living in rural areas and not receiving proper medical attention, this bill could provide them support.

I am not a person who finds that turning to medication is the answer to solving problems within an individual, especially because as a youth I witnessed a family member struggle for many years with prescribed anti depressants that were negatively impacting the individual. As depression can be treated other ways such as therapy, serious mental illnesses such as schizophrenia must be controlled with medication. In a journal on Schizophrenia treatment by John M. Grohol, Psy.D., he mentions that schizophrenia is linked to poverty, homelessness, and unemployment. In order for patients struggling with schizophrenia to move past these obstacles and become a contributing person in society, medication is most likely necessary to kick start a move towards positivity. In rural areas where the number of patients dramatically outweighs the ability of physicians to address their needs, allowing trained and eligible licensed clinical psychologists to prescribe medications to those individuals may help lower the number of suicide attempts due to more controlled mental illnesses.

I am in support of the bill HB1072 HD1 SD1 and would like to thank you for the opportunity to testify.

Sincerely,

Sophia Schmitt-Daskalos





Na Pu'uwai  
Native Hawaiian Health Care System  
PO Box 130 Kaunakakai, Hawaii 96748  
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**THE TWENTY-EIGHTH LEGISLATURE  
REGULAR SESSION OF 2016**

**COMMITTEE ON WAYS AND MEANS**

Senator Jill N. Tokuda, Chair  
Senator Donovan M. Dela Cruz, Vice Chair

**NOTICE OF HEARING**

Wednesday, March 30, 2016 at 9:00 a.m.  
Conference Room 211  
State Capitol  
415 South Beretania Street

**TESTIMONY IN SUPPORT OF HB 1072, HD 1  
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Stephen Reynolds, MA a behavioral health provider on the island of Molokai and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.



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4. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. **These programs do not cost the state a single penny.**

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an *increasing trend* in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Stephen Reynolds, MA

# ANTIOCH UNIVERSITY SEATTLE

S2326 Sixth Avenue, Seattle, WA 98121-1814 | 206-441-5352 | TTY: 206-728-5745 | Fax: 206-441-3307 | [www.antiochseattle.edu](http://www.antiochseattle.edu)

March 28, 2016

Dear Hawaii State Legislature,

**I AM IN STRONG SUPPORT OF HB 1072.**

Prescribing Psychologists are:


- Ethical: Psychologists have had ethics pounded into their brains from the first class until the completion of their licensure to practice. There is little chance that a prescribing psychologist will prescribe in a careless or unethical manner.
- Astute and effective clinicians: Psychologists have spent many years learning how to evaluate and meet the needs of the patients presented to them. Added training in psychopharmacology enables the prescribing psychologist to be an even more astute and effective clinician.
- Research based: Psychologists also have much research experience and training. This background encourages all psychologists, including prescribing psychologists, to use evidence-based treatment whenever possible.

I am a clinical psychologist with training at UCLA, Utah State University, and the University of Washington School of Medicine. I completed my MS in Clinical Psychopharmacology at Alliant University and am about to take the national PEP exam. You may review my credentials at: [www.antiochseattle.edu](http://www.antiochseattle.edu).

One topic that is never discussed is that our core knowledge as psychologists is often considered "soft" as opposed to "hard" knowledge in the traditional sciences. I believe that those professionals who currently prescribe psychotropic medications should have more "soft" knowledge than their training programs provide. Wouldn't you want a clinician who is an expert on people and human behavior, as well as an expert on the ins-and-outs of psychotropic medications? Prescribing psychologists have expertise in both the "soft" side of the field (e.g., how people operate) as well as the "hard" side of the field (e.g., neurobiology, psychopharmacology, etc.). This is an amazing blend that has already helped me immensely in my work with others.

I personally am very excited about this new breed of psychologists. I am sure that the people of Hawaii will greatly benefit if this bill is passed. Please count me in since I truly, with 100% of my heart, support this bill. Thank you.

Sincerely,



Steven E. Curtis, PhD, NCSP, MSCP  
Licensed Child Clinical Psychologist  
Nationally Certified School Psychologist  
Master of Science in Clinical Psychopharmacology  
Affiliate Faculty, PsyD Program in Clinical Psychology  
Antioch University, Seattle

**From:** [tctmjs@zianet.com](mailto:tctmjs@zianet.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:37:09 AM

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Thomas Thompson  
943 N. Alameda  
Las Cruces, NM 88005-2197

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Thomas C. Thompson, PhD, MP, ABN, ABMP. I am a Board Certified Medical and Neuropsychologists with prescriptive authority in the state of New Mexico. I have been prescribing in rural mental health settings since 2005 serving populations that are underserved, in great need, who constitute individuals with major mental illness and multiple comorbid physical disorders. I have done so as part of the medical staff of several hospitals/clinics improving the integrated quality of care in rural south-central New Mexico.

I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons: in Hawaii as in New Mexico, and many other locations there is a lack of integrated mental health service available and psychologist with advanced medical and psychopharmacological training had been providing/helping to fill that gap in New Mexico for many years. This occurs in rural areas, urban underserved populations, and in clinics serving native peoples.

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and

increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing. In New Mexico we are welcomed by our family practice, internal medicine, and other specialties serving these underserved and needy populations.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that.

I hope you will look favorably upon this effort in your state of Hawaii as it has been of major importance in providing care to underserved populations in New Mexico.

Thank you for your consideration.

Sincerely,

Thomas C Thompson, PhD, MP, ABN, ABMP

575-526-3778

**From:** [Amanda Barefoot](#)  
**To:** [WAM Testimony](#)  
**Subject:** Vote NO to HB 1072  
**Date:** Wednesday, March 23, 2016 10:52:28 PM

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Aloha,

I am writing to express my deep concern regarding HB 1072, I feel that this is not a suitable solution to the proposed issue at hand. The overall issue is that psychotropic medications are proving to be very damaging to our population there are tons of statistics that point out how these medications are adversely affecting the citizens of our world. I urge you to stand up against this bill and urge for more holistic solutions in considering passing laws to assist the people of Hawaii. Allowing more people the ability to prescribe these mind altering drugs does not help our community in Hawaii thrive, it cripples it. We should be a state that sets an example for the rest of the world. By passing this law it will knowingly allow these harmful drugs to run rampant even faster through our islands and ultimately cause a decline in its survival. I personally have a parent who has been prescribed numerous psychotropic drugs and it is terrifying to see how much it has changed her at such a young age, so I have first hand knowledge of how these drugs impact people, families, relationships, etc... it IS NOT THE SOLUTION!

The impact of these drugs are staggering, here are just couple statistics that I believe really highlight this viewpoint.

Excerpt form "Another Mass Shooting, Another Psychiatric Drug? Federal Investigation Long Overdue"

**"Fact:**Between 2004 and 2012, there have been 14,773 reports to the U.S. FDA's MedWatch system on psychiatric drugs causing violent side effects including: 1,531 cases of homicidal ideation/homicide, 3,287 cases of mania & 8,219 cases of aggression. Note: The FDA estimates that less than 1% of all serious events are ever reported to it, so the actual number of side effects occurring are most certainly higher.

"Between 2001 and 2009, there were 2,100 suicides in the U.S. military, triple the number of troops that died in Afghanistan and half of all American deaths in Iraq. During that same period, military orders for psychiatric drugs known to cause suicidal thoughts and acts increased 76%.American vets have it even worse. One U.S. military veteran kills himself every 65 minutes—an astonishing 22 a day" excerpted from Psychiatric Drugs Cause Suicides.

Allowing this to pass is irresponsible and a disservice to humanity. I am confident that you will make a choice that is the most survival for our islands.

Mahalo for your consideration,

Amanda Barefoot Gregory

Resident of Hawaii Kai



**From:** [Amanda Personal](#)  
**To:** [WAM Testimony](#)  
**Subject:** HB 1072  
**Date:** Wednesday, March 23, 2016 10:16:40 PM

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Aloha,

I am writing to express my deep concern regarding HB 1072, I feel that this is not a suitable solution to the proposed issue at hand.

Mahalo,

Amanda Barefoot Gregory

"If we could change ourselves, the tendencies in the world would also change. As man changes his own nature, so does the attitude of the world change towards him...we need not wait to see what others do."

-Gandhi

To: Chair, Senator Jill Tokuda & The Ways & Means Committee

From: Amber Lea Rohner Sakuda, MD

Subject: **HB 1072 HD 1 SD1 Relating to Prescriptive Authority for Certain Psychologists**

Hearing Date: Wednesday 3/30/16, 9 AM

Position: **OPPOSED**

Aloha Senator Tokuda and Members of the Ways & Means Committee,

Mahalo for this opportunity to testify in opposition to HB 1072 HD 1 SD 1. I am a medical doctor specializing in adult psychiatry with 2 years of sub-specialty training in child & adolescent psychiatry. This is my 5<sup>th</sup> year back home on Maui practicing psychiatry since I finished my 13 years of training. I'm very concerned about the lack of safety in HB 1072 which would allow psychologists with no medical background to do 400 hours of clinical training on at least 100 patients & then prescribe many of the same medications I do. That means they could potentially prescribe addicting substances for ADHD like Desoxyn (methamphetamine) & Adderall (amphetamine salts) with minimal training & supervision.

I have been heavily involved in mental health integration efforts to train primary care physicians (PCPs) to manage psychiatric conditions better, which seems a much safer & cost effective way to remedy the access issues for mental health care. It requires no new legislation & no new money or vast training time, just better collaboration between physicians in primary care & specialty care. In stark contrast, it would require a significant amount of time & money, and it requires new legislation to train a psychologist with absolutely no medical background how to try to function as a medical doctor specializing in psychiatry.

If your parent or child had a heart condition, would you want them to see the heart monitor tech who got a little extra training, just because there are not enough cardiologists? I don't think so. Let's do what is pono & protect patient safety.

Please support patient safety & **VOTE NO on HB 1072 HD 1!**

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

**From:** [Asad Ghiasuddin](#)  
**To:** [WAM Testimony](#)  
**Subject:** Please vote no on HB1072  
**Date:** Tuesday, March 29, 2016 6:50:53 AM

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Aloha

I respectfully urge you to vote no on HB1072 as it would create harm for the people of Hawai'i.

Best regards,

Asad Ghiasuddin

To: Ways and Means Committee

From: Asad Ghiasuddin MD, FAAP, FAPA

Subject: HB 1072 Relating to Prescriptive Authority for Certain

Psychologists

Hearing Date: March 29/2016

Thank you for the opportunity to testify in opposition to HB 1072 HD1 which proposes to grant prescriptive authority to certain psychologists.

This proposition has me concerned for several reasons. As a pediatrician, general psychiatrist, and child psychiatrist, the safety and well being of my patients is my top priority. The prescribing of psychotropic medications is a serious matter, and one which requires the advanced training of a medical nature (this would include medical school, residency, APRN-Rx training). In addition to the knowledge base required just to master the medications themselves, an intricate knowledge of anatomy and physiology is necessary due to the fact that medical ailments may masquerade as psychological pain.

Additionally, there is no research to support the assertion that this bill would expand access to mental health care in Hawaii. There are many initiatives working on helping with the mental health care shortage, including telehealth and primary care integration with mental health.

I am sincerely worried about the health and wellbeing of the people of Hawaii, should this bill pass.

I urge your Committee not to pass this dangerous measure. Thank you for considering my testimony in opposition to HB 1072.

Mahalo,

Asad Ghiasuddin MD, FAAP, FAPA

Elaine M. Heiby, Ph.D.  
Licensed Psychologist  
Professor Emerita of Psychology UHM  
2542 Date St., Apt. 702  
Honolulu, HI 96826  
(808) 497-0929  
[heiby@hawaii.edu](mailto:heiby@hawaii.edu)

28 March 2016

Hawaii State Legislature  
Senate Committee on Ways and Means

Re: OPPOSITION to HB1072HD1SD1\_ Relating to prescription privileges for psychologists

Dear Honorable Senators:

This is individual testimony that is informed from my experience as a doctoral level psychologist since 1980. My experience includes being a Professor of Psychology at the University of Hawaii at Manoa from 1981 to 2014, a Hawaii Licensed Psychologist since 1982, and a former member of the Board of Psychology. My opinions do not represent the University or the Board. My opinions are consistent with testimony submitted by Psychologists Opposed to Prescriptions Privileges for Psychologists (POPPP) and I am on the Board of Advisors of POPPP.

#### Purpose of HB1072HD1SD1

HB1072HD1SD1 aims to expand the scope of practice of psychologists to that of psychiatrists. This expansion of scope of practice crosses disciplinary boundaries. It is not accurate to compare this expansion of scope of practice to permitting other health professionals, such as dentists and nurses, to prescribe as the training of these other allied health professionals is already premedical and medical in nature. The training of psychologists is not. Therefore, this bill proposes a radical reduction of required medical training in order to practice medicine in Hawaii.

#### Cost Implications

Some have testified that this is a no-cost bill. This is not true. In order to offer the substandard medical training specified in this bill, it would cost the University of Hawaii-Hilo College of Pharmacy at least \$250,000 per year.

### Reasons for Opposition involve Risk to the Consumer

- Bills similar to this one have been rejected at least 183 times in 26 states over the past 20 years owing to substandard medical training (see 2015 map below)
- Training for a doctorate in clinical psychology does not include pre-medical or medical training. Therefore, as stated above, comparison to expansion of scope of practice for dentists and nurses is erroneous because the training of these other professionals is already medical in nature.
- There is virtually no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect the consumer. This bill suggests there is solid evidence that 80% to 90% of the current licensing requirements for physicians and nurses is unnecessary. Yet no such evidence exists and no bills to reduce the training required for physicians and nurses are being entertained.
- 89.2% of about 1000 members of the psychological Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers (*the Behavior Therapist*, September 2014). A survey of Illinois psychologist yielded similar findings (78.6%) (Baird, K. A. (2007). A survey of clinical psychologists in Illinois regarding prescription privileges. *Professional Psychology: Research and Practice*, 38, 196-202. doi:10/1037/0735-7028.38.2.196).
- Only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill (ABCT survey)
- Only 10.9% would refer a patient to a prescribing psychologist whose medical training is what is required in this bill (same ABCT survey).
- 88.7% agreed that there should be a moratorium on bills like this one until there is objective evidence that the training involved protects the consumer (ABCT survey).
- About 90% indicated that the impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before this experiment is repeated in Hawaii (ABCT survey). Consumer safety outcome in the military is difficult to evaluate owing to the Feres Doctrine (barring lawsuits involving injuries to members of the armed forces) and the small number of prescribing psychologists (e.g., 2 in the Navy and 4 in the Air Force).

- Proponents claim that the lack of a reported death or serious harm by prescribing psychologists somehow provides evidence of safety. It does not. It only provides evidence that any harm done by these psychologists was not identified and reported by the psychologists themselves or their patients. A lack of evaluation of safety does not constitute evidence for safety.
- Given proponents spent over \$500,000 to pass a prescribing bill in Louisiana alone speaks to the availability of funds to conduct a consumer safety study in New Mexico and Louisiana. Such a study would address the adequacy of the amount of medical training required in this bill.
- The choice by the American Psychological Association (APA) to not conduct a consumer safety outcome study suggests a lack of concern about consumer safety. There has been erosion in the ethics of the APA in the past decades. The ethics of the APA has changed from professional ethics designed to protect the consumer to guild ethics, designed to increase the income of psychologists regardless of the impact upon the consumer (<http://kspope.com/PsychologyEthics.php#contentarea>). Evidence of this erosion is apparent in the disregard for consumer safety in prescribing and in other areas, such as the APA's explicit support of doing harm by endorsing psychologists to conduct torture and the APA's admitted deception of the membership by presenting voluntary contributions as mandatory.

The State of Illinois has set the standard for prescription privileges for psychologists

- In 2014, the State of Illinois enacted a law to permit psychologists to prescribe some psychotropic medications (e.g., excluding narcotics and benzodiazepines) to a limited population (excluding youth, the elderly, pregnant women, the physically ill, and those with developmental disabilities).
- The training requirement is similar to what is required of Physician Assistants, including undergraduate pre-medical training. This training includes 7 undergraduate and 20 graduate courses along with a 14-month practicum in multiple medical rotations. The training program must be comparable to that which is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).
- No online medical training is acceptable in Illinois.

- The Illinois Psychological Association, Nursing and Medical associations supported the Illinois law, as it requires the same medical training as other non-physician prescribers.

Solutions to access to psychoactive drugs while protecting the consumer

1. Collaboration between psychologists and physicians.
2. Completion of medical or nursing school by psychologists. Encouraging medical and nursing schools to offer executive track programs for psychologists and social workers.
3. Use of Tele-psychiatry, which is promoted by the Department of Veterans Affairs and the U.S. Bureau of Prisons
4. Modify this bill to meet the required training and scope of practice limitations in the Illinois law enabling psychologists to prescribe.
5. Encouraging all professionals to serve rural areas. The prescribing laws in New Mexico and Louisiana did not result in psychologists moving their practices to rural areas as they had declared would happen (see chart below;

Source: Prof. T. Tompkins, 2010; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999).

Thank you for your kind consideration of this opinion.

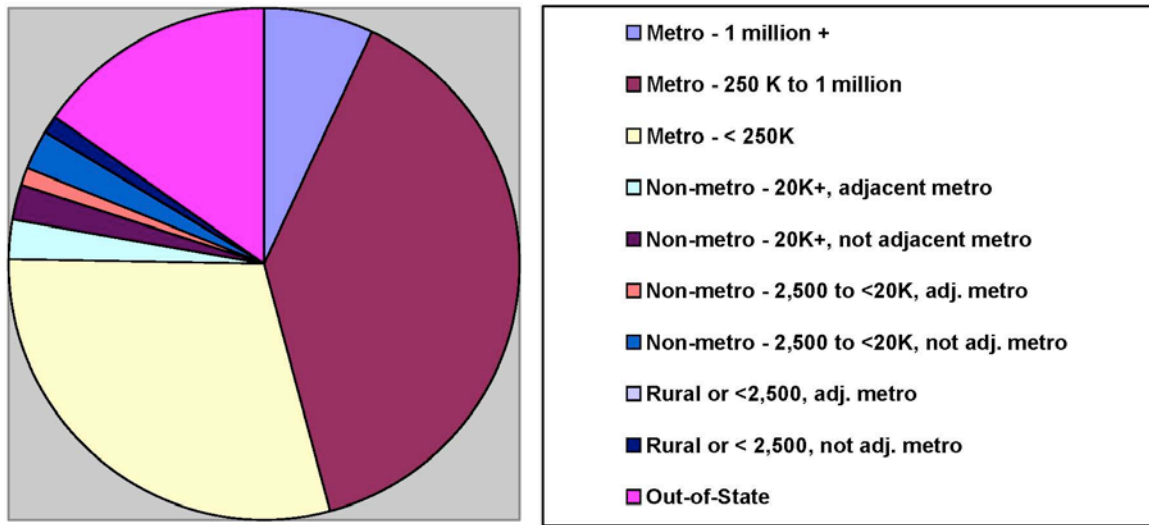
Respectfully,



Elaine M. Heiby, Ph.D.  
Psychologist (HI license 242)  
Professor Emerita of Psychology, University of Hawaii at Manoa

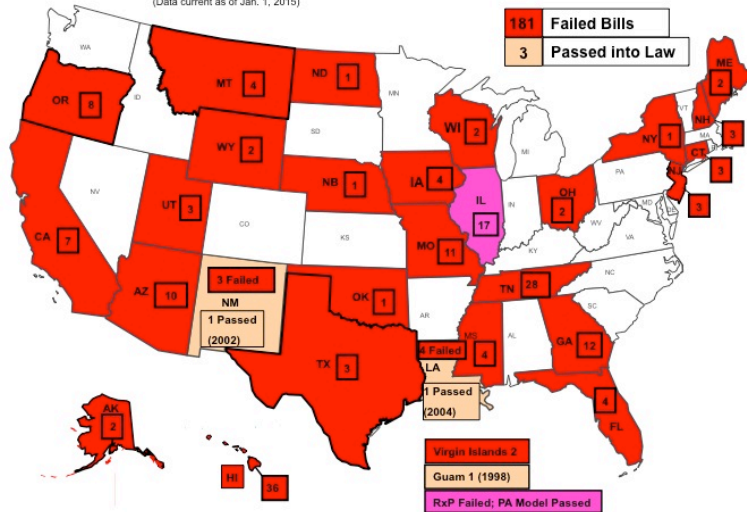


Combined Distribution of Psychologists Authorized to Prescribe Medications in NM, LA, and Guam



Psychologist Prescriptive Authority Legislative Bills 1995-2015

(Data current as of Jan. 1, 2015)



POPPP: Psychologists Opposed to Prescription Privileges for Psychologists

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [fenner@hawaiiantel.net](mailto:fenner@hawaiiantel.net)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Monday, March 28, 2016 7:37:45 PM

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## **HB1072**

Submitted on: 3/28/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By       | Organization | Testifier Position | Present at Hearing |
|--------------------|--------------|--------------------|--------------------|
| Fenner-Marie Shupe | Individual   | Oppose             | No                 |

Comments: I am a voter with serious mental illness for the past 56 years. I have been treated for decades by psychiatrists and psychologists until reaching recovery 10 years ago. TALK THERAPY with my psychologist is and was most helpful and meets my needs now. But the three psychiatric drugs I will be on for the rest of my life are essential to my recovery. It took decades of trying the different drugs and combinations with my psychiatrist, who still explains the serious side effects that are possible to me. Do not allow psychologists to prescribe meds. Psychiatrists have the many years of schooling, interning and residency to be safe and accurate for prescribing. Employ TELEMEDICINE for access!

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

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**From:** [Hilu Holthansen](#)  
**To:** [WAM Testimony](#)  
**Subject:** "NO" to HB1072\_HD1  
**Date:** Wednesday, March 23, 2016 4:21:38 PM

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Dear WAM Committee:

This letter is in re. to HB1072\_HD1:

Everyone deals with shocking events differently. Per Web MD, "there are no laboratory tests to diagnose mental illness". Mental illness is based on symptoms and opinion and then prescribe a very heavy psychotropic drug whereby if it doesn't work or good lord, it causes other symptoms, another heavy drug gets prescribed or maybe two, three, four or five. What a nice little racket these "professionals" have going. Psychotropic drugs cannot handle serious medical illnesses and more health practitioners allowed to prescribe harmful drugs will only exacerbate the problems that we have. It's a dead-end with no sign-post for hope.

How can a person confront and move through the condition in the haze that these drugs offer as a treatment? Yes, the human condition can be complex but in this fast paced and sometimes cruel world that we live in, we need our full faculties to unravel the complexities. A pill is a quick way to shirk responsibility and a lack of courage to face the future as well as the past. Health practitioners who really care to help these people to find the strength within and of themselves to overcome his situation will make it harder by prescribing drugs and then need a heroic amount of help to further assist him. Perhaps it is easier to prescribe a drug, it only takes a few seconds to put one's pen to that prescription pad and with that, more clients, more sales, and more helpless invalids for others to care for for the rest of their lives because that is what happens and is happening in our society.

Per the Wikipedia -- "... In 1952, when the American Psychiatric Association published its first Diagnostic and Statistical Manual of Mental Disorders, homosexuality was included as a disorder..." Wikipedia further states that "...the American Psychiatric Association removed homosexuality from the DSM in 1973, stating that "homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities. After review, the American Psychological Association adopted the same position in 1975, and urged all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations. The National Association of Social Workers adopted a similar policy.... I bring this to your attention because if at one point a drug could be administered to someone with this disorder then a drug can be administered to a myriad of symptoms simply because of opinion by pure symptoms and not a laboratory tests.

PTSD is another symptom we have become very aware of lately and soldiers are being prescribed heavy drugs for. As horrific as war is, death, violence or torture and rape, drugs are mere bandages but easy to prescribe. Paxil, Celexa, Luvox, Prozac, Zoloft; tricyclic antidepressants such as Elavil and Doxepin and tranquilizers such as Ativan and Klonopin; mood stabilizers such as Depakote and Lamictal; and neuroleptics such as Seroquel and Abilify and all with side-effects, not to mention, homicidal and suicidal tendencies takes seconds for a written prescription. And how do you monitor for such catastrophic side-effects before it happens? It can happen in an instant or it can be planned for in a matter of days, months and weeks without anyone even the least bit aware of it. You have an unstable person being prescribed a drug with such horrific side-effects and the prescribing doctor can and will

shirk any and all responsibility with a mere comment like, "he should have gotten treatment earlier" or "he went off of his "medication"... the very medication that caused such horrific side-effects from a situation that was much less desperate than the measures that these mind-bending psychotropic drugs cause.

Allowing one more health practitioner to shirk his responsibility with the quick pen to pad remedy is tragically irresponsible. No, these human beings who need help, who are desperate for answers, whose self-worth has been tampered with and are finding it hard to cope, in this fast-paced, sometimes very cruel and sometimes, extremely unjust world need more tolerance, understanding, better health choices, better education and skills that can raise them up to achieve a more purposeful life so they can contribute in some way to help raise the standards of our society and culture. Responsibility is the key here. Courage to face the consequences and ones responsibility no matter how hard can not be done behind a pretty veil of pretense and drugs.

Aloha,

Harrinette Holt-Hansen

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [lovetteb@lokahiconsulting.com](mailto:lovetteb@lokahiconsulting.com)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Tuesday, March 29, 2016 10:46:24 AM

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## **HB1072**

Submitted on: 3/29/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By   | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Brenda Lovette | Individual   | Comments Only      | No                 |

Comments: As a Hawai'i resident since 1982, a psychologist (who trained here) since 2001, a former provider at Hawai'i State Hospital, and a clinician in private practice, I have seen the need for more prescribers of psychotropic medications in my family and as a professional. For this reason, I am a current student in the UH Master of Science Degree in Clinical Psychopharmacology Program (one of only 4 in the nation) that has been approved by the American Psychological Association. The rigorous 3 years of training in Chemistry, Physiology, and Psychopharmacology is post Doctoral work (7 years of graduate school) and after a 4 year Bachelor's Degree. Prescribing psychologists are well trained in understanding and administering psychotropic medications after the education noted above, many hours of supervision, and by being in consult with primary care physicians about each patient's needs. Given our current shortage of psychiatrists and lengthy wait for appointments (I have seen patients denied for not having the correct insurances and even if they do have one the doctor accepts, the wait for initial appointments is 2-3 months). Psychologists with advanced training will safely bridge the gap and offer a much needed service as they have for over 2 decades in the military and in other states with mental health provider deficits similar to Hawai'i. Mahalo for your support.

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

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## **IQBAL "IKE" AHMED, M.D.**

2861 KALAWAO STREET  
HONOLULU, HI 96822  
TELEPHONE: (808) 554-4457  
EMAIL: [ahmedi96822@gmail.com](mailto:ahmedi96822@gmail.com)

To: Senator Rosalyn H Baker (Chair), Senator Michelle N Kidani (Vice Chair), and Members of the Committee on Commerce, Consumer Protection, and Health;  
Senator Gilbert S C Keith Agaran, (Chair), Senator Maile SL Shimabukuro (Vice Chair), and Members of the Committee on Judiciary and Labor

February 22, 2016

Re: HB 1072 SD1 Proposed

Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Please vote NO on HB 1072 SD1 Proposed

I am writing to you as not only a practicing psychiatrist of 35 years, but as one of the few psychopharmacologists in the U.S certified by the American Society of Clinical Psychopharmacology. I am also a consultant, teacher and researcher in psychopharmacology.

I want to address the issues raised in the proposed legislation. We know that more psychiatrists as are needed to handle the psychiatric needs of underserved communities, and at first glance this bill might seem to be a reasonable solution. However, any access issue has to be seen in the context of safety. One of the core tenets of the Hippocratic Oath that physicians take is "first do no harm". My concern is that in trying to address the access issue, our most vulnerable citizens living in rural areas of Hawaii with mental illness are unnecessarily being exposed to risks from powerful psychiatric medications prescribed by the least qualified prescribers of these medications. Every few weeks we learn more about the risks from the use of these psychiatric medications such as heart disease, sudden death, bleeding problems, strokes, falls, and interactions with medications prescribed for medical problems. Even psychiatrists and other physicians have to be cautious in the use of these medications. New warnings, including "black box warnings" (the highest level of warning), and other regulations for medical monitoring of people using these medications are being issued by the Food and Drug Administration (FDA) on a regular basis. Does the legislature really want to get in the business of exposing the people to unnecessary harm? It has been said that psychologists have been safely prescribing in other states based on no reports of adverse effects. We actually cannot say that. The reality is that even placebos have adverse effects. The threshold for adverse effects to regulatory agencies and for lawsuits is very high and absence of such report does not mean there are no adverse outcomes. Succinctly put "absence of proof is not proof of absence".

Another issue that has been raised by the proponents of the bill is that suicides could be prevented if psychologists could prescribe. There is very little data that medications may prevent suicides. If anything, certain psychiatric medications, especially when not properly prescribed, may increase the risk of suicidal thoughts and behavior. That is the reason the FDA has issued "black box warnings" for suicide risk for all antidepressants. Crisis intervention and psychotherapy are often more effective than medications in preventing suicide. In addition, many of the more common psychiatric disorders such as depression, anxiety disorders, post-traumatic disorders, and ADHD respond well to psychotherapies and other behavioral interventions, often better than medications. Psychologists are well qualified to provide these services. . There is no evidence that as the number of psychiatric medications are prescribed, there are better mental health outcomes. As a matter of fact the number of psychiatric medications prescribed in the U.S. has increased substantially the past several years without a concomitant improvement in the mental health outcomes. What is needed in Hawaii are more mental health providers who can provide these services, not more prescribers

So what are safer and more effective solutions? There are better ways of addressing the access issues to mental healthcare such as: 1) the implementation of the integrated or collaborative care involving social workers, nurses, psychologists, providing safe, good quality mental health care each within their area of expertise in primary care settings, 2) use of telemedicine and 3) other innovative models such as the ECHO program. There is scientific evidence that all these approaches have been found to enhance access and improve mental healthcare outcomes such as reductions in suicide rates. I can provide scientific evidence on the statements I have made. Implementation of telepsychiatry is already occurring to some extent, and training in integrated care and the ECHO program is just starting in Hawaii. Psychologists can partner with psychiatrists in the development of these models of care. They can help with access to safe and effective mental health care by providing valuable nonpharmacological treatments for the severely mentally ill such as crisis intervention, evidence based and effective psychotherapies such as cognitive behavior therapy, psychosocial rehabilitation programs, and recovery programs. Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications that may lead to more harm than good. Please vote no on HB 1072 SD1 proposed. Thank you for considering my testimony.

Iqbal Ahmed, M.D.  
February 22, 2016

To: Senator Jill Tokuda, Chair, and Senator Donovan Dela Cruz, Vice Chair, and members of the Senate Committee on Ways and Means

From: Jeffrey Akaka, MD, Community Psychiatrist

Hearing Date: March 30, 2016

Hearing Time: 9:00am.

Re: HB 1072, HD1, SD1

Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Dear Chairperson Tokuda, Vice Chairperson Dela Cruz and Members of the Senate Committee on Ways and Means:

Please vote NO on HB 1072, HD1, SD1

I am a medical doctor specializing in Psychiatry for people who are in and out of prison and in and out of the Hawaii State Hospital, for nearly 25 years, first in Waianae, then in Kaimuki, and sometimes filling in on Maui and Kauai at Community Mental Health Centers.

I have good news!

We can now solve rural access to psychiatric care problems by new methods proven to work and work safely.

First, the American Psychiatric Association landed a multi-million dollar TCPI (Transforming Clinical Practice Initiative) grant from CMS last year, with which they began training 3500 psychiatrists across the country, including a half dozen already in Hawaii, on how to help the family doc treat patients out of the family docs office, rather than in a separate psychiatric office.

Through this new type of Collaborative Care, instead of the psychiatrist having “one-on-one” appointments with individual patients, which treats fewer patients per psychiatrist, through “care managers” they can help the family doc take care of many more patients per psychiatrist.

Second, Child Psychiatrists at the Child and Adolescent Mental Health Division of the State of Hawaii, through partnerships with school psychologists, provide care through telemedicine, with the potential to cover every school child in the state who needs psychiatric medication and cannot otherwise get it.



Third, the Hawai'i ECHO (Extension for Community Healthcare Outcomes) Project, a partnership between the Hawai'i State Rural Health Association and the University of Hawai'i, helps primary care doctors to get help on challenging cases through videoconferences with specialist physicians, but started in January 2016 with psychiatry. Current research shows this method improves the care of patients of participating rural family docs up to the level at city academic medical centers.

Therefore, please vote NO on HD1072 HD 1 SD1, because the above alternatives are already here, growing, proven to work on large scales, and are far safer. We welcome this opportunity to inform you about them and ask for your support.

Aloha and mahalo,

Jeffrey Akaka, MD  
Community Psychiatrist

I submit my testimony in opposition to HB 1072 because:

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

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

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

To: Senator Jill N Tokuda, Chair, Senator Donovan M Dela Cruz, Vice Chair and  
Members of the Ways and Means Committee

**March 28, 2015, 9:00 am**

Re: **HB 1072**

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Access to medical and psychiatric care is a national and a state problem, **BUT** from evidence from states which have authorized prescription privileges to psychologists, **THERE IS NO EVIDENCE THAT THIS POLICY HAS INCREASED OR IMPROVED ACCESS TO MENTAL HEALTH CARE.**

**Please vote NO on HB 1072 SD1 Proposed**

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Senator Jill N Tokuda, Chair, Senator Donovan M Dela Cruz, Vice Chair and  
Members of the Ways and Means Committee

**March 28, 2015, 9:00 am**

Re: **HB 1072**

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

I oppose HB1072 SD1 because it is unnecessary and it may eventually be harmful.

**Abuses of such legislation regarding medical practice may take decades to emerge.** This has happened in other countries.

Psychologist prescribing will put patients in danger. The culture of medical education emphasizes our power to harm as well as to heal and our watchword is "do no harm." Psychology training does not have that emphasis as recently exemplified by the recent public scandals about psychology participation in detainee interrogations.

I have diagnosed a brain tumor by looking into the back of a patients's eye. It's hard to do. It takes lots of practice. Serious physical illness can be hard to diagnose and a medical education is needed.

Prescribing psychiatric medicines looks easy, but it's not. You can die from a rash from a mood stabilizer or from a shot of pain medicine if you are taking an antidepressant. New side effects and drug interactions are discovered every day. To prescribe psychiatric medications, you need a medical education.

**Please vote NO on HB 1072 SD1 Proposed**

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Senator Jill N Tokuda, Chair, Senator Donovan M Dela Cruz, Vice Chair and  
Members of the Ways and Means Committee

**March 28, 2015, 9:00 am**

Re: **HB 1072 SD1 Proposed**

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Suicide is a big problem but **STIGMA** is the major factor blocking access to mental health services for those at risk for suicide. Most people who commit suicide have recently seen a primary care provider. The most effective strategy to prevent suicide is education for primary care providers and the general public about suicide risk and prevention and reimbursing primary care providers for talking to patients about suicide risk.

**Please vote NO on HB 1072 SD1 Proposed**

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Senator Jill N Tokuda, Chair, Senator Donovan M Dela Cruz, Vice Chair and  
Members of the Ways and Means Committee

**March 28, 2015, 9:00 am**

Re: **HB 1072 SD1 Proposed**

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Arrests doubled after (quoting from HB 1072 SD1 Proposed) “substantial cuts to state-supported mental health services in 2009.” The most effective way to reduce inappropriate arrests of patients with mental health problems is restoring funding to state mental health services to fund forensic coordinators and jail-diversion programs.

**Please vote NO on HB 1072 SD1 Proposed**

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Senator Jill N Tokuda, Chair, Senator Donovan M Dela Cruz, Vice Chair and  
Members of the Ways and Means Committee

**March 28, 2015, 9:00 am**

Re: **HB 1072 SD1 Proposed**

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

The Military crash course prescribing program for psychologists from 1991-1997 was ended because it was a failure.

Psychologists quit, they failed the tests, they said it was barely enough training and it had more than 4x the educational requirements as HB1072. It was full time for 3 years, taught by psychiatrists and cost \$600,000 per psychologist.

We don't want to subject people with mental disorders in our remote and rural places to this when they deserve the best standard of care.

**Please vote NQ on HB 1072 SD1 Proposed**

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD

Clinical Professor, Department of Psychiatry, JABSOM, UH

Medical Staff Member, Maui Memorial Medical Center

Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [NguL@dop.hawaii.edu](mailto:NguL@dop.hawaii.edu)  
**Subject:** Submitted testimony for HB1072 on Mar 30, 2016 09:00AM  
**Date:** Monday, March 28, 2016 12:16:57 PM

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## **HB1072**

Submitted on: 3/28/2016

Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

| Submitted By   | Organization | Testifier Position | Present at Hearing |
|----------------|--------------|--------------------|--------------------|
| Lisa Nguyen MD | Individual   | Comments Only      | No                 |

Comments: Please vote No on HB1072. I cannot support an abbreviated training that would allow non-medically trained individuals the ability to prescribe powerful psychotropic medications to those seeking appropriate treatment. This would be very dangerous to the safety of patients as it supports persons with no medical training to act as a prescribing medical professional. Please vote No on HB1072.

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



**From:** [Marion F. Poirier](#)  
**To:** [WAM Testimony](#)  
**Subject:** February 21, 2016  
**Date:** Monday, March 28, 2016 1:51:01 PM

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February 21, 2016

TO: Senate Committee on Ways and Means

FROM: Marion Poirier, M.A., R.N.  
Healthcare Consultant  
Former Ex. Director of NAMI HAWAII & HI Nurses Assn.

SUBJECT: OPPOSITION TO HB 1072

PARTICULARS: Ways and Means Hearing on Wednesday, March 30, 2016 at the HI State Capitol at 9AM.

Chair Tokuda, Vice Chair Dela Cruz and members of the Committee:

My name is Marion Poirier, and I am in OPPOSITION to HB 1072 and its subsequent iterations. As a nurse administrator of 30 plus years in Hawaii, I felt a need to alert you to my standing on this subject.

Most recently (1985-2009) I was the executive director of the Hawaii chapter of the National Alliance of the Mentally Ill. Prior to that I was the executive director of the Hawaii Nurses Association. These and other of my nursing experiences cause me to share my perspectives on this subject.

H.B. 1072 will not improve our mental health system. Incentivising physicians and nurses via financial assistance and improving the work place environs is where we need to go. Medical teams, including teleconferencing, are more reality based strategies. Until the work situations are enhanced, there isn't a profession that can remedy the gaps in our mental health delivery system.

Primary care doctors and advanced clinical practice nurses should have their roles expanded in this regard. This is the wave of future health care delivery, and Hawaii needs to "ride the wave". Only two states do not allow psychologists to prescribe medications. Let's not be one of the small state experiments.

NAMI national is OPPOSED to psychologists prescribing, and provides a litany of reasons on its website under public policy statements. Regarding our island State layout, I have been reminded by other mainlanders that virtually every state has urban and rural dimensions. Driving four to five hours for healthcare is equally challenging, and providers don't want to work there either.

Lastly, I would hate to lose the merits of psychology practice to a prescription pad. We need MORE psychologist interventions, not multi-tracking.

Please for the people of Hawaii do NOT pass this bill.

Thank you for the opportunity to offer this testimony.

Marion Poirier  
From my iPad

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## NOELLE YUEN, M.D

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To the Senate Ways and Means Committee,

I am a practicing psychiatrist serving the Leeward/Central region of Oahu. I understand the psychologists are interested in obtaining the privilege to prescribe medication to their patients, using the argument that there is a shortage of psychiatrists and that particularly in rural areas, psychiatrists are unavailable to provide care.

There are several issues to take into account when considering psychologist prescribing as an options for the shortage of psychiatrists.

1. Although there are shortages of psychiatrists, there are also shortages of many other medical specialists such as family practitioners, oncologists, general surgeons, etc. Yet no one is suggesting that the numbers of these specialists be augmented by training pseudo-medical professionals. The best and safest solutions is to address the shortage in other ways. Locus Tenens doctors, paying doctors more to service rural areas, increasing the number of training positions in psychiatry residency programs and offering incentives for residency graduates to serve rural areas are some ideas that come to mind. I'm sure, given some thought, other alternative could be found.
2. I worked for years on Molokai and the only psychologists providing service, were those psychologist brought in either by the Hawaii State Department of Health, or through the Native Hawaiian clinic. Psychologists are reluctant to service rural areas, just as much as psychiatrists.
3. The practice of psychiatry involves more simply prescribing medication. From the outside, looking in, it would appear that psychiatrists differ from psychologists only in being able to prescribe medication, i.e. psychologists do psychotherapy; psychiatrists do psychotherapy and prescribe medication. In reality, the psychiatrist as a medical doctor typically does much more. For example, the initial evaluation of a patient involves not only evaluating for a mental disorder, but also evaluating for potential medical conditions, which could present clinically as a mental illness. We will often check laboratory tests, and consider multiple medical causes of an illness, before making a final diagnosis and formulating a treatment. For example it is not uncommon to find a person with hypothyroidism, presenting with depression or dementia. Without medical training, psychologists would not have the clinical judgment or expertise to differentiate medical conditions from a mental health condition.

4. Secondly, psychiatry can be very complex. Although someone may come in complaining of depression, that may be the tip of the iceberg and there may be a much more complicated medical/clinical etiology.
5. My understanding is that psychologist prescribers would earn a masters degree in psychopharmacology. I can tell you that even people with a doctoral level degree in pharmacology are not competent to practice medicine. It really takes four years of medical school and the additional clinical years of residency training that builds the level of competency to practice psychiatry.

The bottom line is that it would take the equivalent of medical school training and residency to produce a competent mental health professional capable of not only prescribing by treating the whole patient. Any training less than medical school and residency would produce dangerous practitioners.

Thank you for your kind attention.

Sincerely,

Noelle Yuen, M.D.

**To:**

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

**From:**

Rika Suzuki, M.D.

**Subject:** HB 1072 HD1, SD1 Proposed SD1 Relating to Prescriptive Authority  
for Certain Psychologists

**Hearing Date:** March 30, 2016

Dear Senator Tokuda, Senator Dela Cruz, and Members of the Committee on Ways and Means,

Thank you for hearing my concern regarding the proposed bill to give prescriptive authority to a subset of 'trained' psychologists.

I am an adult and geriatric psychiatrist practicing in Honolulu for that last 5 years, having completed a 9 year training path (4 years of medical school, 4 years of residency in psychiatry, and 1 year of geriatric psychiatry fellowship). I write to you because I have dire concerns regarding the proposed bill.

Physicians' first and foremost duty is to DO NO HARM. My understanding is that access to psychiatric care has been impaired in our state for various reasons such as staffing of mental health professionals in rural areas, lack of adequately equipped centralized triage sites for mental health crises (suicide hotline for example), persisting social stigma surrounding mental health care, and lack of knowledge about what mental health conditions are and how they affect our community's residents, families, and lives. We have to address these access issues aggressively in a way that is safe and effective.

Prescriptive authority for certain trained psychologists is a dangerous, short-sighted proposal that could result in morbidity and mortality due to insufficient understanding of the subtleties of impacts of pharmacology and chemistry on not just the brain but the entire body systems (cardiac, pulmonary, renal, nervous, endocrinologic, immunologic/hematologic). Medication prescribing is both a skill set and a science and requires appropriate INTERPRETATION of patient symptoms but also appropriate application of medical acumen and clinical knowledge which is strengthened yet further over time and experience.

In allowing psychologists with no medical school training and limited clinical training to prescribe psychotropic medications with numerous potential adverse effects, I believe we can expect a wide range of unanticipated outcomes. Even for

experienced physicians, the tracking and understanding of response to and intolerance of medications can be muddled or obscured by patient descriptions being unclear or vague. What helps the physician delineate how best to serve their patients is their ability clinically to screen for medical side effects and impacts, their pursuit of appropriate labs and interpretation of the workup, and investigation of possibilities of the optimal medication fit for each individual patient. With medical compromise, the task is that much more critical and challenging, and hence, risky (i.e., elderly, pregnant women, children, patients affected by substance use/intoxication or abuse vs dependence)

This proposed bill is dangerous and one that does not in the end provide a solution for the larger problem of access to care.

Mental health care can be better expedited in multiple ways much more safely:

- education and destigmatization such that patients can come forward with their complaints
- training via CME of primary care providers in areas of mood, anxiety and psychotic disorders as well as substance use disorders to better facilitate mental health care in timely fashion—this can be accomplished also through collaboration in telemedicine modality as well (curbsides between pcp and psychiatrist)
- having psychologists administer the care they are TRAINED appropriately to do—psychotherapy, with rigorous care planning and follow up
- increased funding in mental health clinics and programs statewide to enable case management care model (enabling the link between patients and providers more consistently)
- increased hiring of both triage /emergency staff in statewide crisis center but also hiring more staff in community clinics where they can be trained to alleviate crises that may well be managed even WITHOUT medications (medications are NOT ALWAYS indicated or appropriate)
- better access to and incentivizing for increasing the numbers of substance use facilities to accommodate various levels of care

This proposed bill circumvents the more important tasks of strengthening the foundation of our mental health care system by putting forth a potentially harmful option that may hurt as many patients as it helps. I cannot consider such a proposition safe or in the interest of our community and any community for that matter.

Please understand that medication prescribing is a privilege bestowed upon physicians after rigorous years of training and that even the most competent and experienced prescribers have hesitation when dealing with medically frail and otherwise complex or compromised patients due to potential detrimental health impacts that CAN OCCUR if treatment strategies are not carefully crafted, adjusted , revisited, and monitored. It is what the physician is trained to do best.

I strongly urge you to OPPOSE the proposed bill so as not to expose our community to unnecessary risk and danger, and rather consider working on strategies that will safely increase our community's access to mental health care.

Sincerely and respectfully,

Rika Suzuki MD, adult and geriatric psychiatrist

**From:** [Robert Heifler](#)  
**To:** [WAM Testimony](#)  
**Subject:** Very dangerous bill please read.  
**Date:** Monday, March 21, 2016 8:36:14 PM

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The spread of dangerous psychiatric drugs in our state is unacceptable to me please make sure there's a no vote on this bill HB 1072  
Mahalo  
Bob Heifler

**From:** [sakura.thompson](#)  
**To:** [WAM Testimony](#)  
**Subject:** Fwd: HB 1072 Testimony  
**Date:** Tuesday, March 22, 2016 8:36:26 AM

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Aloha,

I do NOT support HB 1072. WE can not allow the legalization of prescriptive authority for Psychologists.

Some years ago, there was also an FDA investigation. I had the physical documents of that investigation in my hands. The investigation was conducted because of the increase in deaths and suicides and this was shortly after the black box label became mandatory, and where all side effects and dangers and causes of death were to be listed and announced in television ads. I gave this actual report document to a Senator back then who was utterly shocked by the report. The report showed incident after incident of suicides, a 10 year old hanging, an 8 year old gun to the head, etc. etc. The statistics do not lie.

Did you know that the DSM has gotten to be 10X its normal size from when it was first issued? Did you know that in the DSM, there is a type of "math disorder?" This would be for all those who can not remember how to apply math. And they are using this label and drugging kids and people with it. And, it is another "billing label" to justify insurance billing.

Has anyone ever asked why are there more homeless and more mental health cases in Hawaii in the first place? I would like to respectfully ask you and the committee members there to investigate where the homeless actually come from. What some whistleblowers have confessed is that people are put into institutions but drugged heavily, and continuously until the insurance runs out, they are then let out into the street on their own, because they can't bill the patient without insurance. And why in the world would we need more clinics to dispense mind-altering drugs from clinics on every corner? Some cases and patients whose insurance runs out are given plane tickets to "move on." Have you heard about the rise in new homeless mental cases that were mysteriously showing up in Molokai? Whistleblowers also revealed there was a plan to set up the routing of children by teachers to prescribe more drugs to children to make them more docile so they could be "easier" "to teach," but that this was another part of the strategy to sell more drugs, when half the education department cuts the budget time and time again not providing adequate pay and resources to teachers in the first place. The Dumbing Down of America is what we have as a result of these psychotropic drugs and the dispensing of more drugs is not the solution.

I respectfully ask that you stop this bill.

Please conduct more research. Please look up and look into the statistics on death and suicides. And please obtain your data by the organizations who have people who know and have experience with the overdrugging of America. These people do not have their own agenda to make money in the multi- trillion dollar industry of psychotropic drugging, and false labeling.

I say NO to HB 1072.



Thank you.

Kind regards,  
Sakura Thompson

**From:** [awgriffinphd@att.net](mailto:awgriffinphd@att.net)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:42:15 AM

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Andrew Griffin  
Pob 1478  
Mexia, TX 76667-1478

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

Persons with Intellectual and Developmental Disabilities would especially benefit from this measure, as well as persons with serious mental illness.

It is very difficult to have professionals with training and experience with this population. Psychologists are already serving in community and other settings. Prescription privileges for specialty trained Psychologists would mean greater stability and continuity of care for a vulnerable population.

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American

Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Andrew Griffin, PhD.  
9033902200

**From:** [annpsyd@me.com](mailto:annpsyd@me.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:12:14 AM

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Ann Altoonian PsyD  
107 Druid HillPark  
Rochester, NY 14609-3151

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Ann Altoonian. PsyD, Licensed Psychologist, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost

of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Ann Altoonian, PsyD  
5852887023

**From:** [challphd@yahoo.com](mailto:challphd@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:33:21 AM

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Cheryl Hall  
7021 Kewanee Ave 7-101  
Lubbock, TX 79424-7050

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am a psychologist in Texas and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
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5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that.

We have many of the same issues in TX and we are optimistic about passage of a similar bill in the near future.

Thank you for your consideration and please do what will help your constituents and the mental health of entire state of Hawaii!!!

Sincerely,

Cheryl L. Hall, Ph.D., MS PsyPharm  
806-763-0173

**From:** [drchristinavento@gmail.com](mailto:drchristinavento@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:12:14 AM

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Christina Vento  
9652 Sun Dancer Dr NW  
Albuquerque, NM 87114-6089

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that.

I am a NM Medical/Prescribing Psychologist and have been prescribing safely for the last 8 years for low income, rural and institutionalized patients without complaint or injury to a patient. We are now about 1/3 of the prescribing workforce in NM. 93% of us take Medicaid and 63% of our patients live in rural areas.

Thank you for your consideration.

Sincerely,

Christina Vento, PsyD, MP  
5052385897

**From:** [darsenault2008@gmail.com](mailto:darsenault2008@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 4:32:16 AM

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Darin Arsenault  
POB 26802  
San Diego, CA 92196-0802

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, my name is Darin Arsenault and I am a clinical psychologist; I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Darin Arsenault  
6199715911

**From:** [davidwalling@cnstrial.com](mailto:davidwalling@cnstrial.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:52:11 AM

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David Walling  
12772 Valley View St. Ste 3  
Garden Grove, CA 92845-2506

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

David Walling  
7147997799

**From:** [deepan\\_c@hotmail.com](mailto:deepan_c@hotmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:37:06 AM

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Deepan Chatterjee  
5654 Vantage Point Road  
Columbia, MD 21044-2613

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr. Deepan Chatterjee  
2022882834

**From:** [drderekphillips87@gmail.com](mailto:drderekphillips87@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:42:17 AM

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Derek Phillips  
1100 Oakbridge Parkway, Apt. 251  
Lakeland, FL 33803-7946

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs



do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr. Derek Phillips

**From:** [nowakc001@hawaii.rr.com](mailto:nowakc001@hawaii.rr.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:52:12 AM

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Carol Nowak  
45-024 #1 Malulani St.  
Kaneohe, HI 96744

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Carol Nowak and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised. Additionally, there has been NO complaints against psychologists with prescription privileges in Louisiana.
3. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
4. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will

address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr. Carol Nowak  
(808) 382-0535

**From:** [drdavidjack@aol.com](mailto:drdavidjack@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 6:47:29 AM

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David K. Jackson PhD, MP  
75482 Latice Dr.  
Covington, LA 70435-7605

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. David Jackson and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. As a predoctoral psychology intern at Walter Reed AMC from 1988-89, I had the distinct pleasure of dining with then Sen. Inouye at a Medical Service Corps function. I think he would be proud of the accomplishments to date psychology has made in treating our active duty military, veterans, and citizens. Although all we have left is his impressive legacy, I believe if he were alive today he would probably smile if I told him I had been safely prescribing to thousands of children at Childrens Hospital here in New Orleans, Louisiana. I have done so since January, 2008, in part because of the leadership displayed by Sen. Inouye, his staff, and other brave souls not intimidated by the psychiatric medical establishment.
2. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
3. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
4. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

5. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

6. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

David K. Jackson, PhD, MP

**From:** [drisanderson@yahoo.com](mailto:drisanderson@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 1:12:08 AM

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Laura Anderson  
120 Kolo Rd  
Kilauea, HI 96754

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

As a psychologist practicing in the outer islands for years, it is especially important that rurally located residents have access to quality mental health care along the range of the continuum.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr. Laura Anderson  
8086391404

**From:** [brunner.michael@mayo.edu](mailto:brunner.michael@mayo.edu)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:42:09 AM

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Michael Brunner  
203 24th St. SW  
Austin, MN 55912-4675

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, My name is Michael Brunner, Ph.D., Licensed Psychologist and I wish to submit this testimony in support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill because psychologists are safe, effective providers and prescribers of medications. There is an urgent need for psychologist prescribers, especially in rural or less accessible areas. Most importantly, appropriately trained psychologists know when to prescribe, when to "unprescribe," and when to use psychological therapies instead of pharmacological interventions.

I would appreciate your support of this legislation.

Sincerely,

Michael Brunner  
5074025151



**From:** [drmichellecollinsgreene@gmail.com](mailto:drmichellecollinsgreene@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 5:02:22 AM

---

Michelle Collins-Greene  
Banyan Harbor 3411 Wilcox Road  
Lihue, HI 96766

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Michelle Collins-Greene and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

Psychologists' prescribing medications will save in health care costs while providing better healthcare to the patients they treat, I support this bill for numerous additional reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
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5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Michelle Collins-Greene  
2036411339

**From:** [psyd0905@gmail.com](mailto:psyd0905@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 5:42:14 AM

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Peter Smith  
2726 quarry heights way  
Baltimore, MD 21209-1069

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Peter Smith and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to certain Psychologists with advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974 in state systems, in the Indian Health Service, and in the DoD with no adverse effects or safety concerns raised.
3. In New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill will provide psychologists with the core knowledge they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases these non-physician prescribers have been able to increase access to care with good success.

Psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072

HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr. Peter Smith  
4439571606

**From:** [rkim@tcgoc.com](mailto:rkim@tcgoc.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:33:19 AM

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Richard Kim  
3615 Harding Ave, Suite 509  
Honolulu, HI 96816-3757

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Richard J Kim, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Richard J Kim  
808-739-1992

**From:** [rresnick@health.vcu.edu](mailto:rresnick@health.vcu.edu)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:02:50 AM

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Rober J. Resnick  
10412 Buchmill Dr  
Glen Allen, VA 23060-7250

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Robert J. Resnick, retired Professor of Psychiatry and Pediatrics and former president of the American Psychological Association. Below are the reasons why strongly support HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised. Indeed there has been not a single untoward event (and there not one pharmacological liability suite against a prescribing psychologist).
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.

5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Rober J. Resnick, Ph.D., ABPP  
804.986.8574



**From:** [robertpsy@aol.com](mailto:robertpsy@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 8:47:11 AM

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Robert Younger  
10137 Thornwood Drive  
Shreveport, LA 71106-7687

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Robert Younger and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for several reasons:

1. I safely and effectively prescribed medications in the Department of Defense from 1999 until I retired in January, 2016, including seven states, two foreign countries, and on two Navy carrier strike groups. Such sustained experience could benefit Hawai'i.
2. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. I am one of the Louisiana medical psychologists. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost

of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

The motivation behind these efforts is to expand safe and effective mental health treatment. If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Robert D. Younger, PhD MP ABPP  
(318) 773-3341

**From:** [mmkorber@aol.com](mailto:mmkorber@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 12:22:13 PM

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Edward Korber  
117 Hart Street  
Lynbrook, NY 11563-1760

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Edward Korber, PhD

**From:** [scipsytech@yahoo.com](mailto:scipsytech@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 5:52:13 AM

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Gary Wautier  
340 Pelissier Lake Rd.  
Marquette, MI 49855-9678

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Gary Wautier, PhD, MSCP and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Gary Wautier  
9063602233

**From:** [twonderbal@aol.com](mailto:twonderbal@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 10:04:49 AM

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George Watson  
112 garnet  
Newport Beach, CA 92662-1009

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Dr George Watson.



**From:** [underhill.james@gmail.com](mailto:underhill.james@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 6:17:07 AM

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James Underhill  
40N IH35  
Austin, TX 78701-4335

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

James G. Underhill

**From:** [drduhonphd@aol.com](mailto:drduhonphd@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 10:27:11 AM

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Jay Daniel Duhon Ph.D.  
2325 Coit Road, Suite A  
Plano, TX 75075-3795

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. As a consulting psychologist working primarily in hospital settings I can attest that there is psychiatry presence in 1 of 6 hospital in which I consult and as fate would have it that facility will announce to the public its plans to close April 1, 2016. I also consult at a large metropolitan acute care hospital serving 300,000 residents on the mainland, a full-service, 493-bed acute care hospital with more than 1,600 employees and over 1,000 physicians on staff, representing over 70 specialties and subspecialties but not 1 Psychiatrist and now relies on a tele-health grant to have any psychiatry consultation by rolling a computer screen into patient's room or liaisons from a psychiatric hospital who only evaluate funded patients for possible transfer.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Jay Daniel Duhon, Ph.D.  
2144764137

**From:** [drjeffstern@gmail.com](mailto:drjeffstern@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 12:37:23 PM

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Jeffrey Stern  
1433 Kamehameha IV Rd.  
Honolulu, HI 96819-2583

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, my name is Jeffrey Stern, I am a psychologist, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. Although I personally don't intend to pursue prescriptive authority, I feel the underserved mentally ill deserve better access to mental health care - this is an imperative that should not be obfuscated by rhetoric from the medical professionals who seem to see this as simply a turf issue. It is about access to care, period.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Jeffrey Stern

**From:** [jmarceil@charter.net](mailto:jmarceil@charter.net)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:17:09 AM

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Joseph C. Marceil  
113 E. Main Street  
Marshall, WI 53559-9377

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Joseph C. Marceil, Ph.D. Clinical Psychologist, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.

I completed all of the requirements prescribing psychologists in Louisiana and New Mexico meet to be licensed, even though I practice in Wisconsin. I did this out of commitment to the idea that psychologists in all 50 states and the military can become a valuable resource to our most needy. Each new state that passes legislation adds to the momentum of the movement! May Hawaii lead the way!

Sincerely,

Joseph C. Marceil, Ph.D.  
608-225-8614

**From:** [drscomatyadvokat@gmail.com](mailto:drscomatyadvokat@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:07:12 AM

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Joseph Comaty  
6111 Stratford Ave.  
Baton Rouge, LA 70808-3533

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs



do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that the states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind the efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's and other state's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Joseph E. Comaty, Ph.D., M.P.  
225-936-5458

**From:** [julie.takishima@yahoo.com](mailto:julie.takishima@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Monday, March 28, 2016 11:52:08 PM

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Julie Y Takishima-Lacasa  
949 Ailuna Street  
Honolulu, HI 96821-1707

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Julie Takishima-Lacasa, Ph.D., and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Julie Y Takishima-Lacasa, Ph.D.  
808-271-7748

**From:** [junewching@gmail.com](mailto:junewching@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:42:17 AM

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June Ching PhD  
1833 Kalakaua Ave., Suite 800  
Honolulu, HI 96815-1528

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am June Ching, PhD, a Board Certified Hawai'i Licensed Psychologist, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost

of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

I can personally attest that friends and relatives have turned to me for viable referral options when they have exhausted the list of psychiatrists who are can schedule them for medication evaluations. Imagine the frustration and suffering experienced when you contact 6 to 9 psychiatrists in a row and they will not accept a cared one for psychiatric care because their schedules are full or are not providers for their medical insurance.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

June Ching, PhD, ABPP  
8089499502

**From:** [mcyatesphd@gmail.com](mailto:mcyatesphd@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:12:09 AM

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Mark Yates  
595 E. Colorado Blvd. Ste. 402  
Pasadena, CA 91101-2018

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
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Sincerely,

Mark C. Yates, PhD  
626-364-1562

**From:** [mpnoonan@hotmail.com](mailto:mpnoonan@hotmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 2:02:09 PM

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Mary Pat Noonan  
3406 Arbor Lane  
Minnetonka, MN 55305

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Mary Pat Noonan, PhD, ABPP  
3012529855

**From:** [mdouangr@gmail.com](mailto:mdouangr@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 11:12:26 AM

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Melinda Douangratdy  
1511 Nuuanu Ave  
Honolulu, HI 96817-3756

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Melinda Douangratdy, MA, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Melinda Douangratdy

**From:** [drbutz@aspenpractice.net](mailto:drbutz@aspenpractice.net)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:42:16 AM

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Michael R. Butz Ph.D.  
1430 Country Manor Boulevard, Suite 5  
Billings, MT 59102-7651

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

Since 1996 the American Psychological Association has set forth training standards that requires at least two years of graduate semester quality coursework specific to psychopharmacology. Yet, in its absence in 1994 I wrote a very controversial article entitled Psychopharmacology: Psychology's Jurassic Park? This article articulated numerous concerns about psychologists receiving prescription privileges, and each concern has been dealt with in the years since - most potently with the curriculum developed in 1996. Thus, I came around as a scientist-practitioner from the standpoint of opposing these privileges, to supporting these privileges, based on the facts, the science, and the proven safety of psychologists prescribing.

This two year curriculum has been reviewed and revised several times since 1996. Over this time, a national examination has been developed that after considerable review is now a well-recognized, well-researched, benchmark to demonstrate competence in the specific area of psychologists making use of psychopharmacology. There is a recognized threshold within the field for a practicum of not simply seeing 100 patients, but following 100 patients through a course of treatment under the supervision of a physician. Then, based on successful legislation in other states and standards from the Armed Services there is an accepted licensing process to use as a model.

There is a behavioral healthcare crisis in many states, where for example here in Montana on average one person dies every other day from a completed suicide. We have been first or second, per capita, in completed suicides nationally for several years and still here in Montana bald-faced politics and self-interest has prohibited a bill from passing in our state - not the scientific facts, and not the facts about safety.

While allowing psychologists to prescribe is not 'the answer' to such crises, adding this new intervention may well have an important impact for your citizens. Having more well-trained, qualified prescribers for behavioral health services is one of the central needs cited in numerous studies in many states.

On its own, Hawai'i's bill deserves your support for these reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Sincerely,

Michael R. Butz, Ph.D.  
4066722560

**From:** [mes@psydmike.net](mailto:mes@psydmike.net)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 10:07:34 AM

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Michael Schwartz  
111 Sullivan Ave, Ste 2-5  
Ferndale, NY 12734-4317

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Dr. Michael E. Schwartz and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 154 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs

do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Michael E. Schwartz, PsyD.  
8452826222



**From:** [michelle@scarletoakpsychology.com](mailto:michelle@scarletoakpsychology.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 12:22:12 PM

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Michelle Hanby  
3401 W Loop 306  
San Angelo, TX 76904-5942

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

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Sincerely,

Michelle Hanby  
325-949-3860

**From:** [towanikim@yahoo.com](mailto:towanikim@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:32:12 AM

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Mike Kim  
2900 Louisiana Boulevard Northeast, Suite C1  
Albuquerque, NM 87110-3576

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am, Mike Kim, a board certified prescribing psychologist in the state of New Mexico, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
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of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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Sincerely,

Mike Kim, Psy.D.  
5058847873

**From:** [ralphcasazza@sbcglobal.net](mailto:ralphcasazza@sbcglobal.net)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 2:12:17 PM

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Ralph E. Casazza, Ph.D.  
1917 trixie ln  
houston, TX 77042-2631

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

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Sincerely,

Ralph E. Casazza, Ph.D.  
7137891692

**From:** [dr.rickbarnett@gmail.com](mailto:dr.rickbarnett@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 6:07:11 AM

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Rick Barnett  
56 Old Farm Rd  
Stowe, VT 05672-4434

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

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Sincerely,

Rick Barnett  
802-373-2909



**From:** [fmaiden@alfred.edu](mailto:fmaiden@alfred.edu)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 5:32:50 AM

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Robert Maiden  
1 saxon Drive  
Alfred, NY 14802-1205

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am [YOUR NAME & TITLE] and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

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Sincerely,

Robert Maiden  
607-871-2851

**From:** [robinmiyamoto@gmail.com](mailto:robinmiyamoto@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 9:42:16 AM

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Robin Miyamoto  
919 Waiholo St.  
Honolulu, HI 96821-1225

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Robin Miyamoto, Clinical Psychologist and Assistant Professor and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

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Sincerely,

Robin Miyamoto, Psy.D.  
8086921012

**From:** [steve41550@yahoo.com](mailto:steve41550@yahoo.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 6:52:08 AM

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Steven P Katz  
152 N. Kalaheo Ave House F  
Kailua, HI 96734-8997

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Steven Katz, a Marriage and Family Therapist, Hawaii License 375, and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

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Sincerely,

Steven P. Katz, MFT  
(808) 220-3625

**From:** [suefarb@aol.com](mailto:suefarb@aol.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 7:37:02 AM

---

Susan Farber  
223 West State Street  
Boise, ID 83702-6013

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Susan Farber PhD and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
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do not cost the state a single penny.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success. Additionally, psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system.

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%).

The organizers of the psychiatry guild disregard the overwhelming evidence that belies their position and they continue to distort and mislead. It is most disheartening that, for psychiatry, the goal is to keep us from prescribing even at the cost of the communities we serve.

What is the motivation behind our efforts? If you look at testimony provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD1 SD1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Susan Farber PhD  
208-344-8496



**From:** [drtimbranaman@gmail.com](mailto:drtimbranaman@gmail.com)  
**To:** [WAM Testimony](#)  
**Subject:** Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists  
**Date:** Tuesday, March 29, 2016 10:42:10 AM

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Tim Branaman  
4824 Holly Tree Drive  
Dallas, TX 75287-7221

March 29, 2016

Jill N. Tokuda  
Chair, Committee on Ways and Means

Dear Senator Tokuda:

Honorable Chair, Vice-Chair, and members of the Senate Committee on Ways and Means, I am Tim Branaman, Ph.D, ABPP and I wish to submit this testimony in strong support of HB 1072, HD1, SD1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for a variety of reasons. Foremost, I would note that Hawaii as many other states have significantly underserved populations in need of mental health services facilitated by appropriate prescribing and management of psychotropic medications. Prescription privileges for appropriately trained psychologists has been successfully implemented in Louisiana and New Mexico without incident. The state of Hawai'i has been a leader in recognizing this need and it is a means of mental health intervention for which the time has come for implementation. I would strongly encourage you to move this legislation forward.

Respectfully,

Tim Branaman  
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