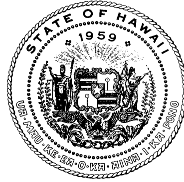
DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony SUPPORTING HB1072 SD1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

SENATOR JILL N. TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS
Hearing Date: March 30, 2016, 9:00 a.m. Room Number: 211

1 **Fiscal Implications:** None for the Department of Health.

2 **Department Testimony:** The Department of Health (DOH) supports this measure as part of the
3 larger strategy to assure access to healthcare resources and address professional shortages, but
4 defers to the Department of Commerce and Consumer Affairs and the Board of Psychology on
5 matters of professional licensing and governance.

6 HB1072 SD1 includes important restrictions on prescriptive authority for qualified psychologists
7 designed to maximize patient safety for vulnerable populations. These restrictions include 1) no
8 off-label use of medications for minors, and 2) enhanced collaboration for treatment of persons
9 with certain diagnoses consistent with severe and persistent mental illness. The support of the
10 Department of Health is contingent upon these restrictions.

11 The department looks forward to future collaboration with the Legislature, the private healthcare
12 system, and other stakeholders to assess the effect of psychologists with prescriptive authority
13 privilege on access, patient safety, efficacy, and cost efficiency to improve and refine this policy.
14 Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: WAM Testimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for HB1072 on Mar 30, 2016 09:00AM
Date: Tuesday, March 29, 2016 6:57:06 PM

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
Dr. Lenora Lorenzo	Individual	Support	No

Comments: I believe the the Post-doctoral Master of Psychopharmacology Degree offered at the UH Daniel Inouye School of Pharmacy adequately prepares the graduate to enter the practice of psychiatric prescribing as a novice prescriber. The additional 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 work in collaboration with the psychiatric prescriber (MD, or APRN) to prescribe safely and to be mentored and supervised in the process of acquiring the additional advanced experience and knowledge of medical issues inherent in the psychiatric patient population. Our ohana in our islands, particularly the neighbor islands and rural areas are unable to see psychiatric prescribers due to insufficient psychiatrist providers and or psychiatrist who do not accept medquest insurance. This is very problematic access issue. The trained and educated psychologist can help us to meet this access issue in a safe, cost effective and timely manner. With this education, training and supervisory period will allow our psychologist to deliver both the psycho therapy and pharmacology therapy. Mahalo for your support of this important measure, Lenora Lorenzo DNP, APRN, NP

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

From: anniengu yenpsyd@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 5:12:09 PM

Annie Nguyen
619 Kaiemi St.
Kailua, HI 96734-2016

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 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.

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.

6. Every week in my private practice in Kailua I meet clients who need to get connected with a psychiatrist and are unable to locate one who is available. This is especially true for patients on Quest/Medicaid. Allowing psychologists to prescribe after additional training will help alleviate the access to care issue.

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,

Dr. Annie H. Nguyen
8083811838

From: drgeorgelynn@comcast.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 5:37:11 PM

George lynn
43 cove rd
Lyme, CT 06371-3404

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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Sincerely,

Dr. George Lynn
8602270676

From: drjo@nextgenpsyche.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 7:42:08 PM

Jo Velasquez
4585 Azure Hills Road
Las Cruces, NM 88011-4285

March 30, 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 Jo Velasquez 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,

Jo Velasquez
7023537025

From: drsarahshelton@yahoo.com
To: WAM Testimony
Subject: Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists
Date: Wednesday, March 30, 2016 4:34:19 AM

Sarah Shelton
1907 Kentucky Avenue
Paducah, KY 42003-2810

March 30, 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. Sarah Shelton, 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.

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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,

Dr. Sarah Shelton
2704420834

From: nperreira@waimanalohealth.org
To: WAM Testimony
Subject: Testimony in SUPPORT of HB 1072, HD1, SD1 Relating To Prescriptive Authority For Certain Psychologists
Date: Tuesday, March 29, 2016 5:47:10 PM

Tammie Perreira
41-1347 Kalanianaole Hwy
Waimanalo, HI 96795-1247

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. Tammie Noelani Perreira, Psy.D., Primary Care Psychologist at Waimanalo Health Center Maile Clinic 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.

Please, it is vital to note that 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. This year we lost one of our teen patients to completed suicide. It has compounding effects on siblings, parents, grandparents, neighbors, friends and community at large. 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,

Tammie Perreira
808 259 9918

From: mailinglist@capitol.hawaii.gov
To: WAM Testimony
Cc: tabraham08@gmail.com
Subject: *Submitted testimony for HB1072 on Mar 30, 2016 09:00AM*
Date: Wednesday, March 30, 2016 8:40:50 AM

HB1072

Submitted on: 3/30/2016
Testimony for WAM on Mar 30, 2016 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments:

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

D. DOUGLAS SMITH, M.D.
229 Aiokoa Street
KAILUA, HAWAII 96734

March 30, 2016 at 9:00 AM
Room 221

To: COMMITTEE ON WAYS AND MEANS
Chair Jill N. Tokuda
Vice Chair Donovan M. Dela Cruz

From: D. Douglas Smith, M.D.

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

IN OPPOSITION

I would like to thank Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Ways and Means for the opportunity to submit comments on HB 1072.

I am a physician who specializes in psychiatry and have spent my career practicing in Hawaii. For 11 years I was on the faculty of the JABSOM department of psychiatry and much of that time I coordinated psychopharmacology training for resident physicians.

I am opposed to this bill.

Contrary to the language in the preamble and the praise from supporters, the bill does not require proper training to ensure that psychologists would safely and effectively treat all patients using a broad formulary that includes high-risk medications. This would include children, teens, pregnant women, and those who are elderly, frail or medically-ill.

HB1072, HD1, SD1 fails to include nearly all of the safeguards recommended to the legislature in the independent report of the Hawaii Legislative Reference Bureau. The senate draft removes an important training requirement from the House version of HB1072, and replaced it with a dubiously low standard called "APA designation" that is much lower than the usual APA accreditation requirements for clinical psychology internships and fellowships. The senate draft also adds a required "collaboration agreement" and "protocol agreement", but leaves these important terms undefined. As a result, this bill exposes the State to significant and foreseeable financial risk.

I have expanded upon this testimony for committee members hoping to be better informed about these matters. Please contact me if I can be of assistance.

INTRODUCTION

In 2006, the Hawaii Legislative Reference Bureau (LRB) conducted an impartial and detailed 100 page review of the psychologist prescribing issue. The LRB made no recommendation on the final question, but noted that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the Department of Defense PDP program established for this specific purpose from 1990-1997. The Bureau's final recommendation was:

> If the Legislature deems it appropriate to authorize prescriptive authority for qualified clinical psychologists who practice in community health centers, the Legislature may wish to consider requiring a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP program training model and a scope of practice and formulary for graduates that is no broader than limitations applied to PDP program graduates.
>
> Regardless of the approach or solutions adopted to increase access to mental health services for the medically underserved population, it is clear that patient safety cannot be compromised. Patient safety should guide the Legislature's decision on the issue of prescriptive authority for qualified clinical psychologists under limited circumstances.

The primary question for the committee to consider is, "How close does the process proposed under HB1072, HD1, SD1 come to meeting the LRB's recommended requirements for (A) clinical training, (B) scope of practice, (C) medication formulary and (D) patient safety?" The other question of importance for the Ways and Means Committee is (E) "Does HB1072 have any budgetary implications or other risks?"

A. PROPOSED TRAINING AND SUPERVISION REQUIREMENTS

The LRB recommended that the Legislature require a training model with minimum classroom and clinical training requirements no less rigorous than the PDP program training model. How close does the process proposed under HB1072, HD1, SD1 come to meeting the LRB's recommended requirements for clinical training?

As noted by the LRB, the Department of Defense PDP training program included the following four requirements or factors:

1. Curriculum: PDP students had one to two full-time years of classroom training in the basic and preclinical biomedical sciences, and one year of full-time clinical training at a medical center that included inpatient and outpatient experience. This totaled 2-3 calendar years of full-time study. The PDP training model and curriculum was designed and approved not just by psychologists, but also by psychiatric physicians, representatives of American Association of Medical Colleges, the Accreditation Council for Graduate Medical Education, the medical school of the Uniformed Services University of Health Sciences, and the Walter Reed Army Medical Center.

Graduates of the University of Hawaii at Hilo Masters of Science in Clinical Psychopharmacology (UHH-MSCP) program received a total of 33 credit-hours. This is equivalent to a one year, two semester graduate program, though it is spread over 6 semesters with a 1/4 - 1/3 time student schedule. The Argosy University MSCP program offered graduates only a 22 semester credit hour curriculum. For comparison, nursing students enrolled in the U.H. Hilo Bachelor of Science in Nursing program (BSN) receive 30 semester credit-hours of education per year, totaling 123 credit-hours over 4 years.

At the UHH-MSCP program, listening to recorded lectures is the primary teaching method. The program tells applicants, "As a distance learning online program, we offer flexible scheduling to ensure that your education does not impair your current work schedule."

In terms of biomedical science, UHH-MSCP applicants are not required to have completed any of the standard courses or labs for science majors. The psychologists are provided 6 semester-hours of recorded lectures on biochemistry, as opposed to the standard 16 semester-hours of general and organic chemistry and 5 semester-hours of biochemistry required for other students at the College of Pharmacy. The psychologists receive just a 3 semester-hour taped class combining human anatomy & physiology and microbiology, material that normally spans 24 semester-hours for other students at the University of Hawaii. Taken together, the basic and preclinical science provided to MSCP psychologists totals just 9 credit-hours, compared to 21 credit-hours for non-prescribing nursing students, at least 27 credit-hours for APRN students, and 46 credit-hours for pharmacists and physicians. The following represents the amount of required basic and preclinical coursework ('1' = one semester-hour):

111111111 – MSCP psychologist at UHH

111111111111111111111 – BSN-RN (non-prescribing) at UHH

111111111111111111111111111 –APRN-Rx at UH Manoa

111111111111111111111111111111111111111111111 – Pharmacist at UHH

111111111111111111111111111111111111111111111 – MD at JABSOM

HB1072, HD1, SD1 lack reasonable safeguards regarding quality and duration of the required curriculum. As the LRB concluded, “Current psychopharmacology training programs that authorize online learning, weekend classes, and optional clinical experience are considerably less rigorous than the PDP training model.”

2. Selective Admission: The PDP had a selective admission process and the LRB concluded that “candidates for any similar training program, whether military or civilian, should be held to high selection standards; several years of clinical experience was also suggested… The Advisory Council to the PDP program recommended that applicants to the program should have a minimum of 2 years experience as a licensed clinical psychologist.”

There is no evidence that the criteria used by the UHH-MSCP program to select applicants recognize the challenges of its accelerated curriculum. It requires no entrance examination or other evidence to ensure that its psychologists are sufficiently gifted or exceptionally qualified to allow them to safely bypass so much of the standard biomedical science coursework. In fact, its program coordinator has admitted that her students are often "scared by biochemistry". The program does not require applicants to have 2 years or more of experience as a licensed clinical psychologist. The MSCP student selection process basically takes all comers.

HB1072, HD1, SD1 lack reasonable safeguards regarding the quality and experience of MSCP applicants. As the LRB noted, “Admission into current postdoctoral psychopharmacology programs require only a doctoral degree in psychology and a current state license to practice psychology; these minimal requirements do not establish

the high selection standards suggested by the ACNP evaluation panel or the minimum two year clinical experience recommended by the Advisory Council."

3. Expert Clinical Supervision: PDP students were supervised by physicians specialized in psychiatry, and a wide range of health care professionals, labs, and other equipment available in close proximity.

The UHH-MSCP program's first director was a pharmacist with no experience treating patients with psychiatric drugs, or even on the pharmacy aspects of psychiatric drugs. This is also the case for the new program director, Supakit Wongwiwatthananukit, PharmD, whose main contribution since transferring to the School of Pharmacy from the U.H. Cancer Center, was designing a curriculum for pharmacy students to treat animals. As he described this, "The curriculum was designed to expose students to a veterinary clinical setting."

The basic science portion of the UHH-MSCP curriculum is not taught by qualified faculty with relevant expertise in these respective fields. Chemistry material is not taught by chemists. Biology material is not taught by biologists. This does not even meet community college standards.

According to current program listings, the only UHH-MSCP faculty who are trained to prescribe medications are Allen Novak, APRN-Rx and Kristine McCoy, MD, a family doctor. Both are listed as "guest lecturers".

The UHH-MSCP program has no other faculty or clinical training sites to provide the necessary supervised clinical experience. Instead, students are required to find their own clinical training sites and volunteer supervisors. Generally this means a primary care doctors at a community health center. It is notable that even though the program's director has advocated for psychologist prescribing by insisting that primary care doctors are not qualified to treat mental illness, the program relies on these same doctors as the primary supervisors for its psychologist trainees.

HB1072, HD1, SD1 lack reasonable safeguards regarding the quality of program faculty and clinical supervisors.

4. Post-graduate Collaboration: PDP graduates received supervision by psychiatric physicians during their initial postgraduate medical facility assignment, and an open, collaborative practice that permitted ready access to patient information and consultation with other health care providers.

The process proposed under HB1072, HD1, SD1 requires psychologists to have a "treatment protocol" with a DOH psychiatrists for patients with severe mental illness, and a "written collaborative agreement" with the primary care physician for all other patients. This is the most rigorous safeguard in the bill. Still, there is insufficient detail, description and definition for these required protocols and agreements and collaborations, what they entail, minimum requirements and their medico-legal implications.

B. PROPOSED SCOPE OF PRACTICE

How close does the process proposed under HB1072, HD1, SD1 come to meeting the LRB's recommended requirements for scope of practice?

The LRB recommended that the Legislature require a scope of practice that is no broader than limitations applied to PDP program graduates. It also noted, "There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe."

The PDP scope of practice was limited to outpatients between the ages of 18 to 65, without serious medical conditions or serious mental illnesses. HB1072, HD1, SD1 does not have this safeguard, would allow psychologists to prescribe risky drugs to children, teens, elderly, the medically-ill and the severely mentally-ill. Most people don't understand that there are no requirements for adequate supervised clinical experience for each of these specialized areas of practice, either during MSCP training or even in psychology doctorate programs.

HB1072, HD1, SD1 does not require psychologists to meet APA standards for specialized training in child psychology or for proficiency in assessment and treatment of serious mental illness before prescribing drugs to in these higher risk cases. There is no evidence that any MSCP program offers the specialized biomedical, clinical and

psychopharmacologic training required to safely treat children, seniors and other higher risk patient populations with drugs.

This bears repeating, HB1072, HD1, SD1 would allow psychologists who have no clinical experience evaluating or treated children with psychological or pharmacologic interventions to prescribe drugs to children. The same goes for prescribing drugs to teens, elderly, the medically-ill and the severely mentally-ill. The bill's lack of such a common-sense safeguard is of great concern.

C. PROPOSED MEDICATION FORMULARY

The LRB recommended that the Legislature require a formulary that is no broader than the limitations applied to PDP program graduates. How close does the process proposed under HB1072, HD1, SD1 come to meeting the LRB's recommended requirements for the medication formulary?

Because PDP psychologists did not treat patients with severe mental illness, their medication formulary was limited to the lower risk drugs prescribed for less serious conditions. HB1072, HD1, SD1 lacks this reasonable safeguard, and would permit psychologists use all psychiatric medications, a formulary that is nearly equivalent to that used by psychiatric physicians.

D. PATIENT SAFETY

The LRB recommended that patient safety should guide the Legislature's decision on the issue of prescriptive authority for clinical psychologists. All agree that psychiatric drugs are no less complex and no less risky when prescribed by a Hawaii psychologist than by others. Once they are in someone's body, the chemicals will do what they do. Nevertheless, HB1072, HD1, SD1 lacks the safeguards of the PDP:

- 2-3 years of quality, full-time biomedical training? *PDP -yes, HB1072–no*
- Selective applicant process? *PDP -yes, HB1072–no*
- Qualified preclinical and clinical faculty? *PDP -yes, HB1072–no*
- Supervisors expert in the use of psychiatric drugs? *PDP -yes, HB1072-no*
- Limited to the lowest risk medications? *PDP -yes, HB1072–no*

- Videotaped lectures as primary teaching method? *PDP-no, HB1072-yes*
- Prescribe drugs to children? *PDP-no, HB1072-yes*
- Prescribe drugs to teens? *PDP-no, HB1072-yes*
- Prescribe drugs to pregnant women? *PDP-no, HB1072-yes*
- Prescribe drugs to the elderly? *PDP-no, HB1072-yes*
- Prescribe drugs to the medically-ill? *PDP-no, HB1072-yes*
- Prescribe drugs for severe mental illness? *PDP-no, HB1072-yes*
- Psychology training in treating children? *PDP-n/a, HB1072-no*
- Psychology training in treating teens? *PDP-n/a, HB1072-no*
- Psychology training in treating pregnant women? *PDP-n/a, HB1072-no*
- Psychology training in treating the elderly? *PDP-n/a, HB1072-no*
- Psychology training in treating the medically-ill? *PDP-n/a, HB1072-no*
- Psychology training in treating severe mental illness? *PDP-n/a, HB1072-no*
- Training in treating children with drugs? *PDP-n/a, HB1072-no*
- Training in treating teens with drugs? *PDP-n/a, HB1072-no*
- Training in treating children with drugs? *PDP-n/a, HB1072-no*
- Training in treating pregnant women with drugs? *PDP-n/a, HB1072-no*
- Training in treating the elderly with drugs? *PDP-n/a, HB1072-no*
- Training in treating severe mental illness with drugs? *PDP-n/a, HB1072-no*
- Does HB1072 mention any of this in its preamble or committee report? *No.*

E. IMAPCTS ON THE BUDGET

What are the budgetary implications of HB1072? The answer involves considering the direct and indirect impacts of psychologist prescribing.

In 2014, the military ceased all support for training prescribing psychologists in the context of a national ethics scandal over military psychologists involved in psychopharmacology and prisoner/detainee abuse. As a result, the U.H. Hilo MSCP program failed to reach its projected enrollment targets. As can be seen, instead of a projected profit of $70 thousand per year, the program appears to be running an annual deficit of nearly $200 thousand. This is the direct program cost.

MSCP Budget Analysis

ENTER ACADEMIC YEAR (i.e., 2004-05)	**2014-2015**	**2014-2015**	**2015-2016**
Students & SSH	estimated	actual	actual
A. Headcount enrollment (Fall)	20	5	3
B. Annual SSH	660	115	115
Direct and Incremental Program Costs Without Fringe			
C. Instructional Cost without Fringe	196,691	196,691	196,691
C1. Number (FTE) of FT Faculty/Lecturers	2	2	2
C2. Number (FTE) of PT Lecturers			
D. Other Personnel Costs	28,122	28,122	28,122
E. Unique Program Costs	12,374	12,374	12,374
F. Total Direct and Incremental Costs	237,187	237,187	237,187
Revenue			
G. Tuition (per person)	12,918	12,918	12,918
Tuition (total)	258360	64590	38754
Tuition rate per credit	391	391	391
H. Other (TAMC contract = $473,394)	49,229	0	0
I. Total Revenue	307,589	64,590	38,754
J. Net Cost (Revenue)	**(70,402)**	**172,597**	**198,433**

Indirect cost impact include potential liability risks posed to the University of Hawaii if any patient is harmed by a psychologist who is determined to have been inadequately trained by the UHH-MSCP program. Given the many inadequacies and shortcomings of this training model, and the inflated claims by program faculty (that are well-dopcumented), making the case for the university's failure to exercise proper oversight of this high-risk program will be a slam dunk for a plaintiff's attorney. Such a judgment could be very costly to the state.

Another risk to the university involves its reputation for providing quality clinical training programs. The only other schools that offer the MSCP degree are for-profit schools of professional psychology, including Nova Southeastern, Fairleigh Dickinson, Alliant International and Argosy Universities. Are these the institutions of higher education that the University of Hawaii wants to be associated with? Given all the money that has been invested in the College of Pharmacy, is it worth the distraction and potential interference with its accreditation and the overall goal to be a top 25 pharmacy school?

The UHH-MSCP program has only 3 students and is losing money, at a pharmacy school that is working hard to maintain accreditation and fulfill its primary mission, and

at a university that is struggling with a budget shortfall and weary of scandal. In evaluating the overall "value" of the UHH-MSCP program, the question for those in charge should be, "Is the current cost to the university budget, and the risk of future harm to the university's reputation worth any benefits the program offers?"

It is no secret that the primary legislator pushing for psychologist prescribing is Senator Roz Baker. It is worrisome that Senator Baker has not acknowledged any of these risks and shortcomings of HB 1072, and has been dismissive of those who have concerns. She has shown no apparent interest in learning more about the safer alternative approaches that are in need of legislative support.

The bill notes that "Independent evaluations of the federal Department of Defense psychopharmacological demonstration project by the United States General Accounting Office… have found that appropriately trained prescribing psychologists can prescribe medications safely and effectively." But then Senator Baker inexplicably removed required training standards from the HB 1072, H1, and left nearly all of the common sense PDP safeguards from the senate draft.

It is undeniable that Senator Baker has a habit of dismissing input that does not support her position, that this has lead made costly health policy miscalculations. Examples include the ill-conceived Hawaii Health Connector law that failed to consider that Hawaii's low uninsured rate would limit enrollment, and a funding plan for the UH Cancer Center that failed to consider that tobacco cessation programs might actually reduce cigarette use.

The UHH-MSCP program clearly poses significant cost-risks to the state, especially if HB 1072 is passed and its graduates are allowed to treat vulnerable patients. Even proponents of this controversial bill admit it will not solve problems with access to care in rural and underserved communities. "What is the rationale for this proposal? Given the safer alternatives, is this really the best policy for Hawaii?"

SUMMARY

The available evidence continues to support the LRB's conclusion that, "There is no postdoctoral training in psychopharmacology for clinical psychologists in Hawaii that

has high selection standards to choose participants or that meets the classroom and clinical training requirements of the PDP program."

The PDP only allowed psychologists to prescribe only after a 2-3 year, full-time biomedical training program, taught and supervised by qualified medical school faculty at Walter Reed. When finished, these military psychologists were only allowed to use a limited list of the safest psychiatric drugs to treat healthy adults aged 18-65, but not children, teens, elderly, the medically-ill or the severely mentally-ill.

HB1072, HD1, SD1 does not compare favorably to an objective examination of the PDP training program safeguards for the admission process, curriculum and training content, duration, faculty and supervisor qualifications, and required clinical settings. This is alarming given that the bill also fails to require and the important PDP safeguards of a narrow scope of practice and limited formulary. This risk is compounded by the fact that neither conventional clinical psychology training nor MSCP programs require any significant education or supervised clinical experience for children, seniors or other specialized patient populations.

According to the LRB's independent analysis of this controversial issue, this bill does not require adequate education and training and poses significant risks to patient safety. As a result, these risks will be pushed down to the level of university officials responsible for oversight the UHH-MSCP program. This program is losing money and distracts the College of Pharmacy from its primary mission. Any future lawsuits against the program will be very difficult to defend given the findings of the LRB and other independent experts. All of these costs can be avoided by voting against HB1072.

The outside political forces that lead to the MSCP's approval in 2011 are no longer present. The only political risk will be standing up to Senator Baker and preventing another costly health policy mishap.

Thank you for allowing me to testify on HB 1072, and your consideration of these concerns is appreciated.

Sincerely,

PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS: ISSUES AND CONSIDERATIONS

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Report No. 2, 2007

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FINDINGS AND SUMMARY

A need to increase access to mental health services statewide, particularly for the medically underserved population, is acknowledged by clinical psychologists, psychiatrists, community health centers, other health care providers, state agencies, and consumers. After a two year study, SHPDA will submit its final report to the 2007 regular session of the Legislature, identifying barriers and offering solutions to increase access to specialty health care, including mental health services, to those in medically underserved areas. Given SHPDA's expertise as the State's health planning agency, their suggestions to increase access to health care deserve serious consideration by the Legislature.

Whether prescriptive authority for certain qualified psychologists who practice in community health centers is an appropriate approach to increasing mental health services for medically underserved areas and populations is a policy decision for the Legislature. The Bureau makes no recommendation on the issue, but notes that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the PDP program. The PDP program included the following requirements or factors:

1. A one year full time classroom training at a university that included medical science courses and courses tailored to participants needs;
2. A one year full time clinical training at a medical center that included inpatient and outpatient experience and supervision by psychiatrists, and a wide range of health care professionals, labs, and other equipment available in close proximity;
3. All participants had doctoral degrees in psychology and at least some years of clinical experience before entering the PDP program;
4. Development of the PDP training model and curriculum had input from psychologists, psychiatrists, representatives of American Association of Medical Colleges, the Accreditation Council for Graduate Medical Education, the medical school of the Uniformed Services University of Health Sciences, and the Walter Reed Army Medical Center;
5. The success of PDP graduates suggested that candidates for any similar training program, whether military or civilian, should be held to high selection standards; several years of clinical experience was also suggested;
6. Patients treated were generally limited to outpatients between the ages of 18 to 65, without serious medical conditions or serious mental illnesses;
7. Drugs prescribed were limited to psychotropic medications and adjunctive drugs;
8. Graduates received supervision by psychiatrists during their initial postgraduate medical facility assignment; and
9. Health care in military medical facilities is reported to be an open, collaborative practice that permits ready access to patient information and consultation with other health care providers.

In addition, in any deliberation of whether to authorize prescriptive authority for qualified psychologists who practice in community health centers, legislators also should include consideration of the following caveats:

10. Only two states have authorized certain psychologists to prescribe and little evaluative data from these states has been reported because those laws are very new;
11. Prescribing psychologists in New Mexico and Louisiana are in private practice in the civilian sector which does not provide the collaborative approach to medicine in which PDP participants trained and practiced; patient safety has not been established for this type of practice for which there is no "safety net;"
12. In contrast to patients treated by PDP graduates, clients who need mental health services at Hawaii community health centers include children and seniors and persons having both a serious mental illness and a serious medical condition;
13. There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe;
14. Unlike the development of the PDP training model and curriculum, the American Psychological Association training recommendations were developed solely by psychologists;
15. Current psychopharmacology training programs that authorize online learning, weekend classes, and optional clinical experience are considerably less rigorous than the PDP training model, and there are significant variations between the various programs;
16. No current psychopharmacology training programs appear to offer specialized training on the effects of medication on children and seniors;
17. Admission into current postdoctoral psychopharmacology programs require only a doctoral degree in psychology and a current state license to practice psychology; these minimal requirements do not establish the high selection standards suggested by the ACNP evaluation panel or the minimum two year clinical experience recommended by the Advisory Council;
18. In contrast to admission requirements for psychopharmacology training programs, an applicant to a psychiatry residency is subject to stricter scrutiny; a personal statement, recommendation letters, transcripts from undergraduate and medical school, and a personal interview are minimum requirements;
19. The Advisory Council to the PDP program recommended that applicants to the program should have a minimum of 2 years experience as a clinical psychologist;
20. No postdoctoral training program in psychopharmacology that meets the APA training recommendations has been externally evaluated and deemed successful; and

21. There is no postdoctoral training in psychopharmacology for clinical psychologists in Hawaii that has high selection standards to choose participants or that meets the classroom and clinical training requirements of the PDP program.

If the Legislature deems it appropriate to authorize prescriptive authority for qualified clinical psychologists who practice in community health centers, the Legislature may wish to consider requiring a training model that requires minimum classroom and clinical training requirements no less rigorous than the PDP program training model and a scope of practice and formulary for graduates that is no broader than limitations applied to PDP program graduates.

Regardless of the approach or solutions adopted to increase access to mental health services for the medically underserved population, it is clear that patient safety cannot be compromised. Patient safety should guide the Legislature's decision on the issue of prescriptive authority for qualified clinical psychologists under limited circumstances.