

To: Representative Luke, Chair
Committee on Finance

Re: HB 1072
Testimony in Support

Hearing date: February 27, 2015
Time: 3:00pm
Place: Conference Room 308

Aloha Chair Luke and committee members

My name is Dr. Edward Fisher. I support HB1072 **Regarding Prescriptive Authority for Advanced Trained Medical Psychologists**.

It is my pleasure to serve as Professor and Associate Dean at the UH Hilo Daniel K Inouye College of Pharmacy's. I also serve as Director of the UH Hilo Daniel K Inouye College of Pharmacy's Master of Science in Clinical Psychopharmacology (MSCP) program and have been so since the program's inception in 2011. I have a PhD in Pharmaceutical Sciences from Temple University, a B.S. in pharmacy from Temple University School of Pharmacy and a B.A. in Biology also from Temple University.

I provide this testimony as someone who can attest to the vigor and medical model related MSCP program, and as a private citizen who is concerned with the lack of mental health care providers in Hawaii who are knowledgeable in the area of drug therapy.

Dr. Judi Steinman, the program's coordinator, will testify in person regarding the curriculum for the MSCP program. I would like to offer that I am available as well if any questions should arise regarding the current curriculum or the direction that the MSCP program will take with the passage of HB 1072.

The MSCP training is based on a good, solid, proven medical model. All of the checks and balances are in place. Passage of this bill will improve healthcare in the State of Hawai'i. There is no doubt.

Please do not hesitate to contact me to discuss this matter or to answer any questions that you might have.

Thank you for allowing this testimony.

Mahalo



Edward Fisher, PhD, RPh
Professor and Associate Dean
Director of the Master of Science in Clinical Psychopharmacology Program
UH Hilo Daniel K. Inouye College of Pharmacy



HAWAII MEDICAL ASSOCIATION

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

TO: Committee on Finance

DATE: Friday, February 27, 2015
TIME: 3:00 P.M.
PLACE: Conference Room 308

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

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

Position: OPPOSE

Chairs & Committee Members:

The Hawaii Medical Association (HMA) opposes HB 1072 unless the measure places the psychologist under direct control of **Psychiatrists**.

These medications are powerful and complex and can cause serious cardiac and neurological side effects. By virtue of their education and training, physicians are able to weigh multiple factors, including the patient's underlying medical condition, before prescribing medications. They are also able to recognize the adverse effects and side effects that may occur without warning.

Physicians themselves, other than Psychiatrists, are hesitant to prescribe many of these drugs to patients. Due to this, other Physicians refer seriously mentally ill patients to a psychiatrist.

This bill will cause more harm than good to an extremely vulnerable patient population.

We believe it is important that professionals playing different roles coordinate and collaborate in delivering high quality and safe clinical care.

We would like to underscore the Importance of having professionals with extensive medical training to address the complex needs of patients. We would also like to highlight the importance of coordinated care between therapists and physicians to address common causes of suicide- relationship problems (counseling) and serious medical problems (medical care which includes psychiatry).

Officers

*President - Robert Sloan, MD, President-Elect – Scott McCaffrey, MD
Immediate Past President – Walton Shim, MD, Secretary - Thomas Kosasa, MD
Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*

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

State monies could be better spent making Hawaii a viable place to practice medicine. Strides to shore up our physician shortage can be achieved by funding an expansion of JABSOM to train more physicians, providing loan repayment to physicians practicing in rural areas, reducing administrative burdens, reducing malpractice insurance costs, and working to increase reimbursement by altering Hawaii's 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.

Thank you for the opportunity to testify on this bill. We ask that you hold this bill.

Forty-Seven states do not allow psychologists to prescribe. We should not experiment on Hawaii's most vulnerable population.

2/25/2015

Michael R. Tilus, PsyD, MP
President, APA Division 55

TESTIMONY OF SUPPORT
Hawaii HB-1072

Mr. Chairman and Members of the Committee. My name is Dr. Michael R. Tilus. I am a Medical Psychologist currently working at the Crow/Northern Cheyenne Indian Health Service Hospital, Crow Agency, Montana. This is a rural, frontier, isolated, medically underserved Indian population. I am on active duty with the U. S. Public Health Service at a Commander rank. This written testimony is offered as a private citizen and as the President of, and on behalf of the American Psychological Association (APA) Division 55- American Society for the Advancement of Psychopharmacotherapy (ASAP) Board of Directors.

It is my honor and pleasure to submit Division 55's strong support of HB-1072 as a positive treatment outcome for the families and children in the Great State of Hawaii!

By way of introduction, I am a Prescribing Medical Psychologist in Montana and have had prescriptive authority for the past seven years. Prior to having prescriptive authority, my specialty was broad based. I am trained and licensed to be a clinical psychologist, marriage and family therapist, and Board-Certified Chaplain. I have been, and am, a licensed and ordained minister for the past 35 years, with 12 years served as a Chaplain in the North Dakota Army National Guard, the Army Reserves in CA, and then on active duty in the Army as a Combat Veteran Chaplain during the first Gulf War. As an active-duty Public Health Service Officer in the U. S. Public Health Service, my wife and I have served 13 years in remote, frontier, medically underserved Indian country- in Washington, Arizona, North Dakota, and now Montana.

My personal experience of gaining prescriptive authority mirrors many psychologists who elected to do the hard work of passing a rigorous post-doctoral MS Degree Program in Clinical Psychopharmacology; passing the National PEP Exam; and completing multiple clinical preceptorship and internships under the direct supervision of a medical physician. While working full time and commuting to classes, I required an additional five plus years to meet all the requirements, and spent an additional 25% of my own money on student loans and carved money from our family budget.

As a prescribing medical psychologist, I consult, collaborate, and seek concurrence every day with my health care providers for evidence-based best practice, for patient safety, and for an integrated holistic patient-centered treatment plan.

In my seven years of practicing, I've never had any medical or health care provider challenge my training. There isn't a single topic essential to prescribing that was not covered in my training. We used the same medical textbooks; often had some of the same instructors that teach pharmacy graduate students, family practice interns, and nurse practitioners. In fact, in the majority of content areas pertaining to the prescribing of psychoactive medications to behavioral health patients, medical psychologists are better prepared than the other prescribing professions included in their study.

Is medical training a required benchmark? Medical training is wasteful unless you can demonstrate better outcomes and greater safety. Physicians have objected to EVERY non-physician expansion of scope of practice on grounds of insufficient training- dentists, optometrists, nurse practitioners, physician assistants. They have been wrong EVERY TIME.

When I hear these arguments, I wonder where the antagonists practice. They must not have the same kind of rural patients I see every day. The grassroots emergence of the prescribing medical psychologist grew in the Northern Plains of the Dakotas with the desire for increased access to Behavioral Health Care; a desire to serve the isolated, medically underserved populations; a collaborative approach working with all health care providers for increased wellness and healing.

Dr. Elaine LeVine, the first prescribing psychologist in New Mexico, recently submitted written testimony for the current North Dakota HB-1272, which hopes to give prescriptive authority too appropriately, trained doctoral level psychologists. New Mexico conditions are probably very similar to Hawaii.

"I am the first prescribing psychologist in New Mexico and a member of the team that spearheaded the New Mexico effort for psychologists with appropriate postdoctoral training in psychopharmacology to be licensed to prescribe medications for their patients. I am writing you because I am so pleased to hear about your bringing forth RxP Bill HB 1271. At the present in New Mexico, we have 42 prescribing psychologists and almost all of them are working with underserved populations in rural areas, poor urban areas, in the military and on our Indian reservations. There are less than 100 psychiatrists within our entire State; and a majority of them do not see Medicaid patients. Moreover, they are in such limited supply that they seldom complete psychotherapy as well as medication management. The prescribing psychologists in New Mexico are providing integrated care; what we say is from a psychobiosocial model of care. The patient's needs, interests, preferences are central to all we do and we use just enough medication to allow our patients to access their own strength. In addition to this quality of care, we have increased the number of those providing services by 50%! We still need many more providers but there can be no doubt that the prescribing psychologists are offering a very valuable service in our State.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1027

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair, Vice-Chair and members of the Committee on Finance, I am Kelly C. Harnick, Psy.D., ABPP, MSCP and I wish to submit this testimony in **Strong** support of HB 1072. This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I am the owner and founder of West Maui Counseling Center, and most importantly, a community advocate and Maui constituent. I served the communities of Hana and Molokai from 2008-2012 and I have first hand experience in how bad the access to psychiatric care is in our most rural Hawaiian communities. I know that this bill will not solve all the problems, but it will make a big difference in the lives of many and is a step in the right direction.

I am speaking out for my community, for those who do not or cannot speak out for themselves because they suffer from mental illness. We do NOT have enough psychiatrists here on Maui. We have NO Psychiatrist in Lahaina or any in West Maui. We here on the neighbor islands and the rural areas of Oahu are struggling, there is suffering and there are people dying. People are suiciding and self-medicating with illegal drugs because people are not able to get the care or medications they need in a timely fashion, or even at all. I know this first hand as a clinician in Hana and Molokai, and now West Maui that suffering and death has happened because of the access to psychiatric care issue. It takes MONTHS to get in to see a psychiatrist, and most do not take all insurances or MedQuest. Our hospital Molokini (Psychiatric Units) cannot retain psychiatrists to keep the units open. Hospital officials are quoted in the Maui News stating that they can't get psychiatrists, because there are not enough of them and it is well known there is a national shortage.

I have completed a postdoctoral M.S. in Clinical Psychopharmacology and can attest to the rigorous training and courses I had to complete. I sought this training because of my experience serving the community of Hana, I wanted to gain more knowledge and competency in order to better serve the community and the primary care physicians I worked closely with, because we did not then, nor do they have now, a psychiatrist.

I support this bill for numerous reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced

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training in clinical psychopharmacology.

- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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. It is my experience that this is merely about turf, money, and ego. There are people suffering and that's what really matters. The opposition's lobby and fear of losing their turf, is not a good reason to vote against this bill. The community is overwhelmingly supportive of this measure and it would help Maui, and the State of Hawaii immensely. The primary care physicians I collaborate with in my community are supportive of this bill, and are more than willing to work with me if I were able to attain licensure as a Medical Psychologist. The collaboration is already in place, however, it would take more of the burden off the PCP's prescribing psychotropic medications and the patient if we as professionals, were responsible for communicating about our patients' care, and the patient, most already in fragile states, did not have to obtain another office visit to get a prescription for psychotropics. I have seen national data that states that approximately 85% of psychotropics are prescribed by PCP's. Wouldn't it make more sense that a Medical Psychologist, who sees the patient for an hour each week could also monitor and manage their psychotropic medications? This is also a more cost effective approach to mental health care.

We know there is opposition, and although we know the bill passed in 2007, we also know that it was vetoed. Therefore, it is very important that you, our elected officials do the right thing and stand up for us today. Stand up for us and pass this bill so we can start chipping away at the access to care problems in our communities.

What is the motivation behind my efforts? As a professional working in the community, I do believe there is more than enough work to go around for everyone. There is plenty of need that

February 26, 2015

Written Testimony re: HB 1072, Relating to Prescriptive Authority for Certain Psychologist

I am a licensed Clinical Psychologist and the Integrated Health Director at Mālama I Ke Ola Health Center, a Federally Qualified Health Center on Maui. At our health center, we maximize our resources internally by providing integrated care. This means that my department (of behavioral health providers) works together with the primary care staff to provide coordinated and team based care.

The biggest challenge for rural health care, especially in my experience here, is linking a patient to a psychiatrist. The barriers are many, including psychiatrist provider shortage, insurance barriers, and strict criteria around who receives psychiatric care. In fact, the retention of psychiatrists in rural health care is a very huge factor. Indeed, the Maui Memorial Medical Center inpatient psychiatric unit for children and adolescents had to close due to provider shortage.

The implications of this provider shortage are that patients are either under-medicated or improperly medicated. We work together with the primary care physicians to provide care, however a primary care physician (MD or DO) only receives very minimal training in psychopharmacology. I receive training in psychopharmacology, however the psychopharmacology training provided to doctoral level psychologists is extensive and comprehensive. I have colleagues and friends who are currently participating in the program. In fact, it is my intention to enroll within the next couple of years. The benefits of prescription privileges would be that it would increase access to quality care for my patients, and would free up the Primary care physician to focus on treating the medical conditions.

Sincerely,



Haunani M. Iao

Licensed Clinical Psychologist

Integrated Health Director

808-872-4032



THE QUEEN'S HEALTH SYSTEMS

To: Chair Sylvia Luke
Vice Chair Scott Y. Nishimoto
House Committee on Finance

From: Dr. Leslie Chun
Vice President of Medical Staff Services
Chief Quality Officer
The Queen's Health Systems

Re: HB 1072 HD 1, Relating to Prescriptive Authority for Certain Psychologists
Hearing—February 27, 2015 at 3:00 PM

The Queen's Health Systems would like to provide comments in opposition to HB 1072 HD 1, which would allow psychologists who meet certain education criteria to have prescriptive authority.

Ensuring that patients have access to high-quality, safe care is important. Providing and managing prescriptions for medication such as psychotropic drugs is complex and can be dangerous to patients if not coupled with appropriate medication management. Moreover, expanding the scope of practice for any provider without a medical doctorate degree should be thoroughly considered.

We would ask that the committees defer this measure and respectfully request that a full study or task force be authorized to investigate and provide recommendations to address the issue of access to behavioral and mental health providers in shortage and rural areas in the state.

Thank you for your time and consideration of this matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Jenny Oyama Medical Assistant at West Hawaii Community Health Center 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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

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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,
Jenny Oyama

**THE TWENTY-EIGHTH LEGISLATURE
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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Nicholas Szubiak, LCSW, Director of Behavioral Health for West Hawaii Community Health Center 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.

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Thank you for your consideration.

Respectfully submitted by,

Nicholas Szubiak, LCSW

Testimony in Strong Opposition to HB 1072

House Committee on Finance

Notice of Hearing Friday, February 27, 2015 at 3:00 PM

Conference Room 308, State Capitol

To the Honorable Chairwoman Sylvia Luke, the Honorable Vice Chairman Scott Nishimoto, and the other distinguished Members of the House Finance Committee:

The American Psychiatric Association respectfully submits the following information in strong opposition to HB 1072. The bill, even with HD 1 amendments, is deeply flawed legislation that would create a certificate to allow individuals with grossly inadequate medical training to prescribe powerful psychotropic medications to Hawaii's most vulnerable population: patients with mental illness and co-occurring medical conditions, for example: diabetes, hypertension, metabolic syndrome to name a few. HB 1072 is opposed by the Hawaii Board of Psychology which has testified that the "authority to prescribe drugs to the general population poses a great risk to the public." As other testimony before the House has established, there is a consensus among medical experts in Hawaii that it is inappropriate and unsafe to permit this framework. We respectfully urge the Committee to reject this legislation and to consider the avoidable consequences for the health of your constituents.

The American Psychiatric Association urges the Committee to consider that HB 1072 would:

- Give a prescription pad to **poorly trained** clinical psychologists to prescribe any medications, including narcotics.
- Allow prescribing by psychologists with **little oversight** and after undefined "consultation and collaboration" with other professionals.
- Permit prescribing to children, pregnant women, and the elderly – all of whom metabolize medications differently and frequently present as unique and complex cases. For example, **children are not merely "little adults"** and the selection, dosing, and administration of their medicines requires significant and sound medical training.
- Approve an education and "training" model that requires as little as 400 online hours (26.6 semester credits) as recommended by the American Psychological Association's alarmingly inadequate Training Program for Prescriptive Authority. This bill would establish the **lowest amount of training** required of any prescribing clinician in Hawaii and would constitute a mere fraction of the 10,000 or more hours of clinical education and training demanded of physicians in order to appropriately diagnose and treat individuals suffering from physical or mental disorders.
- Require 60 **fewer credit hours** of graduate biomedical coursework than the flawed Illinois legislation to allow psychologists to practice medicine.
- Require **less clinical training** (allowing for less than a full time clinical practicum) than the flawed Illinois legislation.
- Ignore the fact that **only 5-10% of psychologists have a desire to pursue prescribing privileges**, according to studies.

In addition, although supporters of this legislation promote it as a way to increase access to care in rural areas, data has consistently shown that **psychologists do not relocate their practices to rural areas** as a result of obtaining prescribing privileges. The needs of underserved populations can best be addressed

through **proven solutions**, including enhanced mental health training of general physicians, fostering collaborative care between primary care physicians and psychiatrists, supporting the use of telepsychiatry services, supporting recruitment of additional physicians, and by funding other effective mental health programs. The American Psychiatric Association and the Hawaii Psychiatric Medical Association are eager to work with the Committee to advance these proposals in order to improve the lives of those who suffer from physical and mental illnesses.

Thank you for the opportunity to provide testimony. We urge you to vote “**NO**” on HB 1072. If you have any questions regarding this information, please contact Janice Brannon, Deputy Director, State Affairs at jbrannon@psych.org or (703) 907-7800.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, M.D., M.P.A." The signature is written in a cursive, flowing style.

Saul Levin, M.D., M.P.A.
C.E.O. and Medical Director
American Psychiatric Association



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

Representative Sylvia Luke , Chair
Representative Scott Y. Nishimoto, Vice Chair
House Committee on Finance

February 26, 2015

Friday, February 27, 2015, 3:00 P.M., Room 308

TESTIMONY IN STRONG SUPPORT OF H.B. 1072, HD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Sylvia Luke, Vice Chair Scott Y. Nishimoto members of the House Finance committee, my name is Marie Terry-Bivens, Psy.D. and I am a psychologist and President of the Hawai'i Psychological Association. I would like to provide testimony in support of HB 1072, HD1.

Hawai'i suffers from a serious shortage of medical professionals who are willing and able to prescribe psychotropic medications to treat citizens suffering from mental illness. This is a fact that I face almost daily on the island of Kaua'i where I practice privately and inside the school system. Most psychiatrists on Kaua'i are not taking new patients, and the Department of Health only provides this service to persons meeting rather restricted criteria. The patients know that effective treatments exist. They are just a prescription away. But in Hawai'i there are simply not enough prescribers to effectively meet the needs of these citizens in distress, particularly on the neighbor islands. This state of affairs not only contributes to the suffering of these patients, but also can lead to experiences of helplessness that can be deadly for persons suffering from ongoing mental illness.

HB 1072, HD1 provides a long-term, no-cost, solution to this problem by outlining a safe and responsible path to training and qualifying psychologists, professionals already adept at diagnosing and treating persons with mental illness, to prescribe needed psychotropic medication. The bill has excellent precedents in other states that have enacted similar measures (New Mexico, Louisiana, Illinois), and programs in the military prove that psychologists perform very well as prescribers even in the most challenging situations. The stringent requirements and board oversight outlined in this particular bill, HB 1072, HD1, ensure that the highest standards of professional practice will be met and maintained, and that the consuming public will be protected. HB 1072, HD1 will create a responsible

Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Chair
February 27, 2015
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and safe pathway that will lead to alleviating the suffering of thousands of citizens who currently lack access to prescribing mental health professionals.

A “YES” vote on HB 1072, HD1 is the only moral choice for Hawai‘i.

Very respectfully submitted,

Marie Terry-Bivens, Psy.D.
President

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
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**TESTIMONY IN SUPPORT OF HB 1072 HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am William Akutagawa, MSW and am the Executive Director for Na Pu`uwai Native Hawaiian Health Care System on Molokai. 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:

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Thank you for your consideration.

Respectfully submitted by,

William Akutagawa, MSW
Executive Director for Na Pu`uwai

From: Robert Collesano, CSAC <Robert@MHAMaui.org>
Sent: Thursday, February 26, 2015 12:35 PM
To: FINTestimony
Subject: Finance Committee Hearing, Friday Feb. 27, 2015, 3:00 pm

TO: Rep. Sylvia Luke, Chair, Finance Committee

RE: HB1072 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

FROM: Robert Collesano, Director, Maui County Branch of Mental Health America/Hawaii

STRONG SUPPORT

There is an urgent need, throughout Maui County, for medically trained psychologists to be allowed prescriptive authority (SB 748 and HB 1072).

- On October 15, 2014, the Adolescent Psychiatric Unit (Molokini II) of Maui Memorial Hospital was **CLOSED due to a lack of child psychiatrists on Maui.**
 - Maui, youth in crisis, are now being inefficiently flown to Oahu for treatment creating a tremendous hardship on parents to be involved in the process.
 - Often Oahu beds are full and Maui youth, in crisis, are being turned away.
- The Maui Office of Mental Health America of Hawaii recently participated in a planning grant, funded by Maui County, to find a way to provide mental health services to rural areas (Hana, Moloka`i and Lana`i)
 - It became apparent to this office that what was needed were people in those rural areas who could see patients and prescribe psychotropic medications.
 - **Prescribing physicians are simply not available to serve Hawaii's rural population** which suffer from a higher than average suicide rate.
 - "Suicide rates tend to be high in rural areas in part because there is greater access to firearms, high rates of drug and alcohol use and few health-care providers and emergency medical facilities."
 - It is called a "lethal triad" in the field of mental health. (April 14, 2014 / American Psychological Association)
 - In Hawai`i, more people die from suicides than from motor vehicle accidents, drowning, falls, poisonings, suffocation, and homicides ... there is an average of 852 attempted suicides per year in Hawai`i
- Historically, psychologists know their patients better than psychiatrists who might see a patient for a 15 minute medication review vs. psychologists who schedule appointments by the hour.
- Other non-physicians, in Hawai`i, currently have prescription privileges, such as pharmacists, optometrists, nurse practitioners, and physician assistants.
- Funding struggles and cuts, severe doctor shortages and inadequate care options have created a very real, very dangerous mental health care crisis in Hawai`i.

- The time is now for prescriptive authority for psychologists in Hawaii.
- Your support, as Chair of the Finance Committee, is gratefully appreciated.

Respectfully Submitted,

Robert A. Collesano, CSAC, Maui Director

Mental Health America of Hawaii

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[Listing of MHA-HI-Maui E-Mails To The Community](#)

February 25, 2015

**TO: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Y. Nishimoto, Vice Chair, House Committee on Finance**

**FR: Dr. Jill Oliveira Gray, Licensed Clinical Psychologist
I Ola Lāhui, Training Director
HPA, Chair, RxP Committee**

**RE: TESTIMONY IN STRONG SUPPORT OF H.B. 1072 HD1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS
February 27, 2015, 3:00 pm, Conference Room 308**

Honorable Chair Luke, Vice-Chair Nishimoto and members of the House Committee on Finance, 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 14 years to include Hana, Maui, Molokai, and for the past seven years in Waimānalo. I am also a past President of the Hawai'i Psychological Association (HPA), current Training Director at I Ola Lāhui, an American Psychological Association accredited pre-doctoral internship and post-doctoral fellowship that has trained and placed psychologists in rural, medically underserved areas across our state since 2007, and current HPA Chair, RxP Committee. In addition to working in rural areas for 14 years and being part of a training program that is dedicated to increasing behavioral health providers in rural areas, I have also been advocating for this bill for the past 12 years. In 12 years, I can tell you through first hand experience that very little has changed with regard to accessing psychiatric care in our rural areas across the state.

I would like to submit this testimony in strong support of House Bill 1072, HD1, however, would like to propose the term “medical psychologist” be changed in the bill language to “prescribing psychologist” to remain consistent with recent policy changes made within the American Psychological Association.

There is also concern with regard to the bill amendments. We are presently reviewing these amendments and carefully weighing them out, comparing them to other training requirement standards that exist as well as to the curriculum of the Master's in Science of Clinical Psychopharmacology program at the University of Hawai'i, Hilo, College of Pharmacy, to ensure that what does pass is workable, inclusive, and allows for psychologists who want to complete this advanced training be able to do so efficiently and ultimately carry out the intent of the bill and improve access to comprehensive and quality mental health care.

The mental health needs of individuals across our state continue to outweigh the capacity of our health care system. I have been advocating in support of this measure

for 12 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 but 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 on an outpatient basis. Psychiatrists practice in various types of health care settings, to include hospitals and residential treatment programs where the larger portion of our population does not require care, however, they do face access difficulties to receive appropriate outpatient medication management in order to maintain functioning and prevent worsening of psychological problems.

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.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair

Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM

Conference Room 308

State Capitol

415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am William J. Marks, licensed psychologist 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

'OHANA PSYCHOLOGICAL SERVICES

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,



William J. Marks, Ph.D.
Licensed Psychologist
National Register Credentialed, NRHSP
Ohana Psychological Services LLC
Office (808) 596-8899
ops@mdofficemail.com

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Dr. Nicole Robello, Licensed Clinical Psychologist, and Director of Behavioral Health at Na Pu'uwai Native Hawaiian Health Care System on the island of Molokai. 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'm sure you all have heard from many who are in support or against the HB 1072 HD1, but I'd like to paint a picture of our reality in rural areas. When I became a psychologist in a rural medically underserved community, it became quite apparent what the needs of the community are and barriers to receiving adequate services. It is my believe, as should be yours, that everyone, no matter how rich or poor, no matter what insurance you carry, should receive adequate medical and mental health services, specifically psychiatric services. On Molokai, there are NO psychiatrists that will see anyone under the age of 18. I currently have a patient with a daughter suffering from severe emotional and behavioral difficulties with psychotic symptoms, and it took over 5 months to access a child psychiatrist through DOH. There are countless stories similar to this. For my adult patients, there is a 3 month wait list to see a psychiatrist if they do not have access to AMHD services. This is detrimental to our community, and I see the repercussions every day. There are an increase number of crisis incidents, the ER is being over utilized by psychiatric patients, and most importantly, the community is losing hope and trust in this system.

The psychiatrists that do serve our community are wonderful, but they are over worked and do not have the capacity to meet the needs of the community. Serving our community 2 days/month is not enough to meet the needs.

This bill will begin to address this shortage that I see every day and will immensely help the people of Molokai and other rural communities. I am concerned about the amendments made in the House, as they would make the bill very difficult to implement. I would like to see the bill passed with the original language.

Thank you for your consideration.

Respectfully submitted by,
Dr. Nicole Robello

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**



Na Pu'uwai
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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB1072 HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

February 26, 2015

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, on behalf of Na Pu'uwai Native Hawaiian Health Care System serving Molokai, Lanai, and Kalaupapa, we are submitting this testimony in strong support of HB 1072 HD 1. If passed successfully, 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.

We support this bill for numerous reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

Na Pu'uwai has been fortunate to be part of I Ola Lahui, psychology residency program, that serves especially rural areas, such as Molokai and Lanai. We have had clinical licensed psychologists along with interns, practicum students, and post doctoral interns come through our organization providing the highest quality care to our Molokai residents. Having the ability to prescribe medication would enable our providers to enhance this program and fully benefit our patients and community.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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.

A NON-PROFIT ORGANIZATION DEDICATED TO THE BETTERMENT OF THE HEALTH CONDITIONS OF NATIVE HAWAIIANS



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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.** Na Pu`uwai humbly asks for your consideration in the passage of HB 1072HD.

Thank you for the opportunity to provide our testimony and for your consideration.

Respectfully submitted by,

Judith Mikami
Associate and Long Term Care Director

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Ashlynn Mawae. I work at Na Pu'uwi Native Hawaiian Health Care System and live on the island of Molokai. 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
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- 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.
- The training is part of a Post-Doctoral degree, 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. 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

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Ashlynn Mawae

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Josette Mawae Mollena and I am the Director of Adult Day Care on Molokai. 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
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- 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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**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Josette Mawae Mollena

finance1-Kim

From: Marya Grambs <marya@mentalhealth-hi.org>
Sent: Thursday, February 26, 2015 12:52 PM
To: FINTestimony
Cc: Marya Grambs
Subject: Finance Committee Hearing, Friday Feb 27, 2015, 3:00 pm

TO: Rep. Sylvia Luke, Chair, Finance Committee
RE: HB1072 Relating to Prescriptive Authority for Certain Psychologists
FROM: Marya Grambs, Executive Director, Mental Health America of Hawaii
STRONG SUPPORT

Mental Health America of Hawaii has, for 73 years, advocated on behalf of persons with mental illness. Hawai'i is experiencing an acute shortage of psychiatrists who will treat people with severe mental illness, especially those who are receiving Quest insurance. Simply put, people cannot get their medications when they need them. Without getting medications in a timely manner, they often decompensate and have to be hospitalized or end up incarcerated or homeless. The problem is especially acute on the Neighbor Islands.

Several years ago when a bill like this was proposed, the Hawaii Medical Psychiatric Association's Executive Director said, Give us time – we will recruit psychiatrists for the Neighbor Islands. They were unable to do so.

Many psychiatrists on Oahu do not accept new patients and/or patients with Medicaid or no insurance. Two years ago, a man with severe mental illness called 40 psychiatrists who were referred to him by his health plan and was unable to find anyone to see him. In despair, he made a serious suicide attempt and had to be hospitalized.

Physicians and psychiatrists will tell you that the proposed training for the psychologists is insufficient. That is simply not true. The training is comparable to that provided to prescribing psychologists in New Mexico and Louisiana, where this has been very successful. U.S. military psychologists have written hundreds of thousands of prescriptions without a single complaint or malpractice case in 20 years of work.

Please note that medical doctors were opposed to APRN's obtaining prescribing privileges too.

Thank you for considering our testimony. The lack of available psychiatrists is a dire problem, and this is a solution that virtually has no price tag.

Aloha,

Marya Grambs, Executive Director
Mental Health America of Hawai'i
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F: 808.533.6995
marya@mentalhealth-hi.org
www.mentalhealth-hi.org

To: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Nishimoto, Vice Chair, House Committee on Finance
Members of the House Finance Committee

February 27, 2015, 3:00pm

Re: **HB 1072** - Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Dear Chairperson Luke, Representative Nishimoto and Members of the House Finance Committee,

I am a medical doctor and psychiatrist practicing on Maui and Molokai for the past 18 years serving disadvantaged and underserved members of our community. I am a Clinical Professor, John A Burns School of Medicine; Staff Psychiatrist, Maui Memorial Medical Center and Staff Psychiatrist, Maui Community Mental Health Center including Molokai. I am testifying as an individual and not as a representative of the University of Hawaii, Maui Memorial Medical Center or the Adult Mental Health Division.

I oppose HB1072 because it is unnecessary and I fear it may eventually be harmful. Abuses of such legislation regarding medical practice may take decades to emerge. This has happened in other countries.

The training proposed in HB 1072 does not include all the requirements for Physicians Assistants and Advanced Practice Nurses (APRN Rx's). Psychologists already have 3 ways to learn enough medicine to safely prescribe: 1) Medical School, 2) Nursing School, 3) Physician Assistant School.

- **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 work 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.**

We can deliver more and better medical psychiatric care to people in our remote, rural and disadvantaged communities by other means.

- Legislation to let AMHD restore sending UH trained psychiatrists to rural areas including stipends and loan forgiveness,
- Telepsychiatry which works.

Please vote NO on HB 1072. Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD
Constituent of Representative Kyle Yamashita

To: Representative Sylvia Luke, Chair, House Committee on Finance

Representative Scott Nishimoto, Vice Chair, House Committee on Finance

February 25, 2015

Re: HB 1072 Relating to Prescriptive Authority for Certain Psychologists

Position: Opposed

Dear Representative Luke:

I am writing to urge you to please vote NO on HB 1072 relating to prescriptive authority for psychologists.

As a pediatrician and a child psychiatrist, it is my duty and obligation to look after the best interests of patients all over the state. I cannot overemphasize how dangerous it would be to allow non-physicians to be practicing medicine.

Make no mistake: psychiatry is a medical specialty. Just as I am not trained in administering psychological testing, psychologists do not have the training or expertise to be able to prescribe medication (nor are they trained to recognize or treat side effects of medications, or comorbid/confounding medical conditions). Medical school and residency trains one for that.

Please consider if you would send your loved one to a lesser trained practitioner, merely because they live in a rural area. There are other ways to provide access to all of Hawaii's people, without compromising the quality of care.

Please vote NO on HB 1072 , no matter how amended.

Thank you for your consideration of my testimony.

Yours truly,

Asad Ghiasuddin MD, FAPA, FAAP

To: Representative Sylvia Luke, Chair, House Committee
on Finance

Representative Scott Nishimoto, Vice Chair, House
Committee on Finance

February 25, 2015

Re: HB 1072 Relating to Prescriptive Authority for Certain
Psychologists

Position: Opposed

Dear Representatives Luke and Nishimoto:

I was born on Kauai. I have lived with Schizophrenia for over 60 years, ever since I was a little girl. It got so bad in college I had a nervous breakdown and had to come home.

With the right treatment from a psychiatrist for my 3 medications, and an excellent psychologist for psychotherapy, I was able to go back to college, get a nursing degree, and work as a nurse in hospitals and rehabilitation facilities for the next 30 years. I needed both consistently, until age 59, when I reached recovery.

HB 1072 says that I, and my fellow mental health consumers would be subject to the risks of inadequately medically trained psychologists.

Please vote NO on HB 1072. It is a dangerous bill to people like me.

Thank you for your consideration of my testimony.

Yours truly,

Fenner-Marie Shupe, RN
Mental Health Consumer
Since 1957
Voting Constituent in Moili'ili

To: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Nishimoto, Vice Chair, House Committee on Finance

February 25, 2015

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

Position: Opposed

Dear Representatives Luke and Nishimoto:

As an outpatient psychiatrist who's been in full-time practice on Oahu for the past 4 years, I agree there is an access problem to psychiatric care all across the islands of Hawaii, but allowing psychologists to prescribe psychotropic medications will not help address this issue. The bill, as it is currently written, does not mandate these psychologists with prescriptive authority to practice in underserved/rural areas for a specified period of time once they complete their training. How can we then say this bill will help improve access to mental healthcare?

As of 2014, only 6 of the 30 psychologists in New Mexico who took a crash course program in prescribing medication were practicing in rural areas. That's only 20% of the providers. The rest moved out of the state, stopped practicing, or are practicing in large cities. Prescription privileges to psychologists do not guarantee access to mental healthcare. We need psychologists in Hawaii to continue doing what they're trained to do best, psychotherapy, which can treat the majority of cases of depression/anxiety. Only moderate to severe cases of mental illness may need medication intervention by a psychiatrist.

It took me 4 years of medical school to learn about the human body and 4 more years of clinical residency training in order to learn the complexities of how medications interact with the body and with other medications. A few semesters of training is not enough to fully grasp the field of psychopharmacology and can lead to lethal mistakes.

A more expeditious solution to improving access to mental healthcare would be to provide electronic infrastructure to the existing medical clinics in these rural areas to access psychiatric care through tele-behavioral health/telemedicine. Primary care physicians (PCPs) could also be better equipped to treat mental illness in their patients through targeted continuing medical education (CME) training since they are often the first point of contact for patients. PCPs could also consult psychiatrist colleagues through tele-behavioral health when needed if the electronic infrastructure was present.

Please vote NO on HB 1072 HD1, no matter how amended. Thank you for your consideration of my testimony.

Yours truly,
Julienne Ong Aulwes, M.D.

STEPHEN B. KEMBLE, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

ONE KAPIOLANI BUILDING, SUITE 402
600 KAPIOLANI BOULEVARD
HONOLULU, HI 96813
TELEPHONE (808) 537-2665
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To: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Nishimoto, Vice Chair, House Committee on Finance

February 27, 2015

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

Position: Opposed

Dear Representative Luke:

I am a practicing psychiatrist who prescribes psychotropic medications every day. I am opposed to this bill because I believe it fails seriously to come to grips with the reality of prescribing psychotropic medications. Psychiatric medications carry a high risk of side effects affecting the rest of the body, requiring general medical training for proper and safe diagnosis and treatment.

There is indeed a shortage of psychiatrists in Hawaii now, but this is due to cutbacks in AMHD and CAMHD services and managed care policies by Hawaii's Medicaid program that have made the practice of psychiatry so onerous that it is now difficult to recruit and retain psychiatrists in Hawaii, and those still in practice have quit accepting new Medicaid patients. We should be addressing these root problems, not expanding scope of practice for psychologists with grossly inadequate training, which does not help solve the problem of access to *appropriate* care or protect the safety of the public.

- There is no clear distinction between psychological symptoms and symptoms of general medical illness, and both are often mixed together. Patients often report symptoms in ways that do not fit the textbook list of symptoms that correspond to an official psychiatric diagnosis, or that would be taught in a course in psychopharmacology.
- There is no such thing as a psychotropic medication that only affects the mind (psychology) and not the rest of the body, and the ability to assess the significance of non-psychological illnesses and symptoms is essential to appropriate and safe prescription of psychotropic medications.
- A large percentage of my patients in a general psychiatric practice (probably 2/3) have concurrent general medical conditions and non-psychiatric medications presenting issues relevant to psychiatric diagnosis and choice of psychoactive drugs. These interactions cannot be properly evaluated without general medical training that psychologists do not have, and would not have under HB 1072.

- Psychopharmacology and basic medical science courses are completely inadequate training for the practice of psychopharmacology. Course work must be supplemented with years of supervised experience treating both general medical and psychiatric patients in a clinical setting. This kind of clinical training is only addressed by a full 4-year medical school curriculum plus at least 3-4 years of residency, which is far more clinical training than proposed for prescribing psychologists in this bill.
- A psychologist prescribing from a limited formulary would not be able to appropriately treat a majority of those needing psychotropic medications, and would be tempted to treat inappropriately for those patients who really need a medication beyond the limited formulary.
- This bill would not solve any of the access problems or the shortage of psychiatrists in rural areas. The answer is not giving under-trained psychologists limited prescription privileges, but increasing support for fully trained psychiatrists to serve in these areas, including hiring them in community health centers.

Please vote NO on HB 1072 HD 1, no matter how amended.

Thank you for your consideration of my testimony.
Yours truly,

Stephen B. Kemble, MD

Elaine M. Heiby, Ph.D.
Licensed Psychologist
2542 Date St., Apt. 702
Honolulu, HI 96826
(808) 497-0929
heiby@hawaii.edu

25 February 2015

Hawaii State Legislature
House Committees on Finance

Re: OPPOSITION to HB1072, HD1 Relating to prescription privileges for psychologists

Dear Honorable Representatives of the House Finance Committee:

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.

HB1072,HD1 is a great improvement over HB1072.

- Bills like the original HB1072 has been rejected at least 183 times in 26 states over the past 20 years owing to substandard medical training. Psychologists do not have premedical or medical training.
- HB1072,HD1 requires medical training that is similar to the 2014 psychologist prescribing law in the State of Illinois, which was supported by psychologists, physicians, and nurses. **However there are some serious differences that I urge your committee to address.**

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 seriously physically ill, and those with developmental disabilities). Medical training is similar to this bill.

- The Illinois law may be found here:

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1294&ChapterID=24>

Changes requested to HB1072,HD1 to meet Illinois' standards

- HB1072, HD1 does not restrict the formulary other than narcotics.
- HB1072, HD1 does not restrict populations for which psychologists can prescribe (youth, elderly, developmentally disabled, and the seriously ill).
- HB1072, HD1 does not forbid online medical training. A survey of about 5000 members of the psychological Association for Behavioral and Cognitive Therapies (ABCT) found that only 5.8% found medical online training to be adequate. (*the Behavior Therapist, September 2014*)
- HB1072, HD1 does not require that the practicum training be full-time.
- HB1072, HD1 does not require that there be physicians, including psychiatrists, on the Board of Psychology. Psychologists are not prepared to determine the adequacy of medical coursework and practicum.

Thank you for your kind consideration of this opinion.

Respectfully,



Elaine M. Heiby, Ph.D.
Psychologist (HI license 242)
Professor Emeritus of Psychology (pending Board of Regents' approval)

FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2015 1:48 PM
To: FINTestimony
Cc: naomi65@mac.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
naomi crozier	Individual	Support	No

Comments: My name is Naomi Crozier and I support bill number 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.

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I am testifying in support of HB 1072. I moved to Maui approximately 5 years ago from the east coast. We have been taking my daughter to seek psychiatric care for the past 7 years. Since our move to Maui, trying to ensure she receives proper psychiatric care has been exceedingly difficult.

We have seen 9 psychiatrists, on Maui, in search of someone who is able to provide good care for our daughter. The psychiatrists and mental health providers we have seen are often unwilling or unable to take new clients due to the fact that they are completely overwhelmed by their caseloads, even during times of crisis. We, on our island, choose from a small group of care providers.

At many times over the past five years we have spent two hours driving, and hour waiting and an hour in the appointment. I am grateful that we have schedules that are able to accommodate the amount of time and energy required to get to these meetings. I am also grateful we are affluent enough to be able to spend the time away from work, pay for gas, and have two reliable cars to provide transportation.

My daughter is now being seen for on going bi-weekly counseling appointments. The psychiatrist she has been seeing to prescribe her medications has just left the island. I am now going to our family physician to provide my daughter's psychiatric medications.

The relationship between a good mental health provider requires a good relationship, on-going visits and time spent together. This time allows the mental health provider to evaluate the efficacy of the medications on their client's psychological state. Going to our family physician for these medications is a disservice to my daughter and jeopardizes the care she is receiving. My husband and I are required to try and determine whether her medications are working, by evaluating her current state of mental health and determine if she needs a new medication or a different dosage! A job that we are ill equipped to perform.

I am testifying in support of this bill to help my twenty year old daughter. I am also voicing my support for the many people in our state who do not have the level of support, energy, affluence, transportation and flexibility to seek the care they so desperately need.

Mahalo Sarah C Whittemore

FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2015 5:38 PM
To: FINTestimony
Cc: thirr33@gmail.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Arvid Tadao Youngquist	Individual	Support	Yes

Comments: Chaair and Vice Chair, House Finance Committee Right Honorable Committee Members I testify in support of HB 1072 HD1 Relating to Prescriptive Authority for Certain Psychologists. This topic and previous incarnations duding the last 10 years worth of discussions have delved with various aspects of pro-con. There are 131 separate testimony in your on-line file. I believe this is a measure whose time has arrived within the parameters of the conditions of HD1 and possible refinement for education and training. Thank you for this opportunity to testify. Arvid Tadao Youngquist BA, Psychology

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2015 10:35 AM
To: FINTestimony
Cc: shrinkart@aol.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Robert K. Ax	Individual	Support	No

Comments: February 25, 2015 To the Members of the Hawaii Legislature: 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 support of HB 1072, the bill to permit properly trained psychologists to prescribe psychotropic medications. I write from a public health standpoint, and because I believe in the importance of the issue. I have nothing to gain financially. I am a psychologist who is retired from the federal prison system, where I worked with many individuals with serious and persistent mental illness. It was difficult to find and keep qualified psychiatrists, even though the prison where I practiced was located near Richmond, Virginia, where there is a large medical school. Based on my direct experience and those of colleagues in other institutions and agencies, I became convinced of the need for prescribing psychologists in correctional institutions. Further, 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. You may already be aware that the military permits psychologists who have completed a clinical psychopharmacology curriculum to prescribe for men and women on active duty. Perhaps you also know that New Mexico, Louisiana, and Illinois have already passed prescriptive authority laws of the type currently under consideration in Hawaii. The Indian Health Service has begun authorizing prescribing psychologists, reflecting the desperate need on that agency's part for high quality care of this sort. 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

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 2015**

HOUSE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am a member of the community that lives in one of the most rural areas in Hawaii for all my life. The disadvantages that we face to be able to cope with most disparities is of great important to help those in need on Molokai. Please take a good look at what our Behavioral health providers can help with in our community for a better future. 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. The organizers of the psychiatry

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Nancy M. Sidun, PsyD, ABPP, a licensed clinical psychologist 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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

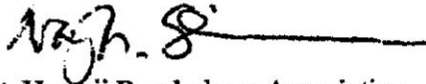
**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

A handwritten signature in black ink, appearing to read "Arjha S.", followed by a horizontal line.

Past President, Hawaii Psychology Association

February 25, 2015

To: The Legislature of the State of Hawaii

I write as a Prescribing Psychologist in New Mexico. I hold the 7th of approximately 40 prescribing psychologist licenses permitting me to prescribe psychotropic medication in collaboration with primary care providers and other physicians. I have been teaching medical residents to treat the behavioral needs of our patients, including utilizing medication when appropriate and discontinuing medication when it is inappropriate. I spend more time and effort discontinuing inappropriate medications than I do in starting appropriate medications

Prescribing psychologists care about the health, safety and recovery of our patients. We work as closely as possible with the other health care providers of our patients and actively seek consultations when appropriate. We have chosen the difficult course of additional training that is outlined in your proposed legislation because we want to improve access to care for people who need the services. Because our services are often less costly than those of our physician colleagues we are a very cost-effective answer to the stress placed on the public sector (Medicare, Medicaid) health care systems. Half of us (20 of the 40 in New Mexico) serve rural underserved populations either part or full time.

Our goal has been to provide effective, safe, evidence based care that includes both psychological and medication services to underserved populations. We have succeeded in achieving that goal in New Mexico, Louisiana, the United States Uniformed Services, the Indian Health Service, and will begin providing services in Illinois which has just passed legislation similar to that which we have in New Mexico and that which has been proposed in your state.

I urge you to consider our fine record of safety and services in weighing your support for your proposed legislation. I have reviewed that legislation and see that it for the same rigorous education which was passed in New Mexico. I am happy to discuss what and how we manage patient care in New Mexico.

I am forwarding for your review letters from three physicians with whom I have the honor of working who will attest to the need for and safety and effectiveness of the work of prescribing psychologists in New Mexico.

Yours Truly,

Marlin C. Hoover, PhD, MS, ABPP
Prescribing Psychologist – New Mexico
Licensed Psychologist – Illinois
Cell Phone: 708 71 9706

Behavioral Science Faculty
Southern New Mexico Family Medicine Residency
Past President of the Illinois Psychological Association

Testimony in Support of HB 1072

Relating to Prescriptive Authority for Certain Psychologists

Honorable Chairs, Vice-Chairs and members of the Committee on Finance, I am Dr. Kathleen M. McNamara, a clinical psychologist practicing on Maui, with a private practice primarily focused on neuropsychology. I also am a full time staff psychologist with the Department of Veterans Affairs (VA). However, none of my testimony represents the view of the VA and I am not submitting it as a psychologist practicing in the VA. This testimony solely represents my own views.

I am fully in support of this bill which will allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii law. I have been an independently practicing clinical psychologist for over 35 years. I also have been responsible for the education and training of clinical psychologists at the graduate, Internship and Residency levels. My practice has focused on providing psychological and neuropsychological services to unserved and underserved populations in rural areas (on the Mainland in West Virginia and the Appalachian areas of southern Ohio; in Hawaii, on the Big Island, Moloka'i, Lana'i, Hana, and other areas of Maui County).

The education and training which is required by this bill is consistent with what has been recommended for post-doctoral training in psychopharmacology for psychologists who intend to competently, safely, and ethically prescribe psychotropic medication to those in need of such services in Hawai'i. I have completed the recommended course work over a period of two years, with instructors from medicine, psychiatry, nursing, and pharmacy. Having a specialty in neuropsychology, I already had a background in many of the biological and neurological areas that were covered in those courses, but found the overall curriculum to be rigorous and comprehensive. I am quite confident that the education and training will more than adequately prepare those seeking to meet the mental health needs of the people of Hawaii. In addition, since this is a postdoctoral program, the cost for this advanced training falls to the individual providers rather than the State.

There should be no doubt that the mental health needs of the people of Hawaii far outweigh the available and accessible competent mental health professionals. Similarly, I hope that you can see that this bill will increase access to care, and begin to address the psychological distress of those with mental health issues who have been unable to find professionals to provide appropriate medication as part of a comprehensive treatment plan in a timely manner, if at all. Depression leading to suicide does not need to go untreated. The productivity available for our businesses does not need to be diminished by those with anxiety and panic disorders who are unable to get to work or stay at work because their untreated disorders interfere with their willingness and desire to be on the job. Families do not need to suffer the loss of their loved ones who are still with them in body but unable to find relief for the major psychological problems which trouble their minds, and they cannot find a provider in their community to offer help.

Psychologists in the Department of Defense, Indian Health Service, and in Louisiana and New Mexico have been safely prescribing and offering integrated behavioral health care side by side with primary care for many years. There have been no complaints in Louisiana after ten years of prescribing by

medical psychologists. In New Mexico after these initial two years, no complaints have been filed with the licensing board. Within the branches of our military, psychologists are embedded with combat units in the field, as well as within military facility clinics Stateside, prescribing safely or un-prescribing when medication is no longer an essential part of treatment for the psychological wounds of war. The people of Hawaii with unserved and underserved mental health needs deserve to have access to competent, qualified, well trained medical psychologists who meet the requirements of H.B. 1072. These will be dedicated psychologists, who have undergone this additional training at no cost to the State, and with a commitment to providing the highest quality health care to those who are most in need.

Thank you for your consideration of the issues which this bill brings to light regarding accessibility and continuity of care for the most vulnerable of our Hawaii people.

Respectfully submitted,

Kathleen M. McNamara, Ph.D., ABPP
Diplomate in Clinical Psychology

IQBAL AHMED, M.D. FRCPsych (U.K.)

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

February 25, 2015

To: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Nishimoto, Vice Chair, House Committee on Finance

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

Position: Opposed

Dear Representatives Luke and Nishimoto:

I am writing to you as not only a practicing psychiatrist of over 30 yrs, but as one of the few psychopharmacologists in the U.S. certified by the American Society of Clinical Psychopharmacology. I am also a 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 practitioners who do not have the qualifications to prescribe these medications safely. There is an assumption in this bill that these medications work on the brain chemistry alone. However, almost all of these medications can have very significant effects on the rest of the body as well.

Every week we learn more about the risks from the use of these psychiatric medications such as seizures, strokes, confusion, heart disease, sudden death, bleeding problems, falls, and fractures. In addition interactions with other medical

drugs can lead to dangerous side effects or make them ineffective. One of the arguments made to give psychologists prescribing privileges is to reduce suicide risk. However, a number of these medications can cause an increased risk of suicide or violence when not prescribed carefully. Suicide is more effectively prevented by talk therapy, crisis services, social support, treating alcohol and drug addiction, and hospitalization rather than prescribing medications. Psychologists can play a major role in providing these treatments.

Most of the arguments in support of psychologists prescribing in other states are based on absent, incomplete, or inaccurate data. Further the training is primarily in the class room by pharmacists, who do not take care of patients in hospitals and clinics. We would be the only state to do this. Clinical training planned is inadequate, with no medical training involved. Let us not have a two tiered care system, making our poorer, rural mentally ill second class citizens. Even third world countries, such as India where I come from, do not seek this approach. They, instead look to provide incentives for rural practice, rural training for physicians, psychiatric training of family physicians etc. to provide access.

Similarly, there are better ways of addressing the access issue such as use of telemedicine and telepsychiatry, removal of barriers for patients and psychiatrists to enhance access such as incentives to practice in rural areas, training programs in rural areas, reducing administrative burden in access to medications for the Medicaid population. Please also remove barriers that managed cost companies have imposed on Primary Care Physicians that discourage them from prescribing psychiatric medications.

Psychologists can help with access to care by provide valuable non-pharmacological treatments for the severely mentally ill such as talk therapy, behavior therapy, psychosocial rehabilitation programs, and recovery programs. Psychologists can partner with psychiatrists to arrange for medication evaluation and treatment so that treatment can be safely, effectively, and efficiently provided for our most vulnerable population.

Please vote no on HB1072

Thank you for considering my testimony.

Sincerely,

Iqbal Ahmed, M.D.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Mahana Chang, a licensed clinical psychologist, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

As a clinical psychologist who works in rural and underserved areas (Laie, Oahu; Hilo, Hawaii), I can speak directly to the lack of psychiatric services and the impact this has on individuals and communities. As such, I made the decision to enroll in the University of Hawaii at Hilo's Master of Science in Clinical Psychopharmacology program last fall. It is my hope that with the passing of HB 1072 HD 1, medical psychologists will be able to fill a much needed gap in service that will create a healthier Hawaii.

Thank you for your consideration.

Respectfully submitted by,

Mahana Chang, Psy.D.
Licensed Clinical Psychologist

FIN-Jo

From: Maxine Anderson <maxineka@hawaii.edu>
Sent: Thursday, February 26, 2015 6:01 AM
To: FINTestimony
Subject: Finance Committee Hearing, Friday Feb 27, 2015, 3:00 pm

TO: Rep. Sylvia Luke, Chair, Finance Committee

RE: HB1072 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

FROM: Maxine Anderson, 45-552 Alokahi pl. Kaneohe HI 96744

STRONG SUPPORT

I am a social work student at UH Manoa, currently work at a domestic violence shelter, and am myself a consumer of mental health services in Hawaii. Access to mental health services is crucial to maintaining a healthy and growing population for our state. In addition to my own personal difficulties accessing mental health care, I have many clients who have difficulty accessing the medication they need in order to get their lives back in order. Allowing adequately trained clinical psychologists to prescribe these medications as appropriate would allow more people to safely access comprehensive mental health care, which is urgently needed in our state.

Mahalo for your time,

Maxine Anderson

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

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Friday, February 27, 2015 at 3:00 PM
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TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Robin Miyamoto, a Clinical Psychologist working in Wahiawa and I wish to submit this testimony in strong support of HB 1072HD1 . This bill would allow advanced trained medical 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 Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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

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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'Robin E. S. Miyamoto', with a stylized, looping flourish at the end.

Respectfully submitted by,
Robin E. S. Miyamoto, Psy.D.
677 Ala Moana Blvd. 1016
Honolulu, Hawaii 96813
Office: 808-692-1012
Fax: 808-587-8576
robinemi@hawaii.edu

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015
HOUSE COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING
Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair, Vice-Chair and Members of the Committee on Finance, I submit this testimony in strong support of HB 1072. This bill would allow licensed clinical psychologists with advanced medical and psychological training to prescribe and dispense medication within the scope of practice of psychology as defined by Hawaii Law.

I am Dr. Kevin McGuinness, a Prescribing Clinical Health Psychologist. For close to a decade, I have practiced as such with the Indian Health Service and the National Health Service Corps in federally qualified health centers (FQHC) across the nation. I provide my testimony today as a private citizen and on behalf of no other individual, government entity, or organization. My perspective is my own, but it is informed by two decades of service as a commissioned officer of the U.S. Public Health Service (PHS). One of my most satisfying accomplishments during my career in public service has been to unite all mental health providers of the PHS Commissioned Corps into a single mental health functional group of mutually supportive colleagues, including psychologists, psychiatrists, psychiatric nurse practitioners, and clinical social workers. Ours is a group of professionals who respect each other's unique professional contributions to the public health. In this environment federal agencies now advertise for and employ medical (prescribing) psychologists to safely address the public health of the nation, particularly the mitigation of health professional shortages and health care disparities. One of the reasons for our mutual professional respect is that we determine safety based on science. In the nearly two decades since the first prescribing psychologist wrote a prescription, there has been established an unassailable and incomparable safety record by prescribing psychologists.

Despite this fact, detractors protest at each relevant state legislative session a lack of 'numbers' to prove that prescribing psychologists are safe practitioners. Ultimately, such opponents incite fear, without citing fact. In this manner good bills have been defeated in other states, or transformed by amendment, into relatively impracticable ones. Here are the 'numbers': There have been 2 decades of prescriptive authority for psychologists; tens of thousands of prescriptions have been written by prescribing psychologists; 0 prescription errors have been reported against any prescribing psychologist in any jurisdiction; 0 psychology licensing board complaints have been filed in any jurisdiction; and there have been 0 prescribing psychologist malpractice complaints. Zero is the operative number; and no other prescribing profession can boast such a safety record. Prescribing psychologists are an established and safe tool in the public health warehouse.

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The federal government relies upon the states to license their own practitioners. Hawaii has at its University of Hawaii School of Pharmacy one of the nation's most rigorous academic programs to prepare prescribing psychologists for licensure. Unfortunately, prescribing psychologists trained in Hawaii must leave Hawaii, because there is no state mechanism permitting Hawaiians to practice at home.

I believe that federal assistance is essential to the public health; and there are medical psychologists prescribing in Hawaii under federal auspices. However, it is much easier to receive, and more effective to provide care when provider and patient share a history and a common experience. In states where there is no prescriptive authority for psychologists, only federal law can make prescribing psychologists available to combat mental health professional shortages and only when such professionals are available and requested by states or military commanders. (See 42 U.S.C. § 254f(e), "Notwithstanding any other law, any member of the [National Health Service] Corps licensed to practice medicine, osteopathic medicine, dentistry, or any other health profession in any State shall, while serving in the [National Health Service] Corps, be allowed to practice such profession in any State.")

The passage of HB 1072 will allow Hawaiians to provide more comprehensive mental health care in their own communities, improving health access and equity in place. The passage of HB 1072 will produce Hawaiian professors to prepare the next generation prescribing psychologists and prevent unnecessary suffering for unborn generations of Hawaiians; and it will permit Hawaii to develop culturally relevant course material that may actually be applied in Hawaii by Hawaiian practitioners.

I urge the Committee to vote aye on HB 1072. Thank you.

Respectfully submitted.



Kevin M. McGuinness, Ph.D., M.S.C.P., ABPP-CH
Prescribing Clinical Health Psychologist

Address:

Dr. Kevin M. Mc Guinness
154 Gibbs Street,
Unit 317
Rockville, MD 20857

**THE TWENTY-EIGHTH LEGISLATURE
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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Janalle Kaloi (Licensed Clinical Psychologist) 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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

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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Janalle Kaloi-Chen
Licensed Clinical Psychologist

Dear Representatives, Committee Members:

I am a constituent, a recovered mental health consumer and most importantly and active member of our community on Maui. I speak for myself and other consumers that feel they do not have a voice. Those that cannot risk their own recovery, encumbered by symptoms, to fly to Oahu and testify in person for bill *HB1072*.

Having experienced the lack of services available to maintain my own stability, and seeing others around me suffer needlessly, I strongly advocate and support bill *HB1072*.

As a consumer, diagnosed with a chronic and severe mental illness, I thank you for not only hearing, but supporting this bill to alleviate further unnecessary suffering in our community. I will not be present to testify at the Committee of Finance hearing due to health reasons, however I will continue to call my representatives and reach out to express the urgent need for additional services that bill *HB1072* will help elevate.

Mahalo,

Don Lane
Filmmaker, Mental Health Advocate
Maui Resident & Constituent
808-250-7510

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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Daniel McAlinden MSW, PsyD 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Daniel McAlinden, MSW, Psy.D.

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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
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State Capitol
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**TESTIMONY IN SUPPORT OF HB 1072 HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am [state name and title] 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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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Thank you for your consideration.

Respectfully submitted by,

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TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Michael T. Helfer, Ph.D., licensed clinical psychologist, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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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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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Michael T. Helfer, Ph.D.
Hawaii License No. 1367

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REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

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Friday, February 27, 2015 at 3:00 PM
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TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Victoria K. Hanes, Psy.D., 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.
- I am witness to the severe shortages of quality psychiatric care on a daily basis. As a community health center psychologist in a primary care setting, I am committed to serving the most vulnerable of our State. My colleagues and I have been so affected by the shortage of behavioral health care in rural West and East Hawai'i that I have taken it upon myself to enroll in the University of Hawai'i Hilo's Master's degree in Psychopharmacology. This is to improve my skills

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and knowledge base in order to serve the patients of my health center and my community.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Victoria K. Hanes, Psy.D.
Licensed Psychologist
West Hawai'i Community Health Center
I Ola Lahui, Rural Hawai'i Behavioral Health Training Program
Hawai'i Island Family Health Center, Hilo Hospital

FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 26, 2015 6:59 AM
To: FINTestimony
Cc: slau000123@gmail.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/26/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
scott	Individual	Support	No

Comments: I am in support of this bill. I still have symptoms and take medicine . sometimes i have to go emergancy to get it.

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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FIN-Jo

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2015 10:28 PM
To: FINTestimony
Cc: jcwhite54@gmail.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Judith White	Individual	Support	No

Comments: We have a shortage of psychiatrists on our rural island (Kauai) and need psychologists with prescriptive authority. Mahalo, Judith C. white, Psy.D.

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

Aloha,

My name is Jamie Gallo Lee and I am a full time resident in the State of Hawaii. I urge you to work hard in **passing** the **HB 1072** bill relating to prescriptive authority for certain psychologists.

I stress "CERTAIN" as the oppositions concern is that unqualified psychologists will endanger patients according to the testimony they have submitted.

What the opposition is mistaken with or uninformed is, that the qualifications and education it will take to become a prescribing psychologist is the same qualifications (if not more) they possess themselves. Leaving patients well cared for and helping those who are mentally ill get treatment they desperately need. Not EVERY psychologist will obtain or want to be a prescriber. This bill allows the psychologist to obtain qualification.

The mentally ill have suffered for too long without the access to proper care.

We have in Hawaii, a shortage of physicians, not to mention psychiatrists.

HB 1072 will allow certain QUALIFIED psychologists to prescribe. Not every psychologist in which some would believe.

In 2012 I lost a family member. After many years of depression, he was re-diagnosed with Schizophrenia. He was treated and released several times in the Molokini unit on Maui because he was unable to get an appointment with a psychiatrist. I had visited him on several occasions, help shelter him in my home while waiting for an appointment. His medication was hospital administered and needed adjusting and refill. His last attempt and cry for help was to his family members and therapists who were overwhelmed with helplessness. He phoned me to pick him up. I promised Lance that I would be there for him and demand help the following day. That evening, Lance took his own life by stabbing himself in the heart. I can still hear that last message on my voicemail of despair and fear of being put back in to the psychiatric ward where he would systematically be drugged and released and told to make an appointment with psychiatrist. Please do not let his death be in vain. Passing HB 1072 will help save lives.

Here are (2) additional experiences that are equally relevant

First.

I am a mother of 4 and have had been an advocate of those with a history of mental illness including family members. Suicide, drug addiction, and imprisonment has been in part, the result in not receiving timely diagnosis and medical treatment. Stigma, keeps these fine people from keeping their long awaited appointments and they self medicate in between. Recovery is a lifetime commitment for those with severe mental illness. They are in need of collective support, not just an appointment twice a year (if that) with an overbooked psychiatrist.

My Niece struck with Bi polar and personality disorder had a 2 month wait for her

appointment. . She ultimately "self medicated" prior to that appointment and missed that appointment. We finally got her in 6 months later. We were on this roller coaster for 3 years. Her therapist sees her on a regular basis but she has only seen the psychiatrist once and the medication prescribed needed adjusting. Her experience has been heartbreaking and she is now homeless and feels hopeless. With this bill passed, **certain psychologists** will be able to care FULLY for their patients with severe mental illness . This bill will help individuals like Jenifer Kong, get the help they need in a **timely manner** that they do not fall through the cracks and spiral to a place of recklessness and despair.

Second.

My experience with a dear man with severe mental illness (bi-polar) He receives assistance for his disability. I witnessed and experienced with him his "Psychosis" where I needed to fly him to O'ahu for medical treatment. He was fearful of being "drugged " up again so we reached out to Queens psychiatric ward.

Upon his return, two weeks later he was less than himself. Drooling, tired, did not speak much at all. He was unable to work or do normal things like smile. His medication took his life away. We tried to get an appointment with a psychiatrist but the wait was a painfully long one. He then decided to stop taking certain medication and find his own balance. This was not the solution but at least he had some life in him. He continued to experience symptoms which caused us both tremendous strain. He also resorted to the ER for refills when he ran out of certain medicine. His will is amazing and he is determined to live a life of recovery. He is NOT a typical mental health consumer, but is a voice for those who can't speak for themselves. I believe proper balance with medication, psychotherapy and community support will help many like Don and Jenifer live productive and happy lives.

Don Lane is an advocate for those who can't speak for various reasons including self stigma. Don has been employed by, Mental Health Kokua as a media specialist so is fortunate in having proper care at his fingertips. His story is unique, but does not have to be.

I have read this bill in its entirety and it is a good bill.

HB 1072 Allows "**certain**" psychologist to obtain proper credentials to assist their patients in their recovery. Please fight for the people of Hawaii who need this. We can do this together on person at a time.

With gratitude I say Thank you.

Jamie Gallo Lee
455 Ulumalu Rd.
Haiku, Hawaii 96708
808-276-8191

Glenn A. Ally, Ph.D., M.P.

(A Profession Psychology Corporation)

Medical Psychologist

Clinical Neuropsychologist

155 Hospital Drive, Suite 200

Lafayette, Louisiana

70503

(337) 235-8304

February 26, 2015

Hawaii House of Representatives
Twenty Eighth Legislature
Finance Committee

RE: HB 1072

Friday, February 27, 2015 @ 3:00 p.m.

Dear Committee Members:

It is my honor and pleasure to submit testimony in support of HB 1072, authorizing prescriptive authority for specially trained psychologists. In addition to offering my strong support for his bill, I would like to take this opportunity to provide the Committee information regarding the progress of prescriptive authority for specially trained psychologists, medical psychologists, in Louisiana. It is because I have been a medical psychologist with prescriptive authority for the past ten years that I have been asked to offer information regarding how medical psychologists have been prescribing safely and effectively in Louisiana. I know by now you have heard just about all of the arguments on both sides of this issue.

I bring to you a few different perspectives regarding this issue. As mentioned above, I bring the perspective of a psychologist who has had prescriptive authority in Louisiana for the past 10 years. I also bring the perspective of a state regulator as I have been a member of the Louisiana State Board of Examiners of Psychologists, and I now sit on the Medical Psychology Advisory Committee to the Louisiana Board of *Medical* Examiners. Furthermore, I bring the perspective of someone who has been involved in the governance of the American Psychological Association. My practice in Lafayette, Louisiana involves a small private practice, practice in a 340 bed general hospital, and providing contract services to our Community Mental Health Center, which serves a seven parish (county) area. I also provide services as part of an integrated medical team at a large cancer center. In other words, for the past ten years, I have utilized prescriptive authority in outpatient settings, inpatient settings, an inpatient psychiatric setting, and in general hospital settings where patients have other medical conditions. I regularly treated patients in the ICU, following various surgeries, in the cardiac unit, the dialysis unit, and as a neuropsychologist, on the ortho-neuro unit and the physical medicine and rehabilitation unit. I treat cancer patients who are also taking a variety of medications. I have been on medical staff at two general hospitals, two long-term acute care hospitals, and a free-standing physical medicine and rehabilitation hospital.

As with many things new and innovative, there is initial concern by many about how such new things might work. Please be assured that, for the past 10 years, medical psychologists have been and are working quite well in Louisiana. With prescriptive authority, medical psychologists have not only been the "one stop shop" as predicted, but they have also been another access point not only to the mental health system, but we have been an initial access point, through appropriate referrals, for many patients to get needed medical screenings that would have otherwise been neglected. I can assure you from experience

here in Louisiana over the past ten years, medical psychologists have not put even one licensed psychologist or one psychiatrist out of business. Unfortunately there is more than enough mental health “business” to go around. In fact, if there were such a shortage of mental health care need, we really would not have the mental health access problems that we do.

I suspect Hawaii is not very different than many other states when it comes to access problems and recruiting and retaining psychiatrists. Many positions for psychiatrists in public service have remained vacant for years in Louisiana. It has been extremely difficult to recruit psychiatrists and the sheer numbers of psychiatrists are getting fewer rather than greater. Medical psychologists have filled vacancies in public service settings that have been vacant for years. Medical psychologists are already licensed psychologists, able to independently diagnose and treat mental illness. Prescriptive authority adds one more tool for the medical psychologist such that the medical psychologist is best suited *to fit the treatment modality to the patient’s needs rather than force the needs of the patient into a single treatment modality*.

Much has been said about problems with access to quality mental health care in mental health systems across the country. Access problems can be little or no service in rural areas and/or long wait times for appointments in urban areas. Psychiatrists in most areas are overwhelmed with many no longer accepting new patients nor accepting many insurances. Solutions such as telepsychiatry or training more nurse practitioners have been proposed *for years* but these proposed solutions have just not panned out. Physicians, other than psychiatrists, have very little knowledge of or experience in treating psychopathology. Yet, they are still prescribing approximately 80% of psychotropic medications. While medical psychologists have not been, and will not be, THE answer to the problems of the mental health system and have not been, nor will be, THE answer to access problems, they have been a step in the right direction by bringing safe, quality mental health care and greater access to those in need.

Opponents often raise the issue of safety. There really can no longer be any doubt that psychologists with prescriptive authority are safe and effective prescribers, and have been for the past 20 years. That is *fact*, not unsubstantiated claim. To date, there have been no formal complaints lodged against a medical psychologist in the past 20 years as a result of having prescriptive authority. That not only speaks to the safety of medical psychologists, it also speaks to the fact that the current model of training is effective in training safe prescribers.

I have been a member of the Louisiana State Board of Examiners of Psychologists, and can attest that since Louisiana’s statute was passed in 2004, there has not been a single complaint against any medical psychologist for prescriptive authority in the past 10 years. I currently sit on the Medical Psychology Advisor Committee of the Louisiana State Board of Medical Examiners and can attest that that is true to date. Additionally, because of my involvement in this issue on a national level, I can assure you that the same is true for prescribing psychologists in New Mexico and in all branches of our US Military and in Indian Health Services...not one formal complaint in more than 20 years. I doubt there is any other group of prescribers with that type of safety record. In fact, Committee Members, I would urge you to ask anyone coming before you suggesting that psychologists with prescriptive authority would be unsafe to provide you with any semblance of evidence or FACT that that is the case, rather than unsubstantiated speculations or fear mongering. Ask those other prescribers who come before you in opposition to provide *any* 20 year period in their history without complaint against one of their prescribers.

Is prescriptive authority for all psychologists? No. In fact, there is a minority of my colleagues who oppose psychologists having prescriptive authority or having anything to do with the medical model for treating persons with mental illness. As I am often quoted as saying, “you can please some of the psychologists some of the time, but you can never please all of the psychologists any of the time.” Know that every survey of psychologists conducted over the past 20 years indicates between 70-80% of psychologists approve of prescriptive authority, and it is backed by the American Psychological Association, the largest body of psychologists in the world.

Finally, please let me address the fiscal matter. There has been virtually no additional cost to the State of Louisiana to regulate medical psychologists. When medical psychologists were regulated by the Louisiana State Board of Examiners of Psychologists, no additional personnel were needed to regulate

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am George Wang, Associate Professor at the University of Hawaii at Manoa, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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

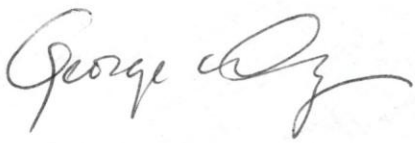
**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

A handwritten signature in black ink, appearing to read "George Wang", with a stylized flourish at the end.

George Wang

26 February 2015

To the Chair of the Finance Committee:

I am writing to express my support for legislation allowing appropriately trained psychologists to prescribe psychotropic medications in Hawaii. I have been successfully prescribing psychiatric medications in a federally qualified health center for the past six years. My practice is integrated into a large primary care clinic with over fifty medical providers with whom I work closely to provide comprehensive, wrap-around behavioral health and medical care to our large and diverse patient population. In my six years of practice I have never had any major adverse event or complaint. In fact, I have solicited anonymous and confidential feedback from almost fifty medical providers who have worked closely with me over the years. The results of this survey, which were published in a prominent professional journal, show that primary care doctors who have worked with prescribing psychologists rate them as safe, effective and skilled in prescribing psychiatric medications. There was overwhelming agreement that having a prescribing psychologist dramatically improved access to behavioral health care, availability of behavioral health consultation services, quality of behavioral health care, and improved access to services (see attached information paper for citation and summary).

In my view, rural communities with limited behavioral health access would benefit greatly from the increased access prescribing psychologists could provide. I strongly recommend that Hawaii legislators support passage of House Bill 1072 that would permit psychologist to prescribe psychotropic medications. Please feel free to contact me if you have any questions.

Respectfully Submitted,

David Shearer, PhD
Licensed Clinical and Prescribing Psychologist
7416 Beaver Creek Lane, Gig Harbor, WA 98335
253.365.1595
fiveshearers@hotmail.com

INFORMATION PAPER

SUBJECT: Prescribing Psychologists Embedded in Primary Care Clinics

ARTICLE:

Shearer, D.S., Harmon, C.S., Seavey, B.M., & Tiu, A.Y. (2012). The primary care prescribing psychologist model: Medical provider ratings of the safety, impact and utility of prescribing psychologist in a primary care settings. *Journal of Clinical Psychology in Medical Settings*, 19(4), 420-429.

1. Purpose. To summarize impressions of the impact, utility, and safety of Madigan's model of integrating prescribing psychologists in primary care

2. Background. In 1991, The Department of Defense began a demonstration project of training psychologists to prescribe psychotropic medication. Despite good outcomes, the appropriateness of utilizing psychologists with advanced training as prescribing clinicians has been questioned in the past. Department of Army policy provides for a path for credentialing psychologists to provide psychotropic medications. A prescribing psychologist has been integrated in a Family Medicine clinic at Madigan since 2008. A recent study published in the peer reviewed *Journal of Clinical Psychology in Medical Settings* describes Madigan's model and provides indications of its strengths and weaknesses as reported by medical providers who have utilized the model for over two years.

3. Facts.

a. Published studies indicate nearly two thirds of patients seen in primary care are experiencing emotional and behavioral problems and the majority of prescriptions for psychotropic medications are written by primary care providers.

b. Madigan developed a Primary Care Prescribing Psychologist model in which a prescribing psychologist works side by side in the same shared space as primary care providers to facilitate staff consultation and improved patient care.

c. Forty-seven medical providers in the Department of Family Medicine completed an anonymous survey approved by the Madigan IRB assessing their impressions of the impact, safety, and utility of the model.

d. Providers reported the prescribing psychologist model is beneficial; 95.6% reported consultation is helpful, 93.6% are confident in the ability of the prescribing psychologist to make appropriate referral decisions and prescribe appropriate medications and dosages (95.7%), 87.2% reported the model has improved patient care, and 93.6% are confident it is safe to refer patients to a prescribing psychologist.

e. Providers report more confidence in handling crisis situations when a prescribing psychologist is on site.

f. Providers identified improved patient access to behavioral health care as a "large benefit" of the model.

g. More than a third of providers reported the main problem with the model is that there are not enough prescribing psychologists available.

4. Conclusion. The model of integrating prescribing psychologists in primary care has been well-received by primary care providers and has the promise of further applicability beyond Madigan

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HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, my name is Michelle Kawasaki 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 am a behavioral health provider who has worked in several rural areas in Hawai'i over the past decade, including the Wai'anae Coast and Hilo, and I have experienced first-hand the lack of access to adequate mental health care for the rural communities of our state. This bill provides a solution for addressing the serious shortage of medical professionals who are appropriately trained to prescribe psychotropic medications to treat citizens suffering from mental illness. As such, I support this bill for the following specific reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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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Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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.

HB 1072 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and therefore I respectfully ask that you consider a "YES" vote on this bill.

Thank you for your consideration.

Respectfully submitted by,

Michelle Kawasaki, Ph.D.
Integrated Behavioral Health Provider

Kristine I McCoy, MD, MPH

100 Ka'iulani Street
Hilo, Hawaii 96720
Phone: 808-769-4679
E-Mail: kimccoy@stanfordalumni.org

HOUSE OF REPRESENTATIVES
THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair
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NOTICE OF HEARING

DATE: Friday, February 27, 2015
TIME: 3:00 P.M.
PLACE: Conference Room 308
State Capitol
415 South Beretania Street

I am writing to express my support for HB 1072. Prior to relocating to Hawaii in late 2011, I practiced for 5 years in the State of New Mexico, one of 2 states with a fully functioning program for prescriptive authority for specially trained psychologists, a practice also embraced by the US military. The addition of these well-trained providers to the mental health community was of huge benefit to the people of New Mexico. Psychiatrists were largely clustered in New Mexico's few urban areas and were largely unavailable to the widely scattered rural population. As a result, nearly all of the care of seriously mentally ill patients fell to primary care providers, who in the state of New Mexico, could not bill for mental health diagnoses. In addition, these primary care providers, in many cases, had inadequate training to adequately diagnose and treat more complex behavioral health issues. Psychologists with prescriptive authority came to the rescue of these patients and their primary care providers, bringing with them 4-8 years of doctoral level training in behavioral health and 3-4 years of additional part time training and supervision in psychopharmacology and general medical training. Being both therapists and well trained in psychoactive medications and their side effects and interactions, they brought sophisticated care to populations who previously created a huge burden on emergency rooms, families, and the public safety sector.

Since moving to Hawaii, I find that the situation is very similar. Hawaii for better or worse is a magnet for the immigration of people with mental health issues. Poverty and lack of culturally competent services present barriers to more longstanding populations. Where I practice in Hilo, one of Hawaii's few "micropolitan areas," we have a scattering of psychiatrists in private practice, most of whom have full practices or limit patients with either Medicaid and Medicare.

These hardworking individuals cannot come close to meeting the need. Thus, Oahu based psychiatrists fly in and provide very fast medication management visits, with little opportunity to get to know their patients, including to adequately diagnose them or follow treatment changes. They are definitely not available when their patients are in crisis. Again, the burden falls to primary care providers or on advanced practice nurses with some additional training in mental health. The public sector behavioral health services organizations are staffed almost exclusively by these advanced practice nurses. In my many conversations with these nurses, they are working very hard, but struggling both with their caseloads and in some cases against the limitations of their very rapid training, which is very modest in comparison to either psychiatrists or psychologists with prescriptive authority practicing in the military, New Mexico, or Louisiana. Again, emergency rooms, families, and the public safety sector pick up the pieces where the health care system fails.

I am aware that many physicians have a knee jerk reaction about extending prescriptive authority to providers who are not physicians. To that I have two salient points, first the training of psychologists for prescriptive authority is very extensive—much more so than that provided to primary care physicians in their medical school and residency training. Second, we already have both advanced practice nurses and physician assistants prescribing, either completely independently or often under very loose supervision. Thus, we should all be looking for best practices and continued education for all extant providers with prescriptive authority and perhaps adopt some of the curriculum provided to these psychologists who are willing to invest in several years of additional training on top of their previous doctoral studies.

Finally, I wish to share two important caveats from the New Mexico program for prescriptive authority for psychologists: 1) they were always required to report all prescribed medications to the patient's primary care provider, a courtesy not often extended by psychiatrists, and 2) they did not provide care for patients with complex cardiac conditions for whom the sheer number of medication interactions was considered a contra-indication and whose care was likely best coordinated between physicians. Such caveats could similarly be employed here in Hawaii to good measure.

I have found my working relationship with psychologists with prescriptive authority to be very fruitful in the past. They were very careful in their diagnostics, allowing for pharmaceutical treatments to be well tailored. They were diligent in their patient care, including being available for crises. They continued to provide a wide range of other therapies to their patients in addition to medications, as supported by the medical literature, and they coordinated much better with me as the primary care provider than any psychiatrist has ever done. The students I have worked with over the last year and a half through UH and Tripler hold the same promise. I hope to have the privilege of working with them in Hawaii.

Sincerely,

A handwritten signature in black ink, appearing to read "K. McC" followed by a large, stylized flourish.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Julie Y Takishima-Lacasa 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 am a behavioral health provider who has worked in several rural areas in Hawai'i over the past decade, including Waimānalo, Lāna'i, and Hilo, and I have experienced first-hand the lack of access to adequate mental health care for the rural communities of our state. This bill provides a solution for addressing the serious shortage of medical professionals who are appropriately trained to prescribe psychotropic medications to treat citizens suffering from mental illness. As such, I support this bill for the following specific reasons:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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.

HB 1072 will expand our ability to provide a full range of mental health services to the most underserved communities of Hawai'i, and therefore I respectfully ask that you consider a "YES" vote on this bill.

Thank you for your consideration.

Respectfully submitted by,

Julie Y. Takishima-Lacasa, M.A.
Integrated Behavioral Health Provider

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
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**TESTIMONY IN SUPPORT OF HB 1072 HD 1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS**

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Cilla Behic, MA, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
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- 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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Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. 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.

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Cilla Behic, MA
West Hawaii Community Health Center

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

REP. SYLVIA LUKE, CHAIR

REP. SCOTT Y. NISHIMOTO, VICE CHAIR

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

February 26, 2015

Honorable Chair Luke, Vice-Chair Nishimoto, and members of the Committee on Finance, I am Jeffrey D. Stern, Ph.D. 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 a number of reasons. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescriptive authority to medical psychologists with advanced training in clinical psychopharmacology. 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. There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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. In addition, the requisite training is part of a Post-Doctoral degree, 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. 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 both serve.

The key issue, in my mind is access to care. This bill, if it becomes law, will increase access to care for all mentally ill and infirm patients, including those with Medicaid who have long been

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

underserved, particularly in areas where access has been and continues to be a serious concern. Psychologists seek to provide a full range of mental health services to those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jeff D. Stern', with a stylized flourish at the end.

Jeffrey D. Stern, Ph.D.
Past President, Hawai'i Psychological Association

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Erin Ogawa a behavioral health treating 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:

- * In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- * 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.
- * There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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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**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Erin Ogawa, MS

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

Notice of Hearing
Friday, February 27, 2015 at 3:00 p.m.
Conference Room 308

Testimony in support of HB 1072 HD 1
Relating to Prescriptive Authority for Certain Psychologists

Honorable Chair Luke, Vice Chair Nishimoto, and members of the Committee on Finance,

I am Deborah Michiko Fried, a Registered Nurse. Thank you for this opportunity to provide testimony in strong support of this bill, HB 1072 HD 1.

Licensed in Hawaii and California, I have worked in both states and in various roles including the intensive care unit and primary care clinics, as a floor nurse and in management positions. I am advocating for those who feel, say, and do things that reflect an imbalance in their minds and spirits that they cannot explain. I am here on behalf of those who suffer greatly from the lack of mental health services in Hawaii.

I know the person consumed by alcohol abuse, unable to function, plagued by liver disease, angry and alienated. I know the person strapped to a gurney for safety, thrashing violently then going suddenly limp from a drug overdose, but the problem is really untreated mental illness. I know the mother neglecting her child and overcome by guilt and remorse, but due to mental illness she can only cry along with her child. I know the young girl, emaciated from starvation due to a mental illness but incapable of seeing that she is about to die from it. I see the loving families of these individuals who are desperate to find help for them. I see families and friends haunted by the vision of a grandfather who slit his wrists and bled to death in the front yard of the family home, the teenage boy who shot himself to death in his father's car, and the young man who hung himself in his living room. Our existing healthcare culture is one of "NO" - No providers. No facilities. No programs. No time. No money. There are so many people and their families in desperate need. Tragedy is occurring all around us while we have at our fingertips a safe, effective, feasible solution to it in HB 1072 HD1.

This issue is truly about providing our community with eminently qualified diagnosticians who have a holistically therapeutic view of the client. Human suffering affects us all. Acts of violence to self and others, increasing cost of acute healthcare services, property damage, disability, and lack of productivity affects us all. Consistent, high quality services provided by rigorously prepared medical psychologists with prescriptive authority working in the spirit of multidisciplinary collaboration is a logical, ethical, and sustainable solution to a problem of significant need in Hawaii.

I respectfully request the passing of HB 1072. I appreciate your support, and thank you for the opportunity to testify.

finance1-Kim

From: Dr Lane <komuso57@yahoo.com>
Sent: Thursday, February 26, 2015 3:00 PM
To: FINTestimony
Subject: Approve HB1072

Please vote yes on HB1072. This turf war issue needs to end because it compromises good quality patient care.

Dr. Daniel J Lane, PhD, MSC
Licensed Clinical Psychologist

"Pain is inevitable, suffering is optional"

**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair

Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM

Conference Room 308

State Capitol

415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Michelle M. Double, RN Charge, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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.

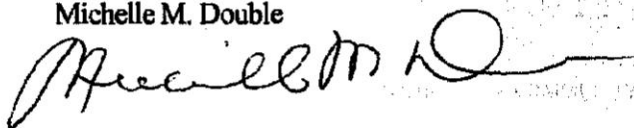
**THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2015**

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Michelle M. Double



From: yolisa <yolisaduley@hotmail.com>
Sent: Thursday, February 26, 2015 12:50 PM
To: FINTestimony
Subject: Testimony in support of HB1072HD1

USE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair

NOTICE OF HEARING
Friday, February 27, 2015 at 3:00 PM
Conference Room 308
State Capitol
415 South Beretania Street

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

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Helen Duley, a suicide prevention educator, 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:

- Untreated mental illness is the leading cause of suicide.
- 90% of those who die by suicide are suffering from a mental illness at that time.
- Suicide is the 2nd leading cause of death for youth ages 15 to 24 in Hawai'i.
- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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 others from prescribing even at the cost of the communities that are served.

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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

Helen Duley Ph.D

LATE

**PRESENTATION OF THE
BOARD OF PSYCHOLOGY**

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Friday, February 27, 2015
3:00 p.m.

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

TO THE HONORABLE SYLVIA LUKE, 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, Relating to Prescriptive Authority for Certain Psychologists. The purpose of this bill is to authorize the Board to issue certificates of prescriptive authority to medical psychologists who meet certain education, training, and registration requirements.

The Board supports the general intent of House Bill No. 1072, H.D. 1, however, it expressed the following concerns:

Scope of Practice

The proposed scope of practice allows medical psychologists to prescribe and distribute drugs to the general population of Hawaii for the treatment of mental and emotional disorders, particularly those who live in rural or medically underserved communities. The Board believes that the unlimited authority to prescribe drugs to the general population poses a great risk to the public. The Board's position is that drugs should not be prescribed to children and that certain drugs may have different effects when used by patients who are over the age of sixty-five (65). Further, the Board believes that in general, certain drugs may produce serious harm to patients, with side

effects either from the drugs themselves or from an interaction between other medications that the patient is taking. Thus, the Board supports limiting the prescriptive authority to patients between the ages of eighteen (18) and sixty-five (65) to better ensure public safety.

§465-E Administration

Notwithstanding the delayed implementation date of July 1, 2050, the Board is concerned that while the bill specifies some of the requirements that must be completed for a psychologist to obtain the certificate of prescriptive authority, it is silent on many issues that are directly related to the effective implementation of this bill. Of significant concern to the Board is that, based on the current composition of the Board, the Board believes that it does not have the expertise necessary to implement many elements of the bill. In discussing this matter, the Board indicated that the composition should be changed to include at least one psychologist with prescriptive experience and/or expertise. However, as there are currently no psychologists licensed by the Board with prescriptive authority it would be difficult to address the Board's concerns that it would have a properly trained and experienced member.

Furthermore, the Board is concerned that there will be a considerable financial burden on the licensee as well as unknown administrative costs associated with this bill which would include additional staff and staff time, etc. The Board believes that these additional costs would be passed on to licensees and the consumers of this State.

§465- Certificate of prescriptive authority requirements

The Board is supportive of the general curriculum outlined in the bill, however, due to its current composition, members stated that they do not have the expertise to

determine whether the curriculum and training as outlined in House Bill No. 1072, H.D. 1, would allow an individual with a certificate of prescriptive authority to safely prescribe psychotropic medication to the consumers of this State.

§465- Certificate of prescriptive authority: renewal

The bill proposes a continuing education requirement for medical psychologists in addition to the requirements in 465-11. For licensed psychologists, §465-11(c)(2) requires completion of eighteen (18) credit hours of continuing education within every licensing biennium. House Bill No. 1072, H.D. 1 requires that a medical psychologist complete at least forty (40) hours, biennially, in addition to the existing requirement of eighteen (18) credit hours. The Board believes that the amount of continuing education requirements would create a financial burden for medical psychologists. Moreover, the Board queries whether the continuing education requirement addressed in the bill would be subject to HRS §465-1, which defines “continuing education” to mean courses approved by the American Psychological Association, the Hawaii Psychological Association, or other state or provincial psychological associations. If it would not be subject to HRS §465-1, then the Board would be required to review course topics to determine the acceptability of the courses, which it believes it does not have the expertise in its current composition to make such determinations.

§465- Drug Enforcement Administration; registration

While House Bill No. 1072, H.D. 1 addresses the federal Drug Enforcement Administration, it does not address the State Narcotics Enforcement Division. Therefore, medical psychologists may be precluded from prescribing certain controlled substances in this State.

Many elements of House Bill No 1072, H.D. 1, which essentially grants psychologists the authority to practice medicine, have not been thoroughly considered. These elements include, but are not limited to putting the consumers at unknown risks, placing a substantial amount of responsibility on the Board to implement this bill, and placing an unknown cost burden on the licensees, consumers, and the Professional and Vocational Licensing Division.

If the Committee is inclined to pass this measure the Board requests a delayed implementation of July 1, 2020, to enable a smooth transition and implementation of the requirements of this bill.

Thank you for the opportunity to submit testimony in support of the intent of House Bill No. 1072, H.D. 1., with concerns as outlined above.

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 26, 2015 7:12 PM
To: FINTestimony
Cc: dr.hannah@bisac.com
Subject: *Submitted testimony for HB1072 on Feb 27, 2015 15:00PM*

LATE

HB1072

Submitted on: 2/26/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Preston-Pita	Big Island Substance Abuse Council	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.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 26, 2015 7:14 PM
To: FINTestimony
Cc: amicamaui@gmail.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

LATE

HB1072

Submitted on: 2/26/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Ales	Individual	Support	No

Comments: HOUSE COMMITTEE ON FINANCE Representative Sylvia Luke, Chair Representative Scott Y. Nishimoto, Vice Chair HEARING Friday, February 27, 2015 at 3:00 PM Conference Room 308 State Capitol 415 South Beretania Street TESTIMONY IN SUPPORT OF HB 1027 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS Honorable Chair, Vice-Chair and members of the Committee on Finance, I am a local parent of a child who requires medication classified as a controlled substance. We are living on West Maui and I wish to submit this testimony in Strong support of HB 1072. This bill would allow advanced trained medical psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law. The lack of adequate and complete access to health and psychiatric care in Hawaii affects a wide range of industries as well as personal lives. As an educator here, I know first hand how some experienced teachers leave because they or family members need care that cannot be readily obtained on Maui. In my own case, I have to bring my daughter over the pali, to the other side of the island in order to obtain the needed written prescription each month. The provider is only on island half time, and we constantly live under the threat of fires, traffic accidents, land slides or other emergencies closing down the only highway that provides access to that provider, and therefore the prescription for her medication. "Going early" is not allowed given that the medication is a controlled substance. We need a provider in Lahaina or the west side of the island who can write the necessary prescription. Please take action to correct the problem that our community faces. Thank you for your consideration. Respectfully submitted, Christina Ales 250 Dickenson St. Lahaina, HI 96761 808-989-4370

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: mailinglist@capitol.hawaii.gov
Sent: Friday, February 27, 2015 10:39 AM
To: FINTestimony
Cc: intrepid.goddess@gmail.com
Subject: Submitted testimony for HB1072 on Feb 27, 2015 15:00PM

HB1072

Submitted on: 2/27/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Tippens	Individual	Support	Yes

Comments: 22 veterans of the US Armed Forces end their own lives every day. Many of these wounded heros suffer from PTSD as a result of their time in the military. Psychologists are most familiar with this condition and should be authorized to certify patients who suffer from this disorder.

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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LATE

To: Representative Sylvia Luke, Chair, House Committee on Finance

Representative Scott Nishimoto, Vice Chair, House Committee on Finance

Members of the House Finance Committee

February 27, 2015 3 pm

Re: HB 1072 Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Aloha Chairperson Luke, Representative Nishimoto and Members of the House Finance Committee,

I am a medical doctor specializing in psychiatry & have been working on Maui & also seeing keiki in Kona for the past several years since I finished my 13 years of training & moved back home to Maui. I'm very concerned about the lack of safety in HB 1072 which would allow psychologists with no medical background to do just 1 year of clinical training on at least 100 patients & then prescribe all the same medications I do.

That means they can prescribe addicting substances like desoxyn (methamphetamine), amphetamine salts, valium, and xanax with minimal training & supervision & no restrictions. I recently had a patient with addiction problems who's therapist told them they should ask to get on valium & the valium could be deadly along with the patient's other medications—they don't know what they don't know. I had to do 2 years of extra training to specialize in child psychiatry, but they have no special training in this bill & could treat kids, adults, & elderly with this minimal training.

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's 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!**

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

From: Theresa Manfre <tmmeducates@hotmail.com>
Sent: Friday, February 27, 2015 11:33 AM
To: FINTestimony
Subject: Opposing HB 1072--Please Vote No!

LATE

Aloha Representative Luke:

I am opposed to the bill that would allow psychologists to take a class and prescribe medicine. True qualified psychotherapists can offer treatment, but when a prescription is deemed necessary, I judge any medications to be prescribed only by true medical doctors.

HB 1072 claims that no adverse effects have been reported. Remember medical doctors know much more about how the body works, especially with reactions to medications. Please, vote NO to this House Bill 1072.

Thank you for your consideration.

T. Manfre

Sent from my iPad



HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair

Representative Scott Y. Nishimoto, Vice Chair

LATE

NOTICE OF HEARING

Friday, February 27, 2015 at 3:00 PM

Conference Room 308

State Capitol

415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072 HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chair Luke, Vice-Chair Nishimoto and members of the Committee on Finance, I am Christina Lee, MD, 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:

- In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to medical psychologists with advanced training in clinical psychopharmacology.
- 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.
- There are now **130 psychologists** who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been unequivocally successful. For example, 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.
- The training is part of a Post-Doctoral degree, 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. 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 those unserved and underserved communities. HB 1072 HD 1 will expand on our ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

A handwritten signature in black ink, appearing to read 'Christina Lee', with a stylized, cursive script.

Christina Lee, MD

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 27, 2015 12:31 PM
To: FINTestimony
Cc: nikhilananda@hawaiiantel.net
Subject: *Submitted testimony for HB1072 on Feb 27, 2015 15:00PM*

HB1072

Submitted on: 2/27/2015

Testimony for FIN on Feb 27, 2015 15:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
NIKHILANANDA	Individual	Support	No

Comments:

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LATE

To: Representative Sylvia Luke, Chair, House Committee on Finance
Representative Scott Nishimoto, Vice Chair, House Committee on Finance

February 27, 2015

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

Position: Opposed

Dear Representative Luke:

I am not a medical doctor, nor am I a psychologist. I am educator and advocate for students with disabilities. I work at five public schools in Nanakuli and Wai`anae and know that prescriptions must be given by medical doctors, not psychologists.

It would be dangerous to the lives of students for psychologists to prescribe medicine. As the former special education department head at James Campbell High School, I worked with capable clinical psychologists and psychiatrists for students with mental health needs. Both experts provided care within their fields of expertise. On my students' behalf, I ask that you protect their safety.

Please vote NO on HB 1072 HD 1, no matter how amended.

Thank you for your consideration of my testimony.

Yours truly,

Meilan Akaka