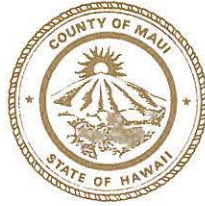


HB1072 HD1

Measure Title:	RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS.
Report Title:	Psychologists; Medical Psychologists; Prescriptive Authority; Certificate of Prescriptive Authority; Board of Psychology
Description:	Authorizes the board of psychology to issue certificates of prescriptive authority to medical psychologists who meet certain education, training, and registration requirements. (HB1072 HD1)
Companion:	SB748
Package:	None
Current Referral:	CPH/JDL, WAM
Introducer(s):	SOUKI, NAKASHIMA, McKelvey

ALAN M. ARAKAWA
MAYOR



KEITH A. REGAN
MANAGING DIRECTOR

OFFICE OF THE MAYOR

Ke'ena O Ka Meia

COUNTY OF MAUI – Kalana O Maui

**TESTIMONY OF ALAN ARAKAWA, MAYOR
COUNTY OF MAUI**

BEFORE THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND
HEALTH

and

THE SENATE COMMITTEE ON JUDICIARY AND LABOR

Wednesday, February 24, 2016
9:00 a.m. - Conference Room 229

**HB 1072, HD1, RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN
PSYCHOLOGISTS**

Honorable Rosalyn H. Baker, Chair
Honorable Michelle N. Kidani, Vice Chair

Honorable Gilbert S.C. Keith-Agaran, Chair
Honorable Maile S.L. Shimabukuro, Vice Chair

Thank you for this opportunity to testify in **SUPPORT of HB 1072, HD1.**

The purpose of this Act is to authorize the board of psychology to issue certificates of prescriptive authority to medical psychologists who meet certain education, training, and registration requirements.

As mayor of Maui County I support this bill for the following reasons:

1. In Maui County, like the rest of our state, many of our residents suffer from mental health issues. This includes children and elderly who suffer from depression and other mental health problems but are not being treated.
2. There is an insufficient amount of prescribing mental health care providers available to serve the needs of the people in Maui County. It is my understanding that Maui Memorial Medical Center, Molokini unit for children and adolescents, closed due to a shortage of providers.
3. In order to be a medical psychologist, an individual will be required to have specialized training, pass a national proficiency examination, and hold a current certificate of prescriptive authority issued by the board.

For these reasons I **support HB 1072, HD1.**

To: Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection,
Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor
And Members of the Joint Committees

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

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

Hearing Date: February 24, 2016

Dear Chairwoman Baker, Chairman Keith Agaran and Members of the Joint Committees:

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

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

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

HB 1072 would require passage of an exam created and administered by the same national organization that accredits these haphazard postdoctoral degree programs and that stands to directly benefit from this new certification. No other voluntary, dues-paying membership

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

As you review HB 1072, please consider:

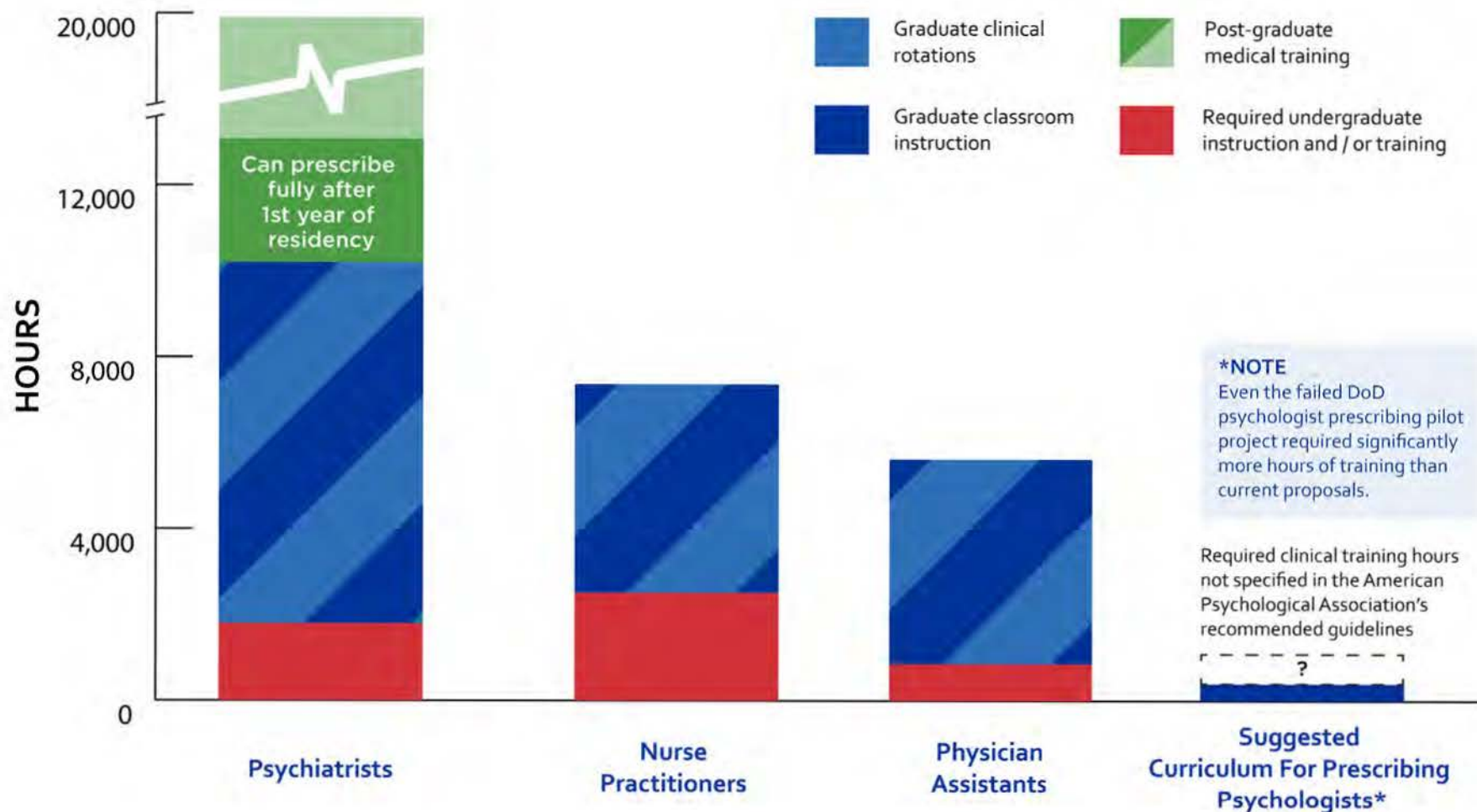
- Proponents of HB 1072 state that this will increase access to mental health care in Hawaii and cite both Louisiana and New Mexico as examples. The facts in New Mexico and Louisiana illustrate that psychologists' claims about increased access have not materialized. Specifically, after having gained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

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

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

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

Biomedical Training is Necessary to Prescribe Safely



Prescribing Can't Be Taught In Just Ten Weeks
Oppose Unsafe Psychologist-Prescribing – H.B. 1072

Psychiatric Medications Affect All Body Systems

Safe, appropriate prescribing requires expert medical knowledge of all body systems.

Nervous

Medications affect the connection between brain and body, sometimes impairing alertness and reaction time. May cause seizures or stroke.



Skin

Medications may cause a potentially fatal rapid loss of skin (known as Stevens-Johnson syndrome).

Respiratory

Medications are known to affect a patient's ability to breathe and rate of breath. May cause respiratory failure.



Urinary

As part of the removal of waste, medications can impact one's kidneys, bladder and urinary tract. May cause kidney stones or failure.

Cardiovascular/Circulatory

The heart, arteries and veins are crucial to delivering oxygen and nutrients to organs and cells, and medications can alter their function. May cause cardiac arrest.



Reproductive

Fertility, sex drive, and maternal and infant health all may be at risk because of certain medications. May cause birth defects.

Endocrine

Medications may change a patient's hormone production, secretion and metabolism. May cause abnormal breast development and lactation in men and women.



Immune

Medications can affect or destroy immune and lymphatic systems, impacting the body's ability to defend against disease-causing agents or even cancer.

Musculoskeletal

Some medications can cause tremors or permanent involuntary movements. Others may affect calcium absorption, bone density and bone formation.



Digestive

Medications are often taken by mouth, metabolized by the liver and can affect the stomach, pancreas, gallbladder and intestines. May cause liver failure.

Prescribing Can't Be Taught In Just Ten Weeks

Oppose Unsafe Psychologist-Prescribing – H.B. 1072

Psychologists Prescribing: Release of Data Reveal Facts on the Ground in Louisiana and New Mexico

As part of the federal government's ongoing efforts to drive data transparency in healthcare, the Centers for Medicare and Medicaid Services recently released prescription claims data from the Medicare prescription drug benefit (also known as Part D). The data release covers more than 3,000 drugs ordered by over 1 million clinicians in 2013 and provides data on prescriber-level claims. For the first time, this data reveals that clinical psychologists, who have wholly insufficient training to prescribe *psychiatric* drugs, are also prescribing non-psychiatric medications, well beyond any training they may have.

This behavior has crossed the line of legislative intent in the few states where psychologists are permitted to practice medicine after crash course training and certification.

While many of the medications within the dataset consist of powerful psychotropic medicines (e.g., antipsychotics and controlled substances including stimulants) with potentially harmful side effects for which psychologists are not adequately trained to administer and monitor, the data reveal even more alarming examples of non-psychotropic drugs that should be managed by a highly qualified medical professional.

Examples of Medications Ordered by Prescribing Psychologists in New Mexico and Louisiana, According to Medicare Data

Drug Name (Brand Name)	Indication	System(s)	Possible Side Effect(s)	Indicated for Mental Health Tx?
Warfarin sodium (Coumadin)	Blood clots/atrial fibrillation	Cardiovascular, Nervous	Increased risk of bleeding, sudden and severe leg or foot pain, jaundice, vomiting	No
Metoprolol succinate (Lopressor)	Cardiac medication (beta blocker)	Cardiovascular	Confusion, dizziness, slow heartbeat, rapid weight gain, shortness of breath	No
Ramipril (Altace)	Cardiac medication (ACE inhibitor)	Cardiovascular	Blurred vision, confusion, chest pain, fainting, fast or irregular heartbeat	No
Simvastatin (Zocor)	Hypercholesterol	Cardiovascular	Loss of consciousness, fast or irregular heartbeat, difficulty breathing, joint pain	No

Pilocarpine HCL (Salagen)	Cholinergic agonist	Nervous, Immune, Endocrine	Joint pain, flushing or redness of skin, nausea, fast heartbeat, trouble swallowing	No
Potassium chloride (K-Dur)	Hypokalemia	Cardiovascular	Severe allergic reactions (e.g., hives, difficulty breathing), vomiting, diarrhea	No
Dextromethorphan/ quinidine (Nuedexta)	Neurological and cardiac conditions	Nervous, cardiovascular	Urinary tract infection, vomiting, dizziness, diarrhea, flu-like symptoms	No
Levetiracetam (Keppra)	Antiseizure	Nervous	Change in personality, irregular heartbeat, depression, paranoia, mood swings	No
Levothyroxine sodium (Synthroid)	Thyroid	Endocrine	Labored breathing, tremors, fast, slow, irregular, or racing heartbeat or pulse	No
Carvedilol (Coreg)	Cardiac medication (beta blocker)	Cardiovascular	Chest pain, slow heartbeat, dizziness, swelling of feet, ankles, or legs	No
Pravastatin sodium (Pravachol)	Hypercholesterol	Cardiovascular	Confusion, chest pain, weight gain, jaundice, diarrhea, dizziness, fever	No
Clopidogrel (Plavix)	Stroke (platelet inhibitor)	Cardiovascular	Chest pain, collection of blood under the skin, red or purple spots on the skin	No
Terazosin HCL (Hytrin)	Cardiac medication (hypertension)	Cardiovascular	Fast or irregular heartbeat, sudden fainting, dizziness, shortness of breath	No
Tizanidine HCL (Zanaflex)	Muscle relaxant	Musculoskeletal	Chest pain, vomiting, blurred vision, irregular heartbeat, kidney stones	No

Source:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Part-D-Prescriber.html>

Clinical psychologists are behavioral professionals with competencies in psychological assessment and psychotherapy (e.g., talk therapy) treatment. They are not medical practitioners. Under legislation that has been introduced in several states, psychologists would be permitted to prescribe powerful medications after a haphazard online training program consisting of as little as 400 hours. Some of these programs claim to teach all of the basic biological foundations of prescribing medications for individuals with zero required educational background in chemistry, biology, and anatomy in as little as 90 total hours. This would seriously jeopardize the health and safety of Americans with mental illness, who are likely to suffer from co-morbid medical conditions.

We urge policymakers to reject these proposals in favor of real reforms that improve access to safe, effective and integrated treatment of individuals that suffer from mental illness and other co-occurring conditions.

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
February 24, 2016 9:00 A.M.
by
Laura Reichhardt, NP-C, APRN, Director
Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

HB1072 HD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Chair Baker, Vice Chair Kidani, and members of the Senate Committee on Commerce, Consumer Protection, and Health, thank you for hearing testimony today related to HB1072 HD1 Relating To Prescriptive Authority For Certain Psychologists.

The Hawai'i State Center for Nursing (HSCN) is in support of this measure, with comments. Research indicates that 25% of the adult population in the United States has a mental disorder, and that 68% of this population has a comorbid medical condition. This is 10% higher than the population without mental disorders. Further, research indicates that a person with a mental disorder diagnosis is more likely to develop a chronic medical condition, more likely to have elevated symptom burden, and may have difficulties managing their chronic condition due to barriers caused by the mental disorder¹. This population is vulnerable due to the unique nature of their mental and medical conditions.

We are currently experiencing a widespread shortage of Mental Health Care Professionals as a subset of our overall Health Provider workforce shortage. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) estimates that only 50.91% of the need nationally, and 64% of the need in Hawai'i is currently met by the existing psychiatric workforce². Increasing access to qualified health care professionals trained in mental disorder diagnosis, pharmacotherapy treatment, and counseling is of dire need for this population and for our state.

The HSCN has undertaken the task of achieving the Institute of Medicine's Future of Nursing recommendations³, which includes expanding opportunities for nurses to lead collaborative improvement efforts and to remove barriers to practice that inhibit access to quality care. Therefore, the HSCN asks that the Senate Committee on Commerce, Consumer Protection, and Health consider expanding the list of providers described on Page 14, Line 12 to include providers with prescriptive authority so that the population in need of psychiatric pharmacotherapy and psychology services is not

¹ Policy Brief: Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation. 2011.
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438

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

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

limited to only those under primary or attending care of a physician. With the Legislature's great support, Advance Practice Registered Nurses (APRNs) with prescriptive authority work across all regions of the state. Including the APRN provider population within the primary care provider population will enable wider access to these proposed expanded services. The section of reference is listed below:

The Page 14, Line 12: "(d) A medical psychologist shall not prescribe for any patient who does not have a **primary or attending physician.**"

Therefore, the HSCN supports HB 1072 HD 1, with comments. Thank you for your support of equitable and safe health care access in Hawai'i.



Date: February 23, 2016

To:

House Committee on Consumer Protection

Chair, Representative Angus McKelvey

Vice Chair, Representative Justin Woodson

House Committee on Judiciary

Chair, Representative Karl Rhoads

Vice-Chair, Representative Joy. A. San Buenaventura

The National Association of Social Workers, Hawaii Chapter (NASW) strongly supports House Bill HB1072 HD1, relating to prescriptive authority for certain Psychologists.

Hawai'i has a distinct shortage of Mental Health professionals living and working in rural areas. This has made access to care difficult for clients with mental health diagnoses, who are often already marginalized and stigmatized because of their diagnoses.

Only 45% of Adults with severe mental illness are currently receiving services from Hawai'i's public mental health system. People are falling through the cracks of the social safety net.

By allowing Psychologists to take advanced Psychopharmacological training, we can help fill the void in rural communities and ensure that people have more access to Mental Health care.

Sonja Byrner, MSW, LSW



National Association of Social Workers

Sonja Bigalke-Bannan, MSW, LSW

Executive Director

National Association of Social Workers, Hawai'i Chapter



HAWAII MEDICAL ASSOCIATION

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

TO: Senate Committee on Commerce Protection & Health

DATE: Wednesday, February 24, 2016
TIME: 9:00 A.M.
PLACE: Conference Room 229

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

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

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

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

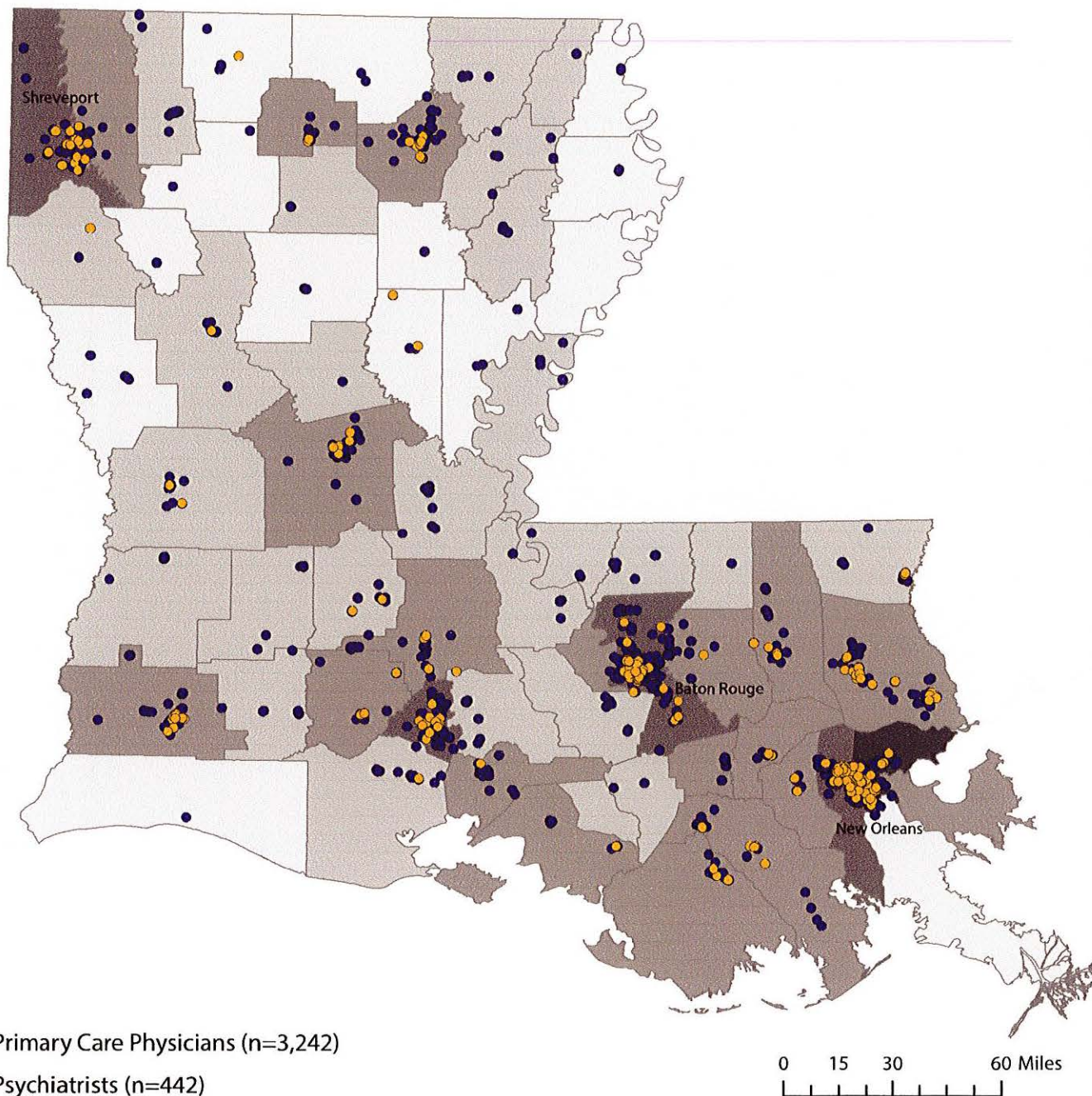
Officers

*President – D. Scott McCaffrey, MD, President-Elect – Bernard Robinson, MD
Immediate Past President – Robert Sloan, MD, Secretary - Thomas Kosasa, MD
Treasurer – Michael Champion, MD Executive Director – Christopher Flanders, DO*

show that psychologists do not go to areas with an underserved mental health population, but rather to the same areas currently served by psychiatrists and primary care physicians (see attachments 1-4)! In essence, **passing this bill would not improve access to mental healthcare, but would simply increase the number of prescribers, with no net increase in access.**

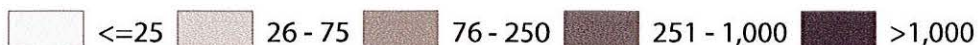
Let's be honest with ourselves and focus the state's limited resources in a direction that is meaningful and effective. Psychologist prescriptive authority will not help Hawaii, only the psychologists. Instead, let's focus on issues that make a difference.

Primary Care Physicians and Psychiatrists Louisiana



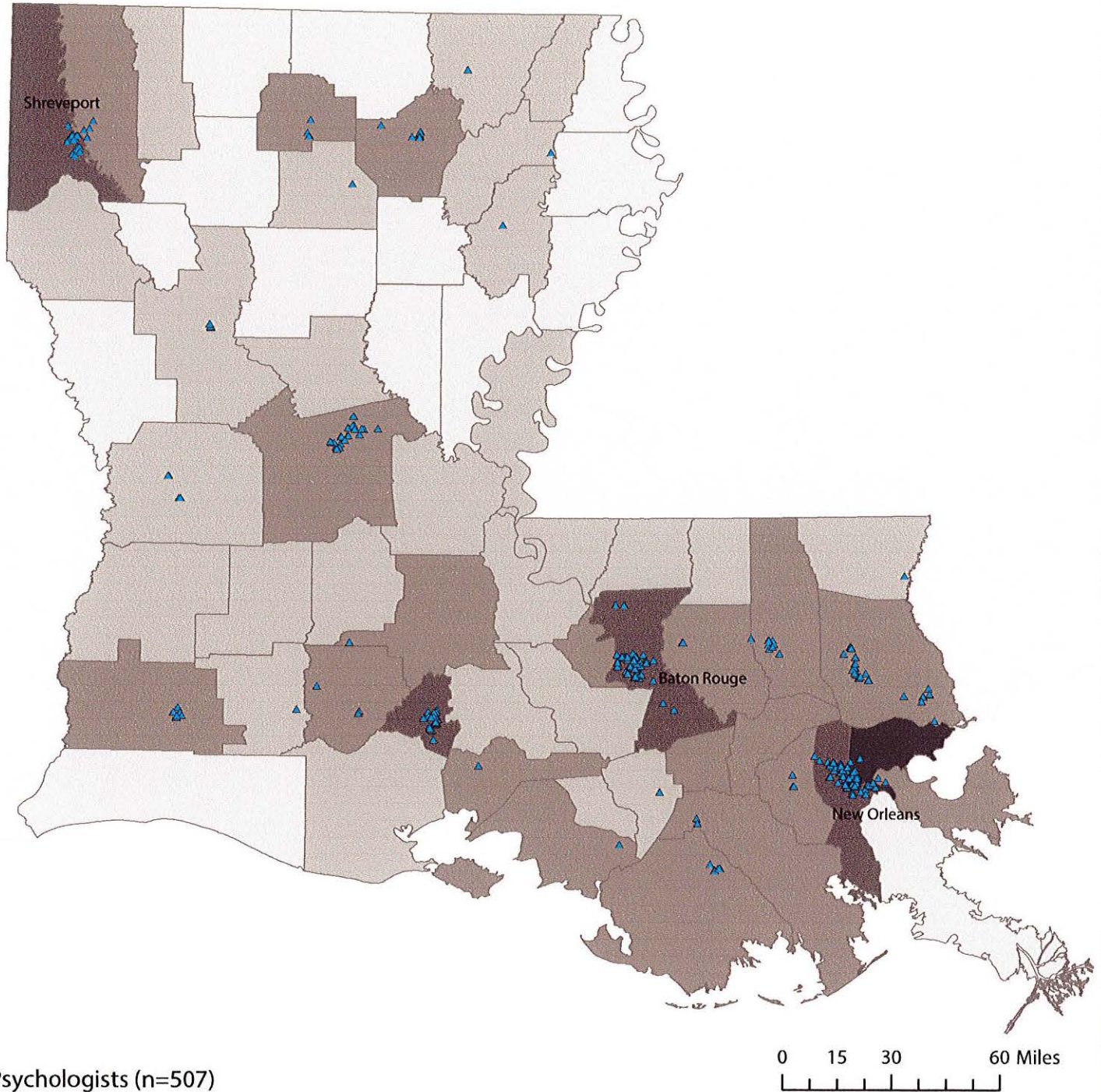
Population per square mile

Source: 2012 American Community Survey



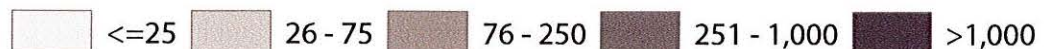
Psychologists

Louisiana

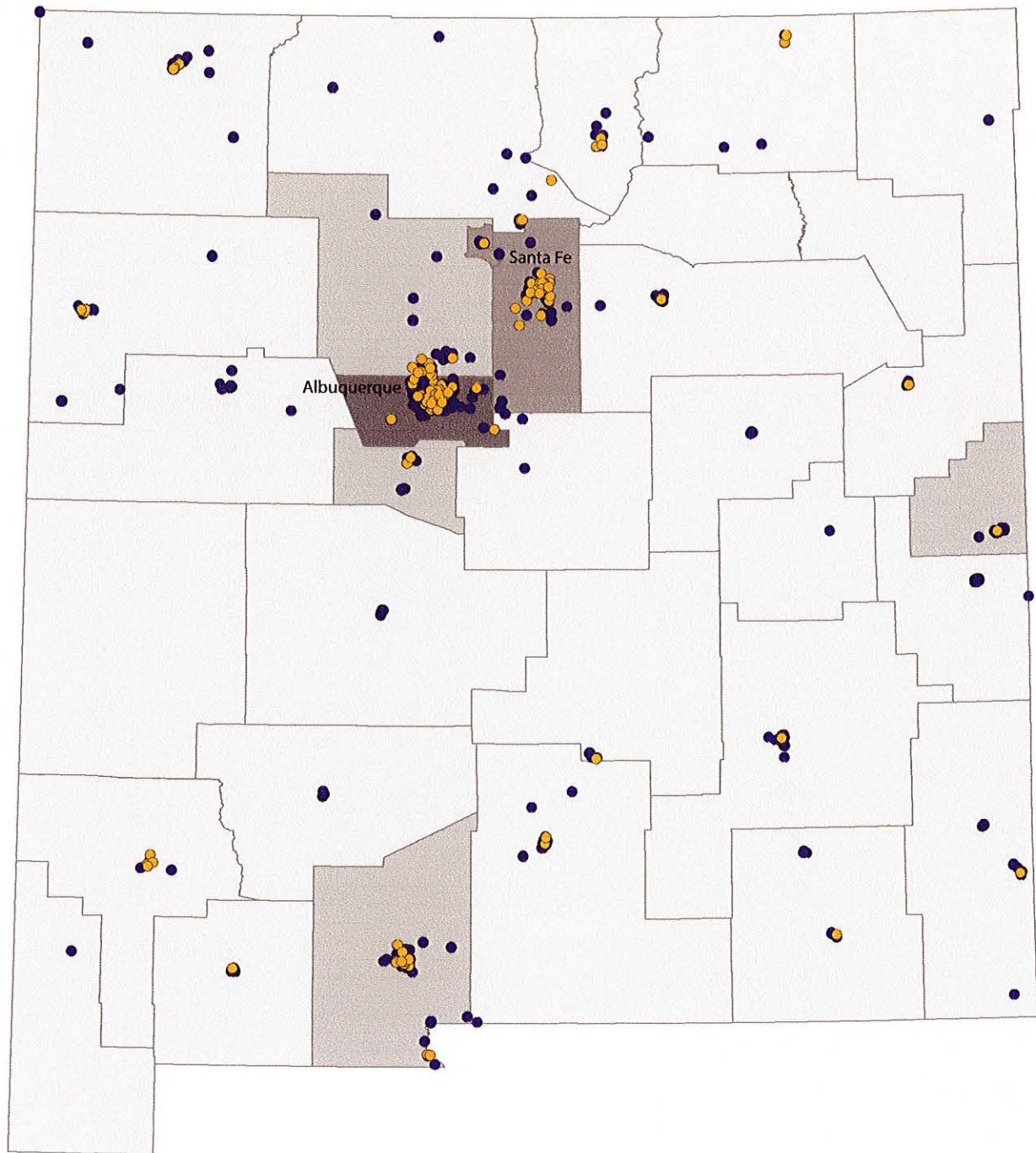


Population per square mile

Source: 2012 American Community Survey



Primary Care Physicians and Psychiatrists New Mexico



0 20 40 80 Miles

• Primary Care Physicians (n=1,671)
• Psychiatrists (n=267)

Population per square mile

Source: 2012 American Community Survey

<=25

 26 - 75

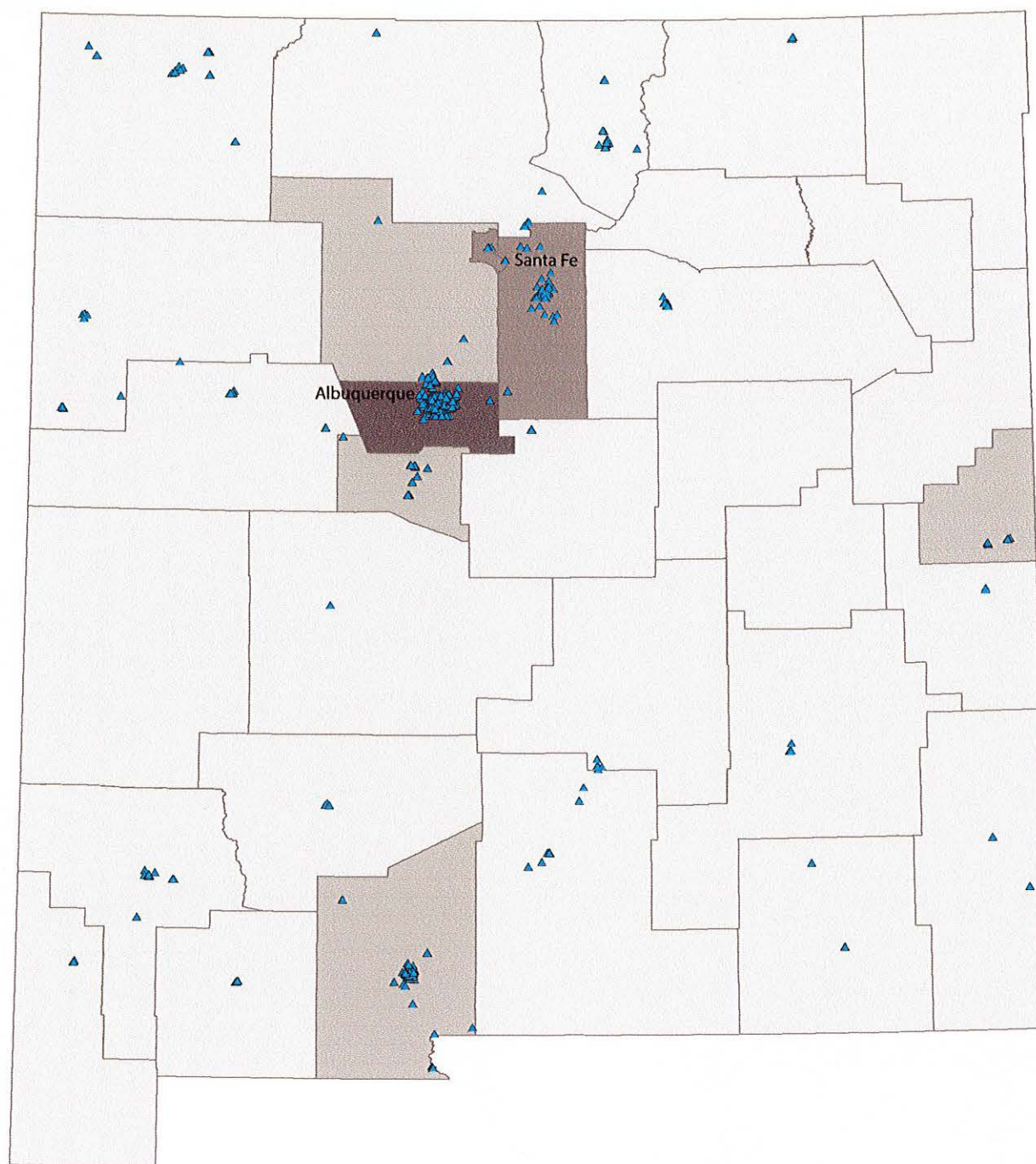
 76 - 250

 251 - 1,000

 >1,000

Psychologists

New Mexico

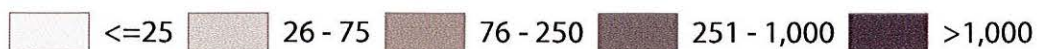


0 20 40 80 Miles

▲ Psychologists (n=690)

Population per square mile

Source: 2012 American Community Survey



**PRESENTATION OF THE
BOARD OF PSYCHOLOGY**

TO THE SENATE COMMITTEE ON COMMERCE,
CONSUMER PROTECTION, AND HEALTH

AND

TO THE SENATE COMMITTEE ON
JUDICIARY AND LABOR

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Wednesday, February 24, 2016
9:00 a.m.

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

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
TO THE HONORABLE GILBERT S.C. KEITH-AGARAN, CHAIR,
AND MEMBERS OF THE COMMITTEES:

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, proposed S.D. 1, Relating to Prescriptive Authority for Certain Psychologists. The purpose of this proposed measure is to authorize the Board of Psychology ("Board") to grant prescriptive authority to prescribing psychologists who meet specific education, training, and registration requirements.

The Board supports House Bill No. 1072, H.D. 1, proposed S.D. 1 and requests the Committees' consideration of a delayed implementation date for the language on page 8 lines 11 to 14 of the bill to July 1, 2017. The Board will need time to take action on the other administrative responsibilities set forth in the bill before it can grant or renew the prescriptive authority privilege, including but not limited to prescribing application forms and fees, developing and implementing procedures to review the

educational and training credentials of an applicant, and determining the exclusionary formulary for prescribing psychologists. It is anticipated that the additional time also will be needed to fill Board vacancies, ideally with new members that have prescriptive experience and/or expertise.

Thank you for the opportunity to submit testimony in support of House Bill No. 1072, H.D. 1, proposed S.D. 1.

February 24, 2016

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection and Health
The Honorable Gilbert S. C. Keith-Agaran, Chair
Senate Committee on Judiciary and Labor

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

Dear Chair Baker, Chair Keith-Agaran, and Members of the Committees:

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

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

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

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

Sincerely,



Jennifer Diesman
Vice President, Government Relations



"Inspiring individuals to reclaim and enrich their lives by utilizing innovative resources and harnessing the strengths within each person."



KEA'AU

Administrative Office
16-179 Melekahiwa Street
Kea'au, Hawai'i 96749
P. (808) 969-9994
F. (808) 969-7570

HILO

Outpatient Treatment
297 Waiānue Avenue
Hilo, Hawai'i 96720
P. (808) 935-4927
F. (808) 934-8067

KEALAKEKUA

Outpatient Treatment
81-947 Halekii Street
Kealahou, Hawai'i 96750
Mailing: P.O. Box 416
Kealahou, Hawai'i 96750
P. (808) 322-3100
F. (808) 322-3001

Dr. Hannah Preston-Pita
Chief Executive Officer

Board Members

Pat Engelhard
President
David Bishaw,
Vice President
Richard Henderson,
Finance Chair
Ricky Ryken,
Secretary
Reverend Moki Hino
Randy Hu
Catherine Kamau
Judith Steinman
Alice Davis

Honorary Board Members

William Walter
Jane Webb



January 28, 2016

To the State Legislature,

I am writing this letter as a provider and concerned community member to request that the House support bill HB1072 (**Regarding Prescriptive Authority for Advanced Trained Medical Psychologists**). I am the current Chief Executive Officer of the Big Island Substance Abuse Council (BISAC). BISAC has been providing behavioral health services to the island of Hawaii for well over 50 years. As a resident and provider of the Island of Hawaii we see firsthand how physician and /or provider shortage, lack of resources and gaps in services impact our clients and the communities that we serve. Staff who work in rural underserved areas of the island share their frustration about not having services available to their clients in areas such as Pahoa, Kau, Kohala, Hamakua coast and Oceanview.


In 2011, BISAC opened up the Hawaii Island Health and Wellness Center to address some of these concerns and help close gaps in services. Since then our Licensed providers have been able to provide services to well over 600 clients with no more than 2 staff at a time. Some of the needs that have been identified is our inability to find physicians, APRNs, etc. to help our existing clients who require psychotropic medications. The responses that we receive are: 1) Appointments will need to be scheduled months in advance, 2) Are they in crisis? 3) They are not accepting certain types of insurances, and/or 4) They are not accepting new clients at this time. This has occurred to nearly 95% of the client that we serve.

I am clearly aware that this bill has been introduced several times in previous legislative sessions with no success. The opposition's argument is basically that they will be able to take care of these issues and provide this well needed service. It has been years and we are back at the legislative session again trying to convince all of you that our communities are still suffering with no end in sight.

This bill of course, with rigorous training requirements will help address the needs in our community and be another option of care for our clients. I invite you to walk the streets with us, listen to the concerns of our providers and spend a day in the life of the individuals that we treat so that you can experience firsthand how the lack of prescribing providers has impacted our communities. I kindly ask that you allow this bill to get scheduled for a hearing.

If you should have any further questions please feel free to contact me at (808) 969-9994 ext. 827. Mahalo for your time and patience in this matter.

With regards,


Hannah Preston-Pita, Psy.D. CSAC
Chief Executive Officer

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: rkailianu57@gmail.com
Subject: *Submitted testimony for HB1072 on Feb 24, 2016 09:00AM*
Date: Saturday, February 20, 2016 8:30:28 PM

HB1072

Submitted on: 2/20/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Ho`omana Pono, LLC	Support	Yes

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: cvasconcellos@hanahealth.org
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 9:54:06 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Vasconcellos	Hana Health	Support	No

Comments: Hana Health is in full support of HB1072 which will enhance much needed behavioral health care in the Hana District.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: bradleykuoNP@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 12:42:52 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Kuo	Bradley Kuo, LLC	Oppose	No

Comments: Written Testimony Presented Before the Senate Committee on Commerce, Consumer Protection, and Health February 24, 2016 9:00 A.M. by Bradley Kuo, M. ED, MSN, FNP-BC, Bradley Kuo, LLC

HB1072 HD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS Chair Baker, Vice Chair Kidani, and members of the Senate Committee on Commerce, Consumer Protection, and Health, thank you for hearing testimony today related to HB1072 HD1 Relating To Prescriptive Authority For Certain Psychologists. Bradley Kuo, LLC is in OPPOSITION of this measure. Research indicates that 25% of the adult population in the United States has a mental disorder, and that 68% of this population has a comorbid medical condition. This is 10% higher than the population without mental disorders. Further, research indicates that a person with a mental disorder diagnosis is more likely to develop a chronic medical condition, more likely to have elevated symptom burden, and may have difficulties managing their chronic condition due to barriers caused by the mental disorder¹. This population is vulnerable due to the unique nature of their mental and medical conditions. THESE MENTAL HEALTH AND MEDICAL CONDITIONS SHOULD BE MONITORED BY PROFESSIONALS SUCH AS PHYSICIANS AND NURSE PRACTITIONERS WHO HAVE EXPERIENCE WORKING WITH BOTH MENTAL HEALTH AND MEDICAL ILLNESSES. We understand that we are currently experiencing a widespread shortage of Mental Health Care Professionals as a subset of our overall Health Provider workforce shortage. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) estimates that only 50.91% of the need nationally, and 64% of the need in Hawai'i is currently met by the existing psychiatric workforce². Increasing access to qualified health care professionals trained in mental disorder diagnosis, pharmacotherapy treatment, and counseling is of dire need for this population and for our state. THIS IS NOT THE WAY TO FILL THIS GAP AT THIS TIME. A FOCUS SHOULD BE PLACED ON PROVIDING FURTHER EDUCATION IN PSYCHIATRIC MENTAL HEALTH FOR CURRENT NURSE PRACTITIONERS ALREADY INVOLVED IN PRIMARY CARE. Therefore, Bradley Kuo, LLC asks that the Senate Committee on Commerce, Consumer Protection, and Health DOES NOT consider expanding the list of providers described on Page 14, Line 12 to include providers with prescriptive authority so that the population in need of psychiatric pharmacotherapy and psychology services is ONLY

limited to those under primary or attending care of a physician or Nurse Practitioner. Therefore, the Bradley Kuo, LLC DOES NOT supports HB 1072 HD 1.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: [Lia Billington](#)
To: [CPH Testimony](#)
Subject: HB 1072, Wednesday, February 24, 2016 TIME: 9:00 am
Date: Tuesday, February 23, 2016 8:04:13 AM

I am a New Mexico Prescribing Psychologist, and have been on the staff of two regional hospital/clinic facilities over the past 6 years. In my current position at Christus St Vincent Medical Center in Santa Fe, administration has been so pleased with my work in one of 5 Family Medicine Clinics, that they have hired another prescribing psychologist for a second clinic, with possible plans to expand to having one in each Primary Care Clinic. This model allows patients, seen by their family doctors, to receive both psychotherapy and medication management by the same provider in their Patient Centered Medical Home. This markedly reduces "lost to follow up" cases where a doctor refers to an outside agency. New Mexico's history of addressing psychiatrist shortages by licensing extensively trained postdoctoral psychologists has vastly improved access to mental health care. There are no cases in NM or elsewhere of harm to the public by a prescribing psychologist, but there is harm to the public where patients cannot receive adequate regular follow up because of psychiatry shortages. Similarly, when long wait times occur for a patient to schedule an initial appointment due to psychiatry shortages, suffering of patients and family members, due to untreated mental illness, occurs. Occasionally the general public safety is endangered due to untreated mental illness. I urge the State of Hawaii to adopt HB 1072.

--

Lia Billington, Ph.D. M.A. ABMP
Medical Psychologist, Faculty
Northern New Mexico Family Medicine Residency
Christus St. Vincent Medical Center, Santa Fe NM
Affiliate Faculty, New Mexico State University

This communication is for the use of the intended recipient only. It may contain information that is privileged and confidential. If you are not the intended recipient of this communication, any disclosure, copying, further distribution or use thereof is prohibited. If you have received this communication in error, please advise me by return e-mail or by telephone and delete/destroy it.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: drscomatyadvokat@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Sunday, February 21, 2016 12:28:01 PM

HB1072

Submitted on: 2/21/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph E. Comaty, Ph.D., M.P.	Individual	Comments Only	No

Comments: I urge the respective committees to carefully consider HB1072 and how important it would be to the citizens of Hawaii if it passed. All of the historical information from over 20 years experience with psychologists prescribing in the military, on native american reservations, in the public health service, in the states of Louisiana, New Mexico, and now Illinois shows that such specially trained psychologists practice safely and effectively. Their service has increased access to specialty healthcare without adding risk. There have been no complaints to the respective regulatory boards about the practice of prescribing psychologists during those 20 years. There is no longer a question about the safety and effectiveness of appropriately trained prescribing psychologists. Allowing specially trained psychologists to prescribe in Hawaii will reduce access barriers and increase available providers throughout the healthcare system which, I believe, will only serve to benefit those citizens in need of specialty behavioral healthcare.

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

Dear The Hawaii State House, The Hawaii State Senate, and Governor David Ige,

We are pleased to present you with this petition affirming this statement:

"Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

"

Attached is a list of individuals who have added their names to this petition, as well as additional comments written by the petition signers themselves.

Sincerely,
Don Lane

Michael Cole
KAILUA, HI 96734
Feb 22, 2016

I am a psychologist and see many patients who cannot get in to see their psychiatrists in a timely fashion. If they can get an appointment, they often feel rushed given the many people in the waiting rooms. Given that there is a shortage of psychiatrists in Hawaii and as such people have difficulty accessing psychiatric care, it will be beneficial to allow psychologists with advanced training prescribe here in Hawai'i just as they do in other states and in the military.

Brenda Lovette-Cole
Kailua, HI 96734
Feb 22, 2016

Terry Lamb
Waialua, HI 96791
Feb 17, 2016

Alexandra Love
Honolulu, HI 96813
Feb 16, 2016

Michael Stilwell
Kihei, HI 96753
Feb 16, 2016

Thomas Flach
Ewa Beach, HI 96706
Feb 15, 2016

Morgan Flach
Ewa Beach, HI 96706
Feb 15, 2016

Satchel Pratt
Gulfport, MS 39503
Feb 14, 2016

The lack of sufficient psychiatric resources on our rural island of Kauai has been an ongoing issue for decades. I fully endorse this legislation as a means to improve access to mental health care in Hawaii!

Barbara Johnson
Kapaa, HI 96746
Feb 13, 2016

Please pass the RxP bill

Scott Shiroma
Kaneohe, HI 96744
Feb 9, 2016

Gina Sanzone
cuy fls, OH 44221
Feb 9, 2016

Mark Muse
Rockville, MD 20850
Feb 8, 2016

We need better access to mental health care

Christine Shiroma
Aiea, HI 96701
Feb 8, 2016

As a neuropsychologist practicing in New Mexico, a state with prescription privileges for psychologists, I want to voice my support for this bill (RxP Hawaii). We in New Mexico have a similar problem with access to mental health care as Hawaii does, and while RxP in New Mexico has not totally alleviated this issue, it has gone a long way in increasing access to care and reducing suffering. With that being said, please think of your citizens when you consider this bill. They are in desperate need of improved access to mental health resources and, as has been demonstrated through other states, psychologists with the appropriate training can provide that care.

R Brock Frost, PhD
Albuquerque, NM 87108
Feb 8, 2016

Psychologists are capable and should be offered the opportunity to do more in the community and this is one way that can happen. Please make this happen soonest!

Una Starr
Honolulu, HI 96818
Feb 8, 2016

Please address this critical need for the citizens of the Beloved State of Hawaii.

Nancy M Vrechek
Jupiter, FL 33458
Feb 7, 2016

Mayona Kealoha
Honolulu, HI 96818
Feb 5, 2016

We need to pass the bill. It will help everyone.

Adelia Butac
Mililani, HI 96701
Feb 5, 2016

Isaiah Moreno
Honolulu, HI 96817
Feb 5, 2016

Nathan heid
haleiwa, HI 96712
Feb 5, 2016

Bernadette Heid
Haleiwa, HI 96712
Feb 5, 2016

T. Crabb
Kailua, HI 96734
Feb 5, 2016

Cecilia Gay
Honolulu, HI 98312
Feb 5, 2016

This has been a long time coming!

Kevan Kamisato
Honolulu, HI 96822
Feb 5, 2016

pass the bill

thomas roeske
aiea, HI 96701
Feb 5, 2016

Please pass the bill to allow psychologists to prescribe psychotropic medication to increase mental health services and assistance to those who find it difficult to see psychiatrists and/or obtain access and help to reduce physical, psychological and cognitive symptoms of mental health disorders. Please pass this bill, your help is greatly needed. Thank you!

Madelyn Butac-Roeske
Aiea, HI 96701
Feb 5, 2016

Christina Uemura
Honolulu, HI 96816
Feb 4, 2016

Alistair Taylor
Haleiwa, HI 96712
Feb 4, 2016

Kyla Stueber
Honolulu, HI 96821
Feb 4, 2016

Cassandra Moon
Honolulu, HI 96822
Feb 4, 2016

Henri-Lee Stalk
Honolulu, HI 96815
Feb 4, 2016

Franklin Foote
Miami, FL 33176
Feb 1, 2016

As a current Psychopharmacologist who works as such at a local hospital in CA, I experience on a daily basis the need for these services. Daily I hear how thankful the attending physicians are of my consult services as we get to discuss medical concerns together with psychiatric issues. Please pass legislation to allow medical psychologists/Psychopharmacologists to prescribe as our training is as severe, intense, and efficient to safely practice medicine. My colleague physicians are witnesses of my medical training and the patients benefit from my services.

Manuel Fernandez
Concord, CA 94520
Jan 30, 2016

Elaine Archambeau
Kapaa, HI 96746
Jan 30, 2016

The need for psychologists trained in psychopharmacology to prescribe is evident when so many, especially in outlying areas have too long to wait for the appropriate care. I have a family member who is a physician serving one of those areas and I support this petition giving him the help he needs to better serve his community. thank you for your consideration.

dr elizabeth richeson
EL PASO, TX 79912
Jan 29, 2016

Julie Barnes
New York, NY 10011
Jan 29, 2016

Thomas Kessey
Fallon, NV 89406
Jan 29, 2016

Please pass Medical Psychology legislation. Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

Stephen Bloomfield
Jacksonville, FL 32217
Jan 29, 2016

Lorri Reynard
OSSINING, NY 10562-3813
Jan 29, 2016

This is much needed by those suffering with mental illness. There are no negatives, these are strong ethical well trained professionals who want nothing more than to help the underserved get the care they deserve and need.

Gabrielle toloza
Oklahoma City, OK 73116
Jan 28, 2016

Elliot
Woodmere, NY 11598
Jan 28, 2016

Karen Banes
Aiea, HI 96701
Jan 28, 2016

Marian matthaey
Great Neck, NY 11021
Jan 28, 2016

Please support access to comprehensive psychological services including medical psychology...Hawaii was one the first states to start this needed legislation. IT's time to get it passed!

Keith Westerfield
New York, NY 10040
Jan 28, 2016

Hawai'i can lead America to create a better future for all of its people's please support access to comprehensive psychological services including medical psychology...

Edward Korber
Lynbrook, NY 11563

Jan 28, 2016

Kelsie Okamura
Waipahu, HI 96797
Jan 28, 2016

Kimberly Mizo
Honolulu, HI 96817
Jan 27, 2016

Waiting 6 months or more for medication management is awful. So many in need being opposed by so much greed. Lets pass this bill in 2016.

Shirley Suder
Kihei, HI 96753
Jan 27, 2016

My brother in law needs this Bill to pass, so I back it for him and others in need - with all my heart!

Gill McBarnet
Kula, HI 96790
Jan 27, 2016

Roberta Murtagh
Woodbury, CT 06798
Jan 27, 2016

Chris Gamby
Kapaa, HI 96746
Jan 27, 2016

Tanya Gamby
Kapaa, HI 96746
Jan 26, 2016

Kathy Collins
Wailuku, HI 96793
Jan 26, 2016

Cori Takesue
Lanai City, HI 96763
Jan 26, 2016

Johnny Double
Lahaina, HI 96761
Jan 23, 2016

Michelle Collins
Hamden, CT 06517-4019

Jan 15, 2016

Justin Matsuura
Honolulu, HI 96825
Dec 31, 2015

SHAUNA GRANER
Kailua, HI 96734
Dec 29, 2015

Stephanie Espiritu
Lahaina, HI 96761
Dec 21, 2015

Lisa Stilwell
Kihei, HI 96753
Dec 20, 2015

Lorraine Fay
Lahaina, HI 96761
Dec 19, 2015

Barbara Lewis
Ocean View, HI 96737
Dec 18, 2015

Leslie Lang
Pepeekeo, HI 96783
Dec 17, 2015

Jesse Lambert
St. Amant, LA 70774
Dec 16, 2015

It's for a good cause! Mahalo for doing this.

Priscilla May
Kailua, HI 96734
Dec 8, 2015

Hana Choi
Minneapolis, MN 55407
Nov 27, 2015

Todd Bell
Columbus, GA 31909
Nov 27, 2015

I believe that this legislation will improve access to behavioral health pharmacological treatment that otherwise is unavailable in rural areas particularly.

Wayne Law
Kapaa, HI 96746
Nov 19, 2015

Lisa Darcy
Haiku, HI 96708
Nov 9, 2015

Terrie Elikier
Kula, HI 96790
Nov 9, 2015

Lisa Ambrosino Ho
Honolulu, HI 96816
Nov 8, 2015

Michelle James
Honolulu, HI 96817
Nov 6, 2015

I am a licensed mental health provider who is also a doctoral student in psychology. Upon graduation, I plan to get advanced training in a 2 year postgraduate program to be able to prescribe psychotropic medication. Currently there are only three states that I can prescribe. Lets make Hawaii number 4. Allowing psychologists to prescribe will bring more providers to Hawaii. Psychiatrists oppose this because it effects their bottom line. The military has had prescribing psychologists for years now!

S. Kyle Cardwell
Fairbanks, AK 99707
Oct 27, 2015

Lauren Ampolos
Kailua, HI 96734
Oct 12, 2015

Shana
Pukalani, HI 96768
Sep 29, 2015

Lauren Glamb
Honolulu, HI 96814
Sep 21, 2015

Please pass!

catherine
Wailuku, HI 96793
Sep 20, 2015

Sanni Tharp
Kihei, HI 96753
Sep 20, 2015

C. Soberano
Wailuku, HI 96793
Sep 20, 2015

Joseph D Pluta

JOSEPH D PLUTA
Lahaina, HI 96761
Sep 20, 2015

Rayann Obet
Wailuku, HI 96793
Sep 20, 2015

Linda Norrington
Kihei, HI 96753
Sep 20, 2015

stacey krenelka
kihei, HI 96753
Sep 20, 2015

Joy Gorman
Makawao, HI 94768
Sep 20, 2015

We need this service now!

Beverly Bose
kahului, HI 96733
Sep 20, 2015

Diane oregan
Wailuku, HI 96793
Sep 20, 2015

Jonathan Drechsler
Wailuku, HI 96793
Sep 20, 2015

Go for it!!!

Debbie sutton
Wailuku, HI 96793
Sep 20, 2015

Medical psychologists with advanced training are critically needed to support the work of physicians to address the mental health crisis. They have prescribed for many years in two states, the military, the Indian Health Service, and the Public Health Service without problems. Recently, medical psychologists with specialized training gained prescriptive authority in Illinois.

Dr. Sharon Murphy
Hinsdale, IL 60521
Aug 14, 2015

Teresa Martins
Rio de Janeiro, Brazil
Aug 3, 2015

I agree that Medical psychologists with advanced training in clinical psychopharmacology should be legally authorized to prescribe psychoactive medications. For many years now, medical psychologists have been safely prescribing without incident in two states, one U.S. Territory, the military and the Indian Health service without incident. Psychiatry's argument that medical psychologists would put public safety at risk is fallacious and politically motivated only serving the needs of the psychiatry profession without regard for meeting the public's needs.

Arnold I. Blumenfeld
Newhall, CA 91321
Jul 12, 2015

Please pass this important Bill to address Hawaii's shortage of knowledgeable providers. The Bill's education & clinical requirements will ensure a higher standard of care.

DC Minogue
Makawao, HI 96768
Jul 8, 2015

I support the bill for medical psychologists in Hawaii to provide access to mental health care for all

Julie Myers
san diego, CA 92131
Jul 8, 2015

Jeremiah redins
Kihei, HI 96753
Jul 5, 2015

Corey Suda

Kihei, HI 96753
Jul 5, 2015

Bernard Wazlavek
El Paso, TX 79934
Jul 4, 2015

This is a much-needed service which has been shown to help underserved patients who lack access to prescription care.

James Grubman PhD
Turners Falls, MA 01376
Jun 26, 2015

Lesley A. Slavin
Kailua, HI 96734
Jun 25, 2015

Marie Terry-Bivens, Psy.D.
Anahola, HI 96754
Jun 24, 2015

Rachel
Tiffin, OH 44883
Jun 24, 2015

Kari
Lahaina, HI 96761
Jun 23, 2015

Aris Banaag
Kahului, HI 96732
Jun 19, 2015

Fernando Rocha Beserra
Rio de Janeiro, Brazil
Jun 16, 2015

Adolfo retuya
Beverly hills, CA 90212
Jun 16, 2015

EGINA KERR RETUYA
beverly hills, CA 90212
Jun 14, 2015

Allan Roberts
Los Angeles, CA 90035
Jun 14, 2015

Rural communities are suffering because of a lack of service. Also, there are too many who are receiving too much medication and not enough of other treatments which are more effective and less toxic.

Santo J Triolo
Kihei, HI 96753
Jun 10, 2015

Sean Hodges, Ph.D., MSCP
Coronado, CA 92118
Jun 7, 2015

Don W. Hume, PhD
Las Cruces, NM 88001
Jun 2, 2015

Susan
Staunton, VA 24401
Jun 2, 2015

Brian Gotterer
Costa Mesa, CA 92627
Jun 2, 2015

Catherine C Brodeur, PsyD
Westford, MA 01886
Jun 2, 2015

Vincent Morello
Phoenixville, PA 19460
Jun 2, 2015

I HAVE BEEN PRESCRIBING IN NEW MEXICO SINCE 2011.IT IS WONDERFUL TO BE A FULL SERVICE MENTAL HEALTH PROFESSIONAL FOR MY PATIENTS.THEY ARE GRATEFUL!

DAVID F. O'CONNELL, Ph.D.
WOMELSDORF, PA 19567
Jun 2, 2015

Dr sj soter
Santa fe, NM 87505
Jun 1, 2015

Michael R Plumeri
Mt. Laurel, NJ 08054
Jun 1, 2015

Dr. Leo J Burke III
Philadelphia, PA 19107

Jun 1, 2015

Please support the mental health of the community and the advanced training of these medical psychologists.

Dr. Paul Colte
Salt Lake City, UT 84113
Jun 1, 2015

Nadia Webb, PsyD, MP
Santa Fe, NM 87505
Jun 1, 2015

Dr. Robert Rinaldi
Wheaton, IL 60189
Jun 1, 2015

A real need in rural America.

Mark muse
Edinburg, VA 22824
Jun 1, 2015

Please support the increased availability of critical mental health services to those in Hawaii who are currently underserved.

Steven Tulkin, PhD
San Mateo, CA 94403
Jun 1, 2015

Alexander Patterson
Puyallup, WA 98374
Jun 1, 2015

Elizabeth Toole
Pasadena, CA 91101
Jun 1, 2015

carl Ihli
Annapolis., MD 21401
May 31, 2015

Donna Aucoin
Lafayette, LA 70508
May 31, 2015

safely prescribing for 8 years at 8 different clinics with n=5000 plus patients stable and/or improved and 0 deaths due to psychotropic Meds or med errors.

Victoria Witt MP AP
slidell, LA 70458
May 30, 2015

I am a prescribing medical psychologist in Louisiana.

Dr. Jen Chandler
New Orleans, LA 70115
May 30, 2015

The inclusion of trained prescribing psychologists is critical for providing comprehensive safe mental health care in the state of Hawaii

Rick Wilson, PhD, MP
Kihei, HI 96753
May 30, 2015

Priscilla Roth-Wall, Ph.D. MSCP
Hernando, MS 38632
May 30, 2015

Colleen Brandt
North Caldwell, NJ 07006
May 30, 2015

s. barngrover
lees summit, MO 64063
May 30, 2015

I am very much in favor of psychologists acquiring prescription privileges. Psychologists are the most trained in the mental health professions.

Rosalyn M. Laudati
Corona del Mar, CA 92625
May 30, 2015

Until we start taking care of our own we are no better than the Third World country and worse in some ways because we actually have the resources

Stephen Cheshire
Los Lunas, NM 87031
May 30, 2015

Lynn
Port Washington, NY 11050

May 29, 2015

Anthony Ragusea
Key West, FL 33040
May 29, 2015

Elizabeth Nielson PhD
Woodstock, NY 12498
May 29, 2015

I was the chair of the New Mexico Board of Psychologist Examiners from 2006-2012, and during that time we had no complaints at all that a prescribing psychologist had harmed a patient.

Robert Sherrill, Jr.
Farmington, NM 87401
May 29, 2015

Cathy Orman Castille, PhD, MP, MPAP
Baton Rouge, LA 70808
May 29, 2015

Ron L. Cohorn, Ph.D.
Hot Springs, AR 71913
May 29, 2015

Thomas Fain
Baton Rouge, LA 70810
May 29, 2015

John Teal
Jackson, MS 39206
May 29, 2015

As a psychologist trained to prescribe and having done so for 7 years (I'm the 7th Rx Psychologist in New Mexico) I can attest to the importance of having more providers for underserved populations.

Marlin C Hoover PhD MS
FLOSSMOOR, IL 60422-1358
May 29, 2015

Mike Westbrook
Hobbs, NM 88240
May 29, 2015

Medical psychologists are providing a much needed service to the people of Louisiana.

Tony R. Young, PhD MP
Monroe, LA 71201
May 29, 2015

Best service best quality practice

Robert mayfield
Las cruces, NM 88011
May 29, 2015

Michael Hansen
covinton, LA 70433
May 29, 2015

Sumer
Gonzales, LA 70737
May 29, 2015

Stephen Colmant
Las Cruces, NM 88007
May 29, 2015

Kelly Ray, PhD, MP
Baton Rouge, LA 70809
May 29, 2015

K. Chris Rachal PhD MP
Thibodaux, LA 70301
May 29, 2015

I am a Medical Psychologist licensed under the Louisiana Board of Medical Examiners.

Mayling Walker
New Orleans, LA 70118
May 29, 2015

I've been a Medical Psychologist since 2005 and an Advanced Practice Medical Psychologist since 2012.

Curtis Vincent
Baton Rouge, LA 70806
May 29, 2015

E. H. BAKER, PhD, MP
MONROE, LA 71203
May 29, 2015

The reason why prescribing is an issue is spelled M O N E Y.

William K. Hunt, Ph.D
Albuquerque, NM 87110
May 29, 2015

John Fidanza
Zachary, LA 70791
May 29, 2015

citizens deserve access to mental health services. Specially trained medical psychologist provide prescribing services to the under served population safely and effectively. We have had a positive effect on mental health care.

Lynette Heslet, PhD, MP
Picayune, MS 39466
May 29, 2015

I am a Conditional Prescribing Psychologist who has provided service to both to the ARMY and for a NM agency serving low income families. Psychologists with advanced training can help needed communities to access mental health care.

Peter Smith PsyD
El Paso, TX 79930
May 29, 2015

Tiffany Jennings
Natchitoches, LA 71458
May 29, 2015

I am an Advanced Practice, Medical Psychologist who has safely prescribed in both the Army and private practice for years without incident, providing much needed care to active duty service members, dependent spouses and children; as well as to the community. I hope Hawaii joins NM, LA, and IL in allowing properly training Psychologists to provide pharmacotherapy.

Joseph J. Sesta
Apollo Beach, FL 33572
May 29, 2015

John Courtney
Magdalena, NM 87825
May 29, 2015

Kelly Coleman
bellevue, WA 98006
May 22, 2015

becky paschoal
kihei, HI 96753
May 22, 2015

Christine Hamilton
Tomah, WI 54660
May 21, 2015

Donald IANNON
Wailuku, HI 96793
May 21, 2015

Luke Bitton
Castle Rock, CO 80109
May 10, 2015

Mark Phillipson
Kunia, HI 96815
May 5, 2015

Kressa Olguin
kihei, HI 96753
Apr 30, 2015

Asher
Baltimore, MD 21239
Apr 17, 2015

MICHAEL CALIRI
kailua, HI 96734
Apr 16, 2015

I've completed training and now work in a military health clinic where physicians and nurse practitioners now rely on my knowledge daily. This legislation can help thousands in Hawaii.

Gilbert O. Sanders, EdD
Choctaw, OK 73020
Apr 15, 2015

Helen Chen
San Francisco, CA 94116
Apr 14, 2015

Dr. Barbara Stroud
Palo Alto, CA 94303
Apr 14, 2015

Sally Palafox
Honolulu, HI 96824
Apr 14, 2015

siobhan donnelly
brooklyn, NY 11222
Apr 14, 2015

Taletha Derrington
HALF MOON BAY, CA 94019
Apr 13, 2015

Sita Gonzales
Hilo, HI 96720
Apr 13, 2015

Kimmie Ha
Rosemead, CA 91770
Apr 13, 2015

This will help your constut

Andrew Griffin
Mexia, TX 76667
Apr 13, 2015

William Ryan
Belgrade, MT 59714
Apr 13, 2015

I hope this passes, so that the undeserved can be served well qualified treating psychologists.

Jeff Schanowitz
San Diego, CA 92108
Apr 13, 2015

Marisa Brown
Eagar, AZ 85925
Apr 12, 2015

Ivan irie
Honolulu, HI 96815
Apr 12, 2015

Pamela pritchett
Waikoloa, HI 96738
Apr 12, 2015

Natasha Mroczek
Memphis, TN 38103
Apr 12, 2015

peter sotiriou
Manhattan Beach, CA 90266
Apr 12, 2015

joel bass
atlanta, GA 30319
Apr 12, 2015

Laura Kroeten-Bue
Minneapolis, MN 55408
Apr 12, 2015

Sarah
Astoria, NY 11105
Apr 12, 2015

Dr. Jane Storrie
Burlington, Canada
Apr 12, 2015

Meg Rauen
Brooklyn, NY 11215
Apr 12, 2015

Anthony Marks
Kennewick, WA 99337
Apr 12, 2015

Jerelenn Medeiros
Honolulu, HI 96826
Apr 12, 2015

Geney
san jose, CA 95123
Apr 11, 2015

Rose Marie Pilarca
Ewa Beach, HI 96706
Apr 11, 2015

Samantha Scott
Salisbury, MD 21801
Apr 11, 2015

As a medical psychologist who is prescribing in Louisiana in a rural area otherwise with no psychiatric specialists, I want to give my whole-hearted support to this legislation!

Robert M. Nevels, Ph.D. , M.P.
New Roads, LA 70760
Apr 10, 2015

Ashley Strauss
Seattle, WA 98121
Apr 10, 2015

We need this to happen.

Cedric Alonzo
Kaunakakai, HI 96748
Apr 10, 2015

Agatha Akai
Kaunakakai, HI 96748
Apr 10, 2015

Lauren
Muttontown, NY 11545
Apr 10, 2015

Jason Stingel
Dresden, OH 43821
Apr 10, 2015

I live and work on Molokai in the Medical arena. Passing this legislation is the right thing to do for our community and state. I strongly support this bill.

Jane Woolsey
Hoolehua, HI 96729
Apr 10, 2015

Azita
Kailua, HI 96734
Apr 10, 2015

I am in the military. Hawaii is my home of record. I support this bill.

leslie roberson
evans, GA 30809
Apr 10, 2015

MICHAEL ZAKARAS
GULFPORT, MS 39505-2341
Apr 10, 2015

Cherise Imai
kaneohe, HI 96744
Apr 10, 2015

James Spira
Kailua, HI 96734
Apr 10, 2015

Shannon Uilani Lima
Kaunakakai, HI 96748
Apr 9, 2015

Jay M. Land
Syracuse, NY 13224
Apr 9, 2015

Robin Miyamoto
Honolulu, HI 96821
Apr 9, 2015

Rosie F Davis
Kaunakakai, HI 96748
Apr 9, 2015

This something that has been neded for a very long time.

Steve Cromwell
Aiea, HI 96701
Apr 9, 2015

Please help mentally ill folks access medical support efficiently

Darcy Henderson
haiku, HI 96708
Apr 9, 2015

Kendra Sherwood
Aurora, CO 80013
Apr 9, 2015

Dr. Cherie B. Ruben
Derby, NY 14047
Apr 9, 2015

Jo Ann Takushi
Aiea, HI 96701
Apr 9, 2015

Jeff Pilarca
Honolulu, HI 96706
Apr 9, 2015

Sherrie Takushi
Pearl City, HI 96782
Apr 9, 2015

Diana Caro-Salvador
Ewa Beach, HI 96706
Apr 9, 2015

Lila
Kailua, HI 96734
Apr 9, 2015

Susan Cobbs
Kapolei, HI 96707
Apr 9, 2015

Sandra Conway
haiku, HI 96708
Apr 9, 2015

Please help those who can't help them selves alone..

Mary Bahe
Fresno, CA 93710
Apr 9, 2015

Elvira Ellazar
kaneohe, HI 96744
Apr 9, 2015

john w covey
Marianna, AR 72360
Apr 9, 2015

William Moore
Surgoinsville, TN 37873-6301
Apr 9, 2015

Psychologists with the additional training, because of their extensive education, and primary treatment modality of psychotherapy are well-equipped to truly choose the best treatment options for pts. The idea that psychologists with 6-8 years of doctoral training and a subsequent 2-3 years of specialized psychopharmacology training, cannot master prescribing, and that Nurse Practitioners with two years of training in treating psychological disorders can, is absurd. I have completed the training and am often appalled at the level of skill that many prescribers have. This is purely a political issue, not one of effective treatment of suffering individuals. Please pass this bill.

Linda A. Garrone, PhD
Carver, MA 02330-1322
Apr 9, 2015

Many patients are unable to find a provider qualified to prescribe psychotropic medications. By passing this legislation, you will enable qualified psychologists to meet the treatment needs of the mentally ill.

Lisa Harrell-DeLamater
Syracuse, NY 13210
Apr 9, 2015

This is an important bill to pass. Those who will benefit are the Hawaiian people who need the services of highly qualified psychologists with advanced practice credentials.

Dr Kenneth Larsen
Boston, MA 02120
Apr 9, 2015

Gabriel TAN
Singapore, Singapore
Apr 9, 2015

Jerry F Ledesma
Kaunakakai, HI 96748
Apr 9, 2015

Lily Pimentel
Makawao, HI 96768
Apr 9, 2015

Allan Yozawitz
Fayetteville, NY 13066
Apr 9, 2015

Elyse Kaplan
Baltimore, MD 21218
Apr 9, 2015

Peggy
Fort Mitchell, AL 36856

Apr 9, 2015

Highly favor this RxP

Lewis J. Malgieri, Ph.D.
Camillus, NY 13031
Apr 9, 2015

Please consider the urgent and ongoing Behavioral Health care needs of seriously mentally ill persons and the dearth of qualified psychotropic med prescribers. We provide an excellent service and lack the significant history of poor prescription outcomes and side effect complications associated with many MD, PA and LNP prescribers who lack sufficient knowledge, education and skills specific to serious mental illness prescribing. Thank you for your consideration (I am an American Indian Psychologist with the additional training in Psychopharmacology working on our Reservation).

Dan Foster, Psy.D.
Rosebud, SD 57570
Apr 9, 2015

Hg Sanchez
San Luis Obispo, CA 93406
Apr 9, 2015

Tiffanie Fennell
Seattle, WA 98116
Apr 9, 2015

The Psychologists with Advanced MS in Psychopharmacology have more knowledge and training than other professionals that are allow to prescribe. Please pass the law that allows Psychologists to Prescribe Independently. Thank you, Dr. Maria Rosa (Rosie) Buse Canada

Dr. Rosie Buse
North York, Canada
Apr 9, 2015

Arthur Rolland Fellows
Austin, TX 78759
Apr 9, 2015

Greg Febbraro, Ph.D.
West Des Moines, IA 50265
Apr 8, 2015

Barry Rufenacht
Berlin, VT 05602
Apr 8, 2015

Greg
Longmont, CO 80504

Apr 8, 2015

Herbert Gupton
Kailua, HI 96734
Apr 8, 2015

Richard Cannon
Tracy, CA 95377
Apr 8, 2015

Michael Smith
Yakima, WA 98902
Apr 8, 2015

Mike
Pearl City, HI 96782
Apr 8, 2015

Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

Kim Arredondo
Bryan, TX 77803
Apr 8, 2015

Please pass this bill, we need more prescribing psychologists

Anne T Molloy
Silver Spring, MD 20904
Apr 8, 2015

Dr Rick McGraw
San Angelo, TX 76904
Apr 8, 2015

Tiffany Garner
Towson, MD 21286
Apr 8, 2015

Jessica
East Syracuse, NY 13057
Apr 8, 2015

Rafael A. Salas
Ruidoso, NM 88345
Apr 8, 2015

Albert Chiu
Oakland, CA 94611
Apr 8, 2015

Dana OBrien
Rockville, MD 20852
Apr 8, 2015

SUPPORT IT BECAUSE IT IS THE RIGHT THING TO DO.

SHELDON D. WEINSTOCK
BALTIMORE, MD 21201
Apr 8, 2015

Please help support this effort on behalf of those who need mental health assistance in the population.

Michael A. Baer, PhD
Bradenton FL. 34202, FL 34202
Apr 8, 2015

Julie B
Rockville, MD 20852
Apr 8, 2015

Tamara Knox
London, KY 40741
Apr 8, 2015

Jeffrey Shein
Los Angeles, CA 90045
Apr 8, 2015

Lee Livingston, PsyD, ABPP-RP
San Antonio, TX 78259
Apr 8, 2015

Deborah Gambles
Fort Washington, MD 20744
Apr 8, 2015

Andrea Fiscus
Billings, MT 59102
Apr 8, 2015

Sandra L. Smith
Jamesville, NY 13078
Apr 8, 2015

Carrie Singer
Boys, MD 20841
Apr 8, 2015

Dr. Melissa Joseph
Clinton, NY 13323
Apr 8, 2015

Kathryn Berk, Ph.D.
Burlington, VT 05401
Apr 8, 2015

There is a huge shortage of psychiatric prescribers and many patients simply go without their medications. This legislation would help thousands of people get the medications they need along with the as-important psychotherapy to help them make more long term recovery.

Nora K Marks
Kennewick, WA 99336
Apr 8, 2015

Anen Morton
Dallas, TX 75219
Apr 8, 2015

Daisy Porter
Eldon, IA 52554
Apr 8, 2015

licensed psychologist HI #1312

leah wingart
Henderson, NV 89044
Apr 8, 2015

As a community provider, I know all too well the struggles of clients not having timely access to psychiatry. Most of these clients end up hospitalized for suicidal thoughts. Please consider passing this important piece of legislation to support your communities!

Alicia Meyer
Rockville, MD 20853
Apr 8, 2015

Martha Viglietta
Manlius, NY 13104
Apr 8, 2015

This is a must.

Sayuli Wong
Yuba City, CA 95993
Apr 8, 2015

Sandra Aguilar
Pico Rivera, CA 90660
Apr 8, 2015

Gayla Heape
Marshfield, MO 65706
Apr 8, 2015

Please approve this important public health solution.

Maria F. McGuinness
El Paso, TX 79912
Apr 8, 2015

Jack L Houk PhD
LaFayette, NY 13084
Apr 8, 2015

Loretta Lobbia
Liverpool, NY 13090
Apr 8, 2015

Please support prescription privileges for properly trained psychologists. Your citizens need greater access to medical evaluation and treatment.

Thomas Kremer
Austin, TX 78745
Apr 8, 2015

Dan Roberts
Round Rock, TX 78681
Apr 8, 2015

Amy Provan
Towson, MD 21204
Apr 8, 2015

Stephen Gary McClure Ph.D.
Roseville, CA 95661
Apr 8, 2015

Mary Jones
Tiburon, CA 94920
Apr 8, 2015

Please pass the RxP Hawaii bill. Mahalo

James Bray, PHD
Houston, TX 77021
Apr 8, 2015

Joseph Cautilli
Philadelphia, PA 19147
Apr 8, 2015

Ginger Capps Sample
Amarillo, TX 79102
Apr 8, 2015

Melissa Bagwell
Santa Fe, NM 87508
Apr 8, 2015

PLEASE PASS THIS BILL!

Keith Petrosky
West Chester, PA 19382
Apr 8, 2015

As a Licensed Psychologist Hawaii #416 and California PSY 8536 I ask you to support legislation allowing Medical Psychologists with advanced training to Rx psychotropic medications in the State of Hawaii.

Dean Haddock
Bakersfield, CA 93380
Apr 8, 2015

Gwendolyn M. Lawson
Marshfield, MO 65706
Apr 8, 2015

Deborah Christensen
Draper, UT 84020
Apr 8, 2015

Tom pedigo
Savannah, GA 31406
Apr 8, 2015

Ann Rost
Marshfield, MO 65706
Apr 8, 2015

I have a time share in Kauai and I can see the need for Medical Psychologist to be able to prescribe. The people of Kauai are severally underserved for psychological services.

Dr. Frank Lucchetti
Sonoma, CA 95476
Apr 8, 2015

Julie Barnes
New York, NY 10011
Apr 8, 2015

K V Davis
Casper, WY 82601
Apr 8, 2015

Denis Zavodny
Smyrna, GA 30303
Apr 8, 2015

Michael G. McBride Ph.D.
Port Angeles, WA 98362
Apr 8, 2015

James Maxson, Psy.D
Helena, MT 59602
Apr 8, 2015

Karen J. Kietzman, Psy.D.
Billings, MT 59102
Apr 8, 2015

Stephen Ross
Windsor, CO 80550
Apr 8, 2015

Lorilee Schoenbeck
Burlington, VT 05401
Apr 8, 2015

Do the right thing for the people of HI!

Dr. Scott Wylie
Loveland, CO 80538
Apr 8, 2015

Doug Andrews
Rutland, VT 05701
Apr 8, 2015

please bring this bill to the Senate floor for a vote. There is a clear need for integrated care, and prescribing psychologist provide integrated care, therapy and medication management, making access to care easier.

Jon Bos, Psy.D., MSCP
Indianapolis, IN 46290
Apr 8, 2015

Dr. Bob Hemmerr, Psy.D
Manchester, VT 05254
Apr 8, 2015

I support HB1072. FROM CA PSYCHOLOVGIST PSY5108.

Dr. Darius K. Fanibanda
los gatos, CA 95032
Apr 8, 2015

Paul W. Bagwell, Psy.D., MA, ABMP
Las Vegas, NM 87701
Apr 8, 2015

Bradford K.W. Chang, PhD
Bellevue, WA 98006
Apr 8, 2015

Peter M. Oppenheimer
Barrington, RI 02806
Apr 8, 2015

please help us serve those whose access to care is limited.

deirdre rainer
Kailua, HI 96734
Apr 8, 2015

Michele Fouts
New Haven, VT 05472
Apr 8, 2015

Psychologists can fill a large hole in the care of people who need medications. Please consider this bill carefully. Thank You

Donald Hunt
St. Johnsbury, VT 05819

Apr 8, 2015

Psychologists educated in psychopharmacology are the most appropriate persons to prescribe for mental illness. They see their patients for 45 minutes to an hour every week as opposed to psychiatrists or PCPs who see their patients for 15 to 30 minutes every 6 weeks to 3 months

Frances Griffis, PsyD
Shelburne, VT 05482
Apr 8, 2015

Karen D. Sanders
Germantown, TN 38138
Apr 8, 2015

Richard L. Luscomb, Ph.D.
Germantown, TN 38139
Apr 8, 2015

Please do not deny needed services to those in your state who need them the most

Steven Tulkin
San Mateo, CA 94403
Apr 8, 2015

Suzanne Sitkowski
Norwich, VT 05055
Apr 8, 2015

Hawaii was the first state to recognize the value of prescribing psychologists. Please make it the next to realize that vision for Hawaiians.

Joshua C. McGuinness
El Paso, TX 79912
Apr 8, 2015

Although I was originally against this idea in the '90s; the American Psychological Association and those working on this matter have created a sound training program and national exam to ensure client safety. Since then I have written articles in support of it as well as participated in presentations to support this initiative. What is more, psychologists with advanced training have been prescribing now for decades in the Armed Services and since in other states safely. Please be sure to hear the whole of the situation, not just scare tactics proffered by the American Medical Association and its affiliates.

Michael R. Butz, Ph.D.
Billings, MT 59102
Apr 8, 2015

Michael Mason
Seattle, WA 98103
Apr 8, 2015

Jonathan Rich, Ph.D.
Long Beach, CA 90802
Apr 8, 2015

David Hartman
Highland Park, IL 60035
Apr 8, 2015

As a frequent visitor to Waikoloa on the Big Island and future property owner, I long for enhanced access and the careful care that Medical Psychologists provide. Thank you for your support of this legislation.

Douglas Marlow
Portland, OR 97239
Apr 8, 2015

Richard elghammer
Danville, IL 61832
Apr 8, 2015

Craig R. VanderMaas
Grand Rapids, MI 49503
Apr 8, 2015

Victor Ashear
Sheridan, WY 82801
Apr 8, 2015

Bring the medical psychology bill forward in the Senate for consideration.

Robert North, EdD, MD
Shelbyville, TN 37160
Apr 8, 2015

Jessica M Mason, PsyD
Seattle, WA 98103
Apr 8, 2015

This measure will greatly improve menal health service provision and treatment compliance, as well as save money for the state. It's time to pass this legislation.

Lisa E. Harris, PhD
New York, NY 10016
Apr 8, 2015

John P. Thorn, Ph.D.
Victor, ID 83455-0633
Apr 8, 2015

Hi, Psychologists with advanced training in psychopharmacology have been prescribing safely for decades without incident in other states and the military, and it's time for Hawaii to pass a law that will help it's people. That's why I signed a petition to The Hawaii State House, The Hawaii State Senate, and Governor David Ige, which says: "Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care. Dr. Lawson

Ward M. Lawson, PhD, ABPP, ABMP
Marshfield, MO 65706
Apr 8, 2015

Aloha, good luck Hawaii!

Bryan Mickelson
Worland, WY 82401
Apr 8, 2015

Geoffrey Sherman, Ph.D.
Buffalo, WY 82834
Apr 8, 2015

Please allow the people more services, rather than keep the AMA monopoly that doesn't serve enough

Christine Winter Ph.D.
Newcastle, WY 82701
Apr 8, 2015

Louise Miglionico
Jericho, VT 05465
Apr 8, 2015

La Keita Carter, PsyD
Baltimore, MD 21212
Apr 8, 2015

Dr Connie Kaplan, PsyD
New York, NY 10003
Apr 8, 2015

Ann Altoonian, PsyD
Rochester, NY 14609
Apr 8, 2015

Lack of access to psychiatry is a huge problem in my state and this needs to happen in Vermont as well.

Kirke McVay
Shaftsbury, VT 05262
Apr 8, 2015

Martha Stretton
Chester, VT 05143
Apr 8, 2015

Janyna Mercado
San Antonio, TX 78258
Apr 8, 2015

Access to high quality mental healthcare is a civil right.

Karen Postal, Ph.D., ABPP-CN
Andover, MA 01810
Apr 8, 2015

Dorcia Tucker, PsyD
Annapolis, MD 21404
Apr 8, 2015

Rebecca
New Orleans, LA 70118
Apr 8, 2015

Lynn Pinkham
Port Washington, NY 11050
Apr 8, 2015

I fully support this bill

konstantin lukin
hoboken, NJ 07030
Apr 8, 2015

Hawaii could really make a choice to ease their shortage of prescribes and make more services available!

Paul Custer
South Pasadena, CA 91030
Apr 8, 2015

Urania T. Poulis
Yonkers, NY 10701
Apr 8, 2015

Dr. Laurence P. Perotti
San Antonio, TX 78217
Apr 8, 2015

Jonna Fries
Los Angeles, CA 91024

Apr 8, 2015

Lorri Ovryn
New Rochelle, NY 10801
Apr 8, 2015

Gabrielle Stutman
Dobbs Ferry, NY 10522
Apr 8, 2015

We have visited Hawaii many times and have friends who are long time residents and business owners in on Kona.

A Eugene Shapiro, Ph.D, Psy.D.
Boynton Beach, FL 33437, FL 33437
Apr 8, 2015

I fully support perscription privileges for psychologist!

Gary B Kelley, PhD
Solon, OH 44139
Apr 8, 2015

Jeffrey Zimmerman
Katonah, NY 10536
Apr 8, 2015

Dr. Doug Gerardi
Philadelphia, PA 19106-2515
Apr 8, 2015

Dr. Brenda Payne
Iowa City, IA 52245
Apr 8, 2015

Dr. Erin Sisk
saratoga springs, NY 12866
Apr 8, 2015

Dr. Fernando Obledo
San Antonio, TX 78230
Apr 8, 2015

I support

Dr Cal Robinson
St Joseph, MO 64501
Apr 8, 2015

Julie
Studio City, CA 91604
Apr 8, 2015

Athena Howard
Los Angeles, CA 90066
Apr 8, 2015

This legislation will facilitate access to behavioral healthcare by psychologists with advanced training in psychopharmacology. It's the right thing to do for our community.

June Ching
Honolulu, HI 96821
Apr 8, 2015

George H.
Valley Village, CA 91607
Apr 8, 2015

Dr. Heather Wittenberg
Wailuku, HI 96793
Apr 8, 2015

Tonya Miles
Overland Park, KS 66210
Apr 8, 2015

Please pass legislation allowing properly trained psychologists prescribe psychotropic medications to persons in need.

Lawrence Howard, PhD
Los Angeles, CA 90066
Apr 8, 2015

Monika Mentes
Bethalto, IL 62010
Apr 8, 2015

Peter Claydon
Santa Barbara, CA 93101
Apr 8, 2015

Tina Panteleakos
Santa Barbara, CA 93101
Apr 8, 2015

Lisa Taylor
Richboro, PA 18954

Apr 8, 2015

Joram Lanzar
honolulu, hi, HI 79912
Apr 8, 2015

The need for comprehensive mental health services (psychotherapy and psychopharmacology) is overwhelming and I urge legislators to pass this legislation. George L. Lynn, Psy.D. ABPP

d
Lyme, CT 06371
Apr 8, 2015

John Kluczynski
Riverside, IL 60546
Apr 8, 2015

Angela Davis, M.A., NCSP
Monrovia, CA 91016
Apr 8, 2015

Allows the vote

Tibor Jukelevics
Rancho Palos Verdes, CA 90275
Apr 8, 2015

Please support the petition!

Steven M Brown
Portland, OR 97202
Apr 8, 2015

I am a Past-President of the American Psychological Association.

Jack G. Wiggins, Ph.D.
Fountain Hills, AZ 85268
Apr 8, 2015

Jared Skillings, PhD, ABPP
Grandville, MI 49418
Apr 8, 2015

â€I managed the medications for many Hawaiian Activated Reserves who were deployed and re-deployed at Ft. Hood, and treated them as well in Iraq. Most of these Soldiers would have had NO psychotropic medication â€if I had not been available and licensed by two States which DID pass their RxP bills on through committee to a fair vote. Because HI has not passed this critically needed bill, OTHERS have to provide medical care such as this to your Citizen Soldiers

MAJ (R) Hopewell
Fort Worth, TX 76133
Apr 8, 2015

Gregory Coe
Pahoa, HI 96778
Apr 7, 2015

We are having the same situation in Texas - can not find a psyciatrist to meet the needs of my Hispanic patients!!

jorge carrillo
houston, TX 77040
Apr 7, 2015

Roy Wilensky
Fairfax, VA 22033
Apr 7, 2015

Lorraine
Lahaina, HI 96761
Apr 7, 2015

Catherine kosora
Hilo, HI 96720
Apr 7, 2015

Beatriz C Trabing
Lahaina, HI 96761
Apr 7, 2015

James Wilson
Trabuco Canyon, CA 92679
Apr 7, 2015

Very important to help the big island people in need

Kim Krell
Kurtistown, HI 96760
Apr 7, 2015

Jose Figueroa
Staten Island, NY 10301
Apr 7, 2015

Katherine
kailua Kona, HI 96740
Apr 7, 2015

Psychologists with prescription privileges have been serving communities with situations similar to Hawaii (low practitioner to high demand) for some time and with great outcomes. Hawaii would benefit from increased access to competent clinicians who can prescribe medications.

Matthew Zemba
Nottingham, MD 21236
Apr 7, 2015

Steven Peltz
Vienna, VA 22180
Apr 7, 2015

Who is blocking this legislation geared specifically towards helping the poor of Hawaii??

Paul McMahon, Ph.D.
Fontana, CA 92336
Apr 6, 2015

John W. Johnson, PhD
Highland, CA 92346
Apr 6, 2015

Bret Moore
San Antonio, TX 78260
Apr 6, 2015

Jessica Lazaro
Issaquah, WA 98027
Apr 6, 2015

Jobel M.
Kapolei, HI 96707
Apr 6, 2015

Lasar Hurd-McCabe
Aiea, HI 96701
Apr 6, 2015

Seema Buksh
Coquitlam, Canada

Apr 6, 2015

Kristen
Honolulu, HI 96825
Apr 6, 2015

Robin Kumabe
Honolulu, HI 96820
Apr 6, 2015

Aulii Mafi
Honolulu, HI 96825
Apr 6, 2015

Damon
El Paso, TX 79922
Apr 6, 2015

kanoelani kanoho
kapolei, HI 96707
Apr 6, 2015

Patrick Connelly
Southport, NC 28461
Apr 6, 2015

Robert S. Meier, Ph.D.
Beaumont, TX 77706
Apr 6, 2015

Ralph E. Casazza, Ph.D.
Houston, TX 77042
Apr 6, 2015

Mariah Arnold
Hanover, MD 21076
Apr 6, 2015

Rebecca Buller
Coronado, CA 92118
Apr 6, 2015

Dr. Dana Turnbull
Euless, TX 76040
Apr 6, 2015

There is no reason medical psychologists with advanced training should not be allowed to prescribe! They are well prepared to take on this responsibility!

Jane Curtis
Bainbridge Island, WA 98110
Apr 6, 2015

James K Childerston
Hagerstown, MD 21740
Apr 6, 2015

Leslie Dozzo
Albq, NM 87109
Apr 6, 2015

For the legislation allowing Psychologist to prescribe.

Leo Hruska, Ph.D.
Annapolis, MD 21401
Apr 6, 2015

Marla Sanzone
Crownsville, MD 21032
Apr 6, 2015

David Berger
Harbor Beach, MI 48441
Apr 6, 2015

Laila Spina
Honolulu, HI 96812
Apr 6, 2015

Jeen Chu
Aiea, HI 96701
Apr 6, 2015

Mary Jean Romano
Kaneohe, HI 96744-3924
Apr 6, 2015

Carol A Dickson
Honolulu, HI 96822
Apr 6, 2015

I am in support of this bill and encourage the HI legislature to pass it. Your state needs the added services to your population that trained psychologists can provide.

Blake F. White, Ph.D.
Albuquerque, NM 87111-8076
Apr 6, 2015

I ask for your professional support, pass the bill to benefit those most in need of Medical Psychologists' services.

Elizaabeth Delgado-Torres
El Paso, TX 79911
Apr 6, 2015

LEIGH KADOOKA
AIEA, HI 96701
Apr 6, 2015

Please pass the bill.

Nancy Chou
Cerritos, CA 90703
Apr 6, 2015

May Wu
DIAMOND BAR, CA 91765
Apr 6, 2015

I urge you to pass this bill to benefit the people of Hawaii.

Fred Lin
Cupertino, CA 95014
Apr 6, 2015

I strongly support this bill.

Janet Wu
Cupertino, CA 95014
Apr 6, 2015

Mariah Shaver
Aiea, HI 96701
Apr 6, 2015

Kapua Beyer
Honolulu, HI 96821
Apr 6, 2015

Donna Glatzel
Honolulu, HI 96821
Apr 6, 2015

Robert Chang, Ph.D., M.S.C.P.
Mescalero, NM 88340
Apr 6, 2015

Mario Marquez, PhD, ABMP
Albuquerque, NM 87109
Apr 6, 2015

I am VERY supportive of this petition.

Mitchel Perlman
San Diego, CA 92106
Apr 6, 2015

This is too important to be ignored, thank you.

Venus Masselam
Bethesda, MD 20817
Apr 6, 2015

Waianae Coast would really benefit - mahalo nui loa.

Samuel Dutton
Severna Park, MD 21146
Apr 6, 2015

Jeanne Knight
Albuquerque, NM 87196-0131
Apr 6, 2015

Patients need the care and the advanced training is thorough and solid.

Jennifer darakjy
El Paso, TX 79922
Apr 6, 2015

Support prescription privileges for psychologists for the people who would benefit from increased access to this type of care.

Treven
Henrico, VA 23238
Apr 6, 2015

Gloria Frigola, MFT
Edinburg, VA 22824
Apr 6, 2015

Mark Muse
Rockville, MD 20850
Apr 6, 2015

Sara Ocasio
Miami, FL 33177
Apr 5, 2015

Elizabeth Berger
Harbor Beach, MI 48441
Apr 5, 2015

Carol Fahy
Kaneohe, HI 96744
Apr 5, 2015

Please pass this bill. It should be about providing better access for those who need it rather than the political issue it is for some.

Marianne Westbrook
Hobbs, NM 88240
Apr 5, 2015

Herbert Wilkins
Grants, NM 87020
Apr 5, 2015

Camille Taylor
Lahaina, HI 96761
Apr 5, 2015

Do the right thing and promote access to care.

Jeffrey Stern
Honolulu, HI 96819
Apr 5, 2015

Robert Surber
Keaau, HI 96749
Apr 5, 2015

Sheri Short
Lahaina, HI 96761
Apr 5, 2015

Denise Durant-Wilson
Mission Viejo, CA 92690
Apr 5, 2015

Dr. Efrain A. Gonzalez
Miami, FL 33173
Apr 5, 2015

Stephanie Bunin
Yardley, PA 19067
Apr 5, 2015

Anthony LoPresti M.S.
Baltimore, MD 21230
Apr 4, 2015

Nina Barry
Apple Valley, MN 55124
Apr 4, 2015

Michael G Sawyer
Baltimore, MD 21212
Apr 4, 2015

Jeremy
honolulu, HI 96813
Apr 4, 2015

RUTH Roa-Navarrete
APO, AE 09464
Apr 4, 2015

Helen L Young
Papaaloa, HI 96780
Apr 4, 2015

Catherine Ogawa
Honolulu, HI 96822
Apr 3, 2015

ANGELIQUE SNYDER
Baltimore, MD 21218
Apr 3, 2015

Kate Cunningham
Baltimore, MD 21209
Apr 3, 2015

John Sawyer
Baltimore, MD 21212
Apr 3, 2015

I strongly encourage you to pass this legislation. I have been a prescribing psychologist for 7 years working the federal government.

David Shearer
Gig Harbor, WA 98335
Apr 3, 2015

Karen Lesniak
Fife, WA 98424
Apr 3, 2015

Morgan Kamerdze
Baltimore, MD 21210
Apr 3, 2015

Jessica Batinjane
Baltimore, MD 21209
Apr 3, 2015

Corey Molzon
Sea bright, NJ 07760
Apr 3, 2015

Cheryl Hall
lubbick, TX 79410
Apr 3, 2015

I strongly support Hawaii psychologists appropriately trained in psychopharmacology be given the authority to prescribe medications for the residents of Hawaii. Alumni and former football player at the University of Hawaii

James H Bray, PhD
Houston, TX 77021
Apr 3, 2015

Lauren Palazzolo
Baltimore, MD 21210
Apr 3, 2015

There is such a shortage of qualified psychiatrists. Licensed Psychologists with advanced psychopharmacology training are well positioned to fill this gap and meet the treatment needs of our neediest, most vulnerable, and often most distressed citizens There is ample evidence of the success and safety of appropriately trained psychologists providing these much needed services. Jeffrey E. Barnett, Psy.D., ABPP

Jeffrey Barnett
Baltimore, MD 21210
Apr 3, 2015

Jessica Rothstein
Nottingham, MD 21236
Apr 3, 2015

There are significant gap in services for low income and rural hard to fill communities with little to no access to adequate psychiatric care due to lack of provider shortage. Allowing trained and highly qualified medical psychologist to prescribe would fill this gap for both psychotherapy and psychotropic medications standpoint, ultimately best serving one of the most vulnerable population significantly in need of this medical services!!!

Amy Park
Olympia, WA 98506
Apr 2, 2015

Sarah Santos
Hilo, HI 96720
Apr 2, 2015

Leah Goodman
Kailua-Kona, HI 96740
Apr 2, 2015

Allow medical psychologists with advanced training to prescribe psychotropic medication in Hawaii. Communities are suffering because of the lack of access to timely psychiatric care.

Jennifer Green
Boone, NC 28607
Apr 2, 2015

Robert Measel Jr
Keaau, HI 96749
Apr 2, 2015

I am a prescribing psychologist, proud to be serving the underserved in Indian Country.

Marie Greenspan
Crow Agency, MT 59022
Apr 2, 2015

Sonja Lund Pedicini

Saratoga, CA 95070
Apr 2, 2015

I am a NM Prescribing Psychologist. After 6 years prescribing I know it can work.

Christina Vento
Albuquerque, NM 87114
Apr 2, 2015

Michael Yee
Kailua Kona, HI 96740
Apr 2, 2015

Myriam Etchegoin
Corona Del Mar, HI 92625
Apr 1, 2015

On behalf of a family member, and resident of Hawaii, who has not been well-served by the state's psychology safety net.

Paul Klarin
SALEM, OR 97302
Apr 1, 2015

Elizabeth Brumm
Bodega, CA 94922
Apr 1, 2015

Michelle Matusek
Kailua Kona, HI 96745
Apr 1, 2015

Dawn Hall
Puunene, HI 96784
Apr 1, 2015

Jenny Bell
San Diego, CA 92107
Apr 1, 2015

Bailey
Kamuela, HI 96743
Apr 1, 2015

Kevin Cronin
Los Angeles, CA 90038
Apr 1, 2015

Paul Kozak
Kamuela, HI 96743
Apr 1, 2015

i lost my Aunt because of the lack of Psychological help available.

Ana Ramos
Hayward, CA 94644
Apr 1, 2015

Marisa Kagan
Kilauea, HI 96754
Apr 1, 2015

This is very important for the welfare of our citizens

Valentin Atienza
Palm Beach, FL 33480
Apr 1, 2015

Maria B Estrada
Las Vegas, NV 89123
Apr 1, 2015

Pamela Hurley
Kailua Kona, HI 96745
Apr 1, 2015

I fully support the RxP movement to help the healthcare crisis for undeserved populations.

Christina Mentos
Santa Barbara, CA 93101
Apr 1, 2015

Katie Kolman
Henderson, NV 89014
Apr 1, 2015

Cathy Mascarenas
Orange, CA 92867
Apr 1, 2015

I lost my wife and my 5 year old and 3 year old lost their mother to suicide. She was on a waiting list for a year. The doctors office never called. We need more doctors in every state. Please help us by making laws that give us more doctors to keep our family whole.

Reynaldo Ramos
las cruces, NM 88011
Apr 1, 2015

Eve Ducati
San Marcos, CA 92078
Apr 1, 2015

mittchell cooke
sleepy hollow, NY 10591
Apr 1, 2015

I fully support this petition.

Stephen R Yerian
Washington Court House, OH 43160
Apr 1, 2015

Teddie LaPierre
Long Beach, NY 11561
Apr 1, 2015

Les Shirwindt
las vegas, NV 89123
Apr 1, 2015

Robert Stroozas
Fort Lauderdale, FL 33305
Apr 1, 2015

Edward Good
Centereach, NY 11720
Apr 1, 2015

kenya
waikoloa, HI 96738
Apr 1, 2015

dr barbara kapetanakes
sleepy hollow, NY 10591
Apr 1, 2015

Please for the sake of mankind. Pass this please. We need peace of mind. Thank you.

Michele
Sarasota, FL 34243
Apr 1, 2015

Anthony Trent
Brentwood, CA 94513
Apr 1, 2015

My nephew lives on the big Island and suffers from mental illness. We need legislation to hlp in their treatment.

Barbara Plasschaert
Santa Clarita, CA 91390
Apr 1, 2015

Kathleen Pfendler
Haiku, HI 96708
Mar 31, 2015

David C. Wiesner, Ph.D.
Raleigh, NC 27604
Mar 31, 2015

I am also a medical/prescribing psychologist in Albuquerque, NM, and have seen the major positive impact on mental health services from having RxP legislation in that state.

Dr. Susana A. Galle
Washington, DC 20015
Mar 31, 2015

Dr Harv simon
weston, CT 06883
Mar 31, 2015

Lindsay
Fallbrook, CA 92028
Mar 31, 2015

Kim Bishop
waikoloa, HI 96738
Mar 31, 2015

Earl B Sutherland Jr Ph.D.
Hardin, MT 59034
Mar 31, 2015

i have been living with Mental Illness for ten years. This Bill will help me and countless others get the help we need!

Robinson Klarin
waikoloa, HI 96738
Mar 31, 2015

this is an issue that is long overdue! Pass this Bill today!

Robert Klarin
Waikoloa, HI 96738
Mar 31, 2015

I have been a medical psychologist for three years in NM practicing safely and effectively. Currently, I am the only behavioral health prescriber in a town of 11,000 and county of 25,000 which is considered frontier. I am working full-time and have a long waiting list due to lack of behavioral health providers in general in our area. I know many other medical psychologists in NM who are doing the same thing I am in filling a huge gap in quality services in severely underserved areas. Please bring these badly needed services to your constituents and bring this to a vote.

Renee H Wilkins, Psy.D., MP
Grants, NM 87020
Mar 31, 2015

Patricia Butts
Las Vegas, NV 88123
Mar 31, 2015

Stephanie Stowman
Las Vegas, NV 89141
Mar 31, 2015

Stephanie Hall Morin
Hilo, HI 96720
Mar 31, 2015

From our very positive experience in Illinois, I know that Hawai'i will also significantly benefit from the excellent mental health provision of services from prescribing psychologists. Mahalo.

Beth Rom-Rymer, Ph.D.
Chicago, IL 60611
Mar 31, 2015

dian jonus
Laguna Beach, CA 92651
Mar 31, 2015

Ginette Perrin

Temecula, CA 92590-2724
Mar 31, 2015

As a Psychologist who is pursuing this advanced training, passing this legislation would not only aid in care for those who are undeserved, it can aid as a recruitment tool for those who want to use their advanced training.

Peter Smith
Towson, MD 21204
Mar 31, 2015

Liz Campbell, Ph.D.
Orlando, FL 32825
Mar 31, 2015

Julie Schmidt
lahaina, HI 96761
Mar 31, 2015

Charlene Van Cott
Oak Harbor, WA 98277
Mar 31, 2015

Hawaii's population is vastly underserved in mental health coverage, especially re. access to prescribers of needed psychoactive meds. Trained psychologists can do this safely and competently.

Wendy Stock
Berkeley, CA 94708
Mar 31, 2015

Stephanie Espiritu
lahaina, HI 96761
Mar 31, 2015

Please pass legislation.

Dawn Lewis
Lahaina, HI 96761
Mar 31, 2015

Raymond Folen
Honolulu, HI 96822
Mar 31, 2015

Sheina Ruvalcaba
las Vegas, NV 89122
Mar 31, 2015

Dr Robert Rottschaffer
Monument, CO 80132

Mar 31, 2015

J Mareet
Lone Tree, CO 80124
Mar 31, 2015

dana kiesel
Beverly Hills, CA 90210
Mar 31, 2015

Dear Hawaii Senators, I applaud your House of Representatives members for realizing how much value and service Medical Psychologists will add to the mental health of the citizens of your state! These doctoral-level clinicians with advanced training in psychopharmacology are a particularly well-trained, ethical group, with a proven track record in the DOD for over 25 years. The diagnostic expertise provided by unique knowledge of psychometric testing coupled with knowledge of alternatives to medication will likely result in judicious and responsible use of prescribing privileges. I urge you to pass this important legislation!

Dr. M. H. Wright
Cranfills Gap, TX 76637
Mar 31, 2015

Brittney simonelli
henderson, NV 89014
Mar 31, 2015

Nicole Meadows Kashner
Waikoloa, HI 96738
Mar 31, 2015

Cathy Frey
Pahoa, HI 96778
Mar 31, 2015

Duke
eaw beach, HI 96797
Mar 31, 2015

Brittany Klarin
Waikoloa, HI 96738
Mar 31, 2015

David Walling
garden grove, CA 92845
Mar 31, 2015

Dr Christina shook
Enola, PA 17025
Mar 31, 2015

Shaynna Herrera
Totowa, NJ 07512
Mar 31, 2015

Christine Jones
Los Angeles, CA 90010
Mar 30, 2015

Kimberly Bulava
Naples, FL 34120
Mar 30, 2015

Christine Bierdrager-Salley
San Bernardino, CA 92405
Mar 30, 2015

Dr. Larry Brooks
Hollywood, FL 33021
Mar 30, 2015

This really is a "no brainer".

Jaylene Kent
Tamuning, GU 96931
Mar 30, 2015

Enzo Young Sa
Weston, MA 02493
Mar 30, 2015

Amy F Guevara
Las Vegas, NV 89135
Mar 30, 2015

Dr. Efrain A. Gonzalez
Miami, FL 33173
Mar 30, 2015

Gary Wautier
Marquette, MI 49855
Mar 30, 2015

Andrew Scherbarth
Jacksonville, FL 32216
Mar 30, 2015

People with mental illness need be taken care of,they are just sick. Not crazy, and they need also lots of love!

Myrna Castaneda
Henderson, NV 89012
Mar 30, 2015

Andrew Hicks
Saint Petersburg, FL 33704
Mar 30, 2015

Mary Shea
Orlando, FL 32832
Mar 30, 2015

Psychologists with prescription privileges will help solve the problem of a paucity of psychiatrists nationwide for better more timely service to the community. please pass this bill.

Raul Martinez
San Antonio, TX 78207
Mar 30, 2015

jayne braden
Sycamore, IL 60178
Mar 30, 2015

Mark Kamena, PhD, ABPP
NOVATO, CA 94947
Mar 30, 2015

Steve bloomfield
Jacksonville, FL 32217
Mar 30, 2015

Diane J. Willis, PhD
Norman, OK 73072
Mar 30, 2015

John Skidmore
Pahoa, HI 96778
Mar 30, 2015

Even here in Bethesda, Maryland "inside the Beltway", the need for prescribing psychologists is significant - children may need to wait 3 to 4 weeks for a new patient appointment with a child psychiatrist. I also have a part time practice in a Rural Health Clinic in West Virginia. The nearest child psychiatrist is 90 minutes by car and one of my new patients has been on a waiting list for more than 3 months. This child is coming to me now as the parents secured an agreement with their family physician to prescribe what I recommend if I am following the case. I have a post-doctoral masters degree in clinical psychopharmacology and completed my 1000 hour preceptorship in that particular Rural Health Clinic , so the physicians there know and trust my pharmacotherapy skill-set. I strongly encourage bringing HB 1072 forward for a vote. Thank you.

Neal Morris, EdD, MS, CBSM, ABPP-CL
Bethesda, MD 20814
Mar 30, 2015

Debbie HOLDER
LAWRENCEBURG, IN 47025
Mar 30, 2015

Alexander Kraft
el paso, TX 79913
Mar 30, 2015

Psychologists with advanced training have a long, significant and safe history of prescribing psych medication in other states. Hawaii offers advanced training and with appropriately trained prescribing psychologists the people of Hawaii will have increased access to necessary care.

Jo Velasquez
Las Cruces, NM 88003
Mar 30, 2015

Mary noonan
Minnetonka, MN 55305
Mar 30, 2015

Yaron G Rabinowitz, PhD, ABPP
Hampstead, NC 28443
Mar 30, 2015

In the Midwest we are also experiencing severe shortages in psychiatric care, especially those with psychotropic medication and monitoring. Prescribing psychologists are a safe and progressive alternative to this nationwide crisis.

Harlan Gilbertson MS PsyD MSCP LP
Mora, MN 55051
Mar 30, 2015

william samek
Miami, FL 33143
Mar 30, 2015

Allowing psychologists to prescribe a limited formulary of medications for mental disorders is a win for all the underserved citizens of Hawaii.

David S. Greenfield, Ph.D.
Seminole, FL 33776
Mar 30, 2015

Jeff Matranga
Waterville, ME 04901
Mar 30, 2015

Anthony Podraza, MS, PhD
Winterport, ME 04496
Mar 30, 2015

Mikhail Bogomaz
Jacksonville, FL 32256
Mar 30, 2015

It's the right thing to do.

Brian Bigelow
Wannapitae, Canada
Mar 30, 2015

Nadine Case
Saranac Lake, NY 12983
Mar 30, 2015

Michael Brunner
Austin, MN 55912
Mar 30, 2015

Please Pass the medical psychology bill. Many Hawaiians are not getting the medical care they need due to a lack of timely psychiatric care.

Kimberly Kinsler
Tampa, FL 33613
Mar 30, 2015

Tony Kreuch
Albuquerque, NM 87199
Mar 30, 2015

Anthony Rinaldi
Iowa City, IA 52240
Mar 30, 2015

Dr. Daniel Ullman
Lincoln, NE 68506
Mar 30, 2015

Robin Henderson
Bend, OR 97701
Mar 30, 2015

March 30, 2015 To Gov. Ige and 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

Robert K. Ax
Midlothian, VA 23112
Mar 30, 2015

Derek Phillips
Lakeland, FL 33803
Mar 30, 2015

I strongly support the passing of legislation allowing properly trained psychologists to bridge the access gap by prescribing psychotropic medications.

Mary Sa
Isanti, MN 55040
Mar 30, 2015

Over 20 years of psychologists prescribing demonstrates how improving this access can be safe and effective.

Robert Younger
Alexandria, VA 22304
Mar 30, 2015

This is needed and long overdue

Dr. Dennis P. Girard
Waban, MA 02468
Mar 30, 2015

Please support the prescriptive authority bill for psychologists. I have been teaching Psychopharm for 10 years now. Psychologists are by far some of my best students -- understanding the need to protect their patients.

Perry Buffington
Orlando, FL 32811
Mar 30, 2015

As a colleague of many psychologists and other mental health providers in HI, I understand the difficulty that Hawaiians often encounter getting access to quality mental health care. This bill will definitely expand access, I strongly support it.

Morgan Sammons
Ashland, OR 97520
Mar 30, 2015

Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. This is part of a constructive, national effort to provide timely psychiatric care. Thank you for considering this petition.

Linda R. Jeffrey
Pilesgrove, NJ 08098
Mar 30, 2015

As a clinical psychologist in Guam where there are limited providers competent in the prescription of psychotropic medications, I know the importance of this bill. Consumers deserve to have services in a timely manner and psychologists who obtain the advanced training can deliver these services in a safe and effective way. Please pass this legislation. It is for the good of the consumers and their families.

Lyndsey Miller
Tamuning, GU 96931
Mar 30, 2015

The training for psychologists to prescribe psychotropic medications is rigorous. It is years beyond getting both their doctoral degree and license. Please pass this important legislation.

Thomas DeAntonio, Ph.D, MS
Canoga Park, CA 91436
Mar 30, 2015

Taxpayers support the UH-Hilo School of Pharmacy program that provides the advanced training needed by PhD and PsyD psychologists for RxP, yet our residents suffer from insufficient numbers of psychiatrists who can provide proper healthcare. Sen. Green is doing us all a grave disservice by blocking this bill.

Terri Erwin
Wailuku, HI 96793
Mar 30, 2015

Robert Edward Hsia
Honolulu, HI 96816

Mar 30, 2015

Joseph Etherage, PsyD, ABPP
Supreme Headquarters Allied Powers Europe, Belgium
Mar 30, 2015

Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

Walter W. Windisch
Towson, MD 21204
Mar 30, 2015

Yosef Geshuri, PhD, JD, MP
Porterville, CO 92537
Mar 30, 2015

Geraldine Barton
San Antonio, TX 78240
Mar 30, 2015

Passing this bill is vital to the mental and overall physical health of countless individuals. Please pass this legislation quickly and without further delay. It should be passed in all the States of this great Country!
Shelley Slapion-Foote, Ph.D. - Licensed Psychologist in Florida

Michelle Slapion-Foote
Miami, FL 33176
Mar 30, 2015

Our work in NM is helping to meet needs in rural and urban undeserved areas among those with many risk factors and needs. I have been prescribing since 2005. I recently retired from a rural hospital in one of the poorest counties in NM. Thomas C Thompson, PhD, MP, ABN, ABMP Medical Psychology and Neuropsychology-Prescribing Diplomate American Board of Professional Neuropsychology Diplomate American Board of Medical Psychology

Thomas C Thompson Ph.D.
Las Cruces, NM 88005
Mar 30, 2015

Joseph E. Comaty, Ph.D., M.P.
Baton Rouge, LA 70808
Mar 30, 2015

J H
Palmetto, FL 34221
Mar 30, 2015

Patients benefit greatly, who are able to receive integrated care by having the same Provider perform both the counseling and medication management. Too often, patients with mental health needs have fragmented care in which the counselor is not actively collaborating with the medication management provider. Prescribing psychologists have the expertise to provide both.

Lia Billington
Littleton, CO 80127
Mar 30, 2015

For the benefit of millions of patients please pass this important legislation. Mental Health Care is a shambles and this is one step towards fixing it.

Pam Van Allen
Stockton, CA 95219
Mar 30, 2015

Theresa A. Faulkner
Buffalo, WY 82834
Mar 30, 2015

Our Legislature has been considering this since 1985, with studies by a number of groups over time, including that established by the House and by your own Legislative Reference Bureau. Meanwhile, our citizens in rural and urban areas of the State remain underserved due to insufficient qualified providers to prescribe medications as a part of comprehensive mental and behavioral health services. Appropriately trained Medical Psychologists can and will address the need for timely and competent care. Please move this bill forward. Mahalo.

Kathleen M. McNamara, Ph.D.,ABPP
Kahului, HI 96733
Mar 30, 2015

Let's do the right thing for the American people.

George Zaki
Port St. Lucie, FL 34984
Mar 30, 2015

Please support the reconsideration of the RxP Bill in Hawaii. Thank you, T U Ketterson, PhD Licensed Psychologist -Florida

Timothy Ketterson, Ph.D.
Gainesville, FL 32608
Mar 30, 2015

I support psychologist obtaining prescription authority in Hawaii because there is a need for this expertise and service to be provided to the community to be provided in a kind, patient and compassionate way.

Dr. Tibor Jukelevics
Torrance, CA 90505
Mar 30, 2015

Please help the citizens of Hawaii obtain appropriate psychological care.

John Gavazzi
Mechanicsburg, PA 17050
Mar 30, 2015

Prescribing psychologists have been an enormous aid to the underserved of Bee Mexico

Elaine KeVine, Ph.d.
Las Cruces, NM 88001
Mar 30, 2015

Mary Evers
Durham, NC 27713
Mar 30, 2015

As a psychologist trained in prescribing, and former resident of the Big Island, I strongly encourage allowing this bill to move forward. If I were able to practice my full trade as I do in the DoD, I would return to the land of Aloha. Mahalo for your kind consideration.

Michael Connor
Orange Park, FL 32067
Mar 30, 2015

Please allow the prescription bill for psychologists to move forward. It will help hundreds who need this service in Hawaii.

Susan Frank
Louisville, KY 40207
Mar 30, 2015

I've visited Hawaii several times and would like to have a prescribing psychologist available next time I visit.

S A Ragusea
Key West, FL 33040
Mar 30, 2015

Rick Barnett
Stowe, VT 05672
Mar 30, 2015

Monroe Weil, Ph.D.
Great Neck, NY 11021
Mar 30, 2015

David B Kazar
Helotes, TX 78023-2973
Mar 30, 2015

Please pass this bill for the sake of the underserved citizens of Hawaii who deserve better mental health care.

Andris Skuja
Oakland, CA 94611
Mar 30, 2015

please pass the Psychologist Prescription Privledge Bill allowing our citizens to have access to much needed mental health care.

Nancy Vrechek
Honolulu, HI 96813
Mar 30, 2015

I also am the Executive Director for the state wide California Association of Psychology Providers and our organization supports this effort. Thank you.

DR. STEPHEN BERGER
LAGUNA HILLS, CA 92653
Mar 29, 2015

Please respectfully move the psychologist rxp bill.

Mike kim
Gold River, CA 95670
Mar 29, 2015

Psychologists with advanced training in clinical psychopharmacology will aid in filling the gap of service providers who can treat mental health disorders.

Dr. Michael Lucido
Eastport, MI 49627
Mar 29, 2015

Please allow democracy to work and bring the bill to allow psychologists with advanced training in pharmacology to practice in Hawaii. It is a sorry day when you allow vested interests prevent highly trained medical psychologists from working in your state... If they can care for the brave members of our armed forces they can care for the rest of us... NP, pa and Md's with less training than medical psychologists can why not someone with even more training ?

Edward Korber
Lynbrook, NY 11563
Mar 29, 2015

K Lamb
Lutz, FL 33558
Mar 29, 2015

"Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

Michael P. hand, Ph.d.
El Paso, TX 79912
Mar 29, 2015

Please allow the Senate to review and vote on this important bill

Robert C Rinaldi
Wheaton, IL 60189
Mar 29, 2015

Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii. Our communities are suffering because of the lack of access to timely psychiatric care.

Gary Howell, Psy.D.
Tampa, FL 33603
Mar 29, 2015

Please support HB1072.

Kevin McGuinness
Rockville, MD 20850
Mar 29, 2015

Robert McGrath
Warwick, NY 10990
Mar 29, 2015

Keith Westerfield
New York, NY 10024

Mar 29, 2015

I have safely prescribed to children and adolescents for over 7 and 1/2 years as a medical psychologist!

David Jackson
Covington, LA 70435
Mar 29, 2015

Many patients in Hawaii need psychiatric care, however, they are not getting the treatment that they need. Psychologists can fill in the gaps pertaining to medication treatment and provide the most comprehensive interventions. I urge you to pass the law this year.

Dr. Tony Wu
Diamond Bar, CA 91765
Mar 29, 2015

Deepan Chatterjee
Columbia, MD 21044
Mar 29, 2015

It is in the best interest and welfare for highly trained doctors to prescribe psychotropic medications and have the ability to take some people off these medications. David C Wade, Psy D.

David C Wade
Hood River, OR 97031
Mar 29, 2015

I was born in Hawaii and serve the nation's military personnel and veterans through APA's mental health policy work. RxP for psychologists will break down yet another barrier to high-quality, effective healthcare. Please move and pass this bill.

Dr. Heather O'Beirne Kelly
Alexandria, VA 22304
Mar 29, 2015

Anthony Ragusea
Key West, FL 33040
Mar 29, 2015

Psychiatry, despite its claims, has not been able to handle the burden for years, Hawaii citizens in need of psychopharmacological services are not receiving the care they deserve, and we, as Psychologists, have been bringing this to the attention of the legislature since the mid-1980's. It is time to structure public policy to provide this much needed resource with the confidence that Psychologists have been successfully and safely prescribing in other venues, both Federal and State for 20 years. Thank you, Thomas Evans, Ph.D., ABPP
M.S. Clinicalpsychopharmacology Kahului, HI 96733 808-551-0490

Thomas Evans
Kahului, HI 96733
Mar 29, 2015

Improve mental health delivery services; support prescriptive authority for appropriately trained psychologists. Dr. Robert J. Resnick, Former President APA.

Dr. Robert J. Resnick
Glen Allen, VA 23060
Mar 29, 2015

Medical Psychologists are "Mission-Multipliers" who enhance the widest and most evidence-based delivery of psychological and pharmacological services in collaboration with our medical colleagues. Underserved populations have the right to expect this kind of integrated care for their highest well being and balance!

Dr. Michael R. Tilus
Crow Agency, MT 59022
Mar 29, 2015

Mark C. Yates
Pasadena, CA 91101
Mar 29, 2015

Justin
honolulu, HI 96819
Mar 28, 2015

Nieda Saoit
Honolulu, HI 96819
Mar 28, 2015

Katrina Moss
Mililani, HI 96789
Mar 28, 2015

Michael Christopher
Honolulu, HI 96816
Mar 28, 2015

Lyndee Taketa
Santa rosa, CA 95409

Mar 27, 2015

Shoko Burkett
Honolulu, HI 96816
Mar 27, 2015

Bridgit Williams
Ewa Beach, HI 96706
Mar 27, 2015

Rachel Linhares
san francisco, CA 94121
Mar 27, 2015

Christy chang
Wailuku, HI 96793
Mar 27, 2015

Francis Choi
Wailuku, HI 96793
Mar 27, 2015

hayley
Lutherville, MD 21093
Mar 27, 2015

Justin Maeda
Honolulu, HI 96813
Mar 27, 2015

Connie Paguirigan
Honolulu, HI 96819
Mar 27, 2015

Gary Robello
Honolulu, HI 96818
Mar 27, 2015

Marie Robello
Honolulu, HI 96818
Mar 27, 2015

Francis Aurellano
Honolulu, HI 96821
Mar 27, 2015

Nicole Robello
honolulu, HI 96818
Mar 27, 2015

Lana Choi
Wailuku, HI 96793
Mar 26, 2015

Lynell Paguirigan
Honolulu, HI 96819
Mar 26, 2015

Glenda Saoit
Pearl City, HI 96872
Mar 26, 2015

Jolinda Yamamoto
honolulu, HI 96825
Mar 26, 2015

People suffering from Mental Health disorders need access to necessary medication interventions to decrease further suffering. Please do not deny them this access.

Julie Greenberg
Corte Madera, CA 94925
Mar 26, 2015

Stefanie Escontrias
San Antonio, TX 78222
Mar 26, 2015

Haunani Iao
Kula, HI 96790
Mar 26, 2015

I cannot believe this has not already happened here in Hawaii. When psychiatrists are so scarce, who better to prescribe psychotropic medications than a training medical psychologist?

Nicolette Rittenhouse-Young
kailua, HI 07076
Mar 26, 2015

Michael Shintaku
Hilo, HI 96720
Mar 25, 2015

Chuck Lasker
Kalaheo, HI 96741
Mar 25, 2015

I support this bill!

Molly Berman
Honolulu, HI 96815
Mar 25, 2015

Jon S. Muramoto
Pearl City, HI 96782
Mar 25, 2015

Karli Lum
Honolulu, HI 96818
Mar 24, 2015

Charlene Nakagawa
Honolulu, HI 96817
Mar 24, 2015

Crystal Ann Rambayon
Honolulu, HI 96822
Mar 24, 2015

Robyn McNichols
Honolulu, HI 96819
Mar 24, 2015

Jennifer Hamada
Honolulu, HI 96815
Mar 24, 2015

Brandon McNichols
Hawaii, HI 96819
Mar 24, 2015

Judy Luu
Mansfield, TX 76063
Mar 24, 2015

Cindy Mancione
Eastchester, NY 10709
Mar 24, 2015

lori narimasu-hirayasu
honolulu, HI 96821
Mar 24, 2015

gerardo peredia
stockton, CA 95215

Mar 24, 2015

Sandra R Wexler
Kailua Kona, HI 96745
Mar 24, 2015

Valerie Koenig
Honolulu, HI 96816
Mar 24, 2015

Rodel
Honolulu, HI 96819
Mar 23, 2015

I want to make a difference!!!

Gabriel Valenzuela
Los Angeles, CA 90047
Mar 23, 2015

Roy Ogawa
Honolulu, HI 96821
Mar 23, 2015

Warren Young
Honolulu, HI 96819
Mar 23, 2015

Barbara Valenzuela
Los Angeles, CA 90047
Mar 23, 2015

Susan Young
Aiea, HI 96701
Mar 23, 2015

Glenn Ogawa
Kaneohe, HI 96744
Mar 23, 2015

MARISA FRITKIN
LONG BEACH, CA 90808
Mar 23, 2015

Nathan
HNL, HI 96815
Mar 23, 2015

Erin Yoshioka
honolulu, HI 96813
Mar 23, 2015

nancy campbell-kowardy
papaaloa, HI 96780
Mar 23, 2015

Ernalene Padunan
Honolulu, HI 96818
Mar 23, 2015

John Ray Saoit
Honolulu, HI 96819
Mar 23, 2015

Please support this bill!!! It's about increasing access to health care in Hawaii, especially in rural areas.

Richard Saoit
Honolulu, HI 96819
Mar 23, 2015

Keliann Nagamine
Honolulu, HI 96825
Mar 23, 2015

Cheryl Andaya
honolulu, HI 96813
Mar 23, 2015

JANET THOMAS
HONOLULU, HI 96818
Mar 23, 2015

I Have personally experienced the expertise and benefits of utilizing medical psychologists.

Lisa
KAPOLEI, HI 96707
Mar 23, 2015

Erin Ogawa
honolulu, HI 96821
Mar 23, 2015

Steven Curtis
Bainbridge Island, WA 98110
Mar 22, 2015

Adrienne Kadooka
Aiea, HI 96701
Mar 22, 2015

Melissa Belanger
Kailua, HI 96734
Mar 21, 2015

It's time to make rational decisions based on science and allow qualified clinicians to prescribe, increasing access to quality care.

Martin Johnson
Honolulu, HI 96813
Mar 21, 2015

Jan Arakawa
Kula, HI 96790
Mar 21, 2015

It's time to increase access to care!

Jeffrey D Stern
Honolulu, HI 96819
Mar 20, 2015

Good work Don...keep pushing!

ananda harris
makawao, HI 96768
Mar 20, 2015

We need our Psychologists to prescribe psychotropic medications. We are short handed and need the extra expertise.

Ricky Ryken
Hakalau, HI 96710
Mar 20, 2015

Just recently moved from Hawai'i after 23 years. There is a dire shortage of mental health providers and especially prescribers. Appropriately trained psychologists as prescribers will help meet the demand for integrated care.

Kathleen Brown
Fort Myers, FL 33916
Mar 20, 2015

Please expand access to mental health services. As psychologists are trained to prescribe safely, community safety increases through access to mental health.

David Narang
Encino, CA 91316
Mar 19, 2015

Tamara Lester
Makawao, HI 96768
Mar 17, 2015

Petia Maximova
sofia, Bulgaria
Mar 14, 2015

angie young
Haiku, HI 96708
Mar 14, 2015

Nancy Jaqua Dein
Kihei, HI 96753
Mar 13, 2015

Cathy Paxton-Haines
Pukalani, HI 96768
Mar 13, 2015

julie baker
kula, HI 96790
Mar 13, 2015

Gill McBarnet
Kula, HI 96790
Mar 13, 2015

Nancy Bly
Downers Grove, IL 60515
Mar 13, 2015

Candis Cornell
mililani, HI 96789
Mar 13, 2015

Tolly Amaxopoulos
Honolulu, HI 96822
Mar 13, 2015

Sarah Alethea
waimanalo, HI 96795
Mar 13, 2015

Rhea Nekota
Mililani, HI 96789
Mar 13, 2015

Danielle Gleason
Honolulu, HI 33141
Mar 13, 2015

approve this bill. It's long over due. It's about providing appropriate mental health services for anyone that has the need in Hawaii. Stop allowing this to be a turf war issues. Medical psychologists will be required to have additional, extensive traing, supervision, experience, AND pass a national licensure exam. This is in addition to 8-10 years of college, internships, and passing a national exam as a clinical psychologist. Please make the right decision, for OUR community.

Dr Daniel Lane, PhD, MSC
kula, HI 96790
Mar 13, 2015

Leslie Chen
lahaina, HI 96761
Mar 12, 2015

Ray Terry
Memphis, TN 38104
Mar 12, 2015

Dawn Olsen
kalaheo, HI 96741
Mar 11, 2015

Kathleen Terry-Sharp
memphis, TN 38104
Mar 11, 2015

Teal Jorgenson
Owings Mills, MD 21117
Mar 11, 2015

Patrick Turns
Franklin, TN 37067
Mar 11, 2015

Louise B Terry
Memphis, TN 38104

Mar 11, 2015

We need this on Kauai!

Judith White
Kapaa, HI 96746
Mar 11, 2015

Stacey Machorek
Kalaheo, HI 96741
Mar 11, 2015

Our rural communities need access to care. Please pass the RxP bill for psychologists to prescribe.

Marie terry-Bivens
Anahola, HI 96703
Mar 11, 2015

Maxine
Kaneohe, HI 96744
Mar 9, 2015

janet Montgomery
kailua, HI 96734
Mar 6, 2015

Susan M. Schultz
Kaneohe, HI 96744
Mar 6, 2015

Margaret Romano
The villages, FL 32162
Mar 6, 2015

cynthia M Sittnick
New York, NY 10011
Mar 6, 2015

Please pass this law; it is important for the well being of people with mental illness and will also protect public safety and reduce other social and economic costs associated with untreated mental illness

Kathleen Sands
Honolulu, HI 96825
Mar 6, 2015

Catherine Cooke
Honolulu, HI 96816
Mar 6, 2015

Please help us improve health care and lower disparity rates . Aloha

Chris Conybeare
Honolulu, HI 96813
Mar 5, 2015

Ryan Suda
kihei, HI 96753
Mar 4, 2015

Dave McLeod
Wailuku, HI 96793
Mar 4, 2015

bradney hickle
kihei, HI 96753
Mar 3, 2015

Chris Foster
Kihei, HI 96753
Mar 3, 2015

Linda Smith
Pahoa, HI 96778
Mar 3, 2015

Kristin Rajala
Honolulu, HI 96826
Feb 28, 2015

lisa dillon
kaunakakai, HI 96748
Feb 26, 2015

Please help our communities!

Anne Steinke
Kualapuu, HI 96757
Feb 25, 2015

lisa norris
kualapuu, HI 96757
Feb 25, 2015

Jennifer L Napoli
Kaunakakai, HI 96748
Feb 25, 2015

Sabrina Bianchi
Lahaina, HI 96761
Feb 22, 2015

Caroline Fay
Lahaina, HI 96761
Feb 22, 2015

Lance Murphy
kihei, HI 96753
Feb 12, 2015

Darryl Salvador
Ewa Beach, HI 96706
Feb 12, 2015

I operate an intensive outpatient program on Maui and struggle to find someone to help my patients pharmacologically.

Debra Bayer
Kihei, HI 96753
Feb 10, 2015

Elsa NEilan
Port washington, NY 11050
Feb 10, 2015

Traci Martino
Baltimore, MD 21286
Feb 10, 2015

Barbara Hernandez
Opalocka, FL 33054
Feb 8, 2015

Melanie Manon
Margate, FL 33063
Feb 8, 2015

Kristine M.
Kahului, HI 96732
Feb 8, 2015

Lea Godfrey
Wailuku, HI 96793
Feb 8, 2015

Robin
Makawao, HI 97668
Feb 7, 2015

Michael Muench
Hawaii National Park, HI 96718
Feb 5, 2015

leslie gullo
buffalo, NY 14220
Feb 4, 2015

Bernadine Fernandez
Las Vegas, NV 89169
Feb 4, 2015

As a Internist I fully support Medical Psychologists in Hawaii. We need them with us in covering the expanding mental health need.

Alexander Sy MD
New York, NY 10025
Feb 3, 2015

I am an LCSW and my clients have poor access to psychiatrists. While this is a very needed service, I am not sure that psychologists prescribing psych meds will make a permanent change in this issue. Many psychologists on Maui do not take Quest patients. How do we address the needs of these people who desperately need access to psych meds and the time intensive adjusting of meds to find the maximum therapeutic dosage?

Noreen Erony
Pukalani, HI 96768
Feb 3, 2015

The people of Hawaii need access to these experts - both in therapy and medication - a comprehensive treatment that only a prescribing Psychologist can provide.

Dr Keith Westerfield
New York, NY 10024
Feb 3, 2015

Tina A Boteilho
Makawao, HI 96768
Feb 3, 2015

Michelle James
Honolulu, HI 96817
Feb 3, 2015

Rochelle
Kahului, HI 96732
Feb 3, 2015

rochelle dunning
kihei, HI 96753
Feb 3, 2015

Barbara Hanger
Kula, HI 96790
Feb 3, 2015

Kathryn Snyder
Lahaina, HI 96761
Feb 2, 2015

noncy manning
makawao, HI 96768
Feb 2, 2015

I have done research on this topic and highly support these psychologists!

mirette misak
staten island, NY 10312
Feb 2, 2015

Adrianna Flavin
Pukalani, HI 96768
Feb 2, 2015

Lorraine Fay
Lahaina, HI 96762
Jan 30, 2015

Cheyenne Fox
Cincinnati, OH 45241
Jan 20, 2015

Eric Watan
Captain Cook, HI 96704
Jan 17, 2015

This is a very important bill covering a very critical issue. As a provider of mental/behavioral health services in a rural area, I strongly support this legislation that would bring much-needed services to areas that experience serious disparities in health outcomes, which are in large part due to poor access to health care.

Julie Takishima-Lacasa
Honolulu, HI 96821
Jan 17, 2015

Making lives better for those who needs medical care.

Thelma Widmaier
Arlington, TX 76017
Jan 16, 2015

Ellen Kilbey
Hauula, HI 96717
Jan 16, 2015

Jill Oliveira Gray
Honolulu, HI 96813
Jan 16, 2015

Aileen Preston
Hauula, HI 96717
Jan 16, 2015

Today is the day this Bill should and will move forward. Our island residents are suffering from lack of care and resources. My family has been and is affected by the lack of Mental Health care in our Islands. As an advocate for my own son and thousands Of others I ask you to move forward with this HB today!

Cathy klarin
waikoloa, HI 96738
Jan 13, 2015

Judi Steinman
Laupahoe, HI 96764
Jan 13, 2015

Elizabeth Murph
Honolulu, HI 96819
Jan 12, 2015

Priscilla Kahele
Hauula, HI 96717
Jan 10, 2015

Maelani Valentine
Laie, HI 96762

Jan 10, 2015

Deborah Michiko Fried
Hilo, HI 96720
Jan 10, 2015

HANNAH K PRESTON-PITA
Keaau, HI 96749
Jan 10, 2015

Emily Bankhead
lahaina, HI 96761
Jan 9, 2015

Kimber Williams
Waller, TX 77484
Jan 9, 2015

B. Fay
Lahaina, HI 96761
Jan 4, 2015

claudia Micco
Lahaina, HI 96761
Jan 4, 2015

Tracey Novy
lahaina, HI 96761
Jan 4, 2015

I do believe in this bill it is high time to recognize anyone suffering from depression

carole pluta
Lahaina, HI 96761
Jan 4, 2015

Cherie Dasmacci
Kihei, HI 96753
Jan 4, 2015

ray thomas
temecula, CA 92590
Jan 2, 2015

jennifer tardibuono
lahaina, HI 96761
Jan 2, 2015

Michele Liberty
Wailuku, HI 96793
Dec 22, 2014

Leah
lahaina, HI 96761
Dec 22, 2014

Erik Blair
Kahului, HI 96732
Dec 22, 2014

The psychologists should be the ones determining what is best for their patients. Not politicians.

Priscilla Goldman
Palm Harbor, FL 34684
Dec 21, 2014

Sylvia Ching
Honolulu, HI 96813
Dec 18, 2014

I am a Hawaii Certified Peer Specialist. I support this petition. Mele Kalikimaka and Aloha

Cynthia Wicks
Honolulu, HI 96822
Dec 17, 2014

My patients inform me that they have difficulty in obtaining medication evaluations and monitoring from the limited number of psychiatrists on Maui.

Virginia Cantorna, PsyD
Wailuku, HI 96793
Dec 17, 2014

As a psychologist practicing on Maui, I fully support legislation that will improve my patients' access to quality Rx mental health care here!

Linda Sattler, PsyD
Lahaina, HI 96761
Dec 17, 2014

Michelle Griess
Wailuku, HI 96793
Dec 12, 2014

Naomi crozier
pukalani, HI 96768

Dec 11, 2014

MacKenzie Yamamoto-Lane
Kula, HI 96790
Dec 11, 2014

Our rural communities need more professionals who prescribe.

Virginia Shaw
Kahului, HI 96733-6300
Dec 10, 2014

Scott Lau
Kapaau, HI 96755
Dec 10, 2014

Carol Preston
Lahaina, HI 96761
Dec 10, 2014

I am a family practice doctor licensed in both California and Hawaii and see every day the tremendous need for behavioral health services in coordination with primary care. There is a severe shortage and I believe psychologists with advanced training would help fill this tremendous gap.

traci stevenson
Sonoma, CA 95476
Dec 9, 2014

Farran Rossetti
Kula, HI 96790
Dec 8, 2014

bill
honokaa, HI 96727
Dec 7, 2014

Steven Dutcher
Honolulu, HI 96813
Dec 7, 2014

noenoe barney-campbell
honolulu, HI 96813
Dec 6, 2014

Michelangelo Salmoiraghi
Kapaau, HI 96755
Dec 6, 2014

Shaun Campbell
Honolulu, HI 96815
Dec 6, 2014

Lou Ann Barcai
Kihei, HI 96753
Dec 6, 2014

AaronHarnick
kahului, HI 96732
Dec 6, 2014

Jeff Gishkin
Wailuku, HI 96793
Dec 5, 2014

Getting an apppt.to see your psychiatrist is anywhere from 4 to 6 weeks...all they do is ask how you are doing and give you refills.

Patricia McGrath
Kihei, HI 96753
Dec 5, 2014

Kawika Kaikala
Makawao, HI 96768
Dec 5, 2014

Kelly Sueoka
Bellevue, WA 98006
Dec 5, 2014

I am all for this. If they have that extra training it should be helpful & less costly for most. That means more people will be able to afford help.

Sherry Lane
Valparaiso, FL 32580-1224
Dec 5, 2014

Val sexton
valparaiso, FL 32578
Dec 5, 2014

SUSAN C KING
WAILUKU, HI 96793
Dec 5, 2014

SACHI LANE
Kula, HI 96790

Dec 5, 2014

this is LONG overdue!

Daniel Lane
kula, HI 96799
Dec 5, 2014

passage of this bill would be a great help to rural areas like Molokai

Stephanie Napoli
kaunakakai, HI 96748
Dec 4, 2014

jamie Lee
Kihei, HI 96753
Dec 4, 2014

Marilyn McIntosh
Kealahou, HI 96750
Dec 4, 2014

Allison Seales
Kaunakakai, HI 96817
Dec 4, 2014

Please support RxP. People are suffering without access to psychiatric care.

Kelly Harnick
Lahaina, HI 96761
Dec 3, 2014

Don Lane
Wailuku, HI 96793
Dec 3, 2014

From: [A Kraft](#)
To: [CPH Testimony](#)
Subject: Measure HB 1072 Feb 24, 2016 ; 09:00am.
Date: Tuesday, February 23, 2016 10:15:53 AM

Re: Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

Dear Committee,

I am a NM/TX government psychologist currently pursuing my goal of becoming a Prescribing Psychologist, and if HB1072 is enacted, will relocate to Hawaii to practice medical psychology.

As a former kama`aina of Hawai`i and formerly working with marginalized and rural populations there, I am quite familiar with lack of patient access to psychiatric and to clinical prescribers trained in diagnosis and treatment of mental health disorders. I spare you the statistics of mental health shortage in Hawaii because I know you know.

I recently completed a 2-yr academic postdoctoral training with Fairleigh Dickinson University as well as 480 clinical base hours in a rural NM mental health clinic, allowing me to sit for the national exam, Psychopharmacology Exam for Psychologists. Once I pass the exam, I will enter a 2 yr residency (as required by New Mexico licensing law) under the supervision of a psychiatrist, who will supervise my prescribing activities before I become an independent prescriber. As in Hawaii, the shortage on the mainland, and esp here in NM, is particularly grave. Just like Hawaiians at times have to travel from neighbor islands to O`ahu, they travel from the far regions of rural NM, Texas and Arizona to see a prescriber in New Mexico, esp in the border region.

Currently, while undergoing training, I am still practicing as a clinical health psychologist; and since completion of my base training, my traditional behavioral health practice has increased manifold, primarily involving consultation (not prescribing) with primary care providers (MD, DO, NP, PAs, etc), related to assistance in determining proper mental health diagnosis, selecting the appropriate evidence based intervention (medication vs psychotherapy or combined), as well as selecting the adequate psychotropic medication for the given disorder.

None of the physicians or nurse practitioners prescribing psychotropic medications in this large government outpatient clinic are trained in mental health, but prescribe 100 % of all psychotropic medications in this practice. We do not have a psychiatrist, and the wait in

Behavioral Health is several months,,and often the patient needs to be referred out of network at the great expense of taxpayer.

Since my consultation expertise as postdoctoral trainee in clinical psychopharmacology, we have increased patient access from 4-6 weeks to approximately 1 week to 10 days. Directly attributable to my embedded practice as well as my psychopharmacology training, the patients now have quick access to me as well as access to a well consulted and informed prescribing practitioner. This practice affords the established patient for me to curbside-consult with the Prescriber, literally, next door, while the patient is still in my office (discussing concerns about medication or side effects), rather than rescheduling with the Prescriber 2-3 wks out . We also have reduced the risk of occasional poor or even unintended but dangerous time-pressured prescribing habits such as prescribing antidepressant to patient with adjustment disorder, prescribing antidepressant to bipolar patient, prescribing potentially seizure-inducing antidepressant to a seizure patient, prescribing teratotoxic antidepressant to child-bearing age female not on birth control or nursing, prescribing long term benzodiazepine in the presence of substance use history, or withholding psychopharmacological care because of prescriber discomfort with treating a "mental health" patient, and so forth ..

Psychologists will not replace the shrinking guild of our Psychiatrist friends. However, allowing appropriately trained psychologists to fill the clearly documented (national, rural, frontier, semi-urban) void, to prescribe or unprescribe psychotropic medication, will increase patient access to high-quality psychiatric care (psychotherapy And psychopharmacology) as well as making prescribing safer than currently is practice under the sometimes haphazard care of well-meaning and overburdened primary care physicians, nurse practitioners and physician assistants.

I urge the State of Hawai`i to adopt HB 1072.

Aloha,

Alexander Kraft, Psy.D.
Clinical Health Psychologist /Behavioral Medicine
Postdoctoral Trainee Clin Psychopharmacology

From: [Alexandra Love](#)
To: [CPH Testimony](#)
Subject: Testimony
Date: Monday, February 22, 2016 7:09:08 PM

I support licensed psychologists having prescriptive authority in the state of Hawaii. This will make medical treatment of individuals more accessible and potentially more affordable for the people of Hawaii. It will also eliminate the time needed for consultation between psychologists and the prescriber.
Thank you for considering this proposal.

Alexandra Love, M.A., CSAC

2/23/16

To Whom It May Concern:

This letter is written in strong support of HB1072 permitting appropriately trained psychologists to prescribe medications in the state of Hawaii. As a school administrator working with children with a range of disabilities, I see the need for psychiatric services and the difficulties many families face in meeting with psychiatrists in a timely manner. Coordination of treatment would be much improved if patients could see a psychologist who also is able to address medication issues.

There is a severe shortage of psychiatrists and research shows that primary care physicians, physician assistants, and nurse practitioners, who have very little training in mental health or mental illness, prescribe most psychotropic drugs, not psychiatrists. Psychologists, on the other hand, are extremely well educated in these areas.

All licensed psychologists are highly trained health care professionals holding a doctoral degree and have extensive training in the diagnosis and management of mental illness. Graduate school for psychologists takes an average of seven years, with coursework that includes the biological basis for human behavior. After receiving his or her doctorate, a psychologist must complete supervised clinical practice and take a national examination in order to become licensed. In addition to this training, psychologists with prescription privileges also typically possess a post-doctoral masters degree in psychopharmacology as well as many hours of clinically supervised experience. They also must pass a rigorous national examination in psychopharmacology.

Psychologists have proven their ability to safely and effectively prescribe medications over the twenty years. In 1991 the Department of Defense commenced a six-year program to train psychologists to prescribe medications at military bases and the program was entirely successful. Psychologists who have been appropriately trained can now prescribe in the U. S. Public Health Service, the Indian Health Service and in the Department of Defense. In 2002 New Mexico became the first state to adopt a law allowing psychologists to prescribe psychotropic medications. Louisiana enacted similar legislation in 2004 and Illinois passed legislation in 2014.

We need to extend prescription privileges to psychologists with this advanced training and I support this important change. The need is great and the evidence is clear. Allowing prescribing rights for psychologists is an essential step to providing thousands of patients with access to better mental health care.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew P. Hicks". The signature is fluid and cursive, with the first name "Andrew" being more prominent than the last name "Hicks".

Andrew P. Hicks, Ph.D.
CEO
Center Academy Schools

RE: Testimony in Strong Support for Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

To the Committee on Commerce, Consumer Protection, and Health,

I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care.

Sincerely,

Bernadette Heid

Oahu Resident

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: cbanni34@hawaii.edu
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Sunday, February 21, 2016 1:18:04 PM

HB1072

Submitted on: 2/21/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
CRYSTAL BANNISTER	Individual	Support	No

Comments: I am in strong support of prescriptive authority for certain psychologists, mental health care providers in order to better serve the residents of Hawaii. Research shows there is an insufficient amount of prescribing mental health care providers available to support the residents in need of pharmaceutical treatment for mental health care. I support the advanced training for these providers and encourage additional mental health providers to be considered for this training and prescriptive authority to include Social Workers/LCSW and doctoral level mental/behavioral health care fields. I support stringent and comprehensive annual continuing education requirements. We have an ever growing number of residents who require mental health care treatment with a combination psychotherapy and pharmaceutical treatment, these numbers will continue to increase due to societal factors and our strides to reduce the stigma of mental health care. Thank you for your time and consideration.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: [Daniel Lane](#)
To: [CPH Testimony](#)
Subject: VOTE YES on HB 1072 DATE: Wednesday, February 24, 2016 TIME: 9:00 am PLACE: Conference Room 229,
State Capitol 415 South Beretania Street
Date: Monday, February 22, 2016 12:22:50 PM

Aloha,

As a licensed clinical psychologist in Hawaii with 3 years experience at Maui Memorial Medical Center working on the psychiatric units and 10 years experience in a private practice, I strongly support HB 1072 and urge that this bill is passed for appropriately trained psychologists to have prescription privileges.

i have seen far too many patients that have been unable to secure an appointment with a psychiatrist for a medication evaluation due to a shortage of psychiatrists on Maui, and primary care physicians that don't feel comfortable prescribing psychiatric medications. I have seen patients suffer first hand because of these issues politically motivated obstacles.

The training to secure prescription privileges for psychologists is extensive AND comprehensive. The program is almost 2 1/2 years long with high expectations of academic performance, and supervision by a physician/psychiatrist before passing a national licensing exam. The course work parallels medical training that is offered to physicians and nurse practitioners.

Please VOTE YES and approve HB 1072. It's in the best interest of our community and mental health consumers and will alleviate unnecessary wait times to see a psychiatrist for medication that will help alleviate some of their emotional suffering.

Respectfully,

Daniel J. Lane, Ph.D., MSC

VOTE YES ON HOUSE BILL 1072.

RE: Testimony in Strong Support for Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

Daniel J. Lane, Ph.D., M.S.C.

"When it's time to die, let us not discover that we have never lived"
Henry David Thoreau

CONFIDENTIALITY STATEMENT: This message, together with any attachments, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this message or any attachment is **STRICTLY PROHIBITED**. If you have received this item in error, please notify the original sender and destroy this item, along with any attachments. Mahalo.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: don.lane@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 10:36:14 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Donald Lane	Individual	Support	Yes

Comments: Dear Representatives, Committee Members: I am a constituent, a recovered mental health consumer and most importantly an active member of our community on Maui. I speak for myself and my peers 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. Mahalo, Don Lane Mental Health Advocate Maui Resident & Constituent 808-276-1308

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

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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

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

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, my name is Alex Bivens, Ph.D. and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow specially-trained psychologists to prescribe medication within the scope of the practice of psychology as defined by Hawai‘i Law.

I live on Kaua‘i and have served as a mental healthcare provider for over 16 years. My practice is divided between treating disadvantaged and abused adolescents and treating adults. Less than half of my caseload needs medication, but for those patients that do, obtaining access for them with a psychiatrist is a nightmare. This is unacceptable for the State of Hawaii.

I love Hawaii, and I am proud of the many ways the state cares for its citizens (the Quest healthcare plan, for example). But I am embarrassed about how many times I have had to sit with a recently-diagnosed bipolar patient going through excruciating mood swings (and wanting to die) as they wait for their psychiatrist appointment in 6 weeks, and say to them “If we were in Chicago or any other modern place this wouldn’t be happening. You would be on medication, and you would be stabilizing.”

Sometimes cases like this get so severe that the patient has to be admitted into the hospital where they will get a prescription during their stay. But would not have been necessary if meds could have been started sooner, and it is very disruptive for the patient’s life, their work, their family. And what is this kind of thing costing the state? I hate to think, actually.

I have reviewed the proposed bill very carefully. It is clearly a solution that protects consumer safety. It doesn’t cost anything to implement, and it will dramatically increase access to care for suffering patients in Hawaii. I genuinely appreciate your support of this important bill.

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

Sincerely,

Alex Bivens, Ph.D.

From: cyma.wilson@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:02:05 AM

Cyma B. Wilson, PsyD
3660 Waiālae Avenue, Suite 208
Honolulu, HI 96816-3258

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Cyma B. Wilson, PsyD
8082566518

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: psychologists@dr.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 7:20:26 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Dara Rampersad	Hawaii Psychological Consulting, LLC	Support	No

Comments: Dear honorable representatives, As a licensed psychologist for many years, I've always withheld on my position to support such a bill. As the years have gone by however, I've lived in 3 countries and 6 states and have seen the devastating effects of not having readily available prescriptive practitioners in metropolitan and rural communities. I am proud of my colleagues in other prescriptive approved states whom I've observed, practicing within their scope of competencies to help treat people who needed medications and couldn't get an appointment with a psychiatrist or prescriptive nurse in their area. I've now come to know the process as being safe if practitioners are educated correctly with continuing education requirements. Please accept my testimony in favor of this bill for approval. Aloha, Dr. Dara N. Rampersad

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: doktordarryl@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Monday, February 22, 2016 10:56:30 PM

Darryl Salvador, Psy.D.
91-1015 Waiemi Street
Ewa Beach, HI 96706-6425

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Darryl Salvador, Psy.D.
(808) 373-0890

From: diannegerard@hotmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Monday, February 22, 2016 6:21:40 AM

Dianne Gerard Ph.D.
4371 Puaole St., Suite B
Lihue, HI 96766-1275

February 22, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

As a 28 year resident of Kauai and psychologist in independent practice, I can attest to the chronic need for professionally trained psychologists to evaluate and prescribe medications for patients with mental illnesses. The availability of psychiatrists is low. Primary care physicians look to psychologists to advise about medication options, follow-up treatment and evaluation of efficacy.

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, this testimony is offered in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

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

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

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Dianne Gerard, Ph.D.
808-246-4501

From: drjeffstern@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 7:41:32 AM

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

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Jeffrey Stern, PhD
808 387-3703

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

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

FROM: Jill Oliveira Gray, Ph.D.
Hawaii Licensed Clinical Psychologist

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

Honorable Chairs, Vice-Chairs and members of the Committee on Commerce, Consumer Protection and Health and Committee on Judiciary and Labor, my name is Dr. Jill Oliveira Gray and I am a licensed Clinical Psychologist who has worked in rural, medically underserved areas for the past 15 years to include Hana, Maui, Molokai, and Waimānalo. I am also a past President of the Hawai'i Psychological Association and 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. Because of my years of clinical experience serving rural, medically underserved areas, and first hand knowledge of what the severe needs of these communities are and the profound impact that mental health provider shortages have on the psychological well being of these communities, **I would like to submit this testimony in strong support of HB 1072, HD 1.**

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

According to a Report on Findings from the Hawai'i Physician Workforce Assessment Project (December, 2014), physician shortages, including psychiatry, are highest in Hawai'i's rural areas. Across the different counties, in ranking order, the greatest shortage of psychiatrists is found on Maui at 41.2%, followed by Hawai'i island 39.2%, and, Kaua'i at 29.5%. According to this report, there is a 0% shortage for psychiatry on O'ahu 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

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

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. Psychologists have been prescribing in the Indian Health Service and Department of Defense for the past 2 decades. Updated information on prescribing psychologists indicate there are now **130** prescribing psychologists licensed through New Mexico and Louisiana, many of whom are serving in rural, medically underserved areas and medically underserved populations. For example, the prescribing psychologists in New Mexico have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. Via personal communication with a prescribing Medical Psychologist (MP) in Louisiana, after 10 years of practice, there have been NO complaints against MP's regarding prescribing and one of the benefits of MP's is that they are able to fill in positions that have been left vacant by psychiatrists for years.

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

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

There are multiple safeguards imbedded in this legislation to include:

- 2 years of course work culminating in a master's degree that covers content areas essential to prescribing psychotropic medication; 1 year supervised clinical experience (1900 hours) including 400 direct face-to-face hours treating a diverse population of no less than 100 patients in either inpatient or outpatient settings;
- Passing a rigorous national exam, the Psychopharmacology Exam for Psychologists (PEP);
- Required to obtain Federal DEA license;
- Required to maintain malpractice insurance;
- Required to prescribe only in consultation and collaboration with a patient's physician of record; will not be allowed to prescribe for any patient who does not have a primary or attending physician; and,
- Annual continuing education requirements.

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

Respectfully submitted,

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

From: eubanksd@ix.netcom.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 7:26:24 AM

Joseph Eubanks
75-307 Malulani Dr.
Kailua-Kona, HI 96740-2086

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Joseph D. Eubanks, Ph.D., ABPP/CN
808-895-8975

From: julie.takishima@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Sunday, February 21, 2016 9:31:28 PM

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

February 22, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Julie Y Takishima-Lacasa, PhD
808-271-7748

June W. J. Ching, Ph.D., ABPP

*Board Certified Clinical Psychologist
American Board of Professional Psychology*

**Pacific Business News Building
1833 Kalakaua Avenue, Suite 800
Honolulu, Hawaii 96815**

Direct Line: (808) 949-9502

Secretary: (808) 955-7372

Fax: (808) 951-9282

February 23, 2016

RE: Testimony in Strong Support for Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce Consumer Protection & Health and Judiciary & Labor. I am June Ching, Ph.D., a licensed psychologist in Hawaii and I wish to submit testimony in strong support of HB 1072, HD 1. This bill would allow advanced trained psychologists to prescribe and dispense medication within the scope of practice of psychology as defined by Hawai'i Law.

I support this bill for numerous reasons:

1. Hawai'i's health mission is to protect and improve the health for all people of Hawai'i. However, access to mental health care is a critical issue facing Hawaii's communities as the access to care is not keeping pace with Hawai'i's growing need for mental health services, especially for our most vulnerable populations.
2. Our current system is broken. We need to fix our current system to assure quality, available and accessible health resources are directed towards those with mental health needs, being mindful that many of Hawai'i's communities are geographically disperse.
3. I have been a practicing psychologist serving the community since the 1980's and want to ensure that we have a system in place that is sustainable and responsibly directed towards meeting the unmet mental health needs of our communities. This substantial gap in mental health care can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
4. Psychologists have been prescribing medications for mental health conditions since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
5. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained

- prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
6. 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.
 7. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not will not require state expenses to the budget.

We should be striving to ensure that Hawaii's people have access to a **sustainable** model of care physically, mentally, and socially. **This is not a guild issue but an access to mental care imperative.** Psychiatrists have stated year after year that they will address the access to care problem in Hawai'i's rural, medically underserved areas, however, we continue to see that our states' mental health needs clearly outweigh the present capacity of our health care system. Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, these non-physician prescribers have been able to increase access to care with good success.

We need to provide the full spectrum of mental health care working together to benefit our communities, not just protect turf. In the 36 years I have been practicing, psychology's message has consistently been to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that.

Thank you for your consideration.

Respectfully submitted by,

June W. J. Ching, Ph.D., ABPP
Licensed Clinical Psychologist
Oahu Resident

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair
COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

From: Dr. Kathleen Kozak

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

I wish to submit this testimony in strong support of authority for properly trained clinical psychologists to prescribe medications used to treat conditions within their field of expertise.

As a medical doctor, I have full prescribing privileges to prescribe medication yet have far less training in the field of psychopharmacology than what is proposed for the post-doctoral training program for psychologists. In fact, four weeks in medical school and four more in residency during a rotation is all of the training I have in psychopharmacology.

Psychologists have on average 7 years of training and the post doctorate program is 2 years of intense training in order to be able to prescribe medication.

The most effective management of many psychiatric conditions is a combination of therapy and medication and therefore to provide the opportunity for certain trained individuals to be able to provide both would increase the availability of mental health practitioners to see more patients, and thus increase access to care.

I also fully recognize that some MD's would not agree with this proposal, however, in the past few years, due to the shortage of primary care doctors, ancillary providers such as nurse practitioners and physician assistants have been given prescribing authority and that has not eroded the level of care provided by their specialties. It has actually improved access to care, and helped the entire profession.

Therefore, it only makes logical sense that with another area of medicine where access is limited, that efforts be taken to improve the standard of care by allowing fully trained and licensed professionals to be able to prescribe as well.

I support the aim of this initiative to provide a full range of mental health services to the most unserved and underserved communities in our state. Hawaii can be at the forefront of these efforts, joining the other states who have successfully implemented this program.

Thank you for your consideration.

Respectfully,

Dr. Kathleen Kozak
Host of The Body Show on HPR-2
Health Columnist for Civil Beat
Internal Medicine
Straub Clinic

From: [Kevin McGuinness](#)
To: [CPH Testimony](#)
Subject: Testimony in Strong Support of Measure HB 1072
Date: Tuesday, February 23, 2016 5:10:12 AM

RE: Testimony in Strong Support of Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 AM

PLACE: Conference Room 229, Hawaii State Capitol, 415 South Beretania Street

TO: Committee on Commerce, Consumer Protection, and Health

Dear Chairperson,

As a career public health clinician and advocate, I am writing to ask the Senate Committee on Commerce, Consumer Protection, and Health to vote YES on House Bill 1072. This bill would allow Hawaii 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, not federal law.

I am 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).

In the nearly two decades since the first prescribing psychologist wrote a prescription, there has been established an unassailable and incomparable safety record by these health practitioners. Tens of thousands of prescriptions have been written by prescribing psychologists and filled across the nation, beginning in New Mexico and Louisiana and extending via the Department of Defense and the PHS to Hawaii, Texas, Montana, North Dakota, South Dakota and other states. Prescribing psychologists are recognized and employed by the PHS Commissioned Corps, the Health Resources and Services Administration, the National Health Service Corps and the Indian Health Service. Prescribing psychologists have an unblemished 20-year record of zero licensing board complaints and zero professional liability claims. Despite these facts, detractors have protested at each relevant state legislative session a lack of 'numbers' to prove that prescribing psychologists are safe practitioners. I believe zero is the operative number; and no other prescribing health profession can boast such a safety record. Prescribing psychologists are an established and safe tool in the national public health warehouse.

Unfortunately, prescribing psychologists trained in Hawai'i must leave the state upon graduation, because there is no Hawai'i state mechanism empowering them to help their fellow Hawai'ians. That this state of affairs has not been rectified is scandalous. Year after year, the Hawai'i legislature has rejected these practitioners' efforts to save lives and reduce suffering in their home state. The 2015 legislature will be no different than the rest if HB 1072 is permitted to languish as do the mentally ill, which this bill is intended to serve. This legislative session is not a power struggle between mental health lobbyists and their clients; it is a battle for each solitary life that will be saved or lost because of what this particular legislature does or does not do. This year you will impact each of those lives, no matter what you do. But, I urge you to help make this legislature about the right people.

Please vote YES on HB 1072. Thank you.

Respectfully submitted.



<!--[if !vml]-->
Ph.D., M.S., ABPP, FACHP

Kevin M. McGuinness,

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lenora@hawaii.edu
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 7:05:59 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	Individual	Support	No

Comments: Aloha Senators Baker & Kidani, and the Senate Committee on Commerce, Consumer Protection, and Health. Mahalo for this opportunity to testify in Strong Support of HB1072. The psychologists have been pursuing this authority for several decades now, and they developed an appropriate clinical educational components required to prescribe. They have developed their Masters Degree in Psychopharmacology to prepare Medical Psychologists for entry into this component of practice as prescribers. There is great need for more mental health providers, especially in our rural areas. As an APRN, I have worked closely with Psychologists at the VA and find their profession to practice with a high level of expertise and a caring attitude. I support our Psychologist colleagues to obtain prescribing authority. With the education and training they have developed, they will be prepared to prescribe safely and effectively! Respectfully, Lenora Lorenzo, DNP, APRN, NP, FAANP

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

Michael J. Lucido, MA, PhD, LP, BCN

PO BOX 325, Eastport, Michigan 49627 | (313) 268-2471 | mlucido@norcocomh.org

February 22, 2016

Hawaii State Legislature
28th Legislature 2016

Aloha Hawaii State Legislature,

Testimony in STRONG SUPPORT of H.B. 1072 and S.B. 748:

I am the Chief Psychologist and Clinical Supervisor for a community mental health center across six counties in rural northwestern Michigan. I am an advocate for advancing prescription privileges for medical psychologists in rural areas across the United States. My wife and I have loved visiting Hana, and we particularly love the wonderful people and culture which make up this beautiful piece of the world. I was impressed at the access to healthcare through Hana Health. However, as you know, it is a rural area far from universities and major cities that have access to specialty services like psychiatry. This is no different from our rural Michigan area that lacks access to psychiatry services, and unfortunately, we also have islands that have no access to psychiatric treatment due to their remoteness. I hope for the possibility of one day hearing about a medical psychologist who joins Hana Health in providing this much needed service. Not just for prescribing medication, but also for integrated behavioral health care in one visit.

Consider this, a psychologist who will be able to prescribe will have 8 years of higher education, 1 year postdoctoral supervision, must pass a rigorous board examination, complete 2 years didactic training in psychopharmacology, an additional 1 year of clinical rotations that is supervised by a physician, and must pass another rigorous board examination before they are licensed to prescribe. I hope that you consider the level of education and expertise will match other independent prescribers in the state of Hawaii. Particularly when you consider 12 years at minimum of higher education and supervision specializing in medical psychology. Thank you for reviewing a rural psychologist's perspective!

Mahalo Nui Loa,

Michael J. Lucido, MA, PhD, LP, BCN

From: [ralph casazza](#)
To: [CPH Testimony](#)
Subject: RE: Testimony in Strong Support for Measure HB 1072
Date: Monday, February 22, 2016 6:04:33 PM

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

To the Committee on Commerce, Consumer Protection, and Health,

I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care.

Long wait times to see a psychiatrist creates additional stress on patients with mental health needs.

Psychologists with appropriate training can help fill these gaps in patient care.

Sincerely,

Ralph E. Casazza, Ph.D.

Clinical Psychology

From: hpaexec@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:11:38 AM

Raymond Folen
P.O. Box 833
Honolulu, HI 96808-0833

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

TESTIMONY IN SUPPORT OF HB1072, HD1, SD1
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce,
Consumer Protection and Health and Judiciary and Labor,

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

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

increased, and with absolute safety.

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

I support this bill for numerous reasons:

1. In Hawai'i, a huge void in available mental health care can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain extensive advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, and Air Force) with no adverse effects or safety concerns.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana with demonstrated increases in access to care and no safety issues. In New Mexico, for example, prescribing psychologists have increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training occurs after a psychologist has completed a doctoral degree and is licensed, and all costs are covered by the individual psychologist. The State is not being asked to fund a single penny.

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

Sincerely,

Raymond A. Folen, Ph.D., ABPP
Executive Director
Hawaii Psychological Association

Sincerely,

Raymond Folen
808-386-7655

From: [Rick Barnett](#)
To: [CPH Testimony](#)
Cc: drharnick@WESTMAUICOUNSELING.COM
Subject: HB 1072 - aloha support from Vermont
Date: Friday, February 19, 2016 6:09:01 PM

To the Senators of Hawaii,

Please support HB 1072. Vermont is actively working towards a similar measure in our small and rural state with much support from primary care physicians, nursing, and fellow mental health colleagues. A few of our psychiatry colleagues have concern NOT for public safety but for their profession that will only be enhanced through collaboration with this measure. Do not hesitate to contact me with any questions. I urge you to consider that passage of this measure may also attract highly qualified mental health providers to help address Mental Health access issues in your beautiful state.

Mahalo, Dr. Rick Barnett

Measure HB 1072

DATE: [Wednesday, February 24, 2016](#)

TIME: [9:00 am](#)

PLACE: Conference Room 229, State Capitol [415 South Beretania Street](#)

***Rick Barnett, Psy.D., LADC
M.S. Clinical Psychopharmacology
Legislative Chair - Vt Psychological Assoc.
[56 Old Farm Rd., Stowe VT, 05672](#)
Ph: [802 373-2909](tel:8023732909) Fx: [888-923-3476](tel:8889233476)
Website: www.bpshealth.com
Twitter: @drrickbarnett***

=====

Confidentiality Notice: Comments in this email are intended only for those addressed. It may contain privileged/confidential information and exempt from disclosure under applicable law. If reader is not intended recipient, this is notification that any dissemination, distribution, or copying of this communication is prohibited. If received in error, notify sender immediately by email and delete the original.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: rcarinaldi@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Tuesday, February 23, 2016 10:59:19 AM

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Robert C. Rinaldi C. PhD	Individual	Support	No

Comments: I am a New Mexico Prescribing Psychologist, and practice with 3 family medicine physicians on Pueblo land. Christus St Vincent Medical Center in Santa Fe has gone out of their way to recruit me because of the high demand for prescribing physiologists, and because they have had excellent experiences with other prescribing psychologists in their health system. This model allows patients, seen by their family doctors, to receive both psychotherapy and medication management by the same provider in their Patient Centered Medical Home. There are no cases in NM or elsewhere of harm to the public by a prescribing psychologist, but there is harm to the public where patients cannot receive adequate regular follow up because of psychiatry shortages. I urge the State of Hawaii to adopt HB 1072. Robert C. Rinaldi, PhD, MA

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: Shrinkart@aol.com
To: [CPH Testimony](#)
Cc: shrinkart@aol.com
Subject: Vote Yes on HB1072
Date: Sunday, February 21, 2016 10:38:59 AM

February 21, 2016

RE: Written Testimony in Strong Support

Measure HB 1072

DATE: [Wednesday, February 24, 2016](#)

TIME: [9:00 am](#)

PLACE: Conference Room 229, State Capitol [415 South Beretania Street](#)

Dear Chair Baker and the Members of the Committee on Commerce, Consumer Protection, and Health:

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 also authorizes qualified psychologists to prescribe, 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

Look for this notification to ensure that this is a valid e-mail sent by Bob Ax

From: [Robert Mayfield](#)
To: [CPH Testimony](#)
Subject: HB 1072 9am HST Tuesday February 23rd
Date: Monday, February 22, 2016 8:17:17 PM

RE: Testimony in Strong Support for Measure HB 1072
DATE: Wednesday, February 24, 2016
TIME: 9:00 am
PLACE: Conference Room 229, State Capitol 415 South Beretania Street

To the Committee on Commerce, Consumer Protection, and Health,

I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Your communities are suffering because of the lack of access to psychiatric care. I am a prescribing psychologist of more than 14 years in New Mexico where we provide greatly needed psychiatric and therapy services to our rural areas. Please note that we have done so for more than 14 years without adverse events. We work closely with our primary care colleges, and other specialists to provide a holistic and unified care package for our patients, and have made strong positive impact in our state.

I urge you to support this bill. Should you have questions I will be happy to provide answers. Tomorrow I'll be working at the rural health care clinic in Deming New Mexico at (575) 546-4800; the day after that at the rural health care clinic in T or C NM at (575) 894-7662 for Ben Archer Health systems, a Federally qualified health center.

With respect,

Robert Mayfield, Ph.D
Licensed Psychologist 0943
Prescribing Psychologist 0008
Medical Psychologist
Neuropsychological fellow

From: drrozi@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:41:36 AM

Rosemary Adam-Terem Ph.D.
1833 Kalakaua Avenue, Suite 800
Honolulu, HI 96815-1528

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Rosemary Adam-Terem, Ph.D.
808-97-5676

Psychologists are already prescribing in Louisiana, New Mexico, Illinois, Guam, the military and on Native American Reservations. Why not Hawaii?

Improving Access to Care

The primary justification offered for RxP is increased access to appropriate care (e.g., [DeLeon & Wiggins 1996](#)). The most common treatment setting for individuals with psychological disorders is a general medical practice without concomitant specialty services ([Wang et al. 2006](#)), and 75% of office visits that result in prescription of a psychotropic medication involved a nonpsychiatric physician ([Pincus et al. 1998](#)). It is reasonable to wonder whether such a high-level treatment by practitioners without specialty training would cause a national outcry if it involved less disadvantaged healthcare populations such as cardiac or cancer patients.

Despite the need, the number of psychiatrists is shrinking. [Rao \(2003\)](#) found a 36.5% decline in the number of psychiatric residents over the period 1992 to 2000. During the same period, the percentage of psychiatric residents who were graduates of foreign medical schools increased from 27.3% to 41.6%, suggesting that interest in psychiatry among U.S. medical students is declining even faster. Shortages are particularly acute in rural settings ([Hartley et al. 1999](#)). Demand undoubtedly contributes to the dramatic increase in recent years in the percentage of office visits with a psychiatrist lasting less than 10 minutes ([Olfson et al. 1999](#)) as well as to psychiatrists' declining use of more time-consuming psychosocial interventions ([Mojtabai & Olfson 2008](#)), though these trends also reflect other factors such as pressure from managed care ([Luhmann 2000](#), [Paris 2008](#)).

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

Prescriptive Authority for Psychologists

Annual Review of Clinical Psychology

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

From: shermosura@waimanalohealth.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:31:33 AM

Sid Hermosura
41-1347 Kalanianaʻole Hwy
Waimanalo, HI 96795-1247

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I 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.

As a psychologist who has spent majority of my career and training serving the underserved rural communities of Hawaii, I have seen the substantial gap in access to mental health care. Patients can go weeks or months waiting to be able to receive psychotropic medications. This then leads to more suffering for the patients and society as a whole. For example, I have seen patients spiral further into their depression or psychotic symptoms, turn to illicit drugs for comfort, or require hospitalization due to being a risk to community or attempting suicide. I believe that allowing certain psychologists prescriptive authority could reduce that gap in care and consequently reducing the burden and suffering in these underserved communities.

I also support this bill for the following reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.
4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively.
5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

Sincerely,

Sid Hermosura, Psy.D.
808-259-7948

February 21, 2016

Re: OPPOSITION to HB 1072 relating to granting prescription privileges to Hawaii psychologists

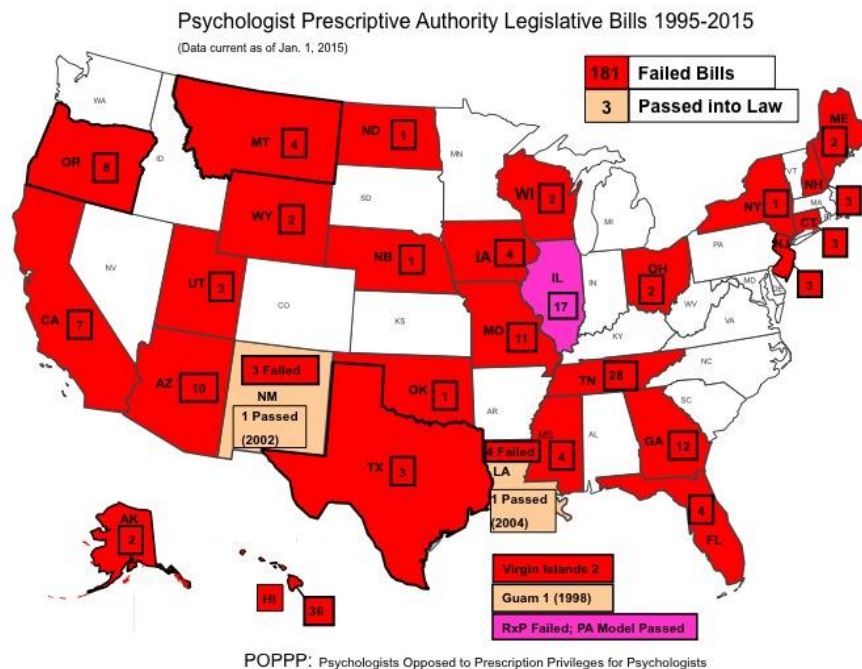
Dear Honorable Senators:

This is individual testimony that is informed from my experience as a doctoral level psychologist since 2002. My experience includes being a Professor of Psychology at Linfield College since 2002 and conducting research on this issue to try to understand psychologists' knowledge and views of prescriptive authority as well as psychologists' likelihood of training to pursue prescriptive authority. My opinions do not represent the College. My opinions are consistent with testimony submitted by Psychologists Opposed to Prescriptions Privileges for Psychologists (POPPP) and I am on the Board of Advisors of POPPP.

I am writing to request that you oppose HB 1072 and any future initiatives that would allow psychologists to prescribe medications in Hawaii. I have been active in opposing legislation in Oregon and was a part of the team that convinced our Governor to veto a bill in 2010 that was pushed through both the house and senate in a short special session. Governor Kulongoski cited concerns about the lack of evidence to support both the safety and efficacy of such a drastic change in scope of practice. Hawaii's Governor Lingle, echoing worries about safety, cited consumer protection concerns in her rationale for vetoing Hawaii's bill nearly a decade ago. Below I detail my most serious concerns. I also reference two recent peer-reviewed articles as they contain figures demonstrating several key points of concern: failed efforts across many states that drain time and money away from real solutions to mental health problems; vast discrepancy between psychologists preparation relative to other non-physician prescribers; lack of evidence to support arguments of improved access. I strongly believe that the stigma that surrounds mental illness serves as a more formidable barrier to accessing care than any other factor and is one that would not be addressed by establishing a lesser-trained class of psychologist prescribers. In fact, I would suggest that bills like HB 1072 promulgate the stigma that those suffering from mental health problems currently face. During the legislative process, there is typically wrangling over the bare minimum training acceptable to medically treat the mentally ill. This race to the bottom echoes the message that is acceptable to provide sub-standard care to folks who suffer from mental illness. It is not. They deserve better care.

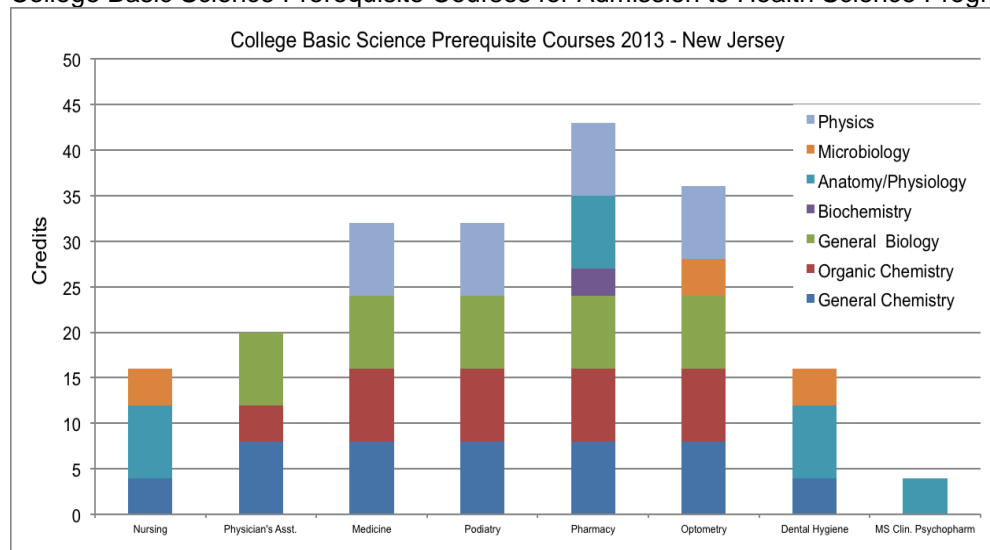
Reasons for Opposition involve Risk to the Consumer

- Bills similar to this one have been rejected over 180 times in 26 states over the past 20 years owing to substandard medical training (see Figure 1 from Tompkins & Johnson, in press presented below).



- Training for a doctorate in clinical psychology does not include pre-medical or medical training (see Figure 1 from Robiner et al., 2013 - psychologists are not prepared with even the most basic science courses prior to entering graduate school).

Figure 1
College Basic Science Prerequisite Courses for Admission to Health Science Programs



Note: Multiply credits by 10 for estimated hours of instruction. These data were derived by 2013 survey of admission requirements to the largest programs in New Jersey (e.g., Farleigh Dickinson University, University of Medicine and Dentistry of New Jersey, Rutgers University). Although there were no physical or health sciences prerequisites for entry into the Ph.D. programs in Clinical Psychology, both the FDU and Rutgers curriculum included one course in biopsychology or behavioral neuroscience.

- There is virtually no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect the consumer.

- 89.2% of members of the multi-disciplinary Association for Behavioral and Cognitive Therapies (ABCT) argue that medical training for psychologists to prescribe **should be equivalent to other non-physician prescribers** (*The Behavior Therapist*, September 2014). A survey of Illinois psychologists and Oregon psychologists yielded similar findings (78.6%; Baird, K. A. [2007]. A survey of clinical psychologists in Illinois regarding prescription privileges. *Professional Psychology: Research and Practice*, 38, 196-202. doi:10/1037/0735-7028.38.2.196; 69.2%; Tompkins & Johnson [in press]. What Oregon psychologists think and know about prescriptive authority: Divided views and data-driven change. *Journal of Applied Biobehavioral Research*).
- The 2014 ABCT survey found only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill and only 10.9% would refer a patient to a prescribing psychologist whose medical training is what is required in similar bills.
- Proponents claim that the lack of a reported death or serious harm by prescribing psychologists somehow provides evidence of safety. It does not! It only provides evidence that any harm done by these psychologists was not identified and reported by the psychologists themselves or their patients. A lack of evaluation of safety, and the absence of any credible, comprehensive system to identify problems, does not constitute evidence for safety. Psychologists' meager training to diagnose physical problems suggests that psychologists probably would not even know if their prescribing had caused medical problems.
- The 2014 ABCT survey found that 88.7% of psychologists agreed that there should be a moratorium on bills like this one until there is objective evidence that the training involved adequately protects consumers.
- The impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before any experiment in psychologist prescribing is allowed in Idaho. Consumer safety outcome in the military is difficult to evaluate owing to the Feres Doctrine and the small number of prescribing psychologists (e.g., 2 in the Navy and 4 in the Air Force).
- Given proponents of prescriptive authority for psychologists (RxP) spent over \$500,000 to pass a prescribing bill in Louisiana alone speaks to the availability of funds to conduct such a consumer safety study for the amount of medical training required in this bill.

The State of Illinois has set a new and more appropriate standard for prescription privileges for psychologists

- In 2014, the State of Illinois enacted a law to permit psychologists to prescribe some psychotropic medications (e.g., excluding narcotics and benzodiazepines) to a limited

population (excluding youth, the elderly, pregnant women, the physically ill, and those with developmental disabilities).

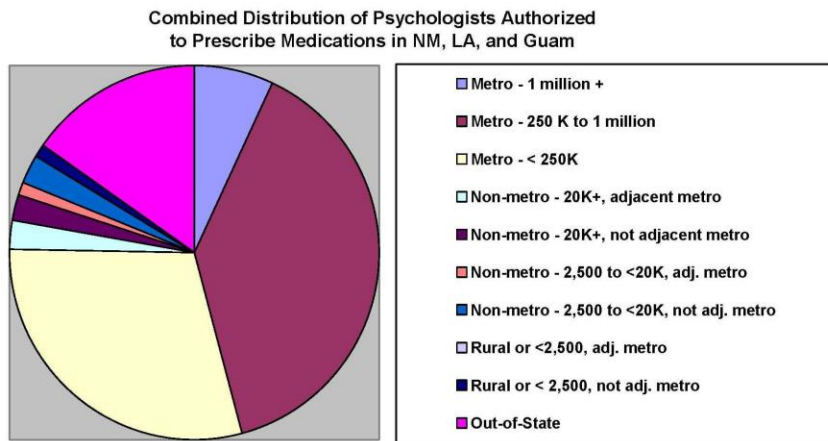
- The training requirement is similar to what is required of Physician Assistants, including completing undergraduate pre-medical science training before studying post-degree psychopharmacology. This training includes 7 undergraduate and 20 graduate courses along with a 14-month practicum in multiple medical rotations. The training program must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).
- No online medical training is acceptable.
- The Illinois Psychological Association, Nursing and Medical associations, and POPPP support the Illinois law, as it requires, at minimum, the same medical training as other non-physician prescribers. This is more appropriate than the APA model in that it meets an existing standard for healthcare providers, rather than establishing a new lower standard.

Solutions to Access to Psychoactive Drugs

The stated rationale for proposing such bills is to improve access. There is NO EVIDENCE to suggest that allowing psychologists to prescribe will improve access in any meaningful way. Additionally, there are many alternatives to psychologists prescribing that more appropriately enhance access to the prescription of psychoactive medications in those individuals who would benefit from them.

1. Collaboration between psychologists and physicians.
2. Completion of medical or nurse practitioner or physician assistant education by psychologists. Encouraging medical and nursing schools to offer executive track programs for psychologists.
3. Use of telepsychiatry, which is promoted by the Department of Veterans Affairs, the military, and the U.S. Bureau of Prisons, and rural health centers, is an effective means of transcending distance between psychiatrists and patients. It is a mechanism for providing direct patient care by psychiatrists as well as a technology for providing primary care providers with appropriate consultation to develop appropriate treatment regimens, thereby extending the reach and impact of psychiatrists.
4. Encouraging all professionals to serve rural areas. The prescribing laws in New Mexico and Louisiana did not result in psychologists moving their practices to rural areas as they had declared would happen (see attached chart from Tompkins & Johnson, in press; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999). A recent survey in Oregon is consistent with prior studies (94% - Baird, 2007) in showing that the vast majority of psychologists sampled (96%) practiced in metropolitan areas and those practicing in non-metro areas were no more likely than urban psychologists to express an interest in pursuing prescriptive authority. Additionally, few (less than 7%) Oregon

psychologists expressed an interest in pursuing training to become prescribers; in fact, results support prior survey results of both Oregon (Campbell et al., 2006) and Illinois (Baird, 2007) psychologists in suggesting that few have an interest in pursuing training and even fewer plan to prescribe.



*Note: There are no prescribing psychologists practicing in Guam despite legislation being passed granting prescriptive authority to psychologists in 1999.

Thank you for your kind consideration of this opinion.

Respectfully,

Tanya L. Tompkins, Ph.D.
Professor of Psychology
Linfield College

2/22/16

From: Terri Erwin, PhD, 39 Central Ave, Wailuku, HI 96793

To: Senate Chairs and Committee Members: CPH and JDL

RE: IN FAVOR: HB1072

I am in strong support of HB1072. I respectfully request that the Senate CPH and JDL Committees act in support of the bill as presented.

I am a small business owner in Wailuku, on Maui. My shop is on a main thoroughfare, near the state office building. Every day, I see members of our community who are suffering from serious mental illness – they are easy to spot because they are disheveled, dirty and sometimes talking to themselves.

On the other hand, I recognize many other community members who are fighting battles related to mental health. They are wearing surf shorts or pearls, Gucci or hotel uniforms. These are family members and friends and colleagues. Medication and proper care make a difference in their being functional and productive– compared to those, visible and hidden, whose illnesses have incapacitated them.

For both groups, on Maui, there is a shortage of medical professionals who are trained and qualified to address the complex nature of their illnesses and to prescribe life-saving medications and provide proper supervision of their care. We need more!

HB1072 would add to the number of professionals who can help our residents obtain behavioral medicines that improve the quality of their lives – and ours as a community.

Other states have adopted similar legislation and proven the positive impact it has for the community. The rigorous requirements for education and supervision for prescribing psychologists, as proposed, is appropriate to the seriousness of the authority.

I ask the support of committee chairs, co-chairs and members to move this bill forward and help our state expand urgently needed medical resources .

Thank you for your consideration of my testimony.

Wendy Stock, Ph.D.
376 Colusa Avenue Ste. 1
Kensington, CA 94707
Phone/Fax: (510) 845-1622
Email: wendystock@aol.com

*Clinical Psychologist * CA Lic.No. PSY 13947*
<http://therapists.psychologytoday.com/rms/87508>

February 23, 2016

RE: Testimony in Strong Support for Measure HB 1072
DATE: Wednesday, February 24, 2016
TIME: 9:00 am
PLACE: Conference Room 229, State Capitol 415 South Beretania Street

To the Committee on Commerce, Consumer Protection, and Health,
I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Hawaiian communities are suffering because of the lack of access to psychiatric care.

I am a licensed clinical psychologist in California, in practice for > 25 years, and have completed a Master of Science degree in Clinical Psychopharmacology. I am in the process of applying for licensure as a psychologist in Hawaii. Psychologists with my level of training have now been prescribing safely and competently in Louisiana, New Mexico, Guam, and Illinois, helping to meet the gaping deficit in psychiatrists who cannot meet the need for prescribers. My own patients in CA often have to wait months to receive needed antidepressant and antipsychotic medications, at risk to their well-being and their lives, as do many patients in Hawaii. You have the opportunity to change this situation in Hawaii, as state with underserved rural populations who would greatly benefit from greater accessibility to mental health prescribers.

There is a dramatic shortage of qualified healthcare workers who are properly trained to prescribe psychotropic medications if needed. RxP Hawaii will help remote communities enormously.

Many communities in HI and across the US are suffering because of the lack of access to timely psychiatric care. Please pass legislation allowing Medical Psychologists with advanced training to prescribe psychotropic medications in the state of Hawaii.

Sincerely,



Wendy Stock, PHD, MSCP
376 Colusa Ave., Ste 1
Kensington, CA 94707-1213
(O/F) 510-845-1622/(M) 510-388-9154
CA Lic.# 13947
wendystock@aol.com
<http://therapists.psychologytoday.com/rms/87508>



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

• Na Pu'uwai Adult Day Care & Health Center • (808) 560-3655 • Na Pu'uwai Fitness Center (808) 553-5848 •
• Ke Ola Hou O Lana'i • PO Box 630713 Lana'i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319 •

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

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

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

I support this bill for numerous reasons:

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

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

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

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

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

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

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

Thank you for your consideration.

Respectfully submitted by,

A handwritten signature in black ink, appearing to read "Erin Ogawa, Psy.D.", with a large, stylized flourish.

Erin Ogawa, Psy.D.
Behavior Health Postdoctoral Fellow

From: [Gill McBarnet](#)
To: [CPH Testimony](#)
Subject: McBarnet: Support for HB1072
Date: Tuesday, February 23, 2016 8:47:20 AM

Dear Sir/Madam,

Re: HB1072 Hearing, due to occur at 9 a.m. on Tuesday 23rd February 2016

I'm writing to you, to pledge my strong support for the bill - HB1072 - which is due to heard/voted on today.

I'm saying "Yes" to the bill, as one who has a family member (my brother-in-law) who became mentally severely distressed/schizophrenic 5 years ago, and I know how hard it is for my sister's family to secure help and medication for him. If HB1072 is approved/becomes law, Rob and so many others like him, will be greatly comforted by the outcome of a "Yes" vote!

Aloha,
Gill McBarnet (808) 281-3992

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: gladys.baisa@mauicounty.us
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 10:43:07 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gladys Coelho Baisa	Individual	Support	No

Comments: I respectfully submit testimony asking that you strongly support HB1072 and vote YES on this very important measure. Our communities are suffering because of the lack of access to psychiatric care.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: [Haunani Iao](#)
To: [CPH Testimony](#)
Subject: Testimony in support of HB 1072 for 2/24/16 @ 9:00Am
Date: Monday, February 22, 2016 11:41:31 AM

Re: Testimony for HB 1072

Date: Wed Feb 24, 2016

Time: 9:00AM

To The Committee on Commerce, Consumer Protection, and Health,

I am writing to urge you to schedule a hearing for HB 1072. I serve the community of Maui providing integrated health care as a licensed clinical psychologist and the Integrated Health Director at The Community Clinic of Maui. I am a strong supporter of this bill and a registered voter.

Its undeniable that there is a shortage of specialist for the neighbor islands. Getting an appointment with some specialists can take months. This bill will provide some solutions for the shortage of psychiatry in rural health. With the closing of the adolescent and child inpatient Molokini unit and psychiatry provider shortages it can be nearly impossible to link a patient to a psychiatrist at all, or in a timely fashion. And, the psychiatrists providing care on Maui are not accepting medicare or some types of medicaid due to insurance reimbursement issues.

Please help support us in providing quality care to our patients and vote yes on HB 1072

Sincerely,

Haunani Iao, Psy.D

Licensed Clinical Psychologist

Integrated Health Director

Malama I Ke Ola Health Center/ Community Clinic of Maui

From: ivan.irie@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:31:29 AM

Ivan Irie
41-1347 Kalanianaʻole Hwy
Waimanalo, HI 96795-1247

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Ivan Irie
8082599917

From: [Dr. Jennifer Darakjy](#)
To: [CPH Testimony](#)
Subject: HB 1072
Date: Tuesday, February 23, 2016 10:18:35 AM

To whom it may concern,

This letter is in support of HB 1072. As a conditional prescribing psychologist in the state of New Mexico, I can verify there is a great need for psychologists who have advanced training in psychopharmacology. There are a great number of patients being helped by prescribing psychologists who would otherwise be left untreated or would have to wait many months for this type of assistance.

Please support HB 1072!!!!

Jennifer Jaeger-Darakjy
PhD, MP
Medical Psychologist (NM)
Prescribing Psychologist-conditional (NM)
Psychologist (NM, TX)
School Psychologist (NM)

CONFIDENTIALITY NOTICE: This email transmission contains information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, confidential, legally privileged, and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this e-mail to the intended recipient), you are hereby notified that any copying, disclosure, or distribution of this information may be subject to legal restriction or sanction. Please notify the sender to arrange for the return or destruction of the information and all copies. Persons responding to this email or initiating email communication with me are reminded that this mode of communication cannot be guaranteed to be secure and confidential. Therefore, anyone who initiates email with me must do so knowing that such communication and my responses cannot be guaranteed to be private and confidential.

DO NOT LEAVE AN URGENT MESSAGE THROUGH EMAIL. IF YOU ARE EXPERIENCING AN EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: jen.harvey.81@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 10:40:27 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Nill	Individual	Support	No

Comments: Psychologists work closely with their clients, and it is appropriate that they be able to manage their care through cognitive-behavioral therapies as well as medical management. Mental health is as imperative as any other area of health in each of our lives, and it is important that we reassess the system in order to improve it for the future.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: doublej004@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 8:04:23 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Johny Double	Individual	Support	No

Comments: RE: Testimony in Strong Support for Measure HB 1072 DATE: Wednesday, February 24, 2016 TIME: 9:00 am PLACE: Conference Room 229, State Capitol 415 South Beretania Street To the Committee on Commerce, Consumer Protection, and Health, I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. Sincerely, JOHNY DOUBLE Maui Resident

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: [Julie](#)
To: [CPH Testimony](#)
Subject: Testimony for HB 1072 hearing Tuesday, February 23, 9:00 am.
Date: Monday, February 22, 2016 7:35:04 PM

To the Committee on Commerce, Consumer Protection, and Health,

I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. When I hear or read the ramifications of what individuals, families and communities at large experience when mental health conditions receive inadequate care due to lack or scarcity of necessary psychiatric resources, I ask myself, Could this have been prevented? What got in the way of those in need from receiving necessary services? Please support HB 1072 as a solution to providing access to services versus adding to existing obstacles. Let us equip psychologists who already devote their careers to serving these communities the advanced training needed to provide access to psychiatric care via prescriptive authority. The benefits will be large and reflected in the health and wellbeing of these communities.

Sincerely,

Julie Greenberg,

Born and raised on Oahu

Sent from my iPhone

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: ktessier@hawaii.edu
Subject: *Submitted testimony for HB1072 on Feb 24, 2016 09:00AM*
Date: Monday, February 22, 2016 5:24:49 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tessier	Individual	Support	No

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

February 23, 2016

Re: **Support to HB1072 HD1**, Relating to Psychologists; Medical Psychologists; Prescriptive Authority; Certificate of Prescriptive Authority; Board of Psychology

Dear Senators and Committee,

I am currently in my third and final year in the Master of Social Work Program through the University of Hawaii at Manoa Distance Education Program. My concentration focuses on Child & Family.

Last year, within the Master of Social Work Program, I had the opportunity to do an internship within one of the few Psychiatric offices on Maui. As many of the Psychiatric Doctors are aware of the lack of Psychiatric services on Maui. A few Doctors choose to fly in from the mainland and work half of the month here and fly back to their main office on the mainland for the other half. While the Psychiatric Doctors were back on the mainland, I seen that the staff members on Maui had a difficult time refilling prescriptions for patients needing their medications.

Thus, I strongly believe that the State of Hawaii would benefit from this Bill. Therefore, I want to take this time to voice my strong **Support for HB1072 HD1**.

Thank you for your time and consideration.

Mahalo & Sincerely,

Jon Keali'i Inciong
MSW Distance Education Student
Maui, MSW DE Cohort 5



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

• Na Pu'uwai Adult Day Care & Health Center • (808) 560-3655 • Na Pu'uwai Fitness Center (808) 553-5848 •
• Ke Ola Hou O Lana'i • PO Box 630713 Lana'i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319 •

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

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

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

I support this bill for numerous reasons:

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

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

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

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

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

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

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

Thank you for your consideration.

Respectfully submitted by,



Kelsey Mukai, MA
Behavior Health Predoctoral Intern

From: livingsuccesslt@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Monday, February 22, 2016 3:21:28 PM

Lei'a Twigg-Smith
3868 Round Top Drive
Honolulu, HI 96822-5017

February 22, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. On Oahu, particularly in Waianae and the Kahuku areas there is a shortage of psychologists with prescriptive authority. I am a practicum student at Waianae Coast Comprehensive Health Care Center. I work in Behavioral Mental Health doing medication management for the severely mental ill. Our services are often triple booked to deal with the demand for medication and therapeutic intervention at the same time. Patients must wait to be seen, even when they have an appointment because we are overbooked and we are open 7 days a week! Furthermore, we are one of the only facilities on Oahu that will accept walk-ins for medication management of a psychiatric illness. In Hawaii, there is a substantial gap in mental health care that can be safely filled by granting prescription

privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.

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

3. There are now 130 psychologists who have been licensed to prescribe in New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. I personally plan to complete this training and become a clinical psychologist with prescriptive authority. I want to be able to stay in Hawaii to serve the populations I know and love, rather than move to the Mainland to practice since prescriptive authority is not currently allowed in Hawaii. Prevent talented psychologists from leaving the state by passing this bill. These programs do not cost the state a single penny as the burden of training is assumed by each and every psychologist.

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

In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an increasing trend in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half (58%) of the completed suicides occurred on O'ahu however the overall fatality rate was higher for the neighbor islands combined (94%). Since September, while working at Waianae Comp, I have personally assisted in providing medication management under the supervision of my site supervisor to 5 patients, 3 of which had suicidal ideation and 2 who actively attempted suicide. Through medication management with timely therapeutic intervention (this is part of the full range of behavioral health services) we were able to avert crisis and keep all 5 people alive.

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

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

Sincerely,

Lei'a Twigg-Smith
(808)265-4448

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lalikipaulo@yahoo.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Tuesday, February 23, 2016 7:35:16 AM

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lesley A Slavin	Individual	Support	No

Comments: RE: Testimony in Strong Support for Measure HB 1072 DATE: Wednesday, February 24, 2016 TIME: 9:00 am PLACE: Conference Room 229, State Capitol 415 South Beretania Street To the Committee on Commerce, Consumer Protection, and Health, I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. Well-trained prescribing psychologists could help meet the needs of our people for both psychotherapy and medication - safely and efficiently. Thank you! Lesley A. Slavin, Ph.D. Kailua

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lstilwell@westmauicounseling.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 11:06:44 AM
Attachments: [C.-Article-Integrated-Mental-Health-Care.pdf](#)

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Stilwell	Individual	Support	No

Comments: To the Committee on Commerce, Consumer Protection, and Health, I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. I work with dually diagnosed patients at the West Maui Counseling center located in Lahaina, Maui and experience the effects of the lack of qualified prescribers in this area. Often times patients have to travel a great distance to receive psychiatric medication which inhibits medication compliance. Finding true integrated mental health and general health care is currently unavailable or scarce at this time; therefor it is critical to allow qualified Psychologists prescriptive authority within their scope of practice. In doing so we will increase medication compliance, participation in therapy services and reduce hospital and emergency service costs. Attached is an article supporting this bill as evidence based practice. Thank you for your attention to this very urgent need for our island community's comprehensive mental health care. Respectfully, Lisa Stilwell LCSW

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lorrainefay@gmx.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Tuesday, February 23, 2016 5:54:46 AM

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lorraine Fay	Individual	Support	No

Comments: I strongly encourage the passage of this bill. The residents of Hawaii need this in order to serve their mental health needs.

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

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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 1072, HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Marie Terry-Bivens and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow specially-trained psychologists to prescribe medication within the scope of practice of psychology as defined by Hawai'i Law.

I live on Kaua'i and have served as a mental healthcare provider for over 16 years on all sides of the island. I have experienced the impact, with patients, of the prescriber shortage more times than I can reasonably estimate. The shortage impacts both adults and children, and the suffering is real and entirely unnecessary. There are prescribers on Kauai who, to this day, have the phrase "The doctor is not taking new patients," on their voicemail. Where does this leave mental health patients in need of modern medication?

As a psychologist working within the public school system's School-Based Behavioral Health (SBBH) program for the last 16 years, I have worked with children diagnosed with mental disorders in schools from Kekaha on the far west side to Hanalei School on the North Shore. I have participated in numerous efforts to increase access to prescribers on Kauai. SBBH has gone to great lengths over the years to collaborate with the Department of Health which provided one psychiatrist for a number of years who also had administrative duties. This was a good-faith effort on the part of DOH: psychiatrists are expensive to employ, and difficult to retain in state positions. But even when this initiative was working, wait times for children were very long. We are talking 6 weeks or longer. I participated in many treatment team meetings where even looking into medication as a treatment option was not considered because it would take so long for a child to even see a trained prescriber. Today the DOH provides only a part-time psychiatrist, so the availability of modern pharmacological treatments is even lower within the system.

Another problem on Kauai is that private providers often leave after practicing for a few

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

years. This problem of retaining doctors is especially bad in mental health, because mental health care is provided in the context of a relationship between the provider and the patient. Patients have to talk about confidential things, and a comfortable rapport is established so that the doctor can tell when the patient isn't doing well emotionally. Starting over with a new prescriber is difficult, and that is if the patient can even get in to see a one. Every day I worry about how many rural people there are, adults and children suffering unnecessarily in Hawaii! Every time I see news of a suicide on Kauai, or have to work with the family members who survived this kind of a tragedy, I wonder: could proper access to modern care have prevented this? This is 2016! We have the technology! We have the training apparatus to train psychologists to prescribe safely! It is only the laws and regulations that govern how meds for mental illness are provided to patients in our state that are causing this problem.

I have looked into the proposed solution very carefully. In fact, I ran for President of the Hawaii Psychological Association specifically in order to look into what psychologists could do to fill the gaps in care that occur across Hawaii. And I have talked personally with doctoral-level educators from UH at the Clinical Pharmacology program located on the Hilo Campus. The program there is of the highest quality, and provides all of the academic training that is required by psychologist prescriptive bills in other states like Illinois, New Mexico, and Louisiana. In fact, Hawaii should be very proud that its university offers such a comprehensive and innovative program, but it is time that the citizens of Hawaii became the beneficiaries of these efforts!

The proposed legislation will dramatically increase the access that children and adults in Hawaii have to modern care for psychological illnesses. It will not cost the state any additional funds. It is the right choice, it is the moral choice, it is the choice that will alleviate unnecessary suffering in our state. Thank you so much for your willingness to hear me on this issue.

Sincerely,

Marie Terry-Bivens, Py.D.

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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair; Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair; Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM Conference Room 229

TESTIMONY IN SUPPORT OF HB 1072, HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Marya Grambs, community mental health advocate, and I wish to submit this testimony **in strong support** of HB 1072, HD 1.

I am former Executive Director of Mental Health America for 10 years. I support this bill because we have innumerable people calling our Help Line, desperate for assistance. They are people with mental health conditions – or their family members – who need to find a psychiatrist to prescribe them psychiatric medication, and they are Quest patients. They are unable to find psychiatrists willing to treat them.

This is an urgent problem. People's psychiatric conditions worsen without treatment, and some become unable to function, become homeless, or get arrested, or worse. The psychiatric community has told us, year after year, that they would find psychiatrists willing to treat Quest patients, but they have been unable to do so.

One important solution is to enable Clinical Psychologists to obtain advanced psychopharmacology training. This has been successful in many other states and medical systems for decades. The training, contrary to what psychiatrists will tell you, has been proven to be effective and provide Clinical Psychologists with the necessary skills to treat patients successfully and safely.

Psychiatry's arguments are the same ones that have been used for decades against nurses, podiatrists, optometrists, dentists and doctors of osteopathy. In all of these cases, despite opposition, the non-physician prescribers have been able to increase access to care with good success. Psychiatrists' misleading position is not in the best interests of Hawaii's mental health patients.

Thank you for your consideration.

Respectfully submitted,
Marya Grambs

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: bishopmattj@gmail.com
Subject: *Submitted testimony for HB1072 on Feb 24, 2016 09:00AM*
Date: Tuesday, February 23, 2016 10:21:35 AM

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Bishop	Individual	Support	No

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: worldmk007@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 11:11:25 AM

Michael Kellar
435 Haleloa Place, Apt. E
Honolulu, HI 96821-2251

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Michael A. Kellar, Psy.D.
(808)284-9500

From: [Michael Tilus](#)
To: [CPH Testimony](#)
Subject: HB 1072
Date: Saturday, February 20, 2016 10:09:27 AM

Measure HB 1072

DATE: Wednesday, February 24, 2016

TIME: 9:00 am

PLACE: Conference Room 229, State Capitol 415 South Beretania Street

2/20/2016

In Support of HB-1072

I strongly support the passing of HB-1072 authorizing prescriptive authority for appropriately trained doctoral psychologists.

For the past fourteen years my wife and I have served in isolated, remote, medically underserved communities in rural America, principally in Indian Country. Prescribing medical psychologists have successfully served in these communities since 2010 with documented levels of improved patient-centered care, high patient customer satisfaction, reduced pharmacological and medical expense, and no reported Adverse Events.

As a prescribing medical psychologist, I practice within a shared patient-centered clinic and hospital, actively collaborating with my medical and pharmacology colleagues, with the end result of overall improved well being of our patients. Since the introduction of the prescribing medical psychologist, the Indian Health Service (IHS) and the US Public Health Service (USPHS) have followed the Department of Defense's experience in seeing the mission-multiplier effect of adding this doctoral level behavioral health provider. This doctoral level professional is the only independent behavioral health provider who has the widest skill-set provide psychotherapy, crisis intervention, program development, medication evaluation, and when appropriate, medication reduction.

I practice in an integrated fashion, involving the patient, family, school, and extended family, in gathering a full evaluation for treatment. Treatment is tailored to the patient and family, their resources, and may or may not include medication with psychotherapy. This new standard of care has been marked within the IHS as their "Blue Ribbon Standard for Behavioral Health Care." I see all my patients monthly,

and sometimes more often, with the specific therapeutic purpose of building a positive relationship with them and their family. I see my patients regularly and often to maximize the positive value of the “therapeutic relationship”, as well as to closely monitor for potential Side Effects to any medication I may have prescribed.

After recruiting prescribing medical psychologists for Indian Country, they have, or are now serving, as Clinical Directors, Chief Medical Officers, Directors of Behavioral Health, and at times, Acting CEOs. Native American Representatives and physicians practicing in Indian Country have testified in MT, ND, and ID in support of legislative authorizing prescriptive authority.

Passing HB-1072 will provide Hawaii with providers that have an undisputed safe practice history, positive treatment impact, increased access, reduced costs, higher patient satisfaction, and no Adverse Events. I strongly encourage you to support HB-1072.

Respectfully submitted,

Michael R. Tilus, PsyD, MP
Past-President
American Psychological Association, Division 55

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: njvermont@gmail.com
Subject: *Submitted testimony for HB1072 on Feb 24, 2016 09:00AM*
Date: Saturday, February 20, 2016 5:20:59 PM

HB1072

Submitted on: 2/20/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Vermont PsyD	Individual	Support	No

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

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

**Naomi Mersberg
P.O. Box 841
Kilauea, HI 96754**

(808) 639-7424

Re: TESTIMONY IN SUPPORT OF HB 1072, HD 1

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Wednesday, February 24, 2016 at 9:00 AM

Conference Room 229

State Capitol

415 South Beretania Street

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

Honorable Chairs, Vice-Chairs and members of the Committees on Commerce, Consumer Protection and Health and Judiciary and Labor, I am Naomi Mersberh and I wish to submit this testimony in strong support of HB 1072, HD 1. This bill would allow specially-trained psychologists to prescribe medication within the scope of practice of psychology as defined by Hawai'i Law.

I am a mother and teacher living on Kaua'i. I have lived here since I was a teen and am married with three children. I am writing to you to ask that you please pass HB 1072 which would allow my daughter who has anxiety and takes prescribed medication to have better access to care.

I am keenly aware that psychiatry services on Kaua'i are extremely limited and having continuity of care with the same doctor over time is even rarer. Psychiatrists come and go and have long wait times to get initial appointments. After several trials, we found a medication that works for my 10-year-old daughter and she is stable and does well academically and socially when given regularly.

However, finding a regular prescriber has been very challenging. After finding long wait times for psychiatrists and limited availability across the island, my daughter now goes to the Wilcox Medical Clinic to get her medication prescribed by her pediatrician. However, the doctors change regularly and she sees whoever is available. The medication she takes is often unknown to the pediatrician and they have to research to understand why she takes it prior to prescribing it. This requires my daughter who has anxiety to explain over and over again to different doctors what her symptoms are and why she takes a particular medication which is extremely difficult

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

given that the reason she takes medication is because of anxiety. The process of having to go to different doctors makes her want to not go to the doctor to get her medication. I can surely understand why some parents just give up. The access to care on neighbor islands is unacceptable.

When we go to see our psychologist the appointments are regular and long enough to really understand what is going on in our lives. If specially trained psychologists were able to prescribe medications within their scope of practice, our children would have better access to the care they need.

Thank you so much for your willingness to hear me on this issue.

Sincerely,

Naomi Mersberg



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

• Na Pu`uwai Adult Day Care & Health Center • (808) 560-3655 • Na Pu`uwai Fitness Center (808) 553-5848 •
• Ke Ola Hou O Lana`i • PO Box 630713 Lana`i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319 •

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING

Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

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

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

I support this bill for numerous reasons:

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

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

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

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

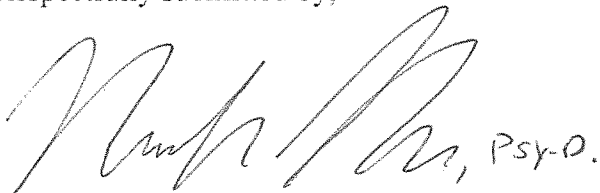
In Hawai'i, more people die from suicides than from motor vehicle accidents, drownings, falls, poisonings, suffocations, and homicides. From 2008-2012, there was an *increasing trend* in number of suicides and attempts in Hawai'i with an average of 170 deaths and 852 attempts per year. More than half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

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

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

Thank you for your consideration.

Respectfully submitted by,

A handwritten signature in black ink, appearing to read 'Nicole M. Robello, Psy.D.', with a stylized, cursive script.

Nicole M. Robello, Psy.D.
Licensed Clinical Psychologist
Behavioral Health Program Director

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: erony@hawaiiantel.net
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 8:48:22 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Noreen Erony LCSW	Individual	Support	No

Comments: Please pass this bill! Two weeks ago, I had a new client in crisis. It was Friday afternoon and she was suffering Post Partum Depression that seemed to be heading to psychosis. I could find no psychiatrist or Psych APRN to medicate her. I finally convinced an APRN who is a Family Practitioner to prescribe her an anti-depressant to get her through the weekend. This patient easily could have landed up in the ER and needed psychiatric hospitalization. Cost of seeing a practitioner in the community? \$60. The cost if she had to go to the ER with subsequent hospitalization? Thousands of dollars billed to taxpayers!!! And the suffering a patient goes through has no dollar value. We need more prescribing practitioners on Maui. We are at crisis level. Please pass this bill!

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

I would like to testify in support of HB 1072. I am a New Mexico prescribing psychologist and have been for over four years. I work in a very small community which is rural and poor with extremely limited services. I do work in a small private practice with primarily adolescents and adults. I believe that I provide services that are not provided elsewhere in this community. We have many people who travel long distances for mental health services. Medicaid usually does not pay for a visit to your psychiatrist and a visit to your therapist in the same day, however, I can provide both services with one trip. My patients have found this a real advantage. Most of my referral sources are by patient referral as well as from PCP's but I also have received into as well as from but I also most of my referral sources are by patient referral as well as from PCPs but I have also received referrals from other mental health agencies in the area. New Mexico's history of addressing shortages of psychiatric care through the institution of highly trained prescribing psychologist has significantly improved the quality of services in New Mexico. We have a very high record of safely prescribing psychotropic medications with no known board complaints. I would finally state that approximately 75-85% of our currently licensed prescribing psychologist currently provide services to the most vulnerable people in the state. We are in rural communities, on Native American reservations and pueblos, in primary care clinics, and in the inner-city working with highly underserved populations. Almost 100% of us except Medicaid and/or provide services for the indigent. I strongly believe that your adoption of highly trained prescribing psychologists would increase your quality of care also. Again I would like to support HB 1072.

From: sberge@westhawaiihc.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Monday, February 22, 2016 12:01:34 PM

Sarah Berge
75-5751 Kuakini Hwy Suite 203
Kailua Kona, HI 96740-1753

February 22, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Sarah L. Berge
8083316474

From: [Shana Laririt](#)
To: [CPH Testimony](#)
Subject: Measure HB1072 Hearing 2/23
Date: Tuesday, February 23, 2016 9:00:22 AM

RE: Testimony in Strong Support for Measure HB 1072

DATE: [Wednesday, February 24, 2016](#)

TIME: [9:00 am](#)

PLACE: Conference Room 229, State Capitol [415 South Beretania Street](#)

To the Committee on Commerce, Consumer Protection, and Health,

I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. I am a mental health professional and witness daily the toll the lack of access to psychiatric medication is taking on our persistently mentally ill population i.e. Homelessness, substance abuse, use of the hospital emergency services, and increased numbers of psychiatric hospitalizations relayed to not being able to access these medications.

Sincerely,

Shana Laririt
Maui Resident

Sent from my iPhone

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: shirleysuder@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Saturday, February 20, 2016 6:11:52 PM

HB1072

Submitted on: 2/20/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Shirley Suder	Individual	Support	No

Comments: RE: Testimony in Strong Support for Measure HB 1072 DATE: Wednesday, February 24, 2016 TIME: 9:00 am PLACE: Conference Room 229, State Capitol 415 South Beretania Street To the Committee on Commerce, Consumer Protection, and Health, I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care. Not only am I a consumer but I work in the psychology/psychiatric field. I answer the phone and am the first person your constituents talk to. I hear from people daily begging to recommend or tell them of someone who can prescribe their needed medications because they need to wait at least 6 months to see a psychiatrist. Another daily phrase, "can't you help me, my regular doctor will not prescribe my needed psych meds, he told me to go see a psychiatrist". The lack of access to qualified psychiatric medication prescribers in Hawaii, but especially on Maui where I live, is abhorrent and shameful. As residents and consumers, we deserve better. I respectfully ask that you do everything in your power and pass along to your colleagues as you pass them in the halls of the Capitol, that passing HB 1072 is crucial to the mental health and well being of our communities and our State. Please show us you care but passing HB 1072. Sincerely, Maui Resident

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: stephen@shootingstarsphotography.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 1:03:08 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Holding	Individual	Support	No

Comments: To the Committee on Commerce, Consumer Protection, and Health, I respectfully submit testimony asking that you strongly support HB 1072 and vote Yes on this very important measure. Our communities are suffering because of the lack of access to psychiatric care.

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

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
February 24, 2016 9:00 A.M.
by
Susan Lee, BSN, RN, WCC**

HB1072 HD1 RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN PSYCHOLOGISTS

Chair Baker, Vice Chair Kidani, and members of the Senate Committee on Commerce, Consumer Protection, and Health, thank you for hearing testimony today related to HB1072 HD1 Relating To Prescriptive Authority For Certain Psychologists.

I support of this measure, with comments. Research indicates that 25% of the adult population in the United States has a mental disorder, and that 68% of this population has a comorbid medical condition. This is 10% higher than the population without mental disorders. Further, research indicates that a person with a mental disorder diagnosis is more likely to develop a chronic medical condition, more likely to have elevated symptom burden, and may have difficulties managing their chronic condition due to barriers caused by the mental disorder¹. This population is vulnerable due to the unique nature of their mental and medical conditions.

1 Policy Brief: Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation. 2011. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438

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

3 Institute of Medicine. Future of Nursing. 2010.

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

We are currently experiencing a widespread shortage of Mental Health Care Professionals as a subset of our overall Health Provider workforce shortage. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) estimates that only 50.91% of the need nationally, and 64% of the need in Hawai'i is currently met by the existing psychiatric workforce². Increasing access to qualified health care professionals trained in mental disorder diagnosis, pharmacotherapy treatment, and counseling is of dire need for this population and for our state.

I have undertaken the task of achieving the Institute of Medicine's Future of Nursing recommendations³, which includes expanding opportunities for nurses to lead collaborative improvement efforts and to remove barriers to practice that inhibit access to quality care. Therefore, I ask that the Senate Committee on Commerce, Consumer Protection, and Health consider expanding the list of providers described on Page 14, Line 12 to include providers with prescriptive authority so that the population in need of psychiatric pharmacotherapy and psychology services is not limited to only those under primary or attending care of a physician. With the Legislature's great support, Advance Practice Registered Nurses (APRNs) with prescriptive authority work across all regions of the state. Including the APRN provider population within the primary care provider population will enable wider access to these proposed expanded services. The reference is listed below:

The Page 14, Line 12: “(d) A medical psychologist shall not prescribe for any patient who does not have a **primary or attending physician.**”

Therefore, I support HB 1072 HD 1, with comments. Thank you for your support of equitable and safe health care access in Hawai‘i.

From: hawaiianpsychology@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Monday, February 22, 2016 11:26:36 PM

Tammie Noelani Perreira
PO Box 810
Waimanalo, HI 96795-0810

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

Tammie Noelani Perreira
8085425624

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: afnurse210@aol.com
Subject: *Submitted testimony for HB1072 on Feb 24, 2016 09:00AM*
Date: Saturday, February 20, 2016 8:45:09 AM

HB1072

Submitted on: 2/20/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
tekia jones	Individual	Support	No

Comments:

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: tvendetti@mhkhawaii.org
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 3:19:52 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Vendetti	Individual	Support	No

Comments: I am in complete support of this Bill, having trained psychologist prescribe psychiatric medications for our clients. There is a great need for this service in Maui County. Thanks Dr. Tom Vendetti

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: novysinmaui@yahoo.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Tuesday, February 23, 2016 8:04:39 AM

HB1072

Submitted on: 2/23/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tracey Novy	Individual	Support	No

Comments: I am a former Maui resident & received treatment for mental health concerns. I sought help & believe that a licensed professional in that field with the proper credentials should be able to prescribe necessary medications. When someone is struggling & gets the courage to seek help, I believe their doctor should be able to completely help them, not just counsel & refer to another physician. Please give these professionals the ability to offer full-comprehensive care to their patients. Mahalo. Tracey Novy Former 12 year resident of Maui

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

02/22/2016

To Whom It May Concern:

I am writing today in continued support of HB 1072 that addresses the ongoing problem of shortage of psychiatric physicians and primary care physicians with training, time and resources to address the ever increasing psychiatric conditions in the community. I am a board certified family physician who served as medical director and physician at the Molokai Community Health Center on Molokai before moving to California. I still retain an active Hawaii license to practice medicine but currently practice with multiple psychologists, psychiatrists and psychiatric technicians serving the severely developmentally and intellectually disabled with underlying psychiatric disorders at the Sonoma Developmental Center in California. I see directly, on a daily basis, the absolute necessity for improved access to psychological care and medications for all persons particularly those living in the community outside of an institutionalized setting.

The overwhelming need for timely and consistent mental health services was abundantly clear to me while working on the island of Molokai. Although Molokai is considered isolated and tends to score low on access to health services across multiple domains the need for psychiatric care with medication management remains a large issue not only on Molokai but across all of Hawaii and ultimately across the entire United States. Medical models that have embraced the Patient Centered Medical Home and federally funded community health centers have worked to lessen this extreme gap by including behavioral health services as part of general services provided by a health center. This, however, is only a small step in the right direction as most health centers struggle to provide basic behavioral health services while necessary medical prescriptions are left to primary care physicians to provide. Frequently patients go without consistent and proper psychiatric medications all together. Further, while primary care physicians have training in psychiatric medications this is only a small part of their large scope of practice and physicians are often left prescribing complex and significant medications under time constraints with limited access to adequate psychiatric support systems.

HB 1072 seeks to offer some solutions to a complex problem. By allowing providers who not only have extensive training in behavioral health but also have obtained additional accredited training specific to management of behavioral medications to prescribe such medications we can begin to alleviate the problem of lack of access to psychiatric medicine management. This would also reduce the burden that intensive psychiatric medication management puts on primary care physicians and improve continuity of care between behavioral health and behavioral medication services. The requirement of physician oversight will help ensure that appropriate prescribing practices and general medical care is also being met. This, in fact, would seem to augment the ability of the current patient centered medical home model to truly and fully integrate behavioral health services into the health and well-being of all patients.

As a physician, I agree, that our health care system is in dire need of more psychiatrists and primary care physicians with expanded training in behavioral health. Currently, however, the amount of qualified available physicians is unable to keep pace with the need for behavioral health services in our

communities. Failing to address this serious issue will only lead to further disparities in health, increased health care costs and worsening psychosocial determinants not only for the affected patients but the communities in which they reside. I have practiced medicine in several different states and can attest that Hawaii is actually leading the way in terms of improved primary care, building effective community health centers and successful patient centered medical homes. I believe adoption of HB 1072 will be another collaborative and momentous decision that will improve the health status of the people of Hawaii and serve as an innovative model for the rest of the country.

Thank you for your consideration of this very important bill.

Sincerely,

Traci L Stevenson, D.O.

Traci.stevenson@sonoma.dds.ca.gov

trlymosher@yahoo.com

From: vkhanes@westhawaiiichc.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 9:06:25 AM

Victoria K. Hanes Psy.D.
75-658 Lalii Place
Kailua Kona, HI 96740-6910

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

I am currently a Licensed Psychologist and the Director of Behavioral Health at the West Hawai'i Community Health Center, a Federally Qualified Health Center in Kailua Kona. We have worked hard to provide programming and services for our community, which has a severe lack of specialty health care and resources; but the need is overwhelming. HB 1072 would provide options for healthcare for a community that is struggling with high rates of trauma, substance abuse, mental health issues and chronic disease. In an effort to better serve my community, I am currently in year two of the Psychopharmacology Master's Degree at UH Hilo's School of Pharmacy. I have taken the problems that I see in my community as my personal responsibility, and I am committed to getting the appropriate training to meet this need and provide services to those who are vulnerable and might not otherwise have access to quality healthcare.

What is the motivation behind our efforts? If you look at testimony

provided over the years, psychology's message is consistent: to provide a full range of mental health services to Hawai'i's unserved and underserved communities. HB 1072 HD 1 will expand psychologists' ability to do exactly that. Thank you for your consideration.

Sincerely,

Victoria K. Hanes, Psy.D.
8087229179

From: william777m@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of Prescriptive Authority for Advanced Trained Psychologists
Date: Tuesday, February 23, 2016 8:11:37 AM

William Marks
4348 Waialae Ave #918
Honolulu, HI 96816-5767

February 23, 2016

Rosalyn H. Baker
Chair

Dear Senator Baker:

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani,, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

NOTICE OF HEARING
Wednesday, February 24, 2016 at 9:00 AM
Conference Room 229, State Capitol, 415 South Beretania Street

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

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

I support this bill for numerous reasons:

1. In Hawai'i, there is a substantial gap in mental health care that can be safely filled by granting prescription privileges to already licensed clinical psychologists who go on to obtain advanced training in clinical psychopharmacology.
2. Psychologists have been prescribing medications since 1974. They have done so in state systems, in the Indian Health Service, and in the Department of Defense (Army, Navy, Air Force) with no adverse effects or safety concerns raised.
3. There are now 130 psychologists who have been licensed to prescribe in

New Mexico and Louisiana. The results of their work have been also been successful. For example, in New Mexico, the prescribing psychologists have increased the number of doctoral-level trained prescribers by 100%, and increased access to care among Medicaid patients by 60%. In Louisiana, after 10 years of practice, there have been NO complaints against medical psychologists regarding prescribing.

4. The education and training outlined in this bill, based in part on the already proven training of the U.S. Department of Defense Psychopharmacology Demonstration Project, and consistent with the American Psychological Association's Recommended Post-Doctoral Training in Psychopharmacology for Prescription Privileges, will provide psychologists with the core knowledge in medicine and psychopharmacology they will need to prescribe psychotropic medications safely and effectively. 5. The training is part of a master's degree, completed after a psychologist has completed their doctoral degree and is licensed, the cost of which would be covered by the individual psychologist. These programs do not cost the state a single penny.

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

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

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

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

Sincerely,

William Marks
8088889307

Petition Testimony: 204 Signatures

Psychologists Opposed to Prescription Privileges for Psychologists
www.poppp.org



Board of Advisors

Elaine Heiby, Ph.D.
Robert Klepac, Ph.D.
William Robiner, Ph.D.
Tanya Tompkins, Ph.D.
Timothy Tumlin, Ph.D.
Richard Stuart, D.S.W.

Petition-Testimony OPPOSE HB1072_SD1

A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (**HB1072_SD1**)

19 February 2016

We, the undersigned psychologists and all others concerned about quality healthcare to OPPOSE any efforts to allow psychologists to prescribe medications. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being championed by other stakeholders, such as patient advocacy or public health groups. As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and wellbeing and will continue to do so. The profession of Psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence...even if they obtain the additional training advocated by the American Psychological Association.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does not equip them to prescribe and manage medications safely.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in terms of their overall training in matters directly related to managing medications. **The APA model is substantially less rigorous and comprehensive than the training required for all other prescribing disciplines.** Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is not the case for training in clinical psychopharmacology. **The APA training model for prescribing even fails to meet the recommendations of APA's own experts** in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation of programs).

It is noteworthy that the APA training model is substantively less rigorous than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is far less comprehensive, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not! In fact, the final report on the DoD project revealed that the psychologists were "**weaker medically**" than psychiatrists and compared their medical knowledge to **students** rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. At this point, the training is less rigorous, with most of the training occurring online.

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. An article in the *American Journal of Law & Medicine* entitled, "Fool's Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they are highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

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

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

Another concern is the limited expertise of psychology regulatory boards to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have not overseen prescribing, we question whether regulatory boards have the expertise, resources and systems to provide effective oversight of psychologist prescribing.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available collaborative models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

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

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

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

Carolina Clancy, Ph.D.	Durham VA Medical Center	carolina.clancy@va.gov
Carolyn A. Weyand, Ph.D.	Private Practice	cweyand@copper.net
Carolyn Black Becker, Ph.D.	Trinity University	cbecker@trinity.edu
Catherine A. Fiorello, Ph.D., A.B.P.P.	Temple University	catherine.fiorello@temple.edu
Cheryl Carmin, Ph.D.	University of Illinois at Chicago	ccarmin@psych.uic.edu
Cynthia Spanier, Ph.D.	Psychological Health & Behavioral Medicine	cyndiespanier@aol.com
Dana Fox, Ph.D.	Private Practice	decfox@aol.com
Daniel J. Burbach, Ph.D., A.B.P.P.	Lakeview Psychological Associates, S.C.	dbgc@tds.net
David Fresco, Ph.D.	Kent State University	fresco@kent.edu
David Marcus, Ph.D.	Washington State University	david.marcus@wsu.edu
David S. Schwartz, M.A.		DSchwa68@aol.com
David Valentiner, Ph.D.	Northern Illinois University	dvalentiner@niu.edu
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com
Dawn Birk, Ph.D.	Indian Health Services Behavioral Health (MT)	dawn.birk@ihs.gov
Dean McKay, Ph.D.	Fordham University	mckay@fordham.edu
Deanna Barch, Ph.D.	Washington University	dbarch@artsci.wustl.edu
Diana S. Rosenstein, Ph.D.	Private practice	drosenstein@juno.com
Diane L. Bearman, Ph.D.	University of Minnesota Medical School	bearm003@umn.edu
Dianna L. Kucera, M.A.	Private Practice	DKucera21@yahoo.com
Don Benson, Psy.D.	Park Ridge Behavioral Health Care	donbenpsyd@yahoo.com
Douglas A. MacDonald, Ph.D.	University of Detroit Mercy, Dept of Psychology	macdonda@udmercy.edu
Drew A. Anderson, Ph.D.	University at Albany-SUNY	drewa@albany.edu
E. David Klonsky, Ph.D.	University of British Columbia	edklonsky@gmail.com
Edward Katkin, Ph.D.	SUNY at Stony Brook	edward.katkin@sunysb.edu
Elaine Heiby, Ph.D.	University of Hawaii at Manoa	heiby@hawaii.edu
G Neffinger, Ph.D., A.B.P.P.	Private Practice	ggneff@earthlink.net
Gail Margoshes, Psy.D.	Private Practice	margoshes@aol.com
Gary Schoener, M. Eq.	Gary R. Schoener Consulting	grschoener@aol.com
Geoffrey L. Thorpe, Ph.D., A.B.P.P.	University of Maine	geoffrey.thorpe@umit.maine.edu
Gerald C. Davison, Ph.D.	University of Southern California	gdavis@usc.edu
Gerald Rosen, Ph.D.	University of Washington	grosen@uw.edu
Gregory Stuart, Ph.D.	University of Tennessee Health Science Center	gstuart@utk.edu
Howard Eisman, Ph.D.	New York Institute for Cognitive and Behavioral Therapy	howardeisman@verizon.net
Howard N. Garb, Ph.D.	Lackland Air Force Base	howard.garb@lackland.af.mil
Ian Douglas Rushlau, Psy.D.	Belmont Center for Comprehensive Treatment	Rushlau@einstein.edu
Ian R. Sharp, Ph.D.	Private Practice	is@medavante.net
Ilyssa Lund, Psy.D.	Argosy University	ilyssa.lund@gmail.com
James C. Megas, Ph.D., L.P.	Private Practice	jmegas@cal.berkeley.edu
James Carson, Ph.D.	Oregon Health Science University	carsonja@ohsu.edu
James Coan, Ph.D.	University of Virginia	jcoan@virginia.edu
James D. Herbert, Ph.D.	Drexel University	james.herbert@drexel.edu
James G. Murphy, Ph.D.	University of Memphis	jgmurphy@memphis.edu
James Overholser, Ph.D., A.B.P.P.	Case Western Reserve University	overholser@case.edu
James Schroeder, Ph.D.	St. Mary's Center for Children	jschroeder@stmarys.org
Jan Willer, Ph.D.	Private Practice	jan@drwiller.com
Jane E. Fisher, Ph.D.	University of Nevada, Reno	jefisher6@yahoo.com
Jeff R. Temple	University of Texas Medical Branch, Galveston	jtemple@utmb.edu
Jeffrey M. Lohr, Ph.D.	University of Arkansas	jlohr@uark.edu
Jeffrey M. Zacks, Ph.D.	Washington University	jzacks@artsci.wustl.edu
John A. Yozwiak, Ph.D.	University of Kentucky	jayozwiak@uky.edu
John Allen, Ph.D.	University of Arizona	jallen@u.arizona.edu
John Breeding, Ph.D.	Private Practice	wildcolt@austin.rr.com
John B. Hertenberger, PhD	Rockdale Juvenile Justice Center	johnh@rrjjc.com
John C. Hunziker, Ph.D.	Private Practice	JCHunziker@msn.com
John P. Hatch, Ph.D.	University of Texas Health Science Center at San Antonio	hatch@uthscsa.edu

John T. Moore, Ph.D.	Richmond State Hospital	moorejohnt@gmail.com
Jon Elhai, Ph.D.	University of Toledo	jonelhai@gmail.com
Jonathan Abramowitz, Ph.D.	University of North Carolina at Chapel Hill	jabramowitz@unc.edu
Jordan Bell, Ph.D.	New Mexico Veterans Affairs Health Care System	jordan.bell@va.gov
	Advocate Illinois Masonic Medical Center Behavioral Health Services	
Jorge Cuevas, Ph.D.	Nationwide Children's Hospital	Jorge.Cuevas@advocatehealth.com
Joseph Hatcher, Ph.D., A.B.P.P.		Joseph.Hatcher@NationwideChildrens.org
Julie Anne Holmes, Ph.D.		jholmes@hawaii.edu
Julie Larrieu, Ph.D.	Tulane University School of Medicine	jlarrie@tulane.edu
K. Anthony Edwards, Ph.D.	Private Practice	kanth86@hotmail.com
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com
Karen B. Wasserman, PsyD, RN	Private Practice	drkarenb@columbus.rr.com
Katherine Kainz, Ph.D.	Olmsted Medical Center	kkainz@olmmed.org
Kathleen Palm, Ph.D.	Clark University	kpalm@clarku.edu
Kathleen Palm, Ph.D.	Clark University	kpalm@clarku.edu
Kelly G. Wilson, Ph.D.	University of Mississippi	kwilson@olemiss.edu
Kenneth D. Cole, Ph.D.	VA Long Beach Healthcare System	kenneth.cole@va.gov
Kenneth Feiner, Psy.D.	Private Practice	kenfeiner@aol.com
Kenneth L. Grizzle, Ph.D.	Medical College of Wisconsin	kgrizzle@mcw.edu
Kristin Kuntz, Ph.D.	The Ohio State University Medical Center	kristin.kuntz@osumc.edu
Kristy Dalrymple, Ph.D.	Brown University/Rhode Island Hospital	kristy_dalrymple@brown.edu
Latha Soorya, Ph.D.	Mount Sinai School of Medicine	latha.soorya@mssm.edu
Leonardo Bobadilla, Ph.D.	Western Carolina University	lbobadilla@wcu.edu
LeRoy A. Stone, Ph.D., A.B.P.P.	Private Practice	lastone2@earthlink.net
Lewis Schlosser, Ph.D.	Seton Hall University	lewis.schlosser@shu.edu
Lisa Hoffman-Konn, Ph.D.	Minneapolis VAMC	lisa.hoffman-konn@va.gov
Lisette Wright, M.A.	Private Practice	lwrightpsy1@earthlink.net
Marc Atkins, Ph.D.	University of Illinois at Chicago	atkins@uic.edu
Marc Kessler, Ph.D.	University of Vermont	mkessler@uvm.edu
Marion Rollings, Ph.D.	Private Practice	Drmarionrollings@gmail.com
Marion Rudin Frank, Ed.D.	Private Practice	mjfrank@comcast.net
Mark D. Popper, Ph.D.	Sequoia Psychotherapy Center, Inc.	mdpphd@comcast.net
Mark Zipper, Ph.D.	Allina Medical Clinic	Mark.Zipper@allina.com
Marlys Johnson, M.A.	University of Minnesota	marlysjohn@aol.com
Martha Josephine Barham, Ph.D.	Private Practice	marti@drbarham.com
Martin Keller, Ed.D., A.B.P.P.	Private Practice	martykeller@cox.net
Mary A. Fristad, Ph.D., A.B.P.P.	The Ohio State University	mary.fristad@osumc.edu
Mary Gail Frawley-O'Dea, Ph.D.	Private Practice	mgfod@aol.com
Mary Lamia, Ph.D.	Private Practice	drlamia@aol.com
Mary Pharis, Ph.D., ABPP	Private Practice	marypharis@mail.utexas.edu
Matthew Fanetti, Ph.D.	Missouri State University	mfanetti@missouristate.edu
Matthew Jarrett, Ph.D.	University of Alabama	majarrett@ua.edu
Matthew K. Nock, Ph.D.	Harvard University	nock@wjh.harvard.edu
Michael Aisenberg, Psy.D.	Private Practice	Dr.A@yourAgame.com
Michael Handwerk, Ph.D.	Harrisburg Medical Center	handwerk@u.arizona.edu
Michael J. Rohrbaugh, Ph.D.	University of Arizona	michaelr@u.arizona.edu
Michael Myslobodsky, Ph.D.	Howard University	mmyslobodsky@gmail.com
Michael P. Twohig, Ph.D.	Utah State University	michael.twohig@usu.edu
Michael Thompson, Psy.D.	Private Practice	info@drmichaelthompson.com
Michael P. Dunlap, Psy.D.	Mentor Professional Corporation	talkdoc@comcast.net
Michelle James, Ph.D., A.B.P.P.	Private Practice	mjames@oakton.edu
Mike Parent, M.A.	University of Akron	michael.parent@ufl.edu
Milton E. Strauss, Ph.D.	University of New Mexico/Case Western Reserve University	Milton.Strauss@gmail.com
Molly S. Clark, Ph.D.	University of Mississippi Medical Center	mclark@umc.edu
Monte Bobele, Ph.D., A.B.P.P.	Our Lady of The Lake	bobem@lake.ollusa.edu
Nandi Haryadi	PT. Mekar Armada Jaya	n4ndie@gmail.com
Nathan Weed, Ph.D.	Central Michigan University	nathanweed@charter.net

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

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

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: rsethre@gmail.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 4:35:38 PM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Sethre, Psy.D.	Individual	Oppose	No

Comments: I strongly oppose this bill as dangerous to the public by allowing inadequately trained psychologists to prescribe powerful medications. There are safer and more effective options for addressing the need to increase patient access to mental health medications.

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

To: Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection, and Health Committee; Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor and Members of the Joint Committees

From: Meilan Akaka Manfre

Position: Opposed

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

Hearing Date: February 24, 2016

Thank you for the opportunity to testify in opposition to HB 1072 HD1, which proposes to allow inadequately trained non-medical physicians to prescribe medicine.

As an instructional coach for teachers in rural areas of Hawai'i, I see the need for increased medical care and provision of mental health services to teachers, students and families alike. However, it is with great concern that I write to you regarding the proposed bill, which would enable psychologists with non-medical degrees and minimal training to be able to prescribe medicine that would chemically affect lives. As a highly qualified educator, I believe that all professionals should be highly qualified to offer the services they are trained to do, and I deeply believe that a medical doctorate (MD) is an essential mark of qualifications to prescribe medicine.

As a family member of relatives who struggle with mental illness, I see how medicine prescribed by psychiatrists who have gone through extensive training to become MDs help them to be gainfully employed contributing citizens, and I would fear the potential of them and others who also have mental illness receive medicine prescribed by those who are not highly qualified to do so.

I urge your Committee not to pass this measure. Thank you for considering my testimony in opposition to HB 1072 HD1.

Sincerely,
Meilan Akaka Manfre
M.Ed. Special Education
Resident of Pearl City, Hawaii

To: Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection, and Health Committee
Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor And Members of the Joint Committees
From: Rika Suzuki, M.D.
Subject: HB 1072 HD1 Proposed SD1 Relating to Prescriptive Authority for Certain Psychologists

Hearing Date: February 24, 2016

Dear Senator Baker, Senator Keith-Agaran, and Members of the Joint Committees,

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

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

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

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

In allowing psychologists with no medical school training and limited clinical training to prescribe psychotropic medications with numerous potential adverse effects, I believe we can expect a wide range of unanticipated outcomes. Even for experienced physicians, the tracking and understanding of response to and intolerance of medications can be muddled or obscured by patient descriptions being unclear or vague. What helps the physician delineate how best to serve their patients is their ability clinically to screen for medical side effects and impacts, their pursuit of appropriate labs and interpretation of the workup, and investigation of

possibilities of the optimal medication fit for each individual patient. With medical compromise, the task is that much more critical and challenging, and hence, risky (i.e., elderly, pregnant women, children, patients affected by substance use/intoxication or abuse vs dependence)

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

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

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

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

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

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

Sincerely,

Rika Suzuki MD, adult and geriatric psychiatrist

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

February 24, 2015, 9:00 am

Re: **HB 1072 SD1 Proposed**
Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

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

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

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

Please vote NQ on HB 1072 SD1 Proposed

Thank you in advance for your consideration of my testimony.

Leslie Hartley Gise MD
Clinical Professor, Department of Psychiatry, JABSOM, UH
Medical Staff Member, Maui Memorial Medical Center
Practicing psychiatrist on Maui x 21 years treating the disadvantaged and underserved

To: Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection, and
Health Committee

Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor

And Members of the Joint Committees

From: Asad Ghiasuddin MD, FAAP, FAPA

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

Hearing Date: February 24, 2016

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

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

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

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

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

opposition to HB 1072 HD1.

Mahalo,

Asad Ghiasuddin MD, FAAP, FAPA

Dear Senator,

My name is Milton Strauss, Ph.D. in clinical psychology. I was in practice and trained clinical psychology students for close to 40 years. I was the director of a training program in clinical psychology for 15 years.

I write to you to urge your opposition to any legislation that would allow psychologists to prescribe medications, including amendments to **HB1072**. This bill and its amendments seek to make Hawaii the third state (New Mexico, Louisiana) to allow psychologists to prescribe psychotropic drugs. Two states, New Mexico and Louisiana, have experimented with psychologist prescribing, but require physicians to supervise their practices far more than what is required in HB1072. I outline some serious concerns about the proposed legislation for your consideration and direct your attention to the fact that this is not a cost-effective or safe solution to increasing access to psychiatric medication.

HB 1072 continues to create serious questions about training non-medical professionals to prescribe drugs.

HB 1072 would allow psychologists to prescribe medications part-time after taking classes online. Such medications are particularly risky for use with vulnerable populations such as children, the elderly and pregnant women. Yet the legislation includes no provision for specific training with these populations.

Psychotropic medications used to treat mental illness are among the most powerful in modern medicine and they affect all parts of the body, not just the brain. They are particularly risky to use in populations that may have complex medical/medication histories (i.e., elderly). Special training with youth is also required given that children metabolize medications differently than adults and can be adversely affected by treatment mistakes that can cause serious setbacks to a child's emotional and physical development.

Psychiatry requires special fellowships and board certification to treat children and adolescents, but HB 1072 requires no such special training. Additionally, HB 1072 raises serious questions about the nature of the training it allows. In 2014 a national survey of more than 600 psychologists by the Association for Behavioral and Cognitive Therapy (ABCT) found that only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill.

HB 1072 will not improve access to mental health services.

In contrast to the bill's rationale about current prescribing psychologists meeting unmet needs, the prescribing laws in New Mexico and Louisiana did **not** result in psychologists moving their practices to rural areas as they had declared would happen (see chart below – Tompkins & Johnson, in press) and there are currently no prescribing psychologists in Guam despite enabling legislation in 1999. Existing data in state surveys suggest that few psychologists express an interest in becoming a prescriber which calls into question both feasibility and cost-effectiveness. Additionally, proponents of this bill provide statistics suggesting psychologist prescribing as a solution to high rates of suicide in HI, especially among youth. However, anti-depressants currently have a black box warning for both youth and young adults cautioning the prescriber to monitor the possible risk of increased suicidality, while research shows that

psychotherapy reduces suicide risk just as well. There are no studies in states allowing psychologists to prescribe suggesting this expansion of scope of practice has had any impact (positive or negative) on suicide rates among patients.

HB 1072 is not supported by most psychologists or legislators.

This bill and the larger push for prescription privileges have been characterized as a turf battle between psychologists and the medical professions. However, surveys indicate that as few as 27 percent of psychologists (the ABCT poll) support psychologists prescribing medications. The majority prefer that psychologists collaborate with physicians as psychologists or obtain traditional medical training to prescribe. . Legislation, both national and in Hawaii, also has an abysmal track record with bills similar to this one have been rejected over 180 times in 26 states over the past 20 years owing to substandard medical training. In 2007, Governor Lingle cited consumer protection concerns in her rationale for vetoing Hawaii's bill.

Access problems are ill-defined and HB 1072 is NOT a solution.

Two states have experimented with psychologists prescribing for more than 10 years and yet report no evidence that this has improved access to care. Access problems are indeed serious and warrant changes, but creating a lesser-trained class of part-time prescribers with internet-based educations is not an appropriate or effective response and would serve to heighten stigma, rather than reduce it.

More sensible is increasing access to therapy, which psychologists are highly qualified to provide, to underserved populations. There are nearly 430,000 health care providers in America who can prescribe psychoactive medications, 2,640 of them in Hawaii. Actively collaborating with physicians (a practice recently recommended over expanding scope of practice by the Canadian Psychological Association) promises to be a safe solution that also guards against the tendency of providers to stop offering psychotherapy in lieu of medication.

Developing and expanding innovative and collaborative approaches for medically-qualified providers (e.g., medical home model, collaboration, telehealth) promises to be a cost-effective and safe solution. Such approaches also promise to circumvent one of the most formidable barriers to access - stigma, given that most individuals who experience mental health problems first visit their family physician.

Thank you in advance for your time and consideration. Please let me know if I can answer any questions or provide more information.

Sincerely yours,

Milton E. Strauss, Ph.D.
Emeritus Professor of Psychology, Case Western Reserve University
Formerly licensed psychologist in MI, MD and OH

HB1072, Proposed SD1

Aloha Chairs Baker, Keith-Agaran, Vice Chairs Kidani, Shimabukuro and Committee Members,

Mahalo for the opportunity to submit testimony. I oppose this bill. In July 2015 the American Psychological Association (APA) released a 500+ page report titled the Hoffman report in response to reports of psychologists engaging in unethical practices. The APA stated that the conclusions of the report “are deeply disturbing” and cites GAO reports on the costly and now defunct DoD prescriptive authority program and the “minimal at best” results in patient outcomes. The Board of Psychology has stated in testimony related to this bill that it lacks the expertise to implement the program and cited concerns for patient safety. This bill may benefit from incorporating the APA Code of Ethics to ensure ethical treatment practices. Mahalo for your time.

Cindi Dang, Psy. D.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: blawaiianlvr@icloud.com
Subject: Submitted testimony for HB1072 on Feb 24, 2016 09:00AM
Date: Monday, February 22, 2016 7:22:22 AM

HB1072

Submitted on: 2/22/2016

Testimony for CPH/JDL on Feb 24, 2016 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
De MONT R. D. CONNER	Individual	Oppose	Yes

Comments: As a VICTIM of ethical abuse by a Psychologist named "Dr. Carol P.M. Tyler", & the lack of enforcement by the American Psychological Association to police its members for violations of their own Code of Ethics, I STRONGLY OPPOSE this bill. In my case, on October 7, 2005, m then sex offender therapist, Dr. Carol P. M. Tyler, submitted a report to the Hawaii Paroling Authority claiming that I was suicidal and a risk to the community. With the assistance of my Parole Officer, Corey Reincke, who knowingly, intelligently and willfully used Dr. Tyler's report to justify writing up a warrant for my arrest and re-take for a falsified "parole violation"! It took me 5 1/2 years to prove my innocence, and PROVE that Dr. Tyler not only lied to the Hawaii Paroling Authority's Parole Board, but, that Dr. Tyler had also lied to Judge Virginia Crandall, during an evidentiary hearing in June of 2009. I won the right to have that evidentiary hearing after I successfully appealed, Pro Se, Jusge Crandall's erroneous ruling that the courts had no jurisdiction to hear parole revocation cases. In the end, through to power of the Hawaii Paroling Authority to issue a subpoena to Dr. Tyler's cell phone records. I was able to prove that I did NOT make any calls to Dr. Tyler, in which Dr. Tyler claimed I called her on her cell phone on October 6, 2005 & made confessions that she used to justify writing her report against me. According to the APA's own Code of Ethics rules, a psychologist must interview the client BEFORE making any kind of clinical diagnosis. Dr. Tyler did NOT speak with me BEFORE sh made such a diagnosis! Dr. Tyler's lies cost me 5 1/2 years of incarceration. My first wife, my baby sister & my hana'i father all passed away while I was incarcerated & I wasn't allowed to attend their services. I lost my job & place in the carpenter's Union & suffered a total lack of confidence in the parole system. Even though I was successful in having the parole board to grant me immediate release from custody (with not a dime in my pockets!), Dr. Tyler is still used as a sex offender therapist & my former parole officer was promoted to supervisor of parole officers. There was no investigation of the conspiracy & perjury committed by Dr. Tyler & my parole officer. Their crimes against me have gone unpunished & ignored. My experience with psychologists is a negative one & giving hem more authority to medicate people is just wrong. Psychology is considered a pseudo-science for a reason! Giving them the h power to dispense medication is a dangerous proposition. For these reasons, I must STRONGLY OPPOSE this bill. As a survivor of ethical

abuse by a licensed clinical psychologist, al want to help prevent any further damage to other people by renegade psychologist. I humbly ask that you hold or defer this bill!

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

D. DOUGLAS SMITH, M.D.

229 Aiokoa Street
KAILUA, HAWAII 96734

February 24, 2016 at 9:00 AM
Room 229

To: Senate Committees on Consumer Protection/Health and Judiciary/Labor
Chair Rosalyn H. Baker, Vice Chair Michelle N. Kidani and
Chair Gilbert S.C. Keith-Agaran, Vice Chair Maile S.L. Shimabukuro

From: D. Douglas Smith, M.D.

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

IN OPPOSITION

I would like to thank Chairs Baker and Keith-Agaran, Vice Chairs Kidani and Shimabukuro, and members of the Senate Committees on Consumer Protection/Health and Judiciary/Labor for the opportunity to submit comments on HB 1072.

I am a physician who specializes in psychiatry and have spent my career practicing in Hawaii. For 11 years I was on the faculty of the JABSOM department of psychiatry and much of that time I coordinated psychopharmacology training for resident physicians. I have worked in varied clinical settings, including the Hawaii State Hospital where I helped establish the psychiatric intensive care unit, the Queens Medical Center emergency, inpatient and outpatient services, the Assertive Community Treatment program and most recently in private practice.

I am opposed to this bill.

Contrary to the language in the preamble and the praise from supporters, the bill does not require proper training to ensure that psychologists would safely and effectively treat all patients using a broad formulary that includes high-risk medications. This would include children, teens, pregnant women, and those who are elderly, frail or medically-ill. The proposed process for making licensing determinations under HB 1072 would rely on the APA's low standards for approving rxP-MSCP training.

The primary justification for this legislation is the fact that our health plans do not have enough participating providers. Unfortunately, the proposed process under HB 1072 is likely to intensify turf battles, resentment and confusion within the mental health system, while distracting advocates and policy-makers from doing what needs to be done.

It is incumbent upon lawmakers and responsible state officials to recognize the elephant in the room: it is unlawful for health plans to attest to having adequate provider networks when in fact they do not. The common-sense policy solution is to combine public education about patients' right to an adequate provider network with proper monitoring and enforcement. If necessary, Hawaii should adopt the NAIC model act.

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

I. ANALYSIS OF MSCP CURRICULUM

Many of the facts about the masters of science in clinical psychopharmacology (MSCP) program's curriculum clash with the glowing promotional messages being communicated by rxP advocates. It is important for policy-makers to consider the contradiction between the promotional claims and the facts. The following quotes, in bold, are from the MSCP flier. Below each quote is commentary based on available information.

Statement 1: *[MSCP is] the only program of its kind designed for Clinical Psychologists*

The unprecedented nature of this program calls for greater scrutiny, due diligence and skepticism on the part of those entrusted with protecting consumer health, including the health and safety of our most vulnerable citizens. Responsible officials should avoid being taken in by sweeping statements, and should examine the details with extraordinary care and objectivity.

Statement 2: *[MSCP is] based on a doctorate in pharmacy curriculum*

Statement 3: *[MSCP] exposes the psychologist to knowledge about not only psychotropic agents but also the physiology and biochemistry needed to treat patients effectively and safely.*

Similar claims were made in the MSCP proposal to the UH BOR on May 13, 2011:

The objective of the MSCP program is to provide a rigorous, advanced education in clinical psychopharmacology to licensed, doctoral-level, practicing psychologists to enable them to safely and effectively prescribe medications for their patients... Beginning with a strong foundation in biochemistry and physiology, the curriculum for the MS degree in Psychopharmacology reflects current best practice in teaching evidence-based medication therapy management through intensive coursework in Integrated Pharmacotherapy.

The words used in these statements are strong and reassuring, so let's see how they square with the facts. The University of Hawaii operates training programs for other advanced clinical professions (clinical pharmacists, physicians and advanced practice nurses) all of which require graduates to have mastered significant breadth and depth basic science, preclinical and clinical information before they are considered qualified. On the other hand, the MSCP program deviates from common standards in important ways:

- The MSCP program does not require applicants to demonstrate passing grades in any of the usual prerequisite courses or labs in basic foundational sciences, and instead claims to provide students with equivalent basic science and preclinical biomedical education in a fraction of the time.
- The MSCP program does not recognize the challenges of this accelerated curriculum and requires no entrance examination or other evidence to ensure that its students are sufficiently gifted or exceptionally qualified to allow them to safely bypass so much of the standard biomedical science coursework. Rather, the program director has publically stated that MSCP students are often "scared by biochemistry".

UNIVERSITY OF HAWAII AT HILO Master of Science in Clinical Psychopharmacology



The University of Hawai'i at Hilo offers the Master of Science in Clinical Psychopharmacology (MSCP) through the Daniel K. Inouye College of Pharmacy (DKICP), making it the only program of its kind designed for Clinical Psychologists based on a doctorate in pharmacy curriculum. The online program allows busy professionals to listen to lectures on their own schedule with live online videochats designed to bolster the student's individual studying. This professional two year (six-semester) degree exposes the psychologist to knowledge about not only psychotropic agents but also the physiology and biochemistry needed to treat patients effectively and safely. Students learn how to treat patients using the medical model while integrating biopsychosocial approaches.



Clinical Psychopharmacology

Faculty members include world-renowned scientists, pharmacists and advanced practice nurses trained to prescribe medication.

Feedback from successful graduates and current students of the DKICP MSCP program includes:

"The thing that I found most helpful was that the MSCP offered me a rigorous, comprehensive training experience that included plenty of personal attention from staff and faculty. I've found that my training has allowed me to feel more confident in collaborating with other healthcare professionals and has given me the competence to safely prescribe psychotropic medication. I can't imagine that there are many, if any, other training programs that provide as much individual attention as MSCP!"

"After transferring from another Psychopharmacology program, I am so happy that I made the switch to UH. The UH Clinical Psychopharmacology program has exceeded my expectations. The program's rigorous and thorough approach is helping me to feel well prepared for prescriptive authority and providing a solid understanding of various disease states that could also affect an individual's behavioral health. Additionally, and most importantly, I appreciate the personalized attention I have received, which has made all the difference, especially in some of the more difficult subjects. I believe once I graduate, I will be a competent and confident prescribing psychologist."



(808) 933-7664

To view curriculum & additional
information, go to:

<http://pharmacy.uhh.hawaii.edu>

- 3 Hours vs 21 Hours - While MSCP students are provided just 3 semester-hours of recorded lectures on biochemistry, all the other students at the college of pharmacy and the school of medicine must get strong grades over two full years of general and organic chemistry (16 semester-hours) and biochemistry (5 semester-hours).
- 3 Hours vs 24 Hours - While MSCP students are "exposed" to a 3 semester-hour taped class on human anatomy and physiology combined with microbiology, all the other students take 24 semester-hours to adequately cover this important material.

- The MSCP curriculum for these basic science subjects does not even come close to meeting community college standards.
- Compared to other clinical professions that involve understanding and expertise in the safe and effective use of prescription drugs to treat mental illness, MSCP students also have less time to cover the remainder of preclinical coursework in medical sciences (pathophysiology, genetics and pharmacology). It is unclear how well they are able to absorb this critical biomedical knowledge without having a solid foundation in the basic sciences.

The fact is, without any prerequisite coursework, and just a 33 semester-hours curriculum, the “rigor” of the MSCP curriculum does not compare favorably to the doctor of pharmacy program’s 173 semester-hours of required biomedical instruction (36 prerequisite plus 137 graduate study).

Statement 4: Students learn how to treat patients using the medical model while integrating biopsychosocial approaches.

The established model for medical training and practice in the United States and elsewhere does not involve omitting critical substantive areas of biomedical knowledge, let alone cutting corners on the quality of instruction methods or faculty qualifications.

Statement 5: Faculty members include world-renowned scientists, pharmacists and advanced practice nurses trained to prescribe medication.

The MSCP does not meet the usual American Psychological Association (APA) accreditation standard for post-graduate psychology training programs that *core faculty* must have academic and applied experiences appropriate to the program’s goals and objectives, and demonstrate substantial competence and have recognized credentials in those areas which are at the core of the program’s objectives and goals. The evidence for this is clear:

- The stated objective and goal of the MSCP program is “to provide a rigorous, advanced education in clinical psychopharmacology to licensed, doctoral-level, practicing psychologists to enable them to safely and effectively prescribe medications for their patients.”
- The MSCP program director is a pharmacist with no experience treating patients with psychiatric drugs.
- The basic science portion of the curriculum is not taught by qualified faculty with relevant expertise in these respective fields. This is not the case for the MSCP program.
- According to current program listings, the only MSCP faculty trained to prescribe medication are Allen Novak, APRN-Rx and Kristine McCoy, MD, a family doctor. Both are listed as “guest lecturers”.
- The MSCP program has no clinical training sites or other faculty to provide clinical supervision. Students are required to find their own clinical training sites and volunteer supervisors.

Given that the program's mission is to train psychologists to safely, effectively and independently use any psychotropic drugs to treat any person with mild or severe mental illness (including children, teens, adults, pregnant women, the elderly and the medically ill), the MSCP program does not meet reasonable faculty standards, let alone "world-renoun".

Statement 6: *This professional two year (six-semester) degree...*

Recall the description given to the UH Board of Regents in 2011, "The MSCP program curriculum is a rigorous one, challenging highly trained specialists in clinical psychology to gain mastery of the complex field of psychotropic medication and its application in therapeutic settings over the course of two academic years and two summers."

These statements suggest that MSCP students received two years of full-time study. In fact, the total of 33 credit hours over 6 semesters averages less than a 1/3 time student schedule. TAMC did not hide this fact from the military psychologists enrolled in the MSCP program from 2011-2014, who were told, "This commitment would amount to an estimated eight to ten hours over the regular fellowship schedule." The UH regents however were not informed of this.

Clearly, the MSCP does not meet the usual APA accreditation standard that post-graduate psychology residency/fellowship programs provide only full-time study.

Statement 7: *The online program allows busy professionals to listen to lectures on their own schedule with live online videochats designed to bolster the student's individual studying.*

Listening to recorded lectures as the primary teaching method is another way in which the MSCP deviates from the instruction received by all other students at the college of pharmacy. The didactic training of only 5 ½ credit hours per semester utilizes mainly online teaching methods with a recorded lecture format. The MSCP's weekly "video-chats" are separate from the lectures, and do not include the faculty giving the lectures.

Given that nearly all of its instruction involved pre-recorded distance education, the MSCP program does not meet the usual APA accreditation standard that "delivering education and training substantially or completely by distance education is not compatible with the Guidelines and Principles for Accreditation of Programs in Professional Psychology (G&P) and could not be accredited. This is because direct interaction with faculty members and students is necessary to achieve many essential components of the G&P that are critical to education and training in professional psychology."

In light of these facts, it appears misleading and non-objective to describe the MSCP curriculum with the terms "strong foundation", "intensive coursework", "rigorous", "advanced" and "best practice". With didactic training of only 5 ½ credit hours per semester, utilizing mainly online teaching methods with a recorded lecture format, the MSCP program appears to be designed less for the health and well being of mental health consumers than for the convenience and ease of the psychologists. Perhaps the most authentic statement MSCP program makes to its applicants is that, "As a distance learning online program, we offer flexible scheduling to ensure that your education does not impair your current work schedule."

The failure to clearly acknowledge these low standards for education and training reflects long-standing coddling of Hawaii psychologists. This provocative statement is backed up by the following facts:

- Generous Treatment by Insurers: Hawaii's dominant insurer pays psychologists 33-47% more than the Medicare fee schedule, but pays psychiatric physicians who combine medication and psychotherapy 5-23% less than Medicare. For example, psychologists providing 45 minutes of psychotherapy (90834) are paid 9% more than psychiatrists who provide 45 minutes of therapy (90836) along with evaluation and management of medications (99212). For 60 minutes of psychotherapy psychologists are paid 12% more. This is in spite of the fact that patients who need these E/M services are generally at higher risk of harm, have more severe conditions, and require medication management and more unreimbursed physician work (i.e. longer and more detailed documentation, extra phone calls with patients, caregivers, pharmacies and pharmacy benefit managers, and other services and documentation between visits).
- Minimal Continuing Education Standards: For years psychologists in Hawaii have demanded "the right to prescribe" while they had no required continuing education. In 2015, the legislature finally began requiring 9 hours per year of continuing education, but this is still less than half that for psychiatric physicians (20 hours per year). HB1072 would increase this to 18hours/year for prescribing psychologists, but it is worth considering why this took so long and what this says about the professional standards for the profession.
- Lack of Scrutiny by the Board of Psychology: Federally-reported data on adverse actions by the Hawaii DCCA over the decade 2004-2014, indicate a lack of oversight by the board of psychology, with only 0.68% of psychologists being disciplined, compared to 0.69% of APRNs, 0.83% of pharmacists, 3.36% of naturopaths, 5.23% of dentists and 9.12% of physicians. The only clinical professions in Hawaii with less disciplinary oversight than psychologists are RNs (0.68%), LCSWs (0.36%) and Optometrists (0.25%).
- Pending DCCA Legislation: Despite this lack of oversight, SB2674 would appropriate funds for five RICO field investigators specializing in medical cases, but none for psychological cases. SB2675 would require any dentist, physician, osteopathic physician, physician assistant, nurse, or pharmacist who has faced discipline in another jurisdiction to undergo a hearing and investigation to determine competency prior to being licensed in Hawaii. It would also require the Hawaii board of dental examiners, medical board, board of nursing and board of pharmacy to summarily suspend the Hawaii license if a license in any other jurisdiction is suspended or revoked. Inexplicably, psychologists are exempted from these requirements. SB766 would place new requirements for psychiatric physicians who care for individuals with work-related conditions, but not for psychologists.

This lack of oversight compared to medical doctors stands in sharp contrast to the APA's long campaign medicalize the profession of psychology. The same APA leaders who championing rxP prescribing schemes also began calling psychology fellowships

“residencies”, encouraging psychologists to refer to themselves as “Doctor” whenever possible rather than using their credential (PhD or PsyD), insisting that rxP graduates be called “Medical psychologists”, and lobbying the federal government to reclassify psychologists as “physicians”.

II. SCANDALS INVOLVING RXP

Beyond their pursuit to medicalize the scope of practice for psychologists without the corresponding standards of training and licensure, the actions of influential APA leaders were at the center of unethical conduct and scandal across the country and here in Hawaii. Much of this had been covered in the national press, but ignored here locally.

There have been recent revelations that for years APA leaders used powerful political connections in the U.S. Congress to pressure the military to support training psychologists to prescribe a limited formulary low-risk medications to a narrow range of healthy active duty soldiers. Much of this occurred here in Hawaii out of the public eye.

These APA leaders also misinformed policy-makers by using a bait and switch tactic, pointing to the original military program as a success, while proposing civilian programs with lower training standards but a broader formulary and unlimited range of patients. They misused \$millions in member dues from their 501c(3) tax-free organization to lobby for various psychology prescribing schemes in Hawaii and other states, and branded this campaign “rxP”. These leaders recognized that these watered-down rxP programs would not come close to meeting the usual accreditation standards for all other psychology programs, so they created a brand new process and they called “designation.” Designation is not accreditation.

APA Dues Scandal: From 2001 to 2015, APA leaders funneled \$millions in member dues from its 501c(3) organization to its lobbying arm. Much of this money was used by APA leaders to promote rxP legislation in Hawaii and other states. On January 28, 2015, in response to member lawsuits and a failed appeal to the federal court, the APA agreed to stop this practice and to established a \$9.02 million class action settlement fund for all members mislead since 2001 into paying for APA lobbying expenses. This is called the “APA-PO Practice Assessment Dispute Settlement”. An IRS investigation of possible tax fraud is reportedly ongoing. (see <http://www.tzlegal.com/oral-argument-before-the-d-c-circuit-in-the-apa-assessment-fee-litigation-scheduled-for-february-14-2014>)

Torture of Prisoners: From 2001 to 2015, high ranking military psychologists who were also part of the APA leadership’s inner circle, conspired with APA civilians leaders to circumvent usual professional standards for the ethical care and treatment of prisoners. These psychologists then mislead the APA membership about their activities. It is notable that throughout this time, these APA leaders were simultaneously orchestrating rxP training here in Hawaii at TAMC and championing it nationally. These findings were revealed when new APA leaders were pressured by growing member protests to hire an independent investigator in late 2014. The Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, and Torture was completed and released in July 2015. Among its primary conclusions were:

As for the prescription-privileges program, we found that APA believed that this program had provided a very substantial benefit to psychology and APA, because obtaining prescription privileges in order to better compete with psychiatry was one of APA's leading priorities for many years. DoD's "demonstration project," created in 1991 and in place through 1997, which was initiated principally by Pat DeLeon (APA President in 2000) and his boss, Senator Daniel Inouye (D-HI) and his Chief of Staff, psychologist Pat DeLeon (APA President in 2000), allowed psychologists to have prescribing privileges in DoD and other federal locations, and created a two-year certification program that could be recognized by a state that authorized properly-certified psychologists to have prescription privileges like psychiatrists. Approximately ten psychologists were trained and certified through the DoD demonstration project, including Debra Dunivin. (Independent Report, pg 69)

We note that our investigation has uncovered serious concerns about the ability of APA officials – and APA itself – to act independently from the presidential administration in power, and from powerful government agencies that provide the profession of psychology with very substantial benefits. And this is especially true of DoD. In some ways, DoD is like a rich, powerful uncle to APA, helping it in important ways throughout APA's life. Acting independently of a benefactor like this is difficult. But APA's bylaws demand that the Association not only "advance psychology as a . . . profession" but also "advance psychology . . . by the establishment and maintenance of the highest standards of professional ethics and conduct." One question that arises from this investigation is whether APA has taken sufficient steps to ensure that, as an organization, its commitment to the highest standards of ethical integrity is sufficiently strong and independent of powerful government benefactors. (Independent Report, pg 72)

See: <http://mobile.nytimes.com/2015/07/11/us/psychologists-shielded-us-torture-program-report-finds.html>

http://www.huffingtonpost.com/bryant-welch/torture-psychology-and-da_b_215612.html

<http://www.economist.com/blogs/democracyinamerica/2015/07/terror-torture-and-psychology>

New leadership at the APA has finally begun cleaning house, banning psychologists from participating in prisoner interrogation and pushing out the disgraced champions of rxP. Unfortunately, to date the APA has failed to correct the deficient rxP training standards.

III. MSCP FAILING TO MEET PROJECTED BUDGET

A major part of the required financial analysis provided to the UH Board of Regents in 2011 involved funding from TAMC. However, since the eruption of the ethical scandals involving rxP psychologists, including the former chief of psychology at TAMC, the military has ceased all support for MSCP training, and the MSCP program has failed to reach its projected enrollment targets. Instead of projected revenue of \$70 thousand per year, the program appears to be running an annual deficit of nearly \$200 thousand. Meanwhile, the pharmacy school is working hard to maintain accreditation and fulfill its primary mission, and the university is struggling with a budget shortfall and is weary of

scandal. In evaluating the overall “value” of the MSCP program, the question for those in charge should be, “Is the current cost to the university budget, and the risk of future harm to the university’s reputation worth any benefits the program offers?”

MSCP Budget Analysis

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

IV. HB1072 WOULD MAGNIFY RXP CONFLICT

For many years, HB1072 and similar bills have been a reckless and divisive distraction for the legislature, causing some to think that finally passing would make this headache go away. Unfortunately, allowing psychologists the wide scope of practice without adequate training is likely to magnify this painful conflict and spread confusion out into the community. The different roles and competencies of psychologists and psychiatric physicians are already misunderstood by many. Facilities and patients would undoubtedly struggle further if 1072 becomes law.

It is worth asking what UH students enrolled in clinical training programs in nursing, pharmacy, and medicine would make of the fact that they are required to fulfill rigorous biomedical coursework while prescribing psychologists are allowed to claim theirs is “rigorous” when in fact it clearly is not. Will they demand ¼ time online curriculum with no basic science prerequisites? If students with doctorates in social work wish to enroll in the MSCP program and prescribe drugs what would be the reason for denying them?

If HB1072 passes into law, it can be expected that disagreement would eventually spill out before the courts. There will be no shortage of expert witnesses in these cases, pointing fingers and finding fault not just with poorly-trained psychologists, but also with those who employed them to treat vulnerable patients with powerful drugs, insurers and

facilities that credentialed them to do so, and the schools that claimed to have properly trained them.

Before committee members chose to endorse rxP for Hawaii and risk creating chaos in the healthcare marketplace from these foreseeable problems and scandals, they ought to take time to carefully look into these matters and verify the claims both sides are making.

V. WHY NOT ENFORCE NETWORK ADEQUACY LAWS INSTEAD?

Leaving aside the concerns and controversy surrounding psychologist prescribing, let's take consider the fact that for years, health plans in Hawaii, particularly Medicaid managed care plans, have had inadequate psychiatrist networks. And that this has limited access to necessary mental health care, and been a major problem in Hawaii.

In 2013, this committee voted to pass our current network adequacy law and is undoubtedly aware that all managed health care plans licensed by our insurance commissioner:

...shall demonstrate the adequacy of its provider network to the commissioner. A provider network shall be considered adequate if it provides access to sufficient numbers and types of providers to ensure that all covered services will be accessible without unreasonable delay, after taking into consideration geography. The commissioner shall also consider any applicable federal standards on network adequacy. (HRS432F-2)

Network adequacy laws are the most fundamental regulations placed on health plans, because if a plan member cannot find a participating provider to see them, then every other aspect of health plan operations is meaningless. As the sponsor of HB1072 notes:

Many people who commit suicide [in Hawaii] had received little or no treatment for their mental health problems due to barriers to accessing appropriate and effective care in the community, including lengthy wait times for appointments and a lack of accessible mental health care providers.

For this reason, there are clear and substantial federal network adequacy standards under the Affordable Care Act and also for managed care plans operating in Hawaii under the Medicare Advantage and MedQuest programs. These Federal standards have been incorporated, as required by law, into the administrative rules for the Hawaii Medicaid program. Specifically, HAR 17-1735.2-4 requires that:

Health plans participating in the medical assistance program shall abide by the provisions of their respective contracts with the department as well as federal and state statutes and regulations... [and that this includes] Development and maintenance of a sufficient network of health care providers to ensure the provision of required health services are provide to an eligible individual in a timely manner.

The sponsor of HB1072 acknowledges that the legislature has been aware “there are an insufficient number of prescribing mental health care providers available to serve the needs of Hawaii's people.” What the sponsor fails to point out is this means Hawaii health plans are in substantial violation of their legal obligation to maintain adequate

provider networks, and have been so for years. This also means that the DCCA insurance division and DHS MedQuest have failed to meet their statutory responsibility to enforce our fundamental provider network adequacy laws for commercial and Medicaid plans. Finally, if these propositions are true, this means that our legislature, and specifically this body:

- Has failed to meet its responsibility to hold any hearings about this apparent crisis of inadequate health plan provider networks;
- Has failed to take administrative oversight actions about the apparent provider network crisis, including investigating the lack of effective monitoring and enforcement by responsible state officials;
- Has failed to make any necessary improvements to our network adequacy laws; and
- Has failed to take any other action to compel health plans to use their ample expertise and \$6 billion in annual revenue to meet their legal obligation to maintain adequate provider networks.

It is worth asking why some of our legislators have been ignoring the failure to properly monitor and enforce health plan network adequacy, and have instead adopted psychologist prescribing as their primary response to Hawaii's inadequate mental health provider networks.

It has been demoralizing for psychiatric physicians to hear Alex Santiago, the executive director of the psychology association, repeatedly say that Dr. Akaka and other community psychiatrists were "given time to fix the problem, and they failed." Alex is wrong about this. Most troubling is that a key legislator has been repeating this baffling claim. Shouldn't they know better? The fact is, neither Dr. Akaka nor our state's psychiatric association have any legal responsibility for maintaining adequate health plan networks. Trying to insist they do only confuses the issue further.

Some psychiatric physicians have worked to establish pilot programs that have demonstrated that collaborative care, rural training, and telehealth can successfully improve access to care, only to see these initiatives dry-up due to lack of support by our health plans. Regardless of Alex Santiago's remarks, the legislature has never given Dr. Akaka or other community psychiatrists any political authority or funding to do so. Rather, Hawaii health plans are legally responsible for the apparent failure to maintain adequate provider networks. The insurance commissioner and DHS director are legally responsible for the failure to properly monitor these plans and enforce network adequacy laws. The legislature is legally responsible for failing to oversee these responsible state officials even when for years they have. It is apparent that some are hesitant to acknowledge these duties.

VI. SUMMARY

Lawmakers are advised to discount the hollow praise of the rxP-MSCP program by its supporters, and face the reality that the program is losing money and offers a watered-

down curriculum with low standards for admission, teaching methods, faculty, clinical training and supervision. Low standards for rxP program “designation” were established by now-disgraced APA leaders who for years conspired to manipulate and misinform APA members, influential politicians and the general public. RxP program designation is not accreditation.

Hoping that years of acrimony will finally dissipate once Hawaii psychologists are permitted to prescribe medications is naïve and reckless. More likely would be greater confusion and conflict about professional roles and qualifications throughout the mental health system and also before the courts. Meaningful improvements in access to care will require prudent policymakers to act wisely and responsibly.

Blaming Dr. Akaka and other physicians who are dedicated to helping our community obscures the truths and deflects attention from legislative and practical realities.

The real hope for improving timely access to required health services is for our health plans to better meet their legal obligations to maintain adequate provider networks. They have many proven ways of doing so by bringing to bear their expertise in managing state-wide health care operations, their sophisticated systems of command and control, their armies of well-paid employees, and their combined annual revenues in excess of \$6 billion. To help accomplish this, legislators should consider fully incorporating into statute the provisions of the NAIC Health Benefit Plan Network Access and Adequacy Model Act (Model Act).

A modest bill that is already before this committee (SB2287 Relating to Health Insurance) would improve the ability of health plan members and their families to access participating providers by improving the accuracy of the plan’s online directories and by requiring that the required notice of member rights and responsibilities include a clear statement that plan members have the right to an adequate provider network.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Douglas Smith".

D. Douglas Smith, M.D.

To: Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection, and Health Committee

Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor

And Members of the Joint Committees

From: Amber Lea Rohner Sakuda, MD

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

Hearing Date: 2/24/16

Position: **OPPOSED**

Aloha Senators Rosalyn Baker, Gilbert Keith-Agaran, and Members of the Joint Committees,

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

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

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

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

Mahalo nui loa for your consideration of my testimony.

Much Aloha,

Amber Lea Rohner Sakuda, MD

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

February 20, 2016

Re: HB 1072 SD1 Proposed

Relating to Prescriptive Authority for Certain Psychologists

Position: **OPPOSED**

Please vote NO on HB 1072 SD1 Proposed

I am a psychiatrist (MD Yale, Residency Stanford) practicing on Maui (Maui Psychiatry LLC) that offers psychotherapy and psychoanalysis as well as medication management, medication decision making and prescribing. However, this is not the case with the vast majority of psychiatrists who have adopted a biological approach to mental illness and routinely treat most mental conditions with medication alone. My sense is that there are a certain number of people who only want to see a psychiatrist for his/her medical/biological expertise because of the medical school and residency specialty training. Alternatively, there are others who much prefer talk therapy with a qualified therapist or psychologist. Having this choice of approach is important to patients, especially those who refuse or would rather not take medication. If psychologists were to suddenly have prescription writing privileges, after a short course in psychopharmacology, I'm afraid they will be tempted (human nature?) to replicate what many psychiatrists do and paradoxically deprive patients of the choices they now have. Additionally, I see many patients who come to me via the middle path i.e. seen by a primary care physician who often mis-prescribes psychiatric medications based on insufficient knowledge of

psychiatric conditions and faulty/imprecise diagnosis. Much time is lost and patients suffer needlessly. So, the idea of a hastily trained psychologist writing prescriptions for powerful drugs, reporting to a physician unfamiliar with the nuances of psychiatric conditions, is not a very good idea.

Where does the idea come from that patients have to wait to see a psychiatrist? I see patients within days of their appointment requests and the same day if its urgent. My patients have to wait up to 3 months to see their primary care physician or other specialist.

What is the point of offering statistics stating there are 8 active psychiatrist on Maui for a population of 144,000? Do all 144,000 people in the population need a psychiatrist? The shortage implied by these numbers is absurd and meaningless.

There is a general apprehension here amongst therapist and psychologist to refer their patients to a psychiatrist (MD) for fear that the patient will not return to their practice. This is likely to happen (although I always instruct patients to return to their therapist if they are happy with the services provided there) because psychiatrists are generally better trained, understand medicine in general and medication interactions in particular. Psychologists are looking to circumvent the entire educational process of physicians, all the sacrifices and financial hardship and dues paid in order to gain financially by holding onto to their patients by writing prescriptions.

There is already enough confusion in the general population about the differences between a physician/psychiatrist, a psychologist, a therapist, a counselor, a life coach, a psychiatric Nurse Practitioner etc. Granting these important privileges and responsibilities to psychologists just increases confusion.

There are a lot of psychiatric conditions that have an organic/somatic basis. Without being a physician, these conditions would be

completely missed by prescribing psychologist who may erroneously prescribe a drug for what appears to be depression but is actually a thyroid deficiency, a cardiac event or a brain tumor.

Finally, I think tele psychiatry is an excellent tool to enhance patient access to psychiatrists. I Skype regularly with patients on the East coast and handle all their medication issues and do the same here for patients too distant to come to my office regularly. Almost all enjoy the ease and convenience of receiving treatment from me without leaving home .

Thank you for the opportunity to address this committee.

Please vote NO on HB 1072 SD1 Proposed

Thank you in advance for your consideration of my testimony.

Dennis D'Arcy Banks, MD, JD
Maui Psychiatry LLC
161 Wailea Ike Place
A105 Suite 5
Wailea, Maui, Hawaii 96753

808 244 1003

DrDennisBanks.com

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

19 February 2016

Hawaii State Legislature
Senate Committees on Commerce, Consumer Protection, and Health, and Judiciary
and Labor

Re: OPPOSITION to HB1072_SD1_ Relating to prescription privileges for
psychologists

Dear Honorable Senators:

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

Purpose of HB1072 SD1

HB1072_SD1 aims to expand the scope of practice of psychologists to that of psychiatrists. This expansion of scope of practice crosses disciplinary boundaries. It is not accurate to compare this expansion of scope of practice to permitting other health professionals, such as dentists and nurses, to prescribe as the training of these other allied health professionals is already premedical and medical in nature. The training of psychologists is not. Therefore, this bill proposes a radical reduction of required medical training in order to practice medicine in Hawaii.

Reasons for Opposition involve Risk to the Consumer

- Bills similar to this one have been rejected at least 183 times in 26 states over the past 20 years owing to substandard medical training (see 2015 map attached)
- Training for a doctorate in clinical psychology does not include pre-medical or medical training. Therefore, as stated above, comparison to expansion of

scope of practice for dentists and nurses is erroneous because the training of these other professionals is already medical in nature.

- There is virtually no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect the consumer. This bill suggests there is solid evidence that licensing requirements for physicians and nurses is extremely excessive. Yet no such evidence exists and no bills to reduce the training required for physicians and nurses are being entertained.
- 89.2% of about 1000 members of the psychological Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers (*the Behavior Therapist*, September 2014). A survey of Illinois psychologist yielded similar findings (78.6%) (Baird, K. A. (2007). A survey of clinical psychologists in Illinois regarding prescription privileges. *Professional Psychology: Research and Practice*, 38, 196-202. doi:10/1037/0735-7028.38.2.196).
- Only 5.8% endorsed the effectiveness of online medical training, which is permitted in this bill (ABCT survey)
- Only 10.9% would refer a patient to a prescribing psychologist whose medical training is what is required in this bill (same ABCT survey).
- 88.7% agreed that there should be a moratorium on bills like this one until there is objective evidence that the training involved protects the consumer (ABCT survey).
- The impact of prescribing privileges in New Mexico and Louisiana should be objectively evaluated for consumer safety before this experiment is repeated in Hawaii. Consumer safety outcome in the military is difficult to evaluate owing to the Feres Doctrine (barring lawsuits involving injuries to members of the armed forces) and the small number of prescribing psychologists (e.g., 2 in the Navy and 4 in the Air Force).
- Proponents claim that the lack of a reported death or serious harm by prescribing psychologists somehow provides evidence of safety. It does not. It only provides evidence that any harm done by these psychologists was not identified and reported by the psychologists themselves or their patients. A lack of evaluation of safety does not constitute evidence for safety.

- Given proponents spent over \$500,000 to pass a prescribing bill in Louisiana alone speaks to the availability of funds to conduct such a consumer safety study for the amount of medical training required in this bill.
- The choice by the APA to not conduct a consumer safety outcome study suggests a lack of concern about consumer safety. There has been erosion in the ethics of the APA in the past decades. The ethics of the APA has changed from professional ethics designed to protect the consumer to guild ethics, designed to increase the income of psychologists regardless of the impact upon the consumer (<http://kspope.com/PsychologyEthics.php#contentarea>). Evidence of this erosion is apparent in the disregard for consumer safety in prescribing and in other areas, such as the APA's explicit support of doing harm by endorsing psychologists to conduct torture and the APA's admitted deception of the membership by presenting voluntary contributions as mandatory.

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

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

Solutions to access to psychoactive drugs while protecting the consumer

1. Collaboration between psychologists and physicians. The University of Hawaii-Hilo's College of Pharmacy provides training for such collaboration (<http://hilo.hawaii.edu/catalog/ms-clinical-psychopharmacology.html>).
2. Completion of medical or nursing school by psychologists. Encouraging medical and nursing schools to offer executive track programs for psychologists and social workers.
3. Use of Tele-psychiatry, which is promoted by the Department of Veterans Affairs and the U.S. Bureau of Prisons
4. Modify this bill to meet the required training and scope of practice limitations in the Illinois law enabling psychologists to prescribe.
5. Encouraging all professionals to serve rural areas. The prescribing laws in New Mexico and Louisiana did not result in psychologists moving their practices to rural areas as they had declared would happen (see attached chart; Source: Prof. T. Tompkins, 2010; used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999).

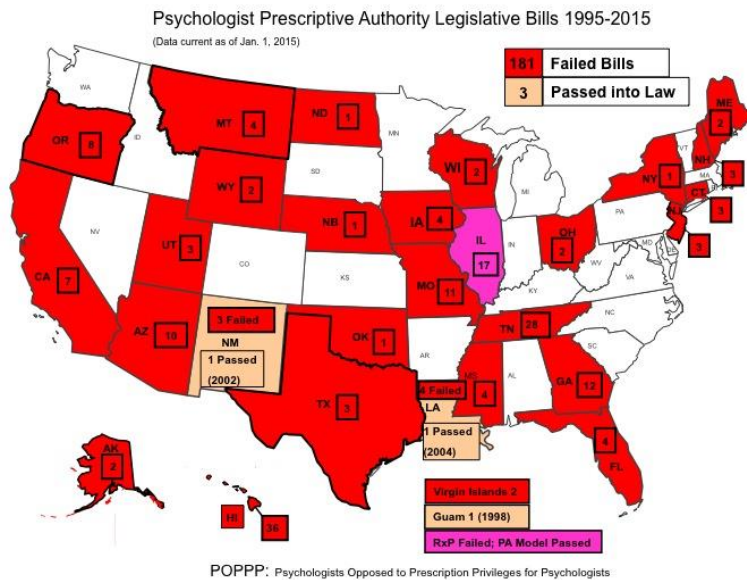
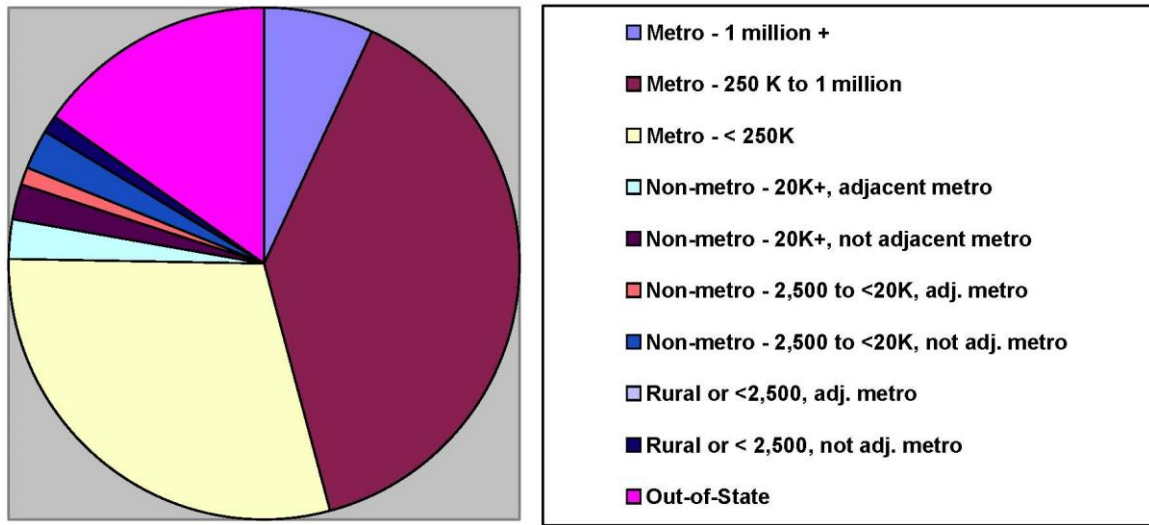
Thank you for your kind consideration of this opinion.

Respectfully,



Elaine M. Heiby, Ph.D.
Psychologist (HI license 242)
Professor Emerita of Psychology, UHM

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



IQBAL "IKE" AHMED, M.D.

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

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

February 22, 2016

Re: HB 1072 SD1 Proposed

Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Please vote NO on HB 1072 SD1 Proposed

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

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

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

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

Iqbal Ahmed, M.D.
February 22, 2016

Dr. Julianne Aulwe

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

February 22, 2016

Re: HB 1072 SD1 Proposed

Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Please vote NO on HB 1072 SD1 Proposed

Thank you for this opportunity to testify. I wanted to give you a heads-up regarding some of the claims you'll hear from proponents of this bill. On their website <http://www.rxphawaii.com/> under training of psychologists, they claim that the Master's Degree in Clinical Psychopharmacology takes 3-4 years. What they fail to explain is that according to the referenced Alliant International University's program, the training consists of only 462 hours of online classes, which is equivalent to only 11 weeks full-time. If you do the training part-time, it can be thinly stretched out to take as long as the 3-4 years claimed, but 462 hours is still only 11 weeks of 8 hours/d. Furthermore, the 14-month supervised experience is not a part of Alliant's training program, whose requirements can be found here: http://catalog.alliant.edu/preview_program.php?catoid=28&poid=3703&returnto=1096

So in reality, the claimed "3-4 years of Master's Degree in Clinical Psychopharmacology" essentially only takes 11 weeks full-time to complete, and most of it online. This is in stark contrast to the actual 4 years of full-time medical school training (for a total of 8348 hours) every physician in the U.S. has to undertake, which includes 2 full years of classroom teaching and 2 full years of clinical experience seeing actual patients under supervision. The teaching is not done solely online. In addition, psychiatrists upon completing their M.D. degree then go on to complete a 4-7 year full-time clinical residency training program in psychiatry/child psychiatry where they see patients under supervision.

What the proponents also fail to describe is that the "5-7 years it takes to complete a Ph.D. or Psy.D." degree in psychology has zero requirements for learning about the basics of the human body, such as biology or chemistry. University of Hawai'i Manoa's own Ph.D. psychology program course requirements can be found here <http://www.psychology.hawaii.edu/graduate/phd.html>. None teach students the understanding and treatment of medical illnesses in patients. Therefore, claiming the 4-7 years as part of their training towards becoming a "prescribing psychologist" is irrelevant. The entire course catalog for UH Manoa's Psychology Graduate Program can be found here

<http://www.catalog.hawaii.edu/courses/departments/psy.htm> where it is evident there is no training that deals with the human body.

Also, nowhere does it list in UH Manoa's M.A./Ph.D. program the "1900 hours of supervised experience" which is claimed on the proponents' website. The "training of prescribing psychologists" graph on www.rxphawaii.com inflates the actual number of years of clinically relevant training. Their claimed "13-15 years" is in reality only 11 weeks of training relevant to the "prescribing psychologist". How can this minimal training be considered "safe" for the people of Hawai'i when misdiagnosis, harmful side effects, or drug-drug interactions of medications could actually kill people? The people of Hawai'i deserve better healthcare than this.

Even as we speak, psychiatrists are already increasing access to mental healthcare. The Hawai'i ECHO (Extension for Community Healthcare Outcomes) Project, a partnership between the Hawai'i State Rural Health Association and the University of Hawai'i, a program in which I actively participate in, supports rural family doctors through weekly video teleconference meetings with volunteer experts, including psychiatrists. They have been meeting every Tuesday since mid-January with psychiatrists from the University of Hawai'i's Department of Psychiatry, the Department of Health, and family docs on Oahu and neighbor islands.

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

Another way to increase access to mental healthcare is through telemedicine or telepsychiatry, where patients can see the psychiatrist right from the family doctor's office, even if the psychiatrist is on a different island. Many private healthcare insurers reimburse for this modality of care and clinical outcomes have been equivalent to face-to-face visits. Some patients even prefer it. If Medicaid and Medicare approve reimbursement for these services, a huge part of the population's mental health needs would be served. Senator Schatz in Washington, D.C., has introduced legislation to move forward this proven method of improving access.

Please consider these far safer methods of care rather than allowing inadequately trained psychologists to practice medicine on Hawai'i's vulnerable mentally ill population after 11 weeks of online classes, with no assurance that they would actually serve the underserved areas of the community. Thank you.

Miriam Chang, MD
46-001 Kamehameha Hwy, #321
Kaneohe, Hawaii 96744
Ph: (808)293-5000; FAX: (808)726-2330

Date: February 22, 2016

TO:

Senator Rosalyn Baker, Chair of the Commerce and Consumer Protection, and
Health Committees

Senator Gilbert Keith-Agaran, Chair of the Committee on Judiciary and Labor

Members of the Joint Committees

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

Hearing Date: February 24, 2016

Thank you for the opportunity to testify in *opposition* to HB 1072 HD1.

I am *not opposed* to prescriptive authority for psychologists. I support patient safety and therefore, support educational programs that incorporate appropriate assessment of a practitioner's education and performance.

The current training for psychologists *does not* include adequate performance evaluation pre-licensing for prescriptive authority. HB 1072 HD1 also *does not* provide for an adequate process to ensure continuing safety for patients.

The reason I know the above to be true is that I have worked collaboratively with psychologists who were trained for Prescriptive Authority and witnessed first hand the inadequacy of the training.

In the first case, the psychologist made a recommendation to change the medication a patient was taking but didn't realize that the new medication was actually the same medication as the first because the medication is available under several different brand names.

In the second case, a patient who had developed an allergic rash to a medication was given a higher dose of the same medication that caused the rash because the psychologist, when reading the physician's evaluation of the rash, didn't see the diagnosis of "allergic reaction to" but noted in the first part of the record that the patient had no allergies and erroneously concluded the rash was not from an allergic reaction! Unfortunately, the patient was given an increased dose of the

medication. This poor patient ended up in the ICU on life support for a week due to the severity of her allergic reaction to the increased dose!

I *implore* you---please, please, please, *do not* pass any bills authorizing prescriptive authority for *any* group of practitioners that does not ensure *adequate clinical* training including appropriate mentoring and evaluation of performance *prior* to practicing as well as *ongoing* during practice.

Respectfully submitted,

Miriam Chang, MD

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

From: Jeffrey Akaka, MD, Community Psychiatrist

Hearing Date: February 24, 2016

Re: HB 1072 SD1 Proposed

Relating to Prescriptive Authority for Certain Psychologists

Position: OPPOSED

Dear Chairwoman Baker, Chairman Kieth-Agaran and Members of the Joint Committees:

Please vote NO on HB 1072 SD1 Proposed

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

For 25 years I have been frustrated by barriers to improving access to safe psychiatric care throughout our state, for many causes we can't control, too many to mention.

But I'm here today to tell you that my frustration is now replaced with OPTIMISM!

I have good news!

We now have ways to get around those barriers and solve psychiatric care access problems by methods that are proven to work and work safely.

I'm excited to tell you about Collaborative Care where instead of the psychiatrist having "one-on-one" appointments with individual patients, which treats fewer patients per psychiatrist, "care managers" help psychiatrists take care of the entire population of patients followed by a primary care doc.

I'm excited to tell you about the American Psychiatric Association landing a multi-million dollar TCPI (Transforming Clinical Practice Initiative) grant from CMS last year, with which they began training 3500 psychiatrists across the country, including a half dozen already in Hawaii, on how to more efficiently work with

family offices to increase the number of patients with psychiatric problems that can be cared for.

I'm excited to tell you that Child Psychiatrists at the Child and Adolescent Mental Health Division of the State of Hawaii, through partnerships with school psychologists all across the state, are already providing this kind of psychiatric medical care, not only on personal visits to neighbor islands and giving consultations to young students in the schools, but are now providing care remotely through telemedicine, and covering every school child in the state who needs psychiatric medication and cannot otherwise get it.

I'm excited to remind you about The Hawai'i ECHO (Extension for Community Healthcare Outcomes) Project, a partnership between the Hawai'i State Rural Health Association and the University of Hawai'i, which supports rural family doctors through a "don't give them a fish, but teach them how to fish" style. Primary care doctors are able to call or video in to ask for help on their challenging cases, and get expert consultations, (they started in Hawaii in January 2016 with psychiatrists) but the family docs manage the cases themselves in their own community, without the patient having to drive hundreds of miles, nor the psychiatrist having to drive hundreds of miles, preserving the driving time for consulting on more patients.

I'm excited to tell you that these new ways of improving access to psychiatric medical care here is part of a growing groundswell of a national movement to generate safe and quality medical solutions across the country. Health care is increasingly trending toward population based care in which the family doc is backed up by specialists through collaborative care, telemedicine, and with the help of care managers. Even here locally, at the recent informational briefing on Health Care Transformation, led by Beth Giesting and Judy Pederson of Med Quest, it was pointed out that the entire country is moving toward increased access to all care, including telehealth. We are soliciting partners here in Hawaii to build out these solutions and we welcome this opportunity to inform you about them and ask for your support.

Please recognize that these exciting new methods for improving access to safe psychiatric care in Hawaii have already begun, and are being delivered. Please vote NO on HD1072 HD 1 SD1, because the above alternatives already exist and work on large scales. Please support the above alternatives instead of HD1072HD1SD1.

Aloha and mahalo,
Jeffrey Akaka, MD

From: mmabini724@aol.com
To: [CPH Testimony](#)
Subject: HB1072 on Feb 24, 2016 09:00AM
Date: Sunday, February 21, 2016 5:55:13 PM

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

February 24, 2015, 9:00 am

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

Position: **OPPOSED**

I would like to request your support in opposing the Prescriptive Authority for certain psychologist. I am practicing psychiatrist in the community mental health clinic in Oahu and I follow patient's with severe mental illness. Majority of them has underlying co morbid medical problems. Working with patients who have complicated medical problems requires basic knowledge of the human body. All these knowledge were acquired in medical school and residency. A crash course in Psychopharmacology will not be sufficient to treat an individual safely.

Please vote NO on HB 1072 SD1 Proposed

Thank you in advance for your consideration of my testimony.

Rose Mabini MD
Practicing psychiatrist

To: Senator Rosalyn H Baker, Chair
Senator Michelle N Kidani, Vice Chair and
Members of the **Committee on Commerce, Consumer Protection, and Health**

Senator Gilbert S C Keith-Agaran, Chair
Senator Maile SL Shimabukuro, Vice Chair and
Members of **the Committee on Judiciary and Labor**

From: Linda B. Nahulu, M.D.

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

Hearing Date: February 24, 2016

Position: **Opposed**

Thank you for the opportunity to testify in opposition to HB 1072 HD1. I would like to be brief and concise, but feel that it is important to know where a person “comes from” to better understand their testimony.

I was born and raised in Nanakuli, Waianae, and Makaha, descended from Japanese immigrant plantation workers on my mother’s side and pure blooded Hawaiians from my father. My testimony is a product of my knowledge base, which includes not only my socio-cultural history, but also my extensive training and experience as a psychiatrist, with sub-specialization in Child and Adolescent Psychiatry.

My education included Waianae ES grades K-6, continuing as a boarder at the Kamehameha Schools grades 7-12. I am a proud graduate of the John A. Burns School of Medicine(JABSOM), and completed my General Psychiatry Residency and Child & Adolescent Psychiatry Fellowship through Hawaii Residency Programs(HRP). My experience as a psychiatrist is considerable, including inpatient & outpatient care, new born to geriatric patients, Oahu and Neighbor Island communities (including Hana !!), school consultation(DOE), individual and family therapy.

As an Associate Professor in the Department of Psychiatry of JABSOM, in addition to clinical care, educating future clinicians(medical students, residents, fellows) was a major responsibility. I left employment at JABSOM in 2012, currently working half-time in a university based student health clinic. Appropriate education is essential for safe outcomes. Beyond the lists of class names, number of training hours and supervision hours, it is important to assess the capability and competency of the organizations responsible for accrediting and ensuring the quality of education received.

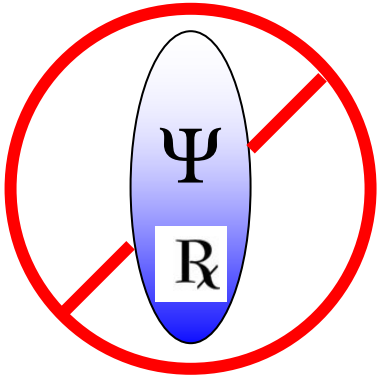
“Maintaining boundaries” is an important concept in mental health care. The **American Psychiatric Association** is our professional society. They do not oversee, accredit, or evaluate any of the educational programs for medical students and graduate medical education. Those other organizations are able to maintain a rigorous process for evaluation, including providing impartial evaluations and assessments of the educational process separate from a professional society. Most professional societies have other priorities aside from education. There is less clarity on educational oversight and boundaries with respect to psychology and the American Psychological Association, which requires further inquiry.

As a resident of a rural community, and a Native Hawaiian, I feel that it is important that we are not the population that is “fortunate” to receive health care that is unsafe, without appropriate outcomes research, and below the national standard of care.

I urge your Committee not to pass this measure. At this time, I am unable to be present at the hearing. Mahalo for considering my testimony in opposition to HB 1072 HD1 Proposed SD1.

Respectfully submitted,

Linda B. Nahulu, M.D.



From:

Psychologists Opposed to Prescription Privileges for Psychologists

Supporting Professional Integrity, Quality Care, and Science in Psychological Practice

Telephone: (630) 926-2929

Fax: (630) 390-7505

**SURVEY: MOST PSYCHOLOGISTS STRONGLY OPPOSE
PROPOSALS FOR PRESCRIBING RIGHTS CONTAINED IN HB1072**

A national survey of 686 psychologists found that they overwhelmingly oppose many of the risky and controversial plans of a few politically ambitious psychologists to obtain lucrative prescribing rights (RxP) through substandard training. The 2014 survey of members of the Association for Behavioral and Cognitive Therapies is the only poll to date which asks psychologists their opinions of the RxP advocates' specific proposals. Such bills have failed 183 times in 26 states.

This survey found **overwhelming opposition** to the inadequate training, lack of science, and poor oversight the bill calls for. The majority of psychologists instead advocated collaborating with medical professionals instead of prescribing powerful drugs. For those who want to prescribe, psychologists indicated that they prefer that these persons obtain quality medical education instead of online classes from psychology schools. Some of the results:

Psychologists Oppose Advocating RxP Bills Such as HB1072 for Their Lack of Science

The survey found that an overwhelming 89 percent of these psychologists believe that such bills should not be submitted for legislative consideration because there exists no science to show that such practices are safe and effective. Only 5 percent believed that such bills are appropriate. Health care providers are ethically bound to base their treatments on science and not politics. Two states have experimented with RxP for up to 14 years but no science has been produced supporting it.

Psychologists Would Not Refer Patients to Persons with Such Little Training

The poll found that 73 percent of the psychologists said they would not refer their patients to psychologists with this little training to prescribe for their patients. Only 10 percent of the psychologists said they would be comfortable doing so. Referring one's patients to other providers is where the "rubber hits the road" in trusting their competence. This reluctance to refer patients to persons with this low level of preparation contained in HB1072 asks psychologists if they trust the "prescribing psychologists" created by such bills to be safe or effective. The answer is a strong "**No.**"

Psychologists Overwhelmingly Say Online Education is Inadequate for Learning to Prescribe

A lopsided 83 percent of the psychologists polled said that the online classes which HB1072 calls for is inadequate education to prescribe competently and independently. Only 6 percent said they believe learning to practice medicine through computer-based classes is sufficient. These bills would have psychologists obtain their entire education on computers at home and on weekends, often through pre-recorded lectures and with tests that are open-book.

Psychologists Say Collaboration with Medical Providers is Preferred Over RxP

Two-thirds of respondents – 67 percent – agreed that psychology should promote collaboration with medical professionals rather than try to become prescribers themselves. Only 14 percent disagreed with this. Collaboration that allows psychologists and medical providers to practice together what they have best learned is already encouraged in Canada, where the psychological association declined to seek RxP after studying the issue for three years. No such study was conducted in the U.S.

Psychologists Prefer That Those Who Want to Prescribe Should Get Medical Training

Half those surveyed agreed that psychologists who want to practice psychiatric medicine should get true medical training rather than take online classes from a psychology school. Disagreeing were only 29 percent. Suggestions that bills such as HB1072 opens up to psychologists the chance to prescribe with “proper training” are not true. Psychologists have always been able to prescribe with the same training required of all other persons who want to do so. These bills ask the legislature to steeply reduce the amount, and the quality, of the training required for persons to practice psychiatric medicine. This would be far less and worse training than what any prescribing professionals in the United States get.

Psychologists Believe Prescribers Should Not be Trained by Psychology Schools

Some 52 percent of those responding said that psychology schools should not be training people to prescribe drugs. Only 19 percent believed psychology schools, which do not offer any other medical instruction except online RxP classes, should be allowed to train psychologists to prescribe.

Two Thirds of Psychologists Say Any Prescribers Should Be Regulated by a Medical Board

The poll found that 66 percent of psychologists say that if psychologists were to prescribe, they should be regulated by their state’s medical board. Only 13 percent disagreed that this is necessary. HB1072 calls for these psychologists to be supervised by the state psychology board, whose members do not have any medical training. And similarly ...

Psychologists Say That Regulating Prescribers is Outside the Competence of a Psychology Board

State psychology boards do not include persons with medical education and training although HB1072 would have them regulate psychologists who prescribe. About 51 percent believe that is inappropriate, while 30 percent said they believe a psychology board can supervise prescribers.

Psychologists Opposed to Prescription Privileges for Psychologists (POPPP) is a national, volunteer-driven organization that opposes HB1072 and similar bills because they do not protect the public, ignore the need for science in health care practice, and place the interests of a small group of politically minded psychologists above the interests of persons with mental health needs.