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# A BILL FOR AN ACT

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RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL  
PSYCHOLOGISTS.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds there are not enough  
2       prescribing mental health care providers available to serve the  
3       needs of Hawaii's people. Because of this shortage, access to  
4       quality, comprehensive, and affordable health care must be  
5       facilitated by collaborative practice between licensed clinical  
6       psychologists and medical doctors. Authorizing qualified  
7       clinical psychologists with appropriate advanced training to  
8       prescribe from a limited formulary of psychotropic medication  
9       will benefit Hawaii residents who live in rural or medically  
10      underserved communities, where mental health professionals with  
11      prescriptive authority are in short supply.

12       The legislature further finds that the mental health needs  
13      of the State continue to outweigh present capacity, particularly  
14      in remote or rural communities. According to a Report on  
15      Findings from the Hawaii Physician Workforce Assessment Project  
16      (December 2014), psychiatrist shortages are highest in Hawaii's



1 rural areas. Maui county has a 41.2 per cent shortage, which is  
2 the highest in the State, followed by Hawaii county, with a 39.2  
3 per cent shortage, and Kauai county, which has a 29.5 per cent  
4 shortage. The report reflects no shortage of psychiatrists in  
5 the city and county of Honolulu.

6 Lack of access to appropriate mental health treatment has  
7 serious and irrevocable consequences for many Hawaii residents.  
8 Approximately one hundred seventy people die from suicide and  
9 eight hundred fifty-two people attempt suicide in Hawaii each  
10 year, according to reported averages. Studies have shown that  
11 people who attempt or commit suicide have often received little  
12 or no mental health treatment due to the effects of a shortage  
13 of community mental health providers. While causes for suicide  
14 are complex, the most commonly reported contributing factors are  
15 mental health conditions that, when identified and treated,  
16 respond favorably to therapy and psychotropic medication.

17 A 2015 article in the Honolulu Star-Advertiser reported  
18 that fifty-one per cent of all people arrested in 2013 in  
19 Honolulu suffered from serious mental illness or severe  
20 substance intoxication. This almost two-fold increase occurred



1 in the period following substantial cuts to state-supported  
2 mental health services in 2009.

3 According to the National Alliance on Mental Illness and  
4 the federal Substance Abuse and Mental Health Services  
5 Administration, approximately thirty-two thousand adults in  
6 Hawaii, representing more than three per cent of the population,  
7 live with serious mental illness. The actual scope of need in  
8 the State is even greater since this figure excludes individuals  
9 with clinical diagnoses such as unipolar depression, anxiety  
10 disorders, adjustment disorders, substance abuse, or post-  
11 traumatic stress disorder.

12 Clinical psychologists are licensed health professionals  
13 with an average of seven years of postbaccalaureate study and  
14 three thousand hours of postgraduate supervised practice in the  
15 diagnosis and treatment of mental illness. The American  
16 Psychological Association has developed a model curriculum for a  
17 master's degree in psychopharmacology for the education and  
18 training of prescribing psychologists. However, the current  
19 allowable scope of clinical psychologists' practice in this  
20 State does not include prescribing medications. Currently,



1 these providers' patients must consult with and pay for another  
2 provider to obtain psychotropic medication when it is indicated.

3 The legislature has previously authorized prescriptive  
4 privileges for advanced practice registered nurses,  
5 optometrists, dentists, and naturopathic physicians. Licensed  
6 clinical psychologists with specialized education and training  
7 for prescriptive practice have been allowed to prescribe  
8 psychotropic medications to active duty military personnel and  
9 their families in federal facilities and the United States  
10 Public Health Service for decades. In recent years, Iowa,  
11 Illinois, Louisiana, and New Mexico have adopted legislation  
12 authorizing prescriptive authority for advanced trained  
13 psychologists. Many of these prescribing psychologists have  
14 filled long-vacant public health positions or otherwise serve  
15 predominantly indigent and rural patient populations.

16 Independent evaluations of the federal Department of  
17 Defense psychopharmacological demonstration project by the  
18 Government Accountability Office and the American College of  
19 Neuropsychopharmacology, as well as the experiences in other  
20 jurisdictions, have shown that appropriately trained



1 psychologists can prescribe and administer medications safely  
2 and effectively.

3 The purpose of this Act is to establish the prescriptive  
4 authority study group to explore options and make  
5 recommendations to the legislature relating to granting certain  
6 clinical psychologists prescriptive authority privileges.

7 SECTION 2. (a) There is established the prescriptive  
8 authority study group to examine the complexities surrounding  
9 the topic of granting certain clinical psychologists  
10 prescriptive authority privileges and make recommendations on  
11 the following issues:

12 (1) Actions taken, policies, and safeguards related to  
13 clinical psychology prescriptive authority in place in  
14 other states and the United States Armed Forces;

15 (2) Examine the results of granting advanced nurse  
16 practitioners prescriptive authority; and

17 (3) Potential impacts of granting certain clinical  
18 psychologists prescriptive authority privileges.

19 (b) The study group shall consist of the following  
20 members:



(1) A member of the house of representatives who is selected by the speaker of the house of representatives to serve on the working group, who shall serve as co-chair of the working group;

(2) A member of the senate who is selected by the president of the senate to serve on the working group, who shall serve as co-chair of the working group;

(3) Two representatives from the Hawaii Psychology Association;

(4) A representative from the Tripler Army Medical Center;

(5) An advanced nurse practitioner; and

(6) A representative from Healthcare Association of Hawaii.

(c) The study group may request assistance and feedback from subject matter experts, as needed, to enable the study group to carry out its work.

SECTION 3. The prescriptive authority study group shall submit a report of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2019.



**1** SECTION 4. This Act shall take effect on July 1, 3000.



**Report Title:**

Prescriptive Authority Study Group; Clinical Psychologists;  
Prescriptive Authority

**Description:**

Convenes the prescriptive authority study group to explore options and make recommendations to the legislature relating to granting clinical psychologists prescriptive authority privileges. Requires the prescriptive authority study group to report to the Legislature prior to the Regular Session of 2019. (HB2734 HD1)

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