

Testimony of the Board of Psychology

**Before the
Senate Committee on Judiciary
Tuesday, February 25, 2020
12:15 p.m.
State Capitol, Conference Room 016**

**On the following measure:
S.B. 3075, S.D. 1, RELATING TO PSYCHOLOGISTS**

WRITTEN TESTIMONY ONLY

Chair Rhoads and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board appreciates the intent of and offers comments on this bill.

The purpose of this bill is to require the Board to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons.

The Board discussed S.B. 3075, S.D. 1, at its meeting on February 14, 2020. The Board offers the following comments:

- The Board notes that this bill is similar to S.B. 819, S.D. 2, Relating to Prescriptive Authority for Certain Clinical Psychologists, which the Committees on Judiciary and Ways and Means passed during the 2019 legislative session. S.B. 819, S.D. 2: (1) authorized and established procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements; (2) required the Board to accept applications for prescriptive authority privilege beginning July 1, 2022; (3) required the Board to report to the Legislature prior to the Regular Session of 2021; (4) repeals the prescriptive authority privilege on August 31, 2025; and (5) inserted a defective date of July 1, 2050. The Board believes that S.B. 819, S.D. 2, is the better vehicle to provide psychologists with prescriptive authority because it addresses all of the Board's concerns and does not include the requirement that it establish a pilot program.

- The Board recognizes that the bill intends to create a small-scale program and supports efforts to provide psychologists with prescriptive authority where feasible. If the Legislature is amenable to increasing the county population limitation to 500,000, the Board would support such an expansion.
- The Board requests amending the effective date of this bill to July 1, 2022, and to begin the pilot program licensing in 2024. The Board does not believe it will be prepared to implement the pilot program by July 1, 2022, since it will need sufficient time to develop application forms, establish fees, establish licensing codes for the privilege, and develop an exclusionary formulary.
- The Board suggests that the requirement to create an exclusionary formulary be clarified to indicate whether medications that are used “off label” would be excluded, or whether professions that currently have the authority to prescribe would need to be consulted in the development of the exclusionary formulary.

Thank you for the opportunity to testify on this bill.



OFFICE OF THE MAYOR
THE COUNTY OF KAUA'I

DEREK S. K. KAWAKAMI, MAYOR
MICHAEL A. DAHLIG, MANAGING DIRECTOR

LATE

Testimony of Derek S.K. Kawakami
Mayor, County of Kaua'i

Before the
Senate Committee on Judiciary
February 25, 2020; 12:15 pm
Conference Room 016

In consideration of
Senate Bill 3075 SD1 Relating to Psychologists

Honorable Chair Rhoads, Vice Chair Keohokalole, and Members of the Committee:

The County of Kaua'i is in **strong support** of SB 3075 SD1 which requires the board of psychology to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons.

The legislature finds from the December 2019 Hawai'i Physician Workforce Assessment Project there continues to be a significant shortage of doctors throughout our state and especially on our outer islands. Included in this shortage is a substantial deficiency of psychiatrists. With a lack of access to appropriate mental health treatment, the consequences are devastating and too often end with suicide.

In recent years, Idaho, Iowa, Illinois, Louisiana, and New Mexico have adopted legislation authorizing prescriptive authority for advanced trained psychologists as a means of addressing the shortage of adequate evaluation and treatment for their mental health patients and have had success with this practice.

It would be an honor for the island of Kaua'i to pilot this program of prescriptive authority to qualified psychologists for our state and move forward on addressing the needs of our residents with mental health issues and disorders.

Thank you for your consideration and your continued support of the island of Kaua'i.





Helping Hawai'i's psychiatrists provide the highest quality care.

Tuesday, February 25, 2020

Senate Bill 3075 SD1
Testifying in Opposition

Aloha Chair Rhoads, Vice Chair Keohokalole, and Members of the Committee on
Judiciary,

The Hawai'i Psychiatric Medical Association (HPMA) **testifies in opposition** to SB3075 SD1 Relating to Psychologists. While we greatly support improving access to behavioral health services in underserved areas around the state, we do not think it is in the best interest of patients to give psychologists — who have no medical training — prescriptive authority.

There are several structures and mechanisms already in place throughout Hawai'i that we believe should be substantially funded for expansion, including telemedicine services, collaborative and integrated care programs, and where practically possible, through improved direct access to duly authorized prescribers of psychotropic medications.

HPMA recognizes the serious challenges our state is facing with respect to those individuals who are in very real need of services. It is for that very reason that we are seriously committed to improving access to mental health services, including psychiatric medications, on all islands.

We have draft legislative language (see below) that would implement the Collaborative Care Model in Hawai'i, amplifying psychiatry's reach through primary care providers. Under this model, which has nearly 90 randomized-control trials demonstrating its effectiveness, a primary care provider, a psychiatrist, and a behavioral health care manager work together to provide mental health care to a much broader group of patients using innovative features such as telemedicine and measurement-based care. Not only would this increase access to care, it would do so in a way that ensures high-quality care.

While psychologists are experts in important behavioral interventions, they have no medical training. Medicare does not reimburse for pharmacologic management by prescribing psychologists due to their lack of medical training. If Medicare — one of the

largest payers in our country — does not believe prescribing psychologists have adequate training to safely prescribe, we believe it would also be imprudent for Hawai'i to authorize it, regardless of whether or not this is a pilot project.

This would also create a two-tier system of care in rural areas, with medically untrained psychologists foisted upon patients in rural areas.

Physicians and Advanced Practice Registered Nurses (APRNs), both of whom are licensed to prescribe in Hawai'i, receive training and gain long-term experience in treating the comprehensive needs of patients served. This map (see below) shows where prescribers are located. Psychiatrists can already work with primary care physicians, physician assistants, and nurse practitioners to reach more patients. Patient safety must be paramount when considering the change of any law, and SB3075 puts some of Hawai'i's most vulnerable patients at risk. The state is already facing an opioid crisis; adding additional prescribers is not the answer to overcoming this crisis.

It is also important to point out that no school of higher learning in Hawai'i currently offers any such program. Should this bill pass into law, it is unclear when it would actually be able to be implemented, given this current lack of a university program.

There are online programs, but do you wish to be prescribed medication by someone who has only received online training? This bill would grant a psychologist prescriptive authority once they pass a 150-question multiple choice Psychopharmacology Exam for Psychologists (PEP). This PEP is a product provided and administered by the American Psychological Association. No medical doctor's license and ability to prescribe has ever been based solely on a multiple-choice exam. Nor could their course work be completed online. Additionally, testing of physicians is performed by medical boards that are separate from professional medical associations in order to prevent conflicts of interest.

We believe it is important that creative and robust conversations remain ongoing to address the mental health crisis in Hawai'i. However, HPMA does believe there are evidence-based programs operating successfully in Hawai'i today that could be expanded to address the access shortage.

We hope that the committee will carry out a much closer analysis and choose to support telemedicine services, collaborative and integrated care programs, which we believe should be a much higher priority and would be more successful in improving access to these special mental health services throughout our state.

For all these reasons, we urge the committee to hold this bill.

Mahalo for the opportunity to testify,
Hawai'i Psychiatric Medical Association

KA 'AHA KENEOA/ SENATE
KA 'AHA 'ŌLELO KANAKOLU / THE THIRTIETH LEGISLATURE
'AHA KAU KĀNĀWAI 2020/REGULAR SESSION OF 2020

To: KE KŌMIKE H'OKOLOKOLO/COMMITTEE on JUDICIARY
Keneoa/Senator Karl Rhoads, Ho'omalua/Chair
Keneoa/Senator Jarrett Keohokalole, Vice Chair
Keneoa/Senator Mike Gabbard
Keneoa/Senator Donna Mercado Kim
Keneoa/Senator Kurt Fevella

Lā / DATE: Pō'aluā, Pepeluali 25, 2020 / Tuesday, February 25, 2020
Hōla / TIME: 12:15 p.m.
Wahi / PLACE: Lumi 'Aha Kūkā 016 / Conference Room 016
Ke Kapikala Moku'āina / State Capitol
415 South Beretania Street
Honolulu, HI

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

Aloha Chair Rhoads, Vice Chair Keohokalole and Committee Members Gabbard, Kim and Fevella,

I write in strong support of SB3075, a bill that would allow doctors of psychology with advanced post-doctoral training in clinical psychopharmacology to increase access to mental health care on the neighbor islands of Hawai'i.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and specially trained psychologists are ready and willing to help. Prescribing and Medical Psychologists already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness, and provide care along side of our colleagues and community partners.

Prescriptive Authority for specially trained, advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, Prescriptive Authority is being authorized by states for specially trained advance practice Psychologists to use as a tool in providing comprehensive, and integrative mental health care.

SB 3075 will provide the foundation to explore the suitability of Prescriptive Authority for specially trained, advance practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

I request that the bill be amended to require a “demonstration” instead of “pilot” program because the safety and efficacy of prescribing psychology has been established over the last twenty years.

I appreciate that the bill was amended to include counties with populations of less than “500,000 persons” rather than 100,000 persons. Maui and Hawai`i counties have more than 100,000 citizens yet have the greatest shortage of psychiatrists according to the according to the most recent Annual Report on Findings from the Hawai`i Physician Workforce Assessment Project written by Dr. Kelly Withy.

I request that the bill be modified to avoid redundancy under the description of requirements for Prescriptive Authority Privilege in §465 (3):

- (A) A minimum of eight hundred hours completed in a clinical prescribing practicum including geriatric, pediatric, and pregnant patients completed in no less than twelve months and no more than fifty-six months;
- (B) Supervision of a minimum of one hundred patients including geriatric, pediatric, and pregnant patients;
- (C) A minimum of eighty hours completed in a physical assessment practicum in a primary care, family practice, community, or internal medicine setting;
- (D) A minimum of one hundred hours of community service with homeless, veteran, or low-income populations;
- (E) A minimum of two hours per week of supervision by a primary care provider or a prescribing psychologist; and
- (F) Eight weeks of rotation in each of the following:
 - (i) Internal and family medicine;
 - (ii) Women's health;
 - (iii) Pediatrics; and
 - (iv) Geriatrics

Please note that F is redundant with A-E of this section and therefore F should be removed.

I would recommend that the term “collaborative” should be replaced with “integrated” since the current trend nationally in interprofessional healthcare is to develop integrated practice models

I recommend that the term “prescribe and administer” or “administer” should be replaced with “prescribe, administer and distribute without charge” to be more consistent with the Pharmacy Practice Act.

Please vote **YES** on SB 3075 to allow greater access to care for those most in need.

Respectfully submitted,



Judi Steinman, PhD

judi.steinman@yahoo.com

SB-3075-SD-1

Submitted on: 2/23/2020 9:26:47 AM

Testimony for JDC on 2/25/2020 12:15:00 PM

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

Comments:

Dear Chair Rhoads, Vice Chair Keohokalole and Committee Members Gabbard, Kim and Fevella,

I write in strong support of SB3075, a bill that would allow doctors of psychology with advanced post-doctoral training in clinical psychopharmacology to increase access to mental health care on the neighbor islands of Hawai`i. I am a Medical (i.e., prescribing) Psychologist in the state of Louisiana and have been since 2005. Over that time I have seen the positive effects of allowing specially trained psychologists to prescribe on the citizens of Louisiana, many of whom live in very rural areas. These individuals have no access to any other highly trained mental health specialists who can prescribe important treatment medication. Our Medical Psychologists have been able to fill that gap and have done so effectively and safely. Fifteen years of experience has resulted in benefit with little to no risk to the public. There should be no question at this point of the ability of specially trained doctoral level psychologists to safely prescribe medications to those with behavioral health disorders. The same benefit can be available to the citizens of Hawaii if this bill passes and I urge you to take that step in favor of SB3075.

Respectfully,

Joseph E. Comaty, PhD, MP

KA 'AHA KENEOA/ SENATE
KA 'AHA 'ŌLELO KANAKOLU / THE THIRTIETH LEGISLATURE
'AHA KAU KĀNĀWAI 2020/REGULAR SESSION OF 2020

To: KE KŌMIKE H'OKOLOKOLO/COMMITTEE on JUDICIARY
Kenekoa/Senator Karl Rhoads, Ho'omalū/Chair
Kenekoa/Senator Jarrett Keohokalole, Vice Chair
Kenekoa/Senator Mike Gabbard
Kenekoa/Senator Donna Mercado Kim
Kenekoa/Senator Kurt Fevella

Lā / DATE: Pō'aluā, Pepeluali 25, 2020 / Tuesday, February 25, 2020
Hōla / TIME: 12:15 p.m.
Wahi / PLACE: Lumi 'Aha Kūkā 016 / Conference Room 016
Ke Kapikala Moku'āina / State Capitol
415 South Beretania Street
Honolulu, HI

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

Aloha Chair Rhoads, Vice Chair Keohokalole and Committee Members Gabbard, Kim and Fevella,

I am a prescribing psychologist, otherwise known as a medical psychologist by the U.S. Drug Enforcement Agency. I have a medical degree that took close to 3 years to complete in addition to my clinical psychology PhD. You can only apply to this medical degree program if you already have a psychology PhD, which itself takes about 6 years to complete. Thus, I have about 9 years of total graduate education in mental health and medicine. My medical degree courses covered clinical medicine, physical assessment, biochemistry, pharmacology, psychopharmacology, neurochemistry, neurophysiology, neuropathology and treatment of special populations (child, geriatric, chronic pain, and racial differences). This degree is called a Postdoctoral Master of Science in Clinical Psychopharmacology, or MSCP. I have passed a national board exam for medical psychologists. I have spent 15 months in a practicum for medical psychology. And I have been prescribing medicine for over 9 years.

My medical training and education is the result of over almost 30 years of development in the safe and effective practice of medical psychology, which started with the U.S. military at their medical school, the Uniformed Services University of Health Sciences, where I hold a faculty position, and has continued in the states that have now fully legalized medical psychology: New Mexico, Louisiana, Illinois, Iowa and Idaho. In New Mexico and Louisiana medical psychologists have prescribed for the longest period, about 17 years. During this time they have had a very strong safety record and it is estimated have written over one million prescriptions.

I prescribe medicine every day in Hawaii, but I can only do so on federal land. I have never had a malpractice case or a board complaint my entire career. I have treated all categories of patients including serious mental illness. Some of my psychiatrist colleagues here in Hawaii, who do not know me, and even a few physicians here who do not know me, may tell you that medical psychologists are ill-trained and dangerous. However, the Board of Medicine in Louisiana, run by physicians to ensure the safe practice of medicine, disagrees with them. I know this because they grant me the license to practice medicine with my patients every day, which they do because they have full confidence in my medical training, knowledge and abilities. And the U.S. Drug Enforcement Agency grants me a DEA number to prescribe even the most dangerous medicines, those in Schedules II through V, which I have also accomplished with a perfect safety record. All these things I do, however, to benefit my patients, who are my first concern, and who typically have difficulty, sometimes great difficulty, gaining access to a psychiatrist. It is for their sake that I became a medical psychologist. And I can tell you, my patients appreciate me. Sometimes they ask me why there are not more like me, trained in both therapy and medicines, and able to provide both types of treatment for them at one appointment? And so, with all respect, I ask you the same question.

Please vote **YES** on SB 3075 to allow greater access to care for those most in need.

Respectfully submitted,

Samuel S. Dutton, PhD, MP, MSCP
Medical Psychologist
Louisiana Board of Medical Examiners License MP.000016

SB-3075-SD-1

Submitted on: 2/23/2020 9:35:25 PM

Testimony for JDC on 2/25/2020 12:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
rika suzuki	Individual	Oppose	No

Comments:

February 23, 2020

Senate Bill 3075 SD1

Testifying in Opposition

Aloha Chair Rhoads, Vice Chair Keohokalole, and Members of the Committee on Judiciary,

My name is Rika Suzuki, and I am an adult and geriatric psychiatrist working in a community mental health setting with patients with severe and persistent mental health conditions. I also have worked for several years previous to this work, as a geriatric psychiatrist in the nursing home setting and community.

I am testifying in opposition to SB3075 SD1 Relating to Psychologists. The bill would require the Board of Psychology to establish a pilot program on Kauai to grant prescriptive authority to qualified psychologists.

The level of medical complexity in my day to day work has been consistently high, and a multitude of considerations and assessments are needed to safely and effectively prescribe psychotropic medications. Whether it involve concomitant substance use (illicit) or aging concerns, as well as medical comorbidities, responsible and safe prescribing demands a legitimate medical background and training. Even as a physician, there are numerous challenges and risks/benefits we weigh daily in the choices of medications, as well as whether medication is even an appropriate strategy at all given certain medical conditions or active substance use.

I collaborate regularly with primary care providers as well as other specialists because of the risks involved with psychotropic agents— cardiac, endocrinologic, neurologic, pulmonary, hematologic (blood/circulation), renal (kidney), hepatic (liver), among them.

I have great concern for potential unnecessary detrimental impacts on our patients if treated by inadequately trained prescribers— such risks could cause even patient mortalities.

Currently, collaborative care models are being implemented across the US and providers are seeking training as this IMPROVES mental health access and insures safe delivery of care without compromising wait times. This involves coordination between primary care providers and a multidisciplinary team including psychiatry providers, social workers/case managers, nurses, and patient. These modalities can be better advocated for by legislation, as with telemedicine, an additional viable and highly effective means of accessing mental health care today.

Please consider the basic safety of our community first and foremost before assuming that simply increasing number of prescribers can solve the problems of access. Inadequate training could be deadly to our community members. For all these reasons, I hope you will not advance this bill.

Mahalo for the opportunity to testify,

Rika Suzuki, MD, adult and geriatric psychiatrist

SB-3075-SD-1

Submitted on: 2/23/2020 10:37:07 PM

Testimony for JDC on 2/25/2020 12:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Stock Ph.D.	Individual	Support	No

Comments:

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

Aloha Chair Rhoads, Vice Chair Keohokalole and Committee Members Gabbard, Kim and Fevella,

I write in strong support of SB3075, a bill that would allow doctors of psychology with advanced post-doctoral training in clinical psychopharmacology to increase access to mental health care on the neighbor islands of Hawai`i.

I am a licensed clinical psychologist in California and Hawaii, in practice for > 25 years, and have completed a Master of Science degree in Clinical Psychopharmacology. Psychologists have had prescriptive authority since 1994 through the Department of Defense, and later in the Public Health Service, Indian Health Service, Guam, New Mexico, Louisiana, Illinois, and Iowa. There have been no reported adverse outcomes or malpractice complaints related to prescriptive authority for psychologists.

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. In addition to trained psychologists being able to either prescribe medications for mental health conditions, we also often provide the counseling for our patients to learn behavioral health skills to lead productive lives. We also are able to "taper" medications so that they can be safely discontinued once the patient no longer needs them. You have the opportunity to change this situation in Hawaii, a state with underserved rural populations who would greatly benefit from greater accessibility to mental health prescribers. Please pass legislation to allow psychologists trained in psychopharmacology to demonstrate that they can prescribe safely, as they have already in Louisiana, New Mexico, Illinois, and Guam.

Sincerely,

Wendy Stock, Ph.D.

Berkeley, CA 94708

SB-3075-SD-1

Submitted on: 2/24/2020 3:14:19 PM

Testimony for JDC on 2/25/2020 12:15:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Feenstra	Individual	Oppose	No

Comments:

To Whom It May Concern-

I am writing to oppose SB3075. I am a practicing psychiatrist on Maui and I do not think it is safe for psychologists to prescribe medications. It puts patients in danger as psychologists do not go through the rigorous medical training that physicians undergo. Psychiatrists go through four years of medical school and 4 years of psychiatry residency training before they practice independently. This training is required to understand how the body functions as a whole. Extensive time is spent learning interactions and side effects of various medications. This is not easily taught to psychologists, especially if they are bypassing medical school and residency. I do agree that we need more psychologists to see patients, but there are other ways to accomplish this. For example, I work at a community clinic alongside the primary care physicians so that the maximum number of mental health patients can be seen. Another option would be loan repayment options to attract more providers to Hawaii. Another possibility would be increasing the number of residency positions available, as many medical students go through medical school but there are insufficient residency slots to accomodate all of the medical students. This leaves unmatched students that could otherwise become physicians (and physician psychiatrists).

Thank you for your time and consideration.

Sincerely,

Sarah Feenstra, DO

LATE

SB-3075-SD-1

Submitted on: 2/24/2020 5:27:46 PM

Testimony for JDC on 2/25/2020 12:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Curtis, PhD, MSCP	Individual	Support	No

Comments:

KA 'AHA KENEKOA/ SENATE

KA 'AHA 'ÅCELELO KANAKOLU / THE THIRTIETH LEGISLATURE

'AHA KAU KÄ€NÄ€WAI 2020/REGULAR SESSION OF 2020

To: KE KÄ€MIKE H'OKOLOKOLO/COMMITTEE on JUDICIARY

Kenekoa/Senator Karl Rhoads, Ho'omalua/Chair

Kenekoa/Senator Jarrett Keohokalole, Vice Chair

Kenekoa/Senator Mike Gabbard

Kenekoa/Senator Donna Mercado Kim

Kenekoa/Senator Kurt Fevella

LÄ• / DATE: PÄ• 'alua, Pepeluali 25, 2020 / Tuesday, February 25, 2020

Hola / TIME: 12:15 p.m.

Wahi / PLACE: Lumi 'Aha KÄ«kÄ• 016 / Conference Room 016

Ke Kapikala Moku'Ä• ina / State Capitol

415 South Beretania Street

Honolulu, HI

RE: Testimony in **SUPPORT** of SB 3075: RELATING TO PSYCHOLOGISTS.

Aloha Chair Rhoads, Vice Chair Keohokalole and Committee Members Gabbard, Kim and Fevella,

I write in strong support of SB3075, a bill that would allow doctors of psychology with advanced post-doctoral training in clinical psychopharmacology to increase access to mental health care on the neighbor islands of Hawai`i.

I am a conditional prescribing psychologist in New Mexico at Memorial Medical Center in Las Cruces. Throughout my training and prescribing services, learnings have included:

- 1) Prescribing psychologists provide care to those who may not have received care otherwise. Last week, I saw 22 patients in 2.5 days. The demand for my services are huge. Prescribing psychologists will help fill the lack of prescribers one patient at a time.
- 2) We are safe and provide quality care. If we were a danger to the public, then why did my malpractice insurance only increase \$94 per year once I became a prescriber?
- 3) Prescribing psychologists have extensive training in psychology as well as in prescribing psychotropic medication. We are psychologists first and prescribers second. This means that we are the experts of non-medical intervention and will rely on these skills first.
- 4) Psychologists are very smart. It is extremely hard to be admitted to a doctoral clinical psychology program (12% acceptance versus 7% for medical school).
- 5) Psychologists are ethical. Ethics are drilled into our heads over the 7 plus years it takes to become prescribing psychologists. We are careful and ethical about how and to whom we prescribe.
- 6) We are not quacks- The MD physicians have said this about nurse practitioners for years. In New Mexico, I receive referrals from MDs all the time. If I am a quack, then why do they refer to me?
- 7) Our training is getting increasingly more scientific and stringent. With new APA guidelines, and with the trend with including more science (in State laws), our training curriculum is getting even stronger.

8) The organization POPPP (psychologists against prescription privileges) has provided quality critiques of prescribing psychologists and we are addressing those we see as valid.

9) The interest in the field for colleagues and students is at an all-time high. This has happened since Illinois has legalized prescriptive authority for psychologists.

10) We are "limited prescribers" (like optometrists) versus "broad prescribers" (like nurse practitioners and MDs). We need training to provide medications for mental health issues. To compare our training to nurse practitioners is silly. We do not need to learn how to deliver babies, etc. We are always under some type of required collaboration or supervision with nurse practitioners or MDs.

11) Only 2 % of nurse practitioners go into psychiatry. This will help fill the gap, but it is still not enough.

12) I do tele health every week. The problem is some people are not good with technology and sometimes we lose our connections. Tele health by psychiatrists is not the total answer to the prescribing gap.

13) I find myself taking people off medications most frequently than placing people on medications. The power to prescribe is also the power to un prescribe.

14) As a prescribing psychologist, I can help patients who have more serious needs.

Please support this bill. You will not be sorry!

Sincerely,

Steven E. Curtis, PhD, MSCP

Conditional Licensed Prescribing Psychologist

Memorial Medical Center

Las Cruces, NM

SB-3075-SD-1

Submitted on: 2/24/2020 5:40:03 PM

Testimony for JDC on 2/25/2020 12:15:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Lee Evslin	Individual	Support	No

Comments:

IN SUPPORT OF: SB3075

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Aloha Chair, Vice-Chair and members of the committee:

I am Lee A. Evslin M.D. I am a retired primary care physician and served for 15 years as the CEO of Kauai Medical Clinic.

I am testifying in favor of psychologists gaining the legal authority to prescribe medication for psychological conditions. Presently, psychologists have the right to prescribe in federal programs such as the military, in the Indian Health Service, and in several states. They have been prescribing without incident for years, demonstrating that the training systems work and that psychologists can help fill the provider shortage that our nation is facing.

Specifically, I support prescriptive privileges for psychologists because:

1. On the neighbor islands we have a shortage of psychiatrists **and** of primary care physicians (PCPs). The shortage of primary care doctors means that sick patients are not being seen in a timely manner. Because of the shortage of psychiatrists, PCPs are increasingly put in the position of prescribing and managing the psychotropic medications for their patients. This places an additional burden on already taxed PCPs who are struggling to meet our islands' health care needs.

2. The primary care physicians are very often put in the position of prescribing medications for depression, anxiety, phobias, sleep disorders and other psychological conditions. The primary care physicians end up trying to assess and treat psychological conditions in a very short clinic visit. Additionally, because primary care physicians are often overbooked, many times it is difficult to see the patient often enough to effectively manage these psychotropic medications.

3. Bottom line is that the primary care physician shortage is worsened by these primary care doctors having to not only treat the physical problems of their patients but despite having often limited training in mental health or in psychotropic medications, having to be the primary provider of drugs for psychological conditions.

4. The patient may or may not also see a psychologist. If they are also seeing a psychologist, PCPs are put in the inefficient position of trying to increase or decrease the medication on the advice of the psychologist. This may involve many phone calls or the patient retelling what the psychologist has suggested. If they are not seeing a psychologist, we are then in the position of altering medication dosages based on our very short visits. Short visits may be appropriate for altering medications for high blood pressure but are much less accurate for assessing psychological conditions. The result may often be a patient whose psychotropic medications are not being optimally managed.

5. According to a 2016 publication by SAMHSA, "People with mental and/or substance use disorders can be particularly vulnerable to becoming homeless or being precariously housed. According to the 2019 Kauai Homeless Point-In-Time Count, there are an estimated four hundred forty-three homeless persons on Kauai. Of those persons, a large number fall into four subpopulations that would likely benefit from increased access to prescribing mental health providers, including eighty-four adults with a serious mental illness; one hundred twenty-nine adults with a substance use disorder; five adults with HIV/AIDS; and eleven adult survivors of domestic violence.

6. The philosophy behind psychologists prescribing meds in their field can be summed up in these two phrases:

"The power to prescribe is the power not to prescribe," or "the power to prescribe is the power to unprescribe."

What is meant by these phrases is that spending appropriate time with a patient and using evidence based therapies has been shown to allow psychologists to often treat patients without medication and/or to taper patients off of medication. The best way to

ensure this happens in the most patient friendly and efficient way is to allow appropriately trained psychologists to use the medications that are specific to their field of expertise.

7. A common reason given for not giving psychologists prescriptive rights is that they are not going to be well enough trained in this skill set. I am impressed with the additional post-doctoral training that will be required to gain this prescriptive right. That is much more than the average primary care physician receives for the use of psychopharmacological medications.

My strong conclusion is that psychologists should gain the legal ability to prescribe medication in their field of expertise. I feel certain it will improve the coordination of psychological care particularly in rural areas where there is a shortage of psychiatrists and primary care physicians. I feel that prescriptive privileges for psychologists will improve the quality and coordination of care and give patients many more options to manage their mental health needs. As a long time provider in a rural community, I am heartened by the steps the legislators are taking to tackle the complex issues facing our homeless and chronically underserved populations. Given the higher prevalence of drug abuse and mental illness in these populations, I think allowing psychologists to prescribe, eases the burden on our medical community and provides for more comprehensive and appropriate care for our patients and helps to lessen the obstacles that our already stressed and underserved communities face.

Mahalo for the opportunity to supply testimony.

Lee A. Evslin, MD

FAAP

LATE

SB-3075-SD-1

Submitted on: 2/24/2020 8:25:47 PM

Testimony for JDC on 2/25/2020 12:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Naomi Bikle	Individual	Oppose	No

Comments:

**TESTIMONY OF NAHELANI WEBSTER FOR THE HAWAII ASSOCIATION
FOR JUSTICE (HAJ) REGARDING S.B. 3075 SD1**

Tuesday February 25, 2020
12:15 PM
Room 016

LATE

To: Chair Rhoads and Members of the Senate Committee on Judiciary:

My name is Nahelani Webster and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) regarding S.B. 3075 SD1, Relating to Psychologists.

A licensed professional owes a certain duty and standard of care to their patients. If this bill passes and allows psychologists to have prescriptive authority allowing them to prescribe psychotropic medication, then they should be required to carry adequate insurance coverage.

Respectfully requesting the committee to add language to this measure mandating that a prescribing psychologist obtain malpractice insurance.

Thank you for allowing me to testify regarding this measure. Please feel free to contact me should you have any questions or desire additional information.