Testimony of the Board of Psychology

Before the
Senate Committee on Commerce & Consumer Protection
Wednesday, March 18, 2021
10:00 a.m.
Via Videoconference

On the following measure:
SCR 50, REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A TASK FORCE TO PROVIDE RECOMMENDATIONS FOR GRANTING PRESCRIPTIVE AUTHORITY TO QUALIFIED PSYCHOLOGISTS IN THE COUNTIES OF KAUAʻI, MAUI, AND HAWAIʻI.

Chair Baker and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board supports this resolution.

The purposes of this resolution are to request that: (1) the Department of Commerce and Consumer Affairs convene a task force to provide recommendations for granting prescriptive authority to qualified psychologist applicants in the counties of Hawaiʻi, Maui, and Kauaʻi; and (2) the task force, with the Board's assistance, submit a report of its findings and recommendations, including any proposed legislation, to the Legislature prior to the Regular Session of 2022.

The Board supports granting qualified psychologists prescriptive authority, as this will help meet the demands for psychological services in vulnerable populations and provide greater access to permanent services provided by clinical psychologists who qualify for the prescriptive authority privilege.

The Board requests that the Committee clarify who the members of the task force should be and provide guidance on the specific information the Legislature would like the task force to study.

Thank you for the opportunity to testify on this resolution.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION IN OPPOSITION TO SCR 50 / SR 32

Date: March 18, 2021

Time: 10:00 a.m.

To: Chair Rosalyn Baker, and members of the Senate Committee on Commerce and Consumer Protection

From: Megan Araujo, MD, Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Re: SCR 50 / SR 32, Requesting the Department of Commerce and Consumer Affairs to convene a task force to provide recommendations for granting prescriptive authority to qualified psychologists in the counties of Kaua‘i, Maui, and Hawai‘i.

Hawaii Psychiatric Medical Association (HPMA) has several concerns regarding this measure. This issue has already been studied, as ordered by the Hawaii State Legislature, in 2007. Findings from the Hawaii State Legislative Reference Bureau (LRB) in 2007 found over 20 significant concerns with the notion of giving psychologists prescriptive authority. These findings urged that patient safety should never be compromised and that adequate training as determined by medical doctors and not the short cut proposals promoted by psychologists is necessary to protect the safety and general welfare of the public.

There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities, through telepsychiatry and the Collaborative Care Model. If a task force is to be formed to study improved mental health care access, it should focus on already reliable, proven, tested, and safe mental health care methods, such as telemedicine, collaborative care, and utilization of psychiatric APRN-RXs, and even non-medication therapies including how to expand crisis intervention and psychotherapy services, particularly through now available technologies to enable even more neighbor island access.

The 2007 76-page LRB study on prescriptive authority for psychologists found 21 specific major concerns (including inadequate training and no proof of safety) that were distilled into the following conclusion:

> "In determining whether to authorize prescriptive authority for clinical psychologists who practice in community health centers, legislators must be mindful of not only the significant differences in the classroom and clinical training of clinical psychologists and psychiatrists, but also the basic medical background of nonphysician health care prescribers. A clinical psychologist treats mental illness as a social scientist, from a behavioral perspective; a psychiatrist treats patients as a physician, from a medical model with additional special training in psychiatry. Although the need to increase access to mental health care in Hawaii is undeniable, particularly to residents who are medically underserved, patient safety must be the primary consideration."[1]

To safely prescribe medications, there is a need for extensive medical training in a variety of disciplines other than pharmacology, including physiology, anatomy, chemistry, pathophysiology, and neuroscience, among others. It is imperative to understand drug-drug interactions, the interplay of psychiatric diagnoses with medical comorbidities, and the effects of psychotropic medications on the entire human body in order to provide the best care for the public. The 400-hour training psychologists receive in pharmacology cannot substitute the comprehensive knowledge and skills physicians acquire through the tens of thousands of hours of clinical training and thousands of patients seen in a four-year psychiatry residency after four years of medical school.

Allowing for prescriptive authority on neighbor islands and not Oʻahu makes it difficult to enforce uniform standards across the state and leads to lack of enforcement or follow up, should errors occur on neighbor islands. Current oversight for physicians falls under the Hawaii Medical Board, which operates across the State, while prescribing psychologists would be overseen by

[1] Prescriptive authority for psychologists: Issues and concerns, Report 2. 2007, Page 57, https://lrb.hawaii.gov/wp-content/uploads/2007_PrescriptiveAuthorityForPsychologists.pdf

the Board of Psychology. This would create different levels of care on neighbor islands and could lead to complications in enforcement of regulation and safety standards to protect patients. Allowing for a substandard level of care for neighbor island residents is not advisable. This would mean that some patients would receive treatment from a person with minimal medical training simply because of where they live. These patients include elderly people, children, pregnant women, people with disabilities, and people with complex medical conditions. The LRB recommended we encourage psychologists to pursue the same medical training as other professions with prescriptive authority such as attending medical school or nurse practitioner school, and we agree.

Should the legislature continue to support a task force to convene, we recommend that it include representatives from other prescribing medical professions, such as physicians, psychiatrists, APRNs, as well as a representative from the Board of Medicine.

Thank you for the opportunity to present this testimony. We welcome the opportunity to work with you to facilitate evidence-based, proven programs to ensure our patients in Hawai‘i suffering from mental illness, including substance use disorders, receive safe and equitable care.

Mahalo,
Megan Araujo, MD
Chair, Legislative Committee, Hawaii Psychiatric Medical Association

SCR-50
Submitted on: 3/17/2021 7:22:06 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerald Busch	Testifying for Hawaii Psychiatric Medical Association	Oppose	No

Comments:

This is a dangerous proposal. Medical Doctors ("MDs") can prescribe medications, as a culmination of years of a specific type of training in medical school:

Physiology

Pharmacology

Internal Medicine

Psychiatry

After these courses, medical students spend time in clinical rotations for 24 months, learning how medications are prescribed. After this time, if they would like to pursue psychiatry, they must undergo psychiatric residency training. This entails 4 years of intensive supervision and training, under the aegis of practicing psychiatrists who are professional educators as well.

Psychologists have none of this training. While they may be familiar with medications from having patients on them, they would have none of the training in prescribing these medications. This is a dangerous proposal. To quote an old expression from India, "Just because a dog runs through a cottonfield, does not mean he comes out dressed in a suit." This is not meant to be derogatory, as there are a number of skills psychologists have that MDs do not have. However, the assumption that psychologists could safely and effectively prescribe medications with none of the training is a dangerous proposition.

SCR-50
Submitted on: 3/13/2021 9:25:03 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

I support the formation of a task force to provide recommendations to grant prescriptive authority to qualified psychologists. Mahalos

SCR-50
Submitted on: 3/16/2021 1:05:52 PM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julienne Aulwes, M.D.	Individual	Oppose	No

Comments:

Oppose

SCR-50
Submitted on: 3/17/2021 1:40:39 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

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

Comments:

Prescribing without appropriate medical training is dangerous and places our most vulnerable patients at risk. Access to care is more efficiently enabled via telemedicine and collaborative care.

Putting pts at unnecesary risk will only worsen the mental health crisis.

SCR-50
Submitted on: 3/17/2021 8:45:31 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ethan Pien	Individual	Oppose	No

Comments:

I am a psychiatrist in Hawaii.

This issue has already been studied, as ordered by the Hawaii State Legislature, in 2007. Findings from the Hawaii State Legislative Reference Bureau (LRB) in 2007 found over 20 significant concerns with the notion of giving psychologists prescriptive authority. These findings urged that patient safety should never be compromised and that adequate training as determined by medical doctors and not the short cut proposals promoted by psychologists is necessary to protect the safety and general welfare of the public.

There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities, through telepsychiatry and the Collaborative Care Model. If a task force is to be formed to study improved mental health care access, it should focus on already reliable, proven, tested, and safe mental health care methods, such as telemedicine, collaborative care, and utilization of psychiatric APRN-RXS, and even non-medication therapies including how to expand crisis intervention and psychotherapy services, particularly through now available technologies to enable even more neighbor island access.

SCR-50
Submitted on: 3/17/2021 9:02:14 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Denis Mee-Lee	Individual	Oppose	No

Comments:

I am opposed to this SCR 50/ SR 32 but recommend a task force to look at how to expand mental health services such as crisis intervention, psychotherapy, and other behavioral services across the islands, especially in neighbor islands. This is what is really needed to meet the mental health needs of increased anxiety, PTSD and depression due to the pandemic. It is these services which really will prevent suicides rather than medication management. This is where there is real shortage, not prescribing services. Whatever medication management is really needed can be met through some expansion of collaborative care and telemedicine.

SCR-50
Submitted on: 3/17/2021 9:23:18 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
H. Blaisdell-Brennan, M.D.	Individual	Oppose	No

Comments:

TESTIMONY OPPOSING SCR 50 / SR 32

Date: March 18, 2021 Time: 10:00 a.m.

To: Chair Rosalyn Baker, and members of the Senate Committee on Commerce and Consumer Protection
From: H. Blaisdell-Brennan, MD, Hawaii Psychiatric Medical Association
Re: SCR 50 / SR 32, Requesting the Department of Commerce and Consumer Affairs to convene a task force to provide recommendations for granting prescriptive authority to qualified psychologists in the counties of Kauʻi, Maui, and Hawaiʻi.

I am a Native Hawaiian physician who has served the rural populations since 2006. I will share with you what my patients say to me:
“Please do not let them use us as guinea pigs.”

In 2007, LRB conducted a study on prescriptive authority for psychologists, and the findings were as follows:

“...**it is clear that patient safety cannot be compromised. Patient safety should guide the Legislature's decision**...”

Allowing prescriptive authority on neighbor islands and not Oahu makes it difficult to enforce uniform standards across the state. It leads to a **lack of enforcement** or follow-up should errors occur on neighbor islands. “Please do not use rural patients as guinea pigs.”

Psychologists should not be able to create their own system for testing and grading."Please do not use underserved patients as guinea pigs for less qualified caregivers."

There are safe and cost-effective alternatives to address the legislative intent of improving health care access in rural communities through telepsychiatry and collaborative care.

Should the legislature continue to support a task force to convene, please allow it to include representatives from other prescribing medical professions, such as physicians, psychologists, APRNs, and a representative from the Board of Medicine, and involve the Legislative Reference Bureau.

Thank you for the opportunity to present this testimony. I welcome the opportunity to work with you to facilitate **evidence-based**, proven programs to ensure our patients in Hawai‘i suffering from mental illness, including substance use disorders, receive safe and equitable care.

Mahalo Nui,
H. Blaisdell-Brennan, M.D., member, ‘Ahahui ‘O Na Kauka, Staff Psychiatrist, Wai‘anae Coast Comprehensive Health Center, member, Hawaii Psychiatric Medical Association.

SCR-50
Submitted on: 3/17/2021 9:59:20 AM
Testimony for CPN on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Akaka, MD	Individual	Oppose	No

Comments:

Dear Members of the Senate,

In 2007, at the direction of the legislature, the Legislative Reference Bureau already examined this issue, and determined 21 significant concerns, ultimately concluding that only real medically based training such as medical school or APRN school can be considered safe. The last 3 pages of that 76 page report are copied for you below. Since the report, although 3 more states have passed legislation authoring prescriptive authority under certain circumstances, numerous adverse outcomes and lawsuits because of them have occurred, and 44 states have rejected over 120 such measures. The entire LRB report can be viewed at:

https://lrb.hawaii.gov/wp-content/uploads/2007_PrescriptiveAuthorityForPsychologists.pdf

In the report and in the points below, PDP refers to the Department of Defense Psychopharmacology Demonstration Project, which sought to prove psychologists could prescribe safely on essentially healthy recruits (aged 18-65 with no significant health problems, limited formulary and under physician supervision) but was terminated after spending $6 Million to train 10 - whose grades were so low they were "normalized" on a different curve.

Rather than expend resources on what the LRB has already examined, please instead find ways further expand already improving, and safe, access via modern technology fueled by the COVID-19 pandemic in the areas of Telemedicine, Collaborative Care, Psychiatric APRN-Rxs, and non-pill Crisis Interventions.

Thank you for your kind consideration of my testimony.

Jeffrey Akaka, MD

Brother of a person with Schizophrenia

"The Bureau makes no recommendation on the issue, but notes that only one training model has been evaluated and found to have successfully trained postdoctoral clinical psychologists to prescribe psychotropic drugs for patients with mental illness, the PDP program. The PDP program included the following requirements or factors:

• A one year full time classroom training at a university that included medical science courses and courses tailored to participants needs;

• A one year full time clinical training at a medical center that included inpatient and outpatient experience and supervision by psychiatrists, and a wide range of health care professionals, labs, and other equipment available in close proximity;

• All participants had doctoral degrees in psychology and at least some years of clinical experience before entering the PDP program;

• Development of the PDP training model and curriculum had input from psychologists, psychiatrists, representatives of American Association of Medical Colleges, the Accreditation Council for Graduate Medical Education, the medical school of the Uniformed Services University of Health Sciences, and the Walter Reed Army Medical Center;

• The success of PDP graduates suggested that candidates for any similar training program, whether military or civilian, should be held to high selection standards; several years of clinical experience was also suggested;

• Patients treated were generally limited to outpatients between the ages of 18 to 65, without serious medical conditions or serious mental illnesses;

• Drugs prescribed were limited to psychotropic medications and adjunctive drugs;

• Graduates received supervision by psychiatrists during their initial postgraduate medical facility assignment; and

• Health care in military medical facilities is reported to be an open, collaborative practice that permits ready access to patient information and consultation with other health care providers.

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

• Only two states have authorized certain psychologists to prescribe and little evaluative data from these states has been reported because those laws are very new;

• Prescribing psychologists in New Mexico and Louisiana are in private practice in the civilian sector which does not provide the collaborative approach to medicine in which PDP participants trained and practiced; patient safety has not been established for this type of practice for which there is no "safety net;"

• In contrast to patients treated by PDP graduates, clients who need mental health services at Hawaii community health centers include children and seniors and persons having both a serious mental illness and a serious medical condition;

• There is no program that authorizes psychologists to prescribe psychoactive medications for children or seniors that has been evaluated or determined to be safe;

• Unlike the development of the PDP training model and curriculum, the American Psychological Association training recommendations were developed solely by psychologists;

• Current psychopharmacology training programs that authorize online learning, weekend classes, and optional clinical experience are considerably less rigorous than the PDP training model, and there are significant variations between the various programs;

• No current psychopharmacology training programs appear to offer specialized training on the effects of medication on children and seniors;

• Admission into current postdoctoral psychopharmacology programs require only a doctoral degree in psychology and a current state license to practice psychology; these minimal requirements do not establish the high selection standards suggested by the ACNP evaluation panel or the minimum two year clinical experience recommended by the Advisory Council;

• In contrast to admission requirements for psychopharmacology training programs, an applicant to a psychiatry residency is subject to stricter scrutiny; a personal statement, recommendation letters, transcripts from undergraduate and medical school, and a personal interview are minimum requirements;

• The Advisory Council to the PDP program recommended that applicants to the program should have a minimum of 2 years experience as a clinical psychologist;

• No postdoctoral training program in psychopharmacology that meets the APA training recommendations has been externally evaluated and deemed successful; and

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

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

UNIVERSITY OF HAWAI‘I SYSTEM
Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Thursday, March 18, 2021 at 10:00 a.m.
By
Bonnie Irwin, PhD
Chancellor
And
Carolyn Ma, PharmD, BCOP
Dean, Daniel K. Inouye College of Pharmacy

LATE

SCR 50/SR 32 – REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A TASK FORCE TO PROVIDE RECOMMENDATIONS FOR GRANTING PRESCRIPTIVE AUTHORITY TO QUALIFIED PSYCHOLOGISTS IN THE COUNTIES OF KAUA‘I, MAUI, AND HAWAI‘I

Chair Baker, Vice Chair Chang, and members of the Committee:

Thank you for the opportunity to submit testimony on SCR 50/ SR 32. The University of Hawai‘i at Hilo (UH Hilo) offers **comments** on this measure.

In order to address the psychiatric/mental health crisis, in a more timely manner, a best practice approach would be through a team of providers that include psychiatry, psychologists and pharmacist practitioners who specialize in behavioral health and psychiatry.

Psychiatry and mental health providers have utilized telehealth even prior to the pandemic and telehealth allows for the use of specialty trained psychiatric pharmacists as a viable option to work collaboratively with the mental health team to improve access to care.

The College of Psychiatric and Neurological Pharmacists (CPNP) (info@cpnp.org) provides links to the role of psychiatric pharmacists who play a role in:

1. Preventing Veteran Suicide
2. Assisting with Medication-Assisted Therapy (MAT) for substance abuse
3. Improving access to care in the face of Psychiatric Shortage

Through the pharmacy academy, the pharmacy profession has 1300 pharmacists who are Board-certified in psychiatry (BCPP, https://www.bpsweb.org/media/psychiatric-pharmacy-fact-sheet/) These psychiatric specialty pharmacists specifically care for patients not only in prescribed medications for psychiatric illness but also manage the complex list of other medications prescribed for medical diseases and make for drug-drug and drug-disease interactions among other medical issues.

An example of effective care teams has been long demonstrated at the Veterans Administration Clinics. Care teams are structured with psychiatrists, psychologists, nursing, social work and pharmacists. Pharmacists do not diagnose but are able to initiate and manage pharmacotherapy as long as it is within their scope of practice. Pharmacists are credentialed under the facility. Clinical Pharmacists are allowed to prescribe under a collaborative practice agreement as part of their scope of practice.

The University of Hawai‘i is well aware of the challenges that patients with behavioral and mental health face given the shortage of specialist providers and the access to care, especially in rural areas. While the University appreciates the didactic and experiential components necessary to develop a robust and comprehensive curriculum in order to support and educate a specialty trained psychologist, the University has ongoing challenges to provide for new curriculum development during a time of diminishing resources.

Nevertheless, the DKICP respectfully proposes two changes to the resolution:

1. The task force would be tasked with exploring alternatives that utilize an inter-disciplinary team care approach and telehealth.
2. Members should include a Board Certified psychiatry/mental health practicing pharmacist (BCPP) and a practicing academic pharmacist from the faculty of the DKICP. This expertise would add considerable patient care and academic expertise to explore viable alternatives.

Thank you for the opportunity to provide comments.