



**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**  
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

**JOSH GREEN, MD**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'ŌKELE

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

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April 1, 2026

**TO:** HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair  
Honorable Members

**FROM:** John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to  
Governor Josh Green, MD on Healthcare Innovation

**RE: SB 847-SD2-HD1 -- RELATING TO PSYCHOLOGISTS**

**HEARING:** Thursday, April 2, 2026 @ 2:00 pm; Conference Room 308

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA supports SB 847-SD2-HD1, with comments.

Psychologist prescription is a controversial topic because of the complexities and potential complications of behavioral and psychiatric drugs, the high-risk impacts of interactions of these drugs with other medications and medical conditions (co-morbidities), and the very different levels of clinical and pharmacologic training between psychiatrists and psychologists. However, concerns about lack of available access to urgently needed behavioral health services in some geographies has created pressure to expand the scope of practice of psychologists to address these access concerns.

This bill creates a three-year pilot program in psychologist prescription that requires a master's degree of pharmacologic training, an attenuated formulary, and psychiatrist supervision of participating psychologists. The pilot will be located in Kauai County.

We also appreciate that opposing testimony from Hawai'i Medical Association, AMA, and others expressing concern that after the psychiatrist-supervised training period concludes the prescribing psychologists could be practicing independently.

Our previous testimony stressed that a "clinical team practice" relationship between supervising psychiatrists and prescribing psychologists on an ongoing basis would allow the expanded scope of practice to occur safely and effectively. This we further believe would lessen the malpractice risks and related insurance costs for the

*SB 847-SD2-HD1 testimony of SHPDA (2026), continued*

prescribing psychologist. The bill is needed to expand the psychologist scope of practice for the pilot. We will also want collaboration with DCCA's Board of Psychology and the Hawai'i Medical Board on the pilot if it proceeds.

We further note that a psychiatrist in Kauai County who is willing to be the supervising psychiatrist has contacted us supporting this pilot, but thus far we have not identified any psychologists with the requisite master's degree in pharmacology there, although there appear to be one or two who are interested in proceeding with the required training.

Conducting the pilot at HPH Wilcox, HHSC Sam Mahelona Hospital, or where the supervising psychiatrist practices would be ideal for this pilot if it proceeds. Maybe the site doesn't need to be specified other than occurring in Kauai.

There will be some modest resource needs for the pilot as well, but those may well become available through the Rural Health Transformation Program in 2027, as this project aligns with rural health improvement and workforce shortages. No funding will be needed for the planning phase in the first year of the pilot.

Thank you for the opportunity to testify on SB 847-SD2-HD1.

■ -- Jack Lewin, MD, Administrator, SHPDA

## **Testimony of the Board of Psychology**

**Before the  
House Committee on Consumer Protection and  
Commerce**

**Thursday, April 2, 2026**

**2:00 p.m.**

**Conference Room 329 Via Videoconference**

**On the following measure:**

**S.B. 847, S.D. 2, H.D. 1, RELATING TO PSYCHOLOGISTS**

Chair Matayoshi and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board strongly supports and offers the following comments on this measure.

The purpose of S.B. 847, S.D. 2, H. D. 1, is to establish a pilot program in the County of Kauai to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances, requires the Board of Psychology to adopt rules. Requires the State Health Planning and Development Agency to report to the Legislature.

This measure is substantially similar to bills introduced in prior legislative sessions addressing prescriptive authority for qualifying psychologists. Historically, the Board has supported such measures, whether structured as a pilot program limited to certain counties or as broader amendments to chapter 465, HRS, granting prescriptive authority. In previous testimony, the Board has identified key considerations related to patient safety and implementation, many of which have been addressed through amendments carried forward across legislative sessions. These include:

- (1) Ensuring that required education and training for psychologists are sufficient.
- (2) Establishing effective oversight mechanisms, including collegial relationships with supervising physicians; and
- (3) Incorporating safeguards to ensure appropriate coordination of care between the prescribing psychologists and the patient's other health care providers.

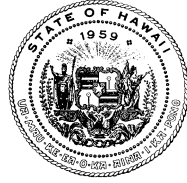
The Board appreciates the prior committee's efforts to incorporate amendments that clarify the education and training requirements for prescriptive authority and expressly authorize the Board to adopt implementing rules.

However, following discussion with the Hawaii Psychological Association ("HPA") at its March 23, 2026, public meeting, the Board has concerns regarding the viability of the current version of this measure. In light of these concerns, the Board respectfully

requests that this Committee revert to the S. D. 2 version of the bill.

While the Board recognizes that this request may require removal of previously adopted amendments, it believes that the S.D. 2 version is more readily executable as a pilot project, albeit with a shorter study period. The Board strongly supports the intent of the pilot project to generate reliable data on the efficacy and safety of psychologists with prescriptive authority under appropriate supervision. In alignment with HPA, the Board believes that even one year of study would provide meaningful data to inform future policymaking.

Thank you for the opportunity to provide testimony on this measure.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB847 SD2 HD1  
RELATING TO PSYCHOLOGISTS**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR  
REPRESENTATIVE TINA NAKADA GRANDINETTI, VICE CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: Thursday, April 2, 2026, 2:00 p.m.

Room Number: 329 & Video

1 **Fiscal Implications:** None.

2 **Department Position:** The Department of Health (“Department”) recommends that any pilot program  
3 authorizing prescriptive authority for psychologists be limited in scope and limited to those providing in-  
4 person services, and that authorization for independent prescribing be contingent upon satisfactory  
5 completion of a period of supervision by a psychiatrist.

6 **Department Testimony:** The Adult Mental Health Division (AMHD) offers the following testimony on  
7 behalf of the Department.

8 The Department recognizes the need for mental health care in our State, particularly in  
9 underserved areas such as Kauai. With funding from the Rural Health Transformation Grant, the  
10 Department plans to increase access to behavioral health care by expanding its crisis mobile outreach  
11 teams, supporting development of certified community behavioral health clinics, and creating a  
12 consultation hub for primary care physicians.

13 The Department supports increasing access to high quality and safe mental health care. Utilizing  
14 psychologists who do not possess medical training to care for less complex patients can allow medically  
15 trained psychiatrists to care for the more complex patients, such as those with a serious mental illness  
16 or with multiple medical problems and polypharmacy. However, the Department continues to have  
17 concerns with this role for psychologists.

18 As written, a psychologist would obtain authority to prescribe psychotropic medications after  
19 taking classes for a master’s degree in psychopharmacology and passing a test. There is no provision for  
20 a period of supervision with an expert, i.e., a psychiatrist, in psychopharmacology. To our knowledge

1 there is no prescribing medical discipline – e.g., nursing, dentistry, optometry, physician’s assistant –  
2 that authorizes prescribers without clinical supervision by an expert in the pertinent discipline before  
3 being able to prescribe. Therefore, the Department requests that any authorization to prescribe should  
4 be provisional. This is common in medical licensing (as when a resident is authorized to prescribe but  
5 does not have enough experience to obtain a full, unrestricted license).

6           Additionally, the definition of psychotropic medication is extremely broad. The Department  
7 recommends a circumscribed formulary of relatively low-risk drugs that would be helpful to  
8 psychologists in the course of treating common disorders characterized by depression and anxiety and  
9 be restricted to medications with high safety profiles such as selective serotonin re-uptake inhibitors  
10 (SSRIs) and serotonin-norepinephrine re-uptake inhibitors.

11           The bill places pharmacotherapy credentialing with the Board of Psychology. Without  
12 mandatory psychiatrist participation on the Board, there is a governing and expertise gap that  
13 jeopardizes patient safety. Therefore, the Department respectfully requests that one member of the  
14 Board of Psychology shall hold an active license in the State of Hawaii and be certified by the American  
15 Board of Psychiatry and Neurology.

16           The Department also has concerns that the report to be completed by the State Health Planning  
17 and Development Agency includes recommendations, but no qualitative requirements to support those  
18 recommendations. To evaluate the utility and safety of a program for both the Legislature and the  
19 public, there must be clear standards and outcomes that must be met.

20           Increased access to mental health services is important to the State of Hawaii given the unique  
21 characteristics of the islands. Access to psychiatric medications is an essential part of healthcare, but the  
22 improperly regulated practice of medicine risks patient safety.

23           Thank you for this opportunity to provide testimony.

# OFFICE OF THE MAYOR

DEREK S.K. KAWAKAMI, MAYOR

REIKO MATSUYAMA, MANAGING DIRECTOR

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## Testimony of Derek S.K. Kawakami

Mayor, County of Kaua'i

Before the

### House Committee on Consumer Protection & Commerce

April 2, 2026; 2:00 PM

Conference Room 329 & Videoconference

In consideration of

**Senate Bill 847 SD2 HD1**

**Relating to Psychologists**

Honorable Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

The County of Kaua'i is in **strong support** of SB 847 SD2 HD1 which establishes a three-year pilot program in the County of Kaua'i to allow qualified psychologists under the supervision of a supervising psychiatrist limited authority to prescribe psychotropic medications to patients between the ages of eighteen and sixty-five years under the care of the psychologist; requires the Board of Psychology to adopt rules; and requires the State Health Planning and Development Agency to report to the Legislature.

The December 2025 Hawai'i Physician Workforce Assessment Project continues to indicate a significant shortage of doctors throughout our state and especially on our outer islands. Included in this shortage is a substantial deficiency among psychiatrists. With a lack of access to timely and appropriate mental health treatment, the consequences are devastating and too often end in suicide.

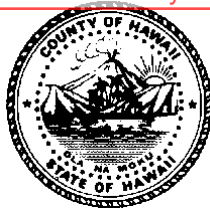
SB847 SD2 HD1 is not an untested experiment. Multiple states and the federal government have already proven that qualified psychologists can prescribe safely. The program's guardrails are appropriately tight for a pilot including physician supervision, a national competency exam, APA-approved training, and a narrow formulary that excludes narcotics.

Hawai'i has previously extended prescriptive authority to advanced practice registered nurses, dentists, optometrists, podiatrists, and physician assistants, all with appropriate training requirements and oversight mechanisms. Qualified psychologists, backed by decades of evidence and a rigorous supervision framework, deserve the same opportunity to serve patients who have no other options.

SB847 SD2 HD1 is a measured, carefully constructed pilot program that puts patients first. This first step expands access to mental health care for Kaua'i's most underserved residents while maintaining strong physician oversight and accountability. We look forward to the pilot program's success and eventual expansion across the state.

Thank you for your consideration of this important mental health service.

**C. Kimo Alameda, Ph.D.**  
*Mayor*



**William V. Brillhante, Jr.**  
*Managing Director*

**Merrick Nishimoto**  
*Deputy Managing Director*

## *County of Hawai'i ~ Office of the Mayor*

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Testimony of  
**C. Kimo Alameda, Ph.D.**  
Mayor, County of Hawai'i

Before the House Committee on  
**Consumer Protection and Commerce**  
Rep. Scot Z. Matayoshi, Chair  
Rep. Tina Nakada Grandinetti, Vice Chair

**Thursday, April 2, 2026, 2:00 p.m.**  
State Capitol Conference Room 329 & Videoconference

In consideration of  
**Senate Bill 847, SD2, HD1**  
**Relating to Psychologists**



Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

As Mayor of the County of Hawai'i and a licensed psychologist, I witness the challenges residents face in accessing timely behavioral health care due to a shortage of mental health prescribers, especially in rural parts of our state, such as Kaua'i and Ni'ihau.

Senate Bill 847, SD2, HD1, presents a thoughtful and measured solution. The bill establishes a pilot program enabling qualified psychologists who have completed rigorous training in psychopharmacology to prescribe psychotropic medications under physician supervision within federally qualified health centers that serve underserved populations.

This approach is evidence-based and has been successfully implemented in federal systems and multiple states. With appropriate training and oversight, prescribing psychologists have improved access to care while maintaining patient safety.

Notably, this measure provides strong safeguards, defines a clear scope of practice, and ensures accountability through a structured pilot program and required reporting to the Legislature.

Patients will gain more timely access to treatment and experience better coordinated, patient-centered care. Our communities will benefit from a strengthened Hawai'i behavioral health workforce and expanded local capacity.

Mahalo nui loa for the opportunity to testify in support of Senate Bill 847, SD2, HD1, and for your continued commitment to strengthening Hawai'i's behavioral health system.

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Representative Scot Matayoshi, Chair

Representative Tina Grandinetti, Vice Chair

DATE: Thursday, April 2, 2026

TIME: 2:00 PM

PLACE: Conference Room 329

Aloha Chair Matayoshi, Vice Chair Grandinetti and members of the committee,

We support SB 847, SD2, HD1, relating to psychologists, which grants prescriptive authority privileges to clinical psychologists who meet specific, tailored, and rigorous education, training, and registration requirements. SB847, SD2, HD1 is a top priority for mental health professionals for its potential to address critical gaps in mental health service delivery, increase continuity of care, and most importantly improve outcomes for patients.

Mahalo for the opportunity to testify on this important measure.

Alton Couturier, PhD  
Amithea M. Love, Psy.D.  
Carmenne Chiasson PhD  
Cecily Sakai, PsyD  
David Wittenberg, PsyD  
Elaine Gierlach  
Gabrielle Toloza  
Gino Titus-Luciano, LMHC, CPC, NCC  
Heather Wittenberg, Psy.D.  
J. Pua Chang, Ph.D.  
Johanna Park, LMHC  
Juan M. Rapadas  
Judith White  
June Ching PhD, ABPP  
Kathlyn Richardson  
Keith Valone, Ph.D., Psy.D., MSCP

Kendyl Y. Oshiro, Psy.D., LMHC, NCC  
Kevin Wittenberg  
Laila Spina  
Lauren Ampolos, PhD, IFMCP  
Lisa Casados  
Marissa Minami, MA  
Mary Myers  
Mary Navarro MA, LMFT  
Michelle H. Murata, PsyD  
Rosemary Adam-Terem, Ph.D.  
Roxanne Ramirez, PsyD  
Sarah Skelton  
Tamela Sadler, Ph.D.  
Tanya Gamby  
Victoria Lou-Johnson  
Xenia Ewing

**April 2, 2026**

**The Honorable Scot Matayoshi  
Hawaii State Capitol, Room 329  
Honolulu, HI 96813**

**RE: Support for SB847 – Expanding Care for Hawaii’s Families**

**Dear Representative Matayoshi,**

**I am writing to respectfully urge you to hear SB847. As a clinical health and prescribing psychologist with a lifelong passion for geriatric care, I have seen firsthand the urgent need for expanded mental health access for our young and old.**

**I spent my graduate years in Hawai`i and throughout my years of practice—spanning patients of all genders and ethnicities (including our Native Hawaiian, Japanese, and Filipino communities)—I have specialized in the complexities of aging. My Postdoctoral Masters of Clinical Psychopharmacology training included dedicated academic and applied lectures on geriatrics and cultural sensitivities, ensuring that I provide care that respects the unique family and Kupuna values of Hawai`i.**

**My clinical background is heavily rooted in the DoD and private practice where I spent many years as a prescribing psychologist; moreover, I have served in the VA system for many years as well, a setting I know is close to your family’s heart. Even in roles where I did not sign the final script, I have been a primary driver of medication decisions. For example, I have frequently led medication reconciliations for elderly veterans, identifying dangerous drug interactions or polypharmacy issues that, when resolved in collaboration with the treating doctors, significantly improved the elderly cognitive clarity and safety.**

**SB847 allows psychologists with this specialized training to do more for the people of Hawaii.**

**With aloha,  
Dr. Alexander Kraft, PsyD, MSCP**

To the Honorable Committee Members  
Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR  
PSYCHOLOGISTS

Greetings Honorable Chair, Vice Chair, and Members of the Committee,

My name is Alfredo Lugo. I have family ties to current residents of Hawai'i as an in-law.

During my visits, I witnessed the need of the community that would benefit from SB847.

I believe that it is a crucial measure for the advancement of mental health care in the beloved state of Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street.

Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Thank you for your time and attention to this critical matter.

Sincerely,  
Alfredo Lugo

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE  
AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair Matayoshi, Vice Chair Grandinetti,  
and Members of the Committee,

My name is Alice Davis, a retired Family Nurse Practitioner previously practicing in Hilo while simultaneously employed as the Director of the Doctor of Nursing Practice at the University of Hawai`i Hilo, School of Nursing. I currently live on Kauai where there is a critical shortage of trained medical personnel treating mental health disorders.

I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in our state.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai`i.

As someone who has witnessed firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that SB847 will have in bridging these gaps. Persons with mental health disorders need greater access to care. By voting YES on SB847 you will allow patients to have the access to care they need to enjoy a healthy and fruitful life without stress and anxiety.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Utah has passed legislation to allow psychologists to prescribe. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, will pave the way for a healthier Hawai`i.

Mahalo nui loa for your time and attention to this critical matter.

Yours,

Alice Davis, PhD, ACNP, GNP, FNP  
Professor, Retired  
University of Hawai`i at Hilo ...,

April 2, 2026

To : The Honorable Committee Members  
Re: Written Testimony for SB 847  
Prescriptive Authority for Psychologists

Hello Honorable Chair, Vice Chair, and members of the Committee. My name is Amanda Abbie, and I am a Clinical Psychology PhD student, residing on a federally recognized reserve located in Reno, Nevada.

I am writing to express support for prescriptive authority for psychologists as a significant component of mental health care for the state of Hawaii. Expanding this scope of practice would be a meaningful step toward addressing the state's ongoing need for accessible mental health care.

Many individuals face delays and limited access to services; therefore, voting "yes" on SB 847 would enable prescribing psychologists to improve continuity of care, reduce treatment gaps, and increase timely access to interventions, particularly in underserved areas.

Please consider that this model of prescribing psychologists is not new. For now, six states (Louisiana, New Mexico, Illinois, Iowa, Idaho, and Colorado) have authorized psychologists to prescribe. Similarly, it is known that military bases on Oahu also have prescribing privileges, while nearby communities and individuals lack those same resources.

Supporting SB 847 would strengthen Hawaii's mental health workforce and expand care options for those most in need. I encourage you to vote in favor of SB 847.

Sincerely,

Amanda Abbie  
Federally recognized tribal member of the Hualapai Nation

Aloha Chair Matayoshi, Vice Chair Grandinetti and Members of the committee:

I would like to add my testimonial to SB847 in Hawaii. I am a licensed clinical psychologist and I have my MSCP from NMSU. I was at one point a conditional prescribing psychologist in New Mexico, but I now live and work in New York as an outpatient psychologist. However, I am moving to Hawaii later this month, as my spouse got a job with the UH system. My plan is to keep my New York job and work remotely from Hawaii, but I am also getting licensed as a psychologist in Hawaii. If SB847 passed, I would absolutely change jobs to work locally in Hawaii as a prescribing psychologist, and I would be thrilled to work locally with Hawaii patients in a FQHS.

Please let me know how I can be of assistance in supporting SB847.

Thanks,

Anthony Rinaldi, PhD, MSCP

Aloha Chair and Committee Members,

I am writing to respectfully ask for your support for legislation to grant appropriately trained psychologists prescription privileges.

There is a chronic shortage of psychiatrists in this state, particularly on the neighbor islands but also on Oahu. Allowing qualified psychologists with advanced medical and pharmacological training to prescribe will help improve access to mental health care for many patients, especially in underserved and rural communities. It will also allow patients to receive therapy and medication management within a unified care framework.

Psychologists have been prescribing safely and effectively for many years in a number of other jurisdictions. Allowing prescription privileges for psychologists will represent an important step forward in improving access to care and reducing delays in treatment.

Mahalo for your consideration of this important issue.

Brian Goodyear, Ph.D.

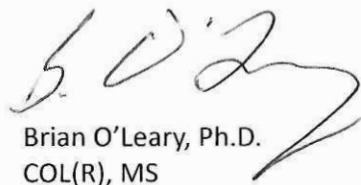
From the Desk of  
COL(R) Brian David O'Leary, Ph.D.

24 February 2026

MEMORANDUM TO: Members of the Hawaii Senate

SUBJECT: Letter of Support for HI RxP Bill SB847

1. As a clinical psychologist and recently retired Army officer, I am writing to express my strong support for Senate Bill 847. We have always had a significant shortage of qualified mental health prescribers within the Armed Forces, especially in deployed environments. In order to address this, SEN. Daniel Inouye directed the DoD to conduct the Psychopharmacology Demonstration Project. It proved that psychologists could effectively and safely prescribe psychotropic medications. While MSCP trained psychologists can already prescribe on military installations, once they retire, they will likely go to one of the 7 states that allow psychologists to prescribe. This legislation could keep valuable talent in a medical desert.
2. As a Sioux Tribal member who grew up on the Cheyenne River Sioux Reservation, psychiatrists were rare and patients had to travel up to 4 hours to receive regular psychiatric care. The Indian Health Service remedied this successfully by utilizing prescribing psychologists. After living in Hawaii for five years, I see many similarities. Hawaii faces well-documented shortages of mental health prescribers, leaving many residents—especially on neighbor islands—waiting months for medication management or traveling long distances for care. SB847 would help bridge this gap by enabling specially trained psychologists (who already provide psychotherapy and comprehensive mental health assessments) to prescribe psychotropic medications directly to their established patients.
3. By passing SB847, Hawaii can join the growing number of jurisdictions recognizing that qualified psychologists can safely contribute to medication management as part of integrated care. This would improve timely access, reduce emergency room visits and hospitalizations related to untreated mental illness, and ultimately save lives and resources.
5. I urge the Committee to advance SB847 and the full Senate to pass this important legislation. Thank you for your leadership on this critical public health issue. I am happy to provide additional information or answer questions. The POC for this statement is undersigned and I can be reached at doc.brian.oleary@gmail.com.

 Ph.D.  
Brian O'Leary, Ph.D.  
COL(R), MS  
Clinical/Operational Psychologist

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Cheryl L. Hall, a Prescribing Psychologist, residing in Texas and prescribing in New Mexico.

I am writing to express my strong support for SB 847 a crucial measure for the advancement of mental health care for the state of Hawai'i. SB 847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

As someone who has witnessed firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that this bill will have in bridging these gaps. Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu, but not across the street to those that are not active duty military. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

As a prescribing psychologist in NM, I have witnessed the collegiality that emerges between us and physicians, nurses and psychiatrists once we are in the trenches together prescribing and un-prescribing for residents of NM, and I am sure it will be the same in Hawai'i. The strong resistance pre-bill passage gives way for teamwork and respect once the bill becomes law! There are prescribing psychologists, including myself, that might consider moving to Hawai'i to assist with the mental health shortage after the bill passes.

One more point to emphasize; prescribing psychologists provide medications when appropriate, but we also combine medication with therapy and, according to the research, the combined therapy/medication approach leads to the best outcomes. I believe your constituents and all the residents of Hawai'i deserve this level of care. There are prescribing psychologists ready to do the work when you take this step and vote YES for SB 847! Give those most in need the option for this level of mental health care that is comprehensive and effective.

Thank you for considering my testimony. I am hopeful that with your support, this critical bill will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Respectfully yours,

*Cheryl L. Hall, Ph.D., MSCP*

Licensed Psychologist

TX #25300

Prescribing Psychologist

NM #2025-0023

APIT/E-Passport Mobility Number:6770



**C. Scott Eckholdt, PhD, MP**  
*Medical Psychologist*

To the Honorable Committee Members

Re: Strong Support for SB847– RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is C. Scott Eckholdt, Ph.D., M.S.C.P., a Medical Psychologist residing Louisiana.

I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in the great state of Hawai'i. Hawai'i was the birthplace for the movement for prescriptive authority championed by the Honorable Senator Daniel Inouye, who was instrumental in getting the first group of specially-trained, Medical Psychologists into the health centers in the Department of Defense. Every day that I walk into my office, I am thankful to Senator Inouye and the forward-thinking psychologist that have led this movement.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i. In Louisiana, I treat people in the rural areas that have minimal access to quality mental healthcare. As a Medical Psychologists, my training in evaluating, diagnosing and treatment mental illness using a full armamentarium has allowed me to address this critical shortage in a significant era in our country, as mental health need has increased but treatment professional have declined, especially those who able to use psychiatric medications, when needed, to restore balance and wellbeing to the individuals we treat.

As someone who has witnessed firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that SB847 will have in bridging these gaps,

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need and bring Senator Inouye's dream to fruition in the state he so loved. Thank you for considering my information. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.



**C. Scott Eckholdt, PhD, MP**  
*Medical Psychologist*

Mahalo for your time and attention to this critical matter.

Sincerely,

C. Scott Eckholdt, Ph.D., MSCP  
Medical Psychologist  
Advanced Practice

Claudia Mosier, Psy.D.  
Licensed Clinical Psychologist  
Licensed Prescribing Psychologist  
8 S. Michigan Ave Suite 2005  
Chicago, IL 60603  
(773) 972-2405 Fax (312) 553-1100

Testimony in support of SB847

Aloha I'm a prescribing psychologist (Illinois and Louisiana). I completed my doctoral internship at the Hawaii VA and Hawaii state psychiatric hospital. It was an honor to train in Hawaii and what I learned from Hawaii psychologists has been the cornerstone of my work. One pearl from Dr. James Crain, the neuropsychologist who trained me, and so many others, at the Hawaii State Hospital frequently comes to mind: "You have to find out what motivates the patient, what they want to do, what they are willing to work for."

It has been proven over and over again, the mix of psychotherapy and psychotropic medication management that Prescribing Psychologists bring to our patients works. You will hear otherwise from some, but they do not have the data to back up their claims. I can see patients weekly if needed, or less often if appropriate. I can provide a full psychotherapeutic hour. What other prescribers are able to do this? Often, because I have the tools of a psychologist as well as the tools of a prescriber, I can reduce a patient's medication burden.

Communities are suffering because of the lack of access to comprehensive mental health care. Vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. The numbers are simple. There are not enough psychiatrists to care for the people of Hawaii.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care for over twenty-five years. They already prescribe for the military in Hawaii. They can provide care at Pearl Harbor, but not across the street to civilians and veterans.

Prescriptive authority for specially trained psychologists is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Colorado, Utah and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty-five years and could be making a difference in Hawaii today if you vote YES.

Hawaii was one of the first states to have strong support for prescriptive authority for appropriately trained psychologists but time and time again the legislation has not passed despite years of successful prescribing by Prescribing Psychologists. The data does not lie, we are well trained and successfully treat mental disorders using both psychotherapy and psychopharmacology. It is time for Hawaii to take a step towards a better mental health care solution for the people of Hawaii. Please vote YES on SB847 to allow greater access to care for those most in need.

Respectfully submitted,



Claudia Mosier, PsyD, MSCP  
Licensed Clinical Psychologist: Illinois and Louisiana  
Prescribing Psychologist Illinois  
Medical Psychologist Advanced Practice Louisiana

Aloha

My name is Daniel Baon, and I am a doctoral student in clinical psychology in the Hawaii School of Professional Psychology at Chaminade University. I am writing in strong support of legislation that would grant appropriately trained clinical psychologists prescriptive authority.

As a PsyD student, my training emphasizes evidence-based assessment, diagnosis, and psychotherapy, as well as cultural humility and community engagement. Patients often wait months for medication evaluations, must travel long distances, or fall through the cracks of a fragmented healthcare system. These challenges are not abstract; they directly affect people's ability to work, care for their families, and fully participate in their communities.

Granting prescriptive authority to clinical psychologists, when paired with rigorous and standardized training in clinical psychopharmacology, would meaningfully reduce these barriers. Psychologists are already providing mental health services in many underserved communities. Allowing qualified psychologists to prescribe within a defined scope of practice would increase access to timely, coordinated care while maintaining high standards of safety and professionalism.

It does not diminish the role of physicians or psychiatrists. Instead, it strengthens interdisciplinary collaboration and expands the overall capacity of the mental healthcare workforce. In areas like Hawai'i, where provider shortages are chronic and severe, this expansion is essential. Evidence from settings where psychologists already have prescriptive authority shows improved continuity of care, high patient satisfaction, reduced suicide rates, and no reduction in quality or safety.

For Native Hawaiian and Pacific Islander communities, this legislation is especially important. NHPI populations continue to experience disproportionate mental health burdens rooted in historical trauma, systemic inequities, and social determinants of health. Culturally responsive care depends on trust, continuity, and providers who understand community values and lived realities. Psychologists who are trained within and committed to these communities are well positioned to provide that care. Prescriptive authority allows treatment to remain integrated rather than fragmented across multiple systems and providers. According to the U.S. Department of Health and Human Services, (2021), suicide was the leading cause of death for NHPI aged 15-24 in 2019, and they were three times less likely to receive mental health services or prescribed medications for mental health treatment compared to non-Hispanic whites. In New Mexico, since they allowed prescription authority for psychologists, suicide rate has since decreased by 7%. This shows that Prescription authority potentially also allows a direct impact in helping NHPI populations.

As a student training to serve Hawai'i long-term, I view this bill as an investment in the future mental health workforce. Being raised here in Hawaii since I was 6 years old gave me a special connection to the island, the culture, and the people. I believe in helping this island that I call home, and one of the ways to do so is to help support the ideas and movements that help those

who are in need. It supports models of care that are holistic, accessible, and equitable. It increases choice for patients, improves efficiency for healthcare systems, and allows clinicians to practice to the full extent of their education and training.

Most importantly, this legislation aligns with a core ethical principle of healthcare: to do the most good for the most people. By expanding access to high-quality mental health treatment without increasing risk or cost, granting prescriptive authority to qualified clinical psychologists moves us closer to a system that truly meets the needs of all communities.

I respectfully urge you to pass this bill and to support policies that strengthen access to mental healthcare in Hawai'i and across the nation.

Mahalo for your time and consideration.

Respectfully,

Daniel Baon  
Doctoral Student, Clinical Psychology (PsyD)

*Daniel Baon*



**DEPARTMENT OF THE ARMY**  
**MADIGAN ARMY MEDICAL CENTER**  
**9040 JACKSON AVENUE**  
**TACOMA, WA 98431-1100**

REPLY TO  
ATTENTION OF

RE: STRONG SUPPORT FOR SB847

To The Honorable Chair and Vice Chair:

My name is Dr. David Shearer and I have been a licensed clinical and prescribing psychologist at Madigan Army Medical Center in Washington State for 17 years. I am embedded in a large family medicine practice and I can tell you firsthand that prescribing psychology provides safe and effective medication management for mental health problems. As required by my license AND best practices I coordinate closely with the over 40 primary care providers in my clinics to provide seamless, wrap-around care for our patients. Safe prescribing doesn't happen by accident and prescribing psychologists have an outstanding track record for safety and improving access. I strongly encourage you to support SB847 and your constituents in the great state of Hawaii will benefit immensely. Family medicine physicians and other primary care providers who have worked with prescribing psychologists have become strong supporters of this expansion in scope. One of the most frequently asked questions I receive from my colleagues in medicine is NOT "Why do psychologists prescribe?" but RATHER "Why don't all psychologists prescribe?"

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "David Shearer", written over a horizontal line.

David Shearer, PhD, MSCP  
Licensed Clinical and Prescribing Psychologist  
Madigan Army Medical Center  
Tel: 253.365.1595  
Fax: 253.968.6492

4.2.26  
Date

To the Chair, Vice Chair, and Members of the Committee:

I am writing to strongly support granting prescriptive authority to appropriately trained psychologists in the State of Hawai'i.

Hawai'i faces unique and persistent challenges in providing timely access to mental health care, particularly given our vast rural geography and the uneven distribution of psychiatric providers across the islands. For many residents, especially those living on neighboring islands, accessing psychiatric medication services can involve months-long wait times, inter-island travel, or going without needed care altogether. These barriers contribute to unnecessary suffering, worsening symptoms, and increased strain on emergency departments and inpatient services.

As a neuropsychologist who has worked clinically on O'ahu and virtually with patients on all the other islands, I have witnessed firsthand the significant access gaps that exist across our state. Even when individuals are able to engage in psychotherapy, delays in medication evaluation often impede stabilization and recovery. These challenges are particularly pronounced in rural and underserved communities, where psychiatric providers are scarce or unavailable.

Psychologists who hold prescriptive authority offer immense benefit this model provides to patients in all systems of care. Individuals are able to receive comprehensive evaluation and treatment in a timely manner, often during the same clinical encounter. This continuity reduces delays, improves treatment adherence, and enhances overall patient outcomes. Importantly, it also alleviates pressure on overextended psychiatric services.

Granting prescriptive authority to psychologists who complete rigorous, standardized training—including advanced education in psychopharmacology, supervised clinical experience, and ongoing oversight—would be a safe, evidence-based step forward for Hawai'i. Other jurisdictions that have adopted this model have demonstrated that prescribing psychologists practice responsibly, collaborate effectively with medical providers, and improve access to care without compromising patient safety.

Hawai'i has an opportunity to modernize its mental health workforce in a way that is responsive to our state's geographic realities and healthcare shortages. Allowing appropriately trained psychologists to prescribe would expand access, reduce delays in treatment, and better serve the mental health needs of our communities, especially those in rural and neighbor island settings.

I respectfully urge your support for legislation that authorizes prescriptive authority for qualified psychologists in Hawai'i. This change would represent a meaningful investment in access, continuity, and quality of mental health care for our residents.

Mahalo for the opportunity to provide testimony and for your commitment to the health and well-being of the people of Hawai'i.

Sincerely,

David L. Raffle, PhD, HSPP  
Clinical and Forensic Neuropsychologist  
Director, Raffle Brain Institute  
Kailua, Hawai'i

**DR. NOELANI C. RODRIGUES**

PO BOX 5061, KAILUA-KONA, HAWAII 96745/ TEL 808-938-9971

WRITTEN TESTIMONY IN SUPPORT OF SB847

TO THE HONORABLE COMMITTEE MEMBERS

REGARDING ROBUST SUPPORT FOR SB847

ALOHA E HONORABLE CHAIR, VICE CHAIR, AND COMMITTEE MEMBERS,

MY NAME IS NOELANI RODRIGUES, A CLINICAL PSYCHOLOGIST RESIDING IN HAWAII COUNTY.

I AM WRITING TO EXPRESS MY FULL SUPPORT FOR BILL SB847, A CRUCIAL MEASURE TOWARDS THE ADVANCEMENT OF MENTAL HEALTH SERVICES IN HAWAII NEI.


THIS BILL SB847 PROVIDES A MUCH NEEDED STEP FORWARD IN ADDRESSING THE GROWING NEED FOR TIMELY, ACCESIBLE, QUALITY MENTAL HEALTH CARE IN HAWAII.

AS A CLINICIAN IN THE "TRENCHES" DAILY I AM WITNESS TO THE DAUNTING CHALLENGES FOR PEOPLE IN OUR COMMUNITY SEEKING AND BEING ABLE TO ACCESS ADEQUATE MENTAL HEALTH CARE, IN PARTICULAR, WITH MEDICATION TREATMENT AND MANAGEMENT. I CAN ATTEST TO THE PROFOUND IMPACT THAT SB847 WILL HAVE IN BRIDGING THESE GAPS.

PROPERLY EDUCATED PSYCHOLOGISTS HAVE BEEN SAFELY PRESCRIBING PSYCHOTROPIC MEDICATIONS FOR DECADES IN THE U.S. PSYCHOLOGISTS CAN MAKE A DIFFERENCE HERE IN HAWAII WITH YOUR YES VOTE.

PLEASE VOTE YES ON SB847.

MAHALO FOR YOUR TIME AND CONSIDERATION TO THIS MATTER.



NOELANI C. RODRIGUES

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Elena Layman, a former resident of Hawaii who grew up on the leeward coast.

I am writing to express my strong support for SB847 a crucial measure for the advancement of mental health care in our beloved state of Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Mahalo,

Elena Layman

Aloha Honorable Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

My name is Erin Datlof, I am a concerned citizen working in the forest conservation field, residing in Mountain View, Hawai'i.

I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in our beloved state of Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

I have witnessed firsthand the challenges my loved ones have faced in accessing locally based mental health care. I have lost two close friends in Hawai'i to suicide. SB847 will have a profound impact in bridging the gaps in care by allowing specially trained doctors of psychology to have prescriptive authority and help their patients with adjustments to their medications. Had access to medication adjustments by a professional closest to understanding my friends mental health states been readily available, perhaps they would still be here today significantly contributing to their scientific fields.

Please vote YES on SB847 to allow greater access to care for those most in need. Thank you for considering my testimony. I am hopeful that your support will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely,

Erin Datlof

Subject: Written Testimony in Support of SB847

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE  
AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Evan Allen, a Board Certified Psychiatrist residing in Honolulu

I am writing to express my strong support for SB847, a crucial measure  
for the advancement of mental health care in our beloved state of Hawai'i.

SB847 represents a significant step forward in addressing the growing  
need for accessible and quality mental health services in Hawai'i.

As someone who has witnessed firsthand the challenges in accessing locally based mental  
health care, I can attest to the profound impact that SB847 will have in  
bridging these gaps,

Prescriptive authority for specially trained doctors of psychology is a safe and already  
utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in  
Federally Qualified Health Centers, in Native American-Indian Health Centers and in the  
military. Psychologists can prescribe at any of the military bases on Oahu but not across  
the street. Prescribing psychologists have provided care for more than thirty years and  
could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for  
our citizens. Please vote YES on SB847 to allow greater access to care  
for those most in need.

Thank you for considering my testimony. I am hopeful that with your support,  
SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely,

Evan Allen DO  


ABPN Board Certified Psychiatrist

Ejallen0@gmail.com ;evan.j.allen14.mil@health.mil

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Honorable Chair, Vice Chair, and Members of the Committee,

My name is Holly Martin, and I am a graduate student in Clinical Psychology. I am writing to express my strong support for SB847, a crucial measure to advance mental health care in the state of Hawai'i. SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i. Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho, and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military. Psychologists can prescribe at any of the military bases on Oahu, but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to expand access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Sincerely,

Holly Martin



## *Psychological Treatment & Evaluation Services*

— Dr. Jacqueline M. Gallios, PsyD, MSCP • Clinical Psychologist • NJ Lic. #5781 —

To the Honorable Chair, Vice Chair, and Members of the Committee:

Aloha, my name is Dr. Jacqueline Gallios. I am a licensed clinical psychologist with advanced training in clinical psychopharmacology and an active leader in national efforts to expand safe, evidence-based psychiatric care to states like Hawai'i that are working to strengthen mental health care access, equity, and continuity of care for communities most affected by provider shortages and fragmented services. I serve as the co-chair of the *Legislative and Social Action Committee* (LASAC) of the *American Psychological Association's* (APA) Division 55, the *Society for Prescribing Psychology*. In that capacity, I write in **strong and unwavering support of SB847**, which would authorize prescribing psychologists to provide medications to treat mental health conditions when clinically indicated at FQHCs—a change that directly affects whether thousands of Hawai'i residents can access **timely, lifesaving mental health care**. My leadership roles related to prescribing psychology, including published works on training standards, legislative analysis, safety outcomes, and the economic benefits of expanded prescribing access, as well as my own clinical training and practice, inform the perspective I offer today.

**Hawai'i faces persistent and well-documented shortages of psychiatric prescribers**, particularly in public systems, rural communities, and Federally Qualified Health Centers. These shortages result in long wait times, fragmented care, overreliance on emergency services, and preventable suffering. According to the Kaiser Family Foundation, **only 14% of Hawai'i residents currently have their mental health needs met, leaving 86% without adequate care**. This level of unmet need is not a marginal gap—it represents **a statewide crisis demanding immediate, coordinated action**. SB847 offers a pragmatic, evidence-based solution by enabling Hawai'i to fully utilize a highly trained segment of the mental health workforce that already exists.

Hawai'i's Rural Behavioral Health Workforce reports, most recently from October 2025, have repeatedly identified **psychiatric prescribing capacity as one of the state's most severe shortages**, particularly on neighbor islands, where some communities have no consistent access to a psychiatric prescriber at all. State workforce data further underscore this gap: **Hawai'i has only 332 psychiatrists and 86 psychiatric nurse practitioners statewide, compared to 941 licensed psychologists**—a vastly underutilized segment of the mental health workforce that could immediately expand psychiatric services if granted prescriptive authority. Importantly, Hawai'i-based psychologists are already practicing in rural and neighbor island communities in greater proportion than psychiatrists, making them uniquely positioned to address the areas of greatest unmet need.

**Prescribing psychologists are not generalists or minimally trained providers.** They are doctoral-level clinicians who complete extensive supervised clinical training, followed by formal graduate education via a postdoctoral master's degree, medically supervised prescribing experience, and national licensing examination through the Psychopharmacology Examination for Psychologists (PEP). **This pathway has been in place for over three *decades* and is already implemented safely in multiple U.S. states and federal systems,** including the U.S. military, Indian Health Service, and Federally Qualified Health Centers. Psychologists can prescribe safely on military bases in Hawai'i today, yet are prohibited from doing so in the surrounding civilian community. Importantly, prescriptive authority for psychologists is limited to the treatment of mental health conditions and operates within a clearly defined statutory scope that requires referral for any medical issues outside that scope.

**The rigor and medical integration of psychopharmacology training for psychologists merits particular emphasis.** Many faculty who teach in accredited Master of Science in Clinical Psychopharmacology (MSCP) programs simultaneously hold teaching appointments in medical schools, nursing programs, and physician assistant programs. Psychologists in these programs use the same core textbooks, are evaluated using comparable standards, and are trained in the same foundational biomedical sciences—including neuroanatomy, physiology, pharmacology, and pathophysiology—as other physician and non-physician prescribers. In my own clinical work, this training has directly benefited patients by improving diagnostic precision, identifying medication-related contributors to psychiatric symptoms that had previously been overlooked, and supporting safer prescribing decisions through careful lab interpretation and deprescribing when appropriate. **This level of training strengthens—not fragments—patient care through continuity, precision, and accountability.**

One of the most common misconceptions about prescriptive authority for psychologists is that it replaces psychotherapy or transforms psychologists into “mini-psychiatrists.” This is incorrect, as consistently supported by a substantial body of research. **Prescribing psychologists continue to practice psychotherapy and integrate medication management within an ongoing therapeutic relationship,** reducing fragmentation, improving adherence, and allowing for closer monitoring of symptoms and side effects. They also deprescribe when a medication is no longer clinically indicated. **Integrated prescribing within an existing therapeutic relationship is particularly well-suited to Hawai'i's culturally diverse communities,** where continuity, trust, and relationship-based care are essential to effective treatment. Consistent with this model, research shows that prescribing psychologists achieve equal or better safety outcomes compared to other prescribers, with **adverse drug events reduced by 24%** and **unnecessary polypharmacy reduced by 20%.**

From a workforce and economic perspective, **this bill is both fiscally responsible and forward-looking.** Notably, the RxP training, supervision, and credentialing pathway is fully funded by the psychologists who pursue it. **Prescribing psychologists are far more likely than psychiatrists to accept insurance,** including Medicaid and Medicare, and to practice in underserved areas. Expanding outpatient access to integrated care reduces reliance on high-cost emergency departments, inpatient hospitalizations,

and crisis services. Jurisdictional data from early-adopting states further suggest that **RxP implementation is associated with meaningful reductions in suicide rates**—typically in the range of a 5–7% decrease—outcomes that represent both lives saved and substantial downstream cost savings. According to CDC mortality data, 1,258 Hawai‘i residents died by suicide between 1999 and 2023; applying the conservative 5–7% reduction observed in jurisdictions with prescribing psychologists, **an estimated 213 to 299 of those lives might have been saved had RxP been enacted in 1999** when the first U.S. jurisdiction enacted RxP. Nearly all of us carry a story—someone we’ve lost, someone we’ve treated, someone we’ve worried about but could not help in time. These are not just numbers—they represent *real people* whose continued presence would have enriched their families, communities, and workplaces, sparing them the deep and lasting grief of losing a loved one. Framed this way, RxP is not an abstract policy proposal, but a **concrete opportunity to prevent avoidable loss**—saving lives while reducing the significant financial burden that suicide and psychiatric crises place on families, employers, and the state. Hawai‘i has the chance to act now—to prevent avoidable loss and strengthen care for generations to come.

SB847 is also critical for preventing professional “brain drain.” Across the country, psychologists such as myself who complete APA-approved psychopharmacology training are increasingly forced to leave their home states to practice to the full extent of their education. Upon passing the PEP, I—a Medicare provider—will also be actively seeking to relocate to a warm state that allows psychologists to practice to the full extent of their training, and Hawai‘i could readily be that state if RxP is enacted. For this reason, **Hawai‘i risks losing talented clinicians** with the highest level of mental healthcare training—or failing to attract them—unless it modernizes its scope-of-practice laws to reflect current evidence and workforce realities. According to the Healthcare Association of Hawai‘i’s 2024 report, **psychologist positions statewide faced a 29% vacancy rate**—an already alarming figure that is likely higher now. This shortage is one of the highest among behavioral health professions, underscoring the urgency of attracting and retaining the most highly trained mental health providers to the islands. **These bills send a clear message that Hawai‘i values innovation, access, and evidence-based policy.**

In sum, prescriptive authority for psychologists is not experimental, ideological, or risky. RxP is a mature, data-supported model that expands access to care while maintaining rigorous safeguards, defined scope, and strong interdisciplinary collaboration. SB847 represents thoughtful, responsible steps toward improving mental health outcomes for the people of Hawai‘i.

**I respectfully urge you to support and advance these measures.** I am happy to answer any questions the Committee may have or to provide citations and supporting references for any statement made in this testimony. Mahalo for your time, your leadership, and your commitment to the health of Hawai‘i’s communities.

Respectfully submitted,

A handwritten signature in black ink that reads "J. Gallion, PsyD, MSCP". The signature is written in a cursive style and is positioned below the typed name.



To whom it may *benefit* --

Jim Phelps, M.D. here. A few words from a **psychiatrist** in support of **SB847**, psychologist prescribing privileges.

It's simple: not enough psychiatrists and the shortage increasing. Prescribing psychologists could offer *both* psychotherapy and medications, decreasing over-reliance on the latter (e.g. antidepressants, now given to 13% of the U.S. adult population).

Psychologists are far better trained in psychotherapy than psychiatrists. Then, in addition to their PhD, prescribing psychologists must complete rigorous subsequent training in psychopharmacology. In my experience, they are very conservative in their use of medications. If any medical issues arise, they routinely consult with their primary care colleagues (thus the argument for safety around such issues is spurious).

DO NOT make the mistake of restricting their privileges to antidepressants. That's not where we need the help! We need psychologists to help with complex diagnostic challenges that include mixtures of PTSD, severe anxiety, and bipolar disorders. We need prescribers who can use mood stabilizers and antipsychotics, not just antidepressants. Primary care providers already have that covered.

Rigorously trained psychologists will be more likely to be thorough and cautious in their use of a broad range of psychotropics than those upon whom prescribing is now forced by circumstance, namely primary care providers – often nurse practitioners and increasingly, physicians' assistants.

The shortage of medical providers is bad, but the shortage of prescribing mental health professionals is extreme. Please help us broaden the workforce. Should anyone wish to hear more from me on this crucial issue, I've recorded a [10-minute video](#) with more detail.

Respectfully,

James Phelps, M.D.

Medical Director, DepressionEducation.org and @PsychEducation

To the Honorable Committee Members

Re: Strong Support for SB847– RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Dr. James Underhill, a Prescribing/Medical Psychologist residing in Louisiana, with deep familial ties to the state of Hawai'i.

I am writing to express my strong support for SB847 a crucial measure for the advancement of mental health care in Hawai'i. These bills represent a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe option that has been in use in Louisiana for over 20 years. Seven states currently give the prescriptive authority to specialty trained psychologists. New Mexico, Illinois, Iowa, Idaho, Colorado, and Utah have adopted prescriptive authority. So have the Department of Defense/military, and the Indian Health Services. Research has demonstrated that this practice is both safe and effective. States that have adopted the prescriptive authority for psychologist have a reduction in suicide rates, as shown in the scientific literature. Psychologists in Hawaii can already prescribe at any of the military bases on Oahu, but cannot help their neighbors across the street. Prescribing psychologists have provided care for more than twenty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support SB847 will pave the way for a healthier Hawai'i.



**James G. Underhill, Psy.D., M.P.**

**Medical Psychologist**

**Fellow, International Academy of Independent Medical Evaluators**

I am a licensed clinical psychologist in California who graduated from a Masters in Clinical Psychopharmacology program a year ago. I also recently passed the PEP, which is the national exam for prescribing psychologists. I plan to begin my practicum soon. I work at an FQHC here in CA serving the underserved, mostly Cambodian genocide survivors who escaped to the US after the Khmer Rouge genocide in the 1970s. I provide psychotherapy and also discuss medication with them as most of them have PTSD.

I could serve my patients much better if i could also prescribe them psychiatric medication vs having to make separate referrals/appointments with a overworked psychiatrist or busy NPs at our clinic.

My wife and I have become interested in possibly moving to Hawaii as we love the people, culture & natural beauty. I am writing to strongly support SB847 as the training I received for clinical Psychopharmacology has been excellent.

I earned my undergrad degree at Columbia University, earned a Masters in medical sciences at Boston Univ School of Med, took a year of psychology at Harvard Univ and finished a doctorate at George Wash Univ in clinical psychology. The training for my MSCP at Farleigh Dickinson Univ was as good if not better than the training I received at other elite schools. I have implemented what I have learned on a daily basis. The research showing prescribing psychologists can do so effectively and safely is robust & ample. I am particularly heartened to see that RXP as its called in states where its already allowed has led to significant improvement in suicide rates as there are not enough psychiatrists or psychiatric NPs to cover the need in most states.

If Hawaii passes this needed provision for psychologists with the required extensive training, I will look to move there and work in the community in Hawaii with underserved patients who are not getting their mental health needs met adequately. I have worked in state prisons and state hospitals in Calif so i am very familiar with the needs of the underserved. Across the US, their needs are not being met due to shortages. This bill will help to improve the shortages in HI by allowing psychologists to prescribe AND conduct psychotherapy during the same sessions, which is also more cost effective.

I hope Hawaii will take the more humane step in helping patients improve their lives. Please vote YES on SB847.

Sincerely,

Dr Jeffery G. Coker

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Hello Honorable Chair, Vice Chair, and members of the Committee,

My name is Jenn, a recent doctoral graduate from Fielding Graduate University's Applied Psychology program. I am contacting you to express my strong support for issue **SB847** as it is a crucial measure for the advancement of mental health care in the state of Hawai'i.

Specially trained Psychologists with prescriptive authority have been successfully utilized for more than 30 years in states such as Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado; and in Federally Qualified Health Centers, in Native American Indian Health Centers and in the military. Although, Psychologists can prescribe at any of the military bases on Oahu, prescriptive authority does not exist for Hawai'i's citizens.

Currently in Hawai'i most medications are prescribed by primary care providers who are not adequately trained in diagnosing and treating mental health disorders, unlike psychologists. Allowing psychologists with prescriptive authority would create more integrated treatment plans, allowing patients to work with one health care provider for comprehensive mental health care, potentially improving their mental health outcomes.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Voting **YES** and passing **SB847** would be a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Thank you for considering my testimony. Please vote **YES** on **SB847** to allow greater access to care for those most in need. I am hopeful that with your support, **SB847** will pave the way for a healthier Hawai'i.

Thank you for your time and attention to this critical matter.

Thanks,

Jenn Malloy, PhD (she/her/hers)

**Fielding Graduate University**

Aloha Chair, Vice Chair, and Members of the Committee,

I am writing in strong support of granting prescriptive authority to appropriately trained psychologists in the State of Hawai'i.

Hawai'i faces unique and persistent challenges in providing timely access to mental health care, particularly given our vast rural geography and the uneven distribution of psychiatric providers across the islands. For many residents—especially those living on the neighbor islands—accessing psychiatric medication services can involve months-long wait times, inter-island travel, or going without needed care altogether. These barriers contribute to unnecessary suffering, worsening symptoms, and increased strain on emergency departments and inpatient services.

As a psychologist who has worked clinically on O'ahu, the Big Island, and Maui, I have witnessed firsthand the significant access gaps that exist across our state. Even when individuals are able to engage in psychotherapy, delays in medication evaluation often impede stabilization and recovery. These challenges are particularly pronounced in rural and underserved communities, where psychiatric providers are scarce or unavailable.

Additionally, during my work with the Department of Defense, I had direct experience collaborating with psychologists who held prescriptive authority. I observed the immense benefit this model provided to patients and systems of care alike. Individuals were able to receive comprehensive evaluation and treatment in a timely manner, often during the same clinical encounter. This continuity reduced delays, improved treatment adherence, and enhanced overall patient outcomes. Importantly, it also alleviated pressure on overextended psychiatric services.

Granting prescriptive authority to psychologists who complete rigorous, standardized training—including advanced education in psychopharmacology, supervised clinical experience, and ongoing oversight—would be a safe, evidence-based step forward for Hawai'i. Other jurisdictions that have adopted this model have demonstrated that prescribing psychologists practice responsibly, collaborate effectively with medical providers, and improve access to care without compromising patient safety.

Hawai'i has an opportunity to modernize its mental health workforce in a way that is responsive to our state's geographic realities and healthcare shortages. Allowing appropriately trained psychologists to prescribe would expand access, reduce delays in treatment, and better serve the mental health needs of our communities—especially those in rural and neighbor island settings.

I respectfully urge your support for legislation that authorizes prescriptive authority for qualified psychologists in Hawai'i. This change would represent a meaningful investment in access, continuity, and quality of mental health care for our residents.

Mahalo for the opportunity to provide testimony and for your commitment to the health and well-being of the people of Hawai'i.

--

Mahalo,

Jina Uyeda PsyD, LMFT, CSAC

Honorable Chair, Vice Chair, and Members of the Committee,

My name is Jose Lara, a military retiree residing in Waianae, Hawai'i.

I am writing to express my strong support for SB 847 a vital step for the advancement of mental health care in our beloved state of Hawai'i.

SB 847 represents a significant move forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB 847 to allow the best care and access for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB 847 will pave the way for a healthier Hawai'i.

Thank you again for your time and attention to this critical matter.

Sincerely,  
Jose Lara  
U.S. Navy Retired

**Testimony in Support of SB 847  
Relating to Prescriptive Authority for Certain Psychologists**

Honorable Chair, Vice Chair, and members of the Committee,

I am Dr. Kathleen M. McNamara, a clinical psychologist licensed in Hawaii and currently living and practicing on Maui. I have had an independent psychological practice in Hawaii since 1991, primarily providing neuropsychological services, as well as general psychological assessment. I served as a full time psychologist for the Department of Veterans Affairs (VA) Pacific Island Health Care System for 28 years and retired in 2017. I had the privilege both through my work with the VA and as part of my independent practice to provide services on most of the islands.

I am testifying in support of this bill which will allow qualified psychologists to prescribe psychotropic medications to patients under the care of the psychologist at a federally qualified health center. There is an increasingly recognized and acknowledged need for mental health services across the country, and this is certainly the case in Hawaii. When the legislature considered prescriptive authority for psychologists in the 1980s professionals with differing views were requested to participate in an Alternative Dispute Resolution process. The consensus of that group was that there truly was a lack of needed mental health services in this State; no specific action was recommended. Despite the passing of the intervening decades the mental health needs for our residents remain great and access to available competent mental health professionals continues to be very limited.

Each of our islands have underserved and unserved populations. As a resident of Maui, but also someone who has practiced on each of the neighbor islands except Niihau, the populations identified with those labels seem much more likely to be on the neighbor islands. The residents of our neighbor islands often have additional barriers to obtaining service, such as longer wait times if providers on island are even accepting new patients, or even if there is a possibility of being seen virtually by someone on another island. Delays in securing an appointment may result in worsening symptoms and personal and family suffering, or add to the demands on the staff of our rural hospitals as emergency departments fill the void. This bill offers to improve needed access to mental health services which are comprehensive in nature. It makes it possible to increase available providers, expanding access to that comprehensive mental health care. It offers patients a different level of continuity of care in a more timely manner. Comprehensive treatment can be provided by the psychologist authorized to prescribe who can also evaluate the effectiveness of medication as part of the ongoing therapeutic relationship. Such care eliminates the need for an appointment with another provider. Psychologists with extensive training in psychopharmacology, augmenting their already existing expertise in the diagnosis and treatment of mental health disorders, will be working collaboratively with the medical providers for the patients under their care. The residents of Hawaii will receive the kind of integration of care which has been demonstrated to be so effective in the military, Indian Health Service, and the various States where prescriptive authority for psychologists is already in place.

I am hopeful that what is offered in this bill will allow Hawaii to take a long-needed step in addressing the mental health needs of its residents by improving access to comprehensive and integrated care. I request your support in moving this bill forward.

I am fully in support of this measure. Thank you for considering my testimony.

Sincerely,

Kathleen M. McNamara, Ph.D.

To the Honorable Committee Members,

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Dr. Lynette Pujol and I am a licensed Clinical and Prescribing Psychologist residing in San Antonio, Texas. I prescribe medications to Active Duty Service Members in the Army, Air Force, Navy, and Coast Guard. I am contracted by DAWSON, a Native Native **Hawaiian** Organization (NHO), to prescribe in the continental U.S. and overseas.

I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in the beloved state of Hawai'i.

Prescriptive authority for psychologists represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

As someone who has witnessed firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that SB847 will have in bridging these gaps,

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

You may hear rhetoric from physicians, psychiatrists, and nurses about safety and efficacy of prescriptive authority for psychologists. These "turf battles" work out after the bill has passed. In fact, it is my experience that individuals in these professions are very supportive once the bill has passed. Psychologists with prescriptive authority continue to provide evidence-based psychotherapy in addition to medication management if needed. Appropriately trained doctoral-level psychologists *do* know enough about medical diseases, contraindications for medications, and medication interactions as evidenced by well-designed public health research that spanned over 20 years that shows both safety and efficacy. Prescriptive authority for psychologists expands access, decreases suicides, and is safe!

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Very Respectfully,

Lynette Pujol, PhD, MSCP, ABRxP  
Clinical and Prescribing Psychologist  
Board Certified in Psychopharmacological Psychology

*Past President, APA Division 55  
Society for Prescribing Psychology*

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Dr. Marissa Elpidama, LP, Psy.D., MBA, a licensed California and Nevada Clinical Psychologist and also currently a Student of MS of Clinical Psychopharmacology.

I am writing to express my strong support for SB847 a crucial measure for the advancement of mental health care in the beloved state of Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote for YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote for YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely,

Dr. Marissa Garcia Elpidama, LP, Psy.D., MBA  
MS Clinical Psychopharmacology Student

# Resilience

Therapy + Assessment Services

Matthew Cooper, Psy.D., MSCP

Prescribing Psychologist | Licensed Clinical Psychologist | Health Service Provider

**RE: Strong SUPPORT for SB847**

To: The Honorable Chair and Vice Chair,

I write in strong support of SB847, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. I have had the great honor of becoming the third prescribing psychologist in Iowa. My training which included an additional master's degree in clinical psychopharmacology, following my doctoral degree in clinical psychology, was comprehensive and provided me with the necessary knowledge/experience to be able to competently prescribe psychotropic medications safely to the citizens of Iowa. I also co-teach a psychopharmacology class with a pharmacist at Drake University in Des Moines, Iowa for their Masters' in Clinical Psychopharmacology degree.

By passing SB847 you will be a part of improving mental health care in Hawaii. Please consider the following facts:

- The education that a prescribing psychologist obtains is extensive. Psychologists have already received a doctorate degree which on average takes 4-6 years to complete. Psychologists are highly trained mental health providers who have received more training in the assessment, diagnosis and treatment of mental disorders than any other health care professionals. In addition, prescribing psychologists generally receive additional training from physicians in their state along with collaborating with other providers about the treatment of their patient.
- Following the completion of training, prescribing psychologists have more training in diagnosing, prescribing, and treating mental health disorders than primary care physicians who prescribe the majority of all psychotropic medications, yet have less formal training in treatment and assessing of mental health disorders.
- All psychopharmacology training programs are required to be designated by the American Psychological Association. In addition, psychologists will be required to pass a national examination approved by the American Psychological Association.
- Research has shown that prescribing psychologists work more closely with primary care providers and are more conservative in prescribing than their other prescribing counterparts. These factors help with overall prescribing safety and better collaborative care for the patient. There has been ample number of examples in which I have identified an underlying medical condition and referred a patient back to their PCP or a specialist for follow up care. In addition to prescribing psychiatric medication, prescribing psychologists are trained to identify other medical conditions to assist in appropriate care of their patients' by referring them back to their PCPs or other specialists.
- Prescriptive authority is a safe and already utilized option in Louisiana (since 2004), New Mexico (since 2002), Native American-Indian Health Centers and in the United States Military, and within the last decade in Illinois, Iowa and Idaho. Within the last few years, Colorado became the sixth state and Utah the seventh state in the nation to allow prescriptive authority to extensively trained psychologists.
- Psychologists who are able to prescribe medication are also trained to deprescribe medication that is not needed for the overall treatment for a patient's mental health disorder. Psychologists are also well trained psychotherapists. This ability can help ensure that all patients receive the proper combination of therapy and medication when they need it. Simply put, a prescribing psychologist offers an integrated and comprehensive approach to care that can save time and money.

Respectfully submitted,



Dr. Matthew Cooper, Psy.D., MSCP  
Prescribing Psychologist (IA)  
Licensed Clinical Psychologist  
Licensed Health Service Provider  
02/04/2026



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April 2, 2026

Written Testimony in Support of SB847

To the Honorable Committee Members

Re: Strong Support for SB847 – RELATING TO PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Dr. Melody Moore, a Prescribing Psychologist in New Mexico.

I am writing to express my strong support for SB847, critical for the advancement of mental health care in our beloved state of Hawai'i.

This bill represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

There has been a shortage of psychiatrists for quite some time. Concurrently, the number of individuals with mental illness has grown sharply. The rates of youth with mental illness has grown rapidly as well, highlighting the need for trained, knowledgeable and caring providers who can prescribe and provide therapy in one place. In states with prescribing psychologists, wait times have been reduced, rates of suicide have decreased, and access to care has been expanded to underserved communities.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a more integrated mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Mahalo,

*Dr. Melody Moore*  
\_\_\_\_\_  
Dr. Melody Moore, PhD, MSCP  
Prescribing Psychologist

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha:

My name is Dr. Michael Schwartz, and I am a psychologist practicing in both New York and New Mexico who provides psychotherapy, assessment, AND psychopharmacological consultative services to rural and underserved communities. I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in Hawai'i. As in my states of New York and New Mexico, there has been a prolonged and dire need to increase the number of safe and effective prescribers for mental health care across the Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

In my experience in both rural NY and NM, I have witnessed firsthand the challenges in accessing locally based, good, affordable mental health care. I can attest to the profound impact that SB847 will have in bridging these gaps allowing patients to see one doctor who can provide both the psychotherapeutic assistance and medication management that our patients desperately need. Providing one stop shopping increases access and decreases costs to safe and effective treatment.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado as well as in Federally Qualified Health Centers, in Native American/Indian Health Centers, and in the US military. Utah has passed legislation to allow psychologists to prescribe.

Psychologists can prescribe at any of the military bases on Oahu, but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely,

Michael E. Schwartz, PsyD., MSCP.

April 2, 2026

To the Honorable Committee Members.

Re: Strong Support for SB847 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Good Morning Honorable Chair, Vice Chair, and Members of the Committee. My name is Monica Hernandez a Licensed Psychologist in Texas. I am writing to express my strong support for SB847 a crucial measure for the advancement of mental health care in the State of Hawai'i.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Thank you for your time and attention to this critical matter.

Sincerely,

Monica Hernandez

Aloha Chair Matayoshi, Vice Chair Grandinetti and Members of the Committee:

I am a PhD student in Clinical Psychology conducting my dissertation research on prescriptive authority for psychologists to address mental health in communities with significant geographical barriers to mental health care.

Please vote AYE to pass SB847 to the next committee. Mahalo.

Warmly,

Nancy Eastwood

Clinical Psychology PhD Student

Fielding Graduate University

Aloha Chair, Vice Chair, and Members of the Committee,

I am writing in strong support of granting prescriptive authority to appropriately trained psychologists in the State of Hawai'i.

Hawai'i faces unique and persistent challenges in providing timely access to mental health care, particularly given our vast rural geography and the uneven distribution of psychiatric providers across the islands. For many residents—especially those living on the neighbor islands—accessing psychiatric medication services can involve months-long wait times, inter-island travel, or going without needed care altogether. These barriers contribute to unnecessary suffering, worsening symptoms, and increased strain on emergency departments and inpatient services.

As a psychologist who has worked clinically on O'ahu, Hawai'i Island, and Maui, I have witnessed firsthand the significant access gaps that exist across our state. Even when individuals are able to engage in psychotherapy, delays in medication evaluation often impede stabilization and recovery. These challenges are particularly pronounced in rural and underserved communities, where psychiatric providers are scarce or unavailable.

Additionally, during my work with the Department of Defense, I had direct experience collaborating with psychologists who held prescriptive authority. I observed the immense benefit this model provided to patients and systems of care alike. Individuals were able to receive comprehensive evaluation and treatment in a timely manner, often during the same clinical encounter. This continuity reduced delays, improved treatment adherence, and enhanced overall patient outcomes. Importantly, it also alleviated pressure on overextended psychiatric services.

Granting prescriptive authority to psychologists who complete rigorous, standardized training—including advanced education in psychopharmacology, supervised clinical experience, and ongoing oversight—would be a safe, evidence-based step forward for Hawai'i. Other jurisdictions that have adopted this model have demonstrated that prescribing psychologists practice responsibly, collaborate effectively with medical providers, and improve access to care without compromising patient safety.

Hawai'i has an opportunity to modernize its mental health workforce in a way that is responsive to our state's geographic realities and healthcare shortages. Allowing appropriately trained psychologists to prescribe would expand access, reduce delays in treatment, and better serve the mental health needs of our communities—especially those in rural and neighbor island settings.

I respectfully urge your support for legislation that authorizes prescriptive authority for qualified psychologists in Hawai'i. This change would represent a meaningful investment in access, continuity, and quality of mental health care for our residents.

Mahalo for the opportunity to provide testimony and for your commitment to the health and well-being of the people of Hawai'i.

Nancy Sidun, Ph.D.



Richard L. Sylvester, Ph.D., MSCP  
Medical Psychologist – Advanced Practice  
Family Solution Counseling Center  
1401 N. 7<sup>th</sup> St.  
West Monroe, LA 71291  
(318) 503-8300

RE: Support HI SB847; Prescriptive authority for psychologists works

To the Honorable Chair and Vice Chair,

My name is Dr. Richard Sylvester and I am a medical psychologist (psychologist with prescriptive authority) practicing in West Monroe, LA. I work in a part of Louisiana that is rural and historically underserved. The patients I work with typically struggle with socioeconomic issues, limited food, limited income, limited housing, and limited access to healthcare. In this rural area, there simply are not enough psychiatrists or psychiatric providers to go around. People are suffering due to a lack of available care. I strongly urge you to consider supporting prescriptive authority for psychologists.

There are only three practicing psychiatrists in my immediate area. All three of them have welcomed medical psychologists with open arms. In my work, there is no greater compliment one doctor may give to another than referring a patient to them. This displays trust and respect. I receive referrals from physicians including these psychiatrists on a weekly basis.

Those who oppose prescriptive authority for psychologists may tell you some pretty words about a lack of training or a lack of knowledge. This is utter nonsense. I hold three master's degrees and a doctoral degree. I have published multiple papers in scholarly periodicals. I have been invited to provide multiple lectures for doctoral level students and licensed professionals regarding clinical psychopharmacology, diagnostics, psychological assessment, etc. These lectures are accepted by the state medical board as continuing medical education credits (CMEs), which all providers licensed under the medical board are required to maintain. How can I not have the required knowledge to hold prescriptive authority if the medical board says the knowledge I provide others is sufficient enough to provide them continuing education for licensure?

Some who oppose prescriptive authority for psychologists may tell you we do not see enough patients to make an impact. I can guarantee you that for the patients I see who start functioning better and actually *living* their lives, it makes a genuine difference. For the 49 souls on my clinical schedule this week, it makes a difference. For the 3-year-old who hasn't started talking

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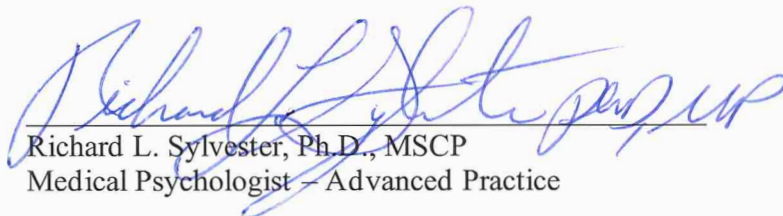


yet, to the 87-year-old who is battling cancer and depression, and the dozens of people in between, it makes a difference. Psychologists who hold prescriptive authority do not stop being psychologists. I still provide therapy services. I still provide psychological assessment services. I still collaborate and consult with other professionals. Managing medication is just a part of what I do, though it is a meaningful part.

Words are easy and often misleading. I would instead encourage you to look at the actions. There is plentiful research to show prescriptive authority for psychologists reduces suicide rates. This simply means prescriptive authority for psychologists saves lives. There is further research to show it increases the availability of services, thus allowing more patients to be seen and people to make progress. In addition, it reduces hospitalization and thus saves money. Prescriptive authority for psychologists is smart, sensible, and it just works.

Thank you for your time and attention to this matter.

Sincerely,



Richard L. Sylvester, Ph.D., MSCP  
Medical Psychologist – Advanced Practice

1401 N. 7<sup>th</sup> St.  
West Monroe, LA 71291  
(P) 318-503-8300  
(F) 318-503-8302

Dear Legislators and Committee:

I am writing about an issue that is of great importance to the people of Hawai'i, and to citizens all across our country. I ask your support of SB847, the bill to permit properly trained psychologists to prescribe psychotropic medications in federally qualified health centers (FQHCs).

I write from a public health standpoint. 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 and benefits of prescribing psychologists in correctional institutions and other facilities serving marginalized patients. Many mental health care "consumers" in community mental health centers, VA medical centers, those living on Native American reservations, and residents of rural areas, for instance – could also 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. The same is true for the Commissioned Corps of the Public Health Service. Seven states: New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and now Utah have already passed prescriptive authority laws of the type currently under consideration in Hawai'i.

*Prescribing psychologists have shown that they can provide this service safely and effectively.* I believe the passage of this prescriptive authority bill, SB847, would be a great benefit to the people of Hawai'i, as similar authorization already has been for patients in

the military, on Native American reservations, and several other states. 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  
Midlothian, VA

To the Honorable Committee Members

Re: Strong Support for **SB847** – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Ruth A. Roa-Navarrete, a Prescribing/Medical Psychologist. I am writing to express my strong support for **SB847** a crucial measure for the advancement of mental health care in our beloved state of Hawai'i.

**SB847** represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i. Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on **SB847** to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, **SB847** will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely,

Ruth A. Roa-Navarrete, Psy.D., M.S.C.P., Lt Col (Ret), United State Air Force



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Health Sciences

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Written Testimony in Support of SB847

To the Honorable Committee Members

Re: Strong Support for SB847 - RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

I am writing to express my strong support for SB847, a crucial measure for the advancement of mental health care in our beloved state of Hawai'i.

My name is Dr. Ryan Ernst, a Prescribing/Medical Psychologist and Professor of Psychopharmacology employed in Iowa. I work in a critical access hospital in rural Iowa. I can tell you from my personal experiences as a prescribing psychologists, the combined psychotherapy and pharmacotherapy services I provide to rural residents has been very well received by the entire hospital medical staff. What you see "on the ground", is quite different than legislative arenas where opposition to bills such as SB847, leave one to believe prescriptive authority for psychologists is an issue not supported by a majority of medical providers. The education and training of prescribing psychologists is essential to the mental health of rural areas. There is now an abundance of peer reviewed literature indicating that prescribing psychologist are well trained, safe, conscientious and well-balanced providers. With an exceptional track record, there does not appear to be any good reason to withhold comprehensive and quality mental health care from the residents of Hawaii.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i. As someone who has witnessed firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that SB847 will have in bridging these gaps,

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo for your time and attention to this critical matter.

Sincerely/Mahalo/....,



---

**Ryan Ernst, Psy.D., MSCP, ABN**

Director of Training, Clinical Psychopharmacology  
College of Pharmacy and Health Sciences  
Drake University  
2507 University Ave. Des Moines, IA 50311

C 402-318-6340

E [ryan.ernst@drake.edu](mailto:ryan.ernst@drake.edu)



Good Morning Cha Matayoshi, Vice Chair Grandinetti and Members of the committee:

My name is Savannah Geske a Prescribing Psychologist in New Mexico.

I am writing to express my strong support for SB847. There is a prolonged, dire need to increase the number of safe and effective prescribers for mental health care across the country, and SB847 represents a significant step forward in addressing the growing need for accessible, high-quality mental health services in Hawai'i.

As someone who witnesses firsthand the challenges in accessing locally based mental health care, I can attest to the profound impact that SB847 would have in bridging these gaps. I conduct 45-minute appointments in which I provide both medication management and psychotherapy to patients with a variety of mental health needs. Many patients have shared that having a provider who can integrate therapy and medication management has positively impacted their mental health. They report that medication-only appointments often feel impersonal, whereas a prescriber who understands them as a whole person can make informed, individualized treatment decisions that truly work while also building coping strategies they can utilize alongside their medications.

In my practice, I frequently utilize cognitive behavioral therapy (CBT) to improve health outcomes while prescribing medications. Examples include:

- CBT for smoking cessation alongside nicotine replacement therapies
- CBT for insomnia while tapering or discontinuing potentially addictive z-drugs and benzodiazepines

Prescriptive authority for specially trained doctors of psychology is safe, effective, and already in use in states such as Louisiana, New Mexico, Illinois, Iowa, Idaho, and Colorado, as well as in Federally Qualified Health Centers, Native American/Indian Health Centers, and the military. Prescribing psychologists have provided high-quality care for more than thirty years and could be helping patients in Hawai'i today if SB847 passes.

Please vote YES on SB847 to expand access to care for those most in need.

Thank you for your time and consideration of this critical matter. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Sincerely,

Savannah Geske, PhD MSCP

## Written Testimony in Qualified Support of SB847

### Relating to Prescriptive Authority for Psychologists

To the Honorable Chair, Vice Chair, and Members of the Committee,

Aloha,

My name is Sean Wilkes, MD, and I am a practicing psychiatrist in Honolulu, Hawai'i. I am writing to express my qualified support for SB847, provided that prescriptive authority for psychologists is limited to those who meet rigorous, clearly defined medical training and oversight standards.

Hawai'i faces real challenges in access to mental health care, particularly in underserved areas. Expanding prescriptive authority may be part of the solution, but only if it is done in a manner that prioritizes patient safety, clinical competence, and public trust.

Prescriptive authority for psychologists already exists in several states and federal systems, including the military. Among these, Illinois is among the most rigorous and defensible regulatory model, requiring a postdoctoral master's degree in clinical psychopharmacology, extensive medically focused coursework, a substantial period of physician-supervised prescribing, formal certification, and ongoing oversight. Additionally, Louisiana provides an additional important safeguard by placing prescribing psychologists under the oversight of the Louisiana State Board of Medical Examiners, ensuring sustainable accountability.

I would urge the Legislature to ensure that SB847 explicitly requires:

- Advanced postdoctoral education in clinical psychopharmacology, distinct from standard psychology training
- A substantial period of supervised clinical prescribing under a licensed physician
- A clearly defined prescribing scope, with state level guidance, referral procedures, and support provided to prescribing psychologists for medically complex patients
- Formal certification and enhanced continuing education specific to prescribing
- Ongoing physician collaboration and regulatory oversight, including either direct medical-board oversight or formal medical-board participation in licensure and disciplinary actions.

Notably, prescribing psychologists already provide care on military installations on O'ahu, yet cannot practice with the same scope just outside the gate. This highlights the need for a state-level framework that is both consistent and appropriately rigorous.

Prescribing psychologists have practiced for decades in systems that take training and oversight seriously. Hawai'i can benefit from this experience if it adopts rigorous education, supervision, and regulatory standards.

With appropriate safeguards in place, SB847 can responsibly expand access to care while maintaining the high standards Hawai'i's patients deserve. I respectfully encourage the Legislature to advance this bill, with explicit training and oversight requirements.

Mahalo for your time and thoughtful consideration.

Respectfully,

Sean Wilkes, MD

# SHERRIE M. TAKUSHI, Psy.D.



98-211 Pali Momi Street  
Suite 600  
Aiea, HI 96701

Phone: (808) 484-2181  
Fax: (808) 484-2189

April 2, 2026

Representative Scot Matayoshi Chair  
Representative Tina Grandinetti, Vice Chair  
House Committee on Consumer Protection and Commerce

Regarding **SB 847** Relating to Psychologist Prescription Privileges

Dear Honorable Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

My name is Sherrie Takushi-Isara, and I am a psychologist residing in Pearl City, Hawai'i. I am writing to express my strong support for **SB 847**, a critical step toward improving access to mental health care across our state. As a provider who has firsthand experience navigating the challenges of securing psychiatric care for patients, I have seen the consequences of our current system and can attest to the meaningful impact this measure would have on the quality and timeliness of services in Hawai'i.

The ongoing shortage of psychiatrists in Hawai'i disproportionately affects our most vulnerable residents. Many individuals are unable to obtain timely psychiatric appointments and are instead forced to seek care in emergency rooms for medication management and other needs that would typically be addressed in an outpatient setting. This not only disrupts continuity of care for patients but also places unnecessary strain on our already overburdened hospital systems.

Although prescription privileges for specially trained psychologists have been discussed in Hawai'i for many years, progress has been hindered largely by misinformation. Prescriptive authority for appropriately trained psychologists is not a new or experimental concept; it has been safely implemented for nearly 30 years in other jurisdictions. Currently, psychologists prescribe in states including Louisiana, New Mexico, Illinois, Iowa, Idaho, and Colorado, as well as in Federally Qualified Health Centers, Native American Indian Health Services, and within the U.S. military. Notably, psychologists are authorized to prescribe on military bases on O'ahu yet are not permitted to do so in civilian settings within our state. This inconsistency is difficult to justify, particularly given the severity of our psychiatrist shortage and the resulting impact on the broader health care system.

I respectfully urge you to take these factors into careful consideration. With your support, **SB 847** can help expand access to timely, appropriate mental health care and move Hawai'i toward a more responsive and sustainable system.

Thank you for your time and thoughtful consideration of this important matter.

Sincerely,

*Sherrie M. Takushi-Isara, Psy.D.*  
Sherrie M Takushi-Isara, Psy.D., ABPP  
Board Certified Clinical Psychologist  
Hawaii Licensed



Sid Hermosura, PsyD

Licensed Clinical Psychologist

[sidhermosura@gmail.com](mailto:sidhermosura@gmail.com)

Aloha Chair, Vice Chair, and Members of the Committee,

I **strongly support** granting prescriptive authority to appropriately trained psychologists in Hawai‘i.

Hawai‘i is experiencing a severe shortage of psychiatric prescribers, with psychiatrist shortages as high as 75% on some neighbor islands and statewide gaps of over 40% for adult and child psychiatry. These figures do not even capture long wait times, providers not accepting new patients, or those not taking Medicare/Medicaid.

Hawai‘i also ranks poorly for access to mental health care, with roughly 330 people per mental-health provider—worse than most states. Because of this shortage:

- Patients wait months for medication evaluation and management.
- Rural residents often must travel off-island for basic psychiatric care.
- Emergency departments and primary care are increasingly used for unmet behavioral health needs.

I am the Director of Behavioral Health of a Federally Qualified Health Center in rural Oahu and have spent time serving the people of Molokai also. I have seen first-hand the challenges that people face due to this shortage, such as worsening of symptoms impacting families and communities, frequent ER visits, rising healthcare costs, and the hopelessness that can arise due to barriers of care and access issues.

Granting prescriptive authority to psychologists who complete rigorous advanced training in psychopharmacology, supervised clinical experience, and ongoing oversight has been shown in other jurisdictions to increase access safely while maintaining collaboration with medical providers.

This is a practical, evidence-based solution that responds directly to Hawai‘i’s workforce shortages and geographic barriers.

I respectfully urge your support for this legislation to improve timely access, continuity of care, and health outcomes for Hawai‘i’s residents.

Mahalo for your leadership and consideration,

Sid Hermosura, PsyD

Licensed Clinical Psychologist

To all Members of the legislature;

I am the father of a man with a severe mental illness. I am also a marriage and family therapist licensed in Hawaii and practicing since 2009. Passing legislation that would give prescribing authority to psychologists that have completed a rigorous training in psychopharmacology is urgently needed and will only benefit our entire population. The only serious opposition has come from some psychiatrists and their organization which feels threatened that they will lose business. Hopefully you will put the mental health of Hawaii's people over the self-interest of some psychiatrists. The training that psychologists will receive if this bill passes gives far more training in psychotropic drugs than MDs receive as part of medical school. Right now, any MD can prescribe any drug. Allowing a psychologist who will be receiving the equivalent training of a PhD in pharmacology just makes sense.

Steven Katz, LMFT

Kailua HI 96734

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Teresa Juarez, a doctoral candidate in clinical psychology who grew up in Hawaii with plans to become a prescribing psychologist.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho and Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military. Psychologists can prescribe at any of the military bases on Oahu but not across the street. Prescribing psychologists have provided care for more than thirty years and could be making a difference today if you vote YES.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB847 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, SB847 will pave the way for a healthier Hawai'i.

Mahalo,

Teresa Juarez, MEd, MA

Written Testimony in Support of SB847

To: Honorable Committee Members

RE: Testimony in **SUPPORT** of SB 847: RELATING TO PSYCHOLOGISTS.

**I write in strong support of SB847,.**

I am a 2006 graduate of a Department of Defense psychopharmacology training program. You may be aware that following the successful but politically discontinued Psychopharmacology Demonstration Program of the mid-1990's, Senator Inouye directed the Air Force to select and train a psychologist to prescribe. I was selected for this program and in 2004, began Nova Southeastern's two-year, MS in Psychopharmacology program while I was stationed at MacDill AFB, FL. In 2007, following successful completion of this program, one year of supervised clinical practice, and successfully passing the American Psychological Association's competency exam, I was independently privileged to prescribe psychotropic medication. I continued to practice at MacDill AFB, treating both civilians and active duty members, until I was deployed to Afghanistan in 2008. Because of my advanced training, I was forward-deployed and assigned to provide care to more than 8,000 U.S. troops in southern half of the country. For these efforts, I was awarded the Bronze Star. Following my return to the U.S., I continued to provide safe and effective mental health care, including psychotropic medication, to my patients until my retirement in July, 2022.

While I have not been stationed in Hawai'i, I have been stationed in several locations with inadequate mental health resources. In each of these locations, my additional training and privileging allowed me to increase access to safe, comprehensive mental health care for both active duty and non-active duty beneficiaries. In addition to the direct patient care services I provided, I also provided consultation to Primary Care Managers and other medical specialists on psychotropic medication. Over the 15+ years I was prescribing, there were never any concerns raised about safety or the quality of care I was providing both in or outside the military setting. I was considered a respected member of the professional staff and an expert in mental illness and treatment, including treatment with medication. For all but three years, my clinical care was peer-reviewed by a psychiatrist and no safety or treatment concerns were ever noted. In short, it was clear to all with whom I worked, including psychiatrists and other physicians, that I was well trained and able to provide safe, effective, comprehensive mental health care.

Communities and citizens in Hawai'i are also suffering because of the lack of access to comprehensive mental health care. The most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai'i

suffer from a mental health condition and 41,000 of citizens experience a serious mental illness. Almost 70 percent of Hawai'i's youth ages 6-17 who have depression did not receive any care in the past year.

The numbers are simple. There are not enough psychiatrists to care for the people of Hawai'i, especially on neighbor islands. In most cases, Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They have already prescribed for the Air Force, Army and Navy in Hawai'i. They have provided care at Pearl Harbor, Hickam AFB, and Tripler Medical Center, in addition to non-active duty, Hawai'i citizens.

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB847 helps address this issue. Psychologists with Prescriptive Authority can and will provide safe, comprehensive, and appropriate care for those individuals who are without homes and who suffer from serious mental illness. 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 alongside our colleagues and community partners.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Utah, Colorado, and Idaho; in Federally Qualified Health Centers; in Native American-Indian Health Centers and in the military. Prescribing psychologists have provided care for more than twenty years and could be making a difference today in Hawai'i.

It is time for Hawai'i to take every step towards a better mental health care solution for our citizens. I strongly urge you to vote **YES** on SB847 to allow greater access to care for those most in need.

Respectfully submitted,

Robert B. Rottschafer, MA, MS, PhD  
Colonel (ret), USAF, BSC  
Prescribing Psychologist

My name is Dr. Haunani 'Iao. I am a licensed clinical psychologist and founder of Iao Mind & Body Health, LLC, living and practicing on Maui. I also serve as the Maui Representative on the Hawai'i Psychological Association Board and have held prior leadership roles as Integrated Health Director at a Federally Qualified Health Center and CPC+ Medical Director within a large medical group on Maui.

I strongly support SB 847.

Hawai'i faces a significant shortage of mental health prescribers. Allowing appropriately trained psychologists limited prescriptive authority will improve access to safe, integrated care — particularly in underserved and rural communities like Maui.

In my clinical practice, especially following the Maui fires, I have witnessed firsthand the strain on our behavioral health system. While we do have prescribers on island, wait times for medication appointments are often 1–3 weeks or longer. For individuals experiencing acute anxiety, depression, insomnia, medication transitions, or trauma-related symptoms, even a short delay can feel destabilizing and harrowing. In addition, the limited number of available prescribers restricts patient choice, leaving many residents feeling stuck with few options for fit and continuity of care. This is particularly challenging for QUEST/Medicaid patients and those already navigating recovery from disaster-related trauma.

Postdoctoral training in clinical psychopharmacology for psychologists is rigorous and structured, including advanced education in neuroscience, pharmacology, pathophysiology, and differential diagnosis, along with supervised clinical training. Prescribing psychologists are uniquely trained to integrate psychotherapy, assessment, and medication management within a biopsychosocial framework — strengthening safety, continuity, and collaborative care.

Expanding carefully regulated prescriptive authority for appropriately trained psychologists will increase timely access while maintaining high standards of patient safety.

Thank you for your time and consideration. I respectfully urge you to vote AYE on SB 847.

Respectfully,  
Dr. Haunani 'Iao

**Douglas Taylor, MD**  
Supervising Physician

To the Honorable Chair Matayoshi, Vice Chair Grandinetti and Members of the Health Committee,

My name is Douglas Taylor, MD, and I am a practicing physician and clinical supervisor who has worked closely with, and am very familiar with, prescribing psychologists during their advanced clinical training, such as Dr. Jaime Wilson. Through this experience, I have observed the **rigor, clinical judgment, and balanced decision-making** that highly trained prescribing psychologists bring to patient care. Their expertise includes comprehensive assessment, safe medication planning, and integration of pharmacologic and therapeutic strategies across diverse populations, including **geriatric patients (age 65 and older)** and individuals with complex mental health needs.

I write to express my **strong support for Senate Bill 847 (SB 847)**, which would authorize qualified psychologists in Hawaii to obtain **limited prescriptive authority for psychotropic medications** as part of a **comprehensive, team-based approach** to mental health care. SB 847 reflects the committee's commitment to **consumer protection, professional regulation, and accessible services** by ensuring that clinicians with prescriptive authority have demonstrated appropriate education, training, and competency.

The Consumer Protection & Commerce Committee plays a key role in overseeing **regulated professions and licensing frameworks that ensure both consumer safety and access to essential services**. By advancing SB 847, the Legislature would extend this framework to well-trained psychologists, similar to how other professional disciplines (e.g., advanced practice nurses and physician assistants) are granted prescriptive authority upon meeting specific criteria. This approach protects consumers by tying expanded practice privileges to **rigorous standards of training and oversight** while helping address critical gaps in care.

Prescribing psychologists complete specialized coursework in clinical psychopharmacology, structured supervised practice, and ongoing competency assessment that emphasize **safe, evidence-based medication management integrated with psychological treatment**. Their training requires careful consideration of pharmacokinetics and pharmacodynamics, thoughtful application of neuroscientific principles, and the ability to tailor care plans to each patient's unique needs, all of which directly serve the committee's interest in ensuring **quality, responsible care and consumer safeguards**.

Hawaii, like many states, continues to face **significant shortages in mental health prescribers**, particularly in rural and neighbor-island communities and in age-diverse groups such as older adults. These shortages can lead to **delayed care, fragmented treatment, and avoidable suffering**, outcomes of concern for anyone focused on protecting the health and well-being of Hawaii's residents. Granting qualified psychologists limited prescriptive authority through SB 847 would increase access, **reduce treatment delays**, and support continuity of care for underserved consumers across the lifespan.

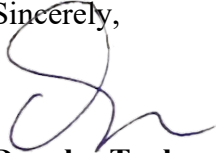
Importantly, providing limited prescriptive authority to appropriately trained psychologists is **not about replacing other providers. It is, essentially, enhancing coordinated, consumer-centered care**. It enables every member of the mental health care team to practice at the top of their training,

fosters multidisciplinary collaboration, and strengthens system capacity. These are all consistent with the committee's mission to protect consumers while promoting access to high-quality services.

For these reasons, I **strongly support the passage of SB 847** and urge this Committee to advance the bill and hold a hearing. Expanding access to coordinated mental health care through thoughtful, regulated prescriptive authority is an important step toward improved outcomes for patients throughout Hawaii.

Thank you for your thoughtful consideration. I am happy to provide additional information if needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'DT', written over a white background.

**Douglas Taylor, MD**

**Supervising Physician**

360-570-3460

taylordouglasw@gmail.com

Dear Honorable Chair Matayoshi and Vice Chair Grandinetti:

I am writing to express my strong support of SB847 SD2, a bill that establishes a three-year pilot study on the island of Kaua'i.

I was raised in Hawai'i and remain closely connected to Oahu through my family, whom I continue to visit regularly. As a college student, I am invested in the future of healthcare access for our communities. My personal interests have led me to engage with RxP and I see its potential to meaningfully expand access to much-needed mental health services. RxP is available in other places already.

RxP could help bridge gaps in care, especially in underserved and rural communities like those found on neighbor islands and in Waianae. By allowing specially trained psychologists to provide comprehensive treatment, including medication when appropriate, patients can receive more timely and coordinated care. This is particularly important in places where access to psychiatrists and other specialty providers is limited.

Passing SB847 SD2 is a small step to support a model of coordinated patient care that improves outcomes and reduces delays in treatment.

Mahalo for your time and attention.

Sincerely,

Alec Lara

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Christine and I am a license, counselor, psychology student, and concerned citizen.

I am writing to express my strong support for the revisions to SB847 SD2, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2, will pave the way for a healthier Hawai'i.

Mahalo,  
Christine

Re: Strong Support for SB847 SD2 – RELATING TO PRESCRIPTIVE AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Deanna Truemper, a veteran, military spouse and mother of a sailor stationed in Hawaii.

I am writing to express my strong support for the revisions to SB847 SD2, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2, will pave the way for a healthier Hawai'i.

Mahalo,

Deanna Truemper

To the Honorable Committee Members

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Jaslynn A. N. Cuff, a Clinical Researcher.

I am writing to express my strong support for the revisions to SB847 SD2, HD1, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2, HD1, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2, HD1, will pave the way for a healthier Hawai'i.

Mahalo,

Jaslynn A. N. Cuff

To the Honorable Committee Members

Honorable Chair, Vice Chair, and Members of the Committee,

My name is Lilnetria Johnson, a concerned Graduate Student in the field of psychology.

I am writing to express my strong support for the revisions to SB847 SD2 HD1, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2 HD1, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2 HD1, will pave the way for a healthier Hawai'i.

Sincerely,

Lilnetria Johnson

To the Honorable Committee Members

Re: Strong Support for SB847 SD2 HD1 – RELATING TO PRESCRIPTIVE  
AUTHORITY FOR PSYCHOLOGISTS

Aloha Honorable Chair, Vice Chair, and Members of the Committee,

My name is Linda Teramoto, a concerned citizen,

I am writing to express my strong support for the revisions to SB847 SD2 HD1, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2 HD1, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2 HD1, will pave the way for a healthier Hawai'i.

Thanks,

Linda Teramoto

To the Honorable Committee Members

Re: Strong Support for SB847 SD2 HD1 – RELATING TO PSYCHOLOGISTS

To the Honorable Chair Matayoshi and Vice Chair Grandinetti,

My name is Lisa Vogelman, a Doctoral Student in Clinical Psychology. I am from Austin and studying with Fielding Graduate University.

I am writing to express my strong support for the revisions to SB847 SD2 HD1, which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2 HD1, which is a small step towards better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2 HD1 will pave the way for a healthier Hawai'i.

Sincerely,

Lisa Vogelman

To the Honorable Committee Members

Re: Strong Support for SB847 SD2 HD1 – RELATING TO PSYCHOLOGISTS

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Honorable Chair, Vice Chair, and Members of the Committee,

My name is Shira Service, a doctoral student in Media Psychology and past mental health professional who has followed the prescribing psychology movement and related legislation for several years.

I am writing to express my strong support for the revisions to SB847 SD2 HD1 which allow a pilot study on Kauai for 3 years.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the military.

Please vote YES on SB847 SD2 HD1, which is a step towards a better mental health care solution for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2 HD1, will pave the way for a healthier Hawai'i.

Sincerely,

Shira

Shira Service

Doctoral Student, Media Psychology

Fielding Graduate University School of Psychology

s-service@fielding.edu

www.shiraservice.com

Honorable Chair, Vice Chair, and Members of the Committee,

My name is Xaviera Gadpaille, a student.

I am writing to express my strong support for the revisions to SB847 SD2 HD1, which allows for a 3-year pilot study on Kauai.

Prescribing psychologists have shown that they can safely and effectively prescribe. They have been granted prescriptive authority to prescribe psychotropic medication in Guam, Louisiana, New Mexico, Illinois, Iowa, Idaho, Utah, Colorado, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military.

Please vote YES on SB847 SD2 HD1, which is a step toward better mental health care for our citizens.

Thank you for considering my testimony. I am hopeful that with your support, SB847 SD2 HD1 will pave the way for a healthier Hawai'i.

Sincerely,

Xaviera

To the Honorable Chair Matayoshi and Vice Chair Grandinetti,

Re: Strong support for SB847 SD2 HD1

I am writing to express my strong support for SB 847 SD2 HD1.

I have been a New Mexico Prescribing Psychologist since 2008 without any malpractice, ethical complaints or patient harm. I currently work part time for El Centro Family Health, a FQHC serving rural northern NM. I completed my initial clinical residency prescribing training at the same facility in 2007-2008. Another long time prescribing psychologist, Dr Michael Mash, also works with me at El Centro Family Health. I have also worked for La Clinica de Familia, a FQHC in southern NM. Two other prescribing psychologist colleagues, Drs. Mayfield and Colmant, work at another FQHC, Ben Archer in southern NM for more than a decade. In my Albuquerque practice, I work closely with Southwest Care, a FQHC analogue focused on the LGBTQ community as well as the larger urban population.

I have previously worked at the NM State Psychiatric Hospital for three years as well as for the Indian Health Service. In addition, I have provided psychiatric medication services at an agency servicing the urban unhoused in Albuquerque and also with recent immigrant families. I am a former training director/clinical professor for the NM State University Post Doctoral Master's Program in Clinical Psychopharmacology.

I provide integrated psychotherapy and psychopharmacology services, seeing patients more often and for longer sessions than most who do psychiatric medication management, using supportive complementary psychotherapy in addition to the medications. My philosophy is always "less meds are usually better" and I use a patient centered, collaborative approach to patient care.

This bill is a small but very important step forward for helping Hawaii's underserved communities. It will yield long lasting benefits in both access to care and quality of care.

My colleagues and I work with New Mexico's most underserved, medically and psychiatrically complex and acute patients. 95% of prescribing psychologists are Medicaid providers. Once we pass this bill, coordinated high quality patient care will thrive.

I am happy to speak with any HI legislator or their staff about the NM experience with prescribing psychologists. My personal cell number is 505-238-5897.

Sincerely,

Christina Vento, PsyD, MACP

(She/Her/Ella)

Medical/Prescribing Psychologist

New Mexico Psych Med Services

<https://NMPsychMedServices.com>

505-289-0641

Albuquerque, NM

# Hawai'i Mental Health Coalition

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Hawai'i Psychological Association | National Association of Social Workers  
Hawaiian Islands Association for Marriage and Family Therapy | Hawai'i Counselors Association

April 2, 2026

Representative Scot Matayosi, Chair  
Representative Tina Grandinetti, Vice Chair  
Members of the House Consumer Protection & Commerce

Re: Support for SB 847, SD2, HD1, Relating to Psychologists

Aloha!

The Hawai'i Mental Health Coalition **strongly supports authorizing Hawai'i psychologists to prescribe in certain circumstances**, and therefore we support SB 847, SD2, HD1, relating to psychologists, which establishes a pilot program for prescriptive authority privileges for clinical psychologists who meet certain requirements. Establishing prescriptive authority for psychologists is a top priority for mental health professionals for its potential to address critical gaps in mental health service delivery, increase continuity of care, and most importantly *improve outcomes for patients*.

A significant percentage of Hawai'i residents suffer from a mental or emotional condition at some time in their lives, but their needs are not being met by the current health care delivery system. One such unmet need is in the area of psychopharmacological treatment. This is due in large part to the significant shortage of psychiatrists, both general psychiatrists and especially child and adolescent psychiatrists, available to meet the demand for mental health services. Not only are there not enough graduates from psychiatric residency programs to maintain the current number of psychiatrists, more than half of all psychiatrists are age 55 or older. Psychiatrists are the medical specialists least likely to accept insurance or Medicaid compared to other medical specialties.

Research conducted over the last five years shows that prescribing psychologists are able to: prescribe safely; serve patients from a variety of ages and ethnicities and contribute to the needs of rural/underserved patients; increase access to mental health care; and contribute to state-wide reductions in the rate of suicide. A reduction in suicide rates in states such as New Mexico that has approved prescriptive authority for psychologists is striking. Every life saved is of significance.

Allowing appropriately trained psychologists to prescribe psychotropic medications under defined circumstances aligns with best practices in integrated behavioral health care. In many areas of Hawai'i, patients face long wait times and logistical barriers to seeing psychiatrists, which can delay essential treatment. Granting prescriptive authority to psychologists—contingent on rigorous education, training, and oversight—can help bridge these service gaps, facilitate timely interventions, and support continuity of care for patients already under a psychologist's care.

We respectfully urge this committee to pass this bill, which, we believe, will be an important step toward protecting and promoting access to essential mental health care for all of Hawai'i's communities.

Mahalo for hearing this important measure.



**Testimony to the House Committee on Consumer Protection and Commerce  
Thursday, April 2, 2026; 2:00 p.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: SENATE BILL NO. 0847, SENATE DRAFT 2, HOUSE DRAFT 1, RELATING TO PSYCHOLOGISTS.**

Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers **COMMENTS** on Senate Bill No. 0847, Senate Draft 2, House Draft 1, RELATING TO PSYCHOLOGISTS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would:

- (1) Establish a pilot program that would allow clinical psychologists with certain credentials, under the supervision of a psychiatrist, to prescribe psychotropic medications only to patients between the ages of eighteen and sixty-five who are treated by the psychologist at a federally qualified health center located in the County of Kauai; and
- (2) Require the State Health Planning and Development Agency to report on whether the pilot program should be expanded, made permanent statewide, or terminated.

This bill would take effect upon its approval and be repealed on June 30, 2031.

**Testimony on Senate Bill No 0847, Senate Draft 2, House Draft 1**  
**Thursday, April 2, 2026; 2:00 p.m.**  
**Page 2**

The HPCA notes that this measure was significantly narrowed by the Senate Committee on Commerce and Consumer Protection prior to Third Reading to apply solely to psychologists servicing patients at an FQHC situated on the Island of Kauai. The HPCA had not previously testified on the issue of prescriptive authority for psychologists this year.

The HPCA testified before the House Committee on Health when this measure was heard on March 20, 2026. The measure was approved as House Draft 1, and the Health Committee further narrowed this bill.

While we continue to review the policy ramifications of this bill on FQHC operations, we acknowledge that there is a serious need for additional mental health services throughout the State -- especially on the neighbor islands and rural communities. Because of this, we commend the Legislature for looking at any and all ways of expanding accessibility for our patients.

We bring to your attention certain challenges that the bill, as presently drafted, will make implementation difficult if not impossible. First, the majority of patients at FQHCs are Medicaid enrollees. It is unclear whether drugs prescribed by a psychologist under this bill, would be reimbursable under Medicare or Medicaid. Compensability under both programs require approval by both the Department of Human Services and the federal Center for Medicare and Medicaid Services (CMS). Because no testimony was received from the Department of Human Services, we do not know whether the FQHC on Kauai would be compensated under Medicare or Medicaid for these medications. If reimbursement is not allowed, patients would be charged based on their ability to pay on a sliding fee scale. For most of these cases, the fees charged will not cover the cost of the medications forcing the FQHC to absorb the loss in their limited operational funds.

Second, all health care providers who provide services at an FQHC receive certain immunity from malpractice liability under the Federal Tort Claims Act (FTCA). It is unclear whether the expanded scope of practice authorized under this bill as well as all supportive services attributed (such as pharmacists filling the psychologist's prescriptions) would be covered under the FTCA.

Perhaps language similar to the immunity provisions applied to health care providers in the Governor's Emergency Declaration during the COVID Pandemic could be inserted into this bill. Conceivably, this would alleviate malpractice liability under State law, but without clarification from CMS, arguably, an FQHC could still be subject to tort liability under federal law.

While we are unsure whether there are sufficient remedies for these concerns, the HPCA will work with all parties to find a meaningful solution that will expand the accessibility of high-quality services for our patients.

**Testimony on Senate Bill No 0847, Senate Draft 2, House Draft 1**  
**Thursday, April 2, 2026; 2:00 p.m.**  
**Page 3**

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).

# Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Scot Z. Matayoshi, Chair, House Committee on Consumer Protection and Commerce

From: Hawai'i Association of Professional Nurses (HAPN)

Re: SB847, SD2 — Relating to Psychologists

Position: Strong Opposition

Hearing: April 2<sup>nd</sup>, 2026, 2pm

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

On behalf of the Hawai'i Association of Professional Nurses, we submit this testimony in strong opposition to SB847, SD2. From a consumer protection perspective, this bill asks the State to weaken an important safety boundary around prescribing without first showing that Hawai'i has fully supported and utilized the psychiatric prescriber workforce it already has.

Supporters of this bill rely heavily on Kaua'i's psychiatrist shortage, but that is not the same as a shortage of psychiatric prescribers overall. **Kaua'i's physician demand in psychiatry is 15, with 5 psychiatrists, but the island also has 11 psychiatric APRNs, bringing the total psychiatric prescriber workforce to 16.** That matters because this bill is being advanced as though Kaua'i lacks psychiatric prescribing capacity altogether, when in fact it ignores an existing workforce of licensed, regulated, and actively practicing psychiatric APRNs already helping meet that need.

That omission is a consumer protection issue. Public policy should not create a new prescribing category based on an incomplete presentation of the workforce, especially when the function at issue is high-risk medical prescribing. If the State already has established psychiatric prescribers serving patients, the safer and more responsible approach is to strengthen that workforce rather than create a new exception-based pathway for another profession.

Consumer protection depends on clear standards, transparent qualifications, and confidence that the person prescribing medications has the full training appropriate to that responsibility. Prescribing psychotropic medications is not a minor extension of therapy practice or a narrow technical task. It is a serious medical responsibility that requires clinical judgment involving diagnosis, medication selection, ongoing monitoring, side-effect management, drug interactions, and recognition of broader medical conditions that may affect treatment or place a patient at risk.

Psychotropic medications can carry black box warnings, significant metabolic consequences, neurologic complications, cardiac effects, endocrine concerns, and the need for close follow-up over time. Safe prescribing requires the ability to evaluate the whole patient, not just psychiatric symptoms in isolation. It requires preparation to manage diagnostic complexity, co-occurring substance use, medical comorbidities, polypharmacy, and changes in condition that may demand immediate adjustment or escalation.

Hawai'i already has established, regulated pathways for psychiatric prescribing through psychiatrists and psychiatric APRNs. These professions operate within clear education, certification, licensure, and disciplinary frameworks that are already recognized in law and

practice. Creating a parallel prescribing pathway for psychologists weakens the clarity that protects consumers and makes it harder for patients to understand who has full prescriber preparation and who has been granted limited authority through a statutory carveout.

This is especially concerning in a committee charged with consumer protection. Patients should not have to decode differing levels of prescribing preparation when seeking care, particularly in vulnerable moments involving mental health treatment. The State should be making the system clearer and safer for consumers, not more confusing and fragmented.

The fact that this bill is framed as a pilot program does not resolve these concerns. A pilot still involves real prescribing, real patients, real psychotropic medications, and real consequences when something goes wrong. Consumers on neighbor islands deserve the same standard of safety and professional clarity as patients anywhere else in Hawai‘i, and they should not become the testing ground for a diluted prescribing model.

If the Legislature truly wants to improve access on Kaua‘i, it should invest in the psychiatric workforce that already exists. Hawai‘i should strengthen recruitment and retention of psychiatrists and psychiatric APRNs, improve reimbursement, reduce unnecessary barriers to practice, expand telepsychiatry, and support training and preceptorship pipelines that increase sustainable prescribing capacity. Those strategies address access directly while preserving clear standards, strong accountability, and the level of consumer protection the public should expect.

For these reasons, HAPN strongly opposes SB847, SD2 and respectfully urges the Committee to defer this measure. Good consumer protection policy requires more than good intentions. It requires accurate workforce analysis, clear professional boundaries, and a commitment to protecting patients from unnecessary risk when safer and more responsible alternatives already exist.

Mahalo for the opportunity to testify.  
Respectfully submitted,

Hawai‘i Association of Professional Nurses (HAPN)

**SB-847-HD-1**

Submitted on: 4/1/2026 9:14:29 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carl Highshaw	National Association of Social Workers, Hawaii Chapter (NASW-HI)	Support	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

My name is Dr. Carl Highshaw, and I am the Executive Director of the National Association of Social Workers, Hawaii Chapter (NASW-Hawaii). On behalf of our **over 600 members**, including licensed clinical social workers, students, and behavioral health advocates across the state, I write to offer our **strong support** for SB 847, SD2, HD1, which establishes prescriptive authority for qualified clinical psychologists.

NASW-Hawaii supports this measure not only because it aligns with our commitment to expanding access to quality mental health care, but also because it represents a critical step forward in addressing the severe psychiatric workforce shortages that impact our most vulnerable communities.

Social workers are often the first point of contact for individuals experiencing a mental health crisis. We sit at the bedside in hospitals, work in community mental health centers, and serve families in rural and neighbor island communities. From this vantage point, we witness firsthand the devastating consequences of the state’s fragmented behavioral health system. Too often, our clients face months-long waiting lists to see a prescriber. When they finally secure an appointment, it is frequently with a provider who does not have a therapeutic relationship with them, resulting in a disjointed care experience.

SB 847, SD2, HD1 offers a solution that prioritizes continuity of care, a cornerstone of effective social work practice. By allowing clinical psychologists who have completed the rigorous, tailored education, training, and registration requirements outlined in this bill to prescribe medication, we can help create a more integrated model of care. When a patient can receive both psychotherapy and medication management from the same provider or within a unified, collaborative team, the barriers to adherence decrease and clinical outcomes improve significantly.

We understand the concerns regarding patient safety; however, the stringent requirements in this bill; including advanced education, supervised practice, and a controlled registration process, ensure that only those with the highest level of competence will be granted this authority. This is not an expansion of scope without oversight; it is a carefully calibrated expansion designed to close the gap in access.

For social workers, this bill is about equity. Hawaii's rural communities, Native Hawaiian and Pacific Islander families, and those experiencing homelessness or substance use disorders are disproportionately affected by the lack of prescribers. Empowering highly trained doctoral-level psychologists to step into this gap while maintaining a collaborative relationship with the broader medical community will allow social workers to better coordinate care for these populations without losing clients to system navigation failures.

Mahalo for the opportunity to testify on this important measure. SB 847, SD2, HD1 is a top priority for mental and behavioral health professionals across the state. The National Association of Social Workers, Hawaii Chapter, urges this committee to pass this bill to expand access, enhance continuity of care, and improve health outcomes for the people of Hawaii.

Sincerely,

**Dr. Carl Highshaw**

Executive Director

National Association of Social Workers, Hawaii Chapter

**SB-847-HD-1**

Submitted on: 4/1/2026 10:52:50 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bryan L. Talisayan	Mental Health America of Hawaii	Support	Written Testimony Only

Comments:

April 1st, 2026

RE: Support for SB847 SD2 HD1

Chair and Members of the House Committee on Consumer Protection & Commerce,

Mental Health America of Hawai'i supports **SB847 SD2 HD1**, which advances a carefully structured approach to expanding access to mental health care through limited prescriptive authority for qualified psychologists.

Hawai'i continues to face significant shortages of prescribing providers, resulting in delays in medication evaluation and treatment — particularly for individuals already engaged in therapy. These gaps disrupt continuity of care and contribute to worsening mental health outcomes.

The latest version of this measure reflects a thoughtful balance between access and patient safety by establishing a pilot program in the County of Kaua'i. By incorporating defined education, training, and collaborative requirements, SB847 SD2 HD1 strengthens the behavioral health workforce while maintaining appropriate clinical oversight and adoption of appropriate rules.

This measure will:

- Expand timely access to needed treatment
- Improve continuity between therapy and medication management
- Help address workforce shortages, especially in underserved areas
- Support a more coordinated and efficient system of care

SB847 SD2 HD1 represents a practical, responsible step forward in strengthening Hawai'i's mental health system. For these reasons, we respectfully urge you to pass this measure.

Respectfully submitted,  
Bryan Talisayan  
Executive Director  
Mental Health America of Hawai'i



**Board of Advisors**

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## **Petition-Testimony** **OPPOSE SB 847**

### **A REQUEST TO OPPOSE LEGISLATION GRANTING PILOT PROGRAM TO ALLOW PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (SB 847)**

We, the undersigned psychologists, along with other stakeholders concerned about quality healthcare, OPPOSE efforts to allow psychologists to prescribe medications. Prescribing by psychologists is different from other services provided by psychologists and is controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession. It was not 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. Surveys of psychologists have revealed that psychologist prescribing is controversial among psychologists. 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. Psychologists provide important clinical services including assessment, psychotherapy, and consultation, that adds substantially to the mental health of the communities where they serve. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly and competently as professionals. We believe that prescribing medications goes beyond psychologists' competence...even if they obtain the additional training advocated by the American Psychological Association. We consider the training model to be abbreviated, inadequate and inferior to that of physicians and other prescribing professionals.

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, some of which can 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 patients' health history and assess their current health status as well as 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 or to diagnose most health conditions.

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology is minimalistic. It occurs after individuals complete graduate school, and does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician assistants, optometrists) in terms of their overall scientific foundation or their training in matters directly related to prescribing and 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, chemistry, and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation mechanism of programs). It does not meet APA's own standards for accrediting postdoctoral training. The APA training model is substantially less rigorous than the training that the 10 psychologists undertook in the experimental pilot program of the Department of Defense (DoD) that is often cited by proponents of psychologist prescribing. Despite the alarmingly small sample of that brief 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. The training advocated by the APA that would be the basis of proposed legislation to enable psychologist prescribing is simply less rigorous than that of all other prescribers. This raises questions about the competence of psychologists who would seek to prescribe based on that training and about the safety, knowledge, and skill with which they would practice. Research evaluating the master of science degree programs in clinical psychopharmacology that follow the APA model have revealed limitations of the training, criticized the inadequate prerequisites, and outlined how such training compares unfavorably to training of prescribers in other fields (i.e., physicians nurse practitioners, physician assistants). **Proponents of psychologist prescribing 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 Misdemean 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 fact that rural and other populations 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 psychologists actually work. Other remedies are needed to address such problems that would not compromise the quality of care. For example,

the marked increase of telehealth during the pandemic provides alternatives that enable prescribers to provide treatment remotely.

Other health professionals, including nurses and physicians, are concerned about psychologist prescribing. It is inappropriate to dismiss such concerns as a turf battle. There are legitimate concerns that the training for psychologists to prescribe is 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.

When considering this controversial cause, we urge legislators, the Governor, the media, and all concerned with the public health to take a closer look at the issues. Rather than permitting psychologists to prescribe, 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. This is an innovative, safer model of care delivery that draws on psychologists' strong assessment, psychotherapeutic, and consultative skills in providing patient care in conjunction with healthcare teams in primary care and specialty care settings and expands access to more coordinated mental health services for patients who need them. In the decades since the American Psychological Association first proposed prescriptive authority for psychologists, very few states have passed it. The trivial impact of psychologist prescribing on the mental health services available is problematic. In the few states that have experimented with allowing psychologists to prescribe, very small minorities of psychologists have pursued it. The fact that so few psychologists could be expected to pursue the training suggests that the [impact](#) of allowing psychologists to prescribe is not likely to have substantive effects in expanding the number of prescribers or enhancing the quality of mental health services in your state. By contrast, in this same period, there have been large increases in the numbers of nurse practitioners and physician assistants who are now available to prescribe. Their training for managing medications is more extensive than psychologists who obtain limited, part-time training. The growth in the number of other prescribers has already expanded the number of health professionals who are adequately prepared to manage medications with holistic understanding of their patients' health. It has added far more prescribers than enabling psychologist prescribing would. Psychologists can collaborate with them as well as physicians in addressing the mental health needs of patients.

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 can collaborate with other providers (including 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 and would not rely on a training model that does not match that of the other types of health professionals who prescribe. Whereas we are pleased to refer patients to psychologist colleagues for various psychological services, we would not personally refer any patients to a psychologist who prescribes based on the American Psychological Association training model as proposed in this legislation. **We respectfully request that you oppose SB 847 that would allow psychologists to prescribe based on training that we, and other health professionals, consider to be inadequate. Additionally, this legislation proposes a three-year pilot program with no clear indication of criteria that will be used to evaluate the impact of the program in terms of sunseting it or expanding it.**

\*Psychologists highlighted are psychologists in Tennessee who oppose this bill

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## Hawaii Medical Association

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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Date: April 2, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee  
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**RE SB 847 SD2 HD1** RELATING TO PSYCHOLOGISTS - SHPDA; Board of Psychology; Prescriptive Authority; Clinical Psychologists; Pilot Program; Supervising Psychiatrists; Federally Qualified Health Centers; Kauai; Rules; Report  
**Position: Oppose**

This measure would establish a three-year pilot program in the County of Kauai to allow qualified psychologists under the supervision of a supervising psychiatrist limited authority to prescribe psychotropic medications to patients between the ages of eighteen and sixty-five years under the care of the psychologist, require the Board of Psychology to adopt rules, and require the State Health Planning and Development Agency to report to the Legislature. Sunsets 6/30/2031. (HD1)

Hawai'i continues to experience high rates of depression, anxiety, substance use disorders, and other behavioral health conditions. HMA is acutely aware of the serious and far-reaching impact of mental illness across our state, particularly in rural and neighbor-island communities where access challenges are most pressing. These realities are compounded by funding reductions, persistent workforce shortages, and widening disparities that contribute to delayed diagnoses and poorer outcomes.

Many patients with behavioral health conditions also have significant medical comorbidities. **In daily practice, physicians routinely evaluate how psychiatric symptoms intersect with pediatric and adolescent developmental challenges, diabetes, cardiovascular disease, pregnancy, aging, substance use, chronic pain, and polypharmacy. Complex patients are not edge cases in Hawai'i—they are everyday reality.**

HMA recognizes and values the essential role psychologists play in caring for patients with mental health conditions, learning disabilities, and behavioral concerns. Psychologists are highly trained in psychological assessment and evidence-based psychotherapy, and they are indispensable members of the behavioral health team.

At the same time, safe psychotropic prescribing requires comprehensive medical training and the ability to conduct multi-organ system assessments, manage drug interactions, and respond to emergent complications. When prescribing is separated from comprehensive medical oversight, it raises concerns about fragmented care and weakened safeguards for medically complex patients.

### 2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

### 2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President  
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

Suicide is a stark example of what is at stake. Suicidality is rarely isolated; it is often intertwined with underlying medical illness and complex social and pharmacologic factors. Because suicide prevention is urgent, it demands the highest level of coordinated medical and psychiatric care.

Behavioral health care in Hawaii is safest when delivered through integrated teams with shared records, regular interdisciplinary communication, and reliable escalation pathways for complex or acute patients — not isolated prescribing without system support.

In short, integrated solutions are safest, and far superior to isolated or fragmented care.

HMA appreciates the efforts of the House Committee on Health to incorporate safeguards in this proposed pilot, including psychiatrist supervision, defined patient parameters, a limited formulary, and reporting through SHPDA. Given the clinical complexity of patients and the importance of patient safety, HMA respectfully recommends that the pilot also include ongoing, collaborative review — on a biannual or annual basis — by a multidisciplinary advisory committee of behavioral health providers. This group may be convened in SHPDA or the Department of Health and include representatives from psychiatry (MD/DO), psychiatric mental health nurse practitioners and psychology as well as Hawaii Board of Medicine and Hawaii Board of Psychology. Review should include adverse event tracking, patient outcomes, and evaluation of escalation protocols to ensure the pilot demonstrates safety and effectiveness.

HMA sincerely appreciates the thoughtful and collaborative leadership of Senate and House health and consumer protection leaders this session as they have engaged in this important and complex issue, with a shared commitment to improving access to safe, high quality behavioral healthcare for patients and communities across Hawaii.

Thank you for allowing Hawaii Medical Association to testify on this measure.

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# Hawai'i Psychological Association

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HOUSE COMMITTEE ON HEALTH  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Thursday, April 2, 2026, 2:00 PM  
Conference Room 329 & Videoconference

## SUPPORT FOR SB 847 H.D. 1 (HSCR1489-26), RELATING TO PSYCHOLOGISTS

The Hawai'i Psychological Association (HPA) strongly supports SB 847 H.D.1. This bill seeks to establish a pilot program in the County of Kauai to allow qualified psychologists limited authority to prescribe psychotropic medications under the supervision of a psychiatrist.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho, Colorado and Utah as well as in Federally Qualified Health Centers, in Native American Indian Health Centers and in the military. Two independent studies demonstrated that the rate of suicide is reduced between five and seven percent in New Mexico and Louisiana, the two states that have allowed prescriptive authority for psychologists for more than twenty years [Hughes, P. M., McGrath, R. E., & Thomas, K. C. (2023). Evaluating the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. *Research in social & administrative pharmacy : RSAP*, 19(4), 667–672. <https://doi.org/10.1016/j.sapharm.2022.12.006>; Choudhury AR, Plemmons A. Deaths of despair: prescriptive authority of psychologists and suicides. Published online <https://www.thecgo.org/research/deaths-of-despair/>; September 28, 2021].

Psychologists with prescriptive authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness. We already provide more access to care for patients covered by Medicaid and Medicare than other prescribing mental health professionals.

Concerns that liability insurance costs escalate for prescribing psychologists are unfounded. The American Insurance Trust (“The Trust”) has provided insurance coverage for decades and

“...supports the practice of prescribing psychologists and is confident that the training prescribing psychologists receive properly equips them to practice safely and effectively. Along with our insurance underwriter partner, CHUBB, The Trust has insured hundreds of prescribing psychologists since an increasing number of states began authorizing prescription privileges for those psychologists who are qualified and meet state licensure requirements.”

The Trust confirms that the actuarial assessments in those states with prescribing psychologists result in a modest, minimal increase in premium costs above those charged for practicing psychologists.

Prescribing psychologists are especially valued for serving rural and underserved populations. One study showed that almost 5,000 patients from two thirds of the counties in New Mexico received care from a single practice with eight prescribing psychologists. The prescribing psychologists provided 55,000 patient visits over a seven-year period to patients from the most severely socially deprived groups in the state (Social Deprivation Index 92 out of 100) [Hughes, P. M., Velasquez, J., Velasquez, D., Tsai, J., Garcia, A., & Steinman, J. (2025). Patient and Clinic Characteristics of a Prescribing Psychology Practice in New Mexico. *Journal of health care for the poor and underserved*, 36(3), 915–928. <https://doi.org/10.1353/hpu.2025.a967339>].

Evidence derived from numerous studies supports the conclusion that prescribing psychologists practice in safe and effective ways. Briefly, prescribing psychologists have been found to report:

- 24% fewer adverse drug reactions
- 20% fewer cases receiving polypharmacy
- 5-7% reduction in suicide rate

Training required to become a licensed prescribing psychologist covers ten main learning areas including biochemistry, pathophysiology, neuroscience, clinical medicine, ordering and interpreting lab values, pharmacology (basic and advanced), psychopharmacology and integrated psychopharmacology courses. Students have courses dedicated to cultural competency and pharmacogenomic aspects of pharmacokinetics. Courses cover every organ system in the body, not just the brain. Students are trained to understand and apply information pertaining to patients with comorbid conditions such as diabetes, cardiovascular disease, liver diseases, kidney dysfunction, dermatologic conditions and musculoskeletal diseases. It is incorrect that MSCP programs offer “crash courses” in psychopharmacology and cannot treat complex cases. The MSCP programs offer extensive medical training provided by physicians, psychiatrists, nurses, pharmacists and psychologists.


HPA is enthusiastically supportive of the pilot study proposed in SB847 H.D. 1. We recommend that the amendments added to the bill in the H.D.1 revision be reconsidered. For example, a severe restriction was made as to the age of patients (between 18-65 years of age only) who could be seen by the prescribing psychologist. This limitation is duplicative because the bill already mandates that a psychiatrist supervises the prescribing psychologist. No medication-related decisions would be made without the input and approval of the psychiatrist. Furthermore, the H.D. 1 revisions changed the formulary from the SD2 version, eliminating the ability of prescribing psychologists to include essential medications from the DEA’s Schedule II through V drug classes. This modification is superseded by the psychiatrist’s supervision of the prescribing psychologist as well. Finally, the amendments added to H.D. 1 prohibit off-label prescriptions, even though off-label applications would be done only under the supervision of a

psychiatrist and are an important part of pharmacotherapeutic success. The exclusion of off-label uses of medications seems punitive and will hobble the outcome of this pilot program.

Hawai'i has the opportunity to follow an evidence-based path to patient care, empowering qualified psychologists to help close the gap in mental health services. The data are clear: prescribing psychologists are safe and effective in providing care. Prescribing psychologists are deeply committed to patient well-being.

For these myriad reasons, HPA strongly supports SB847 H.D. 1, and urges the House Consumer Protection and Commerce Committee to pass this bill. Thank you for the opportunity to submit testimony and for your thoughtful consideration of this important matter.

Sincerely,



Alex Lichten, Ph.D.  
Chair, HPA Legislative Action Committee  
Subcommittee



Judith Steinman, PhD  
Chair, HPA RxP



Representative Scot Matayoshi, Chair  
Representative Tina Grandinetti, Vice-Chair  
House Committee on Consumer Protection & Commerce  
Hawaii State Capitol, Room 329

Hearing Date: April 2, 2026

Re: **SB 847 SD2 HD1 - Relating to Psychologists**

Chair Matayoshi, Vice-Chair Grandinetti, and members of the Committee:

The Hawai'i Psychiatric Medical Association (HPMA) is a nonprofit professional organization representing nearly 200 psychiatrists in Hawai'i, including 30 resident physicians. HPMA serves a dual role: as a state association focused on local issues and as a district branch of the American Psychiatric Association, connecting our members with regional and national developments in mental health care. We are dedicated to supporting professionalism in psychiatric practice and promoting high-quality mental health care.

**HPMA strongly opposes SB 847 SD2 HD1.**

### **The Case Against Psychologists Prescribing**

While psychologists are valuable members of behavioral health teams, they lack medical training. Medicine is a clinical science grounded in physiology, pharmacology, and pathology; psychology is a behavioral science rooted in the humanities. This distinction matters: most patients with mental illness also have co-occurring medical conditions, making it essential that prescribers understand the whole patient.

The risks are not hypothetical. In Louisiana, a prescribing psychologist failed to account for a four-year-old's seizure disorder before prescribing stimulants, resulting in lasting harm and a lawsuit. In another case, a psychologist misdiagnosed a post-operative condition as depression, prescribed an antidepressant and a stimulant, and the patient suffered a heart attack. It is for these reasons that we believe the pilot program needs to be safeguarded by having an independent committee and not the American Psychological Association determine the requisite education and training program.

HPMA also wishes to highlight significant concerns regarding reimbursement and medical malpractice liability. There is no clarity on whether Medicare and QUEST will reimburse prescriptions written by psychologists. If the Centers for Medicare & Medicaid Services does not cover these costs, the financial burden will fall directly on patients and our Federally Qualified Health Centers — further straining both our state's economy and our healthcare ecosystem. Hawaii's patients deserve accessible care of the highest quality, not care that saddles them with avoidable out-of-pocket costs.

Additionally, unresolved questions around medical malpractice exposure make it more difficult for providers to care for patients and raise serious concerns about securing adequate liability

coverage. These uncertainties extend beyond prescribers themselves, potentially affecting pharmacists and other professionals involved in filling and managing prescriptions written by psychologists.

### **Proposed Amendments**

We respectfully request that the Committee adopt the following amendments to provide critical safeguards for the pilot program:

1. **Establish an independent committee comprised of representatives from the Department of Health, Department of Human Services, and the Hawaii Medical Board to determine the appropriate education and training required to participate in the pilot program. This same committee will also evaluate the efficacy of the pilot program.**
2. **Exclude pregnant individuals, serious mental illness, and those with complex medical conditions as determined by the committee from the pilot program.**
3. **No controlled substances (i.e. scheduled substances) and prescriptions with black box warnings may be prescribed by those participating in the pilot program.**

### **Safer Alternatives to Expand Access**

We respectfully urge the Committee to consider these evidence-based alternatives:

1. Support pathways for psychologists to pursue medical, physician assistant, or APRN training if they wish to prescribe.
2. Reduce the excise tax burden and increase Medicaid reimbursements—currently the lowest in the nation—to attract and retain prescribing physicians.
3. Expedite licensure for mainland physicians to practice in Hawai'i, both in person and via telehealth.
4. Expand integrated care models, such as the Collaborative Care Model, which improve access while maintaining patient safety.

Thank you for the opportunity to share our concerns on this critical issue.

Mahalo,  
Pi'imauna Kackley, MD, President  
Hawaii Psychiatric Medical Association

# Hawaii Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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## RE SB 847, SD2 RELATING TO PSYCHOLOGISTS

### Position: Oppose

Aloha Chair Matayoshi, Vice-Chair Grandinetti, and Committee Members,

The 200 pediatricians represented by the American Academy of Pediatrics, Hawai'i Chapter (HAAP) are acutely aware of the dire healthcare worker shortage in our islands. As such, we appreciate that the pilot program mandated in SB847 SD2 HD1 is clearly intended to evaluate one possible way to expand mental health care capacity by studying the benefits and risks associated with expanding prescriptive authority to psychologists. Although we appreciate the substantive changes that have been made since the bill was introduced in the Senate, including restricting the age of pilot program care recipients to between 18 and 65, we remain convinced that expanding even limited prescriptive authority to licensed psychologists, even with with additional training and supervision, does not meaningfully address the mental healthcare shortage that has plagued our communities, especially on Neighbor Islands, and especially for patients with Quest insurance, for so long. Similarly, it will not ensure patient safety or equitable care.

The bill as currently written, although now limited to adult patients 18-65, does not mention any restrictions on conditions to be treated or limitations on coexisting developmental, neurological, or other conditions. Although the pilot program requires both additional training for psychologists and oversight by a collaborating physician, adequate safeguards against dangerous drug interactions and missed medical diagnoses causing neuropsychiatric symptoms are lacking.

Another area of concern is that the bill limits expanded prescriptive authority to psychologists practicing in a Federally Qualified Health Centers (FQHC) on Kauai. Although patients receiving care at FQHCs throughout Hawai'i often have the most difficulty accessing mental healthcare, expanding prescriptive authority to psychologists who practice only in this setting risks being highly inequitable by offering these patients a model of care that we believe to be less safe and effective than the available alternatives, which patients with private insurance can more easily access. Additionally, neither Medicare nor Medicaid will reimburse for psychiatric care provided by a psychologist, which places an additional burden on already strapped FQHCs. A safer and well-researched alternative, which effectively improves access to care for FQHC patients, is behavioral health integration or collaborative care. In this model, primary care providers have access to specialty guidance from psychiatrists, as well as support from another health professional, usually a social worker, to provide needed mental health care. Typically, psychotropic medications are prescribed by a primary care clinician who knows the patient and family well and can therefore address coexisting medical conditions, difficulties with administration, and social needs. This clinician, in collaboration with the social worker or other professional, has regular conferences with a consulting psychiatrist who can provide advice and guidance for more complex cases, as well as be a referral for the minority of

patients with more complex behavioral health problems that require the care of a psychiatrist directly.

Finally, HAAP members have seen first-hand the difficulties that our patients experience accessing the care of a psychologist for talk therapy, CBT, and other crucial services that psychologists are so well-trained to provide. We do not have enough doctoral-level psychologists in the islands, and asking them to take on additional responsibilities when they are already seeing as many patients as they can is unlikely to significantly alleviate the difficulties that our patients experience in accessing mental healthcare.

Thank you for your consideration.

Sincerely,

Maya Maxym, MD, PhD, FAAP

On behalf of the Hawai'i Chapter of the American Academy of Pediatrics

**SB-847-HD-1**

Submitted on: 3/31/2026 12:56:01 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael J Leong	Individual	Oppose	Written Testimony Only

Comments:

As a parent of a physician, retired medical social worker of 35 yrs, and former legislative aid at the Hawaii State Legislature I am **Respectfully Opposed**:

-psychologists lack training in anatomy, physiology, pharmacology to safely prescribe.

-psychiatrists have 12-16,000 hrs of clinical training vs what's proposed in this bill for psychologists.

-prescribing requires training in making diagnoses, complex medical management.

-There is a lack of precedents to design proper training programs for psychologists.

-Is it ethical to risk the lives of patients by haphazardly filling the shortage of psychiatrists on neighbor islands in this manner? Will the State bankroll the cost of lawsuits due to malpractice, injury, or death of patients served through its mental health centers, its contractees, and afford driving up costs of insurance premiums through multiple claims?

-What's going to shield taxpayers from shouldering the cost of lawsuit damages? The revenue has to come from somewhere, not thin air.

-Possible alternatives: Team case management, psyche nurse practitioners, physician assistants, expand telehealth, use pharmacy specialists to confer with psychiatrists and psychologists.

**-Respectfully Opposed** to this measure.

In regards to: **SB847 SD2 HD1**

**Please vote down this ridiculous bill.** The prescriptive authority for medicine should be solely in the hands of qualified, licensed medical personnel. A psychologist does not hold a license to prescribe medicine.

The residency requirement for a psychologist is one year. This compares to seven years for a psychiatrist.

The qualifications and residency programming for prescribing medicine is determined by nationally accredited schools of medicine, such as JABSOM. Why is the legislative body determining who can prescribe medicine?

You would not **legislate** who can adjudicate the law. Law schools and licensing boards determine that. The qualifications for practicing Law and passing the bar are similar to all schools of medicine, the American Medical Association (AMA), and the American Psychiatry Association (APA).

This legislative body wholeheartedly supports the John A Burns School of Medicine. Why would you ***diminish the standing*** of the graduates and the hard work to have institutional robustness; years and decades to build up JABSOM!!!

Do not legislate who can prescribe medicine. Simply follow the programming outcomes, designed and controlled, by all accredited schools of medicine - of which John A Burns School of Medicine is a distinguished school across the nation.

Deanna J.K. Kackley, Secondary Teacher  
Physics, Chemistry, and Environmental Sciences  
162 Melani Street  
Hilo HI 96720  
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808.756.0194

**SB-847-HD-1**

Submitted on: 3/31/2026 2:03:19 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jerris Hedges	Individual	Oppose	Written Testimony Only

Comments:

To the House Committee on Consumer Protection & Commerce:

I wish to express my strong **opposition** to SB847 SD2 HD1. This bill seeks to develop a test site for psychologists to prescribe psychoactive drugs in a Federally Qualified Health Center (FQHC) on Kauai

The criteria for prescribing psychologist basic science and pharmacological training, not to mention the needed clinical experience to be eligible for such psychologist prescribing will in most cases be far less extensive than a graduating medical student. Furthermore, a medical student will need another 3+ years of highly supervised clinical training before being allowed to independently prescribe psychoactive drugs.

Given that we have a cadre of nurse practitioners and family physicians in Hawaii who already have prescriptive authority and who complement the existing psychiatrists in Hawaii, this state does not have an insufficient number of drug-prescribing licensed practitioners.

The potential for significant harm to the public by introducing additional prescribing practitioners should not be downplayed. Drug toxicity leading to organ failure may not be recognized by practitioners who have had insufficient education and clinical experience.

It is unclear why the FQHC where this "pilot" has been proposed has not reached out to existing providers who have offered their services on Kauai. Please do not approve this proposed bill.

Jerris Hedges

**SB-847-HD-1**

Submitted on: 3/31/2026 2:57:05 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kenneth Busch MD	Individual	Oppose	Written Testimony Only

Comments:

&nbsp;

&nbsp;

**Subject: SB 847 Relating to Psychologists Testimony (Out-of-State Experience with RxP)**

**TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER**

**Subject: SB 847 Relating to Psychologists Testimony (Out-of-State Experience with RxP)**

**TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

Chair Scot Z. Matayoshi  
Vice Chair Tina Grandinetti

**Measure:** SB 847  
**Position:** OPPOSE

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am a board-certified psychiatrist licensed to practice in Illinois, where prescribing authority law for psychologists was implemented about 12 years ago.

While the intent of expanding access to care is important, my experience in Illinois has highlighted several practical challenges that may be relevant for consideration of SB 847 in Hawai'i.

These include:

- **Limited impact on access to care**, Since the law was implemented 12 years ago (2014) in Illinois, there are **only 15 psychologists in the entire state** who are licensed by the State agency for prescriptive authority. While the intent of the original bill was to expand access to care, this **did**

**not happen.** Furthermore my colleagues in Psychology have thriving practices and **are not interested** in prescribing medication.

- Ongoing concerns regarding **medical complexity and patient safety:** In Illinois I have always been concerned about patient safety in regards to prescriptive authority for psychologists. The original bill from 2014 has restricted psychologists from prescribing medication to children less than 17 years of age and seniors over 65 years of age. The law also restricts psychologists from prescribing medication to patients during pregnancy and to patients with serious medical conditions such as heart disease, cancer, stroke or seizures. Many patients have complex medical conditions which require medical training to safely prescribe psychotropic medication.
- Psychologists **are not physicians** and **do not have medical training to safely prescribe to patients.** Furthermore there is **no oversight** by a national accrediting body to ensure standards and education for psychologists seeking prescription authority.

In practice, expanding prescribing authority to psychologists has not replaced the need for physicians with full medical training to manage complex psychiatric and medical conditions.

As you consider SB 847 in Hawai‘i, I encourage careful attention to these real-world considerations, particularly as they relate to access to care and patient safety and implementation feasibility in a pilot setting.

Thank you for the opportunity to share this perspective.

Sincerely,  
Kenneth Busch MD

Chicago, Illinois 60602

[kgbusch1@gmail.com](mailto:kgbusch1@gmail.com)

PROTECTION AND COMMERCE</strong><br /> Chair Scot Z. Matayoshi<br /> Vice Chair  
Tina Grandinetti</p><p><strong>Measure:</strong>&nbsp;SB 847<br />  
<strong>Position:</strong>&nbsp;OPPOSE&nbsp;</p><p>Aloha Chair Matayoshi, Vice Chair  
Grandinetti, and Members of the Committee:</p><p>I am a board-certified psychiatrist licensed  
to practice in Illinois, where prescribing authority law for psychologists was implemented about  
12 years ago.</p><p>While the intent of expanding access to care is important, my experience  
in Illinois has highlighted several practical challenges that may be relevant for consideration of  
SB 847 in Hawai‘i.</p><p>These include:</p><ul><li><strong>Limited impact on access to

care), Since the law was implemented 12 years ago (2014) in Illinois, there are only 15 psychologists in the entire state who are licensed by the State agency for prescriptive authority. While the intent of the original bill was to expand access to care, this did not happen. Furthermore my colleagues in Psychology have thriving practices and are not interested in prescribing medication.

- Ongoing concerns regarding medical complexity and patient safety: In Illinois I have always been concerned about patient safety in regards to prescriptive authority for psychologists. The original bill from 2014 has restricted psychologists from prescribing medication to children less than 17 years of age and seniors over 65 years of age. The law also restricts psychologists from prescribing medication to patients during pregnancy and to patients with serious medical conditions such as heart disease, cancer, stroke or seizures. Many patients have complex medical conditions which require medical training to safely prescribe psychotropic medication.
- Psychologists are not physicians and do not have medical training to safely prescribe to patients. Furthermore there is no oversight by a national accrediting body to ensure standards and education for psychologists seeking prescription authority.

In practice, expanding prescribing authority to psychologists has not replaced the need for physicians with full medical training to manage complex psychiatric and medical conditions.

As you consider SB 847 in Hawai'i, I encourage careful attention to these real-world considerations, particularly as they relate to access to care and patient safety and implementation feasibility in a pilot setting.

Thank you for the opportunity to share this perspective.

Sincerely,  
Kenneth Busch MD  
Chicago, Illinois 60602

[kdbusch1@gmail.com](mailto:kdbusch1@gmail.com)

**SB-847-HD-1**

Submitted on: 3/31/2026 3:31:24 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Parth Patel	Individual	Oppose	Written Testimony Only

Comments:

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Parth Patel, and I am a resident physician in Internal Medicine at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved. I am not a psychiatrist and by no means do I presume to practice as one, but even as an Internal medicine physician, it is apparent that allowing non-medically trained professionals to prescribe complicated pharmacologic regimens will put many patients at risk of grave danger.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Parth Patel, D.O. Resident Physician, Internal Medicine

University of Hawai‘i John A. Burns School of Medicine

**SB-847-HD-1**

Submitted on: 3/31/2026 3:56:57 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anish R. Dube	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am a physician practicing in California, where proposals to grant psychologists prescribing authority have been carefully considered but not adopted.

From our experience, prescribing psychotropic medications requires comprehensive medical training, including the ability to diagnose and manage underlying medical conditions, monitor for adverse effects, and address complex drug interactions. These responsibilities are central to safe patient care, and even moreso in the patient population I treat - children and adolescents.

In our state, concerns regarding patient safety, training standards, and implementation feasibility have led policymakers to refrain from expanding prescribing authority to non-physicians.

While we all share the goal of improving access to mental health care, our experience has been that solutions are better achieved through **collaborative care models, physician-led teams, and workforce investment**, rather than expanding prescribing authority beyond medical training.

I respectfully urge the Committee to consider these concerns and to OPPOSE SB 847.

Thank you for the opportunity to provide this perspective.

Sincerely,  
Anish R. Dube, MD MPH MLS  
Associate Professor/Loma Linda University  
Corona, CA

**SB-847-HD-1**

Submitted on: 3/31/2026 4:41:10 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laeton J Pang	Individual	Oppose	Written Testimony Only

Comments:

I'm writing as a concerned physician to oppose expanding prescriptive authority to psychologists. here is most definitely a need for enhanced mental care capacity and additional prescribers would lighten the load, but when it comes to health care, particularly treatments that rely on the profoundly beneficial — or profoundly dangerous — effects of psychotropics, shortcuts are never the correct path.

Senate Bill 847 initially sought to create a qualification and credentialing pipeline that would churn out psychologists “certified to prescribe” medications to patients at federally qualified health care centers across the isles, a bid to address the abundance of residents who suffer from depression, post-traumatic stress disorder, anxiety and other mental maladies. It was revised and reduced in scope to cover a three-year pilot on Kauai. Both proposals build on existing efforts to bolster mental health care efficiencies through collaborative care.

One such initiative, mentioned in SB 847’s preamble, pairs psychologists’ field expertise with the prescriptive authority of primary care physicians to provide therapy and pharmacological care to underserved communities at 11 federal sites. A noble cause, but there are inherent risks to supplanting established practice with ad hoc, and largely untested, Band-Aids.

SB 847 asserts that psychologists can obtain through schooling the skills necessary to determine correct medication recommendations and dosages with minimal patient risk — similar strategies have shown promise in other states. Alongside mandatory training that consists in part of a master’s degree in psychopharmacology, aspiring psychologists certified to prescribe would also need clinical experience and to complete at least a year of practice under a supervising physician.

Still, psychiatrists, physicians and nurses oppose the proposal, saying it lacks necessary safety precautions and increases patient risk while failing to demonstrate concrete benefits to patient care. That is the main issue. A secondary, not-so-small problem: no institution in Hawaii offers the requisite master’s program.

There are valid reasons why the profession of psychiatry exists as a distinct, separate entity from psychology. It takes years of study, practical experience and validated performance to earn the title of physician, learned abilities that no hybrid system of education — no matter how tailored toward a specific goal — can replace.

Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open. Psychiatrists routinely consider a gamut of possibilities in the course of treatment.

From ruling out underlying physiological causes to selecting ideal medications without adverse interactions to constant patient monitoring, the set of criteria with which psychiatrists operate is much more vast than what can be conceivably covered in pharmacological study and practicum training alone.

A few alternatives have been floated in lieu of prescriptive authority for psychologists. Increased cooperation between mental health professionals and physician groups is one route. Psychologists can also take steps to gain further medical knowledge, such as physician assistant or advanced practice registered nurse programs, that will enable them to prescribe medication through existing medical frameworks. And recent advancements in telemedicine have shown promise. The state must also actively seek ways of attracting more physicians — of any kind — by increasing Medicare and other reimbursements, or innovations like the health care education loan repayment program.

The latest version of SB 847 is closer to reaching a viable resolution than the original, but any progress must be weighed carefully against overreach and dire implications for the very communities it seeks to assist.

Thank you for your consideration.

Laeton J Pang, MD, MPH, FACR, FACRO, FASTRO, FACCC

**SB-847-HD-1**

Submitted on: 3/31/2026 5:18:59 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joshua Nathan, MD	Individual	Oppose	Written Testimony Only

Comments:

**Subject:** SB 847 — Testimony (Out-of-State Experience with RxP)

**TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

**Measure:** SB 847

**Position:** OPPOSE

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am a physician practicing in the State of Illinois, where prescribing authority for psychologists has been implemented since 2014.

While the intent of expanding access to care is important, our experience has highlighted several practical challenges that may be relevant to Hawai‘i’s consideration of SB 847.

These include:

- **Limited impact on access to care**, particularly in underserved areas. In Illinois, only 15 psychologists have pursued prescriptive authority since the bill passed 12 years ago. Medicare and Medicaid do not reimburse them, so they do not help poor or disabled populations. Also, their practices, all are in urban, well-served areas.
- Ongoing concerns regarding **medical complexity and patient safety**. In Illinois, psychologists with prescribing authority cannot treat minors due to their vulnerability and cannot treat seniors due to their vulnerability and medical complexity. These psychologists do not have the training or experience to treat vulnerable and medically complex patients. Therefore, patients with diabetes, heart disease and other chronic illnesses face real safety risk if they are treated by a psychologist with prescribing authority.
- Challenges related to **training, supervision, clinical oversight, implementation**. Although getting prescribing authority in Illinois requires psychologists to have receive clinical medical training, the, so called “medical psychology schools” are unable to provide substantive training without medical doctors

on staff. Furthermore, there is no national accreditation body setting standards for such “clinical training.”

- Challenges related to **reimbursement, and system integration.** Medicare and Medicaid do not reimburse prescribing psychologists. Therefore, they cannot be part of Federally Qualified Health Centers or hospital staff. Thus, in 12 years since prescriptive authority passed in Illinois, a small number of psychologists with prescribing authority have not improved access to underserved populations. The major beneficiary of prescriptive authority in Illinois is for-profit “Medical Psychology” schools, creating “Masters of Psychopharmacology” degrees with no input from medical doctors or pharmacologists.

In practice, expanding prescribing authority has not replaced the need for physicians with full medical training to manage complex psychiatric and medical conditions.

As you consider SB 847, I encourage careful attention to these real-world considerations, particularly as they relate to patient safety and implementation feasibility in a pilot setting.

Thank you for the opportunity to share this perspective.

Sincerely,  
Joshua Nathan, MD  
Psychiatrist  
Highland Park, Illinois

**SB-847-HD-1**

Submitted on: 3/31/2026 5:24:41 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kyla Yamashita, MD	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Kyla Yamashita, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft of the bill attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua'i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and psychiatry residency training, the State is signaling that rural residents do not require the same level of medical safety as those on O'ahu. Access to care should never come at the expense of the quality of care.

#### 4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents.

For example, clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression. Lithium requires close monitoring of renal and thyroid function. A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school training required to recognize when a psychiatric medication is causing a systemic medical emergency.

In closing, we all agree that Kaua'i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Kyla Yamashita, M.D.

Resident Physician, Psychiatry

University of Hawai'i John A. Burns School of Medicine

**March 31, 2026**

**TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND  
COMMERCE**

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

**Measure:** SB 847

**Position:** STRONG OPPOSITION

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

Thank you for this opportunity to tell you of my love for your islands, which I visit annually (more than thirty times) where my brother-in-law lives (retired Marine at Ewa Beach) and the home of my good friend Jeff Akaka. I write in hopes of persuading you of the need to preserve the health care in the place I treasure.

I live and work in Pennsylvania. Like you, I have been dealing with the aspirations of a small group of psychologists here to expand their scope of practice to include prescribing medications. Here, as there, they couch their arguments in terms of increasing access to needed mental health care. This is an argument with an obvious flaw. Mental health care access does not mean access to medication--it means access to a full array of services. Medication is a very small part of what I do as a psychiatrist (albeit an important one.) What I, and the psychologists I work closely with, and value, do best is diagnose mental illness, form relationships, and treat with psychotherapy.

I work primarily in an emergency room setting, and spend much of my time trying to convince people that what they need is not a pill, but an understanding therapist. The wait times for therapy services in my state are many weeks to months; I am sure the same is true in Hawaii. Each psychologist who decides to take on medication prescribing will reduce the pool of excellent therapists. There will be no greater access to mental health services, just a shift from therapy to medication.

The prescribing done by those without a strong foundation in biological sciences is not safe or effective. Nearly all psychologists know this, and have no interest in moving away from something that they know how to do well, and into an area which will take too long to master in the same way. The numbers confirm this--despite a concerted effort to expand scope over more than 30 years, fewer than 300 prescribing psychologists have been licensed. More than half of them are in the state of Louisiana. Very few are in areas of scarce access to prescribers; they are in the urban areas where others practice.

Please do not be persuaded by claims of increased access to mental health care. This is false. Unless there are more practitioners, it is merely a shift away from what psychologists do well toward something that they do not. People need mental health care, not more pills.

Mahalo

Kenneth M Certa MD

Government Relations Committee Co-chair

Pennsylvania Psychiatric Society

**SB-847-HD-1**

Submitted on: 3/31/2026 6:11:08 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lauren Yun Cook Au	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee,

My name is Lauren Au, and I am a resident psychiatrist and Hawaii resident. I am writing to **strongly oppose SB847 SD1**, which would give psychologists prescriptive authority.

- **SB847 SD1 exposes Hawaii's 'ohana, kupuna and keiki to dangerous risks.** I'm deeply concerned this legislation puts patients at risk. The proposed training requirements for prescribing psychologists fall far short of the medical expertise required to safely manage psychotropic medications, especially in complex cases involving comorbid conditions. Psychologists' training is not equivalent to that of psychiatrists or other prescribing professionals, and these changes could jeopardize public health without meaningfully improving access to care. To become a psychiatrist, psychiatrists complete over 12,000 hours of clinical training. SB847 SD1 would require only 400 clinical hours of psychologists. To become a commercial airline pilot, 1,500 hours are required, typically taking 3–5 years. –This is equivalent to letting an airline employee fly a commercial aircraft with only 40 hours of flight training.
- **There are evidence-based solutions to expand access to mental health services.** Instead of lowering the quality of prescriber training, I encourage you to support evidenced-based solutions such as the Collaborative Care Model, telemedicine, enhanced psychiatric consultation programs, and effective case management to efficiently link patients in need with appropriate mental health professionals.
  - **U.S. Senator Brian Schatz worked to secure funding for Federal Community Health Centers** – \$6.5 billion, a \$300 million increase from last year (nationwide) for 14 of Hawai'i's federally-qualified community health centers providing high-quality behavioral health services to rural and medically underserved communities. These funds can be used to attract and retain young psychiatrists, as the Hawaii Residency Program graduates multiple general psychiatry residents each year, with additional graduates from its child psychiatry and addiction psychiatry fellowship programs.
  - **Senator Schatz was also a key driver in securing funding for Telehealth** – \$45.5 million, a \$3.5 million increase from last year (nationwide). The Office for the Advancement of Telehealth is the major federal office dedicated to strengthening access to telehealth, including building the evidence base, supporting states as they develop infrastructure and regulations, promoting access,

and providing direct technical assistance, including funding for telehealth programs in Hawai'i.

- **The bill is not a solution to prevent suicide.** Proven policy solutions already exist, such as the impactful recommendations by the Prevent Suicide Hawai'i Task Force (PSHTF). The recommendations include providing comprehensive care (*including the Hawaii CARES 988 lifeline and community connections*), reducing access to lethal means, and using evidence-based treatments for mental health conditions. The PSHTF does NOT recommend psychologists with prescribing privileges.
- **The bill is not necessary.** According to Dr. Kelley Withy, when nurse practitioners are included in the psychiatry workforce, there is no prescriber shortage in Hawaii.

This bill will not increase access to mental healthcare; the risks to patient safety are just too high, and evidence-based alternatives are available.

For these reasons, I respectfully urge you to **oppose SB847 SD1. Hawaii's 'ohana, kupuna and keiki deserve the highest quality care.**

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Lauren Au, MD

**SB-847-HD-1**

Submitted on: 3/31/2026 6:37:05 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Awapuhi Lee	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Awapuhi Lee, and I am a psychiatry doctor in training here in Hawai'i. I am writing to **strongly oppose SB 847 SD2 HD1**, a bill that would establish a pilot program on Kaua'i that allows psychologists to prescribe psychotropic medication.

The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: "Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open."

As a future psychiatrist, I believe that the people of Hawai'i deserve accessible care, and that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls short.

Prescribing psychotropic agents like lithium and clozapine require comprehensive training that cannot be replaced by the training allowed in this bill. These medications can affect various systems in the body, and the training from the master's program is not adequate to understand these mechanisms and address adverse effects of these medications should they occur.

The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program. Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty surrounding medical malpractice liability, which could disincentivize providers and potentially impact related services like pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawai'i's kūpuna, keiki and 'ohana deserve better.**

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Mahalo nui loa,

Awapuhi Lee, MD, MS

**SB-847-HD-1**

Submitted on: 3/31/2026 6:59:08 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
H.K. Blaisdell-Brennan, M.D.	Individual	Oppose	Remotely Via Zoom

Comments:

**SB 847 SD2 HD1 — Strong Opposition**

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee,

Thank you for your continued thoughtful consideration of SB 847 SD2 HD1.

My name is H. K. Blaisdell-Brennan, MD, and I am a Native Hawaiian rural psychiatrist. I became a physician because I believe Hawaiians deserve high-quality, accessible care.

I am writing to strongly oppose SB 847 SD2 HD1, which would establish a pilot program on Kaua‘i allowing psychologists to prescribe medication.

I believe that my aunts, uncles, cousins, nieces, and nephews on Kaua‘i deserve accessible care that meets the highest standards of safety, accountability, and quality. As currently written, this bill raises several unresolved implementation and consumer protection concerns.

**First, the bill creates a pilot program without a defined funding mechanism.**

SB 847 limits prescribing to federally qualified health centers (FQHCs), yet Medicare and Medicaid do not currently recognize prescribing psychologists as billing providers. This raises a fundamental question of whether services can be reimbursed at all. In practice, this may require patients or FQHCs to absorb costs or shift billing under another provider, creating sustainability and compliance concerns.

**Second, the bill does not establish a clear liability framework.**

Prescribing medication is a medical act with inherent risk. However, the bill does not clarify whether Federal Tort Claims Act coverage applies, whether malpractice standards are equivalent to those required of physicians, or who is responsible in the event of patient harm. This may expose patients, including my family members, and facilities to avoidable risk.

**Third, prescribing authority is established without appropriate funding for medical regulatory oversight.**

Because prescribing is a medical function, oversight of education, training, and standards of care should be provided by the Hawai‘i Medical Board. In other states, such as Louisiana, medical boards provide oversight of prescribing authority. Yet this bill does not establish an oversight structure grounded in the Medical Board, nor does it provide funding for the regulatory oversight

that safe implementation would require. Physician collaboration is not a substitute for independent medical regulatory oversight.

**Fourth, the bill lacks clear prescribing guardrails.**

It does not establish a defined formulary and contains internally inconsistent language regarding controlled substances. It also allows prescribing of medications with significant safety risks, including those with narrow therapeutic indices and black box warnings, without clear boundaries typically present in other prescribing frameworks.

Prescriptive authority is not a simple extension of practice. It requires comprehensive medical training, particularly for systemic agents such as lithium and clozapine, where careful monitoring and management of adverse effects are essential.

These concerns are not theoretical. They reflect real-world implementation barriers that may limit access rather than expand it, create financial strain for FQHCs, and introduce avoidable risk to patients.

For these reasons, I respectfully urge you to oppose SB 847. Our ‘ohana, kūpuna, and keiki deserve care that is safe, sustainable, and grounded in clear standards of care.

Mahalo for your time, consideration, and continued commitment to the health and safety of our communities.

Respectfully,

**H. K. Blaisdell, MD, DFAPA**

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is **Pablo Stewart**, M.D. and I am a retired Clinical Professor of Psychiatry with over 40 years of clinical and teaching experience. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open.”

I believe that the people of Hawaii deserve accessible care but that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls extremely short.

Prescribing systemic agents like lithium and clozapine, for example, require comprehensive medical training and experience that cannot be replaced by the type of training allowed in the bill. In fact, all of the psychotropic medications have lethal side effects that a non-medical psychologist is not properly trained to monitor.

Even psychiatric residents, who have completed a rigorous undergraduate degree in science AND graduated from medical school, have their clinical work supervised for all four years of their training. Psychology is NOT a rigorous scientific field based in years of medical research.

The Hawaii Medical Board and not the American Psychological Association should be the entity that determines the requisite education and training program.

Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

The bill creates uncertainty surrounding medical malpractice liability which could disincentivize providers and potentially impact related services like pharmacists.

Allowing psychologists prescriptive authority would be like allowing podiatrists to conduct gynecologic exams.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's 'ohana, kupuna and keiki deserve better.**

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
**Pablo Stewart, M.D.**

**Retired Clinical Professor of Psychiatry**

**JABSOM, University of Hawaii**

**SB-847-HD-1**

Submitted on: 3/31/2026 7:41:36 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaime Stevens, MD, MPH	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

I am writing to **strongly** oppose SB 847 SD2 HD1, which would establish a pilot program on Kauai that allows psychologists to prescribe medication.

As a physician, I am often called in to address poor outcomes resulting from the prescribing of minimally trained "providers." Please do not add more of this weight on our fully trained physicians who provide safe medical care to kama'aina.

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Jaime Stevens, MD, MPH, FAPA

- double board certified child, adolescent, and adult psychiatrist

**SB-847-HD-1**

Submitted on: 3/31/2026 7:44:26 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lewis-Blake Lindsey	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

Measure: SB 847 HD1 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am writing as a resident of Kaua‘i to express strong opposition to SB 847 HD1. The people of Kaua‘i are not asking to be a test pilot.

- Patients on Kaua‘i deserve physicians with full medical training
  - Prescribing psychotropic medications requires a comprehensive medical evaluation, including recognition of underlying medical conditions, management of complex drug interactions, and monitoring for serious adverse effects.
- Patients on Kaua‘i deserve clear malpractice remedies
  - The bill does not clearly establish equivalent liability standards or protections for patients. It remains unclear what recourse patients would have if harm occurs.
- Uncertain funding and implementation

- State Health Planning and Development Agency testimony indicates that additional funding is needed.
- Creation of a two-tiered system of care
- Neighbor island communities should not receive a different standard of care. Kaua'i patients deserve the same level of medical expertise as those on other islands.

For these reasons, I respectfully urge the Committee to OPPOSE this measure.

Sincerely,

Lewis-Blake Lindsey

address 1772 Awa'a place Kapaa HI 96746

[Kaua'i district, e.g., Kapa'a]

**SB-847-HD-1**

Submitted on: 3/31/2026 7:50:56 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ravjoot Randhawa	Individual	Oppose	Written Testimony Only

Comments:

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Ravjoot Randhawa, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Ravjoot Randhawa, M.D. Resident Physician, Psychiatry

University of Hawai‘i John A. Burns School of Medicine



## COMMITTEE ON CONSUMER PROTECTION

Scot Z. Matayohi, Chair

Tina Nakada Grandinetti, Vice Chair

Thursday, April 2, 2026 – 2 PM, Conference Room 329 and Videoconference

Testimony in Strong Support of SB 847

I strongly support SB 847 which will safely increase access to services for individuals in need of mental health medications. The average wait time to see a psychiatrist or advanced practice nurse with prescriptive authority in Hawai'i is three months, according to a recent member survey by the Hawai'i Psychological Association. One third of the psychologists surveyed indicated interest in obtaining advanced training in psychopharmacology. If SB 847 is enacted, prescribing psychologists from other states would move to Hawai'i in order to prescribe medications.

Psychologists have safely prescribed medications for over 20 years in the U.S. military, Indian Health Services, Louisiana and New Mexico, resulting in a seven percent decrease in completed suicides. A comprehensive study by the U.S. Government Accounting Office concluded no significant difference in adverse outcomes between psychiatrists and prescribing psychologists with psychopharmacology training. Psychologists were less likely to over prescribe and spent more time in psychotherapy, teaching skills to cope without reliance on medication.

Passage of SB 847 will literally save lives in Hawai'i. Thank you for considering this long overdue, badly needed legislation.

Mary Myers, Ph.D.

**SB-847-HD-1**

Submitted on: 3/31/2026 9:05:37 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shelley Wong	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Shelley Wong and I am a psychiatry fellow physician. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open.”

I believe that the people of Hawaii deserve accessible care but that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls short.

Prescribing systemic agents like lithium and clozapine require comprehensive training that cannot be replaced by the type of training allowed in the bill.

The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty surrounding medical malpractice liability, which could disincentivize providers and potentially impact related services like pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's kūpuna, keiki and 'ohana deserve better.**

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Shelley Wong, MD



**SB-847-HD-1**

Submitted on: 3/31/2026 9:27:04 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharon Wong	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC) RE: SB847 SD2 HD1 – Relating to Psychologists HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

Aloha Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee, My name is Dr. Sharon Wong, and I am a physician in Hawaii. I write to strongly oppose SB847 SD2 HD1.

In Internal Medicine, especially for those practicing primary care, we are often the first point of contact for patients experiencing mental health concerns. We routinely diagnose and manage common psychiatric conditions, initiate first-line medications, and coordinate care with psychiatrists, psychologists, and other specialists. This responsibility requires a strong foundation in medicine—understanding how psychiatric symptoms may reflect underlying medical conditions, and how medications interact with a patient’s overall health.

While this bill is framed as a “pilot program” on Kaua‘i, it does not address the fundamental concern: allowing non-medically trained professionals to independently prescribe systemic medications places patients at risk.

1. Lack of Medical Regulatory Infrastructure The Board of Psychology does not have the medical training or infrastructure necessary to oversee prescribing practices. Safe prescribing requires an understanding of physiology, pharmacology, and complex medical comorbidities. Regulatory oversight must be grounded in this expertise.
2. Impact on Workforce and Care Delivery Hawai‘i’s primary care system already operates under significant strain. Introducing additional prescribing pathways without equivalent medical training risks fragmenting care and increasing liability concerns. This may further challenge clinician retention, particularly in rural and neighbor island communities where continuity and coordination of care are critical.
3. Creation of a Two-Tiered Standard of Care This bill creates a lower standard of care for patients on Kaua‘i. Patients in rural communities deserve the same level of medical expertise and safety as those on O‘ahu. Access should not come at the expense of quality.
4. Risk of Systemic Medication Management Even when treating mental health conditions, medications affect the entire body. In primary care, we routinely consider how psychiatric medications interact with conditions such as diabetes, cardiovascular disease, thyroid disorders, and pregnancy. Medications like lithium require monitoring of renal and thyroid function, and

clozapine requires careful hematologic monitoring. Safely managing these treatments requires comprehensive medical training and the ability to recognize complications early.

We all agree that neighbor island communities need improved access to mental health care. As primary care physicians, we are already part of that solution—providing initial treatment, coordinating care, and working within collaborative care models. We should strengthen these proven systems, expand telehealth access, and invest in recruitment and retention of fully trained clinicians, rather than lowering the standard of care.

For these reasons, I respectfully urge the Committee to oppose SB847 SD2 HD1.  
Mahalo for your time and consideration.

Sincerely,

Sharon Wong M.D.

Internal Medicine

## **IQBAL “IKE” AHMED, M.D., FRCPsych (U.K.)**

1042 LOHO STREET  
HONOLULU, HI 96822  
TELEPHONE: (808) 554-4457  
EMAIL: [ahmedi96822@gmail.com](mailto:ahmedi96822@gmail.com)

House Committee on Consumer Protection & Commerce

Hearing Date: Thursday, April 2 at 2:00pm

Re: SB 847 SD2 HD1- Relating to Prescriptive Authority for Clinical Psychologists

From: Iqbal “Ike” Ahmed, MD as an individual.

Position: **OPPOSED**

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee

I am writing to strongly oppose SB 847 SD2 HD1, which would establish a pilot program on Kauai that allows psychologists to prescribe medication.

I am writing to you not only as a concerned citizen of Hawaii, but as a psychiatrist practicing for more than 40 years. I have been a professor of psychiatry in four major medical schools. I am also a consultant, educator, and researcher in psychopharmacology. As a geriatric psychiatrist, I have primarily provided psychiatric services to our kupuna.

I am strongly opposed to this bill because:

- That it could endanger the lives of Hawaii’s most vulnerable citizens, including our kupuna, by allowing individuals with insufficient medical training to prescribe potent and potentially risky medications to citizens of Hawaii with mental health disorders. Many of these disorders occur in the context of underlying medical problems and in vulnerable people such as our kupuna and keiki.
- There is a severe shortage of all types of mental health care providers, not primarily prescribing providers, available to serve the needs of the State's residents in rural or medically underserved communities, especially in Hawai'i, Maui, and Kaula'i counties. This shortage has become even more critical with increasing mental health problems from the COVID pandemic.
- The lack of access to appropriate mental health treatment has serious and irrevocable consequences, including suicides, increased alcohol and substance use, and disability. Ultimately what we need is more access to good mental health care in rural areas by training more counselors and therapists, not more prescribers of medications. Innovative approaches such as training lay counselors are being tried in other parts of the country (<https://www.statnews.com/2024/01/18/mental-health-therapist-shortage-lay-counselors-needed/>)
- Most psychiatric problems, including depression, anxiety and PTSD can be effectively treated by talk therapy and other psychological interventions. Often these therapies are more effective than even medication for the treatment of these disorders.
- Psychologists 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. Therapies such as CBT are just as effective as medications for most anxiety disorders, depression, and PTSD

without the associated side-effects of medications. Psychologists are well qualified to provide these services.

- Suicide cannot be prevented by having psychologists prescribe medications. 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. Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications.
- If this bill passes, our most vulnerable citizens with mental illness will be unnecessarily exposed to risks from powerful psychiatric medications prescribed by the least trained 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 expose the people of Hawaii to unnecessary harm through unintended consequences of its action? Its time, energy, effort and resources can be spent to address the critical shortage of all mental health services in Hawaii.
- I hope you realize that there is a reason that there is no other country in the world that has prescribing privileges for psychologists to address the mental health needs of its people.
- Hawaii is already ramped up access to some extent in ways proven safe and effective, including telemedicine and Collaborative Care. These proven and already implemented methods need to be expanded and supported.

I respectfully urge you to oppose **SB 847 SD2 HD1**. Hawaii's kūpuna, keiki and 'ohana deserve better.

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

*Iqbal Ahmed*

Iqbal “Ike” Ahmed, M.D., FRCPsych (UK)

**SB-847-HD-1**

Submitted on: 3/31/2026 9:50:15 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jayson Guo	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am writing to express strong opposition to SB 847 SD2.

As a current medical student at the John A. Burns School of Medicine, I spend most of my days learning how to diagnose and manage illness. With hundreds of hours of studying already behind me, I can say with absolute certainty that I am still nowhere near ready to prescribe medications in the real world. Learning foundational physiology and neuroscience is one thing.

Understanding mechanisms of pathology and pharmacology is another. Applying that knowledge safely to actual patients, in a way informed by both evidence/literature and clinical experience, is yet another. Each one of these layers is essential to safe prescribing. For that reason, I am deeply skeptical that this pilot program can provide psychologists with the breadth of medical knowledge and clinical experience necessary to prescribe psychotropic medications safely. I am therefore deeply concerned about the harm that this bill could cause.

Every week, I facilitate a mental health peer support group with United Self-Help. When this bill came up in discussion at one of our meetings, opinions were overwhelmingly negative among our members, virtually all of whom currently take psychotropic medications.

In summary, my concerns are as follows:

- **Patients on Kaua‘i deserve physicians with full medical training**
  - Prescribing psychotropic medications requires a comprehensive medical evaluation, including recognition of underlying medical conditions, management of complex drug interactions, and monitoring for serious adverse effects.
- **Patients on Kaua‘i deserve clear malpractice remedies**

- The bill does not clearly establish equivalent liability standards or protections for patients. It remains unclear what recourse patients would have if harm occurs.
- **Uncertain funding and implementation**
  - State Health Planning and Development Agency testimony indicates that additional funding is needed
- **Creation of a two-tiered system of care**
  - Neighbor island communities should not receive a different standard of care. Kaua‘i patients deserve the same level of medical expertise as those on other islands.

For these reasons, I respectfully urge the Committee to OPPOSE this measure.

Sincerely,  
Jayson Guo  
House District 27 / Senate District 13

Denis Mee-Lee, MD  
928 Nuuanu Avenue, Lower Level  
Honolulu, Hawaii 96817  
Telephone 808-538-2800, Facsimile 808-536-2024, denmeelee@aol.com

31 March 2026

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the House Committee on Consumer Protection & Commerce,

My name is Denis Mee-Lee, MD, and I am a psychiatrist and a long term resident of Hawaii]. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication.

As a long term practicing psychiatrist in Hawaii, Chief, Hawaii Mental Health Division for 10 years, Director of Psychiatry at Castle Medical Center for 12 years, and conducted almost 400 clinical research studies in this state, I have always highly valued the expert evaluation and specialty therapy skills of our psychologists, skills that are crucially needed by our mentally ill patients. These expert psychologists are as much in short supply, maybe more so, than mental health prescribers. We need to preserve these specialists for their unique work and not encourage their adding prescriptive responsibilities to their current tight work load. Their training in a completely different helping model, more a psychosocial, systems model which is very different from the medical model in which MD's and RN's are trained. MD's and APRN's are best suited to medical prescriptive practices.

As you are aware, The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: "Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open."

I believe that the people of Hawaii deserve accessible care of the highest quality. To ensure quality and safety, the prescribing of psychoactive systemic agents requires comprehensive medical training that cannot be replaced by the type of training allowed in this bill. The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program. There are also significant reimbursement limitations and uncertainty surrounding medical malpractice liability protections.

For these reasons, I respectfully urge you to **oppose SB 847**. The 25% of our population with psychiatric conditions deserve better.

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,

Denis Mee-Lee, MD

**SB-847-HD-1**

Submitted on: 4/1/2026 3:33:10 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jaime Wilson	Individual	Support	Written Testimony Only

Comments:

Dear Honorable Chair Matayoshi and Vice Chair Grandinetti,

I write in strong support of SB847 HD1, a bill that establishes a three-year pilot program on the island of Kaua'i to expand access to mental health care.

My name is Dr. Jaime Wilson, Ph.D., ABN, ABPP, MSCP. I am a Prescribing Medical Psychologist and Board-Certified Neuropsychologist. I provide both psychotherapy and medication management and work extensively with underserved populations, including individuals who are Deaf, Hard of Hearing, and DeafBlind. My work includes serving individuals connected to communities such as the Hawai'i School for the Deaf, where access to culturally and linguistically appropriate behavioral health care is essential.

My professional work places me directly at the intersection of behavioral health need and workforce shortage. I have seen firsthand how long wait times, fragmented care, and limited psychiatric availability delay treatment and worsen outcomes. As a prescribing medical psychologist, I am trained to both evaluate and treat patients comprehensively, bridging the gap between psychotherapy and medication management in a single, integrated model of care.

Prescribing psychology (RxP) matters because it expands the behavioral health workforce with highly trained professionals who can safely and effectively provide medication management alongside psychological care. This is especially critical in rural and island communities, where access to psychiatrists is limited and delays in care are not just inconvenient, they are harmful. Denying access to this level of care is not a neutral decision. It perpetuates gaps that patients and families experience every day.

SB847 HD1 represents a small but significant step forward. By establishing a pilot program on Kaua'i, this bill allows Hawai'i to thoughtfully evaluate how prescribing psychologists can improve access, continuity of care, and patient outcomes in a controlled and responsible manner. Pilot programs like this are a prudent way to move forward, grounded in data, patient safety, and real-world impact.

Across the country, prescribing medical psychologists are already serving in states, federal systems, and underserved settings with strong safety records and positive outcomes. Hawai'i has the opportunity to take a measured, evidence-informed step toward addressing its behavioral health workforce shortages.

Thank you for your leadership and for considering this important legislation.

Respectfully,  
Dr. Jaime Wilson

**SB-847-HD-1**

Submitted on: 4/1/2026 3:35:58 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gerald Busch	Individual	Oppose	Written Testimony Only

Comments:

**WRITTEN TESTIMONY IN OPPOSITION**

**RE: SB 847 HD1 — Relating to Psychologists**

**Submitted by:** Gerald Busch, MD, MPH Past President, Hawai‘i Psychiatric Medical Association Board Certified in Psychiatry, Child & Adolescent Psychiatry, Addiction Psychiatry, Forensic Psychiatry, and Addiction Medicine

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I respectfully urge the Committee to hold SB 847 HD1. I have worked directly with the Kaua‘i community mental health system and can speak to conditions on the ground.

- **This bill is built on an unexamined premise.** No needs assessment of psychiatric or psychological workforce availability on Kaua‘i has been conducted, and no data supports the assumption that a psychiatrist shortage — rather than a psychologist shortage — is the problem to solve. In my experience providing remote services to the Kaua‘i Community Mental Health Center, it was easier to get a psychiatry appointment than a psychology one. Before creating an entirely new prescribing class of clinician, the Legislature deserves actual data.
- **The supervision requirement is a fiction, not a safeguard.** SB 847 HD1 requires a supervising psychiatrist — but if a psychiatrist is available to oversee prescribing decisions, that psychiatrist should simply be prescribing. In practice, supervision becomes a paperwork formality while the supervising physician assumes liability for decisions they cannot fully oversee. This does not protect patients; it creates the appearance of protection.
- **If mainland psychologists want to help Kaua‘i, what has stopped them?** Nothing currently prevents psychologists licensed in Hawai‘i — including those on the mainland — from providing telehealth psychological services to Kaua‘i residents. If that pipeline has not materialized, prescribing authority will not fix it. The real barriers are recruitment, reimbursement, and retention — problems SB 847 HD1 does not address and may divert resources away from solving.

This bill risks burdening an already thin workforce, creating unexamined liability, and drawing attention away from proven solutions: telepsychiatry, collaborative care models, and rural workforce incentives. I urge the Committee to hold SB 847 HD1.

Mahalo, Gerald Busch, MD, MPH

Honolulu, Hawai'i

April 1, 2026

Chair Matayoshi and members of the committee,

My name is Dr. Phillip Hughes, and I am health services researcher at Binghamton University. My research focuses on mental health and substance use treatment policy, and scope-of-practice is an area on which I publish often. To be clear, I am *not* a psychologist – I am a health services researcher who is motivated to aid policymakers in creating evidence-based health policy. I am writing to you to describe the research evidence related to SB847. Below, I summarize the current research on this topic. References are provided for studies that have already undergone peer review.

### **Prescribing Psychologists are Safe and Effective**

- The rate of adverse drug events is 24% **lower** among patients treated by prescribing psychologists than among patients treated by psychiatrists.<sup>1</sup> This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- The rate of psychotropic polypharmacy (a risk factor for drug-drug interactions and medical complications) is 20% **lower** among patients treated by treated by prescribing psychologists than among patients treated by psychiatrists.<sup>1</sup> This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- The rate of psychiatric emergency room visits and medication adherence is the same for patients of prescribing psychologists as for patients of psychiatrists.<sup>1</sup> This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- Prescribing psychologists at a clinic in New Mexico provided psychotherapy in 87.5% of all visits.<sup>2</sup> This suggests that prescribing psychologists continue to provide therapy rather than shifting to a prescribing-only model.

### **Prescribing Psychology Improves Population Mental Health**

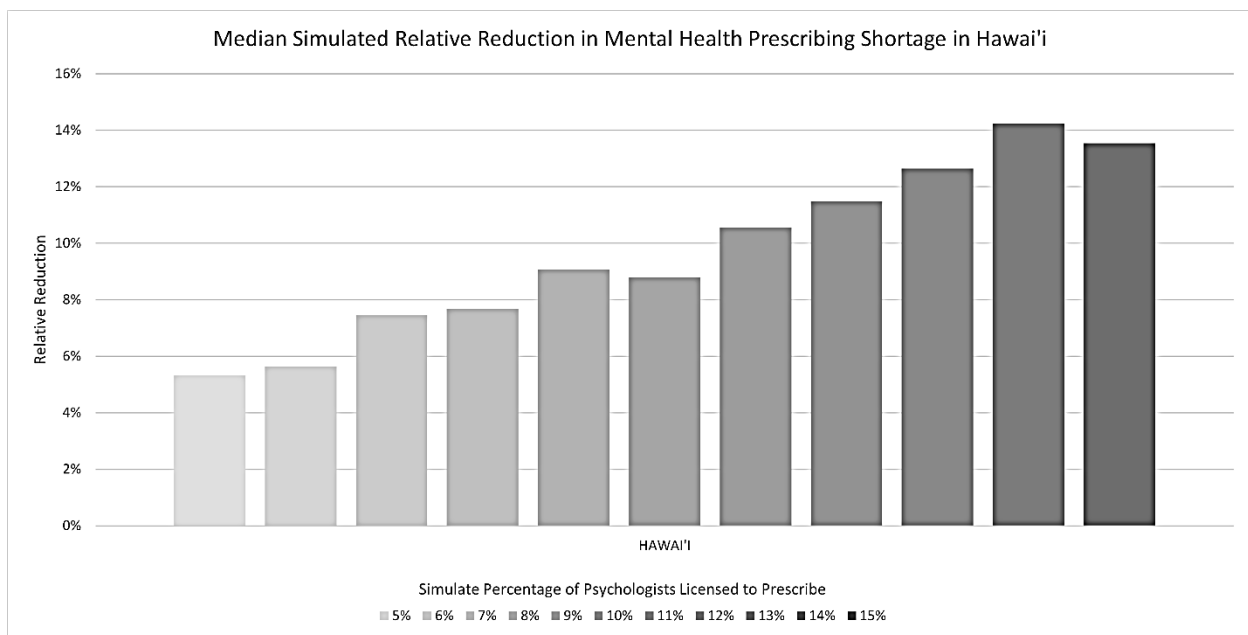
- Suicide rates decreased in Louisiana when psychologists began prescribing.<sup>3</sup>
- Mental health mortality decreased in New Mexico when psychologists began prescribing.<sup>3</sup>
- In all states where psychologists can prescribe, the suicide rate decreased by 5-7%.<sup>4,5</sup>
- Prescriptive authority for psychologists is a cost-effective suicide reduction policy, estimated to save millions of U.S. dollars over a 20-year span.<sup>6</sup>

### **Prescribing Psychology Increases Access to Mental Health Care**

- Unmet need for **pediatric** mental health care is 5.4 percentage points lower in states where psychologists can prescribe.<sup>7</sup>

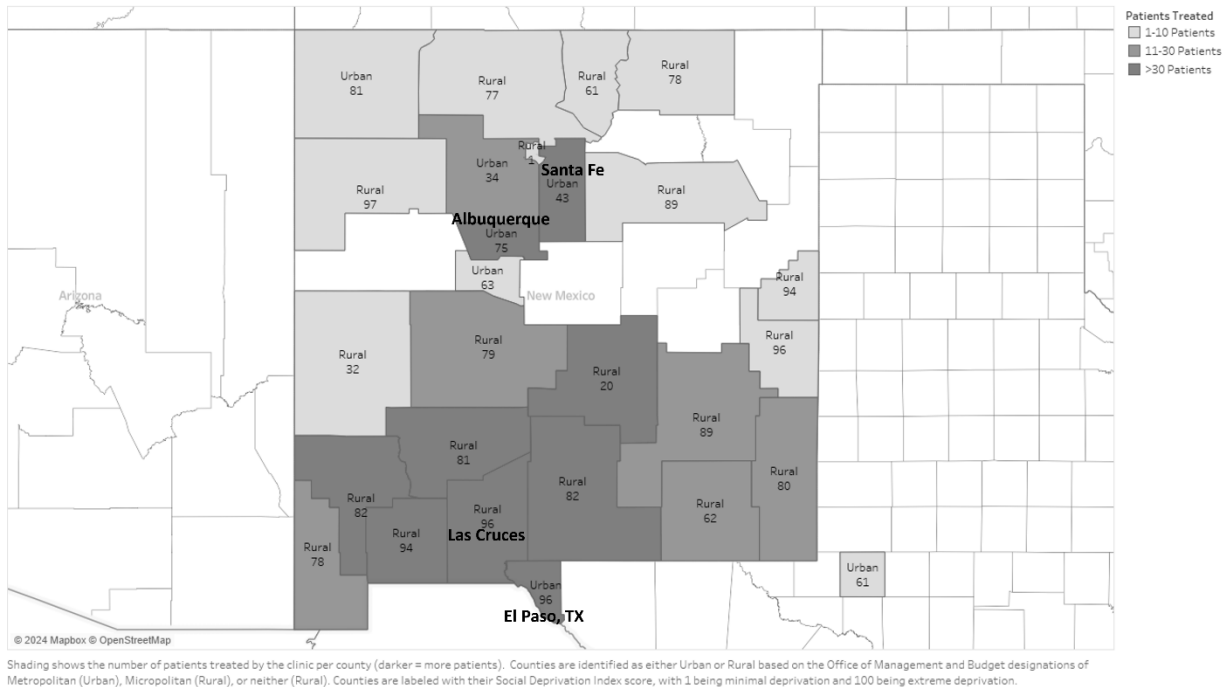
- **Racial disparities** in unmet need for pediatric mental health care were significantly lower in states where psychologists can prescribe, especially for children who were Black or “Other” race (as defined in the survey data used, including Indigenous, Asian, or multiracial).<sup>8</sup>
- A policy simulation study showed that this bill could reduce mental health prescriber shortages in Hawai’i by 6%-14%, which is notably higher than the national estimate of 4.3%.<sup>9</sup> See Figure 1 for the estimated reductions for different levels of psychologist uptake.

**Figure 1.** Simulated reductions in mental health prescribing shortages for Hawai’i if psychologists become prescribers.



- Psychologists currently already prescribe approximately 2% of all psychotropic medications in the U.S.,<sup>10</sup> suggesting the limited number of prescribing psychologists are increasing access significantly.
- Prescribing psychologists treat a population of patients that are very similar to psychiatrists – including their physical health and chronic health conditions.<sup>11</sup>
- Prescribing psychologists at a clinic in Las Cruces, New Mexico treat patients who are on **low-income public health insurance** (33% of their patients have Medicaid), live in **rural** counties (95% of their patients), and patients from **low-resource areas** (average deprivation score of 92 out of 100).<sup>2</sup> See Figure 2 below for the distribution of their patients.

**Figure 2.** Distribution of Patients Treated at a Prescribing Psychology Clinic in Las Cruces, New Mexico.



The scientific record demonstrates that prescribing psychologists are **safe and effective**, **improve population mental health**, and **increase access to mental health care**. I also want to be clear that this work is not rooted in any one paradigm but instead was conducted with a team of researchers from multiple fields: health services research, pharmacoepidemiology, health economics, psychology, psychiatry, social work, and nursing.

I implore you to consider this information as you work to decide how to proceed with SB847. I would be more than happy to answer any questions you may have regarding this research or any other research regarding this policy.

Sincerely,

Phillip Hughes, PhD MS  
Assistant Professor  
School of Pharmacy and Pharmaceutical Sciences  
Binghamton University  
[phughes2@binghamton.edu](mailto:phughes2@binghamton.edu)

## References

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**SB-847-HD-1**

Submitted on: 4/1/2026 4:47:57 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Robert C. Rinaldi C. PhD	Individual	Support	Written Testimony Only

Comments:

I write in STRONG SUPPORT of SB847 HD1. I am a prescribing psychologist in Santa Fe, NM and know first-hand how valuable our services are, especially in underserved areas. RXP matters because hundreds of patients per each prescribing psychologist can get critical care they deserve. Having prescribing psychologists in a state has been proven to reduce suicide rates as well as increase accessibility to needed care.

Thank you.

**SB-847-HD-1**

Submitted on: 4/1/2026 5:50:04 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sohee Ki	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Sohee Ki, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

#### 4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

#### Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Sohee Ki, M.D.  
Resident Physician, Psychiatry  
University of Hawai‘i John A. Burns School of Medicine

**SB-847-HD-1**

Submitted on: 4/1/2026 6:10:14 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cecilia Tuliloa Gay	Individual	Support	In Person

Comments:

Chair and Members of the Committee,

My name is Cecilia Tuliloa Gay, and I am a clinical psychologist currently practicing in Colorado. I am originally from American Samoa and lived in Hawaii both as a child and later again as an adult. I am writing to express my support for SB847.

I chose to practice in Colorado in part because the state allows psychologists to pursue prescriptive authority after advanced training in clinical psychopharmacology. Hawaii currently does not offer this pathway. As someone who understands both the clinical and cultural needs of Pacific Island communities, I believe expanding prescriptive authority for appropriately trained psychologists would meaningfully improve access to care in Hawaii.

A three-year pilot program in Kauai is a practical and responsible step forward. Many island communities face shortages of medical providers, particularly those available to prescribe and manage psychiatric medications. Allowing specially trained psychologists to prescribe within a structured pilot program would help reduce the burden on physicians and other medical providers who already carry heavy workloads. At the same time, it places medication management in the hands of clinicians who are experts in diagnosing mental health conditions and monitoring psychological symptoms.

When psychologists can both evaluate and treat patients without requiring repeated referrals between providers, care becomes more efficient and patient-centered. Patients are spared unnecessary delays, fragmented communication between providers is reduced, and treatment decisions can be made more quickly and thoughtfully. In many cases, the same psychologist who diagnoses a condition is best positioned to monitor how medications affect mood, behavior, and functioning over time.

Prescriptive authority for psychologists (RxP) matters because it integrates psychological expertise with medication management in a way that directly benefits patients. It improves continuity of care, expands access to treatment in underserved areas, and allows mental health professionals to practice at the full scope of their training.

For these reasons, I respectfully encourage support for SB847 and the proposed pilot program in Kauai. This initiative represents a thoughtful step toward improving mental health access for island residents while maintaining appropriate safeguards and training standards.

Thank you for your time and consideration.

**SB-847-HD-1**

Submitted on: 4/1/2026 6:26:49 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joseph E. Comaty, MS, Ph.D., MSCP, M.P., ABPP	Individual	Support	Written Testimony Only

Comments:

I am writing to offer my strong support for SB847 HD1. I am a licensed Medical Psychologist (MP) in Louisiana where I have been licensed to prescribe since 2005. Although I currently live in IL and retired from practice, I still retain my MP license in LA as it is important to me to remember the accomplishment and honor to have been the 3rd psychologist in LA and probably the 3rd in the country to have the civilian authority to prescribe psychotropic medication. Since that time, LA has licensed well over 120 psychologists to prescribe, and they have provided necessary services to citizens in the most rural and poorer sections of the state as well as in military settings. Recent research on the prescribing practice of psychologists in LA and NM support the effectiveness and safety of their services. There have been no major incidents or adverse outcomes related to their practice in LA and some of my colleagues in LA have practiced in FQHCs.

FQHCs are a perfect setting for psychologists to prescribe as they are able to directly collaborate with their primary care physician and NP colleagues when they are prescribing for a patient such that the patient receives integrated care in the most efficient system of care. The burden on the patient is minimized in terms of time spent seeing the specialists they need to see to have all their healthcare and mental health care needs met. It's just a shame that HB 847 HD1 is so restrictive in its scope. If adopted, only one FQHC and its patients will derive any benefit when the need is so great in other areas of the state.

The data from over 30 years of experience with prescribing psychologists (including the DoD program) has more than demonstrated the effectiveness and safety of prescribing psychologists. It is pretty clear that passing this legislation would have no down-side effects based on the existing evidence.

I hope that the committee will make the easy decision to pass HB847 and allow specially trained psychologists to contribute to the integrated healthcare of the citizens of HI.

Respectfully,

Dr. Joseph E. Comaty, MS, PhD, MSCP, MP, ABPP

Highland Park, IL



**SB-847-HD-1**

Submitted on: 4/1/2026 6:33:22 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kelsea Imose	Individual	Support	Written Testimony Only

Comments:

I am a licensed clinical psychologist in the state of Hawai'i and I am in strong support of SB847 HD1. I work in an FQHC and community health center that works with individuals who have severe and persistent mental illness (SPMI). Many of these individuals need medication in order to live fulfilling lives, and I see everyday the negative impacts of the shortage of prescribers in our state. Many of my patients receive welfare benefits from the state that require them to see a psychiatrist. Some of those patients lose their benefits and get sanctioned by the state because they couldn't find a psychiatrist who was taking new patients. All the while, these individuals are already struggling to make it through the day. They are often houseless, cannot work, don't have a computer or a cell phone to use to re-apply for benefits. These are the people who I am submitting testimony on behalf of. If psychologists were able to prescribe, these previous people would have better access to the medications they need in order to alleviate symptoms such as psychosis and mania that impede them from participating in our society in a meaningful way. I humbly ask for this measure to be considered for the good of our SPMI community.

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Shreya Chadda, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai'i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua'i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

#### 1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua'i is not a justification for breaking the established standards of medical licensing and oversight.

#### 2. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

We all agree that Kaua'i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Shreya Chadda, D.O.

Resident Physician, Psychiatry

University of Hawai'i John A. Burns School of Medicine

TO: House Committee on Consumer Protection & Commerce (CPC)  
RE: SB847 SD2 HD1 – Relating to Psychologists  
HEARING DATE: April 2, 2026, at 2:00 PM  
POSITION: STRONGLY OPPOSE

Aloha Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee,  
My name is Malia Norris, and I am a social worker on an inpatient psychiatric unit on Oahu. I write to strongly oppose SB847 SD2 HD1.

In my role, I work closely with patients during some of their most vulnerable moments—when they are in crisis, hospitalized, and often dealing with complex psychiatric and medical conditions. I collaborate daily with psychiatrists, nurses, psychologists, and primary care providers to ensure safe and coordinated care.

I am deeply concerned that this bill would allow prescribing without the level of medical training necessary to safely manage these patients.

Many individuals admitted to our unit have co-occurring medical conditions, substance use, or unstable social situations that complicate their care. Medications are only one part of treatment—but when used, they require careful monitoring and coordination across disciplines. When something goes wrong, it is often not immediately obvious and requires medical expertise to recognize and respond appropriately.

I also want to emphasize that access to therapy and social support is already a major gap. Patients need time, trust, and continuity—support that social workers, psychologists, and therapists provide every day. Shifting psychologists into prescribing roles risks further reducing access to these essential, life-saving services.

Creating a pilot program on Kauaʻi also raises concerns about equity. Patients in neighbor island communities deserve the same standard of safe, high-quality care as those on Oʻahu—not a lower standard.

We all want to improve access to mental health care. From my perspective on the inpatient unit, the need is for stronger care coordination, more therapy resources, and better support systems—not lowering the threshold for prescribing.

For these reasons, I respectfully urge the Committee to oppose SB847 SD2 HD1.

Mahalo for your time and consideration.

Sincerely,

Malia Norris, LCSW  
Inpatient Psychiatric Social Worker

**SB-847-HD-1**

Submitted on: 4/1/2026 8:09:02 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lisa Lee	Individual	Support	Written Testimony Only

Comments:

To the Honorable Chair Matayoshi and Vice Chair Grandinetti:

I write in strong support of SB847 HD1, a bill that creates a pilot study for three years on the island of Kauai.

I am a licensed clinical psychologist who was born and raised in HI. We need more prescribers due to provider shortages in our islands and psychologists are highly competent professionals who will fill the gaps beautifully if allowed.

Mahalo,

Lisa Lee, PsyD

**SB-847-HD-1**

Submitted on: 4/1/2026 8:17:58 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Eryn Nakashima	Individual	Oppose	Written Testimony Only

Comments:

**TO:** House Committee on Consumer Protection & Commerce (CPC)

**RE:** SB847 SD2 HD1 – Relating to Psychologists

**HEARING DATE:** April 2, 2026, at 2:00 PM

**POSITION:** STRONGLY OPPOSE

Aloha Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee,

My name is Eryn Nakashima, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I respectfully oppose SB847 SD2 HD1.

I was born and raised here in Hawai‘i, and I chose to pursue medicine and train here because I wanted to give back to the community that raised me. I believe deeply that our patients deserve safe, high-quality, and equitable care. It is disheartening to see a proposal that, instead of investing in recruiting and retaining fully trained physicians, lowers the standard of training required to prescribe medications and risks creating a two-tiered system of care.

In my training, I have cared for patients during some of their most vulnerable moments, and I have seen how complex and medically intertwined psychiatric care can be. For example, I recently treated a patient admitted for worsening depression who was found to have underlying medical abnormalities that made several common psychiatric medications unsafe. Safely managing this patient required interpreting labs, understanding systemic disease, and coordinating care with other medical teams. Without that level of medical training, prescribing could have led to serious harm.

While this bill is framed as a “pilot program” on Kaua‘i, the fundamental concern remains: allowing non-medically trained professionals to independently manage systemic pharmacologic treatments places patients at risk.

**1. Lack of Medical Regulatory Infrastructure**

The Board of Psychology does not have the medical training or pharmacologic expertise necessary to oversee prescribing practices. Effective regulation requires a deep understanding of physiology and systemic disease. Geographic isolation should not justify lowering established standards of medical oversight.

## **2. Destabilization of the Insurance Market and Clinician Retention**

Hawai‘i already faces a fragile medical malpractice insurance environment. Introducing a prescribing pilot increases liability risk, which may drive up premiums and further threaten clinician retention—particularly on neighbor islands like Kaua‘i.

## **3. Creation of a Two-Tiered Standard of Care**

This bill creates a lower standard of care for neighbor island residents. Patients in rural communities deserve the same level of medical expertise and safety as those on O‘ahu. I am also concerned that many patients may not fully understand the difference between a psychologist and a psychiatrist, and may unknowingly receive care from someone without the same level of medical training. This risks widening existing disparities and placing the burden on those who are already most vulnerable.

## **4. Risk of High-Toxicity Systemic Medications**

Although this draft excludes Schedule II–V controlled substances, it still permits prescribing of high-risk medications. Clozapine requires strict hematologic monitoring due to risk of life-threatening bone marrow suppression, and lithium requires ongoing monitoring of renal and thyroid function. Safely managing these medications requires extensive medical training and the ability to recognize early signs of systemic complications.

We all agree that Kaua‘i needs increased access to mental health care. However, the solution is to invest in proven, safe strategies—such as physician recruitment, telepsychiatry, and collaborative care—not to lower the standard of care for a vulnerable population.

I chose to stay and train in Hawai‘i because I believe our community deserves the highest standard of care. I respectfully urge the Committee to uphold that standard and oppose SB847 SD2 HD1.

Mahalo for your time and consideration.

Sincerely,  
Eryn Nakashima

**SB-847-HD-1**

Submitted on: 4/1/2026 8:25:40 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Van Nakashima	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

My name is Van Nakashima, and I am a resident of Kaimuki. I respectfully oppose SB 847 SD2 HD1.

As a father, I have watched my child spend many years training to become a physician here in Hawai'i. Seeing that process firsthand showed me how much education and hands-on experience it takes to safely care for patients.

Because of that, I am concerned that this bill would allow individuals with significantly less medical training to prescribe psychiatric medications. These are powerful medications that can affect the entire body and require careful medical oversight.

I am also concerned that this "pilot program" on Kaua'i creates a different standard of care for neighbor island residents. Our communities should not be asked to accept a lower level of safety.

We all want better access to care, but it should not come at the cost of quality.

For these reasons, I respectfully ask you to oppose SB 847 SD2 HD1.

Mahalo for your time and consideration.

Van Nakashima

**SB-847-HD-1**

Submitted on: 4/1/2026 8:36:41 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Regina Nakashima	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

My name is Regina Nakashima, and I am a resident of Kaimuki. I respectfully oppose SB 847 SD2 HD1.

As a parent and community member, I have seen how confusing the healthcare system can be. Many people do not fully understand the difference between different types of providers, especially when it comes to mental health.

Because of that, I worry that patients—especially our more vulnerable populations—may not realize the difference in training and could unknowingly receive care that is not held to the same medical standard.

Mental health care is so important, and our families deserve both access and safety. This bill risks creating more confusion at a time when patients need clarity and trust.

For these reasons, I respectfully ask you to oppose SB 847 SD2 HD1.

Mahalo for your time and consideration.

Regina Nakashima

**SB-847-HD-1**

Submitted on: 4/1/2026 8:46:27 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lauryn Nakashima	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

My name is Lauryn Nakashima, and I am a resident of Kaimuki. I respectfully oppose SB 847 SD2 HD1.

Watching my sibling go through medical training has shown me how complex and serious patient care really is. It takes years of education and supervised experience to learn how to safely treat patients.

Because of that, I am concerned about allowing individuals with significantly less training to prescribe psychiatric medications. These medications can have serious effects, and patients deserve to know they are being cared for safely.

Mental health care is incredibly important, and we should focus on solutions that improve access without lowering standards.

For these reasons, I respectfully ask you to oppose SB 847 SD2 HD1.

Mahalo for your time and consideration.

Lauryn Nakashima

**SB-847-HD-1**

Submitted on: 4/1/2026 9:01:22 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Charlene Hsia	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Charlene Hsia, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on

Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

## 2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

## 3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents in Hawai‘i do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

## 4. Risk of High-Toxicity Systemic Agents

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

I also previously wrote about Cobenfy in my last testimony, which is a non-controlled, new, and widely used medication for treatment of schizophrenia. Cobenfy runs the risk for cholinergic toxicity as a side effect, which is an urgent and life threatening condition with physical effects similar to those of nerve agents that were historically used in chemical warfare.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Charlene Hsia, M.D. Resident Physician, Psychiatry

University of Hawai‘i John A. Burns School of Medicine

**SB-847-HD-1**

Submitted on: 4/1/2026 9:10:37 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Andrea Guerrero	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Andrea Guerrero, and I'm a resident of Kaua'i. I'm writing in opposition to SB 847.

I understand the need to improve access to mental health care on our island, but this bill doesn't feel like the right solution. Prescribing medications for mental health is serious and requires a high level of medical training. I worry that the training proposed here may not be enough to keep patients safe.

Kaua'i families deserve safe, high-quality care we can trust. I respectfully ask you to oppose this bill.

Mahalo for your time and for taking care of our community.

Sincerely,  
Andrea Guerrero

808-230-6587

**SB-847-HD-1**

Submitted on: 4/1/2026 9:15:39 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chia Granda, MD	Chia S. Granda, MD LLC	Oppose	Written Testimony Only

Comments:

As a psychiatrist on Kaua'i, I oppose the 3 y pilot program to allow psychologists under the supervision of a supervising psychiatrist to prescribe psychotropic medications. Prescribers should have medical training (MD, APRN) in my professional opinion. The issue regarding long wait times to see a psychiatrist are no longer an issue since we have more medical practitioners on Kaua'i.

**SB-847-HD-1**

Submitted on: 4/1/2026 9:31:53 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Allen Novak	Individual	Oppose	Written Testimony Only

Comments:

I wish to testify in opposition to this bill.

This bill is based on an incomplete workforce narrative. Supporters point to a psychiatrist shortage on Kaua‘i, but that is not the same as a shortage of psychiatric prescribers overall. Kaua‘i’s physician demand in psychiatry is 15, with 5 psychiatrists, but the island also has 11 psychiatric APRNs, bringing the total psychiatric prescriber workforce to 16.

Additionally, Psychologists do not have the wholistic health preparation which physicians and APRNs possess. A complete understanding of all physical, mental and spiritual health pathology is basic to being able to safely prescribe psychotropic medications. In depth understanding of psychology is not sufficient medications which affect the whole person.

**SB-847-HD-1**

Submitted on: 4/1/2026 9:37:14 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Marquita Granda	Individual	Oppose	Written Testimony Only

Comments:

I am writing to formally submit my testimony in opposition to the proposal allowing psychologists to prescribe medication within Federally Qualified Health Centers (FQHCs).

My opposition is based on the fact that the prescribing workforce in these centers is already effectively supported by psychiatric nurse practitioners. I am a dual-certified psychiatric and family nurse practitioner at a federally qualified community health center on Kaua'i. New patients are scheduled within the week and patients needing urgent appointments are often seen the same day. We have 10 other psychiatric NPs practicing on Kaua'i with a couple more completing their training and are wanting to stay on Kaua'i to serve their community. We also have 5 psychiatrists. We possess the necessary medical training and specialized clinical expertise to manage psychiatric medications safely and effectively. Introducing prescribing psychologists into this environment would be redundant and may overlook the established role of psychiatric nurse practitioners in providing high-quality care to our patient populations. Thank you for your time and for considering this testimony.

**SB-847-HD-1**

Submitted on: 4/1/2026 9:38:40 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daniel Nguyen	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

**Subject:** SB 847 — Testimony in Opposition (Out-of-State Physician Perspective)

**TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

**Measure:** SB 847

**Position:** STRONG OPPOSITION

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am a physician practicing in New York, where proposals to grant psychologists prescribing authority have been carefully considered but not adopted.

I respectfully submit this testimony in opposition to the proposed legislation authorizing psychologists to prescribe psychiatric medications. While I hold the highest regard for my psychologist colleagues and the vital therapeutic work they provide, this bill would expose patients to unacceptable risks and is unnecessary given the existing landscape of prescribing access. In our state, concerns regarding patient safety, training standards, and safer ways to increase access to care have led policymakers to refrain from expanding prescribing authority to psychologists.

Psychiatric medications are among the most complex and high-risk drugs in clinical use. Antipsychotics, mood stabilizers, and antidepressants carry significant risks of drug-drug interactions, metabolic side effects, cardiac complications, and withdrawal syndromes. Safely prescribing these agents requires the ability to conduct a full medical evaluation, interpret labs and vitals, establish a differential diagnosis, and manage emergent adverse events — competencies grounded in medical training. Mistakes in this area do not produce minor inconveniences; they can result in hospitalization, permanent harm, or death

Physicians complete four years of medical school, one year of general medicine internship, and three to four years of psychiatric residency before prescribing independently — a minimum of eight years of supervised clinical training. Psychologists, despite their deep expertise in psychological assessment and psychotherapy, receive no equivalent training in pathophysiology, pharmacokinetics, or medical management. Abbreviated postdoctoral prescribing programs, typically 300–400 hours of coursework, cannot replicate this foundation.

Proponents argue this bill addresses a shortage of psychiatric prescribers and will improve access to care. I would submit that the need is not for more prescribers. There are well-trained physicians and nurse practitioners who can prescribe. Access to care can be better achieved through collaborative care models, physician-led teams, and the expansion of the use of telehealth rather than by expanding prescribing authority beyond medical training. Also, it should be noted that in States where psychologist prescribing has been authorized, little to no expansion of access in rural or underserved areas has been observed.

I respectfully urge the Committee to consider these concerns and to OPPOSE SB 847.

Thank you for the opportunity to provide this perspective.

Sincerely,

Edward Herman, MD, JD  
President, New York State Psychiatric Association  
Scarsdale, NY

**SB-847-HD-1**

Submitted on: 4/1/2026 10:42:47 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Paul Leung	Individual	Oppose	Written Testimony Only

Comments:

PsyD shouldn't have prescriptive authority as their training and education lack sufficient rigor in the areas of biology, anatomy and or physiology. Whereas medical physicians undergo four years of medical school followed by a period in residency as well as some years in specialty training, psychologists do not have this exposure to the study of the human body and the interrelated biological systems which prescribed psychological medicines will interface and act upon.

Psychologists do have an important role in psychotherapy as the different approaches based on the school of thought, such as Jung or Freud that the practitioner bases his/her clinical evaluation may have in interacting or developing therapy with a patient, the use of prescriptive medication should not be allowed.

**SB-847-HD-1**

Submitted on: 4/1/2026 11:00:14 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Audra Ryan-Shepard	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Dr. Audra Ryan-Shepard, and I am a ssychiatrist in Hawaii for the past 4 years. I am writing to strongly oppose SB 847 SD2 HD1, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open.” I agree that this is a dangerous experiment to do in our state.

I believe that the people of Hawaii deserve accessible care but that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls short. There are other safer ways to increase mental health access in Hawaii.

Prescribing systemic agents like lithium and clozapine require comprehensive training as part of medical school or medical that cannot be replaced by the type of training allowed in the bill. Even though the bill includes stipulations for psychiatrists to provide care, this is not sufficient as psychology training does not include a comprehensive understanding of anatomy and pathophysiology.

The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program. Major organizations including the American Medical Association do not recommend prescribing by psychologists.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This will not expand care to the most vulnerable and will cost our state more.

This bill also creates uncertainty surrounding medical malpractice liability, which could disincentivize providers and potentially impact related services like pharmacists.

For these reasons, I respectfully urge you to oppose SB 847. Hawaii's kūpuna, keiki and 'ohana deserve better.

Please do not experiment with the health and safety of the Hawaiian people.

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,

Audra Ryan-Shepard, MD

Kaneohe, HI

**SB-847-HD-1**

Submitted on: 4/1/2026 11:32:35 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sean Lee	Hawai'i Residency Program	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is **Sean Lee**, and I am a psychiatric **resident**. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: "Prescriptive authority is not an easy addendum or extension, it is a tool in a tool case that only trained physicians should open."

I believe that the people of Hawaii deserve accessible care but that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls short.

Prescribing systemic agents like lithium and clozapine require comprehensive training that cannot be replaced by the type of training allowed in the bill.

The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty surrounding medical malpractice liability, which could disincentivize providers and potentially impact related services like pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's kūpuna, keiki and 'ohana deserve better.**

Mahalo, for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
**Sean Lee, MD**



**SB-847-HD-1**

Submitted on: 4/1/2026 11:33:04 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Clark Caballero	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is [Your Name], and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on

Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

## 2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

## 3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

## 4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Clark Caballero, M.D. Resident Physician, Psychiatry

University of Hawai‘i John A. Burns School of Medicine

**SB-847-HD-1**

Submitted on: 4/1/2026 11:37:56 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
DeborahGoebert	Individual	Oppose	Written Testimony Only

Comments:

Psychologists do not have the medical training necessary for the complexity of medication management. They are a vital part of mental health provision for therapy.

**SB-847-HD-1**

Submitted on: 4/1/2026 11:39:27 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ahmad Bilall Stanackzai	Individual	Oppose	Written Testimony Only

Comments:

I am a child and adolescent psychiatrist and I strongly oppose SB847.

Granting prescribing authority after only 400 hours of clinical training lowers the medical standard of care in our state and places patients at unnecessary risk. Psychiatric medications are powerful medical interventions that require extensive education and clinical experience to appropriately diagnose, assess medical comorbidities, monitor for drug interactions, and manage potentially life-threatening side effects. Safe prescribing demands years, over 12,000 hours, of medical school and residency training, not a limited number of supervised hours.

As a clinician and as a member of this community, I would not want our families treated under a reduced training standard. Hawai'i's patients deserve safe care.

For these reasons, I respectfully urge you to oppose SB847.

**SB-847-HD-1**

Submitted on: 4/1/2026 11:43:33 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Natalia Tangalin	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

I write in opposition to SB847 SD2 HD1. Before creating a new prescribing class, the Legislature should carefully consider what this means for patient safety, scope of practice, and the Psychiatric Mental Health Nurse Practitioners (PMHNPs) already being trained for this very purpose at Hawai‘i’s own universities (UH Mānoa, Chaminade, and Hawai‘i Pacific University) — these new PMHNP programs are just beginning to produce graduates, and the need is already able to be met by qualified professionals given the opportunity.

Per the Hawai‘i Association of Professional Nurses, when PMHNPs are included, Kaua‘i’s psychiatric prescriber workforce already meets and exceeds demand — with additional qualified providers waiting for positions to open up on island. This workforce continues to grow. UH Mānoa launched its inaugural PMHNP cohort in Fall 2024, with its first class expected to graduate in May 2027 — many of whom are eager to remain in Hawai‘i and serve their home communities.

What is needed is not a parallel prescribing pathway for psychologists, but investment in PMHNP residency programs in federally qualified health center settings. As a PMHNP graduating soon, born and raised on Kaua‘i, there is nothing I want more than to serve my community — but like so many before me, I will likely have no choice but to leave for the mainland first. This is a well-documented pattern in Hawai‘i medicine, and it is the problem the Legislature should be solving. Investing in residency infrastructure would retain local talent, strengthen the existing workforce, and provide sustainable, community-rooted care — without bypassing the workforce Hawai‘i’s universities are currently producing.

Mahalo for your time and for the opportunity to testify.

**Testimony in Support of SB 847  
Relating to Prescriptive Authority for Certain Psychologists**

Honorable Chair, Vice Chair, and members of the Committee on Consumer Protection and Commerce, I am Dr. Kathleen M. McNamara, a clinical psychologist licensed in Hawaii and currently living and practicing on Maui. I served as a full time psychologist for the Department of Veterans Affairs (VA) Pacific Island Health Care System for 28 years and retired in 2017. I also have had an independent psychological practice in Hawaii since 1991, primarily providing neuropsychological services, as well as general psychological assessment. I had the privilege both through my work with the VA and as part of my independent practice to provide services on almost all of the islands.

I am testifying in strong support of SB 847 which will establish a 3 year pilot program allowing qualified psychologists to prescribe psychotropic medications to patients under their care at a federally qualified health center on Kauai under the supervision of a psychiatrist. There is an increasingly recognized and acknowledged need for mental health services across the country, and this is certainly the case in Hawaii. When prescriptive authority for psychologists was considered by our Legislature in the 1980s the action taken was to request that professionals with differing views participate in an Alternative Dispute Resolution process. I participated in that process. The consensus of that group was that there *truly* was a lack of needed mental health services in this State. However the process did not lead to a recommendation. Despite the passing of the intervening decades since that process, during which time other legislation addressing prescriptive authority for psychologists has been considered, the mental health needs for our residents remain great. Timely access to available competent mental health professionals continues to be very limited.

Each of our islands have underserved and unserved populations. As a resident of Maui, but also someone who has practiced on almost all of the other neighbor islands, I have seen how the populations identified with those labels seem more likely to be on the neighbor islands. Selecting Kauai for this pilot project will certainly allow for a solid presentation of the needs and the difficulties faced by those seeking mental health treatment in a neighbor island community. The residents of our neighbor islands often have additional barriers to obtaining service, such as longer wait times if providers on island are even accepting new patients, or even if there is a possibility of being seen virtually by someone on another island. Delays in securing an appointment may result in worsening symptoms and personal and family suffering. These delays add to the demands on our rural hospitals as emergency departments fill the void. This bill offers the opportunity to improve needed access to mental health services which are comprehensive in nature. It makes it possible to increase available providers able to offer comprehensive mental health care. It offers patients a different level of

continuity of care in a more timely manner. Comprehensive treatment can be provided by the psychologist authorized to prescribe who also can evaluate the effectiveness of medication as part of the ongoing therapeutic relationship. Such care can eliminate the need for an additional appointment with another provider. Psychologists with extensive training in psychopharmacology, augmenting their already existing expertise in the diagnosis and treatment of mental health disorders, will be working collaboratively with medical and other providers. The residents of Hawaii will receive the kind of integration of care which has been demonstrated to be so effective in the military, Indian Health Service, and the various States where prescriptive authority for psychologists is already in place.

I am hopeful that this pilot project will allow Hawaii to move forward in addressing the mental health needs of its residents as it improves access to comprehensive and integrated care. I am fully in support of this measure. I ask your favorable vote. Thank you for considering my testimony.

Sincerely,

Kathleen M. McNamara, Ph.D.

**SB-847-HD-1**

Submitted on: 4/1/2026 11:55:36 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daniel Alicata	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Daniel Alicata, MD, and I am a psychiatrist and a Hawaii resident. I am writing to strongly oppose SB 847 SD2 HD1, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open.”

I believe that the people of Hawaii deserve accessible care, but that care needs to be of the highest quality. I also believe that we should look to support our providers who deliver critical front-line care. Unfortunately, this bill falls short.

Prescribing systemic agents like lithium and clozapine requires comprehensive training that cannot be replaced by the type of training allowed in the bill.

The Hawaii Medical Board, and not the American Psychological Association, should be the entity that determines the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty surrounding medical malpractice liability, which could disincentivize providers and potentially impact related services like pharmacists.

For these reasons, I respectfully urge you to oppose SB 847. Hawaii's kūpuna, keiki, and 'ohana deserve better.

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Daniel Alicata, MD

**HOUSE OF REPRESENTATIVES**  
**THE THIRTY-THIRD LEGISLATURE**  
**REGULAR SESSION OF 2026**

**COMMITTEE ON CONSUMER PROTECTION & COMMERCE**

Rep. Scot Z. Matayoshi, Chair

Rep. Tina Nakada Grandinetti, Vice Chair

**RE: Testimony in SUPPORT of SB 847, SD2, HD1 – RELATING TO PSYCHOLOGISTS**

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I write in strong support of SB 847, SD2, HD1.

This bill is fundamentally about **consumer access, affordability, and choice in healthcare.**

Hawai‘i faces a severe shortage of psychiatric prescribers. As a result, patients—especially on neighbor islands—often wait weeks or months for care. From a consumer standpoint, this represents not only a failure of access, but also a driver of higher downstream healthcare costs, as untreated mental health conditions often worsen and lead to emergency care, hospitalization, or loss of functioning.

SB 847 addresses this gap by allowing appropriately trained psychologists, under structured supervision, to provide limited prescribing services within a carefully designed pilot program. This increases the availability of qualified providers while maintaining strong safeguards.

I am a prescribing psychologist (medical psychologist) practicing in Hawai‘i. I hold a PhD in clinical psychology and a postdoctoral Master of Science in Clinical Psychopharmacology, along with national certification and over a year of supervised prescribing training. I have prescribed safely for more than 14 years with no malpractice claims or board complaints.

Currently, I am permitted to prescribe in Hawai‘i only on federal property. This creates an artificial barrier that limits patient choice and fragments care. Patients who could benefit from integrated treatment—therapy and medication in one setting—are instead forced into a more expensive and inefficient system requiring multiple providers, duplicated visits, and longer delays.

From a consumer protection and cost perspective, SB 847 offers several key benefits:

- **Lower Total Cost of Care:** Integrated treatment reduces duplicative appointments and improves efficiency, lowering overall healthcare spending for patients and insurers.
- **Reduced High-Cost Utilization:** Earlier access to treatment helps prevent psychiatric crises that result in emergency room visits or hospitalizations.
- **Improved Insurance Value:** Patients receive more comprehensive care within covered services, rather than needing multiple referrals across fragmented systems.

- **Increased Market Competition:** Expanding the pool of qualified prescribers helps relieve bottlenecks, which can reduce wait times and moderate costs.

Importantly, this model is already proven. Prescribing psychologists have safely practiced for over 20 years in states such as New Mexico and Louisiana, and for more than 30 years within the U.S. Department of Defense, with over one million prescriptions written and an excellent safety record.

Recent research further supports both safety and efficiency. A 2024 longitudinal study of more than 300,000 patients found that prescribing psychologists had lower rates of adverse drug events and polypharmacy compared to psychiatrists, with comparable clinical outcomes.

This model also operates under strong regulatory oversight. In Louisiana, prescribing psychologists are licensed and overseen by the physician-led State Board of Medical Examiners.

SB 847 is a **limited, carefully monitored pilot program** on Kaua‘i, with reporting requirements and a sunset provision. This ensures that Hawai‘i can evaluate both clinical outcomes and cost impacts before any broader implementation.

At its core, this bill protects consumers by ensuring they have **timely, affordable access to safe, effective mental health care**, while improving system efficiency and reducing unnecessary costs.

**When access is limited, costs go up. This bill improves both.**

I respectfully urge you to vote YES on SB 847, SD2, HD1.

Thank you for your time and consideration.

Respectfully submitted,  
**Samuel S. Dutton, PhD, MP**  
Medical Psychologist  
Kāne‘ohe, Hawai‘i

**SB-847-HD-1**

Submitted on: 4/1/2026 12:26:14 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyung Moo Kim	Individual	Oppose	Written Testimony Only

Comments:

**TO:** House Committee on Consumer Protection & Commerce (CPC)

**RE: SB847 SD2 HD1** – Relating to Psychologists

**HEARING DATE:** April 2, 2026 at 2pm

**POSITION: STRONGLY OPPOSE**

**To Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:**

My name is Kyung Moo Kim, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I am writing to **strongly oppose SB847 SD2 HD1**. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

First, the Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

Second, The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

Third, SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the *quality* of care.

Fourth, while HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance, clozapine and lithium: these medications are not "simple" psychotropics. Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression, and lithium requires

constant monitoring of renal and thyroid function. A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to **oppose SB847 SD2 HD1**.

Sincerely,

Kyung Moo Kim, M.D.

Constituent, District 11

April 1, 2026

Re: OPPOSITION to SB-847 expanding practice to allow prescriptive authority for psychologists through three-year pilot study

I am writing to you to request that you put a stop to this bill. My testimony is informed from my experience as a doctoral-level trained clinical psychologist (UCLA). My experience includes being a Professor of Psychology at Linfield University 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 my academic institution. As my testimony suggests, this is not simply a "turf" issue. Opposition stems from serious concerns about the lack of data to support the efficacy and safety of short-cut training. Proponents advance prescriptive authority bills with the promise of increasing the number of prescribers as a solution to problems accessing high-quality empirically-supported treatments (ESTs). Equating mental health treatment to prescribing and overlooking data that suggest those with the greatest barriers to accessing care reside in underserved areas without access to *any* mental health providers does nothing to improve treatment access to residents of Hawaii. Psychologists should be working with other health professionals and legislators to develop innovative solutions that address unmet needs on the islands.

I am writing to request that you oppose SB-847 and any future initiatives that would allow psychologists to prescribe medications in Hawaii. Governor to [veto a bill](#) in 2010 that was pushed through both the house and senate in a short special session. I fought alongside consumers and colleagues from allied health and mental health disciplines in 2017 to again convince another Governor to [veto another](#) psychologist prescribing bill. Consumer protection, concerns about quality of training, and lack of evidence of improving care or access have been central to gubernatorial vetoes of RxP legislation in Hawaii ([Lingle, 2007](#)) and Oregon ([Kulongoski, 2010](#); [Brown, 2017](#)).

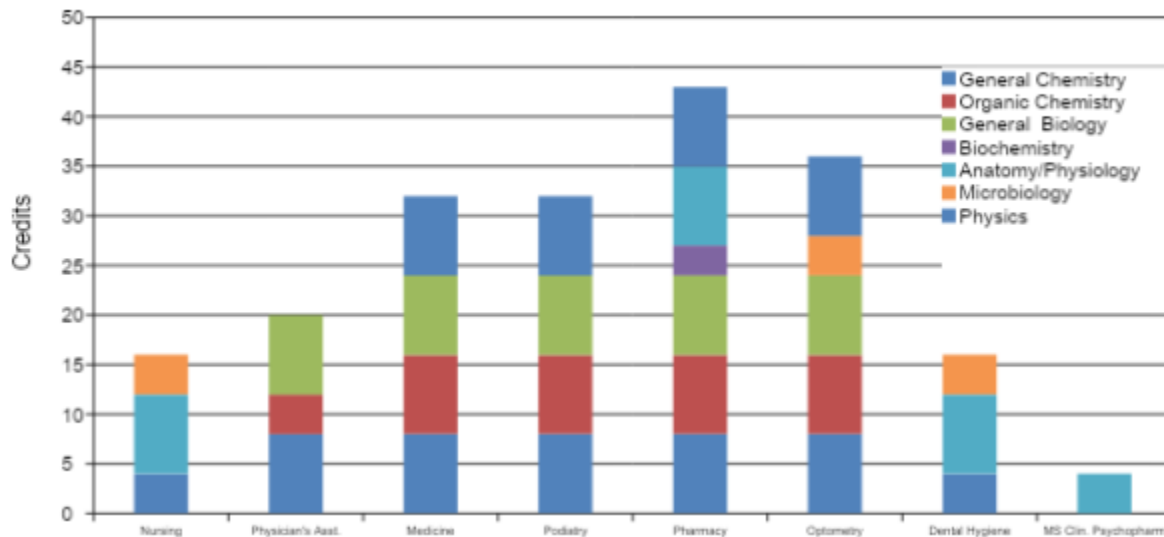
Below I detail my most serious concerns. I also reference several recent peer-reviewed articles as they contain figures demonstrating several key points of concern: failed efforts across many states that drain time and money away from finding real-time solutions (vs. promises) to mental health challenges; vast discrepancy between psychologists' preparation relative to other non-physician prescribers; lack of evidence to support arguments of improved access; failure to provide data about prescriptive patterns that speak to outcomes, safety and access to ESTs, including therapy vs. medication and concerns about claims about promises of RxP that stem well-beyond the existing data. 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. However, the American Psychological Association (APA) continues to invest significant time and money in providing boiler plate legislative bills to state organizations who then replicate the same unsupported arguments and initiate the process of 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

- 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 regularly prepared with even the most basic science courses prior to entering graduate school). There is NO requirement for any prerequisite training for the pilot program mentioned in the bill and testimony.

Figure 1

College Basic Science Prerequisite Courses for Admission to Health Science Programs



Note: Multiply credits by 10 for estimated hours of instruction. These 2013 data were derived by surveying 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 (see also Robiner et al., 2019). In fact, the proposed training disconcertingly includes less than half the training of the DoD's Psychopharmacology Demonstration Project (PDP), which is typically cited as evidence for the effectiveness and safety of RxP, despite the striking differences in rigor and intensity. Concerns include: 1. non-selective admission process (i.e., the PDP by contrast recruited exemplary officers with strong science backgrounds); 2. abbreviated curriculum and training content and duration; 3. lack of standardized training (i.e., unspecified faculty qualifications, range of clinical settings). The designation criteria and curriculum, reflected in SB-847, reflect the insularity of the RxP movement. It is unclear how programs meet competency capstone evaluation requirements or the basis for their evaluation of applied skills and knowledge. The continued development of programs based on controversies about the adequacy of training remains concerning. Why, after all, should training to prescribe, which arguably entails greater safety risks for patients than other services rendered by psychologists, evade the quality mechanism of accreditation that governs all other post-baccalaureate psychology education and training in health service psychology?

- 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 (78.6%; Baird, 2007) and Oregon psychologists (69.2%; Tompkins & Johnson, 2016) yielded similar consensus
- The 2014 ABCT survey found only 5.8% endorsed the effectiveness of online medical training, which is not excluded 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; the majority of training programs rely heavily or exclusively on online learning and testing for mastery of the material
- The current bill should be acknowledged as including more rigorous training than past bills (increased number of training hours, weekly supervision, close collaboration with a physician). That being said, there are concerns that attempts to get *any* legislation passed is a *preliminary strategy* used in some states as a prelude to subsequent efforts to seek later legislative changes that erode initial safeguard requirements in attempts to expand scope of practice (e.g., in NM proponents proposed a bill to allow the use of long-term anti-psychotic injectables by prescribing psychologists. In Illinois proponents have attempted to remove provisions prohibiting prescribing psychologists from treating children/adolescents and individuals over the age of 65). The fact that this bill pivoted as a three-year, pilot program with no clear evaluation strategy or indicators about what factors will inform the future of the program is exactly the same foot-in-the-door strategies that we have seen across the country. Vulnerable Hawaiians deserve better.
- The psychology board will determine specifics with regard to reviewing education/training appropriate for licensing and will also be providing oversight of prescribing psychologists despite their lack of training or experience. In medical settings, confidence is only weakly correlated with competence and overconfidence is more prevalent than under-confidence, especially at lower levels of competence (Jaspan et al., 2021). Given that lower levels of competence have been associated with overconfidence in other medical professionals, there are legitimate concerns about prescribing psychologists' bias and blind spots in recognizing bounds of competence.
- 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 (in fact, at least one person submitted testimony regarding the adverse effects of a psychologist prescribing Vyvanse). Lawsuits in Louisiana suggest the need for a more general survey of malpractice claims in these states to evaluate claims of "no adverse effects" (Robiner et al., 2019). Proponents, Linda and McGrath (2017), in their small study also noted that participants reported adverse effects - one reported a patient being hospitalized or harmed by medication, and a medical colleague reported a

psychologist prescribed two medications with antagonistic effects. [Hughes et al. \(2025\)](#), using private insurance claim data that are not readily available to other researchers, recently claimed that adverse drug events (ADEs) "were rare for both prescribing psychologists (1.5%) and psychiatrists (2.4%)", and that the rates were 24% lower among patients treated by prescribing psychologists vs. psychiatrists. However, in their published Table 1 reporting descriptive statistics the rates were reversed (2.4% of those treated by prescribing psychologists reported ADEs vs. 1.5% for psychiatrists). I mention this in that some of these statistically complex analytic papers have not been pre-registered and submitted to APA journals where it is unclear whether reviewers or editors have the expertise to evaluate the analytic decisions being made as well as the interpretations of those analyses. Perhaps this was a typo in Table 1, but it leads to concerns about the peer review process.

- 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. Proponents acknowledge that this training has, "the least overlap with traditional medical curricula" (Fox et al., 2009, p. 258) and that the "public sector might also serve as an experimental laboratory for society as elected officials explored expanding a health profession's scope of clinical practice" (p. 263). Given the complexity and risks of prescribing, the fact that the evidence supporting RxP competence, quality and safety is woefully inadequate in scope, quantity, and quality as it relies on small convenience samples, poor response rates, and mostly self-report (Levine et al., 2011; Linda & McGrath, 2017; Peck et al., 2021) is deeply concerning. Across the limited published studies, prescribing psychologists reported increased income (Levine et al., 2011; Linda & McGrath, 2017), and treating individuals with more severe psychopathology. They also reported increased client load and income from their expanded practice, with over half reporting increased income owing to shifts in practice (i.e., discontinuing managed care in lieu of fee-for-service care and raising rates).
- Most prescribing psychologists reported prescribing medication to the majority of their patients, both as monotherapy and in combination with psychotherapy (Levine et al., 2011; Linda & McGrath, 2017; Peck et al., 2021). Also lacking is a broad perspective about how encouraging a new class of additional prescribers fails to curtail concerns about the dangers (Hampton et al., 2014; Gotzsche et al., 2015) and overuse of psychotropics (Olfson et al., 2012). Likewise the amount of polypharmacy reported in the limited number of self-report studies is concerning given the dearth of evidence to support use and factors that contribute, such as invalid assumptions about the efficacy of combined medication and limited awareness about metabolic and neurological adverse drug events (e.g., Zito et al., 2021). While Hughes and colleagues (2025) recently found, among privately insured patients, that prescribing psychologists performed slightly better than psychiatrists in terms of polypharmacy (20% lower rate), they also found significantly higher rates (175%) of psychotropic polypharmacy relative to Primary Care Physicians. Overall, the self-reported advantages and disadvantages of expanding practice paints a problematic picture of professionally-interested factors driving expanded scope of practice, especially in light of the lack of evidence with regard to actual behavior or outcomes (i.e., chart review or insurance database review). Perceptions and complaints about practice also seem to signal low meta-cognition about the dangers inherent in the role (i.e., overprescribing, practicing outside bounds of competence, need for medical screening and

collaboration). Changes to scope of practice should be made centering patient safety and outcome, not professional desire or financial gain.

- 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. How much funding did the HSPA receive from the APA? I am a psychologist, full professor, and educator who was trained at the top clinical psychology graduate program in the U.S. I receive NO compensation for the work that I do opposing RxP and NO direct benefit from the work (having attained full professorship publications yield no additional career benefit). What drives my opposition is a strong belief in collaborative care grounded in ethics that one should respect bounds of competence

#### 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). While SB-847 stipulates training with high-risk patient groups, there are no specifics about the breadth, depth or quality of those clinical training opportunities. Leaving these standards to a Psychology board is problematic.
- The Illinois 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). None of the existing Psychopharmacology programs approved in SB-847 require *any* basic science prerequisites
- No online medical training is acceptable in Illinois
- 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
- That being said, there are concerns that attempts to get *any* legislation passed is favored in many states given longer-term strategies to seek later legislative changes that erode standards and expand scope of practice (e.g., in NM they have currently proposed a bill to allow the use of long-term anti-psychotic injectables by prescribing psychologists)

## Alternative Solutions to Access to Psychoactive Drugs

The stated rationale for proposing such bills is to improve access. There is NO RELIABLE EVIDENCE to suggest that allowing psychologists to prescribe will improve access in any meaningful way. In our recent workforce study, psychologists in states that allow prescriptive authority represent only **0.23%** of the workforce of prescribers in those states. In a [blog post](#) accompanying the peer-reviewed article we demonstrate how other health professions have been filling gaps in psychiatric care. To underscore the potential underwhelming impact of RxP, In the two states (Louisiana and New Mexico) with the longest history of allowing psychologists to prescribe, the ratio of prescribing psychologists to the population is approximately one one-hundredth of the rates for other prescribers.

Several proponents have also suggested that prescribing psychologists have decreased suicide in states where they are allowed to practice. Drawing causal claims from correlational data is problematic. Failing to mention that anti-depressants come with black box warnings given heightened suicide risk among youth and young adults is also disturbing. Equally concerning is the fact that proponents ignore the fact that researchers found ELEVATED rates of suicide in females (increases of 8%) in New Mexico and Louisiana in their unpublished study ([Choudhury & Plemmons, 2021](#)), but reported favorable changes for reductions for males and no significant change for women in their peer-reviewed, published paper two years later ([Choudhury & Plemmons, 2023](#)). Again, pre-registration and commitment to open science reduces concerns over researcher decision making that biases conclusions drawn. Moreover, a critique accepted for publication (McKay, Rizvi, Atkins, & Kerr, in press) highlights important limitation of additional research ([Hughes et al., 2023](#)) that RxP proponents have suggested reveals decreased suicide rates in states that have enacted prescriptive authority for psychologists. McKay et al.'s article has not been published by an APA journal for over one year since it has been accepted, apparently awaiting invited commentary by Hughes and colleagues. In fact, Hughes et al. reported an initial decrease in suicide in NM with no subsequent annual changes, while no changes were found for Louisiana.

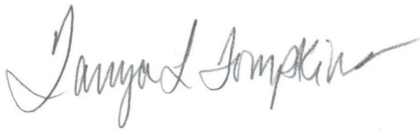
**There are many alternatives to psychologists prescribing that more appropriately enhance access to the prescription of psychoactive medications in those individuals who would benefit from them and expand access to mental health care.**

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. Funding existing efforts to improve current prescribers.
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 health professions to broaden their geographic distribution to better 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 intimated would happen. For example, in an Oregon

survey and consistent with prior studies (94% - Baird, 2007), the 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 (see attached chart from [Tompkins & Johnson, 2016](#); used with permission; no prescribing psychologists in Guam identified despite enabling legislation in 1999). 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. More recently, in proponents' recent simulation study evaluating millions of individuals receiving care, Hughes and colleagues (2024) similarly found that individuals living in metro service areas "were more likely to see a prescribing psychologist, meaning a smaller proportion of their patients were from rural areas" (p. 13). Expanding mental health care demands innovative solutions to improve care for all Hawaii residents.

I deeply appreciate your time and thoughtful consideration of this bill. If you have any questions that I can answer or would like for me to forward studies/data to you, please reach out.

Respectfully,

A handwritten signature in black ink that reads "Tanya L. Tompkins". The signature is written in a cursive, flowing style.

Tanya L. Tompkins, Ph.D.  
Professor of Psychology  
Linfield University

**SB-847-HD-1**

Submitted on: 4/1/2026 12:45:15 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alyssa	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: STRONGLY OPPOSE

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Alyssa Peric, and I am a resident physician in psychiatry at the John A. Burns School of Medicine at the University of Hawai‘i. I have also been a resident of Oahu for over 15 years and the health and safety of our community is very important to me. I am writing to strongly oppose SB847 SD2 HD1. While this draft attempts to mitigate risk by framing it as a "pilot program" on Kaua‘i, the fundamental danger of allowing non-medically trained professionals to manage systemic pharmacological agents remains unresolved.

1. Lack of Medical Regulatory Infrastructure

The Board of Psychology lacks the medical infrastructure and pharmacological expertise to oversee a prescribing program. Licensing regulation is only effective when the governing board understands the biological complexity of the treatments authorized. Geographic isolation on Kaua‘i is not a justification for breaking the established standards of medical licensing and oversight.

2. Destabilization of the Insurance Market and Clinician Retention

The introduction of a prescribing pilot for non-physicians will further strain Hawai‘i’s already fragile "hard market" for medical malpractice insurance. Increased liability risks lead to higher premiums, which directly threatens clinician retention on Kaua‘i. We risk losing the very psychiatrists who are currently providing care if the insurance landscape becomes untenable due to this pilot.

3. Creation of a Two-Tiered Standard of Care

SB847 HD1 creates a lower standard of care specifically for the people of Kaua‘i. By allowing psychologists to prescribe based on a postdoctoral certificate rather than a medical degree and residency, the State is signaling that rural residents do not require the same level of medical safety as those on O‘ahu. Access to care should never come at the expense of the quality of care.

#### 4. Risk of High-Toxicity Systemic Agents (Lithium & Clozapine)

While HD1 excludes Schedule II–V controlled substances, it still allows for the prescription of non-controlled but highly toxic systemic agents. For instance:

Clozapine requires rigorous hematologic monitoring for life-threatening bone marrow suppression.

Lithium requires constant monitoring of renal and thyroid function.

A postdoctoral program cannot replace the thousands of hours of clinical rotations and medical school required to recognize when a psychiatric medication is causing a systemic medical emergency.

#### Closing

We all agree that Kaua‘i needs more mental health resources, but the solution is to support collaborative care models and physician recruitment—not to experiment with a "pilot" that lowers medical standards for a vulnerable population.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Sincerely,

Alyssa Peric, M.D. Resident Physician, Psychiatry

University of Hawai‘i John A. Burns School of Medicine

**SB-847-HD-1**

Submitted on: 4/1/2026 12:45:35 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Junji Takeshita	Individual	Oppose	Written Testimony Only

Comments:

I am a psychiatrist with 30+ years of experience in Hawaii. I am writing to strongly oppose SB 846. In addition to physicians, prescriptive authority already includes other non-physicians such as advanced practice nurses who have medical training. Psychologists do not have medical training and this pilot program would be potentially dangerous with a vulnerable population.

**SB-847-HD-1**

Submitted on: 4/1/2026 12:55:04 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carly Coleman	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection Commerce (CPC)

RE: SB847 SD2 HD1 – Relating to Psychologists

HEARING DATE: April 2, 2026, at 2:00 PM

POSITION: **STRONGLY OPPOSE**

To Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee:

My name is Dr. Carly Coleman, and I am a psychiatry resident, a resident of Mililani, and a Native Hawaiian. I am writing to express my strong opposition to SB847 SD2 HD1. As someone who has dedicated years to understanding the complex interplay between psychiatric medications and the human body, and as a kanaka maoli committed to the health of our communities, I have serious concerns about this bill's implications for patient safety.

**The Medical Complexity of Psychotropic Prescribing**

Psychiatric medications are not benign. They affect cardiac conduction, metabolic function, renal clearance, hepatic metabolism, and hematologic parameters. During my medical training, which includes two years of medical school foundational sciences, two years of clinical rotations across all specialties, and four years of psychiatry residency, I learned to recognize when a patient's "psychiatric" complaint is actually a thyroid disorder, a brain tumor, or medication induced toxicity. This differential diagnosis requires a medical education that cannot be replicated in a certificate program.

**Native Hawaiians Deserve Excellence, Not Experimentation**

Our lāhui has historically been subjected to lower standards of care and has borne the consequences in health disparities that persist to this day. Native Hawaiians already experience disproportionately high rates of chronic disease, mental health challenges, and barriers to quality healthcare. Designating Kaua‘i, home to many Native Hawaiian families, as a "pilot" site for a lesser standard of prescribing continues this troubling pattern. Our kūpuna, our keiki, and our ‘ohana deserve the same quality of medical expertise as anyone in Honolulu. We should not be asked to accept experimental care as a substitute for the investment our communities truly need.

## **Rural Communities Deserve Equal Standards of Care**

If this training model were truly equivalent to medical education, it would be implemented statewide. The framing as a "pilot" acknowledges the inherent uncertainty, and our rural residents should not bear that risk. This is not equity. This is asking our most underserved communities to accept less.

## **Fragmented Care Creates Downstream Harm**

When a patient on lithium develops tremor, polyuria, or cardiac symptoms, they need a clinician who can immediately recognize lithium toxicity, check levels, assess renal function, and manage the medical emergency. When an antipsychotic causes neuroleptic malignant syndrome or severe metabolic derangement, the prescriber must recognize and act. Fragmenting prescribing authority from medical training does not expand access. It shifts the burden of complications onto emergency departments and primary care physicians who were not part of the original treatment decision.

## **Sustainable Solutions Rooted in Our Community**

True access means investing in our own people. I urge the Committee to expand loan repayment programs for psychiatrists willing to practice on neighbor islands, grow telepsychiatry infrastructure, and most importantly, support Native Hawaiian students pursuing careers in medicine and psychiatry. We need pipelines that bring physicians home to serve their communities, not workarounds that lower the bar. These approaches honor our communities by building lasting capacity rather than offering a diminished standard of care.

I respectfully urge the Committee to oppose SB847 SD2 HD1.

Mahalo nui for your consideration,

Carly Coleman, MD

**SB-847-HD-1**

Submitted on: 4/1/2026 12:57:36 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sarah Thompson	Individual	Support	Remotely Via Zoom

Comments:

MEMORANDUM TO: Honorable Chair Matayoshi and Vice Chair Grandinetti

SUBJECT: Letter in Strong SUPPORT of SB847 HD1 Related to Psychologists

Aloha Honorable Chair Matayoshi and Vice Chair Grandinetti,

I write in strong support of SB847 HD1, a bill that creates a pilot study for three years on the island of Kauai.

As a tax paying citizen living on Oahu, I am writing in strong support of SB 847, which will allow highly trained and qualified Psychologists limited authority to prescribe psychotropic medications in Hawaii.

The journey that led me to supporting this bill is important. I have been a Psychologist for over twelve years working at a nonprofit agency. Through my experiences, I have witnessed the sad reality of access to care issues in the mental health system, and especially within psychotropic medication management. One of the most impressionable experiences of my professional career was the startling realization that there were no specialized prescribing providers for behavioral health while working during COVID in NYC. I viewed this experience as an opportunity to personally help mitigate these dangerous shortages and enrolled into the fellowship program, earning my third master's degree in Clinical Psychopharmacology (MSCP).

Although I had to take a number of psychopharmacology, neurology, and other science courses throughout my six-year doctorate program, I was truly grateful and challenged by the level of difficulty I experienced within my MSCP education. It has been a long and difficult road, but I felt well prepared to begin my supervised hours after passing required exams, and finally the licensing exam, which was absolutely the most difficult thing I have accomplished in my academic career. Currently, I am working through my supervised hours under a Board-Certified Psychiatrist, and physical exam evaluations under a Board-Certified Family Medicine Physician who have both been extremely supportive. After three years of supervision, I will finally be able to prescribe independently in 2028.

After reading through and watching the opposing testimonies from previous hearings, I noticed the theme of hesitation, which I believe is due to being misinformed or unaware of the education and experience that is required of a Prescribing Psychologist. I want to make sure that you have the actualities in order to make the best informed decision for Hawaii.

The Master of Science in Clinical Psychopharmacology (MSCP) curriculum includes biochemistry; neuroscience (brain chemistry, physiology, pathology and pharmacology; human pathophysiology (includes cardiovascular, endocrine, renal, GI, skin, musculoskeletal), clinical medicine (labs, differential diagnosis, physical assessment), basic pharmacology (including all medications for diabetes, hypertension, cardiovascular diseases, bacterial and viral infections, renal, endocrine, GI & integumentary), psychopharmacology (medications prescribed for all mental health conditions), drug-drug interactions, contraindications, polypharmacy, medication reconciliation, adverse drug reactions, special populations (substance use disorders, age-related changes, gender, ethnicity, race and indigenous cultures). This fellowship takes 2.5 years to complete in addition to practicum labs, board exams, licensure exam, and supervised clinical work as previously mentioned.

States that have passed this bill already report a decrease in suicide rates and access to care improvements in less populated areas. Hawaii is unique in that it spans over multiple islands, making it difficult to provide care to deserving citizens in need. Consider spending Hawaii's health care funds on multiplying similar talent.

Lastly, having lived in Hawaii for over nine years, this bill is extremely important to me, the patients I currently treat, and the potential future underserved Hawaiian residents that I could and would treat in the future if allowed this opportunity.

Prioritize the health of this state over the temporary irritability this decision may cause to the opposers. Provide Prescribing Psychologists with the opportunity to demonstrate our worth as they most certainly have done in other states.

For all of these reasons, please vote YES on SB 847.

Respectfully submitted,

Dr. Sarah Thompson

**SB-847-HD-1**

Submitted on: 4/1/2026 1:05:02 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jesse Hutchison	Individual	Support	Written Testimony Only

Comments:

I'm writing in strong support. Thank you!

**SB-847-HD-1**

Submitted on: 4/1/2026 1:14:45 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Evan Liu	Individual	Oppose	Written Testimony Only

Comments:

I'm a psych resident at queens and I oppose this bill.

**SB-847-HD-1**

Submitted on: 4/1/2026 1:20:02 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stephen B Kemble	Individual	Oppose	Written Testimony Only

Comments:

I am a recently retired psychiatrist with extensive experience both prescribing psychiatric medications and also providing consultations to primary care with the Collaborative Care Model.

Adverse effects of psychiatric medications are quite common, and almost all of them manifest as physical symptoms, ranging to mild transient side effects, to uncomfortable or alarming side effects that often require discontinuation of the drug, to serious allergic reactions. Side effects are common with antidepressants and nearly universal with antipsychotics. Knowing whether an adverse effect is serious or not and whether it warrants telling the patient to stick with the drug and expect the side effect to resolve in a few days, or adding a counter-measure such as another (non-psychiatric) drug, or stopping the drug and perhaps switching to an alternative, or having to taper to avoid withdrawal effects, all require considerable medical knowledge and experience, often beyond the expertise of even primary care providers. When the prescribing provider is a psychologist with limited general medical knowledge and even more limited supervised clinical experience, or even a primary care practitioner being advised by a psychologist, then adverse effects often result in referral to urgent care or to the emergency room or to a specialist, adding to both risk and cost.

In contrast, consultation via Telehealth with a psychiatrist-led team using the Collaborative Care Model ensures that specialty-level expertise and a psychiatrists' general medical knowledge and experience can be brought to bear promptly even in remote practice locations. Even if the legislature approves a pilot program on Kauai, having psychiatric backup through Collaborative Care would greatly enhance the efficacy of the pilot program and greatly reduce avoidable ER and specialist referrals and delays in care. But if we have Collaborative Care backup, then why would we need psychologist prescribers with a much lower level of training and general medical expertise at all?

Stephen Kemble, MD

**SB-847-HD-1**

Submitted on: 4/1/2026 1:24:35 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jennifer Lyman	Ebb & Flourish	Oppose	Written Testimony Only

Comments:

Good afternoon,

I am writing in opposition of this bill which would leave prescriptive authority in the hands of psychologists through a pilot program.

Medicine is a complicated science. Psychiatrists have completed four years of college with a focus on premedical coursework, four years of medical school (which includes suturing up a patient after getting AV fistula surgery, delivering babies at 3 in the morning and leading CPR in a room where a patient is coding) + four years of residency training (treating patients in family medicine and neurology clinics, rapidly correcting hyperkalemia in a patient who overdosed and managing pain in a patient with terminally ill cancer). Please do not place the lives of our community members - your aunts, your uncles, your nieces & nephews - in the hands of individuals with 3% of our clinical training. Knowing the consequences of prescribing is a big part of our diligence to the patients, and knowing when the prescriptions are appropriate to prescribe is even more imperative.

Psychiatric medications impact our bodies in a comprehensive way: while they may seem straightforward to someone who is not familiar with them, they impact our entire body including our heart, kidneys, lungs, hematology, etc. Someone who does not understand all of these bodily systems to the extent that a medical doctor does is left with a prescription pad that could kill.

If the priority is to ensure access to mental health professionals in rural settings, allowing psychologists to prescribe the already underserved communities puts these communities at risk for adverse outcomes. These communities would - in essence - become second class citizens, being treated with medications by individuals that have no medical training.

While we agree that there is a shortage of psychiatrists practicing medicine in Hawai'i, this bill does not address the workforce problem that is ahead of us.

Please work with the psychiatrists of Hawai'i to ensure the safety of our loved ones.

We urge you to see lives that could be harmed - or even ended - by this law.

**SB-847-HD-1**

Submitted on: 4/1/2026 1:25:44 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna-Kaella Ramos	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Anna-Kaella and I am a Pediatric Resident Physician. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open.”

The people of Kaua‘i deserve accessible, high-quality care. Unfortunately, this bill falls short.

The Hawaii Medical Board, not the American Psychological Association, should determine the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty regarding medical malpractice liability, which could disincentivize providers and potentially affect related services, such as pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's kūpuna, keiki, and 'ohana deserve better.**

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Anna-Kaella Ramos, MD

**SB-847-HD-1**

Submitted on: 4/1/2026 1:35:34 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Young, MD	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Anna Young and I am a pediatric resident. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open.”

The people of Kaua‘i deserve accessible, high-quality care. Unfortunately, this bill falls short.

The Hawaii Medical Board, not the American Psychological Association, should determine the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty regarding medical malpractice liability, which could disincentivize providers and potentially affect related services, such as pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's kūpuna, keiki, and 'ohana deserve better.**

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
**Anna Young, MD**

**SB-847-HD-1**

Submitted on: 4/1/2026 1:41:31 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Yi Yu	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Yi Yu, and I am a pediatric resident physician. I am writing to strongly oppose SB 847 SD2 HD1, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open.”

The people of Kaua‘i deserve accessible, high-quality care. Unfortunately, this bill falls short.

The Hawaii Medical Board, not the American Psychological Association, should determine the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty regarding medical malpractice liability, which could disincentivize providers and potentially affect related services, such as pharmacists.

For these reasons, I respectfully urge you to oppose SB 847. Hawaii's kūpuna, keiki, and 'ohana deserve better.

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
Yi Yu, MD

SUBJECT: Memorandum in support of HI RxP Bill SB 847

Good afternoon; Chair, Vice Chair, and Members of the Committee,

I am writing in strong support of SB 847, which will allow trained and qualified Psychologists prescriptive authority regarding psychotropic medications in the State of Hawaii.

I am currently working as a clinical psychologist in the State of Colorado where psychologists are afforded the opportunity to prescribe without restriction following a rigorous post-doctoral regimen of formal academic training, passage of an arduous licensing examination, and supervised hours working under a Board-Certified Psychiatrist to ensure competency. The addition of prescribing psychologists to the available resources in the mental health arena here in Colorado has been one of enormous benefits.

As a non-prescribing psychologist, given the noticeable shortage of psychiatrists, I would typically be relegated to referring non-emergent patients back to their primary care provider (PCM) for medication evaluation and management. In-house psychiatry even with two prescribing psychologists on staff is out as much as 6-8 weeks for an initial appointment. PCMs can manage uncomplicated patients regarding management of prescribed medications but most are either a physician's assistant or psychiatric nurse practitioner without any specialized training in psychotropic medication.

The prescribing psychologist not only has a doctorate in psychology making them an excellent diagnostician but as much formal education in pharmacology as any master's level prescriber. It only makes sense for the State of Hawaii to follow Colorado's example to not only provide better access to care but to increase the likelihood of patients being diagnosed appropriately to help ensure the best pharmacological approach to treatment that only a prescribing psychologist could provide when compared to master's level prescribers without clinical training in psychology.

I formerly practiced in Hawaii and resources were limited to a shocking extent in my opinion. PCMs were overly utilized to meet the need created resulting from a shortage of psychiatrists on island and this seems to me to be an obvious remedy to better serve underserved populations. It is for this reason that I implore that you consider voting YES on SB 847. Thank you for your time and attention to this matter.

Respectfully Yours,

Wesley N. Stokes, PsyD



**WRITTEN TESTIMONY  
SB 847, SD2, HD1: RELATING TO PSYCHOLOGISTS**

**SUPPORT**

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee on Consumer Protection & Commerce,

I respectfully submit testimony in support of SB 847 SD2, HD1.

Hawai‘i continues to face significant and persistent challenges in access to timely and comprehensive mental health care. Across the state, and particularly on neighbor islands, patients often experience prolonged delays in psychiatric evaluation, treatment initiation, and follow-up care. These gaps contribute to worsening clinical outcomes and increased reliance on already strained emergency and inpatient systems.

SB 847 represents a meaningful step forward in addressing these access challenges. By establishing a structured pilot program, the bill creates a pathway to expand the mental health workforce in a careful and regulated manner. The inclusion of psychiatrist supervision and defined education and training requirements reflects a strong emphasis on patient safety.

In other jurisdictions, such as Louisiana and New Mexico, appropriately trained psychologists practice with prescriptive authority within established regulatory frameworks and have demonstrated safe and effective care. While those models differ in structure, scope, and authority, they illustrate the broader potential for integrating prescribing into psychological practice to improve access to care and overall outcomes.

At the same time, in its current form, the pilot is highly structured and limited in scope. The combination of geographic restriction to Kaua‘i, limitation to federally qualified health centers, limited formulary, age restrictions, and required psychiatrist supervision may constrain the degree to which the program can meaningfully expand access to care. In practice, these limitations may reduce participation and limit the overall reach of the pilot, particularly in areas where access challenges are most pronounced.

As a result, while the bill prioritizes safety through a supervised model, its ability to significantly improve access during the pilot period may be limited. This is not a reflection of the broader model of prescriptive authority for specially trained psychologists, itself, but rather the narrow conditions under which it is being implemented.

Nonetheless, SB 847 represents an important and constructive step in the right direction. It is for that reason that I am submitting my testimony in support of this bill. Addressing Hawai‘i’s mental health workforce shortages will require thoughtful, incremental approaches, and this pilot provides a foundation upon which future efforts may build.

Thank you for your consideration and for your continued commitment to improving access to mental health care for the people of Hawai‘i.

Respectfully submitted,

**Andrew D. May, PsyD, MSCP**  
Clinical Psychologist

SUBJECT: Memorandum in support of HI RxP Bill SB 847

Good afternoon; Chair, Vice Chair, and Members of the Committee,

I am writing in strong support of SB 847, which will allow trained and qualified Psychologists prescriptive authority regarding psychotropic medications in the State of Hawaii.

I am currently working as a clinical psychologist in the State of Colorado where psychologists are afforded the opportunity to prescribe without restriction following a rigorous post-doctoral regimen of formal academic training, passage of an arduous licensing examination, and supervised hours working under a Board-Certified Psychiatrist to ensure competency. The addition of prescribing psychologists to the available resources in the mental health arena here in Colorado has been one of enormous benefits.

As a non-prescribing psychologist, given the noticeable shortage of psychiatrists, I would typically be relegated to referring non-emergent patients back to their primary care provider (PCM) for medication evaluation and management. In-house psychiatry even with two prescribing psychologists on staff is out as much as 6-8 weeks for an initial appointment. PCMs can manage uncomplicated patients regarding management of prescribed medications but most are either a physician's assistant or psychiatric nurse practitioner without any specialized training in psychotropic medication.

The prescribing psychologist not only has a doctorate in psychology making them an excellent diagnostician but as much formal education in pharmacology as any master's level prescriber. It only makes sense for the State of Hawaii to follow Colorado's example to not only provide better access to care but to increase the likelihood of patients being diagnosed appropriately to help ensure the best pharmacological approach to treatment that only a prescribing psychologist could provide when compared to master's level prescribers without clinical training in psychology.

I formerly practiced in Hawaii and resources were limited to a shocking extent in my opinion. PCMs were overly utilized to meet the need created resulting from a shortage of psychiatrists on island and this seems to me to be an obvious remedy to better serve underserved populations. It is for this reason that I implore that you consider voting YES on SB 847. Thank you for your time and attention to this matter.

Respectfully Yours,

Wesley N. Stokes, PsyD



**SB-847-HD-1**

Submitted on: 4/1/2026 1:57:07 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Grace Confer	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)<sup>[1]</sup><sub>SEP</sub>

RE: SB847 SD2 HD1 – Relating to Psychologists<sup>[1]</sup><sub>SEP</sub> HEARING

DATE: April 2, 2026, at 2:00 PM<sup>[1]</sup><sub>SEP</sub>

POSITION: STRONGLY OPPOSE

Aloha Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee, My name is Grace Confer, and I am a psychiatric nurse practicing in Oahu. I write to strongly oppose SB847 SD2 HD1.

In my role, I work closely with patients across the spectrum of mental illness and collaborate daily with psychiatrists, primary care providers, psychologists, and therapists. I see firsthand how complex psychiatric care can be, particularly for patients with co-occurring medical conditions. Safe and effective treatment requires a team-based approach, with each member practicing within their scope and training.

While this bill is framed as a “pilot program” on Kaua‘i, it does not address the fundamental concern: allowing non-medically trained professionals to independently prescribe systemic medications places patients at risk.

1. Lack of Medical Oversight and Training

Prescribing psychiatric medications requires more than knowledge of symptoms—it requires understanding how medications affect the entire body, including potential impacts on cardiac, metabolic, and neurologic systems. It also requires the ability to recognize when a patient’s presentation may be due to an underlying medical condition. These skills are grounded in comprehensive medical training.

2. Patient Safety and Complexity of Care<sup>[1]</sup><sub>SEP</sub>

Many patients I care for are medically complex, with conditions such as diabetes, cardiovascular disease, substance use disorders, or pregnancy-related concerns. Psychiatric medications can interact with these conditions in serious ways. Medications like lithium and clozapine require

careful monitoring and rapid recognition of complications. Without adequate medical training, there is significant risk to patient safety.

### 3. Impact on Care Delivery and Workforce<sup>[1]</sup><sub>SEP</sub>

We already face challenges in access to both psychiatric care and therapy services. Psychologists and therapists play a critical role in providing ongoing support and psychotherapy, which are essential to recovery. Expanding prescriptive responsibilities risks diverting this workforce away from those vital services. Instead, we should strengthen collaborative care models that allow each discipline to contribute their expertise.

### 4. Equity and Standard of Care<sup>[1]</sup><sub>SEP</sub>

Creating a pilot program on Kaua'i risks establishing a lower standard of care for neighbor island residents. All patients, regardless of where they live, deserve the same level of safety and quality in their care.

Closing<sup>[1]</sup><sub>SEP</sub>As a psychiatric nurse, I am committed to advocating for safe, high-quality, team-based care for my patients. Expanding access is important, but it must not come at the expense of patient safety or established medical standards.

For these reasons, I respectfully urge the Committee to oppose SB847 SD2 HD1.

Mahalo for your time and consideration.

Sincerely,

Grace Confer, MSN, RN, CNL<sup>[1]</sup><sub>SEP</sub>

Psychiatric Nurse<sup>[1]</sup><sub>SEP</sub> at Queens Medical Center

Testimony to the House Committee on Consumer Protection and Commerce

Measure: SB 847

Position: Oppose

**LATE**

Aloha, Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am in Illinois, and am a psychiatrist, a child psychiatrist, in full-time clinical practice.

I see many children through our office clinic who primarily have coverage through the Illinois Medicaid program.

A Hawaiian colleague has asked me to share my experience on the expansion of prescriptive privileges to psychologists here in 2014.

First on a practical level, very few psychologists are taking advantage of the training available to prescribe in Illinois.

Several of those who do are from out of state.

The vast majority of psychologists I talk to have no interest in learning to prescribe medication, and many believe strongly they do not have the training or background to do so safely.

Those who are trained as prescribing psychologist are practicing where many psychiatrists are practicing, which is urban and suburban areas.

The presence of these few has not improved access to care.

It seems that a motivated small minority of psychologists have pushed for prescriptive authority in Illinois, and have done so for reasons other than patient care, as evident by the few numbers of psychologists who are prescribing here.

For example, it is known that several psychologists who have licenses to prescribe in Illinois live out of state, and also have licenses to prescribe in other states. It seems they are less interested in caring for patients in the state than setting up another location for some type of business model they have for a multi state practice.

I would hope in Hawaii you will look closely at what could be the motivation of the promoters of psychology prescriptive authority, besides patient care.

It is known in Illinois the primary organizer of this push over a decade ago was invested in setting up a training program for this in the state. They have established a school and training program to do this, which draws student not only from within but also from outside of Illinois. This is a clear financial gain for the founding psychologist of the school, and to any objective person immediately raises questions about the motive for this person to push for psychology prescription in Illinois in the first place.

**LATE**

Even with the training that is required by Illinois law for psychologists seeking to prescribe, the lack of extensive and rigorous medical education limits the knowledge the psychologists are able to acquire and this should limit the degree to which they practice.

I would hope in Hawaii you will look closely at what could be the motivation of the promoters of psychology prescriptive authority, besides patient care.

In addition as significant problem in Illinois has been the lack of any supervising board that sets and establishes standards of care to indicate a well trained psychologist who is competent to prescribe medication. There is not a board standard to evaluate the competence of graduates from training programs. Of course this highly increases the potential for danger for the patient seen by graduates who should not be practicing due to their incompetence. Medical training has such standards and it is rigorously imposed and all medical students, who will not advance in training unless they meet the standards.

From my experience working with many children who are living in stressful situations, what is clear is a need for psychologists to be available to provide psychotherapy and the counseling to these patients and to their parents. Enough psychologists to do this are not available in Illinois and are not on the managed Medicaid rosters for patients and family to see in Illinois. What is needed from all Illinois psychologists is a commitment to provide a work force from their training in psychotherapy and counseling they can provide to patients the psychotherapy they need. If the psychologists interested in prescribing in this state truly had an interest in caring for the citizens of Illinois, they would invest more in establishing networks for the traditional training of psychologists, so their colleagues could help provide this much needed service, psychotherapy, to our fellow Illini.

As you consider SB 847, I will ask you to pay attention to these real world considerations, especially in regard to patient safety and the lack of adequate training and lack of an evaluation process for trainees.

Thank you for the opportunity to share this perspective.

Arden Barnett, MD

Board-certified in Adult and Child and Adolescent Psychiatry

Distinguished Life Fellow, American Psychiatric Association and American Academy of Child and Adolescent Psychiatry

Clinical Assistant Professor Carle Illinois College of Medicine

Champaign, Illinois

**LATE**

**SB-847-HD-1**

Submitted on: 4/1/2026 2:12:22 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Vince Yamashiroya, MD	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is **Dr. Vince Yamashiroya**, and I am a pediatrician. I am writing to **strongly oppose SB 847 SD2 HD1**, which would establish a pilot program on Kauai that allows psychologists to prescribe medication. The Star Advertiser published an editorial on March 16, 2026, that urged our elected leaders to leave prescriptive authority in the hands of psychiatrists: “Prescriptive authority is not an easy addendum or extension; it is a tool in a tool case that only trained physicians should open.”

The people of Kaua‘i deserve accessible, high-quality care. Unfortunately, this bill falls short.

The Hawaii Medical Board, not the American Psychological Association, should determine the requisite education and training program.

Additionally, Medicaid and Medicare do not reimburse services from prescribing psychologists. This means avoidable costs would be passed to patients and our Federally Qualified Health Centers.

This bill also creates uncertainty regarding medical malpractice liability, which could disincentivize providers and potentially affect related services, such as pharmacists.

For these reasons, I respectfully urge you to **oppose SB 847. Hawaii's kūpuna, keiki, and 'ohana deserve better.**

Mahalo for your time, consideration, and commitment to our patients and the health of our communities.

Sincerely,  
**Vince Yamashiroya, MD**



**SB-847-HD-1**

Submitted on: 4/1/2026 2:20:57 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ross K. Migita	Individual	Oppose	Written Testimony Only

Comments:

To whom it may concern,

I am a mental health consumer who has been under psychiatric care for over 36 years of my life, taking medicines for my schizophrenia. I have seen many psychologist and psychiatrist over that span of time. I feel that the training of both professions are vastly different as one is more of a liberal degree (Psychology) and one is more scientific and medical (Psychiatrist). Due to their training and background i feel that Psychologist should not have the ability to prescribe medicine. Their specialty is talk therapy and not medical. If they are untrained with only a class or two on medication of psychotropic they are not skilled enough or trained enough to understand how to administer medicine which could result in harm to their patients. To help the neighbor islands with the lack of medical help the use of Doctors Assistants, Psychiatric Nurses, and Nurse practitioners might be a better solution. As these fields have a more stringent medical background for the treatment of the mentally ill. A idea may be that a psychologist can closely work with a psychiatrist with both professions working side by side where the psychologist gives therapy and submits records to a psychiatrist whom then prescribes the medicine. This had been my experience in the past with both professionals sharing the same office where psychologist talks and records symptoms and submitting them to a psychiatrist whom will then medicate the patient. This saves time and money with the psychiatrist only prescribing medicine while psychologist doing all the talking collections information and providing therapy. Also, as mentioned above the use of PA (Physicians Assistants) and Psych Nurses maybe able to work in those areas as they already provide care and can prescribe medication. But to allow a psychologist to have the authority to prescribe medicine may not be a good idea as they are not trained in medical science and may make mistakes harming the patient. Please do not let this bill to pass as it will do more harm than good!

Thank you for your time and trouble,

Ross K. Migita

**LATE**

**SB-847-HD-1**

Submitted on: 4/1/2026 5:12:14 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mary Anne Albaugh MD DLFAPA	Individual	Oppose	Written Testimony Only

Comments:

Subject: SB 847 — Testimony in Opposition (Out-of-State Physician Perspective)

TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND  
COMMERCE

Chair Scot Z. Matayoshi

Vice Chair Tina Grandinetti

Measure: SB 847

Position: STRONG OPPOSITION

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

I am a physician double boarded in Child and Adolescent Psychiatry and General Psychiatry living and practicing in Pennsylvania. I appreciate the opportunity to share my concerns about expanding psychologists' scope of practice to include prescribing medication.

Prescribing psychotropic medications requires comprehensive medical training, including the ability to diagnose and manage underlying medical conditions (whole health care), monitor for adverse effects, and address complex drug interactions. These responsibilities are central to all of safe patient care from early childhood through aging senior care.

I value the knowledge base and skills of my psychologist colleagues. Psychologists bring their expertise with psychological testing, behavioral assessment and psychotherapy interventions with patient care and within a broad range of treatment environments. In Pennsylvania as in other states across our nation, there are challenges with accessing psychological testing, behavioral assessments/planning/interventions and therapy resources, all vital components for patient care.

We all share the goal of improving access to mental health (whole health) care. Our experience in Pennsylvania has been solutions are better achieved through collaborative care models\*, physician-led teams, and workforce investment, rather than expanding prescribing authority beyond medical training.

I respectfully urge the Committee to consider these concerns and to OPPOSE SB 847.

Thank you for the opportunity to provide this perspective.

**LATE**

Sincerely,  
Mary Anne Albaugh, MD DLFAPA  
Member PaPS Government Relations Committee; APA Assembly Area 3 Deputy  
Representative  
Erie, PA

\*The Collaborative Care Model developed at the University of Washington in the 1990's with a substantial body of evidence (greater than 90 randomized controlled trials) supporting treatment of common mental health needs in the primary care setting.

**LATE**

**SB-847-HD-1**

Submitted on: 4/1/2026 6:06:25 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anthony Guerrero	Individual	Oppose	Written Testimony Only

Comments:

Dear Honorable Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

My name is Anthony Guerrero, and I am a child and adult psychiatrist, testifying in my individual capacity. I have been in practice in Hawai'i for the past 26 3/4 years. While I am based in Honolulu, my previous and current practice has included work on the neighbor islands and rural O'ahu. I am writing in opposition of SB 847 SD2 HD1, which I believe has not yet fully considered and enabled wider public knowledge of the current successes and future impacts of Kaua'i and other neighbor island-based psychiatric clinical service and training programs, models of primary care/psychiatric integration, and multi-disciplinary collaboration teams that synergize and enable access to the distinct expertise of each member. With much respect and deep gratitude to all of you and everyone seeking improved health and mental health for Hawaii's kūpuna, keiki, and 'ohana, I humbly ask you to oppose SB 847.

**LATE**

**SB-847-HD-1**

Submitted on: 4/1/2026 6:15:40 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kendyl Oshiro	Individual	Support	Written Testimony Only

Comments:

I strongly SUPPORT SB847 HD1 as this will help to increase access to care and help those in need a lot sooner than if they were to wait for an appointment with a psychiatrist. As a future psychologist, I have seen the detrimental impacts and effects on patients who are not getting care due to psychiatrist availability. This bill will help to address this issue and create a psychologically healthier community.

Thank you for your time and consideration.

Mahalo,

Kendyl Oshiro, Psy.D., LMHC, NCC

**LATE**

**SB-847-HD-1**

Submitted on: 4/2/2026 6:45:08 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jo Velasquez	Individual	Support	In Person

Comments:

Greeting Chair and members of the committee. I am Dr. Jo Velasquez. I am a licensed clinical and prescribing neuropsychologist practicing in New Mexico. I am owner operator of a large group practice in southern New Mexico. Currently the group practice has over a dozen prescribing psychologists at various levels of licensing. All prescribers must be doctoral level licensed psychologists, completing 450 hours of classroom education, earned a post-doctoral Master of Science in clinical psychopharmacology, and successfully passed a national ABPP examination offered by the APA. Two prescribers are completing their residency hours (a 6 month to 30-month training period) two are working at the residency level (a 2-year level) and 8 are independently licensed. Together we have served over 6500 individuals for a total of about 70,000 sessions. Fifty-one percent of the population served received Medicaid while 49% carried commercial or federal insurance with a small percentage paying for services out-of-pocket. I am in strong support of the SB 847 legislation permitting prescribing psychologists to practice in your state. This law will increase the number of mental health experts in your state to better meet the needs of the people of Hawai'i.

**LATE**

**SB-847-HD-1**

Submitted on: 4/2/2026 9:14:05 AM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
JoAnn Takushi	Individual	Support	Written Testimony Only

Comments:

I STRONGLY SUPPORT SB847 HD1.

**LATE**

**Re: SB 847 SD2 HD1 OPPOSE**

I am Leslie Hartley Gise MD, Clinical Professor, Psychiatry, JABSOM, UH.

I have lived in Kula, Maui for 31 years. For 20 years I covered the Maui Memorial Hospital, Molokai, and worked for the state in AMHD, the Maui CMHC.

This ugly fight has been going on for decades. Psychologists should not prescribe anywhere, not on Kauai, not in a pilot program. MDs, NPs (APRNRx), PAs, etc have medical training, work in hospitals, with medical doctors. We all train in a culture which teaches us, from day 1, that we have tremendous power to heal, BUT ALSO TREMENDOUS POWER TO HARM!!! Psychologists don't grow up in that culture. They are not safe.

Where psychologists prescribe, **ACCESS HAS NOT INCREASED!!!**

Competent prescribing is hard. Only trained physicians should do it. The people of Hawaii deserve accessible care but only of the highest quality. .

The Hawaii **Medical** Board, not the American Psychological Association, should determine the education and training necessary to prescribe.

Medical malpractice, drug-drug interactions, over the counter vitamins, supplements, birth control pills, prescribing medication like lithium and clozapine, drugs of abuse, you Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

ask about but which patients don't tell you, non-coverage by Medicare and Medicare etc, are also problems.

**Please oppose SB 847.**

Mahalo for your attention.

Leslie Hartley Gise MD

**LATE**

**SB-847-HD-1**

Submitted on: 4/2/2026 12:51:32 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joyce Takitani	Individual	Support	Written Testimony Only

Comments:

I am in strong support of SB847 HD.

**LATE**

**SB-847-HD-1**

Submitted on: 4/2/2026 12:59:47 PM

Testimony for CPC on 4/2/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dayle Mari Tada	Individual	Support	Written Testimony Only

Comments:

I am in strong SUPPORT of SB847 HD1