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

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 24, 2026

TO: SENATE COMMITTEE ON COMMERCE & CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, 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-SD1 -- RELATING TO PSYCHOLOGISTS**

HEARING: Thursday, February 26, 2026 @ 09:45 am; Conference Room 229

POSITION: COMMENTS

Testimony:

SHPDA has included here our previous testimony in Support with Comments.

We stressed that a “clinical team” relationship between psychiatrists and psychologists would allow such prescribing to occur safely and effectively. 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 testimony stressed the importance of a psychiatrist-psychologist team approach to this expanded scope of practice; we believe that will best protect patient safety due to the clinical complexity of many psychotropic medications as well as the complexity of their interactions with other medications and medical conditions. We therefore believe that amending the bill to maintain and require an ongoing “supervisory relationship” of a psychiatrist with the prescribing psychologist, rather than a “collaborative relationship” once the conditional prescription requirements have been satisfied, would address the concerns expressed. This we believe would also lessen the malpractice risks and related insurance costs for the prescribing psychologist.

Previous testimony: SHPDA appreciates that the topic of psychologist prescribing is a controversial one, historically opposed by psychiatrists, the AMA, and Hawai`i Medical Association (HMA). However, we also recognize that there is a shortage of both psychiatrists and psychologists, along with dramatic increases in the need for behavioral health services. The ideal model for psychology prescription to occur – noting that only a minority of psychologists will want to take on this responsibility,

including the potential for medical malpractice risks associated with it -- is for psychiatrists and psychologists to work more closely together as a clinical team. This bill requires that relationship. It also requires the interested psychologist complete a master's degree in pharmacology covering all clinical aspects of the limited pharmacopoeia to be prescribed, which shall not include narcotics or non-behavioral health medications. The bill includes other quality safeguards.

The historic and real concerns of psychiatrists in these regards are noted. Psychiatrists receive much more training than psychologists. They must complete four years of medical school and a minimum of four years of specialized internship and residency training; many complete an additional one to two years of fellowship. But there are not enough psychiatric residencies to fulfill the future patient needs, which must also be considered. And psychiatric medications are medically complex and affect multiple body systems; and safe prescribing requires full medical training. But with a limited pharmacopoeia and year of master's degree education followed by two years of SB2047: testimony of SHPDA (2026), continued. careful supervision proposed here for prescribing psychologists, these concerns we believe can be addressed SHPDA supports this bill with those safeguards; but we also defer to the University of Hawai`i psychiatry professionals and the HMA to consider additional but achievable means of assuring high-quality and clinically appropriate care to be considered to allow this expansion of scope to occur safely.

However, in a circumstance in which prescribing psychologists who have achieved the significant educational training with psychiatric supervision required here, this expanded scope of practice would allow many more patients-in-need to be treated effectively and safely. It would further establish an appropriate and desirable partnership between psychiatrists and psychologists for the benefit of patients and patient safety. This partnership would also recognize and address the clinical complexity and common occurrence of dangerous medication side-effects of behavioral health medications to assure safety. Thank you for hearing SB 847-SD1.

Thank you for hearing SB 847-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

OFFICE OF THE MAYOR
DEREK S.K. KAWAKAMI, MAYOR
REIKO MATSUYAMA, MANAGING DIRECTOR

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

Before the
Senate Committee on Commerce and Consumer Protection
February 26, 2026; 9:45 AM
Conference Room 229 & Videoconference

In consideration of
Senate Bill 847 SD1
Relating to Psychologists

Honorable Chair San Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

The County of Kaua'i is in **strong support** of SB 847 SD1 which allows qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

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 appropriate mental health treatment, the consequences are devastating and too often end in suicide.

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

We look forward to this advancement in mental health care treatment services for our residents by allowing prescriptive authority to qualified psychologists statewide.

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

LATE

C. Kimo Alameda, Ph.D.
Mayor

William V. Brilhante, Jr.
Managing Director

Merrick Nishimoto
Deputy Managing Director

County of Hawai'i ~ Office of the Mayor

25 Aupuni Street, Suite 2603 • Hilo, Hawai'i 96720 • Phone (808) 961-8211 • Fax (808) 961-6553
KONA: 74-5044 Ane Keohokālole Hwy., Bldg C • Kailua-Kona, Hawai'i 96740
Phone (808) 323-4444 • Fax (808) 323-4440

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

Before the Senate Committee on
Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Thursday, February 26, 2026, 9:45 a.m.
State Capitol Conference Room 229 & Videoconference

In consideration of
Senate Bill No. 847 SD1
Relating to Psychologists

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

Mahalo for the opportunity to testify in strong support for Senate Bill No. 847 SD1, a measure that would allow appropriately trained psychologists to obtain prescriptive authority as a strategy to address Hawai'i's critical shortage of behavioral health prescribers.

As Mayor of the County of Hawai'i and as a licensed psychologist, I am deeply aware of the barriers our residents face in accessing timely psychiatric and medication management services, particularly in rural and neighbor island communities. These shortages result in prolonged wait times, fragmented care, and increased strain on emergency departments, primary care providers, and families seeking mental health support.

Senate Bill No. 847, SD1, offers a safe, evidence-based, and carefully structured solution. The bill expands prescriptive authority only to psychologists who complete rigorous postdoctoral education in clinical psychopharmacology, including the Master of Science in Clinical Psychopharmacology (MSCP), as well as supervised clinical training. This pathway is grounded in medical science, patient safety, and collaborative care and includes clear safeguards and scope limitations.

The MSCP curriculum is nationally recognized, and many faculty who teach in these programs also teach in medical and nursing schools, underscoring the rigor and credibility of this training. Psychologists who obtain prescriptive authority are trained to practice within interdisciplinary teams and to coordinate closely with primary care providers, psychiatrists, and other medical professionals. States that have implemented RxP have demonstrated that concerns related to safety, continuity, and collaboration can be effectively addressed.

Senate Bill No. 847, SD1, also represents a strategic investment in Hawai‘i’s behavioral health workforce. It supports the development and retention of local professionals, reduces reliance on off-island recruitment, and strengthens access to care for communities that have historically been underserved.

For patients, particularly those with co-occurring mental health and substance use disorders, this bill means timelier access to medication management, fewer treatment delays, and more integrated, person-centered care.

Mahalo nui loa for the opportunity to testify in strong support of Senate Bill No. 847, SD1, and for your continued commitment to strengthening Hawai‘i’s behavioral health system.

SB-847-SD-1
Submitted on: 2/22/2026 5:35:37 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerald Busch	Testifying for Hawaii Psychiatric Medical Association	Oppose	Written Testimony Only

Comments:

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

My name is **Gerald Busch MD MPH**, and I am a **psychiatrist and resident of Honolulu. I am board certified in psychiatry, child and adolescent psychiatry, addiction psychiatry and addiction medicine, and forensic psychiatry.** I strongly oppose SB847, which would grant psychologists prescriptive authority after only 400 hours of clinical training—compared to the over 12,000 hours required of psychiatrists.

The Access Problem Is Real—But SB847 Is Not the Solution. As the Director of Medical Education and Patient Care in the Queen's Punchbowl Psychiatric Emergency Department from 2020 through 2024, I supervised and managed psychiatric emergencies seven days a week, 365 days a year. Patients daily needed referrals for outpatient psychiatric care. We never had difficulty finding psychiatric appointments because we were familiar with the entire provider network across all islands. The real barrier is not a shortage of prescribers—it is the lack of a centralized system to connect patients with available providers.

A proven model already exists. The Hawai‘i CARES system (Coordinated Access Resource Entry System) serves as a centralized clearinghouse for substance use disorder treatment, providing universal intake, real-time tracking of provider availability, and coordinated referral and placement statewide. A parallel system for outpatient psychiatric care—one that curates a daily list of appointment availability across the provider network—would directly address the access gap that SB847 claims to solve, without compromising the quality of prescriber training.

The Legislature Has Already Recognized That Prescribing Psychotropic Medications Requires Medical Expertise. In 2024, this body introduced SCR34, requesting the Hawai‘i Medical Association and Hawai‘i Psychiatric Medical Association to convene a roundtable to establish medical protocols ensuring that a patient's thyroid function is tested before psychotropic medications are prescribed. This resolution recognized a critical clinical fact: thyroid disorders can mimic depression, anxiety, and bipolar disorder, and prescribing psychotropic medications without ruling out thyroid dysfunction can cause serious harm. Ordering and interpreting thyroid panels, recognizing when psychiatric symptoms are secondary to a medical condition, and managing the effects of medications like lithium on the thyroid and kidneys—these are medical acts that require medical training. A psychologist with 400 hours of clinical training is not equipped to perform them. SB847 is fundamentally incompatible with the

Legislature's own recognition in SCR34 that prescribing psychotropics requires expert medical judgment.

Evidence-based alternatives exist—the Collaborative Care Model, telemedicine, enhanced psychiatric consultation, and a centralized referral system modeled on Hawai‘i CARES—that can expand access without endangering patients. I respectfully urge you to **oppose SB847**.

Mahalo for your time and consideration.

Very respectfully,

Gerald Busch MD MPH

SB-847-SD-1
Submitted on: 2/22/2026 9:46:06 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Doreen L Fukushima	Testifying for Hawaii Psychiatric Medical Association	Oppose	Written Testimony Only

Comments:

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

My name is Doreen Fukushima, and I am a psychiatrist**.** I am writing to strongly oppose SB847, which would give psychologists prescriptive authority. I am in no way minimizing the need for more mental health providers in Hawaii and across our nation for that matter, but having people take on jobs they're not properly trained for can be more detrimental than addressing what the true barriers to health care are. Psychiatrists go through 4 years of medical school and 4 years of psychiatric residency before we're allowed to prescribe the medications we do. The reason for that is because our medications have serious side effects that can result in obesity, diabetes, permanent movement disorders, and even death if not done properly. Even after 8 years and over 20,000 hours of training, we still make mistakes but at least have that much more knowledge than psychologists who will only have a few hundred hours of exposure to these medications before being given the freedom to prescribe them.

Our colleagues in primary care, which consists of internists, pediatricians, and family medicine physicians, are hesitant to prescribe psychiatric medications despite having at least 7 years of medical training because of the serious side effects that can arise if they are prescribed inappropriately. It comes down to knowing our limitations because if we have psychologists prescribing these medications and causing more medical and neurological side effects, then our colleagues in the other specialties will get more patients who require treatment for their iatrogenic diabetes, tardive dyskinesia or other potential life-threatening complications from inappropriate prescribing. Then what will have started as a good intention, will lead to the physicians in Hawaii, which is already in a shortage and at risk of burning out, having more unnecessary patients from these complications.

The true obstacle to patients getting any type of medical or psychiatric care they need is the insurance companies who put up roadblocks to doctors doing our job. All of you reading this letter have legal backgrounds and don't have to deal with an insurance company blocking a pleading you write or asking for a prior authorization before you make a court appearance. However, physicians cannot even practice the evidence-based medicine we spend years learning because we are bogged down in calling insurance companies, getting placed on hold, and filling out countless hours of paperwork to get a medication or treatment to someone who needs it. In addition to all these barriers, these insurance companies demote us every year

and pay us less and less. Imagine if your paycheck decreased with time so you would need to see more clients just to make the same amount as the previous year.

If you approve this bill, then every patient who suffers from an adverse effect that results from an untrained psychologist prescribing a psychiatric medication will have to be something that your committee has to live with. I would also ask if you are ever plagued with a psychiatric illness, such as depression, post-traumatic stress disorder, or panic attacks, would you trust a psychologist who completed 400 hours of training in medications or a psychiatrist who completed over 20,000 hours? The choice of what medication, or even if you are the right candidate for a medication, can be the difference between life and death. The people of Hawaii are trusting that you make the right choice and not make a decision that will hurt more than help them. There is a better solution and I'm sure that if the Hawaii Psychiatric Medical Association were to be able to work collaboratively with the Legislature to come up with safe solutions to help with the physician shortage and need for care, then we would have a much better chance of ensuring all Hawaii residents get the care they deserve.

Thank you for your time,

Doreen Fukushima, M.D.

Hawai‘i Psychiatric Medical Association

Hawaii Chapter
OF THE AMERICAN ACADEMY OF PEDIATRICS

RE SB 847, SD1 RELATING TO PSYCHOLOGISTS

Position: Oppose

Aloha Chair Keohokalole, Vice-Chair Fukunaga, and Committee Members,

The 200 pediatricians represented by the American Academy of Pediatrics, Hawai'i Chapter (HAAP) are acutely aware of the dire effects of the healthcare worker shortage in our islands. As such, we appreciate that SB847 SD1 is clearly intended to improve access to mental healthcare for the people of Hawai'i. However, expanding even limited prescriptive authority to licensed psychologists with additional training and supervision does ensure patient safety or equitable care. It also unfortunately 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.

Although the bill requires both additional training for psychologists and oversight by a collaborating physician, we remain concerned that adequate safeguards against dangerous drug interactions and missed medical diagnoses causing neuropsychiatric symptoms are lacking. Additionally, keiki (including teenagers), as well as kūpuna (though care of the elderly is beyond our scope of practice) require different management than otherwise healthy adults. Children's disease processes, metabolism of medications, and treatment plans are often quite different than in adults. However, there are no age-based or scope limitations to psychologists' prescriptive authority in the bill. If the bill passes this Committee, we respectfully request that age-based restrictions be put in place to limit the prescription of psychotropic medications for children (aged under 18 years) to licensed pediatricians, psychiatrists, and other allied health providers, as is currently the case.

Another area of concern is that the bill limits expanded prescriptive authority to psychologists practicing in Federally Qualified Health Centers (FQHCs). 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. 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 (forgetting doses, taste of liquid medications in younger children, etc), 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 Hawaiʻi Chapter of the American Academy of Pediatrics

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Senator Jarrett Keohokalole, Chair, Senate Committee on Commerce and Consumer Protection

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

RE: SB847 SD1 — Relating to Psychologists (Prescriptive Authority)

Position: **Strong Opposition**

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

On behalf of the Hawai‘i Association of Professional Nurses (HAPN), we submit this testimony in **strong opposition** to SB847 SD1.

HAPN supports expanding access to mental health care in Hawai‘i and deeply values psychologists as essential members of the behavioral health care team. However, from a consumer protection and regulatory oversight perspective, SB847 creates a new psychotropic prescribing pathway that raises serious concerns regarding patient safety, regulatory clarity, enforcement feasibility, and accountability. This bill does not adequately demonstrate that the proposed model is the safest or most effective way to improve access for Hawai‘i consumers.

CPN’s role is especially important here because this measure is not only a health workforce bill. It is also a consumer protection bill. It proposes to authorize a new category of prescriber, assign new regulatory responsibilities, and create a framework that will affect how the State protects the public when high-risk medications are prescribed.

1. **Consumer protection concern: psychotropic prescribing carries high-risk consequences, and the public bears the cost of errors**

Psychotropic medications can produce serious adverse effects, dangerous interactions, withdrawal syndromes, metabolic complications, neurologic complications, and cardiac risk. In real-world practice, safe prescribing requires ongoing medical assessment, monitoring, and rapid response when something goes wrong.

From a consumer protection standpoint, the key issue is not whether psychologists are skilled clinicians in psychotherapy and assessment. The issue is whether the State should authorize a new prescribing pathway for high-risk medications without the same broad medical training foundation that underlies existing psychiatric prescriber pathways.

When prescribing authority expands, consumers reasonably assume the State has ensured a clear and sufficient training, monitoring, and accountability structure. If that structure is incomplete, unclear, or difficult to enforce, patients and families absorb the consequences first.

2. **Regulatory clarity concern: SB847 creates a complex framework that may be difficult to regulate consistently**

SB847 is often presented as a targeted access solution, but the bill actually creates a layered regulatory structure that is complex and compliance-dependent. It involves certification pathways, prescribing limitations, supervision/collaboration requirements, and practice conditions that will require interpretation, oversight, and enforcement.

From a CPN perspective, this raises several concerns:
• Are the standards clear enough for consistent enforcement across practice settings?
• Are the scope boundaries operationally clear enough to prevent drift or confusion?
• Which entity is responsible when supervision/collaboration requirements break down in practice?
• How will the State monitor compliance in real time rather than only after harm occurs?
• Does the State currently have the enforcement capacity to oversee this safely?

A bill that depends heavily on layered safeguards can appear protective on paper but still be difficult to regulate in practice. CPN should closely evaluate whether this framework is truly enforceable or whether it creates preventable ambiguity.

3. **Accountability concern: SB847 risks fragmented responsibility when adverse outcomes occur**

One of the most important consumer protection questions is accountability. In medication-related harm, patients and families need clear answers about who was responsible, what the standard of care was, and whether safeguards were followed.

SB847 introduces a model that may create fragmented accountability across multiple actors (prescribing psychologist, supervising/collaborating physician, practice setting, and regulatory boards). In practice, fragmented accountability can lead to delayed correction, inconsistent oversight, and confusion during investigations.

CPN should be cautious about establishing a new prescribing model where:
• responsibility may be distributed across professions and settings,
• standards may be interpreted differently, and
• enforcement may require multiple agencies or boards to coordinate after a complaint is filed.

Consumer protection is strongest when accountability is clear before harm occurs, not only after.

4. **Market and access concern: SB847 may create the appearance of expanded access without solving the actual barriers consumers face**

HAPN agrees that consumers face unacceptable delays and barriers in mental health care. However, the barriers most Hawai‘i patients experience are not solved simply by creating a new prescriber category.

Patients are delayed by:
• provider distribution problems across islands,
• payer network inadequacy,
• credentialing and paneling delays,
• reimbursement barriers, and
• administrative burden that reduces available appointment capacity.

From a commerce and consumer perspective, SB847 may function as a "structural add-on" rather than a direct access fix. It creates a new regulatory category and new oversight demands, but does not directly address the market failures and system bottlenecks consumers encounter every day.

CPN should ask whether this bill improves consumer access in a measurable way, or whether it primarily changes who may prescribe within an already constrained system.

5. **Evidence and policy fit concern: Hawai'i should not import another state's model without proving fit for Hawai'i's system**

Supporters frequently cite experiences from other states. HAPN respectfully submits that CPN should require Hawai'i-specific policy justification before authorizing a new psychotropic prescriber category.

Hawai'i has unique conditions:
• island geography and inter-island access barriers,
• workforce distribution challenges,
• a different payer and network landscape,
• heavy reliance on telehealth in behavioral health care, and
• existing psychiatric prescribing capacity through psychiatrists and psychiatric APRNs.

From a consumer protection standpoint, the burden should be on proponents to show not only that a model exists elsewhere, but that it is a safe, enforceable, and effective fit for Hawai'i's regulatory environment and consumer needs.

6. **Better consumer-protective alternatives are available now**

If the Legislature's goal is faster, safer access for consumers, Hawai'i has less risky and more direct options that do not require creating a new psychotropic prescribing category.

HAPN supports:
• expanding psychiatric APRN and psychiatrist recruitment/retention, especially for underserved areas;
• strengthening telehealth and telemental health deployment statewide;
• reducing payer and credentialing barriers that delay access;
• improving network adequacy and reimbursement to retain existing prescribers; and
• investing in team-based behavioral health care models with clear medical prescribing accountability.

These approaches target the barriers consumers actually face while preserving a clear and established prescribing accountability structure.

7. **CPN-specific questions the Committee should require clear answers to before advancing this bill**

HAPN respectfully urges CPN to require clear responses to the following consumer protection questions:

• What specific Hawai‘i consumer access metrics will improve if SB847 becomes law?
• What is the implementation timeline before consumers actually benefit?
• What board or agency will monitor compliance with supervision/collaboration requirements, and how?
• What auditing, reporting, and enforcement mechanisms will be used?
• How will adverse events be tracked and publicly evaluated?
• What are the complaint pathways for consumers, and which board has primary responsibility?
• What resources are needed for oversight, and who pays for them?
• What protections exist to prevent expansion beyond the stated safeguards without outcome review?

If these questions cannot be answered clearly, CPN should not move forward.

8. **If the Committee advances SB847 despite opposition, CPN should significantly strengthen consumer safeguards**

HAPN remains in strong opposition. However, if CPN advances the bill, we urge the Committee to add stronger consumer protection provisions, including:

• mandatory outcome and adverse event reporting;
• periodic independent review of safety and access outcomes;
• explicit audit authority and compliance standards;
• clearly defined complaint investigation pathways and lead enforcement authority;
• tighter formulary and prescribing limitations;
• mandatory psychiatrist consultation/referral triggers for high-risk populations; and
• a sunset clause requiring reauthorization only after documented Hawai‘i-specific outcome review.

These safeguards are necessary if the Committee proceeds, but they do not eliminate HAPN’s core concerns.

Conclusion

SB847 SD1 asks the State to authorize a new psychotropic prescribing pathway with significant implications for consumer safety, regulatory enforcement, and accountability. From a commerce and consumer protection perspective, HAPN believes this bill creates avoidable risk while failing to directly address the market and system barriers that are driving access problems for Hawai‘i patients.

Hawai‘i can improve mental health access through stronger workforce deployment, telehealth expansion, and system reform without weakening clarity around prescribing accountability for high-risk medications.

For these reasons, HAPN respectfully requests that the Committee defer SB847 SD1.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,
Hawai‘i Association of Professional Nurses (HAPN)

Hawaii Medical Association
1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Date: February 26, 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 SD1 RELATING TO PSYCHOLOGISTS **-** Board of Psychology; Prescriptive Authority; Psychologists; Conditional Prescription Certificate; Prescriptive Certificate; Rules
Position: Oppose

This measure would allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances and require the Board of Psychology to adopt rules. (SD1)

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.

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.

Importantly, meaningful progress is already underway in Hawai‘i. Behavioral Health Integration within primary care is expanding, increased connectivity and telehealth capacity continues to grow across islands, collaborative care models such as Project ECHO are strengthening real-time consultation, and workforce initiatives — including residency growth and loan repayment programs — are helping stabilize the pipeline. These evidence-based, team-centered strategies expand access while maintaining essential safeguards.

HMA strongly supports improving access to behavioral health services. At the same time, we must ensure that access does not come at the expense of quality or create different expectations based on geography. **We respectfully urge policymakers to fortify and scale Hawai‘i’s investments in Behavioral Health Integration, telehealth expansion, and system-level workflow innovation — proven approaches that expand access while preserving the highest standards of quality and safety for our most vulnerable communities.**

Mahalo for the opportunity to testify on this measure.

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Psychologists Opposed to Prescription Privileges for Psychologists

Petition-Testimony
OPPOSE SB-847

A REQUEST TO OPPOSE LEGISLATION GRANTING 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 Mislead Legislatures Into Granting Psychologists Prescriptive Authority" critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the 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.

*psychologists highlighted are psychologists in Vermont who oppose this bill

Alex Williams	University of Kansas	alexwilliams123@gmail.com
Alexander Kriss	Fordham University	akriss1@fordham.edu
Alexandra Solovey	Minnesota School of Professional Psychology	sandrazas@gmail.com
Alix Timko, Ph.D.	Towson University	ctimko@towson.edu
Alan E. Fruzzetti, Ph.D.	University of Nevada, Reno	aef@unr.edu
Andrew M. Sherrill, M.A.	Northern Illinois University	andrew.sherrill@gmail.com
Andrew Whitmont, Ph.D.	dba Yakima Psychological Services	yakpsyche@yahoo.com
Anne Marie Albano, Ph.D., A.B.P.P.	Columbia University College of Physicians and Surgeons	aa2289@columbia.edu
Arlyne J. Gutmann, Ph.D.	Private Practice	ajgutmann@aol.com
Barry Dauphin, Ph.D.	Private Practice	barrydauphin@mac.com
Beth Hartman McGilley, PhD	Univ. of Kansas School of Medicine	bmcgilley@psychology.kscoxmail.com
Braden Berkey, Psy.D.	Prairie Psychological Services	braden.berkey@sbcglobal.net
Brandon Gaudiano, Ph.D.	Butler Hospital/Brown University	brandon_gaudiano@brown.edu
Brett Deacon, Ph.D.	University of Wollongong	bdeacon@uow.edu.au
Brian Chu, Ph.D.	Rutgers University	brianchu@rci.rutgers.edu
Bruce L. Baker, Ph.D.	UCLA	baker@psych.ucla.edu
Bruce Gale, Ph.D.	BehaviorTech Solutions, Inc	bruce@bgalephd.com
Carolina Clancy, Ph.D.	Durham VA Medical Center	carolina.clancy@va.gov
Carolyn A. Weyand, Ph.D	Private Practice	cweyand@copper.net
Carolyn Black Becker, Ph.D.	Trinity University	cbecker@trinity.edu
Catherine A. Fiorello, Ph.D., A.B.P.P.	Temple University	catherine.fiorello@temple.edu
Cheryl Carmin, Ph.D.	Ohio State University	Cheryl.Carmin@osumc.edu
Cynthia Spanier, Ph.D.	Psychological Health & Behavioral Medicine	cyndiespanier@aol.com
Dana Fox, Ph.D.	Private Practice	decfox@aol.com
Daniel J. Burbach, Ph.D., A.B.P.P.	Lakeview Psychological Associates, S.C.	dbgc@tds.net
David Fresco, Ph.D.	Kent State University	fresco@kent.edu

David Marcus, Ph.D.	Washington State University	david.marcus@wsu.edu
David S. Schwartz, M.A.		DSchwa68@aol.com
David Valentiner, Ph.D.	Northern Illinois University	dvalentiner@niu.edu
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com
Dawn Birk, Ph.D.	Indian Health Services Behavioral Health (MT)	dawn.birk@ihs.gov
Dean McKay, Ph.D.	Fordham University	mckay@fordham.edu
Deanna Barch, Ph.D.	Washington University	dbarch@artsci.wustl.edu
Diana S. Rosenstein, Ph.D.	Private practice	drosenstein@juno.com
Diane L. Bearman, Ph.D.	University of Minnesota Medical School	bearm003@umn.edu
Dianna L. Kucera, M.A.	Private Practice	DKucera21@yahoo.com
Don Benson, Psy.D.	Park Ridge Behavioral Health Care	donbenpsyd@yahoo.com
Douglas A. MacDonald, Ph.D.	University of Detroit Mercy, Dept of Psychology	macdonda@udmercy.edu
Drew A. Anderson, Ph.D.	University at Albany-SUNY	drewa@albany.edu
E. David Klonsky, Ph.D.	University of British Columbia	edklonsky@gmail.com
Edward Katkin, Ph.D.	SUNY at Stony Brook	edward.katkin@sunysb.edu
Elaine Heiby, Ph.D.	University of Hawaii at Manoa	heiby@hawaii.edu
G Neffinger, Ph.D., A.B.P.P.	Private Practice	ggneff@earthlink.net
Gail Margoshes, Psy.D.	Private Practice	margoshes@aol.com
Gary Schoener, M. Eq.	Gary R. Schoener Consulting	grschoener@aol.com
Geoffrey L. Thorpe, Ph.D., A.B.P.P.	University of Maine	geoffrey.thorpe@umit.maine.edu
Gerald C. Davison, Ph.D.	University of Southern California	gdaviso@usc.edu
Gerald Rosen, Ph.D.	University of Washington	gmrseattle@gmail.com
Gregory Stuart, Ph.D.	University of Tennessee Health Science Center	gstuart@utk.edu
Howard Eisman, Ph.D.	New York Institute for Cognitive and Behavioral Therapy	howardeisman@verizon.net
Howard N. Garb, Ph.D.	Lackland Air Force Base	howard.garb@lackland.af.mil
Ian Douglas Rushlau, Psy.D.	Belmont Center for Comprehensive Treatment	RushlauI@einstein.edu
Ian R. Sharp, Ph.D.	Private Practice	is@medavante.net
Ilyssa Lund, Psy.D.	Argosy University	ilyssa.lund@gmail.com
James C. Megas, Ph.D., L.P.	Private Practice	jmegas@cal.berkeley.edu
James Carson, Ph.D.	Oregon Health Science University	carsonja@ohsu.edu
James Coan, Ph.D.	University of Virginia	jcoan@virginia.edu
James D. Herbert, Ph.D.	Drexel University	james.herbert@drexel.edu
James G. Murphy, Ph.D.	University of Memphis	jgmurphy@memphis.edu
James Overholser, Ph.D., A.B.P.P.	Case Western Reserve University	overholser@case.edu
James Schroeder, Ph.D.	St. Mary's Center for Children	jschroeder@stmarys.org
Jan Willer, Ph.D.	Private Practice	jan@drwiller.com
Jane E. Fisher, Ph.D.	University of Nevada, Reno	jefisher6@yahoo.com
Jeff R. Temple	University of Texas Medical Branch, Galveston	jetemple@utmb.edu
Jeffrey M. Lohr, Ph.D.	University of Arkansas	jlohr@uark.edu
Jeffrey M. Zacks, Ph.D.	Washington University	jzacks@artsci.wustl.edu
John A. Yozwiak, Ph.D.	University of Kentucky	jayozwiak@uky.edu
John Allen, Ph.D.	University of Arizona	jallen@u.arizona.edu
John Breeding, Ph.D.	Private Practice	wildcolt@austin.rr.com
John B. Hertenberger, PhD	Rockdale Juvenile Justice Center	johnh@rrjjc.com
John C. Hunziker, Ph.D.	Private Practice	JCHunziker@msn.com
John P. Hatch, Ph.D.	University of Texas Health Science Center at San Antonio	hatch@uthscsa.edu
John T. Moore, Ph.D.	Richmond State Hospital	moorejohnt@gmail.com
Jon Elhai, Ph.D.	University of Toledo	jonelhai@gmail.com
Jonathan Abramowitz, Ph.D.	University of North Carolina at Chapel Hill	jabramowitz@unc.edu
Jordan Bell, Ph.D.	New Mexico Veterans Affairs Health Care System	jordan.bell@va.gov
Jorge Cuevas, Ph.D.	Advocate Illinois Masonic Medical Center Behavioral Health Services	Jorge.Cuevas@advocatehealth.com
Joseph Hatcher, Ph.D., A.B.P.P.	Nationwide Children's Hospital	Joseph.Hatcher@NationwideChildrens.org
Julie Larrieu, Ph.D.	Tulane University School of Medicine	jlarrie@tulane.edu
K. Anthony Edwards, Ph.D.	Private Practice	kanth86@hotmail.com

Karl Schmitt, Psy.D.		ksschmitt@gmail.com
David L. Van Brunt, Ph.D.	Private Practice	dlvanbrunt@gmail.com
Karen B. Wasserman, PsyD, RN	Private Practice	drkarenb@columbus.rr.com
Katherine Kainz, Ph.D.	Olmsted Medical Center	kkainz@olmmed.org
Kathleen Palm, Ph.D.	Clark University	kpalm@clarku.edu
Kelly G. Wilson, Ph.D.	University of Mississippi	kwilson@olemiss.edu
Kenneth D. Cole, Ph.D.	VA Long Beach Healthcare System	kenneth.cole@va.gov
Kenneth Feiner, Psy.D.	Private Practice	kenfeiner@aol.com
Kenneth L. Grizzle, Ph.D.	Medical College of Wisconsin	kgrizzle@mcw.edu
Kristin Kuntz, Ph.D.	The Ohio State University Medical Center	kristin.kuntz@osumc.edu
Kristy Dalrymple, Ph.D.	Brown University/Rhode Island Hospital	kristy_dalrymple@brown.edu
Latha Soorya, Ph.D.	Mount Sinai School of Medicine	latha.soorya@mssm.edu
Leonardo Bobadilla, Ph.D.	Western Carolina University	lbobadilla@wcu.edu
LeRoy A. Stone, Ph.D., A.B.P.P.	Private Practice	lastone2@earthlink.net
Lewis Schlosser, Ph.D.	Seton Hall University	lewis.schlosser@shu.edu
Lisa Hoffman-Konn, Ph.D.	Minneapolis VAMC	lisa.hoffman-konn@va.gov
Lisette Wright, M.A.	Private Practice	lwrightpsy1@earthlink.net
Marc Atkins, Ph.D.	University of Illinois at Chicago	atkins@uic.edu
Marc Kessler, Ph.D.	University of Vermont	mkessler@uvm.edu
Marion Rollings, Ph.D.	Private Practice	Drmarionrollings@gmail.com
Marion Rudin Frank, Ed.D.	Private Practice	mjfrank@comcast.net
Mark D. Popper, Ph.D.	Sequoia Psychotherapy Center, Inc.	mdpphd@comcast.net
Mark Zipper, Ph.D.	Allina Medical Clinic	Mark.Zipper@allina.com
Marlys Johnson, M.A.	University of Minnesota	marlysjohn@aol.com
Martin Keller, Ed.D., A.B.P.P.	Private Practice	martykeller@cox.net
Mary A. Fristad, Ph.D., A.B.P.P.	Nationwide Children's Hospital	mary.fristad@nationwidechildrens.org
Mary Gail Frawley-O'Dea, Ph.D.	Private Practice	mgfod@aol.com
Mary Lamia, Ph.D.	Private Practice	drlamia@aol.com
Mary Pharis, Ph.D., ABPP	Private Practice	marypharis@mail.utexas.edu
Matthew Fanetti, Ph.D.	Missouri State University	mfanetti@missouristate.edu
Matthew Jarrett, Ph.D.	University of Alabama	majarrett@ua.edu
Matthew K. Nock, Ph.D.	Harvard University	nock@wjh.harvard.edu
Michael Aisenberg, Psy.D.	Private Practice	Dr.A@yourAgame.com
Michael Handwerk, Ph.D.	Harrisburg Medical Center	handwerkm@yahoo.com
Michael J. Rohrbaugh, Ph.D.	University of Arizona	michaelr@u.arizona.edu
Michael Myslobodsky, Ph.D.	Howard University	mmyslobodsky@gmail.com
Michael P. Twohig, Ph.D.	Utah State University	michael.twohig@usu.edu
Michael Thompson, Psy.D.	Private Practice	info@drmichaelthompson.com
Michaele P. Dunlap, Psy.D.	Mentor Professional Corporation	talkdoc@comcast.net
Michelle James, Ph.D., A.B.P.P.	Private Practice	mjames@oakton.edu
Mike Parent, Ph.D.	University of Texas, Austin	michael.parent@austin.utexas.edu
Milton E. Strauss, Ph.D.		Milton.Strauss@gmail.com
Molly S. Clark, Ph.D.	University of Mississippi Medical Center	mclark@umc.edu
Monte Bobele, Ph.D., A.B.P.P.	Our Lady of The Lake	bobem@lake.ollusa.edu
Nandi Haryadi	PT. Mekar Armada Jaya	n4ndie@gmail.com
Nathan Weed, Ph.D.	Central Michigan University	nathanweed@charter.net
Nicki Moore, Ph.D.	University of Oklahoma	nmoore@ou.edu
Nikeisha Johnson	U.S. Army	nsj1@yahoo.com
Patricia J Aletky, Ph.D.	Private Practice	aletk001@umn.edu
Patricia K. Kerig, Ph.D.	University of Utah	p.kerig@utah.edu
Patricia McKenna, Ph.D.	Private Practice	mail@patriciamckenna.com
Patrick L. Kerr, Ph.D.	West Virginia University School of Medicine	pkerr@hsc.wvu.edu
Paul Arbisi, Ph.D., A.B.P.P.	Minneapolis VA Medical Center	arbis001@umn.edu

Paul M. Brinich, Ph.D.	Private Practice	brinich@unc.edu
Paul Springstead, Ph.D., A.B.P.P.	Northern Pines MHC	pspringstead@npmh.org
Paula D. Zeanah, Ph.D.	Tulane University	pzeanah@tulane.edu
Paula MacKenzie, Psy.D.	Private Practice	paula_mackenzie_126@comcast.net
Peter H. Lewis, Psy.D.	James A. Lovell Federal Health Care Center	peter.lewis@va.gov
R C Intrieri	Western Illinois University	mfrci@wiu.edu
Ralph J. Tobias, Ph.D.		Tobiasrj@sbcglobal.net,
Reid K Hester, Ph.D.	Private Practice	reidhester@behaviortherapy.com
Renate H. Rosenthal, Ph.D.	University of Tennessee Health Science Center	rrosenthal@uthsc.edu
Richard B. Stuart, D.S.W., A.B.P.P.	University of Washington	rstuart@seanet.com
Richard H. Schulte, Ph.D.	Private Practice	rickschulte@cox.net
Robert Bloom, Ph.D.	Chicago School of Professional Psychology	bobloom@ameritech.net
Robert Henry, Ph.D.	Center for Problem-Solving Therapy	earthy.psychologist@doctor.com
Robert H. Moore, Ph.D.	Albert Ellis Institute (retired)	moorebob@juno.com
Robert Parker, Ph.D.	Private Practice	bob@focusreframed.com
Robert Klepac, Ph.D.	University of Texas Health Science Center – San Antonio	bobappic@aol.com
Richard Schweickert, Ph.D.	Purdue University	swike@psych.purdue.edu
Robert L. Sokolove, Ph.D.	Boston University School of Medicine	sokolove@bu.edu
Robin MacFarlane, Ph.D.	Private Practice	MacFarlane.testing@gmail.com
Roland Moses, Ed.D., A.B.P.P.	Private Practice	rolandgmoses@msn.com
Ron Acierno, Ph.D.	Medical University of South Carolina	acierno@musc.edu
Ronald Glaus, Ph.D.	Oregon State Hospital (ret.)	rag7@comcast.net
Sam R. Hamburg, Ph.D.	Sam R. Hamburg, Ph.D.	Sam R. Hamburg, Ph.D.
Samantha Kettle, Psy.D.	VA Medical Center, Durham	samantha.kettle@va.gov
Samuel B. Tobler, Ph.D.	Private Practice	samuel.tobler@mountainhome.af.mil
Sandra Georgescu, Psy.D.	Chicago School of Professional Psych	sgeorgescu@sbcglobal.net
Sartaj Ahmad Allaie	University of Kashmir	Sartajno3@gmail.com
Scott F. Coffey, Ph.D.	University of Mississippi Medical Center	scoffey@psychiatry.umsmed.edu
Scott J. Hunter, Ph.D.	University of Chicago	shunter@yoda.bsd.uchicago.edu
Seth J. Gillihan, Ph.D.	Haverford College	mail@sethgillihan.com
Shireen L. Rizvi, Ph.D.	New School for Social Research	RizviS@newschool.edu
Sophia K. Bray, Ph.D.	Private Practice	sk-bray@comcast.net
Stephen Benning, Ph.D.	Vanderbilt University	s.benning@vanderbilt.edu
Stephen E. Finn, Ph.D.	Center for Therapeutic Assessment	sefinn@mail.utexas.edu
Stephen Labbie, Ph.D.	Private Practice	labbiephd@comcast.net

Steven B. Gordon, Ph. D., A.B.P.P	Steven B. Gordon, Ph. D., A.B.P.P	sgordon@behaviortherapyassociates.com
Steven C. Hayes, Ph.D.	University of Nevada	stevenchayes@gmail.com
Steven M. Ross, Ph.D.	University of Utah	steve.ross@utah.edu
Stewart Shankman, Ph.D.	Northwestern University	stew.shankman@northwestern.edu
Stuart Quirk, Ph.D.	Central Michigan University	Stuart.Quirk@gmail.com
Susan M. Flynn Ph.D.		flynnphd@comcast.net
Susan E. Hickman, Ph.D.	Oregon Health & Science University	hickmans@ohsu.edu
Susan Wenze, Ph.D.	Brown University Medical School	susan_wenze@brown.edu
Suzann P. Heron, M.A.	Private Practice	spheron8@aol.com
Tanya Tompkins, Ph.D.	Linfield University	tatompki@linfield.edu
Teri Hull, Ph.D.	Rush University Medical Center	Teri_Hull@rush.edu
Terry Unumb, Ph.D.	Private Practice	drtunumb@aol.com
Terry Wilson, Ph.D.	Rutgers University	tewilson@rci.rutgers.edu
Thomas C. Hamburgen, Ph.D.	Consultants in Anxiety and Related Disorders	thamburgen@charter.net
Thomas Gustavsson, M.A.	Psychology Partners	Thomas.gustavsson@psykologpartners.se
Thyra Fossum, Ph.D.	Private practice	thyrafossum@gmail.com
Tim Carey, Ph.D.	University of Canberra	Tim.Carey@canberra.edu.au
Timothy A. Post, Psy.D	Whiteman Air Force Base	timothy.post@whiteman.af.mil
Timothy E. Spruill	Florida Hospital	timothy.spruill.edd@flhosp.org
Timothy Tumlin, Ph.D.	Clinical & Health Psychologists, Ltd.	tumlintr@comcast.net
Todd Finnerty, Psy.D.	Private Practice	toddfinnerty@toddfinnerty.com
Toni Heineman, D.M.H.	A Home Within	theineman@ahomewithin.org
Tony Papa, Ph.D.	University of New Mexico	apapa@unr.edu
Tracy A Knight, Ph.D.	Western Illinois University	TA-Knight@wiu.edu
Tracy L. Morris, Ph.D.	West Virginia University	tracy.morris@mail.wvu.edu
Wayne B. Kinzie, Ph.D., A.B.P.P.	Grand Valley State University	kinziew@gvsu.edu
Wendy Nilsen, Ph.D.	University of Rochester School of Medicine	Wendy_Nilsen@URMC.Rochester.edu
William Robiner, Ph.D., A.B.P.P.	University of Minnesota Medical School	robin005@umn.edu
Yessenia Castro, Ph.D.	UT Austin	ycastro1@mdanderson.org

Senator Jarrett K. Keohokalole, Chair
Senator Carol A. Fukunaga, Vice-Chair
Senate Committee on Commerce and Consumer Protection Committee
Hawaii State Capitol, Room 229

Hearing Date: February 26, 2026
9:45 AM
Re: **SB847 SD1 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair Keohokalole, Vice-Chair Fukunaga, 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 SB847 SD1, which would grant qualified psychologists limited authority to prescribe psychotropic medications.

We urge the Committee to reject this bill. If passed, SB847 SD1 could endanger Hawai'i's most vulnerable residents—our keiki, rural communities, and kūpuna—by allowing professionals without medical training to prescribe potentially dangerous medications.

The Case Against Psychologist 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.

Hawai'i Residents Share These Concerns

A 2022 APA poll found that nearly 80% of Hawai'i residents believe only individuals with a medical degree and state medical license should be permitted to prescribe psychotropic medications.

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. Increase Medicaid reimbursements—one of the lowest in the nation, especially when adjusted for state's cost of living—to attract and retain prescribing physicians.
3. Continue to expand and develop robust telemedicine services across the state, which can bring mental health care to otherwise underserved areas
4. Expand integrated care models, such as the Collaborative Care Model, which improve access while maintaining patient safety.

We have attached a chart comparing education requirements for psychiatrists, psychologists, nurse practitioners, and physician assistants.

We appreciate your commitment to addressing mental health issues facing our state. We would welcome the opportunity to engage further on this issue and explore safe alternatives. Thank you for the opportunity to share our concerns on this critical issue.

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

Psychiatric Medications Affect All Body Systems

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

Nervous

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

Skin

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

Respiratory

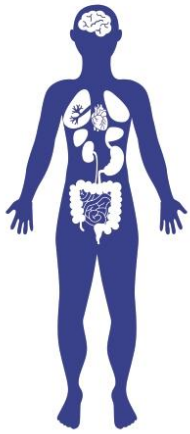
Medications are known to affect a patient's ability to breathe and rate of breath. May cause respiratory failure.

Urinary

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

Cardiovascular Circulatory

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



Reproductive

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

Endocrine

Medications can change patients' hormone production, secretion and metabolism. May cause abnormal breast development and lactation in men and women.

Immune

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

Musculoskeletal

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

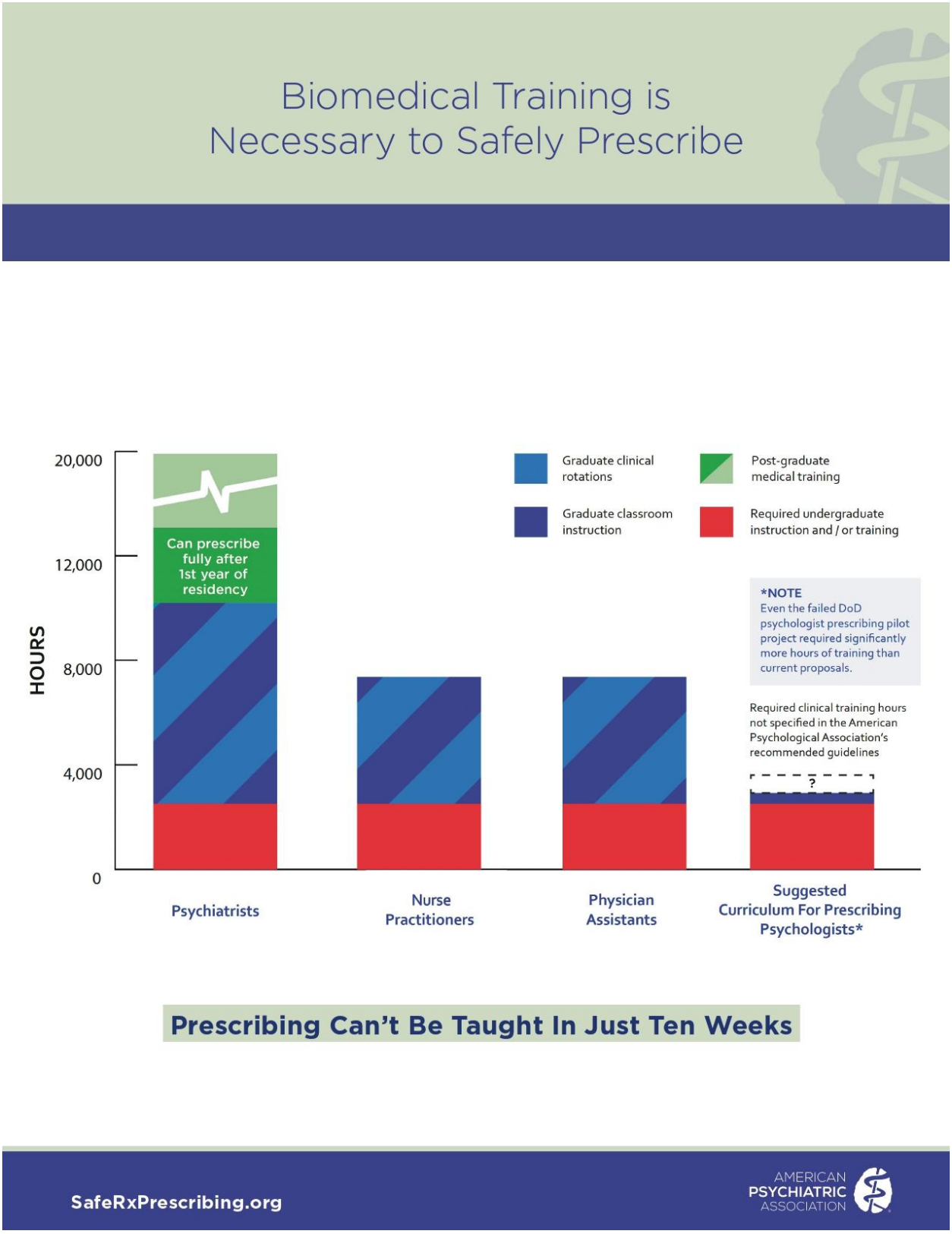
Digestive

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

SafeRxPrescribing.org

AMERICAN PSYCHIATRIC ASSOCIATION


What's The Difference Between Psychiatrists And Psychologists?
Psychiatrists
Psychologists
"-iatry" refers to medical treatment
Medical doctor
Assess both mental and physical aspects of psychological problems
Conduct and prescribe medical treatments
Experts in mental health
Conduct psychotherapy
"-ology" refers to the study of a topic
Advanced degree
Extensive training in research or clinical practice
Specialize in psychological testing and evaluation
SafeRxPrescribing.org
AMERICAN PSYCHIATRIC ASSOCIATION


Biomedical Training is Necessary to Safely Prescribe
20,000
12,000
8,000
4,000
0
HOURS
Can prescribe fully after 1st year of residency
Graduate clinical rotations
Graduate classroom instruction
Post-graduate medical training
Required undergraduate instruction and / or training
*NOTE
Even the failed DoD psychologist prescribing pilot project required significantly more hours of training than current proposals.
Required clinical training hours not specified in the American Psychological Association's recommended guidelines
?
Psychiatrists
Nurse Practitioners
Physician Assistants
Suggested Curriculum For Prescribing Psychologists*
Prescribing Can't Be Taught In Just Ten Weeks
SafeRxPrescribing.org
AMERICAN PSYCHIATRIC ASSOCIATION

AMERICAN PSYCHIATRIC ASSOCIATION

800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

February 23, 2026
The Honorable Jarrett Keohokalole, Chair
Senate Commerce and Consumer Protection Committee

The Honorable Carol Fukunaga, Vice-Chair
Senate Commerce and Consumer Protection Committee

Hawaii State Capitol
Conference Room 229
415 South Beretania Street
Honolulu, Hawaii 96813

Re: Hawaii SB 847 – Oppose

Dear Chair Keohokalole, Vice Chair Fukunaga, and the Commerce and Consumer Protection Committee members:

On behalf of the American Psychiatric Association, a national medical specialty society representing over 39,000 psychiatric physicians, as well as their patients and families, we strongly urge you and the members of the Committee to oppose SB 847, which would authorize psychologists to prescribe powerful psychotropic medications without appropriate medical training. SB 847 will jeopardize the safety of patients with mental health and substance use disorders in Hawaii.

Patient safety must be paramount when considering the change of any law, and this bill puts Hawaii's most vulnerable patients at risk including the elderly, children, pregnant women, and people with disabilities. Prescribers who are not medically trained could put patients who live with mental illness and substance use disorder (SUD) at risk, especially those with medical co-morbidities.

Supporters of SB 847 say this bill will increase access to needed mental health care. However, there is no data to support this, including in rural and underserved areas. We know in states that have allowed psychologists to prescribe that those states have seen no increased access to mental health and substance use disorder services. In addition, Medicare, which provides insurance for over three hundred

thousand people in Hawaii, does not reimburse prescribing psychologists for pharmacologic management due to their lack of medical education and training. Additionally, this bill will ultimately siphon psychologists off from providing the needed clinical therapies that fall within their expertise.

Psychologists often receive their education in research, therapies, psychological testing, and evaluation. They simply do not have the medical training needed to understand the effect psychotropic medications have on an individual. SB 847 only requires 400 hours of clinical training with only one hundred patients with mental disorders for psychologists, which is dangerously inadequate compared to the training psychiatrists and other prescribing professionals receive.

In contrast, a psychiatrist completes their undergraduate degree, spending an additional 4 years in medical school learning basic science topics such as anatomy, biochemistry and pathophysiology and an additional 4 years in residency rotating at the patient bedside and accruing over 12,000 hours of training in the medical treatment of mental health and substance use disorders. Psychiatrists also treat a significant number of patients with co-morbid medical conditions, such as mental illness along with heart disease or diabetes. Patients needing more than one drug at a time for mental and physical conditions are at risk for potentially serious drug interactions. The clinicians who treat these patients must be medically trained to understand and treat all systems of the body to recognize the warning signs of adverse effects.

We strongly encourage the committee to protect patient safety by opposing this bill and supporting and building-upon proven evidenced based solutions such as:

- Allocating funding to primary care practices to implement the Collaborative Care Model. This model is a multiplier for the psychiatric workforce and has over 100 randomized-control studies demonstrating its effectiveness to increase access to care, improve patient and provider satisfaction, as well as reduce costs to the overall healthcare system.
- Increasing loan repayment opportunities, which will lessen physician debt and is an encouraging factor in areas where physicians practice.
- Increasing residency slots for psychiatry, which allows for greater opportunities for students to specialize in psychiatry. The Hawaii psychiatry residency training program produces multiple general psychiatry residents each year, with additional graduates from its child psychiatry and addiction psychiatry fellowship programs, which is a great step in the right direction.
- Expanding telehealth services, including audio-only services.

I urge you to preserve patient safety and consider alternative solutions to psychologist prescribing privileges and oppose Senate Bill 847.

Sincerely,

Marketa Wills, MD, MBA, FAPA

CEO and Medical Director

American Psychiatric Association

Philippine Medical Association of Hawai'i
94-837 Waipahu Street, Waipahu, HI 96797
P.O.Box 1294, Pearl City, Hawai'i 96782 ● Ph: 888-674-7624
● Fax: 888-391-7624 pmahinfo@gmail.com ● www.pmah-hawaii.org

Senate Chair Keohokalole and Members of the Senate CPN Committee,

On behalf of the Philippine Medical Association of Hawai'i (PMAH), I write in respectful **opposition to SB 847.**

PMAH represents physicians serving communities across our state — including rural and neighbor island populations facing urgent, well-documented barriers to behavioral health care. We share the Committee's concern about Hawai'i's mental health workforce shortage and remain committed to meaningful, sustainable solutions that expand access.

Our opposition is rooted in patient safety. Psychotropic medications carry complex physiologic effects that extend far beyond psychiatric symptom management. Safe prescribing demands comprehensive training in systemic disease, pharmacokinetics, drug interactions, and the clinical judgment to recognize and manage acute medical deterioration. Mental health conditions rarely exist in isolation — they intersect with diabetes, cardiovascular disease, pregnancy, neurologic illness, substance use disorders, and the compounding vulnerabilities of aging. Navigating these realities requires the depth of training that medical education and residency provide.

Collaborative care models can help mitigate these risks — but only where they exist. That infrastructure is not uniformly available across Hawai'i, and expanding prescriptive authority without it risks creating a two-tiered standard of care. The communities most likely to be affected are the same rural and underserved communities we most need to protect.

Hawai'i has already demonstrated that access and safety can advance together. Behavioral health integration initiatives, telehealth expansion, and collaborative care frameworks have meaningfully strengthened our behavioral health system while preserving essential safeguards. Continued investment in these team-based, physician-partnered models offers a more equitable and sustainable path forward than independent prescribing authority.

Expanding access is not only possible — it is essential. But the path forward should not come at the expense of the patients we are trying to serve.

For these reasons, PMAH respectfully urges the Committee to defer SB 847 and to continue building the integrated, multidisciplinary infrastructure that Hawai'i's communities deserve.
Mahalo for the opportunity to submit testimony.

Respectfully submitted,

Rainier Dennis D. Bautista, MD, DABFM, FAAFP
Co-President, Philippine Medical Association of Hawaii

AMA
AMERICAN MEDICAL ASSOCIATION

John Whyte, MD, MPH
CEO, EXECUTIVE VICE PRESIDENT

john.whyte@ama-assn.org

February 24, 2026

The Honorable Jarrett Keohokalole
Chair
Senate Committee on Commerce
and Consumer Protection
Hawaii State Capitol, Room 205
415 South Beretania St.
Honolulu, HI 96813

The Honorable Carol Fukunaga
Vice Chair
Senate Committee on Commerce
and Consumer Protection
Hawaii State Capitol, Room 216
415 South Beretania St.
Honolulu, HI 96813

Re: **Hawaii SB 847 – Oppose**

Dear Chair Keohokalole and Vice Chair Fukunaga:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to **strongly oppose Hawaii Senate Bill 847 (SB 847)**, which would grant psychologists, who have no medical background, the authority to prescribe psychotropic medications on completion of a mere primer course in prescribing. Psychologists are invaluable—they play a unique and crucial role in our nation's health care system and are well-positioned to provide a range of mental health services—however, psychologists are not adequately prepared to prescribe medications to patients. This well-intentioned proposal offers a low-impact, high-risk solution to mental health care access issues in Hawaii.

Physicians regularly collaborate with psychologists to ensure patients receive the highest-quality medical care.

At their core, physicians strive to improve and protect the well-being of their patients and fight every day to ensure that each patient gets the time, attention, and quality of care they deserve. To this end, physicians recognize that collaboration across the care team is key to optimal health outcomes. The AMA appreciates the vital and irreplaceable role psychologists play in our nation's health care system. We emphasize that psychologists are well-trained behavioral health care experts who provide deeply necessary clinical services to millions of patients. Indeed, psychiatrists and primary care physicians work closely with psychologists to address patients' mental, emotional, and behavioral health care needs. Each member of this care team plays a distinct role: psychologists provide mental health assessments, psychotherapy, and a range of non-medical behavioral interventions, while psychiatrists and primary care physicians offer personalized medical care that is responsive to their patients' mental health needs and informed by a comprehensive understanding of the human body developed in medical school and residency.

A physician's medical expertise is necessary to safely manage psychotropic medications.

We urge lawmakers to reject the misperception that treating psychiatric illness is a straightforward enterprise. In practice, psychiatric illness is often highly complex, and its successful treatment can require intricate combinations of medications, both psychotropic and non-psychotropic in nature. On balance, the psychotropic drugs used to treat mental illness are some of the most powerful in modern medicine, with

many commonly prescribed psychotropics carrying U.S. Food and Drug Administration black box warnings that signify potentially life-threatening side effects. Further, mental illness does not start and end in the mind. Patients with symptoms of mental illness often present with physical illness as well, and psychotropic medications affect a patient's entire body. Even commonly prescribed psychotropic drugs are known to impact a patient's liver, heart, kidney, gastrointestinal tract, and other organs. Some common psychotropic medications require regular bloodwork and physical monitoring in order to be used safely.

A prescriber of a psychotropic drug therefore must be able to spot and distinguish the cause of both physical and mental symptoms, fully understand co-morbidities and medical conditions beyond mental illness, identify contraindications, and respond with appropriate medical care. Safe management of the medications this bill would authorize psychologists to prescribe demands a nuanced understanding of all of the body's organ systems. Undeniably, this goes far beyond the scope of psychologists' education and training. For this reason, patients need and deserve a physician involved in their care—one who fully understands the entirety of their medical and mental health care needs, including the complex effects drugs have on the human body.

The psychopharmacology program endorsed by SB 847 is not comparable to a physician's 12,000+ hours of medical training, and is insufficient to prepare psychologists to prescribe.

Physicians receive a comprehensive medical education that uniquely prepares them to prescribe medications within the context of a patient's overall health condition. Medical students take an average of 1,352 hours of coursework in basic sciences alone, and they master pharmacotherapy and its integration into several branches of medicine, including family medicine and psychiatry. Pharmacotherapy training continues in residency, where physicians spend three to four years learning the complexities of appropriate prescribing in multiple clinical situations. By the time they enter the workforce, a family physician or a psychiatrist will have more than 12,000 hours and seven to eleven years of postgraduate clinical training under their belt. This medical training is essential to prepare physicians to safely prescribe.

By contrast, psychologists generally have no medical background. The training required for licensure as a psychologist is focused on non-medical therapies, and the one to two years of patient care experience undergone by psychology students focuses on behavioral assessment and intervention, which is distinct from medical care. Even basic sciences are not a regular component of the curriculum—a psychologist may become licensed without having taken any coursework in biology, anatomy, or physiology. While a science background is not necessary to provide a range of important mental and behavioral health care services, it is crucial to prepare an individual to practice medicine.

The psychopharmacology education endorsed by SB 847 will not equip psychologists to prescribe psychotropics to patients. Exhaustive as it may seem, the proposed training amounts to a crash course in prescribing for individuals with no science or medical background. Consider that the didactic program purports to teach all of "basic life sciences; neurosciences; clinical and research pharmacology and psychopharmacology; clinical medicine and pathophysiology; physical assessment and laboratory examinations; clinical pharmacotherapeutics; research; and professional, ethical, and legal issues," yet qualifying educational programs offer a master's degree in psychopharmacology in as little as 400 hours. Even a full-time, two-year master's course would be insufficient to teach all of this content with the depth and breadth necessary to safely manage patients' medication. The 100-patient clinical training proposed is similarly insufficient.

In short, the limited preparation prescribing psychologists would receive under this legislation is likely to provide "just enough information to be dangerous." The practice of medicine is deeply complex, and we fear that psychologists licensed to prescribe will not be equipped to recognize and address what they do not know, because they will not have the in-depth, specialized medical training necessary to prepare them to safely treat mental illness in the context of the patient's entire health condition, including managing the impact psychotropics will have on their patients, identifying potential drug-drug interactions and addressing side effects. For these reasons, we are profoundly concerned that SB 847 would not only authorize psychologists to prescribe but also open the door for them to prescribe psychotropics to children, seniors, and those with complex medical condition. This proposition puts vulnerable patients at risk.

Prescriptive authority is not likely to be an effective solution for access to care issues.

Finally, granting prescriptive authority to psychologists is a low impact response to the mental health crisis. While we acknowledge that Hawaii's patients need greater access to mental health care, psychologist prescriptive authority will not meaningfully fulfill this goal. As the attached workforce map shows, Hawaii's psychologists are not any better situated geographically to serve rural populations than psychiatrists and other primary care physicians in the state. And in the few states where psychologists have been granted prescriptive authority, psychologists still continue to work in the same areas as physicians. **Furthermore, in states that do allow psychologists to prescribe, psychologists are not seeking prescriptive authority in droves. As of 2024 there were 226 prescribing psychologists practicing in the entire United States**. Legislation to grant prescriptive authority to psychologists has not resulted in a meaningful increase in access to care. We strongly believe, and the data shows, that granting prescriptive authority to psychologists does not and will not solve this complex issue. Asserting otherwise is nothing more than a false promise that puts patients at risk.

All patients deserve access to a physician, and we believe there are more effective options to increase access to mental health care in Hawaii without sacrificing the delivery of safe, highest-quality care. We encourage continued dialogue on access to mental health care in Hawaii and would be happy to participate in these discussions alongside the Hawaii Medical Association.

Thank you for the opportunity to submit these comments. For the reasons outlined above, we **urge you and the members of the Senate Committee on Commerce and Consumer Protection to oppose SB 847.** Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

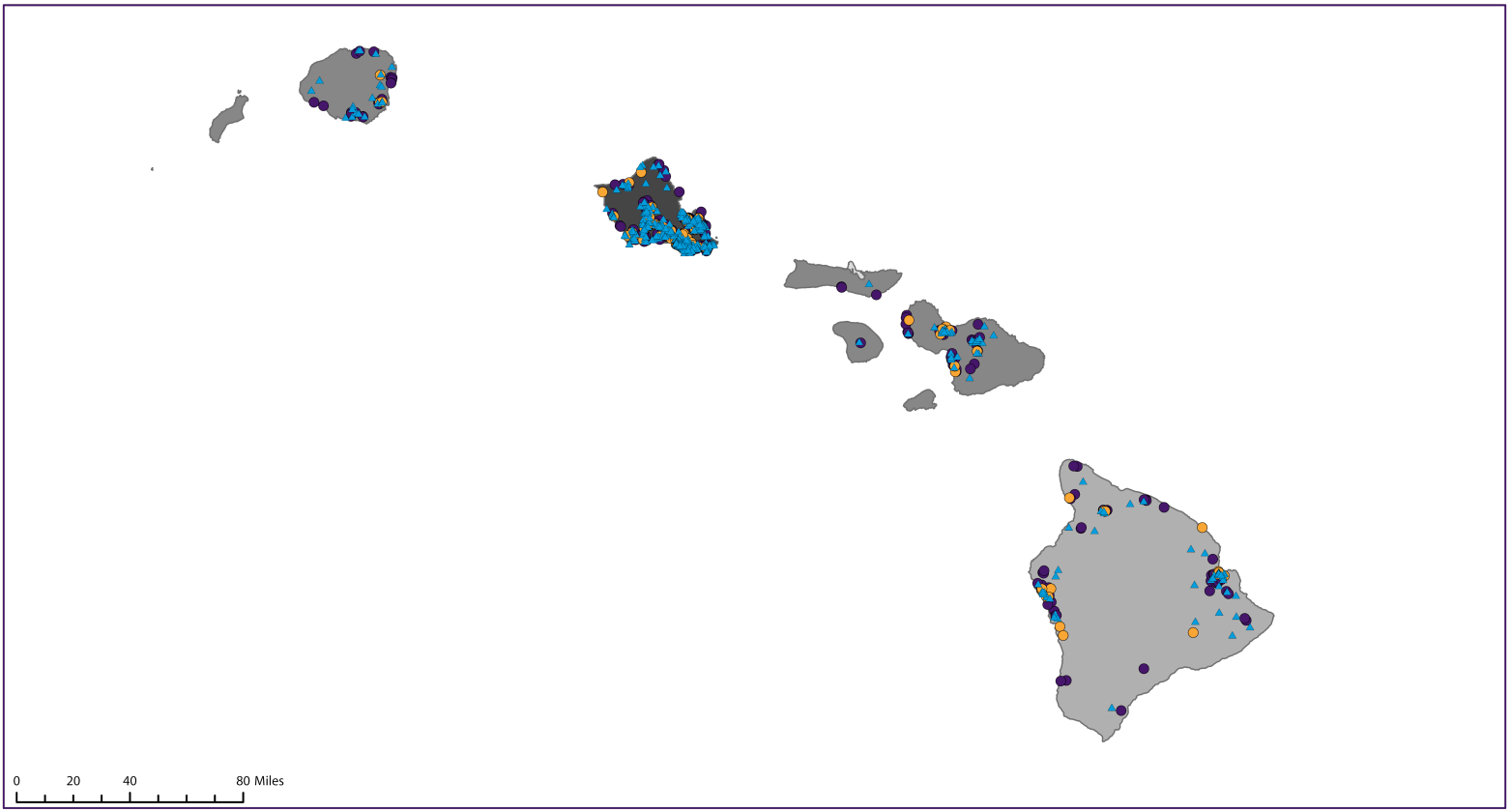
Sincerely,

John Whyte, MD, MPH

cc: Hawaii Medical Association

Psychiatrists and Primary Care Physicians to Psychologists

HAWAII



- Primary Care Physicians (n=1,539)
- Psychiatrists (n=237)
- Psychologists (n=917)

Population per square mile

Source: 2019-2023 American Community Survey

<=25	26 - 75	76 - 250	251 - 1,000	>1,000

Source Notes: AMA Physician Masterfile 2024; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2024; U.S. Census Bureau county and state shapefiles 2020

SB-847-SD-1
Submitted on: 2/24/2026 2:11:23 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Liz Everett	Testifying for Liz Everett PsyD LLC	Support	Written Testimony Only

Comments:

To: Senate Committee on Commerce and Consumer Protection
RE: S.B. 847 S.D.1 – Relating to Psychologists
Position: Strong Support

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee,

My name is Dr. Liz Everett. I am a licensed clinical psychologist living in Kaneohe, Oahu.

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.

In my clinical practice in Hawai‘i, I consistently see the consequences of limited access to timely psychiatric medication management. Patients in my community routinely wait several weeks to several months for initial medication appointments, and the delays are even more pronounced for individuals insured through QUEST/Medicaid, who face additional barriers finding prescribers accepting their coverage. I have worked with clients who are clinically appropriate for medication support yet remain on waitlists for extended periods, during which symptoms escalate, functioning declines, and crisis-level care becomes more likely. These access gaps are particularly concerning in rural and neighbor island communities, where psychiatric providers are scarce and transportation adds another layer of burden.

Doctoral training in clinical psychology is rigorous, involving advanced didactic education in neuroscience, pharmacology, pathophysiology, and supervised clinical experience to ensure safe and competent practice. Allowing appropriately trained psychologists to integrate psychotherapy with medication management would improve continuity of care, reduce delays, and expand access while maintaining high standards of safety and clinical oversight.

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

Respectfully,

Liz Everett, Psy.D., CSAC

Hawai‘i Mental Health Coalition

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

February 26, 2026

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Members of the Senate Committee on Commerce and Consumer Protection

Re: Support for SB 847, SD1 Relating to Psychologists

Aloha!

The Hawai‘i Mental Health Coalition **strongly supports SB 847, SD1** relating to psychologists, which grants prescriptive authority privileges to clinical psychologists who meet specific, tailored, and rigorous education, training, and registration requirements. SB847 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 psychiatristavs, 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 SB 847, SD1 to protect and promote access to essential mental health care for all of Hawai‘i’s communities.

Mahalo for hearing this important measure.

February 26, 2026
The Honorable Jarrett Keohokalole
Hawaii State Capitol, Room 229
Honolulu, HI 96813

RE: Support for SB847 – Expanding Care for Hawaii's Families

Dear Senator Keohokalole,

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 San Burnaventura, Vice Chair Keohokalole, 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 …,

February 24, 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 San Buenaventura, Vice Chair McKelvey and Members of the Health 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.

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 HB 2169 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

Date: February 26, 2026

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, SB847will 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)

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

REPLY TO
ATTENTION OF

Date: February 5, 2026
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,

2.5.26
Date

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

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 Hawaiʻi.

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

JANUARY 31, 2026

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 HAWAI'I COUNTY.

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

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

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 HAWAI'I 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

Senator Keohokalole,

As a President of the American Psychological Association's Division 55, The Society for Prescribing Psychology, I write in strong support of SB847. This legislation would allow highly trained doctoral psychologists with advanced training leading to a master's degree in clinical psychopharmacology to prescribe and deprescribe psychotropic medications.

The legislation is carefully scoped, includes robust safeguards, and meaningfully addresses the concerns that have been raised in opposition. It is also valuable to note many instructors in MSCP programs also teach in medical schools and nursing programs. Our MSCP programs also use the same textbooks as medical schools and nursing programs.

In 2016 I led the successful effort allowing prescribing psychologists in Iowa which includes similar components to the legislation being proposed in Hawaii. While I do not reside in Hawaii, I believe the struggles with access in rural areas exists there as it does in Iowa. Legislation allowing advanced trained psychologists prescriptive authority can improve access to much needed psychiatric care.

Thank you for your thoughtful consideration of this important step toward improving mental health access for Hawaiians.

Sincerely,

Bethe Lonning

Elizabeth Lonning, PsyD, MSCP
Licensed Psychologist-IA
Licensed Clinical Psychologist-IL
Director of Professional Affairs-IPA
President, Division 55 of APA

Aloha Honorable Chair San Buenaventura, Vice Chair McKelvey, 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

February 1st, 2026

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.

579 Pompton Avenue, Suite #106 ● Cedar Grove, NJ 07009 ● (201) 647-9199

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,

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,

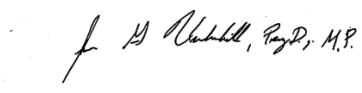
My name is Dr. James Underhill, a Prescribing/Medical Psychologist residing in Louisiana, with deep familial ties to the state of Hawai'i.

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 disucss 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 signidicsnt 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 familair 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 inorove 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

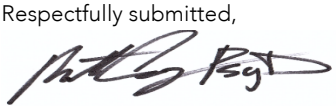
To: The Honorable Chair and Vice Chair,

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

Resilience Therapy and Assessment Services, PLLC
A Collaboration of Independent Clinicians
3408 Woodland Ave, Suite 102, West Des Moines, IA 50266
phone: 515-267-1996 www.resiliencedsm.com fax: 515-207-9416

Dr. Melody Moore
INTEGRATIVE PSYCHOLOGIST

1960 N Solano Dr
Las Cruces, NM 88001
P| 832.264.4454 F| 866.343.1019

Feb 1, 2026

Written Testimony in Support of HB2169

To the Honorable Committee Members

Re: Strong Support for HB2169 – RELATING TO PRESCRIPTIVE AUTHORITY FOR 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 HB2169, 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 HB2169 to allow greater access to care for those most in need.

Thank you for considering my testimony. I am hopeful that with your support, HB2169 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.

January 31, 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 Keohokalole, Vice Chair Fukunaga, and Members of the Committee on Commerce and Consumer Protection:

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. 7th 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. 7th St.
West Monroe, LA 71291
(P) 318-503-8300
(F) 318-503-8302

February 26, 2026

Dear Senators 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

Drake UNIVERSITY

College of Pharmacy &
Health Sciences

2507 University Avenue
Des Moines, Iowa 503 4505
t 5 5 27 30
www.drake.edu/cphs

Written Testimony in Support of SB847 2/26/2026

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

Drake
UNIVERSITY

Good Morning Chair Keohokalole, Vice Chair Fukunaga 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

January 30, 2026

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Senate Committee Members of the Committee on Commerce and Consumer Protection

Re: Hearing on Monday, February 2, 2024, 1:05PM, Conference Room 225
Regarding **SB 847** Relating to Psychologist Prescription Privileges

Dear Honorable Chair Keohokalole, Vice Chair Fukunaga, and Members of the Senate,

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

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 Senate Committee Members

RE: Testimony in **SUPPORT** of SB 847: RELATING TO PRESCRIPTIVE AUTHORITY FOR CLINICAL PSYCHOLOGISTS.

I write in strong support of SB677, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

I am a 2006 graduate of a Department of Defense psychopharmacology training program. You may be aware that following the successful but politically discontinued Psychopharmacolgy 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 Psychopharmacolgy 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 retirmentment 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 clincial 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 ʻIao. 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 Hawaiʻi 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.

Hawaiʻi 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 ʻIao

Douglas Taylor, MD
Supervising Physician

02/06/2026

To the Honorable Chair Keohokalole, Vice Chair Fukunaga, and Members of the Consumer Protection & Commerce 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.

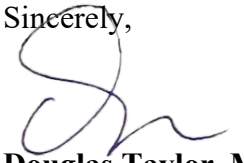
Importantly, providing limited prescriptive authority to appropriately trained psychologists is **not about replacing other providers. It is, essentially, enhancing coordinated, consumer-centered care**. It enables every member of the mental health care team to practice at the top of their training,

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,



Douglas Taylor, MD
Supervising Physician
360-570-3460
taylordouglasw@gmail.com

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

DATE: Thursday, February 26, 2026
TIME: 9:45 AM
PLACE: Conference Room 229

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

We support SB 847, relating to psychologists, which grants prescriptive authority privileges to clinical psychologists who meet specific, tailored, and rigorous education, training, and registration requirements. SB847 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.

Victoria Lou-Johnson
Mary Navarro
David Raffle
Mary Myers
Mike Kellar
June Ching
Robin Miyamoto
Tanya Gamby
Kathyln Richardson
Nancy Sidun
June Ching PhD, ABPP
Rosemary Adam-Terem, Ph.D.
Victoria Lou-Johnson
Lisa Lee, PsyD
Lauren Ampolos, PhD, IFMCP
Judith White
Liz Everett, Psy.D., CSAC
Johanna Park, LMHC
Roxanne Ramirez, PsyD
David Wittenberg, PsyD
Heather Wittenberg, Psy.D.
Steven Katz, LMFT
Mary Navarro MA, LMFT
Amithea M. Love, Psy.D.
Alton Couturier, PhD
Sarah Skelton
Kevin Wittenberg
Lisa Casados
Tamela Sadler
Xenia Ewing
Gabrielle Toloza
Laila Spina
Cecily Sakai, PsyD
Carmenne Chiasson PhD
Michelle H. Murata, PsyD
Judith White
Elaine Gierlach
Marissa Minami, MA
Tamela Sadler, Ph.D.
J. Pua Chang, Ph.D.
Charlotte Savage, Psy.D.
Juan M. Rapadas
Andrew May
Robin E. S. Miyamoto, Psy.D.
Michael A. Kellar, Psy.D.
Dr. Noelani C. Rodrigues, PhD
Gino Titus-Luciano , LMHC, CPC, NCC
Kendyl Y. Oshiro, Psy.D., LMHC, NCC
Keith Valone, Ph.D., Psy.D., MSCP

To the Honorable Chair and Vice Chair,

My name is Dr. Derek Phillips; I am double board-certified in psychopharmacological psychology and medical psychology. I am the Director of Psychiatry at Arcus Behavioral Health & Wellness, a non-profit psychology practice in Chicago. I am also Executive Director of the M.S. in Clinical Psychopharmacology program within the Marion Turpan College of Psychology and Counseling at Fairleigh Dickinson University, one of seven clinical psychopharmacology training programs in the U.S.

I will now address several common concerns about the proposed legislation.

Training: The education and training of prescribing psychologists is quite extensive and, depending on the jurisdiction in which one is a prescribing psychologist, is as high as 20,000 hours. This does not lower the standard for prescribing authority, particularly considering the amount of training non-psychiatric prescribers (who prescribe most psychotropic medications such as primary care providers) have. While we do not go to medical school, we are medically-trained. A prescribing psychologist's education and training includes 1) a four-year undergraduate degree, 2) four-year doctoral degree in health service psychology (PsyD or PhD), 3) one-year full-time internship, 4) one- to two-year full-time postdoctoral fellowship, 5) passage of the Examination for Professional Practice in Psychology (EPPP), 6) two-year (full-time) postdoctoral Master of Science degree in clinical psychopharmacology (known as MSCP), 7) passage of the Psychopharmacology Examination for Psychologists (PEP), 8) a supervised physical assessment practicum, and 9) a supervised prescribing fellowship. The MSCP consists of at least 450 classroom hours over approximately 24 months in which the following subjects are taught: basic science (biology, chemistry, anatomy & physiology), functional neurosciences, physical examination, interpretation of laboratory tests, pathological basis of disease, clinical medicine, clinical neurotherapeutics, pharmacology, clinical pharmacology, psychopharmacology, and psychopharmacology research. The program also includes mandatory, specific coursework that addresses treating special populations, including both children and adolescents and older adults. With this degree of education and training, prescribing psychologists are able to conceptualize their patients holistically, including the ability to anticipate and manage side effects, drug interactions (drug-drug, drug-food, etc.), differential diagnosis (including medical conditions that mimic psychiatric conditions) related to any and all body systems, and order appropriate laboratory and/or imaging tests. Moreover, prescribing psychologists consider many factors of a patient's health, not only their mental health.

Given the enormity of this training, both the mental health and medical training of prescribing psychologists are more than adequate to prescribe safely, which has been evident over the past 30+ years of prescribing by psychologists across the Army, Navy, Air Force, Public Health Service, Indian Health Service, and the seven states that already have RxP. In fact, recent research suggests that prescribing psychologists' knowledge of psychopharmacology and related content areas is second only to psychiatrists and superior to all other providers included in the study (e.g., PCP, APRN, PA-C, etc.) who commonly prescribe psychotropic medications (Cooper, 2020).

Access: Unfortunately, many places around the country are mental health shortage areas and psychiatric prescribers are among the least available in these areas. This is primarily due to the aging psychiatrist population and the phenomenon of physicians increasingly choosing other medical specialties over psychiatry. Will prescribing psychologists completely remedy this problem? Perhaps not. But they will and already do help the access to care problem, as there are significantly more psychologists available than psychiatrists, sometimes twice as many psychologists in some areas. This is true even if a relatively small percentage of psychologists choose to undergo this additional training. The unfortunate truth is that wait times to see a psychiatrist are unacceptably long and fewer and fewer psychiatrists are accepting patients with insurance, which exacerbates the problem. Some potential solutions to access problems that have been suggested before are increasing psychiatry residency spots and increasing the use of telemedicine; however, these have both been done and have not resulted in significant improvements to access to care in most places. Some argue that prescribing psychologists will not work in rural areas and/or accept Medicaid. However, as an example, over the past 20 years in New Mexico, approximately 90% of prescribing psychologists see patients with Medicaid. Also, in general, psychologists are more likely to accept various forms of insurance than psychiatrists.

Another argument is that enacting RxP will negatively affect the wait times for patients to see psychologists for psychotherapy or other psychological services, such as psychological testing. This not likely due to the way prescribing psychologists structure seeing their patients. If RxP becomes law, prescribing psychologists will be able to prescribe medications, if needed, while simultaneously providing psychotherapy. Extra appointments that could bog down schedules and thus wait times would not be needed. This also allows prescribing psychologists to be a "one-stop-shop" for patients who need psychological testing, psychotherapy, and medication, which means lower costs for patients due to fewer total appointments and less-fractured care. Yet another argument from the opposition is that there is still a relatively low number of prescribing psychologists even after nearly 30 years. Although it is true that our numbers are still relatively low, the primary reason for this is not a lack of interest from psychologists to complete the additional training. The primary reason is because the opposition has prevented prescribing psychology legislation from being successful, which then prevents our numbers from growing significantly. In the clinical psychopharmacology program that I run, we are always at capacity with students on a waiting list to begin the training.

Quality Care: Psychologists tend to spend more time with their patients, as they meet more frequently and have longer visits, something for which other providers simply do not have the time. This easily lends itself to having an extensive knowledge of the patient (and often their family) and a deep rapport. Research indicates that 60-80% of psychotropic medications are prescribed by primary care providers, who have less training with prescribing these medications and often ask for psychologists' suggestions regarding which medications to prescribe. Due to psychologists' foundational training in psychological assessment, psychotherapy, and consultation, we have other treatment tools to use with our patients. Because of this, prescribing psychologists are known to frequently "deprescribe" psychotropic medications and more heavily rely on alternative treatment approaches to avoid polypharmacy, which is a common phenomenon in psychiatric patients, especially in older adults. New research has shown that, in

two states that already have RxP, suicide rates have decreased by 5-7% (Roy-Choudhury & Plemmons, 2020).

Safety: Although safety data are difficult to come by, in nearly 30 years of prescribing, there have been essentially no substantiated complaints of prescribing psychologists, according to information provided by The Trust, a large malpractice insurance company for psychologists. In contrast, 2-3% of all psychiatrists annually have a malpractice claim lodged against them (Frierman & Joshi, 2019). Also, anecdotally, PCPs are very comfortable referring their patients to prescribing psychologists and very much rely on prescribing psychologists to care for their patients since it is not family medicine or internal medicine physician's area of expertise. There have been additional arguments that prescribing psychologists must be overseen and regulated by the medical board. While prescribing psychologists are not under the jurisdiction of the medical board, they are regulated in the same way by a psychology board comprised of a combination of non-prescribing psychologists, prescribing psychologists, and physicians.

I appreciate your time reviewing my comments and am happy to answer any questions you may have.

Sincerely,

Derek C. Phillips, PsyD, MSCP, ABMP, ABRxP
Founding President, American Board of Psychopharmacological Psychology
Former President, Illinois Psychological Association
Former President, Society for Prescribing Psychology
Board Certified in Psychopharmacological Psychology
Board Certified in Medical Psychology
Licensed Prescribing Psychologist in Illinois

References

Cooper, R.R. (2020). Comparing psychopharmacological prescriber training models via examination of content-based knowledge. [Unpublished master's thesis]. Harvard Extension School. https://nrs.harvard.edu/URN-3:HUL.INSTREPOS:37365636

Frierman, R.L., & Joshi, K.G. (2019). Malpractice law and psychiatry: An overview. *Focus: The Journal of Lifelong Learning in Psychiatry, 17*(4), 332-336. doi: https://doi.org/10.1176/appi.focus.20190017

Roy-Choudhury, A., & Plemmons, A. (2020). Deaths of despair: Prescriptive authority of psychologists. https://www.researchgate.net/publication/344313197_Deaths_of_Despair_Prescriptive_Authority_of_Psychologists

Dear State Consumer Protection Committee,

RE: Testimony in SUPPORT of SB847: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

My name is Brandon Henscheid and I am a prescribing/medical psychologist practicing in Idaho. I am also a licensed clinical psychologist in Hawai'i. I would already be living and working in Hawai'i full-time if specially trained psychologists were permitted to prescribe in the state.

Our communities are suffering because of the lack of access to comprehensive mental health care. The numbers are simple. There are not enough psychiatrists to care for the people in need of psychiatric medication. 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 can simply not provide services in the Hawai'i communities that need care. Mental health is top priority for Hawai'i and 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.

Prescribing/medical psychologists already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals. If this bill is passed, coordinated patient care will thrive.

Prescriptive authority for specially trained Psychologists is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Colorado, Utah, and Idaho, in Native American Indian Health Centers and in the military, Department of Defense.

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 SB847** to allow greater access to care for those most in need.

Respectfully,

Brandon Henscheid, MS, PsyD, MSCP

PABLO STEWART, M.D.
Psychiatric Consultant
3021 La Pietra Circle
Honolulu, HI 96815
(808) 352-8074
pablo.stewart.md@gmail.com

February 22, 2026

Senator Jarrett K. Keohokalole, Chair
Senator Carol A. Fukunaga, Vice-Chair
Senate Committee on Commerce and Consumer Protection Committee
Hawaii State Capitol, Room 229

Hearing Date: February 26, 2026
9:45 AM
Re: **SB847 - Relating to Prescriptive Authority for Clinical Psychologists**

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

My name is Pablo Stewart, M.D., and I am a psychiatrist with over 40 years of experience working with the seriously mentally ill. I am also a retired Clinical Professor of Psychiatry from JABSOM. I am writing to **strongly oppose SB847**, which would give psychologists prescriptive authority.

- **SB847 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 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 evidenced 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 also was 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. Hawaii's 'ohana, kūpuna and keiki deserve the highest quality care.**

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

Sincerely,

Pablo Stewart, M.D.

WRITTEN TESTIMONY
SB 847: RELATING TO PSYCHOLOGISTS

SUPPORT

Aloha Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee on Commerce and Consumer Protection,

I respectfully submit testimony in support of SB 847.

This measure establishes a structured and carefully regulated framework under which appropriately trained psychologists may obtain limited prescriptive authority within federally qualified health centers. Implementation is placed under the authority of the Hawai‘i Board of Psychology, ensuring that any expansion of practice occurs through formal rulemaking, defined statutory qualifications, and ongoing regulatory oversight.

Consumer protection is central to this legislation. The bill does not grant automatic prescribing authority to all psychologists. Rather, it requires completion of a post-doctoral master’s degree in psychopharmacology, two years of supervised clinical training, successful passage of a national examination, federal registration, malpractice coverage, and continued compliance with licensure standards established by the Board. These requirements create clear eligibility thresholds and ensure accountability within the existing professional regulatory system.

By embedding prescriptive authority within established licensing structures, SB 847 provides a measured approach to modernizing scope of practice. It safeguards the public while allowing specially trained and qualified professionals to provide comprehensive, integrated mental health care within defined clinical environments. This legislation is structured to prioritize public safety through defined qualifications, Board oversight, and enforceable standards of practice.

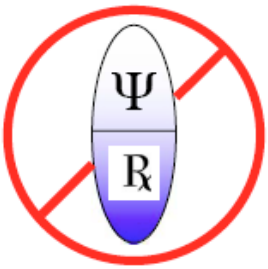
In jurisdictions where similar regulatory models have been implemented, prescribing psychologists operate within defined parameters, collaborate across disciplines, and remain subject to the same consumer protection mechanisms that govern other licensed healthcare professionals.

This bill represents a cautious and carefully structured step forward. It preserves patient protections, maintains Board authority, and creates a pathway for implementation within Hawai‘i’s existing regulatory framework.

Thank you for your consideration and for your continued work to ensure that professional licensing in Hawai‘i remains accountable, transparent, and protective of the public.

Respectfully submitted,

Andrew D. May, PsyD, MSCP
Clinical Psychologist



PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

Annotated Bibliography of Articles and Readings That Raise Concerns About Prescription Privileges for Psychologists

http://www.poppp.org

Contents

Revised January, 2009

Index to Issues Raised in the Prescription Privileges Debate

(*Numbers correspond to number of reference in the table of contents – not the page*)

Annotated Bibliography of Articles and Readings That Raise Concerns About Prescription Privileges for Psychologists

Overview: This annotated bibliography was created by Psychologists Opposed to Prescription Privileges for Psychologists (POPPP). It is intended to give the reader ready access to concerns that have been raised in the professional literature of Psychology, as well as more broadly in nursing and law. Some of the information is taken verbatim from the texts and abstracts. At times, editorial emphasis and commentary are provided by using bold print or by inserting text in brackets. The reader is encouraged to become more familiar with these concerns so as to consider key issues that raise questions about the prudence of granting psychologists prescription privileges. Follow the contents above is an index that may be used to address some specific issues that are part of this controversy.

1. American College of Neuropsychopharmacology (2000). DoD prescribing psychologists external analysis, monitoring, and evaluation of program and its final report. *American College of Neuropsychopharmacology Bulletin, 6*, Retrieved on January 15, 2007 from http://www.acnp.org/Docs/BulletinPdfFiles/vol6no3.pdf.

Reports an evaluation of the performance of 10 psychologists trained in a pilot project to prescribe in the military. Prescribing was limited to adults 18 to 65 years old who already have been medically cleared by a physician, and therefore may have less pathology than non-screened patients. The 2-year, full-time training program included 712 classroom hours on medical didactics and a year of supervised practice in a military hospital with routine physician back-up.

All 10 of the prescribing psychologists who were trained recommended *against* any reduction in required training. Most said an intensive full-time year of clinical experience, particularly with inpatients, was indispensable. They also favored a structured 2-year program, such as theirs *at a medical hospital* for training psychologists. The Evaluation Panel heard much skepticism from psychiatrists, physicians, and some of the graduates who participated in the program about whether prescribing psychologists could safely and effectively work as independent practitioners in the civilian sector. **[Despite such considerations, the APA model *in fact* decreased the training required to prescribe from that of the PDP, and effectively deleted the prerequisites.]**

The Final Report of the American College of Neuropsychopharmacology on the PDP assessed graduates ”for the most part highly esteemed, valued, and respected, there was essentially unanimous agreement that the **graduates were weaker medically than psychiatrists.”** Their medical knowledge was variously judged as on a level of students rather than physicians.

The report indicated that some graduates had limited formularies, and continued to have dependent prescriptive practice (i.e., supervised by a physician). PDP participants were

atypical of psychologists in that eight out of 10 had leadership positions. **[It would not be appropriate to assume that the experiences of a skewed population would be fully predictive of training for less accomplished psychologists].**

The report emphasized,

> "it will be ***essentia***l to select trainee psychologists **with an adequate background** for advanced training in psychopharmacology. Two areas are particularly important--a preparatory science background and competence in clinical nosology. In order to study pharmacology at the advanced level needed to manage pharmacotherapies, **trainees must have a background in chemistry, biology and mathematics.** Chemistry should include post-baccalaureate biochemistry and the necessary preparation for a course at this level. Typically, this would include undergraduate general and organic chemistry. Biology should include undergraduate level general biology, vertebrate and human anatomy, and other course work adequate for a post-baccalaureate level course in mammalian physiology. It would be important for the graduate physiology course to contain exposure to human pathophysiology. It would also be essential that trainees have an adequate background in the biological basis of behavior. Understanding of clinical pharmacokinetics and many relevant biochemical phenomena requires a background in mathematics, including at a minimum, college-level algebra."

[The APA model for training in psychopharmacology does not require the prerequisites or other aspects of the actual training that was recommended by this report.]

2. American Psychological Association (2008). *Guidelines and principles for accreditation of programs in professional psychology.* Washington DC: Author. http://www.apa.org/ed/accreditation/G&P0522.pdf

This document presents the standards for accreditation for doctoral level training in Psychology. Accreditation is "intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and professional practice…. Accreditation is a voluntary, non-governmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education."

[The document does not cover *any* training in psychopharmacology. Indeed, the word "psychopharmacology" does not appear anywhere in this 43 page document. No coursework in psychopharmacology is required to obtain a doctoral degree in psychology. The training of doctoral level psychologists does *not* require that students obtain any education in "Psychopharmacology", "Chemistry" or any specific courses in human Biology other than a single course in the "biological aspects of behavior."

No programs for training psychologists in psychopharmacology have been accredited by the American Psychological Association as meeting APA accreditation standards for a postdoctoral residency or any other level of doctoral or postdoctoral training. Unlike other training in psychology, there is not an internal mechanism for accrediting training or supervised experiences in psychopharmacology. This is

in contrast to training mechanisms in prescribing disciplines as well]

3. Association of State and Provincial Psychology Boards (2001). *ASPPB Guidelines For Prescriptive Authority.* Montgomery, AL: Author. http://asppb.org/publications/guidelines/paq.aspx

The mission of the Association of State and Provincial Psychology Boards (ASPPB) is to assist member boards in their mission to protect the public. "**As a matter of policy, ASPPB neither endorses nor opposes the current movement within many professional organizations to promote prescription privileges for psychologists. "**

"These guidelines were prepared in an effort both to provide guidance to jurisdictions that have received, or are anticipating statutory approval of, prescription privileges for psychologists, and also to continue ASPPB's efforts to achieve greater uniformity of standards among jurisdictions when making changes to their acts and regulations. **There is not yet a standard for how boards of psychology should regulate prescriptive authority for psychologists if legislatures enact this authority through statutory change."**

"**The most appropriate standard of care for psychologists to meet in prescribing medications is a complex, weighty matter that is subject to controversy.** A potential advantage in establishing the standard of care as that of a "reasonably prudent psychologist who is trained to prescribe drugs" is that it affords direct comparisons between prescribing psychologists. On the other hand, **a standard of care that compares psychologist prescribers to physicians (i.e., psychiatrists, primary care physicians) might be argued to provide a higher level of public protection by setting a threshold standard that is equivalent to that which exists in current practice….** Some case law has established the standard of care of other health professions as needing to meet that of physicians, while other cases have not upheld this standard. In the event that dependent authority is granted in some jurisdictions, not only standards of care but also standards for supervision, may become complex issues for boards, legislatures, and the courts."

"As psychologists pursue prescriptive authority, it may be anticipated that there will be questions and challenges to regulatory models, standards, and procedures, as well as to the definition of the scope of practice, training models, and other requirements for prescriptive authority… **Thus far, there are no accreditation mechanisms in place for training programs for psychologists in clinical psychopharmacology**. It is highly desirable that psychopharmacology programs become accredited…c.learly it is in the public's interest for programs to undergo some type of external review, as is done in psychological doctoral programs and internships, psychiatric residencies, and other professional training programs. "

"Defining the qualifications of supervisors for the supervised applied training in psychopharmacology continues to be a challenge. As an emerging field in psychology, there are a limited number of psychologists who are qualified to serve as supervisors…The APA (1996b) recommendations for postdoctoral training… do[es] not

address the duration of supervised applied training in psychopharmacology" [and] do[es] not delineate specific qualifications or the basis for demonstrating skills in psychopharmacology….Currently, the profession has no accepted standards for supervisors' experience in prescribing psychoactive medications prior to serving as supervisors.

Further information is available through the ASPPB website. http://www.asppb.org.

4. Bush, J.W. (2002). Prescribing privileges: Grail for some practitioners, potential calamity for interprofessional collaboration in mental health. *Journal of Clinical Psychology, 58*, 681-696.

Focuses on the probable consequences of prescription privileges (RxP) upon collaboration between psychologists and physicians. The current state of collaboration between psychologists and medical professionals is reviewed. Data are presented from a small survey of clinical psychologists indicate consequences of RxP include: (1) psychiatrists and other medical professionals would receive fewer referrals from psychologists; (2) psychologists would receive fewer referrals for psychosocial services from medical professionals; (3) most psychologists anticipate an adverse effect upon collaboration with physicians; and (4) psychologists are at best divided over RxP.

5. DeNelsky, G. Y. (1996). The case against prescription privileges for psychologists. *American Psychologist, 51*, 207-212.

The authority to prescribe psychoactive medications could have major negative effects on the practice, education, and training of psychologists. Prescription authority also would have major changes how psychological services are marketed and on the public's perception of the profession. Although it is APA policy to pursue prescription privileges, APA cannot require that states actually change scope of practice laws their licensing laws.

6. Dozois, D. J. A., Dobson, K. S. (1995). Should Canadian psychologists follow the APA trend and seek prescription privileges? A Reexamination of the (R)evolution. *Canadian Psychology, 36*, 288-304.

This paper critically examines three key issues surrounding the prescription debate (quality of care, marketability, and psychology's heritage) and demonstrates that, with respect to professional psychology as a whole, obtaining prescription privileges may not be the optimal way to enhance its practice. A second purpose is to place these developments within the context of Canadian psychology. Although American "gains in professional autonomy have usually followed in (Canada" (Dohson el al., 1993), Canadian psychologists face far more impediments to seeking prescription privileges than their southern colleagues. Despite the fact that such obstacles do not preclude our profession from determining its own destiny and advocating for this privilege, we argue at both a practical and conceptual level; 1) **that the benefit is not worth the battle** and,

2) that obtaining prescription privileges may have austere ramifications for the basic identity and core philosophy of professional psychology in Canada.

7. Fowles, D. (2005). Prescription privileges for psychologists. *Clinical Science, 5,* 6, 7. [Electronic Version]. Retrieved November 25, 2007 from http://www.bsos.umd.edu/sscp/Fall_2005_Newsletter.pdf

The Society for the Science of Clinical Psychology, which is a Section of Division 12 (Clinical) of the APA, had posted on its website the results of a survey on prescription privileges. The results showed the membership was ***strongly opposed*** to prescription privileges. The author describes how APA leadership required the Section to remove any information from its website that suggests there is opposition to official APA policy or be thrown out of the organization. The Section elected to remove the information. However, the SSCP's Task Force statement on RxP is posted at http://www.mspp.net/SSCPscriptpriv.htm

8. Guiterrez, P. M., & Silk, K. R. (1998). Prescription Privileges for Psychologists: A review of the Psychological literature. *Professional Psychology: Research and Practice, 29*, 213-222.

The article provides a general overview of the prescription privileges debate and the related policy issues is presented. Various experiments with psychologists prescribing medications are then reviewed. Next, the survey data to date are summarized. Finally, position papers on both sides of the issue are reviewed. The authors attempt to review objectively both sides of the argument, to critique the existing data, and to assist readers in appreciating the breadth and scope of the prescription privileges debate. The purpose of this article was not to support either side but, rather, to provide a sufficient review of the literature, which will allow psychologists to form more informed opinions on where they stand on the issue.

"It should be possible to compare the psychology fellows to psychiatry residents working in similar settings …Existing data support the positions that clinical psychologists can be adequately trained to independently prescribe medication and that this is a cost-effective alternative, at least within the military health care system. These data must now be replicated in a variety of settings before an informed decision for or against prescription privileges can be made."

[The article provides an overview of the DOD, including General Accounting Office's report, which found that there is no need for prescribing psychologists in the military. They review previous surveys of psychologists, such Boswell & Litwin (1992), who found 49% of hospital-based psychologists were opposed to RxP.] Whereas several surveys indicate majorities of psychologists agree with the RxP agenda, many are not interested in pursuing it.]

9. Hayes, S.C. (1995, Spring). Using behavioral science to control guild excesses. *The Clinical Behavior Analyst*, 1, 17.

The author proposes ways for applied psychology to respond to capitated systems of health care. He argues prescription privileges do not address the profession's survival. Scientifically-oriented applied psychology can survive market pressures by advocating effective interventions to managed care because such treatments are cost effective and cheaper in the long run. Psychologists are also trained to develop and evaluate programs, train Masters level providers, and supervise.

10. Hayes, S. C., & Heiby, E. M. (Eds.). (1998). *Prescription Privileges for Psychologists: A Critical Appraisal.* Reno, NV: Context Press.

This authoritative book presents the first critical and comprehensive examination of the issue of prescription privileges for psychologists. The editors and authors review issues discussed at a conference sponsored by the American Association of Applied and Preventative Psychology (AAAPP), a professional organization of psychologists, that opposes prescription privileges for psychologists. The book includes both con and pro positions from experts in the field.

11. Hayes, S. C., & Heiby, E. M. (1996). Prescription privileges: Does psychology need a fix? *American Psychologist, 51*, 198-206.

The article identifies reasons some psychologists are seeking prescription privileges now. Reasons offered include: (1) Over-reliance on psychotherapy as a way to earn a living; (2) An oversupply of doctoral-level psychotherapists; (3) The rise of managed care and concerns about cost-effectiveness of services when Masters level providers are less expensive; (4) The hegemony of syndromal classifications (i.e., DSM); and (5) Medical guild and drug company interests. Offers ways applied psychologists readily can adapt to these five conditions without becoming medical specialists via prescription privileges.

12. Hayes, S.C., Walser, R.D., & Bach, P. (2002). Prescription privileges for psychologists: Constituencies and Conflicts. *Journal of Clinical Psychology, 58*, 697-708.

The pros and cons of training for prescription privileges within the discipline rather than through established avenues (such as nursing) vary from the point of view of constituencies involved. One constituency involves scientist-practitioners who tend to oppose prescription privileges. However, there has not been much organized opposition from the basic science organizations. A second constituency is the practice-based organizations that have been in support of prescription privileges. However, there is not much support from rank and file private practitioners. The resistance to prescription privileges can be understood in terms of what costs and benefits are valued. **Opposition is not arbitrary or unreasonable and is likely to continue.**

13. Hayes, S.C., Walser, R.D., & Follette, V.M. (1995). Psychology and the temptation of prescription privileges. *Canadian Psychology, 36*, 313-320.

The article describes the proposal to pursue prescription privileges (PP) as reflecting an identify crisis in psychology. It argues that psychology is a science in its own right and does not have the adequate bases for prescribing drugs. Notes **prescription privileges will harm training, and is unethical.** Reports on the Resolution Against Prescription Privileges passed by the American Association of Applied and Preventive Psychology in Jan. 1995.

14. Heiby, E. M. (2002a). Prescription privileges for psychologists: Can differing views be reconciled? *Journal of Clinical Psychology, 58,* 589-597.

The article summarizes six arguments made in testimony at state legislatures by psychologists who oppose prescription privileges bills. The main topics concern whether there is a societal need for psychologists to practice medicine, whether psychology as a discipline has evolved in this direction, how training would change the discipline, what the addition of medical training would cost financially, and whether the current collaborative model is adequate. The author concludes that the debate reflects a deep schism in the field of clinical psychology. The schism is seen as a divide between those primarily trained to be psychotherapists and those primarily trained to be scientist-practitioners. It is argued that the former type of clinical psychologists are more likely to support prescribing and are interested in the survival of professional schools. In contrast, the later type tends to oppose privileges and are interested in the survival of university departments of psychology. Suggestions are offered for the unification of the discipline. Since 1995, AAAPP official policy has been to oppose RxP based upon a survey indicating a majority of the membership opposes PPP.

> "It is probably fair to say that prescription privileges for psychologists...is one of the most controversial proposals debated by the discipline in many decades." (p. 589)

> "High quality and cost-effective mental health treatment is commonly accomplished through collaborations between psychologists and physicians and there is no reason this cannot continue when psychotropic medications are indicated" (p. 594)

15. Heiby, E.M. (2002b). It is Time for a moratorium on legislation enabling prescription privileges for psychologists. *Clinical Psychology: Science and Practice, 9,* 256-258.

The article argues that it is premature to pursue prescriptive authority. Psychologists have taken the debate over this issue to state legislatures and present as a house divided. Rather than seek a radical change in scope of practice by legislative fiat, changes to the field must evolve from within if the field of clinical psychology is to remain unified.

16. Heiby, E.M., Deleon, P.H., & Anderson, T. (2004). A debate on prescription privileges for psychologists. *Professional Psychology: Research and Practice, 35*, 336-344.

The article summarized a debate held at the 2002 convention of the APA. Pro and con positions were presented on the following topics: (1) Whether the science and practice of clinical psychology will benefit from prescription authority; (2) How the APA Training Model is justified given the evaluation of the DoD project and the amount of training required of other professions with prescribing authority; and (3) The impact of medical training upon university-based psychology departments in relation to curriculum, faculty staffing, and financial costs both to the university and students. Heiby argues that the science and practice of clinical psychology will be harmed given resources and time will be reallocated to medical training and practice. She asserts there is no evidence to support the APA Training Model, which would give psychology the dubious reputation of being a prescribing profession with the least amount of medical training. She notes that medical training in psychology departments at traditional universities would lead to fewer courses in psychology, fewer faculty with degrees in psychology, duplication of resources already available in nursing and medical schools. The cost of tuition would increase dramatically to cover these expenses. DeLeon argued there is a societal need for more psychoactive drugs, that expert opinion is sufficient to justify the APA Training Model, and that it does not matter if traditional universities are harmed.

17. International Society of Psychiatric-Mental Health Nurses Position Statement: Response to Clinical Psychologists Prescribing Psychotropic Medications: November 2001
http://www.ispn-psych.org/docs/11-01prescriptive-authority.pdf

It is the position of ISPN membership that nurses **have an ethical responsibility to oppose the extension of the psychologist's role into the prescription of medications.** This is not a turf issue or an attempt to limit a perceived competing profession. This belief is rooted in the ethical guidelines of our own profession. The professional standards for nursing require nurses who prescribe pharmacologic agents to have their prescriptive actions based on an awareness of pharmacological and physiological principles and knowledge (ANA, 1996, p. 14). We should expect the same from other professionals. The *Scope and Standards of Advanced Practice Registered Nursing* (ANA, 1996) mandates the advanced practice nurse to "contribute to resolving the ethical problems or dilemmas of individuals or systems" (p. 19). It would seem inappropriate and contrary to our profession, therefore, for nurses to assist clinical psychologists in the development of limited training modules for the sanctioning of prescriptive knowledge.

Clinical psychologists represent an important and effective profession that has a long and honored history of working with the mentally ill and facilitating the mental health of their patients. Clinical psychologists have a long and distinguished history of theory-based care practices, and their contributions have come from their unique perspective, which has historically not been somatically based. The current paradigm of psychology rejects the neurobiological basis of mental illness and this theoretical

perspective is reflected in traditional educational practices that limit the exposure to and knowledge of biological sciences.

Psychopharmacology is a critical aspect of today's treatments for mental illness. Safe and effective utilization of medications requires (a) an in-depth knowledge of the human body, and (b) the requisite knowledge to understand the impact of medications on the body, and the physiology of drug-drug and drug-food interactions. **Clinical psychologists do not possess this knowledge and receive little to no clinical supervision in this role. Therefore, they cannot safely prescribe medications to patients with complex, holistic health needs.**

The needs of the mentally ill are many. Limited access, limited availability of prescribers, and limited job positions for clinical psychologists cannot influence nurses to undertake inappropriate action. The desire to meet the needs of our patients is great, but this pressure cannot allow nurses to be drawn into behaviors that are ethically dangerous. The battle over prescriptive authority for clinical psychologists has been going on for many years. It is an issue that challenges nurses, and one around which nursing as a profession needs to respond. As advocates for our patients, we need to speak out against practices that may be harmful to patients. It is our ethical responsibility to speak out and for each nurse to uphold the standards of the profession.

[The above statement is one of only 9 position statements on the website of this organization of nurses. The others address diversity, cultural competence and access to mental health care, youth violence, the global burden of disease, restraint and seclusion, rights of children in treatment, palliative care, and alcohol withdrawal. This speaks to the importance of opposing prescription privileges on various grounds, including ethics, and reflects the concern of professionals who are in an excellent position to recognize the boundaries of professional competence.]

18. Kingsbury, S.J. (1992). Some effects of prescribing privileges. *Professional Psychology: Research and Practice, 23,* 3-5.

The author obtained his M.D. after practicing as a clinical psychologist, giving him a unique window on the debate. He indicates how medical practice consumes most of his professional time. He criticizes proponents of RxP for not mentioning (1) psychologists' possible selfish motivation, (2) the negative impact of RxP, or (3) the issues some psychologists raise in opposing prescribing privileges. He notes, "…it is clear to me that recent discussions of the advantages of psychologists having prescription privileges have been simplistic."

In describing the differences in the training for physicians and psychologists, he stated:

> **"Studying the effects of medications on the kidney, the heart, and so forth is important for the use of many medications. Managing these effects is often crucial and has more to do with biochemistry and physiology than with psychology. I was surprised to discover how little about medication use has to do with psychological principles and mow much of it is just medical"** (p. 6.)

In other words, preparation for prescribing has less to do with the types of activities psychologists are trained for and does require the scientific underpinnings more than some might think.

19. Kingsbury, S. J. (1987). Cognitive differences between clinical psychologists and psychiatrists. *American Psychologist, 42*, 152-156.

Differences in perspective about psychopathology and its treatment may create many of the difficulties in communication between clinical psychologists and psychiatrists. These differences, engendered by different training experiences, include how the professions view science, diagnosis, clinical experience, other disciplines, and the hierarchical nature of organizations. Some ways these differences may adversely affect communications between psychiatrists and clinical psychologists are explored.

The author describes significant differences between psychologists and physicians in their training, experiences, and thinking. For example he reports, **"In my first month of residency training in psychiatry at a psychiatry emergency service I believe I saw more patients individually than in my entire graduate [Psychology] training**." (p. 155) Often health professionals have little understanding of each others' training models and difference in perspectives and activities.

20. Lavoie, K. L., & Barone, S. (2006). Prescription privileges for Psychologists: A comprehensive review and critical analysis of current issues and controversies. *CNS Drugs, 20*, 51-66.

The debate over whether clinical psychologists should be granted the right to prescribe psychoactive medications has received considerable attention over the past 2 decades in North America and, more recently, in the UK. Proponents of granting prescription privileges to clinical psychologists argue that mental healthcare services are in crisis and that the mental health needs of society are not being met. They attribute this crisis primarily to the inappropriate prescribing practices of general practitioners and a persistent shortage of psychiatrists. It is believed that, as they would increase the scope of the practice of psychology, prescription privileges for psychologists would enhance mental health services by increasing professionals who are able to prescribe. The profession of psychology remains divided on the issue, and opponents have been equally outspoken in their arguments.

The purpose of the present article is to place the pursuit of prescription privileges for psychologists in context by discussing the historical antecedents and major forces driving the debate. The major arguments put forth for and against prescription privileges for psychologists are presented, followed by a critical analysis of the validity and coherence of those arguments. Through this analysis, the following question is addressed. Is there currently sufficient empirical support for the desirability, feasibility, safety and cost effectiveness of granting prescription privileges to psychologists?

Although proponents of granting prescription privileges to psychologists present several compelling arguments in favor of this practice, there remains a consistent lack of empirical evidence for the desirability, feasibility, safety and cost effectiveness of this proposal. More research is needed before we can conclude that prescription privileges for psychologists are a safe and logical solution to the problems facing the mental healthcare system.

> "The debate about whether psychologists should be granted prescription privileges is still in its infancy…**There does not appear to be compelling evidence of the desirability of granting prescription privileges for psychologists.** Pilot projects relating to the feasibility, safety, and cost effectiveness of prescription privileges for psychologists are either sparse or unavailable. Although proponents present several compelling arguments in favour of granting prescription privileges for psychologists, more research is needed before we can conclude that prescription privileges for psychologists are a safe and logical solution to the problems affecting the mental healthcare system.
>
> In the meantime, psychologists should concentrate their efforts on improving both the professional and public dissemination of the services they already provide. In particular, they could work on improving collaboration with GPs and psychiatrists to ensure that medicated patients are properly monitored and advised of available psychotherapy options. Psychologists need not go beyond the boundaries of psychological practice to expand into new treatment areas. There have already been important advances in the areas of health psychology and behavioural medicine, where psychologists have demonstrated success in improving treatment adherence, health behaviours and disease outcome in cancer patients,[107-109]obese patients,[110]coronary artery disease patients[111,112]and patients with HIV.[113]**Expanding the quality and scope of these interventions may represent a more desirable, feasible, safe and cost-effective goal than the pursuit of prescription privileges at this time."** (p. 66)

21. Pollitt, B. (2003). Fool's gold: Psychologists using disingenuous reasoning to mislead legislatures into granting psychologists prescriptive authority. *American Journal of Law & Medicine, 29*, 489-524.

This Article challenges the psychologists' arguments, favoring legislative approval that grants them prescriptive authority. The author provides a critique of each of the American Psychological Associations' reasons for attempting to convince legislatures to grant psychologists prescription privileges: 1) psychologists' education and clinical training better qualify them to diagnose and treat mental illness in comparison with primary care physicians; 2) the Department of Defense Psychopharmacology Demonstration Project ("PDP") demonstrated non-physician psychologists can prescribe psychotropic medications safely; 3) the recommended post-doctoral training requirements adequately prepare psychologists to prescribe safely psychotropic medications; 4) this privilege will increase availability of mental healthcare services, especially in rural areas; and 5) this privilege will result in an overall reduction in medical expenses, because patients will

visit only one healthcare provider instead of two-one for psychotherapy and one for medication. [The author persuasively counters these contentions, and others, such as that granting them prescriptive authority would significantly allay un-met mental health needs in rural areas, which he argues is also highly questionable.]

Psychologists seeking prescriptive authority assert that granting this privilege will increase patient access to psychotropic medication, especially in rural areas. Instead of working on collaborative models in which physicians prescribe medication and psychologists provide therapy, which is a highly workable model, proponents seek to supplant psychiatry and non-prescribing psychologists by creating a "new breed" of psychologist (a.k.a. pseudo-psychiatrist**). [This article, from outside of Psychology itself, also reflects that other stakeholders, beyond psychologists, have legitimate concerns about psychologist prescribing.]**

22. Robiner, W. N., Bearman, D. L., Berman, M., Grove, W. M., Colón, E., Armstrong, J., & Mareck, S. (2002). Prescriptive authority for psychologists: A looming health hazard? *Clinical Psychology: Science and Practice, 9,* 231-248.

Surveys of psychologists and trainees have yielded inconsistent estimates of psychologists' support of the notion of psychologists prescribing drugs and there has been considerable debate in the field about it. Ambivalence about the prescription privilege agenda raises questions about why psychologists have reservations about it. Although many psychologists are interested in pursuing prescription privileges, the historical training paradigm in psychology comprises limited education in the physical sciences that is directly relevant to prescribing medications. Issues related to prescriptive authority for psychologists, including training gaps, attitudes, and accreditation and regulation are discussed.

The authors' primary concern is the risk of suboptimal care if psychologists undertake prescribing that could arise from their limited breadth and depth of knowledge about human physiology, medicine, and related areas. This risk would be compounded by psychologists' limited supervised physical clinical training experiences. The authors review various concerns addressed in the literature. For example, In one survey, more than two thirds of psychologists in independent practice described their training related to psychopharmacological issues as "**poor**".

The American Psychological Association's Ad Hoc Task Force on Psychopharmacology, the group that provided the basic analysis of psychologists' potential activities and training related to psychoactive medications**,** noted that other health professions (e.g., nursing, allied health professions) **require** undergraduate preparation in anatomy, biology, inorganic and organic chemistry, pharmacology, human physiology, (and some require physics); undergraduate psychology degrees and **admission to psychology graduate school *do not*.** In fact, one study found **only 7% had completed the recommended undergraduate biology and chemistry prerequisites required for medical or nursing school.** Even though the APA's own Task Force recognized the importance of such relevant training, the APA's model for training psychologists to prescribe medications deleted the prerequisite coursework in the biological and physical sciences for such

training. This makes the APA training model for prescribing remarkably weaker than the training required for all other health professionals who are trained to prescribe.

Current proposals also fail to delineate clear requirements for several key aspects of supervised practical training and there has not been any external accreditation mechanism to even evaluate the quality of training. For example, the APA model failed to specify minimal criteria for: (a) the **breadth** of patients' mental health conditions; (b) the **duration** of treatment (i.e., to allow for adequate monitoring and feedback) or requirements for outpatient or inpatient experiences; (c) **exposure** to adverse medication effects; nor (d) **exposure** to patients with comorbid medical conditions and complex drug regimens. Also, the **qualifications** for supervisors are vague. The training advocated by the APA even fails to meet APA's own requirements for accreditation of psychology training. The existing psychology doctoral and internship programs generally lack the faculty capable of teaching courses and supervising practical experiences related to prescribing. Similarly, it is unclear how well psychology boards would be equipped to regulate this aspect of psychologists' practice.

The authors also note that proponents of psychologist prescribing tend to focus on certain charged and arguably disingenuous issues to promote their cause, rather than on the inadequacies noted above. Rather than addressing issues such as the potential benefits to patient care of increasing psychologists' collaborations with prescribes, they focus on underserved populations. For example, they decry the shortage of mental health services in rural areas without promoting other ways in which psychologists could better serve rural populations, such as collaborating better with other rural healthcare professionals. Moreover, they ignore the demographic fact that few psychologists practice in rural areas and that there is no reason to expect that if they were allowed to prescribe that they would resettle in rural areas.

The authors also recognize that certain populations, such as older adults might be at higher risk of adverse outcomes of psychologists prescribing given the foreseeable drug interactions and more complex issues that would likely complicate their care. Quality care is likely to require greater medical expertise than is likely to result from training psychologists to prescribe.

23. Robiner, W. N., Bearman, D. L., Berman, M., Grove, W. M., Colón, E., Armstrong, J., Mareck, S., Tanenbaum, R. (2003). Prescriptive authority for psychologists: Despite deficits in education and knowledge? *Journal of Clinical Psychology in Medical Settings, 10*, 211-222.

As some psychologists advocate for prescription privileges, the need for closer analysis of the differences between psychologists and psychiatrists grows. The authors' survey and test data reveal key statistically significant gaps in psychologists' training and their significant limitations in their knowledge pertaining to prescribing relative to psychiatrists. Attitudes toward prescribing and estimates of psychologists' competence in prescribing are presented. The authors believe that psychologists' deficits in training and pertinent knowledge constitute major hurdles to competent prescribing. They recommend that caution is warranted about expanding psychologists' scope of practice to include prescribing.

24. Sechrest, L. & Coan, J.A. (2002). Preparing psychologists to prescribe. *Journal of Clinical Psychology, 58,* 649-658.

This report is an investigation of the training received by professionals currently authorized to prescribe medications is considered as a step toward understanding what might be involved in preparing psychologists appropriately if prescription privileges for psychology were to be obtained. Information about admission and curriculum requirements was collected from medical schools, dental schools, physician assistant programs, nurse practitioner programs, and schools of optometry. Results suggest a high level of pharmacologically relevant coursework is required for admission to, and the completion of, programs that currently prepare their professionals to prescribe. It is argued that preparing psychologists to prescribe would likely entail similar training requirements in addition to, or instead of, those already in place, leaving clinical psychology dramatically and permanently altered.

The authors conclude the APA training model represents an experimental reduction in American standards for medical practice. The medical training in the model is less than that required for other prescribing professions, including physician assistants, advanced nurse practitioners, physicians, dentists, and optometrists (Sechrest & Coan, 2002). The author notes that only one psychology graduate program in the U.S. requires any background in the natural and life sciences for admission and that psychologists do not have the pre-requisites for medical training required of all other prescribing professions.

Only three (of 168) doctoral programs in psychology have specific physical or life science prerequisites. By contrast, Prescribing Professions have undergraduate prerequisites, generally in highly competitive classes.

Prerequisite Hours for Prescribing Professions

Prerequisite	*Medicine*	*Dentistry*	*Physician Assistant*	*Optometry*	*Nurse Practitioner*	*Psychology (Ph.D.)*
Biology	8.0	8.5	4.9	7.3	30	0
Physics	7.7	7.6	0.5	8.1	3.5	0
Inorganic Chemistry	7.8	8.2	6.8	8.1	3.1	0
Organic Chemistry	7.5	7.3	2.1	4.6	1.1	0

25. Smyer, M. A., Balster, R. L., Egli, D., Johnson, D. L., Kilbey, M. M., Leith, N. J., & Puente, A.E. Summary of the Report of the Ad Hoc Task Force on Psychopharmacology of the American Psychological Association. (1993). *Professional Psychology: Research and Practice, 24,* 394-403.

The American Psychological Association Board of Directors established an ad hoc task force on psychopharmacology to explore the desirability and feasibility of psychopharmacology prescription privileges for psychologists. In this context, the Task Force's charges were to determine the competence criteria necessary for training psychologists to provide service to patients receiving medications and to develop and evaluate the necessary curricular models. This article summarizes the Task Force's major recommendations and provides specific information regarding its training recommendations. It is hoped that this article will encourage broad discussion of psychology's most appropriate integration of psychopharmacology knowledge and its applications into its training programs and professional activities.

[The Task Force indicated the need for more stringent training than the APA model ultimately required, such as when APA abolished the scientific prerequisites for the psychopharmacology training. The APA has also never promoted the Level 2 type of training, which the Task Force discussed, would have promoted psychologists' *collaboration* with other health care professionals in terms of prescribing. It would have provided a mechanism for psychologists to obtain advanced training in psychopharmacology, but would not have resulted in their direct prescribing, so that their limited knowledge of relevant topics, such as pathophysiology and other central scientific areas would not put patients at unprecedented risk.]

Excerpts from the Task Force report include:

> "It is likely that only a small percentage of psychological service providers have a high degree of experience and expertise with pharmacological treatment and are actively working with physicians in assessing, selecting, and managing psychoactive medications…" (p. 396)
>
> "When APA Division 42 (Independent Practice) recently polled its members, the majority of the 440 participants described both their graduate training and opportunities for continuing education in psychopharmacology as inadequate. More than two thirds characterized their training for dealing with psychopharmacological issues as "poor," and 78% felt that continuing education opportunities were insufficient to allow them to expand their knowledge and skill base in drug therapy…this lack of training, coupled with current regulations, requires psychologists to defer to physicians on medication matters for their clients." (p. 396)
>
> "At the doctoral level…[only] 14% of private and 7% of public institutions require a psychopharmacology course." (p. 397)
>
> "When considering the training of psychologists in psychopharmacology and related sciences, it is useful to consider the science curricula for other health service professionals. Programs in such health professions as allied health, pharmacy, optometry, dentistry, nursing, medicine, and osteopathy differ in the length and intensity of their science training, but certain features are common to all. All of these professions require undergraduate preparation in general biology and chemistry. For the allied health professions (such as medical technology, dental hygiene, occupational therapy, and physical therapy) as well as nursing and pharmacy, where professional training typically occurs at the bachelor's-degree level, students also receive undergraduate preparation in human physiology and anatomy, and some programs require organic chemistry and physics as well. Nurses, pharmacists, and most allied health professionals also receive advanced undergraduate-level instruction in pharmacology.
>
> Entrance requirements for post-baccalaureate dental, medical, and osteopathic medical schools generally include course-work in organic chemistry, at least general biology, mathematics through college-level algebra, and physics. Most students admitted to these professional schools have had additional biology and chemistry

coursework. Doctoral-level training in dentistry, osteopathy, and medicine almost invariably includes advanced coursework in human anatomy and physiology, biochemistry, cellular biology, pharmacology, microbiology and immunology, and pathology. Most schools of dentistry, osteopathy, and medicine require 2 full years of intensive classroom training in these health sciences. Clinical pharmacists with Pharm.D. degrees have completed their bachelor's-level pharmacy degree and typically at least two additional years of advanced training in pharmacology.

A survey of 102 U. S. schools of medicine for 1989–1990 conducted by the Association for Medical School Pharmacology (1990) revealed that medical students received an average of 104 teaching hours in pharmacology." (p. 397)

"It is unlikely that this competence can be developed through continuing education, because approximately 2 years' full-time didactic training with additional supervised clinical experience in medication decision making is envisioned. **Retraining of practicing psychologists for prescription privileges would require careful selection criteria, focusing on those psychologists with the necessary science background… It would require students to have undergraduate science training similar to that required of other health service providers (e.g., nurses, pharmacists, allied health professionals, dentists, and/or physicians).** It would also require a postdoctoral period of supervised clinical experience. (p. 400)

"Undergraduate Prerequisites

A psychopharmacology track should recruit students with a strong background in the biological sciences. Some background in anatomy, physiology, and chemistry would be necessary to take the graduate-level courses that make up the proposed curriculum. This background could be obtained during undergraduate studies, as a post-baccalaureate student, or in some circumstances, during early years of the graduate program.

The Task Force believes the following areas of undergraduate instruction are needed.

Biology

A minimum of 12 to 15 semester hours in undergraduate biology is recommended. This would include courses in general biology, cellular and human genetics, vertebrate anatomy, and mammalian physiology. Ideally, some laboratory experience would accompany one or more of these courses. Prospective students also would be well advised to obtain undergraduate preparation in cell and molecular biology to prepare themselves for the advances in psychopharmacology being made using these approaches.

Chemistry

A minimum of 9 to 12 semester hours would be recommended. Students need sufficient preparation to take a graduate-level biochemistry course; typically this would require two semesters of general chemistry and at least one semester of organic chemistry.

Mathematics

College-level algebra would be a minimum. This would not typically be a problem for psychology graduate students, who usually have good quantitative backgrounds. Pharmacology and/or substance abuse

A number of colleges and universities offer undergraduate courses in pharmacology or a substance abuse course that covers the basic pharmacology of drugs of abuse. These courses would be desirable but not mandatory." (p. 400)

"It would be difficult, however, to provide Level 3 training through traditional continuing education mechanisms. It was assumed [for prescriptive authority] that

the medical management of the patient was being done by a physician (i.e., a general practitioner, pediatrician, or internist), and that **psychiatric management was restricted or not available.** (p. 401)

26. Society for a Science of Clinical Psychology (2001). Task force statement on prescribing privileges (RxP). http://www.mspp.net/SSCPscriptpriv.htm

The Task Force notes the vast majority of SSCP members strongly oppose RxP. The Task Force calls for a moratorium on APA's expenditure on RxP, a survey of the membership, and a balanced peer-reviewed mini-convention on the pro's and con's of RxP. **The Task Force presents the following 9 reasons to oppose APA's policy on RxP:**

"1. RxP would not fill unmet needs for service as claimed by proponents.

(a) The psychiatrically underserved population is not very large. Even in the aggregate, it is smaller than RxP advocates in APA's central office wish us to believe.

(b) The geographic distribution of psychologists largely follows that of psychiatrists. Thus little net gain in coverage is even possible.

© Few psychologists have chosen to practice in places like rural Montana or the South Bronx. There is no reason to think that RxP would make an appreciable difference.

(d) Organizations of consumers of mental health services (e.g., NAMI) have not come forth to endorse RxP. At the last RxP bill hearing in the Hawaii legislature, several consumers testified against RxP but none in favor.

2. No satisfactory precedents exist, either for designing suitable training programs, or for predicting psychologists' performance as prescribers.

(a) The definition of what would constitute adequate training remains highly speculative and controversial. APA's model program is far from being a final or even an authoritative statement of what would be needed.

(b) The Department of Defense program, with 10 graduates, was about twice as intensive as that envisioned by the APA model program. It cannot be reproduced on a broad scale. It is therefore not a meaningful precedent.

© Guam — small, remote, and atypical in other respects — requires medical oversight of its handful of prescribing psychologists. It is not a precedent for RxP in the form espoused by APA.

(d) APA's training model specifies three sequential levels. Current RxP training programs offer Level 3 (see section 3 below), but omit the prerequisite Levels 1 and 2. They also omit the undergraduate prerequisites in biology (12-15 semester hours), chemistry (9-12 hours) and algebra (one course).

(e) Some programs claiming to meet APA standards are conducted via distance learning — quite unlike the Defense Department program or those offered to

optometrists.

(f) In short, there is no existing program that meets even APA's scaled-down criteria.

3. Few existing psychologists would be able to complete any acceptable training program.

(a) The APA Level 3 model, skimpy as many believe it to be, entails 350 classroom/lab hours, plus one year of closely supervised practicum experience involving 100 patients. This is equal to approximately two years of full-time work.

(b) This time requirement does not include prerequisite undergraduate-level work (see section 2[d] above), some or all of which most prospective candidates would need.

© The cost of APA-model training — even when no undergraduate work is needed — is estimated at $20,000 to $30,000 per student if received in a university or professional school setting. This does not include income sacrificed in order to make time available for RxP training.

4. Graduate education in basic psychological science and psychosocial treatments would be severely diminished and distorted unless most or all biomedical coursework were at the post-doctoral level.

(a) Many currently practicing psychologists are already under-trained in psychological science and empirically supported treatments. Displacing traditional curriculum content in graduate schools with RxP-focused coursework would render this deficiency still worse.

(b) Making RxP training wholly post-doctoral would add two years and $20,000 to $30,000 — plus the cost of any undergraduate prerequisites needed and the years of earning ability forever lost — just as it would for existing psychologists.

© By changing the prerequisites for doctoral programs, RxP would attract a different population of applicants and further diminish the emphasis on psychosocial/behavioral treatments.

5. In addition to the direct costs of RxP training, there are a number of externalities — so far, not widely recognized — that argue strongly against RxP.

(a) Malpractice premiums would go up for those who elect to prescribe, and possibly for all licensed psychologists whether they prescribe or not.

(b) Should even a few malpractice suits against prescribing psychologists based on claims of inadequate medical training be successful, insurance coverage would become prohibitively expensive or disappear altogether. Legislatures that had previously authorized RxP would face an onslaught of pressures to rescind it, and those that had not yet authorized it would reject RxP bills out of hand. The damage that would be done to psychologists and to the profession is incalculable — much worse than the damage done to physicians and medicine

when they are sued.

© Student loan debt would increase sharply as a result of additional borrowings and years of delay in commencing repayment.

(d) Adding faculty to departments of psychology to teach the RxP curriculum would cost an estimated $800,000 to $1,000,000 annually. Only schools wholly supported by tuition could hope to recover these outlays. Universities relying on state funds and endowments would have to absorb a large share of additional faculty costs without recourse.

(e) RxP would widen the existing gap between university and professional-school programs, and in effect create two divergent spinoffs of clinical psychology. It would be only mildly facetious to say that we would come to be seen, at least by outsiders, as either underpaid psychiatrists or overpriced social workers. In the process, the cross-fertilization between psychological science and practice — psychology's trump card in the mental health field — would have been severed.

(f) If psychologists obtain RxP, master's-level social workers and counselors will almost certainly try to follow. (Pat DeLeon has in fact written in support of social workers seeking RxP.) Should they succeed, the market will be flooded with Rx-eligible personnel, and the competitive advantage sought by psychology's RxP advocates would quickly vanish.

6. Psychologists would be exposed to patients' demand for "pill fixes" and the blandishments of the pharmaceutical industry, just as psychiatric and other medical professionals already are.

(a) It is naïve to assume that psychologists' background in psychosocial treatments would significantly "inoculate" them against such powerful pressures.

(b) By de-specializing psychologists in psychosocial treatments and their scientific underpinnings, their commitment and competence in this area is likely to be further eroded.

7. Contrary to claims made by key people in APA's central office, psychology is not united behind RxP. A series of surveys over the past 10 years has shown sentiment to be about equally divided.

(a) APA's much-cited 1995 data, which showed a majority in favor of RxP, relied upon a single, highly biased questionnaire item in the context of an omnibus survey on membership issues. More objective studies suggest that a majority is actually opposed to RxP.

(b) Recent survey evidence suggests that many psychologists nominally classified as "favorable" to RxP are willing to endorse RxP simply out of an altruistic desire to help colleagues — while having little or no interest in pursuing such training themselves.

© There is reason to believe that few psychologists — even those who find the RxP idea attractive — are aware of and have given careful thought to the length and cost of any plausible training requirements. What their attitudes would be if they

were fully informed remains unknown.

8. **Organized psychiatry and medicine can be counted upon to oppose RxP in state legislatures far more vigorously and effectively than they have opposed previous expansions in our scope of practice.**

(a) They have the financial and political ability to turn the RxP campaign into a rout for psychology, and are fully prepared to do so if necessary.

(b) Faced with RxP bills in the legislatures, they are likely to seize the opportunity to roll back gains in our scope of practice that have been painstakingly eked out over decades.

© There is evidence from New York that medicine's sabotage of scope-of-practice legislation sought by NYSPA was intended as a shot across our bow to head off RxP.

(d) Fruitful collaboration between psychologists and medical professionals would be undermined — and possibly damaged quite seriously — by the battle over RxP.

(e) APA has spent over $800,000 pressing its RxP agenda, and has recently escalated its efforts still further. Yet all that it will take to defeat RxP bills in state legislatures is for psychologists opposed to RxP to expose its lack of solid support among psychologists. (This has already happened in Hawaii).

9. **RxP opponents fully recognize the need for psychologists to have education and experience relevant to biomedical treatments. But this does not imply a general need for prescribing authority. Good alternatives exist that have none of the drawbacks cited above.**

(a) For psychologists who want to prescribe drugs on their own, nurse practitioner (NP) training would prepare them far better than any RxP program that has been seriously proposed. It would provoke less opposition from the medical establishment. No new legislation — costly, time-consuming and dangerous to pursue — would be required. And it would probably be supported by the nursing profession, which as matters now stand is likely to join organized medicine in opposing RxP.

(b) For psychologists who do not want to prescribe, or who cannot afford the time and money to obtain the requisite training, well-designed CE offerings would enable them to participate collegially and knowledgeably in collaboration with medical professionals. A large percentage of psychologists are already so equipped, and they collaborate routinely and effectively with their medical colleagues.

© Training is particularly needed for collaboration with primary care physicians — who write about 75% of the prescriptions for psychoactive medications in this country, yet often have skimpy knowledge of the proper use of such drugs, and are even less well acquainted with the advantages of psychological treatments. Such collaboration would also do more than RxP to meet the needs of underserved areas and populations.

(d) APA can play a vigorous and constructive role in enhancing psychological practice via these alternatives. It can take the lead in arranging NP training at an affordable cost, and it can develop and promote modules to advance interprofessional collaboration. These things can be done at much less cost and risk than pursuing the present quixotic campaign for RxP — and they would do away with the divisive atmosphere that APA's unilateral promotion of RxP has needlessly brought upon our profession." (n.p.)"

27. Stuart, R. B., & Heiby, E. E. (2007). To prescribe or not to prescribe: Eleven exploratory questions. *Scientific Review of Mental Health Practice. 5*, 4-32.

Many psychologists believe that gaining prescription authority (RxP) would benefit them, their patients, and the field. Prescribing could extend the boundaries of psychological services, but doing it responsibly requires many changes in knowledge acquisition and clinical practice. Since organized psychology is firmly committed to this change, the 11 questions presented here are intended to help individual clinicians decide whether they should seek prescriptive authority. The questions address significant challenges in obtaining the necessary education about human biology; the ways in which organ systems are affected by drugs; methods of prescribing and monitoring treatment results; and preparing for a possible increased risk of malpractice actions. Those considering the pursuit of prescribing authority will also want to determine whether the few psychologists who can currently prescribe drugs have used their authority safely and effectively. In addition, it is important to realize that to meet high standards of care for psychological services, prescribers must both keep abreast of the evolving body of psychological theory and research and devote equal or greater time to maintaining the most current knowledge about the predictable effects of drugs. The latter task is difficult due to common flaws in drug research and flaws in the policies and procedures used by the FDA to regulate drugs. Psychologists should be prepared to adjust their practices to meet these and other challenges *before* they put pen to the prescription pad.

The authors review a variety of problems related to RxP and note that Psychology is in the awkward position of being a scientifically based profession that is seeking to expand its scope based on a small pilot program (i.e., the PDP) that reaches well beyond the parameters of the available data. The authors raise a series of questions to help students and psychologists weigh the costs and potential risks of prescribing against its hoped-for benefits, which will not necessarily be realized, including:

- ? How will you minimize the risk of a misdiagnosis that leads you to prescribe the wrong drug?
- ? How will you minimize the risk of making prescription errors that lead to adverse drug events?
- ? How accurately will you be able to predict the effects of the drugs that you prescribe?
- ? How will you find the accurate information needed for sound decisions about drugs?
- ? How will you avoid choosing a drug that is generally correct for the diagnosis but incorrect for a given patient?
- ? How will you gain access to the resources that you will need to adequately assess patients

before prescribing drugs, and then to monitor medication effects?
? How will you be able to resist the pressure to prescribe unnecessary drugs?
? Do you know enough to make a data-based decision about prescribing authority now?

28. Wagner, M.K. (2002). The high cost of prescription privileges. *Journal of Clinical Psychology, 58*, 677-680.

If the APA medical training model (APA 1996b) is adopted, the cost of the additional graduate training at a southern state university was estimated to be at least $155,000 for students, assuming the student lives on $20,000 per year. This estimated cost to the student does not include the additional costs involved in undergraduate pre-medical training or the higher tuition costs at private universities' graduate programs, including professional schools. Data are presented relative to the financial burden it will place on students, universities, internship sites, **and the consumers** of psychological Services, and the authors question who is going to pay for it?

29. Walker, K. (2002). An ethical dilemma: Clinical psychologists prescribing psychotherapeutic medications. *Issues in Mental Health Nursing, 23*, 17-29.

The use of psychotropic medication to treat psychiatric disorders has surged in recent years, and while commonly prescribed, the question of who should be allowed to prescribe such medication has become an increasingly important issue to nurses. Psychologist shave historically functioned in roles such as psychotherapy and psychological testing, but as standards of care for psychiatric disorders incorporate medication, reimbursement for psychotherapy is declining. Medication prescription and management have not been traditionally seen as the role of the psychologist, however, many clinical psychologists have begun to advocate for prescription authority as a legally sanctioned role for their profession. This article addresses the issues of clinical psychologists seeking prescriptive privilege. It is argued that the current paradigm of psychology rejects the neurobiological basis of mental illness and that **psychologists prescribing medication presents an ethical dilemma for nurses.** It is the contention of the author that nurses have an ethical responsibility to advocate against the extension of the psychologist's role into the prescription of medications. This article also reveals that other mental health professionals (i.e., not just physicians) have significant concerns about psychologists' proposed role in prescribing.

30. Walters, G.D. (2001). A meta-analysis of opinion data on the prescription privilege debate, *Canadian Psychology, 42*, pp. 119-125.

The author concludes psychologists are about evenly divided over whether the profession should pursue prescription privileges. Proponents of privileges ignore the divisiveness over this issue. The results, based on 17 samples, showed minimal consensus and a general split of opinion on the advisability of pursuing the prescription privilege agenda. These findings suggest that prescription privileges have the potential to confuse issues of

training and identity for future generations of psychologists. Although the difference is not statistically significant, **more psychologists than not believe that professional/ scientific organizations like APA should not be spearheading efforts to gain prescription privileges.** At the least, psychologists are evenly divided on this issue. Second, professional psychologists are more supportive of prescription privileges in principle than they are of obtaining the training necessary to prescribe medication.

31. Westra, H. A., Eastwood, J. D., Bouffard, B. B., & Gerritsen, C. J. (2006). Psychologist's pursuit of prescriptive authority: Would it meet the goals of Canadian health care reform? *Canadian Psychology, 47,* 77-95.

The authors seek to facilitate reflection on the important issue of prescriptive authority for Canadian psychologists. The paper contextualizes the discussion of prescriptive authority in the broader context of health care reform in Canada. More specifically, the authors review pharmacotherapy and psychological services in view of how effectively each of these currently meets three major challenges in health care reform: reducing costs, increasing treatment efficacy, and improving access to treatment.

The authors conclude that psychological services are less costly than pharmacotherapy. Prescription drugs clearly and vastly exceed spending on psychological services. In their view, there are very few valid arguments supporting the expansion of prescriptive authority to psychologists, when considering important indices on which future health care services will be judged. In contrast, on the basis of the present review and analysis, it seems to us that a fuller promotion of existing psychological expertise would more result in reduced health care costs, increase treatment efficacy, and improve access to treatment.

The authors believe that "the change that would appear to most benefit consumers, psychologists, other health care providers, and payers, is increased access to psychological services and fuller utilization of psychological expertise. **The best way to realize the benefits of pharmacotherapy may not be through having prescription authority ourselves, but rather through offering strongly desired and much needed complementary expertise grounded in psychological science** (e.g., knowledge of relationship and other psychosocial contextual factors, compliance enhancement, specific psychological treatments, psychoeducation, and so on). Stated differently, if you were a marketer with a choice as to which product to market – one that is widely available, incurs substantive costs, and is less preferred, or one that consumers want, is not currently widely available, is desirable to payers in terms of cost-reduction potential, and is highly effective which would you choose?"

SB-847-SD-1
Submitted on: 2/22/2026 9:01:17 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
H. Blaisdell-Brennan, M.D.	Individual	Oppose	Written Testimony Only

Comments:

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

My name is **H. Kaleleonalani Blaisdell-Brennan, MD**, and I am a Medical Doctor specializing in Psychiatry**.** I am writing to oppose SB847, SD1, which would grant psychologists prescriptive authority.

I have been prescribing medication to rural and vulnerable patients for over twenty years. I owe my practice to many skilled medical doctors who trained me. Because of this extensive training, I was able to see that a 17-year-old patient in Waianae had leukemia, not depression, that a 45-year-old patient had life-threatening hypoglycemia, not psychotic agitation, and that a kupuna whom others thought was psychotic had suffered a different condition for which antipsychotics could be deadly.

- **SB847, SD1 exposes Hawaii's 'ohana, kupuna, and keiki to dangerous risks.** 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 cancer, diabetes, heart disease, and stroke. To become a psychiatrist, medical doctors complete over 12,000 hours of clinical training. SB847, SD1 would require only 400 clinical hours for 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 already evidence-based solutions in place to expand access to mental health services.** Instead of lowering the quality of prescriber training, I encourage you to support evidence-based solutions such as the Collaborative Care Model, telemedicine, enhanced psychiatric consultation programs, and effective case management to connect patients 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. T**hese 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 $45.5 million** in funding for Telehealth, 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. **Psychiatrists on O'ahu can see rural patients by telehealth.**
- **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,
H. Kaleleonalani Blaisdell-Brennan, M.D.

--

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

Venerando S Seguritan, MD FACR

SB-847-SD-1
Submitted on: 2/23/2026 8:57:14 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Cynthia J. Goto	Individual	Oppose	Written Testimony Only

Comments:

Oppose

SB-847-SD-1
Submitted on: 2/23/2026 9:16:11 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Christina E Vento, PsyD, MACP	Individual	Support	Written Testimony Only

Comments:

To the Honorable Chair and Vice Chair,

I urge you to strongly support bill SB 847 because it will safely increase access to psychiatric medications and the coordination of care, particularly for underserved patients, at no cost to state government.

My name is Christina Vento and I have been a practicing prescribing psychologist in New Mexico since 2008. During this time, I have safely and effectively treated thousands of patients including rural FQHCs, an urban homeless services center, the NM State Hospital, an immigrant behavioral health clinic and the Indian Health Service. I have no lawsuits, malpractice complaints or other indicators of unsafe prescribing practice although I have always treated some of our highest need, highest medical and psychiatric complexity, lowest resource patients. Prescribing psychologists have always participated in Medicaid; about 95% of us are providers, far more than NM psychiatrists, who rarely do so here and nationally when practicing outside of the medical school setting.

1. train extensively to add this to our practice and have a long-proven history of safely managing these medications in other states. Please don't let the physician fear mongering fantasies of mass carnage needlessly keep Hawaiians from improved mental health outcomes. Here in NM, opposition psychiatrists once predicted literal piles of corpses slain by our rank incompetence when we were trying to pass our bill. Our legislation was signed in 2002. I would think the NM prescribing psychologists would have gotten around to these predicted grim outcomes already if that were going to come to pass… just do our jobs and take care of patients often left behind by other practitioners.

Warm regards,

Christina Vento, PsyD, MACP Prescribing Psychologist in NM

SB-847-SD-1
Submitted on: 2/23/2026 10:26:15 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

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.

In my own experience receiving psychiatric care from a provider with limited medical training, the provider recommended starting a psychiatric medication that had a known and clinically significant interaction with a medication prescribed by my oncologist. When I raised my concern and explained the interaction, I was alarmed that she was unfamiliar with it and did not fully appreciate the potential risks. I was fortunate to recognize the danger because of my medical training, but many patients in Hawaii do not have that background and must rely entirely on their provider's expertise. As someone undergoing complex medical treatment, I depend on my clinicians to have a comprehensive understanding of pharmacology, drug–drug interactions, and the broader medical context in which psychiatric medications are prescribed. This experience underscored for me how essential full medical education and training are when granting prescriptive authority. Expanding that authority to professionals without the depth of training physicians receive increases the risk of harmful interactions and puts vulnerable patients at unnecessary risk.

- **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-SD-1
Submitted on: 2/23/2026 10:33:12 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Noelle Navarro	Individual	Oppose	Written Testimony Only

Comments:

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

My name is **Noelle Navarro**, and I am a resident of Waipahu. I am writing to **strongly oppose SB8**47, 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 manage psychotropic medications safely. Psychologists' training is not equivalent to that of psychiatrists or other prescribing professionals, and these changes could jeopardize public health. To become a psychiatrist, medical doctors complete over 15,000 hours of clinical training. SB847, SD1, would require only 400 clinical hours for 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 evidence-based solutions such as the Collaborative Care Model, telemedicine, enhanced psychiatric consultation programs, and effective case management to connect patients in need with appropriate mental health professionals efficiently.
    - **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 $45.5 million in funding for Telehealth,** 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. **Rural patients can be safely seen by psychiatrists in Honolulu.**

- **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 - not dangerous shortcuts.**

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

Sincerely,
Noelle Navarro

SB-847-SD-1
Submitted on: 2/23/2026 10:55:59 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Kyla Yamashita, MD	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Kyla Yamashita, and I am a psychiatry resident physician in Honolulu, Hawai'i**.** I am writing to **strongly oppose SB847 SD1**, which would give psychologists prescriptive authority.

In a randomized controlled trial conducted by Springer and Harris of 322 participants, 35.7% of marriage and family psychotherapists identified medication and medication referral as a treatment option for clients. However, 80% of the therapists reported that they were not adequately trained about psychotropic medications in their graduate programs. This emphasizes that there is no denying that medications can be beneficial for patients struggling with mental health issues. There is, however, a clear major concern when it comes to providers requiring adequate training to prescribe psychotropic medications. Psychotropic drugs can be beneficial, but they come with risks. When prescribers do not have sufficient knowledge of these effects and lack familiarity with patient medical comorbidities, medication side effects, toxicity, interactions with other medications, mechanism of action of the psychotropic medications, this poses great risks for patients' health and well-being. It is important to address mental health and increase accessiblity. However, this should not be done at the expense of patient safety.

- **SB847 SD1 exposes Hawai‘i'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 evidenced 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 Hawai‘i Residency Program graduates multiple general psychiatry residents each year, with additional graduates from its child psychiatry and addiction psychiatry fellowship programs.
    - **Senator Schatz also was 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 Hawai‘i 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 Hawai‘i.

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. Hawai‘i'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,
Kyla Yamashita, M.D.

SB-847-SD-1
Submitted on: 2/23/2026 11:37:06 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Irene Papaconstadopoulos	Individual	Oppose	Written Testimony Only

Comments:

Psychologists provide extremely important mental health services in our state, but they do not have the appropriate training in physiology or pharmacology to be prescribing psychiatric medications to our keiki. Please vote against this bill, as it does not meaningfully alleviate the mental health service shortage in Hawaiʻi. A better way to alleviate the mental health shortage would be to provide support for collaborative care between a primary care physician or allied health provider and psychiatrist, which is an effective and evidence-based way to improve access to care.

SB-847-SD-1
Submitted on: 2/23/2026 11:48:56 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Asti Tyndall	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Asti Tyndall, and I am a resident of Kaimuki. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Asti Tyndall

836 18th Ave.

Honolulu, HI 96816

SB-847-SD-1
Submitted on: 2/23/2026 12:08:03 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Ray oshiro	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Ray Oshiro, and I am a resident of Honolulu, HI. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Ray Oshiro

2981 Ala Napaa Pl

Honolulu, HI. 96818

IQBAL "IKE" AHMED, M.D., FRCPsych (U.K.)

1042 LOHO STREET
HONOLULU, HI 96822
TELEPHONE: (808) 554-4457
EMAIL: ahmedi96822@gmail.com

Jarrett Keohokalole, Chair
Carol Fukunaga, Vice Chair
Committee on Commerce and Consumer Protection
Hawaii State Capitol, Room 205

Hearing Date: February 24, 2026
9:45 AM
Re: SB847 SD1. - Relating to Prescriptive Authority for Clinical Psychologists

From: Iqbal "Ike" Ahmed, MD as an individual.

Position: **OPPOSED**

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

Please vote NO on SB847 SD1

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 <u>all</u> 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 Kaua'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.

Thank you for your consideration to please vote NO on **SB 847 SD1**.

Iqbal Ahmed

Iqbal "Ike" Ahmed, M.D., FRCPsych (UK)

SB-847-SD-1
Submitted on: 2/23/2026 12:41:36 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

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

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

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

SB-847-SD-1
Submitted on: 2/23/2026 12:56:50 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Casandra Simonson, MD	Individual	Oppose	Written Testimony Only

Comments:

2/23/26

Testimony in Opposition of SB847 SD1 regarding Psychologists Prescriptive Authority

Thank you to the Chair, Vice Chair, and Committee members,

My name is Dr. Casandra Simonson MD. I am a pediatrician in Maui where I have worked for almost 12 years, and I am writing to represent myself in opposition to SB847. Psychologists provide extremely important mental health services in our state, but they do not have the appropriate training in physiology or pharmacology to be prescribing psychiatric medications to our keiki. Please vote against this bill, as it does not meaningfully alleviate the mental health service shortage in Hawai‘i. A better way to alleviate the mental health shortage would be to provide support for collaborative care between a primary care physician or allied health provider and psychiatrist, which is an effective and evidence-based way to improve access to care. I appreciate your time and consideration in this matter.

Thank you,

Dr. Casandra Simonson

February 23, 2026

Re: OPPOSITION to SB-847 expanding practice to allow prescriptive authority for psychologists

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.

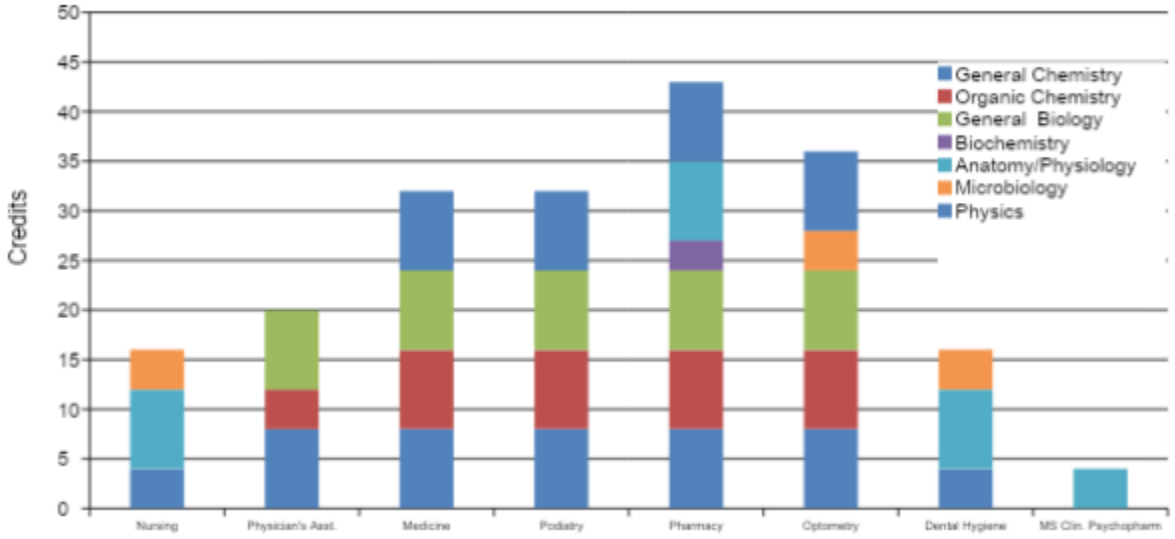
I am writing to request that you oppose SB-847 and any future initiatives that would allow psychologists to prescribe medications in Hawaii. Governor to veto a bill in 2010 that was pushed through both the house and senate in a short special session. I fought alongside consumers and colleagues from allied 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 programs 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); no standards regarding limits to scope of practice (i.e., PDP psychologists treated adults aged 18 to 65, limited formulary; the current bill seems to leave this up to the discretion of the board and seems to include vulnerable populations - pediatric, geriatric and pregnant women). 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 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

  <u>The State of Illinois has set a new and more appropriate standard for prescription privileges for psychologists</u>

  - 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.

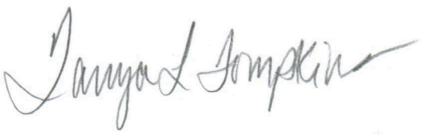
There are many alternatives to psychologists prescribing that more appropriately enhance access to the prescription of psychoactive medications in those individuals who would benefit from them and expand access to mental health care.

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,



Tanya L. Tompkins, Ph.D.
Professor of Psychology
Linfield University

SB-847-SD-1
Submitted on: 2/23/2026 2:25:15 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
mihae yu	Individual	Oppose	Written Testimony Only

Comments:

These medications are complex and may have far reaching consequence which a fully boarded MD should prescribe.

thank you

IN SUPPORT OF: SB847
RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS

Aloha Chair Keohokalole, Vice Chair Fukanaga, and members of the committee:

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

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

Specifically, I support prescriptive privileges for psychologists because:

1. On the neighbor islands we have a shortage of psychiatrists **and** of primary care physicians (PCPs). The shortage of primary care doctors means that sick patients are not being seen in a timely manner. Because of the shortage of psychiatrists, PCPs are increasingly put in the position of prescribing and managing the psychotropic medications for their patients. This places an additional burden on already taxed PCPs who are struggling to meet our islands' health care needs.
2. The primary care physicians are very often put in the position of prescribing medications for depression, anxiety, phobias, sleep disorders and other psychological conditions. The primary care physicians end up trying to assess and treat psychological conditions in a very short clinic visit. Additionally, because primary care physicians are often overbooked, many times it is difficult to see the patient often enough to effectively manage these psychotropic medications.
3. Bottom line is that the primary care physician shortage is worsened by these primary care doctors having to not only treat the physical problems of their patients but despite having often limited training in mental health or in psychotropic medications, having to be the primary provider of drugs for psychological conditions.
4. The patient may or may not also see a psychologist. If they are also seeing a psychologist, PCPs are put in the inefficient position of trying to increase or decrease the medication on the advice of the psychologist. This may involve many phone calls or the patient retelling what the psychologist has suggested. If they are not seeing a psychologist, we are then in the position of altering medication dosages based on our very short visits. Short visits may be appropriate for altering medications for high blood pressure but are much less accurate for assessing psychological conditions. The result may often be a patient whose psychotropic medications are not being optimally managed.

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

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

> “The power to prescribe is the power not to prescribe,” or “the power to prescribe is the power to unprescribe.”

What is meant by these phrases is that spending appropriate time with a patient and using evidence based therapies has been shown to allow psychologists to often treat patients without medication and/or to taper patients off of medication. The best way to ensure this happens in the most patient friendly and efficient way is to allow appropriately trained psychologists to use the medications that are specific to their field of expertise.

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

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

Mahalo for the opportunity to supply testimony.

Lee A. Evslin, MD, FAAP

Kapaa, HI

SB-847-SD-1
Submitted on: 2/23/2026 4:11:40 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Edward Bos	Individual	Support	Written Testimony Only

Comments:

My name is Edward A. Bos, PsyD. I am a licensed psychologist working for the federal government and a have recently become a proud resident of Hawaii. I am writing in strong support of Senate Bill 847, which would allow qualified psychologists to obtain limited prescriptive authority for psychotropic medications under clearly defined education, supervision, and practice requirements. As recognized in SB 847, Hawai‘i continues to face significant mental health workforce shortages, particularly in rural and medically underserved communities. This legislation offers a thoughtful, carefully regulated pathway to expand access to comprehensive mental health care while maintaining patient safety and appropriate medical collaboration.

In my federal role, I have seen firsthand the benefits of collaborative models in which appropriately trained psychologists work alongside physicians to provide integrated behavioral health services. Tripler Army Medical Center has long demonstrated the value of advanced psychopharmacology training for psychologists serving military members and their families, and similar models have been implemented successfully in other jurisdictions. SB 847 reflects these proven frameworks by requiring a master’s degree in psychopharmacology, passage of a national examination, supervised clinical experience, DEA registration, malpractice coverage, and ongoing collaboration with supervising physicians. The bill’s limitations—including restrictions to psychotropic medications, prohibitions on prescribing narcotics, and practice within federally qualified health centers—underscore its careful, patient-centered design.

I am currently a student in the Drake University Master of Science in Clinical Psychopharmacology (MSCP) program to earn eligibility for licensure as a prescribing psychologist. My goal is to provide psychological care to patients that is safe, high quality, accessible, and comprehensive. Too often, patients must navigate fragmented systems in which therapy and medication management are siloed, delayed, or entirely unavailable. SB 847 would help address these barriers by enabling highly trained psychologists to offer integrated care in collaboration with medical providers, particularly in underserved communities across our state. I respectfully urge the Legislature to pass Senate Bill 847 to strengthen Hawai‘i’s behavioral health workforce and improve access to essential mental health services for our residents.

I urge everyone to support passage of this bill. Thank you for your time.

SB-847-SD-1
Submitted on: 2/23/2026 4:11:51 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Vince Yamashiroya, MD	Individual	Support	Written Testimony Only

Comments:

As a physician, I strongly believe that patients who seek reproductive and/or gender affirming care should be able to make decisions freely with the support of their medical team. This bill protects that right for patients in Hawai‘i and also protects the caring professionals providing evidence-based care. Thank you.

Sincerely,

Vince Yamashiroya, MD

Pediatrician in private practice in Honolulu

SB-847-SD-1
Submitted on: 2/23/2026 5:05:16 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaylene Au	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Kaylene Au, and I am a resident of Manoa. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Kaylene Au

2837 Kalawao Street

Honolulu, Hawaii 96822

SB-847-SD-1
Submitted on: 2/23/2026 5:05:51 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

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

Comments:

Aloha Chair Keohokalole and Vice Chair Fukunaga,

The Committee on Commerce and Consumer Protection has the kuleana to protect the public. That includes insuring that those providing patient care to vulnerable citizens in Hawaii are adequately trained to provide safe and effective care to those citizens.

As a physician in Hawaii, I **strongly oppose** SB 867 - SD1 - A Bill for an Act Relating to Psychologists, which seeks to grant psychologists the authority to prescribe psychotherapeutic drugs. Various forms of this measure have been debated in the Hawaii legislature in prior years and fortunately averted.

Although we have a shortage of psychiatrists in Hawaii, we do not have an aggregate shortage of licensed and adequately trained providers (including psychiatrists, family physicians, emergency physicians, general internists, and nurse practitioners) who collectively can meet the need for prescribing psychotherapeutic drugs in Hawaii.

Under SB847-SD1, a "conditional prescription certificate" to prescribe psychotherapeutic drugs under supervision would require (along with limited didactic activity) only 400 hours of clinical experience working with a diverse population of at least 100 patients. This is less than the clinical experience obtained by medical students in one year.

The bill's language DOES NOT explicitly mandate clinical experience with behavioral patients who are receiving psychotherapeutic drugs. For the psychologist having conditional authority to prescribe medications, yet whose total (or near total) clinical experience has been entirely UNRELATED to patients treated with psychtherapeutic drugs, is a MAJOR fault in the proposed legislation as written. This oversight needs to be reconciled should this bill be approved.

Finally, given that psychotherapeutic medications interact with multiple organs and may present in a number of ways other than behavioral changes. Thus placing the patient under the care of a prescribing psychologist without extensive whole body medical knowledge creates a significant risk of harm.

Jerris R. Hedges, MD

SB-847-SD-1
Submitted on: 2/23/2026 6:31:30 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jodi	Individual	Comments	Written Testimony Only

Comments:

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

My name is Jodi, and I am a resident of Kaimuki. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Jodi

Honolulu, HI

SB-847-SD-1
Submitted on: 2/23/2026 7:06:27 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Qianwei Chen	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Qianwei Chen, and I am a resident psychiatrist in Hawai‘i. I am writing in strong opposition to SB 847, which would grant psychologists the authority to prescribe medications.

As a physician currently completing my psychiatric training in Hawai‘i, I care for patients with complex mental health conditions every day. Many of my patients have co-occurring medical illnesses such as diabetes, heart disease, substance use disorders, and neurological conditions. Managing psychiatric medications safely requires not only knowledge of mental health diagnoses, but also a deep understanding of physiology, pharmacology, drug–drug interactions, and the ways medical conditions can mimic or worsen psychiatric symptoms. I have personally seen how quickly side effects, medication interactions, or missed medical diagnoses can lead to serious harm if not carefully evaluated and managed.

SB 847 would expose Hawai‘i’s ‘ohana, kūpuna, and keiki to unnecessary risk. The training requirements proposed for prescribing psychologists fall far short of the comprehensive medical education required to safely manage psychotropic medications, especially in medically complex patients. Psychologists are highly trained in psychotherapy and psychological assessment, but their training is not equivalent to that of psychiatrists or other medical prescribers.

To become a psychiatrist, physicians complete four years of medical school followed by four years of residency, totaling over 12,000 hours of supervised clinical training. In contrast, SB 847 would require only 400 clinical hours for psychologists to prescribe. For perspective, commercial airline pilots must complete 1,500 hours of flight time before flying passengers. Granting prescriptive authority with such limited medical training is comparable to allowing an airline employee to fly a commercial aircraft with only a fraction of the required experience.

If the goal is to improve access to mental health care, there are proven, evidence-based solutions. Rather than lowering the standard of prescriber training, I urge you to support approaches such as the Collaborative Care Model, telemedicine expansion, psychiatric consultation programs, and strong case management systems to ensure patients are connected with the appropriate level of care.

At the federal level, Brian Schatz helped secure $6.5 billion nationwide for Federal Community Health Centers, including support for 14 of Hawai‘i’s federally qualified health centers that

provide behavioral health services to rural and underserved communities. These funds can be used to recruit and retain psychiatrists and other qualified mental health professionals, particularly as the Hawai‘i Psychiatry Residency Program graduates eight new psychiatrists each year.

Senator Schatz also helped secure $45.5 million nationwide to expand telehealth services, strengthening access to psychiatric care across geographically isolated areas of our state.

SB 847 is not a suicide prevention strategy. Effective, evidence-based recommendations already exist through the Prevent Suicide Hawai‘i Task Force, including strengthening comprehensive crisis care systems such as the Hawai‘i CARES 988 Lifeline, improving community-based supports, reducing access to lethal means, and expanding access to evidence-based treatments. The Task Force does not recommend granting prescribing authority to psychologists.

Furthermore, this bill is not necessary. According to Dr. Kelley Withy, when nurse practitioners are included in Hawai‘i’s psychiatry workforce, there is no prescriber shortage in our state.

SB 847 will not meaningfully improve access to care, but it will increase risk to patient safety. Hawai‘i’s families deserve the highest standard of medical and mental health care—not a reduction in training requirements for those prescribing powerful psychiatric medications.

For these reasons, I respectfully urge you to oppose SB 847.

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

Sincerely,
Qianwei Chen, MD

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

My name is Shelley Wong, and I am a fellow psychiatrist. I am writing to **strongly oppose SB847 SD1**, which would give psychologists prescriptive authority.

I was born and raised in Hawaii, completed college and all of my medical training here, and plan to continue serving our community. I am not only a practicing fellow physician trained in psychiatric medicine and specializing in child and adolescent psychiatry. I am also a mother, a wife, and a daughter. The concerns I share today are both professional and deeply personal. They are centered around patient safety and ensuring that any expansion of access is done responsibly.

- **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 evidenced 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 also was 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,
Shelley Wong, MD

SB-847-SD-1
Submitted on: 2/23/2026 8:21:32 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
William Wong	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

I have personally treated patients that suffered from Acute Glaucoma attacks due to the side effects of certain Psychotropic medications. These are not benign medications, and need to be prescribed when necessary by appropriately trained physicians.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

William K. Wong Jr. MD

SB-847-SD-1
Submitted on: 2/23/2026 9:39:14 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Anna Parlin	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, and aging.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

Anna Parlin, MD, MPH

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

My name is Alyssa Peric, and I am a resident psychiatrist and Hawai'i resident. I am writing to **strongly oppose SB847 SD1**, which would give psychologists prescriptive authority. There are multiple reasons for my opposition which are outlined below:

- **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 evidenced 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 also was 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,

Alyssa Peric, MD

SB-847-SD-1
Submitted on: 2/23/2026 9:59:45 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

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

Comments:

Aloha e Chair Keohokalole, Vice Chair Fukunaga, 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 SB847 SD1, which would grant psychologists prescriptive authority.

As a future physician, I believe this bill would put patients at risk. The proposed training requirements for prescribing psychologists are significantly less rigorous than those required of psychiatrists. Becoming a psychiatrist involves completing at least 12,000 hours of clinical training to ensure we can safely prescribe psychotropic medications in the context of not only mental health conditions but also coexisting general medical conditions. In contrast, this bill would allow psychologists to prescribe psychotropic medications with only 400 clinical hours of training—roughly one-third the clinical training required of psychiatrists.

There are evidence-based strategies that can expand access to mental health services across the islands. These include implementing Collaborative Care Models in hospitals and clinics, expanding telemedicine, strengthening psychiatric consultation programs, and improving systems to ensure patients are efficiently connected with appropriate mental health professionals. These approaches can be supported by recent funding secured by U.S. Senator Brian Schatz, including $6.5 billion for Federal Community Health Centers and $45.5 million for telehealth services. These funds could be used to recruit and retain graduates of the Hawai‘i General Psychiatry, Child and Adolescent Psychiatry, and Addiction Psychiatry residency programs, while further strengthening telehealth services statewide.

This bill is not a solution to suicide prevention. The Prevent Suicide Hawai‘i Task Force (PSHTF) has outlined evidence-based recommendations that should be prioritized, including strengthening comprehensive crisis services through the Hawai‘i CARES 988 Lifeline and community-based connections, reducing access to lethal means, and ensuring patients receive appropriate evidence-based treatment and ongoing management. The PSHTF does not recommend granting psychologists prescriptive authority.

There is no psychiatric prescriber shortage in Hawai‘i, particularly when nurse practitioners are included in the psychiatry workforce. For this reason, this bill is unnecessary.

As a resident born and raised in Hawai‘i and committed to serving our community as a physician, I respectfully urge you to oppose SB847 SD1. This bill will not meaningfully increase access to care and instead risks compromising patient safety.

I appreciate your time, consideration, and commitment to the people of Hawai‘i and the health of our communities.

Me ka ha‘aha‘a,

Awapuhi Lee, MD, MS

SB-847-SD-1
Submitted on: 2/23/2026 10:15:04 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Arlene Kiyohara	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a pediatrician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I have witnessed firsthand how mental health conditions impact our children's well-being - their family life, friendships, academics, and extracurricular activities such as sports. Their mental health conditions can also intersect with multiple comorbidities such as congenital heart disease, chronic headaches, and substance use.

Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards. Primary care providers including pediatricians are receiving intensive training on behavioral and medical management of mental health conditions in one's medical home, establishing the continuity of care.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

Arlene Parubrub Kiyohara, MD

Community Pediatrician

SB-847-SD-1
Submitted on: 2/23/2026 10:29:33 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

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

Comments:

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

My name is Sean Lee, and I am a psychiatry resident associated with Queens Medical Center and the Hawaiian Residency Program. I am writing to **strongly oppose SB847**, which would give psychologists prescriptive authority.

I think we often times forget psychotropic medications and neuroleptics are MIND ALTERING medications, which change lead to direct chemical changes of the brain. It would be signficantly unwise to allow psychologist, who are not medically educated, to dispense medications that may lead to high risk issues. Also, it is often known that our medications have abuse risk and also risk to other organ system including, but not limited to the heart, lungs, liver, kidneys, etc - a psychologist would likely not be able to understand the full effects our medications may have in these systems and can lead to long-term and chronic medical conditions down the road.

- **SB847 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 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 evidenced 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 also was 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. 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,
Sean Lee, MD

SB-847-SD-1
Submitted on: 2/23/2026 10:52:14 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jacob	Individual	Oppose	Written Testimony Only

Comments:

I'm a Child Psychiatrist practicing in Chinatown. Managing psychopharmacology is complex work. After graduating twenty third grade, I still find myself referencing my extensive notes from my psychopharmacology, anatomy, physiology classes, and more. I love psychologists, and believe they have an essential, sacred role in healing our people. But they simply lack the knowledge of how these medications work, and have little idea what pharmacogenomics/phamacodynamics/pharmacokinetics are. You know what happens when someone who doesn't understand medication prescribing becomes empowered to prescribe? They make mistakes that kill people. I really do understand where this push is coming from- our aina is sick and we're looking anywhere for healers. But what we need to do is TRAIN MORE MDs, not find unqualified therapists and give them a prescription pad.

You know how many Child Psychiatrists- experts in prescribing mental health medicine for children- Hawaii trained my graduation year, 2023? It was one. In the state. Literallly just me. The State was supposed to fund another spot and the state backed out because of COVID-related budgetary shortfall. So how about we actually invest in training doctors rather than marshalling well-intentioned, unqualified community members to "try their best."

SB-847-SD-1
Submitted on: 2/23/2026 11:28:16 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Nguyen	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Daniel Nguyen and I am a resident psychiatrist. I am writing to strongly oppose SB 847, which would give psychologists prescriptive authority.

SB 847 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. SB 847 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 evidenced 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 eight psychiatrists each year.

Senator Schatz also was 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 having 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 SB 847. 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,
Daniel Nguyen

SB-847-SD-1
Submitted on: 2/23/2026 11:35:12 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Deyn	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Deyn Saito and I am a resident of Aiea. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Deyn Saito

98-700 Ewelani Street

Aiea, HI 96701

SB-847-SD-1
Submitted on: 2/24/2026 5:26:50 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
andrew william parlin	Individual	Oppose	Written Testimony Only

Comments:

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice-Chair
Senate Committee on Commerce and Consumer Protection
Hawaii State Capitol

Hearing Date: February 26, 2026
9:45 AM
Re: SB 847, SD1 - Relating to Psychologists.

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

My name is Kyung Moo Kim, and I am a resident physician in psychiatry at the University of Hawaii at Manoa, John A. Burns School of Medicine. As a physician raised and trained in Hawaii and a constituent of Senate District 11, I am deeply committed to the health and safety of our local communities. I am writing to **strongly oppose** SB 847 SD1.

As a physician currently in midst of over 15,000 hours of medical training required to become a psychiatrist, I am deeply concerned that SB 847 SD1 would allow psychologists to prescribe with only 400 clinical hours—the equivalent of roughly ten weeks. This disparity in expertise is massive, replacing years of specialized medical education with ten weeks of clinical experience. Managing psychotropic medications is a high-stakes medical task with significant systemic side effects and consequences. **Psychotropic medications are not benign.** For patients with comorbid medical conditions, the lack of rigorous medical training proposed in this bill would inflict harm.

We do not need to lower the quality of care to improve access, as better solutions already exist. Instead of granting prescription privileges that bypass medical school, I encourage the Committee to utilize the significant federal resources secured by Senator Brian Schatz to build a sustainable care infrastructure. This includes $6.5 billion for Community Health Centers and $45.5 million for Telehealth. These funds should be used to invest in our local medical training pipelines and strengthen the retention of fully trained psychiatric physicians. **Patients at our Federally Qualified Health Centers (FQHCs) deserve the highest quality of medical care available, not a lower standard of safety where patients will be hurt.**

This bill is not the solution to our state's mental health challenges. No evidence exists that granting prescriptive authority will increase access to psychiatric care in rural or underserved areas. We risk creating a tiered system of care where our most vulnerable populations are managed by unqualified clinicians with a fraction of the necessary medical training. Furthermore, the Prevent Suicide Hawaii Task Force (PSHTF) has clear recommendations for saving lives, such as the Hawaii CARES 988 lifeline and reducing access to lethal means. The PSHTF does not recommend granting prescribing privileges to psychologists.

Hawaii's families deserve a healthcare system built on quality and safety, not a shortcut that jeopardizes public health. For these reasons, I respectfully urge you to **oppose** SB 847 SD1.

Mahalo,
Kyung Moo Kim, M.D.
Constituent, Hawaii State Senate District 11

SB-847-SD-1
Submitted on: 2/24/2026 7:49:13 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Julienne Aulwes, M.D.	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Dr. Julienne Aulwes and I am a physician specializing in psychiatry in Hawaii. 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 evidenced 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 also was 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,

Julienne Aulwes, M.D.

OPPOSE - SB 847 - Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician who served at the VA Pacific and has recently returned home to practice in Hawai'i, I am deeply aware of the serious access challenges our patients face, especially on our neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I have seen how mental health conditions intersect with **diabetes, heart disease, pregnancy, aging and substance use.** Safe prescribing requires medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, after risks are reduced. We do not have that level of infrastructure across our islands. **Expanding prescriptive authority without that infrastructure risks creating a different standard of care for rural and vulnerable patients.**

Importantly, Hawai'i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

Maxine Reedy Miller, MD

SB-847-SD-1
Submitted on: 2/24/2026 8:47:35 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Stafford	Individual	Oppose	Written Testimony Only

Comments:

My name is Michelle Stafford and I am a psychiatry resident. I am writing to strongly oppose SB847 SD1, which would give psychologists prescriptive authority.

I'm deeply concerned this legislation places patients at risk due to the lack of training that would be proposed for prescribing psychologists. My peers who work closely with other prescribing professionals with less training at times question the choices in medication selection of these prescribers for patients because it does not appear evidenced based or appropriate for patient care.

Psychologists' training is not equivalent to that of psychiatrists or other prescribing professionals. To become a psychiatrist, over 12,000 hours of clinical training are required. This bill would require only 400 clinical hours for psychologists. To put things into perspective, 1,500 hours are required to become a commercial airline pilot, and the equivalent scenario would allow for an airline employee with only 40 hours of flight training to be permitted to fly a commercial aircraft. A basic understanding of medical knowledge, interactions between nonpsychotropic and psychotropic medications, indications, and side-effects are required in order to safely manage and prescribe medication.

Instead of lowering the quality of prescriber training, support of 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 would be more beneficial.

Moreover, the bill is not a solution to prevent suicide nor is it necessary. 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. Additionally, 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,

Michelle Stafford

SB-847-SD-1
Submitted on: 2/24/2026 9:04:44 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Eryn Nakashima	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

My name is Eryn Nakashima. I was born and raised here in Hawaii and am currently a psychiatrist in training in Hawai‘i, and I strongly oppose SB 847.

I care deeply about expanding access to mental health care for our keiki, kūpuna, and rural communities. However, SB 847 compromises patient safety and lowers the standard of care Hawai‘i residents deserve.

Psychologists are essential members of the mental health care team, and I work closely with them every day. Many of my patients wait just as long — and sometimes longer — to see a psychologist for therapy as they do to see a psychiatrist for medications. Psychologists work is already critically important and in short supply. Having access to psychologists and therapists who support patients, build coping skills, and quite literally help give them a reason to live is an integral part of the healthcare team and saves lives. Shifting psychologists into prescribing roles risks worsening access to these vital therapy services. Stopping somebody from completing suicide is not fixed by a prescription pad, but by human connection and caring clinicians intervening.

Additionally, prescribing medication is a medical act. Psychologists do not receive foundational education in biology or chemistry as part of their core training. In contrast, physicians complete four years of medical school followed by four years of residency specifically designed to prepare us to prescribe medications independently and safely.

Under SB 847, psychologists could obtain prescriptive authority after completing a master’s degree in psychopharmacology and a minimum of 400 clinical hours treating at least 100 patients over two years. By comparison, my general psychiatry residency alone requires at least 7,680 supervised clinical hours over four years. I see far more than 100 patients within my first few months of residency before prescribing independently. Online coursework cannot substitute for in-person medical training or demonstrate true clinical competency, especially as medications, medical technology, and patient complexity continue to evolve.

Most patients with mental illness have co-occurring medical conditions such as heart disease, diabetes, pregnancy-related complications, or substance use disorders. Psychiatric medications can affect heart rhythm, blood pressure, metabolism, and organ function, and can interact

dangerously with other medications. Primary care physicians are often able to initiate first-line medication trials precisely because of their extensive medical training and understanding of how medications interact with a patient's other health conditions. Moreover, this can be started while waiting to see a psychiatrist since medications often take 1-2 months for a true trial and to see a medications full effect before deciding if something new needs to be tried. Safe independent prescribing requires this depth of medical knowledge.

I also want to highlight that workforce data should guide our policy decisions. In Dr. Kelley Withy's workforce reports, when APRNs are included in the analysis, Hawai'i does NOT demonstrate a true shortage of mental health prescribers on the island. Expanding prescriptive authority further does not address the real access gaps, which often relate to coordination of care and therapy availability.

There are safer, evidence-based ways to expand access without compromising standards, including:

- Expanding physician-led medical homes and collaborative care models with primary care providers
- Strengthening integrated behavioral health within PCP practices
- Expanding telepsychiatry consultation and care coordination for rural communities

For these reasons, I respectfully urge the Committee to reject SB 847. Protecting patient safety and maintaining high standards of care must remain our top priority.

Mahalo for the opportunity to share my testimony.

To: Senate Committee on Commerce and Consumer Protection
RE: S.B. 847 S.D.1 – Relating to Psychologists
Position: Strong Support

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee,

Aloha. My name is Dr. Charlotte Savage. I am a licensed clinical psychologist practicing in Hawai‘i. I submit this testimony in strong support of this bill.

As a psychologist who previously practiced within a federally qualified health center (FQHC), specifically Waimānalo Health Center, and now as a clinician who accepts Medicaid and Medicare, I have directly observed the persistent and significant wait times for patients in need of psychiatric medication management. Waimānalo Health Center has historically struggled to recruit and retain psychiatrists, often relying on two very part-time psychiatrists, and at present has only one very part-time psychiatrist serving a high-need community. In my experience over years of practice in multiple settings in Hawai‘i, patients often wait months for evaluation, and some disengage from care due to delays or worsening symptoms that interfere with treatment attendance. In my clinical experience, untreated mental illness can lead to worsening symptoms, impaired functioning, avoidable emergency utilization, unnecessary suffering and can sometimes become life threatening.

Native Hawaiian communities, kūpuna, and QUEST (Medicaid) beneficiaries are disproportionately affected by mental health prescriber shortages. Insurance participation limitations further compound access barriers, as relatively few psychiatric prescribers accept QUEST, particularly on neighbor islands, and those who do often have full panels or extended waitlists. Allowing prescribing psychologists to practice within federally qualified health centers (FQHCs) and other community-based settings can expand access for underserved populations who are currently least likely to receive timely care.

Hawai‘i faces a well-documented physician shortage. Neighbor island communities experience overall physician shortages ranging from 24% to over 40%, with psychiatry shortages estimated at approximately 35% for adults and nearly 47% for children statewide (1). These are not projected future concerns—they are current access-to-care realities.

When considering consumer protection, it is important to weigh not only the safety of expanding scope of practice, but also the risks associated with delayed or absent treatment. For many psychiatric conditions, medication is an evidence-based and medically necessary component of care. This bill provides a structured and supervised pathway to expand access safely for patients who need it most.

It has been suggested that prescribing psychology (RxP) training is a “crash course.” That characterization does not reflect the reality of the training pathway. Prescribing psychologists must first hold a doctoral degree and full licensure as a psychologist. They then complete a postdoctoral Master of Science in Clinical Psychopharmacology (a structured medical training program focused on pharmacology, pathophysiology, physical assessment, and safe prescribing practices), pass a national psychopharmacology examination, complete extensive supervised clinical training hours treating real patients, coordinate care with primary care providers, and maintain ongoing continuing education in pharmacology and medical practice (2). These requirements are codified in law in multiple states and subject to board oversight.

Additionally, research comparing psychopharmacological knowledge has found no significant difference between prescribing psychologists, psychiatrists, and psychiatric nurse practitioners in content-based

knowledge assessments (3). Recent published outcome data further indicate that patients treated by prescribing psychologists experience lower rates of adverse drug events and lower rates of polypharmacy compared to psychiatrist-treated populations (4).

Prescriptive authority for appropriately trained psychologists is not theoretical. Psychologists have prescribed safely for decades within federal systems, including the United States military and Indian Health Service, and for over two decades in New Mexico and Louisiana, with additional years of safe practice in Illinois, Iowa, Idaho, Colorado, and Utah. In one New Mexico prescribing psychology practice studied between 2017 and 2023, 4,540 patients were treated—over 95% residing in rural areas and more than one-third insured through Medicaid—with outcomes demonstrating safe and effective care delivery (4). This experience reflects both the safety of the training model and its capacity to expand access for high-need, underserved populations.

Prescribing psychologists can expand the mental health workforce. They are trained specifically in the diagnosis and treatment of mental and behavioral disorders and are uniquely positioned to integrate psychotherapy with pharmacotherapy in a coordinated care model.

This bill represents an evidence-based, regulated pathway to increase access to safe, effective mental health treatment in Hawai‘i. It does not lower standards; it creates additional standards for psychologists who choose to pursue advanced medical training.

Some have suggested that telehealth expansion is a solution. Telehealth is already widely available in Hawai‘i, including free telehealth services supported through AHEC (1). Telehealth can increase access, but it does not increase the number of prescribers. In its current form, telehealth has not resolved the underlying workforce shortage. Meanwhile, patients continue to experience long waitlists and delayed access to care.

While some have suggested increasing reimbursement rates for psychiatrists would resolve the psychiatry shortage, it has not resolved shortages in other rural and underserved states, Hawai‘i faces well-documented recruitment and retention challenges, and even funded positions remain vacant for extended periods. Raising reimbursement does not immediately increase the number of trained psychiatrists available, nor does it address longstanding workforce pipeline limitations. Patients need access to care now. Prescribing psychologists represent a safe, evidence-based workforce expansion strategy that complements existing psychiatric prescribers.

The evidence is clear. Prescribing psychologists complete rigorous medical and pharmacology training and have practiced safely for decades in federal systems and multiple states. Hawai‘i can responsibly expand access while maintaining strong standards and public protection. I respectfully urge the Committee to support this measure.

Respectfully,
Charlotte Savage, PsyD

References

1.University of Hawai‘i, John A. Burns School of Medicine. *2024 Hawai‘i Physician Workforce Assessment Project Report*.

2.American Psychological Association model curriculum and statutory training requirements for prescribing psychologists.

3.Cooper, R. (2020). *Comparing Psychopharmacological Prescriber Training Models via Examination of Content-Based Knowledge*. Harvard Extension School Master’s Thesis.

4.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.

SB-847-SD-1
Submitted on: 2/24/2026 9:16:48 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Ahmad Stanackzai	Individual	Oppose	Written Testimony Only

Comments:

I am a child and adolescent psychiatrist and I strongly oppose SB847 SD1.

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 SD1.

SB-847-SD-1
Submitted on: 2/24/2026 9:28:28 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Carly Coleman	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Carly Coleman, and I am a resident psychiatrist in Hawai‘i. I was born and raised here, and as a Native Hawaiian, I feel a profound responsibility to speak on behalf of the communities who will be directly impacted by this legislation.

I have witnessed firsthand the consequences of both untreated mental illness and improperly managed treatment. Psychotropic medications are powerful medical interventions. They affect the brain, but they also impact the cardiovascular system, metabolic function, endocrine regulation, and other critical organ systems. Safe prescribing requires comprehensive medical training in physiology, pathology, pharmacology, and the management of complex comorbid medical conditions.

The argument that this bill addresses a workforce shortage is not a sufficient justification to lower medical standards. A shortage does not mean we dilute the training required to independently practice medicine. If we applied that reasoning elsewhere, we would allow partially trained individuals to independently manage heart disease, diabetes, or other life threatening conditions simply because access is limited. We do not do that because patient safety must remain the standard.

Psychologists are invaluable members of our mental health system. Their expertise in therapy and psychological assessment is essential. However, independent prescribing authority constitutes medical practice. There is a reason that efforts to expand prescribing authority without full medical training have historically faced substantial opposition from organized medicine.

I respectfully urge you to oppose this bill and not dismiss the clinical realities described by those of us who shoulder this responsibility every day.

SB-847-SD-1
Submitted on: 2/24/2026 9:29:36 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Ravjoot Randhawa	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Ravjoot Randhawa, and I am a resident of Ward, Honolulu. I am writing to express my strong opposition to SB 847, which would allow psychologists to prescribe powerful medications with significantly less medical training than is currently required.

As a member of the Hawaii community, I believe that when it comes to mental health and complex medications, there is no substitute for medical expertise.

The Training Gap is Alarming: I am concerned that SB 847 requires only 400 hours of clinical training for psychologists to prescribe. For comparison, a psychiatrist undergoes over 12,000 hours. We shouldn't be lowering the bar for the safety of our 'ohana.

Focus on Proven Solutions: Rather than lowering standards, I urge the committee to support evidence-based solutions that we know work, such as expanding Telehealth and the Collaborative Care Model that Senator Brian Schatz has championed.

Protect Our Communities: Our kupuna and keiki deserve the highest standard of care. This bill does not solve the underlying issues of access; it simply introduces unnecessary risk into our healthcare system.

I respectfully ask you to vote NO on SB 847 to protect the health and safety of all Hawaii residents.

Mahalo for your time and for your service to our community.

Sincerely,

Ravjoot Randhawa, MD

Michael A. Kellar, Psy.D.

24 February 2026

SENATE
THE THIRTY-THIRD LEGISLATURE
REGULAR SESSION OF 2026
STATE OF HAWAI'I

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Rachele Lamosao
Angus L.K. McKelvey
Brenton Awa

HEARING: Thursday, 26 February 2026, 9:45PM CR 229 and Videoconference

RE: Testimony in SUPPORT of SB 847 SD1: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

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.

It is no secret that our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Unfortunately, far too many, including our youth, do not receive the care they need and deserve.

Throughout Hawai`i and particularly on the neighbor islands, there are simply not enough psychiatrists to provide this needed care. This bill provides a solution. As a result, many primary care physicians and community health center providers among others that treat Hawaii's medically underserved are in support of prescriptive authority for specially trained Psychologists.

It is worth noting that Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners

435E Haleloa Place Honolulu, Hawai'i 96821

and pharmacists. Prescribing Psychologists have been safely and effectively prescribing for the Army and Navy in Hawai`i for years.

As a Federal psychologist I and my Prescribing Psychologist colleagues wrote many thousands of prescriptions for those in need of such care, practicing responsibly, collaborating effectively with medical providers, and improving access to care within a unified treatment framework and without compromising patient safety.

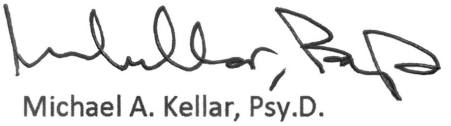
Sadly, upon my retirement from Federal service I couldn't provide these same services needed by my community, despite my post-doctoral specialized academic and clinical psychopharmacology training and years of clinical practice.

SB847 would allow highly trained Prescribing Psychologists to utilize their much-needed skills to provide coordinated care in a safe, evidence-based manner.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Colorado, Idaho, Illinois, Iowa, Louisiana, New Mexico, and Utah in Federally Qualified Health Centers, in Native American-Indian Health Centers and in the Department of Defense.

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens by utilizing the skills and expertise of all of our healthcare assets. Please vote YES on SB847 to allow greater access to care for those most in need.

Respectfully submitted,



Michael A. Kellar, Psy.D.

SB-847-SD-1
Submitted on: 2/24/2026 10:58:25 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaohimanu Dang Akiona MD	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Esteemed Members of the Senate CPN Committee,

As a physician practicing in rural Hawai`i, I am deeply aware of the serious access challenges our patients face, *especially* on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **intersect with diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We *must* address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions and protecting access to primary care.

Mahalo,

Ka`ohimanu Dang Akiona, MD

SB-847-SD-1
Submitted on: 2/24/2026 11:09:44 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Nicole Mahealani Lum	Individual	Oppose	Written Testimony Only

Comments:

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

My name is Dr. Nicole Mahealani Lum, D.O., and reside in District 7. I am writing to **oppose** SB847, SD1, which would give psychologists prescriptive authority.

As a family medicine physician actively practicing primary care on O‘ahu, I see the alarming rise in mental health needs everyday. However, this bill is Not the solution, and poses dangerous risks for the people of Hawai‘i.

- **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 manage psychotropic medications safely. Psychologists’ training is not equivalent to that of psychiatrists or other prescribing professionals, and these changes could jeopardize public health. To become a psychiatrist, medical doctors complete over 15,000 hours of clinical training. SB847, SD1, would require only 400 clinical hours for 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 evidence-based solutions such as the Collaborative Care Model, telemedicine, enhanced psychiatric consultation programs, and effective case management to connect patients in need with appropriate mental health professionals efficiently.
    - **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 $45.5 million in funding for Telehealth,** 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. **Rural patients can be safely seen by psychiatrists in Honolulu.**

- **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, MD, 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 - not dangerous shortcuts.

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

Sincerely,
Dr. Nicole Mahealani Lum, D.O.

SB-847-SD-1
Submitted on: 2/24/2026 11:54:23 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jaime Wilson	Individual	Support	Written Testimony Only

Comments:

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

My name is Dr. Jaime Wilson, and I am a prescribing medical psychologist and board-certified neuropsychologist writing to express my strong support for SB847, which would allow qualified psychologists limited authority to prescribe psychotropic medications.

Psychologists who pursue prescriptive authority complete rigorous, advanced training that includes graduate-level psychopharmacology coursework and supervised clinical experience. Our curriculum draws from the same core medical and neuroscience textbooks used by medical and nursing students and equips us to thoughtfully and safely integrate medication management with behavioral interventions.

This advanced training directly contributes to my ability to offer comprehensive, evidence-based care. In my practice, I have had the privilege of helping many patients who struggled for extended periods because of barriers to accessing coordinated prescriber support. When integrated medication management and psychotherapy are available, patients experience faster symptom relief, greater functional improvement, and sustained engagement in treatment, leading to better outcomes that reduce suffering and support long-term recovery.

There is now substantial evidence demonstrating that this model is both safe and effective in practice. Outcomes data from jurisdictions with prescriber-trained psychologists show that prescribing psychologists have comparable or lower rates of adverse events, strong medication adherence, and treatment patterns that reflect judicious, evidence-based practice. Moreover, expanded authority has been associated with improved population mental health metrics, including reductions in suicide rates and treatment gaps, because patients are able to receive comprehensive care in a timely, coordinated manner.

It is also important to recognize that ongoing resistance from some professional groups tends to decrease once prescriptive authority policies are implemented and collaborative practice models are established. In real-world settings, prescribing psychologists continue to provide behavioral/talk therapy as the foundation of care, with medication management incorporated only when clinically indicated and aligned with best practices. Prescriptive authority does not replace therapy. Rather, it enhances care by ensuring that patients do not have to navigate fragmented systems or endure long delays to access needed treatment.

To demonstrate the clear need for this policy and my commitment to supporting Hawai‘i’s health care workforce, I am seriously considering relocating or expanding my practice to Hawai‘i as a prescribing psychologist if SB847 passes. I want to contribute my skills directly to improving access to high-quality mental health care for your communities.

For these reasons, the rigor of our training, the strong safety and effectiveness data, the demonstrated patient benefit, and the workforce improvements this legislation would support, I respectfully urge the Committee to vote YES on SB847.

Mahalo for your consideration.

Warm regards,

Dr. Jaime Wilson

February 24, 2026

Chair Keohokalole and members of the committee,

My name is Dr. Phillip Hughes, and I am an assistant professor at Binghamton University where my research focuses on mental health and substance use treatment policy – including scope-of-practice. I have provided a lengthier written testimony on SB847 previously when it was with the Senate Committee on Health and Human Services, which I believe you all have access to. Given the focus of this committee is on Commerce and Consumer Protection, I wanted to call attention to a few of the research findings most relevant to your committee.

Prescribing Psychologists are Safe and Effective: Among patients of prescribing psychologists in NM and LA, the rate of adverse drug events is **24% LOWER** than patients treated by psychiatrists.[1] This is likely related to the **20% LOWER** rate of patients receiving multiple medications from prescribing psychologists.[1] This safety data supports multiple other studies showing that bills like SB847 reduce suicide rates and improve population mental health.

Prescriptive Authority for Psychologists Does Not Harm Psychiatry: A study by Shoulders and Plemmons[2] showed that bills like SB847 have **INCREASED** the number of psychology practices while **MAINTAINING** the number of psychiatry practices. Part of this is because prescribing psychologists do not become "junior psychiatrists" – rather they become more comprehensive providers by using both psychotherapy and medication. At a clinic in New Mexico, prescribing psychologists provided **psychotherapy in 87.5% of all visits**.[3] Finally, 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%.[4]

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

References

1. Hughes PM, Niznik JD, McGrath RE, et al. Assessing the safety and efficacy of prescribing psychologists in New Mexico and Louisiana. *Am Psychol*. Published online July 25, 2024. doi:10.1037/amp0001373

2. Shoulders A, Plemmons A. Supply of mental health practices after prescriptive authority expansion for psychologists. *Contemp Econ Policy*. Published online April 5, 2024:coep.12643. doi:10.1111/coep.12643

3. Hughes PM, Velasquez J, Velasquez D, Tsai J, Garcia A, Steinman J. Patient and Clinic Characteristics of a Prescribing Psychology Practice in New Mexico. *J Health Care Poor Underserved*. 2025;36(3).

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SB-847-SD-1
Submitted on: 2/24/2026 3:33:43 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jadu Jagel	Individual	Support	Written Testimony Only

Comments:

My name is Jadu Jagel. I am a psychologist in private practice living in Kailua on Oahu.

I am writing to voice my strong support of 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.

I know firsthand the challenges that patients in my community are having when it comes to accessing prescription medication for their psychiatric disorders. Patients in my practice continue to have difficulty finding prescribers and if/when they do they are faed with long wait times, often several weeks and up to two months for medication appointments.

I can also attest to the rigor of postdoctoral psychopharmacology training, safety data, and the value of integrating therapy and medication management.

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

Respectfully,
Jadu M. Jagel, PsyD
Clinical Psychologist PSY-2088

SB-847-SD-1
Submitted on: 2/24/2026 7:41:23 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Sean W. Scanlan, Ph.D.	Individual	Support	Written Testimony Only

Comments:

My name is Sean Scanlan, Ph.D., and I am writing in strong support of SB847 SD1. I am a child and adolescent clinical psychologist and have held many leadership roles in the training and practice of clinical psychology in Hawai‘i. The arguments for the bill are well stated in the bill and accompanying testimony, and I hope to add another critical consideration here.

The majority of child and adolescent psychiatric referrals are for ADHD, Anxiety, and Depressive Disorders. Each of those is best treated with the combination of psychotherapy and pharmacotherapy. Both psychiatrists and prescribing psychologists are well trained to comprehensively provide treatment of psychotherapy and pharmacotherapy. Therefore, these two professions can treat the majority of psychiatric referrals, which is great for the community.

Sufficient psychotherapy for these disorders requires a frequency of every or every other week for approximately 8-20 sessions. However, the number of psychiatrists that see patients in this frequency is few.

Therefore, although the combination of psycho- and pharmacotherapy is best for most referrals, Hawai‘i patients in need are not receiving it either because 1) psychiatrists are not scheduling patients at the necessary frequency, or 2) Hawaii’s laws don’t allow for prescribing psychologists to practice in the state.

With this bill, we have an opportunity to make some changes (as 7 other states have, showing overwhelming success).

February 26, 2026

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Members of the Senate Committee on Commerce & Consumer Protection

Re: Testimony in **Support** for SB 847 SD1, Relating to Psychologists

Aloha Chair Keohokalole , Vice Chair Fukunaga, and esteemed members of the committee,

My name is Layla Kratovic, and I strongly **support** SB 847 SD1, relating to psychologists, which grants prescriptive authority privileges to clinical psychologists who meet specific, tailored, and rigorous education, training, and registration requirements.

I am currently a student at University of Hawai‘i, where my academic work has deepened my understanding of Hawai‘i’s health care workforce challenges and the urgent need for innovative, patient-centered solutions to expand access to mental health services across our islands. Through my studies, I have seen how shortages in specialized providers disproportionately impact rural and underserved communities, reinforcing my belief that thoughtful policy reforms like SB 847 SD1 are essential to meeting Hawai‘i’s growing behavioral health needs.

As someone who works closely with individuals navigating Hawai‘i’s mental health system, I view this bill as one of the most important proposals before the Legislature this session. SB 847 SD1 has the potential to close serious gaps in mental health care, strengthen continuity of treatment, and—most critically—improve outcomes for patients across our state.

Mental and emotional conditions affect a large portion of Hawai‘i’s residents over the course of their lives, yet far too many people struggle to obtain timely and appropriate care. One of the most pressing shortcomings is access to psychopharmacological treatment. Hawai‘i faces a well-documented shortage of psychiatrists, particularly child and adolescent specialists. Compounding this challenge, a significant share of the current psychiatric workforce is nearing retirement, and psychiatrists remain among the specialists least likely to accept insurance or Medicaid. For patients, this reality often translates into long waits, disrupted treatment plans, or going without needed medication altogether.

Evidence from other states demonstrates that specially trained psychologists can safely and effectively prescribe psychotropic medications, serve patients across diverse communities, expand access in rural and underserved areas, and contribute to improved statewide mental health outcomes. In jurisdictions such as New Mexico, where prescriptive authority has been implemented, reductions in suicide rates have been especially compelling. Each life saved underscores the importance of adopting thoughtful, evidence-based solutions.

SB 847 SD1 reflects modern, integrated approaches to behavioral health care by allowing qualified psychologists to prescribe under carefully defined conditions, supported by rigorous education, supervision, and regulatory oversight. In many parts of Hawai‘i, patients already face significant geographic and logistical obstacles to seeing a psychiatrist. Empowering appropriately trained psychologists to manage medications for individuals already under their care would promote earlier intervention, reduce treatment delays, and improve continuity for patients who cannot afford to wait months for appointments.

For these reasons, I respectfully urge the committee to pass SB 847 SD1 and take a meaningful step toward strengthening access to mental health services for people throughout Hawai‘i.

Mahalo for the opportunity to provide testimony on this important measure.

Layla Kratovic

L.Kratovic

THE THIRTY-THIRD LEGISLATURE
REGULAR SESSION OF 2026

To: **COMMITTEE ON COMMERCE AND CONSUMER PROTECTION (CPN)**
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Senator Rachele Lamosao
Senator Angus L.K. McKelvey
Senator Brenton Awa

Hearing: Thursday, February 27, 2026, 9:45 AM

Re: **Testimony in SUPPORT of SB847 – Relating to Psychologists**

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

I write in strong support of SB847, which establishes a pilot program to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under their care.

I am a prescribing psychologist—recognized by the U.S. Drug Enforcement Administration as a medical psychologist—and I currently prescribe psychiatric medications in Hawai‘i on federal property. In addition to my PhD in Clinical Psychology (approximately six years of graduate education), I completed a postdoctoral Master of Science in Clinical Psychopharmacology (MSCP), a nearly three-year medical degree program open only to licensed psychologists. My total graduate education in mental health and psychiatric medicine spans roughly nine years.

My medical training included clinical medicine, physical assessment, pharmacology, psychopharmacology, neurophysiology, neuropathology, biochemistry, and treatment of special populations including children, geriatric patients, and individuals with complex medical comorbidities. I passed the national Psychopharmacology Examination for Psychologists and completed 15 months of supervised prescribing practicum before independent practice. I have now prescribed safely and independently for over 14 years.

Medical psychology is not experimental. It has evolved over nearly three decades, beginning in the U.S. military, and is now fully authorized in **New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah**. In New Mexico and Louisiana alone, prescribing psychologists have written over one million prescriptions across approximately 20 years, with an excellent safety record. Utah most recently enacted prescriptive authority legislation, reflecting continued national confidence in this model.

As this committee evaluates consumer protection issues, I respectfully submit that access is itself a consumer protection issue. Patients across Hawai‘i face long wait times and limited availability of psychiatric prescribers. Properly trained prescribing psychologists expand access while maintaining rigorous safety standards and regulatory oversight.

I am licensed by the Louisiana Board of Medical Examiners and authorized by the DEA to prescribe Schedule II–V medications. I have never had a malpractice claim or board complaint. I routinely treat serious mental illnesses, including schizophrenia and bipolar disorder, with a record of safety and continuity of care.

Some opponents suggest prescribing psychologists are inadequately trained. That assertion does not reflect the documented experience of states where this model has functioned safely for decades, nor does it reflect the oversight of medical boards and federal authorities who regulate prescribing psychologists.

My patients are my first concern. Many have told me how much they value receiving both psychotherapy and medication management in one coordinated setting. Integrated care reduces fragmentation and improves adherence—clear consumer benefits.

With respect, I ask this Committee: if this model has demonstrated safety, regulatory oversight, and improved access in seven states, why should Hawai‘i consumers be denied the same option?

Please vote **YES** on SB847.

Respectfully submitted,

Samuel S. Dutton, PhD, MP
Medical Psychologist
Kāne‘ohe, Hawai‘i

SB-847-SD-1
Submitted on: 2/25/2026 5:42:11 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Lex A. Mitchell	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE – SB 847- Prescriptive Authority, Psychologists

Senate Chair Keohokalole and Members of the Senate CPN Committee,

As a physician practicing in Hawai‘i and father of two that use behavioral health services, I am deeply aware of the serious access challenges our patients face, especially on neighbor islands. We need more behavioral health services, and we need them urgently. However, SB 847 is not the right solution.

Psychotropic medications affect the brain and the body. In daily practice, I see how mental health conditions **may exacerbate diabetes, heart disease, pregnancy, aging, and substance use.** Safe prescribing requires comprehensive medical training and systems that allow rapid consultation and escalation when patients become complex or unstable.

If prescribing psychologists are embedded within a fully integrated health system with shared records and daily collaboration, safety risks are reduced. But that level of infrastructure is not consistently available across Hawai‘i. **Expanding prescriptive authority without building that infrastructure risks creating a different standard of care for rural and vulnerable populations.**

Importantly, Hawai‘i is already making progress through Behavioral Health Integration, increasing coordinated workflows for telehealth expansion, and collaborative care models that strengthen teams while preserving quality safeguards.

We must address access — but we must do so without compromising patient safety or creating a separate standard of care for neighbor islands. I respectfully urge you to defer SB 847 and continue investing in integrated, team-based solutions.

Mahalo,

Lex Mitchell, MD

SB-847-SD-1
Submitted on: 2/25/2026 6:20:30 AM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Joseph E. Comaty, Ph.D., M.P.	Individual	Support	Written Testimony Only

Comments:

I am writing in support of SB847. I know that properly trained psychologists can safely and effectively prescribe psychotropic medications. They have been doing it around the country for over 30 years. In those states that have allowed psychologists to prescribe as well as IHS, PHS, and the military, psychologists have increased access to quality care for so many citizens, veterans, and active duty personnel, who otherwise would not have been able to receive services. It is obvious that their training is adequate and that they collaborate with their medical colleagues to provide integrated care. Given the success of prescribing and medical psychologists thus far, in the absence of any serious adverse outcomes, why would we expect anything different from allowing properly trained psychologists to prescribe in HI? Since I am a Medical Psychologist, licensed in LA to prescribe since 2005, I have first hand knowedge and experience of the remarkable work being done by my LA colleagues serving LA citizens who live in some of the most rural areas of the state where, in some cases, there are no psychiatrists. I currently live and am licensed as a clinical psychologist in IL, another RxP state. Again, my knowledge of prescribing psychologists in IL indicates to me how properly trained psychologists can be an asset to any state that allows them the privilege to prescribe. There is now ample and accumulating research that confirms the safety and effectiveness of prescribing/medical psychologists. I hope that this committee will allow SB847 to move forward so that the citizens of HI may also experience the benefits of having access to prescribing psychologists. Thank you.

Senator Jarrett Keohokalole

RE: Testimony in **SUPPORT** of SB 847

My name is Dr. Bracken Gott, and I am a Licensed Clinical Psychologist living and serving the people of Hawaii for almost two decades. **I am writing in strong support of SB847**. I live on the windward side of Oahu and have been providing services to both Oahu and Hawaii Island. I understand the unmet needs of our people regarding quality mental health care. In addition to 7 years of graduate school, I have also attended the extremely rigorous training at UH Hilo and obtained a master's degree in clinical Psychopharmacology (2 years, full time, not a crash course). As part of the training, I completed a one-year practicum (800 hours) in prescribing under the supervision of a Licensed Psychiatrist. I have spent many additional years learning how to prescribe to better serve my patients/our people. I plead your support in SB847 to allow Prescribing Psychologists to help the mental health crisis facing the people of Hawaii.

Hawai'i communities across the state were suffering even before the Maui fires because of the lack of access to comprehensive mental health care. Our 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 our citizens experience a serious mental illness.

Prescribing Psychologists receive more psychopharmacology training than primary care physicians and physician assistants (prescribing currently). In addition to the master's degree in Psychopharmacology, Prescribing Psychologists MUST pass a nationally accredited psychopharmacology exam (PEP) to be licensed to prescribe. They receive integrative medical and biopsychosocial training from physicians, psychiatrists, nurse practitioners, prescribing/medical psychologists, and pharmacists. Prescribing Psychologists have provided safe and effective mental health care, including pharmacotherapy, for over thirty years across our nation and our military.

Prescriptive authority for specially trained Doctor of Psychology providers is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, and Idaho, in Federally Qualified Health Centers, in Native American-Indian Health Centers, and in the military. Prescribing psychologists have provided care for over thirty years and could make 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.

Respectfully submitted,

Dr. Bracken Gott
Psy.D, MSCP

LATE

ROBIN E.S. MIYAMOTO
555 SOUTH ST. #1205
HONOLULU, HAWAII 96813
TEL (808) 383-6154 FAX (888) 248-6762

SENATE COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

NOTICE OF HEARING
Thursday, February 26, 2026 at 9:45 AM
Conference Room 229
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF SB 847 SD1
RELATING TO PSYCHOLOGISTS

Honorable Chair Kaohokalole, Vice-Chair Fukunaga, and members of the committees, I am Robin Miyamoto, a Clinical Psychologist who has worked across the pae ʻāina, and I wish to submit this testimony in strong support of SB 847. This bill would grant psychologists with appropriate training the ability to prescribe a limited formulary of medications, improving access to psychotropic medication for residents across the state, particularly in rural areas.

I have been working as a Clinical Psychologist in rural and predominantly Native Hawaiian communities since 1999. I have been advocating for prescriptive authority for appropriately trained psychologists since 2000. In 2008, along with a few other psychologists, I initiated a training program to place psychologists as permanent providers in these communities, specifically at federally qualified health centers (FQHCs) and Native Hawaiian health care systems (NHHCS). Through this program, we successfully placed a psychologist in every FQHC across the state. I just started another training program with the same goal of bringing behavioral health to rural communities through the Department of Native Hawaiian Health.

This bill has a long history; it was previously heard by Alex Santiago in the House and by Josh Green when he was in the Senate. Representative Santiago, when he retired, actually agreed to work as our lobbyist and with his help we actually passed the bill, only to have Governor Lingle veto it. During those hearings, the Chairs informed psychiatrists that if they would serve rural and Native Hawaiian communities, the need for this legislation would no longer exist. However, there has been no progress in getting psychiatrists to serve these communities. The Native Hawaiian psychiatrists who testify do not appear to be engaging with their communities. Meanwhile, our Native Hawaiian residents continue to lack access to necessary psychiatric care.

I support this bill for numerous reasons:

- Our communities are suffering because of the lack of access to comprehensive mental health care. Our 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 our citizens experience a serious mental illness.

- There are not enough psychiatrists to care for the people of Hawai‘i, especially on neighbor islands. 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 already prescribe for the Army and Navy in Hawai‘i. They can provide care at Pearl Harbor, just not across the street to non-military Hawai‘i residents.

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.
555 South St. #1205
Honolulu, Hawaii 96813
Phone: 808-383-6154
Fax: 808-248-6762
robinmiyamoto@gmail.com

LATE

SB-847-SD-1
Submitted on: 2/25/2026 1:55:00 PM
Testimony for CPN on 2/26/2026 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Sarah Thompson	Individual	Support	Written Testimony Only

Comments:

MEMORANDUM TO: Members of the Hawai‘i Senate

SUBJECT: Letter in SUPPORT for HI RxP Bill SB 847 Related to Psychologists

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

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 Hawai‘i.

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.

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 the opposing testimonies from the previous hearing, 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 Hawai‘i.

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. Hawai‘i is unique in that it spans over multiple islands, making it difficult to provide care to deserving citizens in need. Consider spending health care funds on multiplying talent.

Lastly, having lived in Hawai‘i for over nine years, this bill is extremely important to me, the patients I currently treat, and the potential future patients, and Hawai‘i residents 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