



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

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

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 www.shpda.org

March 17, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Honorable Members

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

RE: SB 847-SD2 -- REALTING TO PSYCHOLOGISTS

HEARING: Friday, March 20, 2026 @ 09:30 am; Conference Room 329

POSITION: Support with Conditions

TESTIMONY:

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

The SB 847-SD2 version of the bill has been amended to be a 3-year pilot in Kauai County, and to require direct psychiatrist supervision, substantial additional pharmacologic training of the participant psychologists, and a limited formulary. Our previous testimony stressed that a "clinical team practice" relationship between supervising psychiatrists and prescribing psychologists on an ongoing basis would allow the expanded scope of practice to occur safely and effectively. 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 practice approach to this expanded scope of practice; and recommended 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, to address the concerns expressed. This we further believe would lessen the malpractice risks and related insurance costs for the prescribing psychologist.

We further note that there appears to be a psychiatrist in Kauai County who is willing to be the supervising psychiatrist, but there are currently no psychologists with the requisite master’s degree in pharmacology. We would also appreciate and seek a site for the pilot other than the FQHC site which is apparently unable to accommodate it. A site at the HPH Wilcox or the HHSC Sam Mahelona would be ideal for this pilot if it proceeds. There will be some modest resource needs for the pilot as well.

Thank you for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

Testimony of the Board of Psychology

**Before the
House Committee on Health
Friday, March 20, 2026
9:30 a.m.**

Conference Room 329 Via Videoconference

**On the following measure:
S.B. 847, S.D. 2, RELATING TO PSYCHOLOGISTS**

Chair Takayama and Members of the Committee:

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

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

This measure is substantially similar to bills introduced in prior legislative sessions addressing prescriptive authority for qualifying psychologists. Historically, the Board has supported such measures, whether they establish a pilot program limited to certain counties, or grant prescriptive authority outright in chapter 465, HRS. In previous testimony, the Board has offered considerations and proposed amendments to:

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

The Board supports the intent of the pilot project to generate reliable data on the efficacy of psychologists with prescriptive authority under appropriate supervision. The Board believes that the safeguards included in the previous measures can and should be maintained in this bill as well.

The Board notes on Page 6, Line 11, that it would be responsible for generating administrative rules "to implement the procedures set forth in this Act". The Board understands this to mean that the pilot project cannot be implemented until such rules

are adopted pursuant to chapter 91, Hawaii Revised Statutes, require sufficient time and would reduce the effective duration of the proposed three-year pilot project, thereby limiting the ability to collect meaningful data. To ensure that the pilot project has the full intended duration and produce useful results, the Board respectfully requests consideration of one of the following amendments:

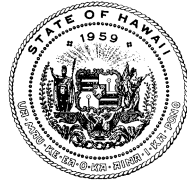
- (1) Change the effective date of the pilot project to July 1, 2028, or
- (2) Extend the duration of the pilot project from 3 years to 5 years.

Either option would allow the Board adequate time to complete the rulemaking and establish the regulatory framework necessary for participants to apply and be approved, while preserving sufficient time for data collection to support the project's purpose.

Additionally, the Board notes on page 5, Line 14, that it would be responsible, in conjunction with the American Psychological Association (APA), for approving "specialized education and training in preparation for prescriptive practice." The Board believes this requirement may be redundant and offers the following amendment for clarity:

- (2) ~~Completed specialized education and training in preparation for prescriptive practice approved by the American Psychological Association and the board of psychology.~~ [At a minimum, completed an education and training program in clinical psychopharmacology that is designated by the American Psychological Association to prepare licensed psychologists for prescriptive authority, and approved by the board of psychology.]

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



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

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

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
REPRESENTATIVE SUE L. KEOHOKAPU-LEE LOY, VICE CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: Friday, March 20, 2026, 9:30 a.m.

Room Number: 329 & Video

1 **Department Position:** The Department of Health (“Department”) recommends any pilot
2 program authorizing prescriptive authority for psychologists be limited in scope and limited to
3 those providing in-person services.

4 **Department Testimony:** The Adult Mental Health Division offers the following testimony on
5 behalf of the Department.

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

11 The Department supports increasing access to high quality and safe mental health care.
12 Utilizing psychologists who do not possess medical training to care for less complex patients can
13 allow medically-trained psychiatrists to care for the more complex patients, such as those with
14 a serious mental illness or with multiple medical problems and polypharmacy. Children are also
15 a special group with unique considerations.

16 The Department notes that the definition of “psychotropic medication” could be
17 problematic because there are many cross-domain pharmaceuticals (drugs that are labeled for
18 medical conditions but used for psychiatric disorders). It is unclear which medications will be

1 allowed to psychologist prescribers under these circumstances and how those decisions would
2 be made.

3 To balance access to mental health care with quality and patient safety, the Department
4 recommends the following:

- 5 • Restriction of age to between 18 and 65 years;
- 6 • A formulary restricted to medications with high safety profiles such as selective
7 serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors;
- 8 • No off-label use; and
- 9 • A requirement that the prescriptive authority allowed apply only to patients
10 treated in-person by the psychologist at a federally qualified health center.

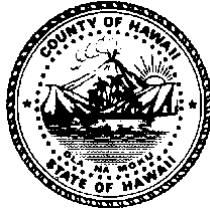
11 The bill places pharmacotherapy credentialing with the Board of Psychology. Without
12 mandatory psychiatrist participation there is a governance and expertise gap that risks patient
13 safety. Therefore, the Department respectfully requests that one member of the Board of
14 Psychology shall hold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

16 The Department respectfully requests Section 3 of the bill sunset on December 31,
17 2029, to align with the completion of the pilot program.

18 Increased access to mental health services is of importance to the State of Hawaii given
19 the unique characteristics of the islands. Access to psychiatric medications is an essential part
20 of healthcare, but as this bill has noted, the improperly regulated practice of medicine risks
21 patient safety.

22 Thank you for the opportunity to provide testimony.

C. Kimo Alameda, Ph.D.
Mayor



William V. Brillhante, Jr.
Managing Director

Merrick Nishimoto
Deputy Managing Director

County of Hawai'i ~ Office of the Mayor

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 House Committee on
Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, March 20, 2026, 9:30 a.m.
State Capitol Conference Room 329 & Videoconference

In consideration of
Senate Bill No. 847 SD2
Relating to Psychologists

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

Mahalo for the opportunity to testify in support of Senate Bill No. 847, SD2, a measure that would establish a pilot program in the County of Kaua'i granting qualified psychologists limited authority, under specific circumstances, to prescribe psychotropic medications to their patients. Directs the Board of Psychology to adopt relevant rules and requires the State Health Planning and Development Agency to report to the Legislature.

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

Senate Bill No. 847, SD2, presents a thoughtful and measured solution. The bill establishes a pilot program enabling qualified psychologists who have completed rigorous training in psychopharmacology, to prescribe psychotropic medications under physician supervision within federally qualified health centers that serve underserved populations.

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

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

House Committee on Health
Senate Bill No. 847, SD2, Mayor Alameda Testimony
March 20, 2026
Page 2 of 2

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

Mahalo nui loa for the opportunity to testify in support of Senate Bill No. 847, SD2, and for your continued commitment to strengthening Hawai'i's behavioral health system.

OFFICE OF THE MAYOR

DEREK S.K. KAWAKAMI, MAYOR

REIKO MATSUYAMA, MANAGING DIRECTOR

LATE



Testimony of Derek S.K. Kawakami

Mayor, County of Kaua'i

Before the

House Committee on Health

March 20, 2026; 9:30 AM

Conference Room 329 & Videoconference

In consideration of

Senate Bill 847 SD2

Relating to Psychologists

Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

The County of Kaua'i is in **strong support** of SB 847 SD2 which establishes a pilot program in the County of Kaua'i to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances; requires the Board of Psychology to adopt rules; and requires the State Health Planning and Development Agency to report to the Legislature.

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

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

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

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

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



**Testimony to the House Committee on Health
Friday, March 20, 2026; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

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

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

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

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

This bill, as received by your Committee, would:

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

This bill would take effect upon its approval.

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

Testimony on Senate Bill No 0847, Senate Draft 2
Friday, March 20, 2026; 9:30 a.m.
Page 2

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

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

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

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

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

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

Hawaii Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

RE SB 847, SD2 RELATING TO PSYCHOLOGISTS

Position: Oppose

Aloha Chair Takayama, Vice-Chair Keohokapu-Lee Loy, and Committee Members,

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

The bill as currently written does not mention any restrictions on age or conditions to be treated. Although the pilot program requires both additional training for psychologists and oversight by a collaborating physician, adequate safeguards against dangerous drug interactions and missed medical diagnoses causing neuropsychiatric symptoms are lacking. 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 pilot program as described in the current language of 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 a Federally Qualified Health Centers (FQHC) on Kauai. Although patients receiving care at FQHCs throughout Hawai'i often have the most difficulty accessing mental healthcare, expanding prescriptive authority to psychologists who practice only in this setting risks being highly inequitable by offering these patients a model of care that we believe to be less safe and effective than the available alternatives, which patients with private insurance can more easily access. 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 Hawai'i Chapter of the American Academy of Pediatrics



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiiopsychology.org

Phone: (808) 521-8995

HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, March 20, 2026, 9:30 AM
Conference Room 329 & Videoconference

SUPPORT FOR SB 847 S.D. 2 (SSCR2909), RELATING TO PSYCHOLOGISTS

The Hawai'i Psychological Association (HPA) supports SB 847 S.D.2. This bill seeks to establish a pilot program in the County of Kauai to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

Prescriptive authority for specially trained doctors of psychology is a safe and already utilized option in Louisiana, New Mexico, Illinois, Iowa, Idaho, Colorado and Utah as well as in Federally Qualified Health Centers, in Native American Indian Health Centers and in the military. Two independent studies demonstrated that the rate of suicide is reduced between five and seven percent in New Mexico and Louisiana, the two states that have allowed prescriptive authority for psychologists since 2002 (Hughes, P. M., McGrath, R. E., & Thomas, K. C. (2023). Evaluating the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. *Research in social & administrative pharmacy* : RSAP, 19(4), 667–672. <https://doi.org/10.1016/j.sapharm.2022.12.006>; Choudhury AR, Plemmons A. Deaths of despair: prescriptive authority of psychologists and suicides. Published online <https://www.thecgo.org/research/deaths-of-despair/>; September 28, 2021).

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

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

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

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

Prescribing psychologists are especially valued for serving rural and underserved populations. One study showed that almost 5,000 patients from two thirds of the counties in New Mexico received care from a

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

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

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

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

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

For these many reasons, HPA strongly supports SB847 S.D. 2, and urges the House Health Committee to pass this bill. Thank you for the opportunity to submit testimony and for your thoughtful consideration of this important matter.

Sincerely,



Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee



Judith Steinman, PhD
Chair, HPA RxP Subcommittee



Hawaii Medical Association

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

HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Date: March 20, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE SB 847 SD2 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.

2026 Hawaii Medical Association Public Policy Coordination Team

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

2026 Hawaii Medical Association Officers

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

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

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

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

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.**

Should the Committee choose to advance this measure, HMA respectfully urges the inclusion of the following patient safety safeguards to ensure that any implementation prioritizes quality, coordination of care, and protection for Hawai'i's most vulnerable patients:

1. **Psychiatrist Supervision-** Prescribing psychologists should practice under the supervision of a Hawai'i-licensed, board-certified psychiatrist.
2. **Patient Eligibility Parameters-** The pilot should be limited to adults aged 18–65 without significant or unstable medical comorbidities, excluding patients who are pregnant or have complex conditions e.g. uncontrolled chronic disease, active cancer treatment, or active substance use disorder.
3. **Limited Formulary-** Prescribing authority should be restricted to a limited formulary that excludes controlled substances (Schedules II–V).
4. **Integrated Care and Program Evaluation-** Collaborative biannual or yearly review of progress, adverse events, outcomes and escalation protocols by the Hawai'i Medical Board in collaboration with Psychiatry.

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

2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

REFERENCES

- Hughes PM, Graaf G, Gigli KH, deJong NA, McGrath RE, Thomas KC. Pediatric Mental Health Care and Scope-of-Practice Expansions. *Adm Policy Ment Health*. 2024 May;51(3):384-392. doi: 10.1007/s10488-024-01342-w.
- American Medical Association. *Behavioral Health Integration: Models and Measures for Advancing Integrated Care*. American Medical Association, 2020, www.ama-assn.org/system/files/bhi-compendium.pdf
- American Medical Association. "[Accelerating and Enhancing Behavioral Health Integration Through Digitally Enabled Care: Opportunities and Challenges.](#)"
- University of Hawai'i at Mānoa John A. Burns School of Medicine Area Health Education Center. Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project. Dec. 2025. University of Hawai'i Government Relations. https://www.hawaii.edu/govrel/docs/reports/2026/act18-sslh2009_2026_physician-workforce_annual-report_508.pdf Accessed Jan 25, 2026.
- Hay, Jeremy. "Need A Doctor? Hawai'i's Physician Shortage Keeps Getting Worse." *Honolulu Civil Beat*, 8 Jan. 2026, www.civilbeat.org/2026/01/hawaii-physician-shortage-getting-worse/. Accessed Jan 25, 2026.
- Soltis-Jarrett, Victoria. "The Future of Psychiatric-Mental Health Nursing: Observe, Reflect, and Take Action to Empower Knowledge for the Greater Good." *Issues in Mental Health Nursing*, vol. 44, no. 11, 2023, pp. 1071-79. *Taylor & Francis Online*, <https://doi.org/10.1080/01612840.2023.2270066>.
- Kaiser Family Foundation. [KFF Analysis of U.S. Census Bureau, Household Pulse Survey 2023.](#)
- Malâtre-Lansac A, et al. Factors influencing physician practices' adoption of behavioral health integration in the United States: A qualitative study. *Ann Intern Med*. Jul 21, 2020;173(2):92-99. doi: 10.7326/M20-0132. Epub Jun 2, 2020. PMID: 32479169.
- Marschall S. Smith; The Interstate Medical Licensure Compact Commission: Growth, Success, and the Future. *Journal of Medical Regulation* 1 October 2020; 106 (3): 22-26. doi: <https://doi.org/10.30770/2572-1852-106.3.22>
- MOC Provisions of Interstate Medical Licensure Compact. American Medical Association. [D-275.955](#). 2015.
- [FSMB Annual Report](#). Federation of State Medical Boards. Apr 2022.

2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

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

March 20, 2026

Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair
Members of the House Committee on Health

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

Aloha!

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

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

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

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

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

Mahalo for hearing this important measure.

HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue Keohokapu-Lee Loy, Vice Chair

DATE: Friday, March 20, 2026

TIME: 9:30 AM

PLACE: Conference Room 329

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee,

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

Mahalo for the opportunity to testify on this important measure.

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

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

SB-847-SD-2

Submitted on: 3/19/2026 9:27:05 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Janette Abramowitz	Queens medical center	Oppose	Written Testimony Only

Comments:

I oppose this bill because psychologists do
not have the medical training to prescribe medications.

March 20, 2026
The Honorable Gregg Takayama
Hawaii State Capitol, Room 329
Honolulu, HI 96813

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

Dear Representative Takayama,

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 ...,

March 20, 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 Takayama, Vice Chair Keohokapu-Lee Loy 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.

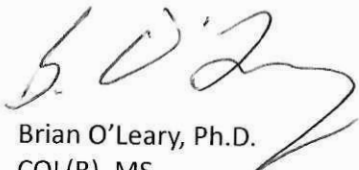
From the Desk of
COL(R) Brian David O'Leary, Ph.D.

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.

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Respectfully yours,

Cheryl L. Hall, Ph.D., MSCP

Licensed Psychologist

TX #25300

Prescribing Psychologist

NM #2025-0023

APIT/E-Passport Mobility Number:6770



C. Scott Eckholdt, PhD, MP
Medical Psychologist

To the Honorable Committee Members

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

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

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

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

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

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

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

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



C. Scott Eckholdt, PhD, MP
Medical Psychologist

Mahalo for your time and attention to this critical matter.

Sincerely,

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

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

Testimony in support of SB847

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

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

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

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

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

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

Respectfully submitted,



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

Aloha

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

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

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

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

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

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

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

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

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

Mahalo for your time and consideration.

Respectfully,

Daniel Baon
Doctoral Student, Clinical Psychology (PsyD)

Daniel Baon



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

REPLY TO
ATTENTION OF

RE: STRONG SUPPORT FOR SB847

To The Honorable Chair and Vice Chair:

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

Respectfully Submitted,

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

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

2.5.26
Date

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

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

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

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

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

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

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

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

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

Sincerely,

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

DR. NOELANI C. RODRIGUES

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

WRITTEN TESTIMONY IN SUPPORT OF SB847

TO THE HONORABLE COMMITTEE MEMBERS

REGARDING ROBUST SUPPORT FOR SB847

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

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

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

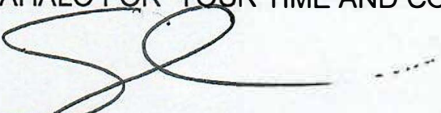
THIS BILL SB847 PROVIDES A MUCH NEEDED STEP FORWARD IN ADDRESSING THE GROWING NEED FOR TIMELY, ACCESIBLE, QUALITY MENTAL HEALTH CARE IN HAWAII.

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

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

PLEASE VOTE YES ON SB847.

MAHALO FOR YOUR TIME AND CONSIDERATION TO THIS MATTER.


NOELANI C. RODRIGUES

To the Honorable Committee Members

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Mahalo,

Elena Layman

Aloha Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Sincerely,

Erin Datlof

Subject: Written Testimony in Support of SB847

To the Honorable Committee Members

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

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Sincerely,

Evan Allen DO

ABPN Board Certified Psychiatrist

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

To the Honorable Committee Members

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

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

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

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

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

Sincerely,

Holly Martin



Psychological Treatment & Evaluation Services

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

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

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted,

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



To whom it may *benefit* --

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

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

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

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

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

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

Respectfully,

James Phelps, M.D.

Medical Director, DepressionEducation.org and @PsychEducation

To the Honorable Committee Members

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

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

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

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

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

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

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



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

Medical Psychologist

Fellow, International Academy of Independent Medical Evaluators

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

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

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

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

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

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

Sincerely,

Dr Jeffery G. Coker

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

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

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

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

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

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

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

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

Thanks,

Jenn Malloy, PhD (she/her/hers)

Fielding Graduate University

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

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

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

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

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

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

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

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

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

--

Mahalo,

Jina Uyeda PsyD, LMFT, CSAC

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

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

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

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

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

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

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

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

Sincerely,
Jose Lara
U.S. Navy Retired

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

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

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

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

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

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

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

Sincerely,

Kathleen M. McNamara, Ph.D.

To the Honorable Committee Members,

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

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

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Very Respectfully,

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

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

To the Honorable Committee Members

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Sincerely,

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

Resilience

Therapy + Assessment Services

Matthew Cooper, Psy.D., MSCP

Prescribing Psychologist | Licensed Clinical Psychologist | Health Service Provider

RE: Strong SUPPORT for SB847

To: The Honorable Chair and Vice Chair,

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

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

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

Respectfully submitted,



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



**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 Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee on Health:

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

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

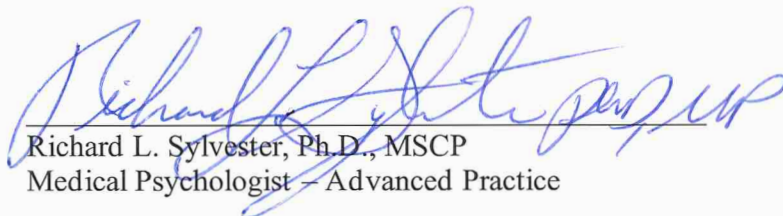


yet, to the 87-year-old who is battling cancer and depression, and the dozens of people in between, it makes a difference. Psychologists who hold prescriptive authority do not stop being psychologists. I still provide therapy services. I still provide psychological assessment services. I still collaborate 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

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



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

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



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

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

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

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

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

Hawai'i's Governor Josh Green and the entire legislative body has made mental health a top priority in 2023 and SB847 helps address this issue. Psychologists with Prescriptive Authority can and will provide safe, comprehensive, and appropriate care for those individuals who are without homes and who suffer from serious mental illness. Psychologists already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals and are part of the coalition to address homelessness and provide care alongside our colleagues and community partners.

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

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

Respectfully submitted,

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

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

I strongly support SB 847.

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

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

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

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

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

Respectfully,
Dr. Haunani 'Iao

Douglas Taylor, MD
Supervising Physician

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Health Committee,

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

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

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

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

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

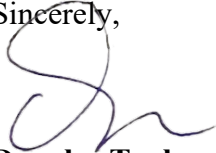
Importantly, providing limited prescriptive authority to appropriately trained psychologists is **not about replacing other providers. It is, essentially, enhancing coordinated, consumer-centered care**. It enables every member of the mental health care team to practice at the top of their training,

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Taylor', written in a cursive style.

Douglas Taylor, MD

Supervising Physician

360-570-3460

taylordouglasw@gmail.com

Dear Honorable Chair Takayama and Vice Chair Sue L. Keohokapu-Lee Loy:

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

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

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

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

Mahalo for your time and attention.

Sincerely,

Alec Lara

HOUSE COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

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

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

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

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

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

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

Mahalo,
Christine

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

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

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

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

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

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

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

Mahalo,

Deanna Truemper

To the Honorable Committee Members

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

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

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

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

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

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

Mahalo,

Jaslynn A. N. Cuff

To the Honorable Committee Members

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

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

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

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

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

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

Sincerely,

Lilnetria Johnson

To the Honorable Committee Members

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

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

My name is Linda Teramoto, a concerned citizen,

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

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

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

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

Thanks,

Linda Teramoto

To the Honorable Committee Members

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

To the Honorable Chair Takayama and Vice Chair Sue L. Keohokapu-Lee Loy

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

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

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

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

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

Sincerely,

Lisa Vogelmann

To the Honorable Committee Members

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

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

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

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

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

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

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

Sincerely,

Shira

Shira Service
Doctoral Student, Media Psychology
Fielding Graduate University School of Psychology
sservice@fielding.edu
www.shiraservice.com

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

My name is Xaviera Gadpaille, a student.

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

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

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

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

Sincerely,

Xaviera

To the Honorable Chair Takayama and Vice Chair Sue L. Keohokapu-Lee Loy

Re: Strong support for SB847 SD2

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

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

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

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

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

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

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

Sincerely,

Christina Vento, PsyD, MACP

(She/Her/Ella)

Medical/Prescribing Psychologist

New Mexico Psych Med Services

<https://NMPsychMedServices.com>

505-289-0641

Albuquerque, NM

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Gregg Takayama, Chair of the House Committee on Health

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

RE: SB847, SD2 — Relating to Psychologists

Position: Strong Opposition

Hearing: Friday, March 20, 2026, 9:30 AM

LATE

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

On behalf of HAPN, we submit this testimony in strong opposition to SB847 SD2, which would establish a pilot program on Kaua'i to allow certain psychologists to prescribe psychotropic medications under a supervising physician. HAPN's position remains consistent: psychotropic prescribing is complex medical care that requires broad biomedical training, extensive clinical preparation, and deep experience in medication management across medically and psychiatrically complex populations. While we support expanding access to mental health care on neighbor islands, this bill is not the right solution.

1. The bill is based on an incomplete and misleading picture of Kaua'i's psychiatric prescribing workforce

Supporters of this bill point to psychiatrist shortages to justify creating a new prescriber category. That framing is incomplete because it counts only physicians and ignores psychiatric APRNs, who are already licensed, regulated, and actively prescribing psychiatric medications in Hawai'i. On Kaua'i, physician demand in psychiatry is 15, and current psychiatrist supply is 5, but Kaua'i also has 11 psychiatric APRNs, bringing the total psychiatric prescriber workforce to 16.

That matters because SB847, SD2 is being advanced as though Kaua'i lacks sufficient psychiatric prescribing capacity overall. It is more accurate to say that Kaua'i has a psychiatrist shortage, not necessarily a total psychiatric prescriber shortage. The bill completely ignores the role psychiatric APRNs already play in balancing the lack of physicians on the island.

2. Hawai'i already has established, regulated pathways for psychiatric prescribing

Psychiatrists and psychiatric APRNs already provide psychiatric prescribing services within clear licensure, education, certification, and regulatory frameworks. These are established professions with known training standards, clear accountability mechanisms, and existing oversight. Hawai'i should focus on strengthening and retaining this workforce rather than creating a new prescribing pathway through psychology.

Psychiatric APRNs are not a theoretical workforce. They are graduate-prepared, nationally certified, clinically trained prescribers who diagnose psychiatric conditions, prescribe psychotropic medications, monitor treatment response, and manage side effects in real-world practice across Hawai'i. Any workforce discussion that leaves them out is not a serious assessment of access.

3. Psychotropic prescribing requires broad medical training and carries significant patient safety implications

Psychotropic medications are not simple interventions. They can involve black box warnings, major drug-drug interactions, metabolic consequences, neurologic complications, cardiac effects, endocrine issues, and the need for ongoing monitoring and adjustment. Safe prescribing requires the ability to evaluate the whole patient, including medical comorbidities, diagnostic overlap, and medication-related risks that extend beyond symptoms alone.

Even when presented as a limited pilot, prescribing authority is not a minor add-on to psychotherapy training. Safe psychotropic prescribing requires strong preparation in pharmacology, pathophysiology, differential diagnosis, lab interpretation, and recognition of systemic adverse effects. Hawai'i should not lower or blur that standard.

4. SB847, SD2 risks solving the wrong problem with the wrong policy tool

If the Legislature's goal is to improve access on Kaua'i, the more rational approach is to invest in the psychiatric workforce that already exists. Hawai'i should strengthen recruitment and retention of psychiatrists and psychiatric APRNs, reduce unnecessary administrative barriers, improve reimbursement, support training and preceptorship pipelines, and expand sustainable deployment to neighbor islands. Those strategies address access directly without introducing a new prescribing category built on an incomplete workforce premise.

This bill risks fragmenting accountability rather than improving care delivery. It creates a parallel prescribing pathway even though Hawai'i already has licensed psychiatric prescribers serving patients today. That is not efficient workforce policy, and it is not the safest path for patients.

Conclusion

For the reasons above, HAPN strongly opposes SB847, SD2 and respectfully requests that the Committee defer this measure. Kaua'i's psychiatrist shortage should not be used to justify new psychologist prescribing authority while completely ignoring psychiatric APRNs already helping meet psychiatric prescribing demand on the island. Good policy depends on accurate workforce analysis, and this bill does not reflect the full reality of Kaua'i's current psychiatric prescriber capacity.

Mahalo for the opportunity to provide testimony.

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



www.AlohaILHawaii.org

Mar 20, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

The Honorable Gregg Takayama, Chair
House Committee on Health
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: SB847 SD2 – Relating to Psychologists

Position: Comments with Strong Concerns from an Independent Living Perspective

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) appreciates the opportunity to provide testimony on SB847 SD2. As a Center for Independent Living (CIL) serving people with all types of disabilities across Hawaii, we approach this measure from a cross-disability, consumer-driven Independent Living philosophy. We recognize the urgent mental health workforce crisis facing our state and understand the intent to expand access to psychotropic medication management, especially on neighbor islands. However, we offer serious concerns about implementation safeguards, informed consent protections, and the unique vulnerabilities of disabled people who rely on psychotropic medications for stability, safety, and community integration.

Hawaii's Mental Health Crisis Demands Careful Solutions

The data is clear and alarming. According to the 2026 Physician Workforce annual report, Hawaii faces a 67% shortage of adult psychiatrists and a 64% shortage of child and adolescent psychiatrists[1]. Research from 2024 identified that Hawaii has some of the highest rates of untreated mental illness in the nation[2]. Rural Hawaiian islands and neighbor island communities are disproportionately affected, with much of the state



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

officially designated as a Mental Health Professional Shortage Area (MHPSA) by the Health Resources and Services Administration[3].

For people with disabilities living on Kauai, Molokai, and other neighbor islands, this shortage translates to months-long waitlists, inter-island travel barriers, disrupted medication management, and in some cases, psychiatric hospitalizations or involuntary commitments that could have been prevented with timely, accessible care. The proposal in SB847 SD2 to allow qualified psychologists at federally qualified health centers (FQHCs) on Kauai to prescribe psychotropic medications under physician supervision attempts to address this gap[4].

We do not oppose the concept of expanding the mental health workforce through creative models. However, cross-disability advocacy requires us to center the lived experience, safety, and self-determination of disabled people who will be directly affected by this policy change.

Cross-Disability Concerns About Psychotropic Medication Access and Oversight

Psychotropic medications—including antipsychotics, mood stabilizers, antidepressants, anxiolytics, and stimulants—are commonly prescribed to people across disability categories: those with psychiatric disabilities, intellectual and developmental disabilities (I/DD), autism spectrum disorder, traumatic brain injury, post-traumatic stress disorder, chronic pain conditions, and other diagnoses. Research indicates that individuals with intellectual and developmental disabilities have high rates of psychotropic medication use, with one study finding that 29.3% were on two or more psychotropic drugs simultaneously[5].

From an Independent Living perspective, medication is a tool that should support consumer choice, autonomy, and community participation—not substitute for accessible services, peer support, behavioral health interventions, or reasonable accommodations. Disabled people have historically faced over-medication, inappropriate chemical restraint, forced treatment, and insufficient informed consent processes, particularly in institutional and congregate care settings. While SB847 SD2 is limited to



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

FQHCs on Kauai and requires physician supervision, AILH urges the Legislature to ensure that any expansion of prescribing authority includes robust protections.

Key Independent Living Concerns

1. Informed Consent and Shared Decision-Making

Informed consent must be meaningful, not a formality. People with intellectual disabilities, communication disabilities, psychiatric disabilities, and others may need additional time, plain language explanations, supported decision-making assistance, or accessibility accommodations to fully understand the risks, benefits, alternatives, and potential side effects of psychotropic medications. The bill requires psychologists to complete specialized training approved by the American Psychological Association and the Board of Psychology and to pass the Psychopharmacology Examination for Psychologists[4]. However, the bill is silent on training requirements related to disability cultural competency, cross-disability communication strategies, trauma-informed care, or alternatives to medication.

AILH recommends that the Board of Psychology's administrative rules include mandatory training on:

- Disability cultural competency and the social model of disability
- Supported decision-making and accessible informed consent processes
- Alternatives to psychotropic medications, including peer support, counseling, behavioral interventions, and environmental modifications
- Recognition of historical and ongoing patterns of over-medication and coercion within disability services systems

2. Supervising Physician Availability and Accountability



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

The bill defines “supervising physician” as “a medically trained and licensed physician or psychiatrist who accepts professional responsibility for the provision of psychopharmacology by a psychologist certified to prescribe”[4]. Given that Kauai and other neighbor islands already face severe psychiatrist shortages, AILH is concerned about the practical availability of supervising physicians and the quality of supervision. Will supervision be in-person, hybrid, or entirely virtual? How often will the supervising physician review prescribing decisions? What accountability mechanisms exist if a psychologist prescribes inappropriately or if a consumer experiences adverse effects?

If psychiatrists on Kauai are already overextended, the addition of supervision responsibilities for psychologist prescribers may further strain their capacity to see patients directly. The bill requires the State Health Planning and Development Agency (SHPDA) to report to the Legislature by 2030 on whether to expand, make permanent, or terminate the program[4]. AILH urges that this report include data supervising physician workload, availability, response times, and consumer satisfaction.

3. Equity Across Disabilities and Geographic Areas

SB847 SD2 limits the pilot to Kauai County FQHCs, which may include facilities such as the Kauai Community Health Center. While we understand the rationale for a geographically limited pilot, this creates a potential equity issue. Disabled people living on Molokai, Lanai, rural Hawaii Island, and parts of Maui also face severe psychiatric workforce shortages. If this model proves effective and safe, AILH urges rapid consideration of statewide expansion to all HPSAs, not just Kauai.

Additionally, access to FQHCs varies by disability. Some disabled people may rely on Developmental Disabilities Division case management, Adult Mental Health Division services, or private providers outside the FQHC system. This pilot will not serve them. The Legislature should monitor whether the pilot inadvertently creates a two-tiered system where some disabled Kauai residents benefit while others continue to wait months for psychiatric care.



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartsock

4. Polypharmacy and Medication Monitoring

Psychotropic polypharmacy—the use of multiple psychotropic medications simultaneously—is common among people with I/DD and psychiatric disabilities, but it carries risks including drug interactions, metabolic effects, movement disorders, cognitive impairment, and increased mortality. The bill does not specify limits on the number or classes of medications a psychologist may prescribe, nor does it require metabolic monitoring, movement disorder screening, or periodic medication reviews.

AILH recommends that administrative rules require:

- Documented justification for any psychotropic polypharmacy
- Routine metabolic and neurological monitoring (e.g., weight, glucose, lipids, movement assessments)
- Annual comprehensive medication reviews involving the consumer, prescriber, supervising physician, and if desired by the consumer, family, or supporters
- Clear documentation of non-medication interventions attempted or offered

5. Emergency Psychiatric Care and Crisis Continuity

Kauai has limited psychiatric emergency and inpatient capacity. If a consumer on psychotropic medications prescribed by a psychologist experiences a crisis—such as medication side effects, medication failure, or psychiatric decompensation—what is the pathway to emergency psychiatric consultation or hospitalization? The bill should ensure that psychologist prescribers have clear protocols for escalation, emergency consultation with supervising physicians or psychiatrists, and coordination with the Kauai Community Mental Health Center Branch, which provides medication management and case management to adults with serious mental illness[6].

6. Consumer Voice and Pilot Evaluation



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

The bill mandates a report to the Legislature by 2030, but it does not require consumer input in the pilot design, implementation, or evaluation. Independent Living philosophy holds that “nothing about us without us” –policies affecting disabled people must include disabled people in leadership and decision-making.

AILH urges that the SHPDA report include:

- Direct testimony and surveys from disabled consumers who received prescriptions from psychologist
- Data on consumer satisfaction, safety outcomes, adverse events, and continuity of care
- Input from Kauai-based disability advocacy organizations and peer support programs
- Comparison data on access, wait times, and outcomes before and after the pilot
- Analysis of any disparities by ethnicity, age, disability type, or income level

Recommendations

AILH offers the following recommendations to strengthen SB847 SD2 from an Independent Living and cross-disability perspective:

1. Amend the bill or direct the Board of Psychology to include disability cultural competency, supported decision-making, and trauma-informed care training as part of the psychologist prescribing certification requirements.
2. Require the Board of Psychology’s administrative rules to establish clear supervision standards, including frequency of supervision, emergency consultation protocols, and accountability mechanisms.
3. Mandate that the 2030 SHPDA report include robust consumer voice—through surveys, focus groups, and testimony from disabled people who participated in the pilot—as well as safety, quality, and



www.AlohaILHawaii.org

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

equity data disaggregated by disability type and demographics.

4. Include language ensuring that psychologist prescribers offer and document non-medication alternatives and that informed consent processes are accessible, supported, and culturally responsive.
5. Direct SHPDA to evaluate equity impacts across disabilities and geography, and if the pilot is successful, expedite expansion to all Mental Health Professional Shortage Areas statewide, not just Kauai.
6. Require routine metabolic and neurological monitoring for consumers on psychotropic medications prescribed by psychologists, and establish standards for polypharmacy justification and review.

Conclusion

Hawaii's mental health workforce crisis is real, and disabled people on neighbor islands are suffering due to lack of access to psychiatric care. AILH supports creative, evidence-based workforce solutions that expand access while centering consumer autonomy, safety, and self-determination. With appropriate safeguards, training enhancement, supervision standards, and robust consumer involvement, psychologist prescribing authority could improve timely access to psychotropic medication management on Kauai and eventually across the state.

However, without these protections, there is risk of replicating historical patterns of over-medication, inadequate informed consent, and systems that prioritize convenience over consumer choice. We urge the Committee to strengthen SB847 SD2 with the recommendations above, and we commit to working collaboratively with SHPDA, the Board of Psychology, and community stakeholders to ensure that this pilot truly serves the Independent Living goals of disabled people on Kauai.

Thank you for the opportunity to testify.

Aloha,



www.AlohaILHawaii.org

Roxanne U. Bolden

Roxanne Bolden
Executive Director

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

Chair / Sec

Valerie Yamada

Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

References

[1] Grassroot Institute of Hawaii (2026, February 5). Join compact to increase access to mental health professionals.

<https://www.grassrootinstitute.org/2026/02/join-compact-to-increase-access-to-mental-health-professionals/>

[2] Chang, A., et al. (2024). Disparities in the prevalence of psychiatric illness in Hawaii's houseless population. *Cureus*, 16(3).

<https://pmc.ncbi.nlm.gov/articles/PMC11014793/>

[3] Hawaii State Legislature. (2026). SB847, SD2 Relating to Psychologists, Section 1 (Finding that HRSA has designated much of Hawaii as mental health professionals shortage area).

[4] Hawaii State Legislature. (2026). SB847, SD2 Relating to Psychologists (Full bill text).

[5] Martin, A., et al. (year not specified). The use of psychotropic medications in intellectual and developmental disabilities. *Western Michigan University Homer Stryker M.D. School of Medicine*.

https://med.wmich.edu/sites/default/files/B2_2.pdf

[6] Hawaii Department of Health, Kauai District Health Office. (2014). Community Mental Health Center Branch.

<https://health.hawaii.gov/kauai/community-mental-health-center-branch>

∟



LATE

Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 329

Hearing Date: March 20, 2026

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

Chair Takayama, Vice-Chair Keohokapu-Lee Loy, and members of the Committee:

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

HPMA strongly opposes SB 847 SD2.

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.

Proposed Amendments

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

1. Psychiatrist supervision

Require that prescribing psychologists practice under the supervision of a board-certified psychiatrist licensed and living in Hawai'i.

2. Patient eligibility safeguards

The pilot should be limited to adults aged 18–65 without significant or unstable medical comorbidity. Patients who are pregnant or who have complex medical conditions (such as uncontrolled diabetes, uncontrolled hypertension, active cancer treatment, or active substance use disorder) should be excluded.

3. Limited formulary

The formulary should exclude controlled substances (Schedules II–V) and be limited to medications approved by the Hawai‘i Medical Board in consultation with a board-certified psychiatrist.

4. Oversight and safety monitoring

Clinical oversight standards and outcome metrics for the pilot should be established by the Hawai‘i Medical Board in consultation with at least one board-certified psychiatrist. The Board should review adverse events and determine whether the pilot demonstrates safety and effectiveness.

5. Numerical cap and Kaua‘i residency requirement

To ensure that the pilot remains appropriately limited in scope and focused on local access, participation could be capped at no more than three prescribing psychologists on Kaua‘i. Each participant should be a full-time resident of Kaua‘i, available locally and accessible for urgent patient concerns.

Safer Alternatives to Expand Access

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

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

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

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

3/19/26

Re: SB 847 - OPPOST



Dear Chair Takayama and Vice Chair Keohokapu-Lee Loy,

On behalf of the members of the Hawaii Academy of Family Physicians Legislative Affairs Committee, I am writing in opposition to SB847, which would establish a pilot program in the County of Kauai to grant psychologists, who do not have any medical training, the authority to prescribe psychotropic medications.

Psychologists have a very valuable and well-defined role in the healthcare landscape. They are well-trained behavioral health experts who provide these needed services to their patients. Physicians work in-tandem with psychologists to provide the medical care aspect of behavioral health, medical care that is outside of the scope of a psychologist's training and expertise. Physicians possess the expertise necessary to safely prescribe and monitor psychotropic medications, while psychologists have the skills necessary to provide a broad range of non-medical behavioral interactions. Allowing psychologists to begin prescribing medications may not necessarily improve access to mental health care in our rural communities, but it can potentially put the safety and well-being of those communities at risk. Many of these medications have very real, very dangerous side effects or complications that require the rigor and nuance of a medical education to appropriately manage.

Thank you for the opportunity to submit these comments.

Sincerely,

Christina Marzo, MD, MPH, FAAFP
Co-Chair, Hawaii Academy of Family Physicians Legislative Affairs Committee

SB-847-SD-2

Submitted on: 3/17/2026 5:34:45 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Don Shaw	Individual	Oppose	Written Testimony Only

Comments:

I am writing in opposition to this bill proposing to grant prescribing privileges to pscychologists. I have been testifying against this type of legislation in Hawaii for at least 20 years.

Each time I do this, I first check to see how many clinical psychology graduate programs require undergraduate coursework in the natural sciences. UCLA and five others used have specific science requirements. Over the years, this number has declined to only one. The University of North Dakota requires one year of biology. That's it.

If the profession were serious about training clinical psychologists to have prescribing priviledges, this would not be the case. This bill sets a dangerous precedent of overriding professional academic training with legislative fiat.

What's next? Mandating that interior designers can work as structural engineers? That legal secretaries can represnt clients in court for a murder trial? This is a really bad idea.

I am an architect and former Associate Professor at the UH School of Architecture. My brother is a Clinical Psychologist and former Clinical Professor at the medical school in Oregon. He thinks its a terrible idea.

(For whatever it's worth, I got an A in Organic Chemistry. He never took it.)

Please drive a stake through the heart of this terrible idea. It keeps coming back from the dead. If someone wants to prescribe medicine, let them apply to medical school.

Signed, Don Shaw

SB-847-SD-2

Submitted on: 3/17/2026 5:39:18 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Judith White	Individual	Support	Written Testimony Only

Comments:

Please support this legislation which is critical to expanding access to psychiatric medications for our underserved rural communities. I have been a psychologist on Kauai for 25+ years, and consistently struggle to find a prescriber for my clients. This shortage of mental health professionals who can prescribe continues to have a measurable, negative impact on the health of our Kauai community as a whole.

Psychologists who have been well trained in psychopharmacology have been safely and successfully prescribing in 7 states and the military for a number of years. The proposed Kauai pilot project can be an excellent demonstration of a safe, well monitored and documented program.

For Hawaii's improved mental health, please support SB847.

Judith C. White, Psy.D, Kapaa

**WRITTEN TESTIMONY
SB 847 SD2: RELATING TO PSYCHOLOGISTS**

SUPPORT

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee on Health,

I respectfully submit testimony in strong support of SB 847 SD2.

On Kaua‘i, access to timely mental health care remains a significant challenge. Patients often face long wait times for psychiatric services, and in many cases, the choice is not between different types of providers, but between receiving care or continuing to wait. Delays in treatment can lead to worsening symptoms, increased strain on families, and greater reliance on emergency and inpatient services.

This measure offers a focused and practical response. By establishing a pilot program limited to federally qualified health centers in the County of Kaua‘i, the bill takes a measured approach to expanding access where the need is most acute. It allows for careful implementation, oversight, and evaluation within a clearly defined setting before any broader decisions are made.

It is also important to recognize the realities of the mental health workforce. Becoming a prescribing psychologist requires years of additional education, supervised clinical training, and successful completion of a national examination. This is not a rapid expansion of scope, but a deliberate and structured pathway that ensures only appropriately trained professionals are eligible to participate.

The model outlined in this bill emphasizes collaboration. Psychologists participating in the pilot would prescribe within a structured, team-based model that includes coordination with physicians as part of patient care. This reflects how complex medical and behavioral health needs are addressed in practice—through communication and shared responsibility across disciplines.

SB 847 SD2 represents a careful and thoughtful step forward. It addresses a real and ongoing access issue in Kaua‘i while maintaining clear safeguards, defined training requirements, and a structured pilot design that allows the Legislature to evaluate outcomes over time.

For these reasons, I respectfully urge the Committee to pass this measure.

Mahalo for your consideration.

Respectfully submitted,

Andrew D. May, PsyD, MSCP
Clinical Psychologist

SB-847-SD-2

Submitted on: 3/18/2026 1:20:29 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Carol Fahy PhD PsyD	Individual	Support	Written Testimony Only

Comments:

Psychologists have been prescribers for the Armed Forces for over a decade and have done well in reducing suffering due to lack of psychiatrists. We know there is a shortage of Psychiatrists even on Oahu, and its quite dire on the other islands. Patients end up waiting months even on Oahu. Mental health specialists (psychiatrists, psychologists) are much better at discussing medication needs for mental issues than a general practitioner or other MD. Please take this matter seriously and support Psychologists who are willing to get alot of extra training and then can prescribe a limited amount of drugs. That's what we are asking for.....it would provide a badly needed service to the community.

SB-847-SD-2

Submitted on: 3/18/2026 8:32:50 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
H. Blaisdell-Brennan, M.D.	Individual	Oppose	In Person

Comments:

Testimony of H. K. Blaisdell-Brennan, MD

Board of Governors, Honolulu County Medical Society

Assistant Clinical Professor, University of Hawai‘i John A. Burns School of Medicine

In Opposition to SB 847, SD2

Chair Takayama and Members of the Committee,

Thank you for the opportunity to testify.

I respectfully **oppose SB 847, SD2.**

I am a Native Hawaiian physician who has spent most of my 22-year career caring for patients in rural and underserved communities across Hawai‘i. I have seen firsthand the challenges our patients face—limited access to care, high rates of chronic illness, and the need for continuity and trust in medical relationships.

Psychiatric medications are powerful treatments that affect multiple organ systems, including the heart, liver, kidneys, and endocrine system. Many of my patients have coexisting medical conditions such as diabetes, hypertension, and cardiovascular disease. Safe prescribing requires the ability to recognize and manage complex interactions between psychiatric illness and medical comorbidity. This is why physicians undergo extensive medical training across multiple disciplines before independently prescribing medications. These concerns are not limited to the medical community; a recent editorial in the Honolulu Star-Advertiser cautioned that while expanding access is important, prescribing psychiatric medications requires the depth of training that comes with medical education and should not be approached as a shortcut.

I share the goal of improving access to mental health care on Kaua‘i and other neighbor islands. However, **I am concerned that this proposal lowers the standard of care for rural communities that already face significant health disparities. Our patients deserve the same level of medical expertise and safety as those in urban areas.**

I would also note that physician-led solutions to improve access are already underway. The University of Hawai‘i Department of Psychiatry, in collaboration with the State Department of Health, is expanding residency training rotations to neighbor islands, including Hawai‘i Island

and Kaua‘i. These efforts are building a pipeline of physicians committed to serving rural communities.

In addition, I have concerns regarding the implementation of the proposed pilot. The bill assigns oversight to the State Health Planning and Development Agency, yet no funding or infrastructure has been identified to support the administration of a prescribing program. Without appropriate resources and oversight, it is unclear how the pilot could be carried out safely and effectively.

Should the Committee choose to advance this measure, I respectfully urge the inclusion of the following patient safety safeguards:

1. Psychiatrist Supervision

Prescribing psychologists should practice under the supervision of a board-certified psychiatrist licensed in Hawai‘i who is a full-time Hawai‘i state resident.

2. Patient Eligibility Safeguards

The pilot should be limited to adults aged 18–65 without significant or unstable medical comorbidity. Patients who are pregnant or who have complex medical conditions (including uncontrolled diabetes, uncontrolled hypertension, active cancer treatment, or active substance use disorder) should be excluded.

3. Limited Formulary

The formulary should exclude controlled substances (Schedules II–V) and be limited to medications approved by the Hawai‘i Medical Board in consultation with a board-certified psychiatrist.

4. Oversight and Safety Monitoring

The Hawai‘i Medical Board should establish clinical oversight standards and outcome metrics in consultation with at least one board-certified psychiatrist. The Board should review adverse events and determine whether the pilot demonstrates safety and effectiveness.

5. Numerical Cap and Kaua‘i Residency Requirement

Participation should be limited to no more than three prescribing psychologists on Kaua‘i. Each participant should be a full-time resident of Kaua‘i, available locally and accessible for urgent patient concerns.

6. Parallel Collaborative Care Program

Consideration should be given to a parallel program using the QCPIN collaborative care model, which expands access to psychiatric expertise through physician-led consultation and team-based care. This model can improve access while maintaining medical oversight.

I offer these comments with deep respect for the Committee’s work and with the shared goal of ensuring that all patients in Hawai‘i receive safe, high-quality care.

Mahalo for your consideration.

Respectfully submitted,
H. K. Blaisdell-Brennan, MD

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

SB-847-SD-2

Submitted on: 3/18/2026 9:03:38 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sohee Ki	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Oahu and as a resident physician to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Sincerely,

Sohee Ki, MD

SB-847-SD-2

Submitted on: 3/18/2026 9:06:10 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha e Chair Takayama, Vice Chair Sue Keohokapu-Lee Loy, and members of the Committee,

I am writing as a resident of Pearl City, O‘ahu to express my strong opposition to SB 847 SD2. I believe this measure creates unacceptable risks for patient safety and lowers the medical standards of care for Hawai‘i’s most vulnerable populations.

Prescribing medications, especially powerful psychotropics, should not be allowed as a “shortcut.” Rather, prescriptive authority should remain with individuals who have completed comprehensive medical education that only physicians receive. Becoming a psychiatrist requires 12,000 to 16,000 hours of clinical training, which psychologists would severely lack should this measure be passed. Additionally, psychologists do not possess the training to evaluate how psychotropic medications affect multiple organ systems or to rule out physical illnesses, including heart or thyroid disease, that can mimic mental health symptoms.

With that being said, Senate Draft 2, which proposes a pilot program on Kauai, is a dangerous and unsafe experiment. All residents of Hawaii deserve the same standard of care regardless of where they reside and should not be used as an experimental population for a lower tier of medical practice that health authorities have rejected in other states.

Rather than expose the people of Hawai‘i to these risks, I urge the Committee to focus on “real fixes” that do not compromise safety. I support Chair Takayama’s focus on program like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which can attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill. 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

SB-847-SD-2

Submitted on: 3/18/2026 9:12:16 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha e Chair Takayama, Vice Chair Sue Keohokapu-Lee Loy, and members of the Committee,

I am writing as a resident of Pearl City, O‘ahu to express my strong opposition to SB 847 SD2. I believe this measure creates unacceptable risks for patient safety and lowers the medical standards of care for Hawai‘i’s most vulnerable populations.

Prescribing medications, especially powerful psychotropics, should not be allowed as a “shortcut.” Rather, prescriptive authority should remain with individuals who have completed comprehensive medical education that only physicians receive. Becoming a psychiatrist requires 12,000 to 16,000 hours of clinical training, which psychologists would severely lack should this measure be passed. Additionally, psychologists do not possess the training to evaluate how psychotropic medications affect multiple organ systems or to rule out physical illnesses, including heart or thyroid disease, that can mimic mental health symptoms.

With that being said, Senate Draft 2, which proposes a pilot program on Kauai, is a dangerous and unsafe experiment. All residents of Hawaii deserve the same standard of care regardless of where they reside and should not be used as an experimental population for a lower tier of medical practice that health authorities have rejected in other states.

Rather than expose the people of Hawai‘i to these risks, I urge the Committee to focus on “real fixes” that do not compromise safety. I support Chair Takayama’s focus on program like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which can attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill. 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.

Mahalo nui loa,

Lindsey Lee

SB-847-SD-2

Submitted on: 3/18/2026 9:13:55 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

My name is Eryn Nakashima, and I am a resident of House District 19 and Senate District 9 and a psychiatrist in training here in Hawai‘i. I respectfully oppose SB 847 SD2.

Having grown up in Hawai‘i, I chose to become a physician to serve and protect the community that raised me. Throughout my training, I have committed years to learning how to provide safe, comprehensive, and evidence-based care to my patients. It is deeply disheartening to think that the very people I chose this profession to care for may instead be subjected to suboptimal care under this bill.

There is already significant confusion in the community—and even within healthcare—about the difference between a psychologist and a psychiatrist. While both play essential roles, the level of training, medical education, and clinical experience is vastly different. Psychiatrists are physicians who complete medical school and years of residency training to safely diagnose and treat both the psychiatric and medical aspects of illness, and prescribing psychiatric medications (which can be extremely dangerous) should not be taken lightly.

I am concerned that patients, particularly our most vulnerable populations and those in rural communities, may not understand these differences and may unknowingly receive care from individuals without the necessary medical training to safely prescribe medications. This risks widening existing healthcare disparities, where those with the fewest resources may receive a lower standard of care, further perpetuating generational disparities.

This bill does not address the root issue of access. Instead, it lowers the bar for medical care. Our communities deserve better. They deserve thoughtful investment in proven solutions, including strengthening physician-led care, expanding collaborative care with primary care providers, and increasing access to both psychiatry and therapy services.

I am committed to practicing in Hawai‘i because I believe our patients deserve the highest standard of care. I urge you to uphold that standard.

For these reasons, I respectfully ask the Committee to OPPOSE SB 847 SD2.

Mahalo for the opportunity to share my testimony.

-Eryn Nakashima

SB-847-SD-2

Submitted on: 3/18/2026 9:15:55 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Angela Hu	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date:

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Oahu to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawai‘i’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

SB-847-SD-2

Submitted on: 3/18/2026 9:17:09 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Bryant Kung Yu	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: 3/19/26

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

My name is Bryant, and I am a resident of Oahu. I am writing to you today not just as a concerned citizen, but as a future healthcare provider dedicated to serving our neighbor island communities. I strongly oppose SB 847 SD2.

1. Our Neighbors Deserve the Gold Standard, Not a Pilot Program

As someone preparing to serve our rural and neighbor island communities, I find the proposed "Kauai Pilot" deeply troubling. Growing up and living on the neighbor islands, we are often told we must "make do" with fewer resources. However, geographical location should never dictate the quality of medical safety a patient receives. Our families on Kauai and across the neighbor islands deserve the same standard of medical care as those in Honolulu—not to be used as a testing ground for a lower tier of prescribing authority.

2. The Complexity of the Human Body

In my training and experience, it is clear that mental health is inseparable from physical health. Prescribing psychotropic medication isn't just about managing a mood; it's about managing a body.

- Medical Depth: Psychiatrists undergo 12,000 to 16,000 hours of clinical training to understand how a drug for the brain might affect the heart, liver, or kidneys.

- Diagnostic Safety: Without a medical foundation, it is incredibly difficult to distinguish between a primary mental health issue and a physical ailment—like a thyroid storm or cardiac arrhythmia—that mimics psychiatric symptoms.

3. Supporting Sustainable, Safe Solutions

I am committed to staying in Hawaii and serving our rural populations, but we need the right tools to do so. I urge this Committee to focus on "real fixes" that encourage fully trained physicians to practice here, such as:

- The Healthcare Education Loan Repayment Program (HB 1574): This is a vital lifeline for residents like me who want to serve the community without the crushing weight of medical debt.
- Telepsychiatry: Expanding access to board-certified specialists via technology, rather than lowering the bar for local care.

We should be lifting the standard of care on the neighbor islands, not diluting it. For these reasons, I respectfully urge the Committee to OPPOSE this bill.

Mahalo,

Bryant Yu, M.D.

SB-847-SD-2

Submitted on: 3/18/2026 9:19:48 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kyle Still	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

SB-847-SD-2

Submitted on: 3/18/2026 9:20:35 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Ward, Honolulu to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii's most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. I have been through years of education including clinical training from university to medical school to residency in order to have the privilege of helping others and prescribing medications including psychotropics. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama's focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

SB-847-SD-2

Submitted on: 3/18/2026 9:30:06 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair and Members of the Committee,

My name is Regina Nakashima, and I was born/raised and spent my entire life living here on Oahu. I am writing in strong opposition to SB 847 SD2.

I am not a medical professional, but I am a parent who watched her daughter work incredibly hard for many years to become a physician, completing medical school and now years of residency training. I have seen firsthand the level of dedication, education, and clinical experience it takes to safely care for patients.

Because of that, it is very concerning to me that this bill would allow individuals with significantly less medical training to prescribe powerful psychiatric medications.

As a community member, I can honestly say that many people—including my previous self—do not fully understand the difference between a psychologist and a psychiatrist. The names sound similar, but the training is very different. I worry that patients, particularly our community members on Kauai, with this bill who may already struggle to access care, will not know the difference and may unknowingly receive care that is not held to the same medical standard.

When it comes to mental health treatment, medications are serious and can affect the whole body. If something goes wrong, patients deserve to know that the person prescribing those medications has the highest level of medical training.

Our communities deserve safe, high-quality care—not a lower standard. I also worry that this bill does not actually fix the problem of access, and may instead create more confusion for patients.

I respectfully ask the Committee to protect our families and our communities by opposing SB 847 SD2.

Mahalo for your time and consideration.

SB-847-SD-2

Submitted on: 3/18/2026 9:32:57 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair and Members of the Committee,

My name is Van Nakashima, and I have spent my whole life living here on Oahu. I respectfully oppose SB 847 SD2.

As a father, I have watched my child dedicate years to becoming a physician here in Hawai'i. I've seen the long hours, the depth of training, and the responsibility that comes with safely caring for patients. That experience makes it very difficult for me to support a bill that would allow prescribing with significantly less medical training.

In our community, many people do not clearly understand the difference between a psychologist and a psychiatrist. I am concerned that patients—especially those who are most vulnerable—may not realize the difference in training and could receive care that is not held to the same medical standard.

We all want better access to mental health care, but it should not come at the cost of patient safety. Our families and communities deserve the highest standard of care.

For these reasons, I respectfully ask you to oppose SB 847 SD2.

Mahalo for your time and consideration.

SB-847-SD-2

Submitted on: 3/18/2026 9:37:23 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair and Members of the Committee,

My name is Lauryn Nakashima, and I am a resident of Oahu. I respectfully oppose SB 847 SD2.

Watching my sister train to become a physician/psychiatrist has shown me how much time, education, and hands-on experience it takes to safely care for patients. Because of that, I am concerned about allowing individuals with significantly less medical training to prescribe psychiatric medications.

Mental health treatment is complex, and medications can have serious effects on the body. Patients deserve to know that the person prescribing these medications has the highest level of training.

We should focus on solutions that improve access to care without compromising safety.

For these reasons, I respectfully ask you to oppose SB 847 SD2.

Mahalo for your time and consideration.

SB-847-SD-2

Submitted on: 3/18/2026 10:03:41 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Quan Lac	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: March 20th, 2026

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a medical student of Kalihi-Palama/Oahu to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawai‘i’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms. The type of training developed in a psychology program better equips those types of professionals with communicative therapy rather than pharmacological. They do not receive

formal training in that aspect of behavior health and some medications can be life-threatening if prescribed incorrectly or not monitored properly. Skills that are not taught to psychologists.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower-tier medical practice that has been rejected by health authorities in other states. Rather than expanding the scope of care in other professional fields, systematic changes can be performed to provide care to the neighbor islands. For example, creating networks and framework to provide tele-health resources or remote care.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama's focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Quan Lac, Medical Student

SB-847-SD-2

Submitted on: 3/18/2026 10:07:16 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Elyse C	Individual	Oppose	Written Testimony Only

Comments:

I believe that the prescribing of medicine should lie solely in those who have studied it in medical school and have received MD licensure.

SB-847-SD-2

Submitted on: 3/18/2026 10:21:54 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tracie Okumura	Individual	Oppose	Written Testimony Only

Comments:

I am writing as a medical student in Hawaii to express my strong opposition to SB 847 SD2. The medical education that psychiatrists undergo is rigorous and comprehensive to allow them the privilege to prescribe psychotropic medications. Throughout our training, we learn about all body systems and multiple disciplines of medicine, as well as how they are interrelated which is essential to appropriately practicing any form of medicine. It is only after these many rigorous years of coursework and clinical training that physicians earn the right to prescribe medications. This measure creates an unacceptable risk to patient safety, and I urge the committee to oppose this bill.

SB-847-SD-2

Submitted on: 3/18/2026 10:22:35 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shreya Chadda	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Kaka’ako to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Thank you for your time.

Shreya Chadda, D.O.

PGY-2 Psychiatry Resident

SB-847-SD-2

Submitted on: 3/18/2026 10:27:43 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Parth Patel	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Kaka’ako to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Parth Patel, D.O.

SB-847-SD-2

Submitted on: 3/18/2026 11:46:52 PM

Testimony for HLT on 3/20/2026 9:30:00 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

of Aiea

SB-847-SD-2

Submitted on: 3/19/2026 5:25:23 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

I am writing as a psychiatry resident to express my strong opposition to SB 847 SD2. This measure poses significant risks to patient safety and undermines the standard of medical care for Hawai‘i’s most vulnerable communities.

1. Prescribing Requires Full Medical Training

Prescribing psychotropic medications is a complex medical responsibility that requires the extensive training of a physician. Psychiatrists complete between 12,000 and 16,000 hours of clinical training. In contrast, psychologists are not trained to assess how these medications impact multiple organ systems or to identify underlying medical conditions—such as cardiac or thyroid disorders—that can present as mental health symptoms.

2. The Kaua‘i Pilot Raises Serious Concerns

The proposed pilot program on Kaua‘i effectively creates a lower standard of care for neighbor island residents. Our communities deserve the same level of medical expertise as those on O‘ahu. Implementing this as a pilot places residents in the position of being part of an unproven and potentially unsafe experiment, especially when similar efforts have not been widely accepted elsewhere.

3. Focus on Proven, Safe Solutions

Rather than lowering standards, I urge the Committee to invest in solutions that are both effective and safe. Expanding initiatives such as the Healthcare Education Loan Repayment Program (HB 1574) and increasing access to telepsychiatry can help attract fully trained physicians to underserved areas without compromising patient care.

For these reasons, I respectfully urge the Committee to oppose this bill.

Thank you for your attention.

Qianwei Chen, MD

SB-847-SD-2

Submitted on: 3/19/2026 5:49:30 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Pablo Read	Individual	Oppose	Written Testimony Only

Comments:

1. Prescribing is medical care, not a "shortcut" - Prescribing psychotropic medications requires comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses that can mimic mental health system. Psychologists do not have this training and SB847 jeopardizes patient safety.

2. The Kauai Pilot is an Unsafe Experiment - Our neighbor island residents deserve the same standard of care as those in Honolulu. We should NOT be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states. Hawaii deserves better.

As a medical doctor and psychiatrist in training in Honolulu Hawaii, I strongly oppose SB 847.

SB-847-SD-2

Submitted on: 3/19/2026 5:53:09 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kyung Moo Kim	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: March 20, 2026, 9:30 AM

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

My name is Kyung Moo Kim, M.D., and I am a resident physician in psychiatry at the University of Hawai‘i’s John A. Burns School of Medicine (JABSOM). As someone raised and trained here in Hawai‘i, I am writing to express my **strong opposition** to SB 847 SD2.

While I share this Committee’s commitment to improving mental health access for our rural and neighbor island communities, this measure creates an unacceptable risk to patient safety by lowering the medical standard of care. I urge the Committee to oppose this measure for the following critical reasons:

1. Existing physician pipelines: We do not need to create a new, lower tier of medical practice when we already have a robust pipeline of specialists. Currently, **JABSOM and Hawai‘i Residency Programs have 30+ resident physicians in psychiatry.** These are doctors already on the ground, many of whom—like myself—are committed to serving the islands. By strengthening training pipelines and rotation sites, these 30 physicians can be deployed to neighbor islands to provide high-capacity, expert care **immediately**, without the safety risks inherent in this bill.

2. Fiscal accountability: Investing in prescribing psychologists is a proven waste of resources. The Department of Defense (DOD) pilot program for prescribing psychologists was shuttered

after it was revealed to cost over **\$610,000 per student**. That same funding should be redirected toward the **Healthcare Education Loan Repayment Program (HELP)** and expanding JABSOM residencies. These programs attract and retain fully trained, board-eligible physicians who can manage complex medical comorbidities (like heart or thyroid disease) that often mimic psychiatric symptoms.

3. Rejecting a two-tiered standard of care: The "Kauai Pilot" proposed in SD2 suggests that neighbor islands should be used as an experimental population for a model of care that has been rejected by multiple states and health authorities across the country. As a resident of Honolulu, I find the proposal for a "Kauai Pilot" particularly troubling. **Neighbor island residents are not test subjects**, and residents of Kauai deserve the same standard of physician-led care as those living in Honolulu.

I urge the Committee to protect Hawai'i's patients and **OPPOSE** SB 847 SD2. I support Chair Takayama's focus on solutions including HB 1574 (HELP) and telehealth. Invest in the 30 psychiatry resident physicians we already have and the programs that keep them here in Hawai'i. Please continue to focus on collaborative care, telepsychiatry, and physician recruitment programs that bring high-quality, safe medical care to our islands.

Mahalo,

Kyung Moo Kim, M.D.

Constituent, House District 26

SB-847-SD-2

Submitted on: 3/19/2026 6:08:49 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Laura Richardson	Individual	Support	Written Testimony Only

Comments:

To the Honorable Chair Takayama and Vice Chair Sue L. Keohokapu-Lee Loy:

I am writing in strong SUPPORT for SB847 SD2, a bill that creates a 3-year pilot study for prescribers on the island of Kauai.

I am a clinical psychologist in Colorado and have worked for Kaiser Permanente for over 20 years. I recently obtained my MSCP from FDU, and will be taking the PEP exam soon. I plan to pursue prescription authority in CO and eventually retire to Hawaii and practice RxP there. I believe in prescriptive authority for psychologists as way to expand access to care for vulnerable populations.

Thank you,

Laura Richardson, PhD, MSCP

CO License 2712

2456 N. Race Street

Denver, CO 80205

SB-847-SD-2

Submitted on: 3/19/2026 6:52:02 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kelly tang	Individual	Oppose	Written Testimony Only

Comments:

Dear Representative chair Gregg Takayama, Representative vice chair Sue L. Keohokapu-Lee Loy, and members of the committee,

As a resident of Honolulu, I want to express my strong opposition to bill SB847 SD2.

I am a strong proponent for the quality of care provided by well trained physicians who endure years of rigorous training, both clinical and acedemic. More specifically to this case, Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists however, lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms. There's a reason why physicians are required to undergo these years of medical training while physiologist are not. This training is to provide the best care to patients with both the science and knowledge background to support what can be very complex, and if handled incorrectly, very dangerous prescription of controlled substances. Allowing Psychologist the ability to prescribe these controlled substances without the robust Scientific and medical background knowledge that physicians have gained, through years of experience and medical training, is a huge disservice to our community as it can pose a serious threat to the Safety of our Comunity under the wrong care. For these reasons I implore you to not pass this bill.

Very Respectfully,
Kelly T. (Oahu resident, Comunity member)

SB-847-SD-2

Submitted on: 3/19/2026 7:11:30 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Grace Confer	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: 3/20/26

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

My name is Grace, and I am a registered nurse currently working as a case manager at The Queen’s Medical Center. I previously worked for 2.5 years as an acute crisis psychiatric nurse at The Queen’s Medical Center, where I cared for patients with severe mental illness in high-acuity settings. I am writing to express my strong opposition to SB 847 SD2.

Through my clinical experience, I have worked closely with both psychologists and psychiatrists and have a deep respect for the role each plays in patient care. Psychologists provide essential, evidence-based psychotherapy and are a critical part of the mental health care system. However, prescribing psychotropic medications is a fundamentally different responsibility that requires extensive medical training.

1. Prescribing Requires Comprehensive Medical Training

Psychotropic medications can significantly impact multiple organ systems and often require careful medical evaluation, monitoring, and adjustment. In acute psychiatric settings, I have seen firsthand how medical conditions—such as thyroid disorders, infections, or medication interactions—can present as psychiatric symptoms. Psychiatrists are trained to assess and manage these complexities through years of medical school and residency. Psychologists, while highly trained in psychotherapy, do not receive this level of medical education or clinical training.

2. Risk to Vulnerable and Rural Populations

This bill proposes a pilot program on Kauai, a community that already faces limited access to healthcare resources. Expanding prescribing authority to non-physician providers in this setting introduces additional risk to a population that is already vulnerable. Patients in rural communities deserve access to the highest standard of care, not a reduced one.

3. There Are Safer, Proven Alternatives

Rather than lowering the threshold for prescribing authority, I urge the Committee to invest in solutions that maintain patient safety while improving access to care. These include expanding telepsychiatry services, increasing funding for physician recruitment and retention programs, and supporting interdisciplinary care models that leverage the strengths of both psychiatrists and psychologists.

For these reasons, I respectfully urge the Committee to OPPOSE SB 847 SD2.

Thank you for the opportunity to testify.

Respectfully,
Grace Confer
Kailua, Oahu

SB-847-SD-2

Submitted on: 3/19/2026 7:13:17 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Adam Stivala	Individual	Oppose	Written Testimony Only

Comments:

Psychologists have no psychopharmacology training as part of their Education. It would be dangerous to allow these providers access to medication's, which could be harmful to patients. There are plenty Of primary care, providers and psychiatrist, as well as APRN's Who are able to prescribe medication and there is not a lack of providers with prescriptive authority in the state of Hawaii that we would require a psychologist to fill this role additionally.

SB-847-SD-2

Submitted on: 3/19/2026 7:28:10 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Charlene Hsia	Individual	Oppose	Written Testimony Only

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: 3/20/2026

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Oahu to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the standard of medical care for Hawaii’s most vulnerable populations.

First and foremost, prescribing capability is medical care. There are no "shortcuts" to understanding how any medications impact the human body. Psychiatric medications are no different from any other medications. Antidepressants have the ability to cause neurotoxicity; they can freeze a person's muscle movements, create seizure-like activity, drive tachycardia--all through complex shared mechanisms between the brain and the rest of the human body. Widely used antipsychotic medications can stop a person's breathing by generating cholinergic toxicity--something that is akin to chemical poisoning like that of Agent Orange--and wreak havoc on multiple organ systems. It is clear that the impact of psychiatric medications are not limited to the brain; they affect the endocrine system, the cardiovascular system, and the gastrointestinal system amongst other systems in the body. Psychiatric medications requires knowledge of every part of the body and not just the brain, and this is why psychiatrists receive the comprehensive medical training of a physician who can prescribe any medication first, before we specialize in psychiatry to safely prescribe psychiatric medications. Psychiatrists undergo 12,000 to 16,000 hours of clinical training after medical school to solely focus on psychiatric medications. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be using our neighbor island

residents as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states. Kauai already has limited access to medical care, and creating a situation that would increase the need for emergency medical services on Kauai through unsafe expansion of prescriptive authority would be a detriment to the health and safety of residents on Kauai.

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama's focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Sincerely,

Charlene Hsia, MD

SB-847-SD-2

Submitted on: 3/19/2026 7:36:01 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Evan Liu	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. I'm currently a psychiatry resident at the University of Hawaii, having a medical background is essential when prescribing psychiatric medications. It is impossible to fully appreciate the health consequences of the medications we prescribe without seeing and caring for patients who have debilitating strokes due to vascular disease or live altering heart attacks resulting in heart failure from high blood pressure and hyperlipidemia. Many of the medications we prescribe directly cause many of these metabolic conditions, and being able to appropriately weigh the risks and benefits of these meds requires sufficient first hand experience in caring for patients who have these health conditions.

SB-847-SD-2

Submitted on: 3/19/2026 7:48:25 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chayanin Foongsathaporn	Individual	Oppose	Written Testimony Only

Comments:

As a physician, my primary concern is patient safety and the quality of care we provide to individuals with mental illness.

While psychologists play a vital and respected role in delivering psychotherapy and psychological assessment, prescribing medication is fundamentally different. It requires extensive medical training in physiology, pharmacology, pathophysiology, and the management of complex medical conditions. Physicians complete medical school and years of supervised residency specifically to safely prescribe and monitor medications.

Psychotropic medications are not benign. Many carry significant risks and require careful monitoring. For example, medications such as clozapine require regular laboratory testing, including monitoring for agranulocytosis, as well as vigilance for metabolic, cardiac, and neurologic side effects. Safe prescribing requires not only knowing *what* to prescribe, but also *what to monitor, when to intervene, and how to manage complications*—especially in patients with coexisting medical conditions.

Patients with psychiatric illness often have complex medical comorbidities such as diabetes, cardiovascular disease, and substance use disorders. Medication decisions must take into account drug–drug interactions, organ function, and evolving clinical status. These are areas deeply rooted in medical training.

I would ask policymakers to consider a simple question: would you feel comfortable having a non-physician, without full medical training, prescribe high-risk medications such as clozapine to your loved one?

Expanding prescribing authority without equivalent medical training risks fragmenting care and potentially compromising patient safety. Instead, we should strengthen collaborative, team-based models where psychologists, physicians, and other healthcare professionals work together—each practicing at the top of their training.

Our shared goal is to ensure that patients receive the safest, highest-quality care possible. For these reasons, I respectfully oppose granting independent prescribing authority to psychologists.

Thank you for your time and consideration.

SB-847-SD-2

Submitted on: 3/19/2026 7:51:51 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alyssa Peric, MD	Individual	Oppose	Written Testimony Only

Comments:

I am writing as a resident of Nu'uano to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii's most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama's focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Thank you for your consideration.

SB-847-SD-2

Submitted on: 3/19/2026 7:53:31 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Steven R Williams, MD	Individual	Oppose	Written Testimony Only

Comments:

Psychologists do not have adequate medical training or medical education in order to prescribe medications. How will a psychologist be able to distinguish symptoms of a medical illness from side effects with psychiatric medications???

SB-847-SD-2

Submitted on: 3/19/2026 8:03:13 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

There is a shortage of mental health providers in Hawai`i. Such specialization in prescriptions for mental illness and understanding interactions with many health conditions and other medications requires years of training. Having worked as a non-psychiatrist in a psychiatric department in the field of suicide prevention, I believe this aspect is best in the hands of a psychiatrist.

SB-847-SD-2

Submitted on: 3/19/2026 8:04:00 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Christian Krause	Individual	Oppose	Written Testimony Only

Comments:

I am writing as a resident of Kaka’ako to express my strong opposition to SB 847 SD2. This measure creates Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry populations.

Prescribing psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists receive 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or rule out physical illnesses—like heart or thyroid disease—that can mimic as mental health disorders.

I urge the Committee to instead focus on solutions that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our underserved communities.

For these reasons, I urge the Committee to OPPOSE this bill.

SB-847-SD-2

Submitted on: 3/19/2026 8:09:15 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of Hawaii Residency Program to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

Thank you for your considerations and advocacy and protection to the people of Hawaii,

Sean Lee, MD

SB-847-SD-2

Submitted on: 3/19/2026 8:09:42 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Nishi	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill. This bill will end in the death of many people of Kauai due to the incompetence of the prescribers. Prescription of psychiatric medications comes with an entire lot of side effects and considerations that these providers do not have training in.

SB-847-SD-2

Submitted on: 3/19/2026 8:14:17 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

I oppose this bill.

SB-847-SD-2

Submitted on: 3/19/2026 8:15:01 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Clark Caballero	Individual	Oppose	Written Testimony Only

Comments:

I disagree with this bill. I am a psychiatrist who has been practicing for the past few years in Hawaii. I think this is dangerous and will end in the death of thousands of the people in Hawaii due to gross incompetence. Psychologists would have no idea on how to manage medical complications. To think that a few hundred hours of medical training would suffice is disrespectful to the medical field as a whole. I have certainly seen recommendations from psychologists currently for medications that are not only NOT indicated but also DANGEROUS for patients. For example, there have been recommendations for the use of wellbutrin in patients that are depressed but actively using heavy amounts of alcohol. Any competent clinician would know that this could lead to seizure and death.

SB-847-SD-2

Submitted on: 3/19/2026 8:16:02 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Yamasaki	Individual	Oppose	Written Testimony Only

Comments:

I am writing as a medical student of Mililani, Oahu to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms. If we are to provide the care we believe our patients, friends, and families deserve, allowing psychologists to prescribe medications could set a dangerous precedent.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama’s focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

SB-847-SD-2

Submitted on: 3/19/2026 8:16:24 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kylie Yamauchi	Individual	Oppose	Written Testimony Only

Comments:

N/A

SB-847-SD-2

Submitted on: 3/19/2026 8:23:34 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jared Kim	Individual	Oppose	Written Testimony Only

Comments:

I oppose. There is a shortage of qualified clinical psychologist to provide consistent and accessible psychotherapy to our most vulnerable (uninsured, medicare, medicaid patients) and I worry that this bill will only worsen that shortage as clinical psychologist (who are already limited in availability) become pressured to take on even more responsibilities in prescribing medications. At my clinic alone there is often a several month wait just to see a therapists. Furthermore, I feel that community mental health treatment has shifted too much towards promoting the interest of the pharmaceutical industry at the expense of patient care and comprehensive (medication + non-medication treatments like regular intensive psychotherapy) and this will only serve to worsen that deficit without obviously improving access to care AND introduce additional problems (quality control and patient safety).

SB-847-SD-2

Submitted on: 3/19/2026 8:34:22 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ailea Apana	Individual	Oppose	Written Testimony Only

Comments:

To whom it may concern,

My name is Ailea Apana, and I have been a practicing community psychiatrist for three years. Prior to this, I completed four years of medical school and four years of postgraduate psychiatry residency training.

I am deeply concerned for both my patients and the broader community regarding what this bill supports. Psychologists do not have the medical training required to prescribe medications, and the idea that this expertise can be acquired through a short course- when it takes over eight years of rigorous training to develop the necessary knowledge and ensure patient safety- is deeply troubling.

I fear that allowing inadequately trained prescribing will result in more harm than good for our community. I respectfully ask that you consider my recommendation to oppose this bill.

March 19, 2026

TO: The Honorable Representative Gregg Takayama, Chair
The Honorable Representative Sue L. Keohokapu-Lee Loy, Vice Chair
House Committee on Health

SUBJECT: **Testimony in Support for SB 847 SD2, Relating to Psychologists**

HEARING: March 20, 2026, 9:30am
Room 329 via Videoconference, State Capitol

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the committee,

My name is Marissa Minami, and I strongly support SB 847 SD2, which establishes a pilot program in the County of Kauai to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist, who meets specific, tailored, and rigorous training and education requirements, in certain circumstances.

Having been born and raised on O‘ahu, my commitment to my community has remained constant, guiding my journey into my current career path. I am presently pursuing a doctoral degree in clinical psychology at the University of Hawai‘i. Through my academic studies and practical experience, I have developed a deep understanding of the healthcare landscape in Hawai‘i, particularly the persistent workforce shortages and the urgent need to significantly expand mental health services across the state.

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 has the potential to close serious gaps in mental health care, strengthen continuity of treatment, and 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 SD2 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 SD2 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.

Sincerely,

Marissa Minami
PhD Student, Psychological Clinical Science Program
Department of Psychology, University of Hawaii at Manoa

SB-847-SD-2

Submitted on: 3/19/2026 8:59:35 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date:

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am a psychiatry resident and live in Mililani. I am writing to strongly oppose SB 847 SD2. I believe this bill puts patients at risk and would create an unequal standard of care in our state.

Prescribing psychotropic medications safely is not just about knowing psychiatric diagnoses. It requires being able to recognize medical conditions that look like psychiatric illness or make treatment more complicated. In my training, I have seen patients present with what seemed like depression or psychosis, only for us to discover thyroid problems, autoimmune conditions, or other medical causes. I have also had to monitor for dangerous side effects like heart rhythm changes from certain medications or metabolic problems from antipsychotics. This is why psychiatrists spend four years in medical school and four more years in residency training. We need that full medical background to prescribe these medications safely.

I also have concerns about the Kauai pilot program. Our neighbor island communities deserve the same quality of care as Honolulu. As a resident physician and a Native Hawaiian, using these populations as a testing ground for a less rigorous prescribing model does not sit right with me. The access problem is real, but this is not the answer.

There are better ways to get more psychiatric care to underserved areas. Loan repayment programs like HB 1574 can bring more psychiatrists to rural communities. Telepsychiatry has also been effective at expanding access. And collaborative care models let psychologists and psychiatrists work together in a way that benefits patients without lowering the standard of care.

I respectfully ask the Committee to oppose this bill.

Mahalo for your time

**HOUSE OF REPRESENTATIVES
THE THIRTY-THIRD LEGISLATURE
REGULAR SESSION OF 2026**

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

RE: Testimony in **SUPPORT** of SB 847, SD2 – RELATING TO PSYCHOLOGISTS

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I write in strong support of SB 847, SD2, which establishes a pilot program in the County of Kaua‘i to allow appropriately trained psychologists limited authority to prescribe psychotropic medications.

Hawai‘i faces a growing mental health crisis, driven in part by a critical shortage of psychiatric prescribers. Patients across our islands—particularly in rural and neighbor island communities—often wait weeks or months for care. This bill represents a thoughtful, evidence-based step toward improving access to timely, integrated mental health treatment.

I am a prescribing psychologist (medical psychologist) currently practicing in Hawai‘i. I hold a PhD in clinical psychology and a postdoctoral Master of Science in Clinical Psychopharmacology (MSCP), a program that requires prior completion of a doctoral degree in psychology. My training includes approximately nine years of graduate education in mental health and clinical medicine, national board certification, and over a year of supervised prescribing experience. I have now prescribed psychiatric medications safely for over 14 years without a single malpractice claim or board complaint.

At present, I prescribe medications in Hawai‘i only on federal property, despite being fully licensed and credentialed to do so elsewhere. As a result, many patients in our community are unable to access the kind of integrated care—therapy and medication management in one setting—that this bill would help make possible.

Importantly, the model proposed in SB 847 SD2 is not new or experimental. Prescribing psychologists have been safely practicing for over 20 years in states such as New Mexico and Louisiana, and for more than 30 years within the U.S. Department of Defense. Collectively, these systems have produced over one million prescriptions with an excellent safety record.

Recent high-quality research further supports this model. A 2024 longitudinal study by Dr. Phillip M. Hughes and colleagues, analyzing over 300,000 patients, found that prescribing psychologists had 24% lower rates of adverse drug events and 20% lower rates of polypharmacy compared to psychiatrists, with otherwise comparable clinical outcomes. These findings directly

address concerns about patient safety and demonstrate that appropriately trained psychologists can prescribe safely and effectively.

Additionally, this model has not faced uniform opposition from organized medicine. In Illinois, prescriptive authority legislation passed with overwhelming bipartisan support—94–21 in the House and 57–0 in the Senate—and was not blocked by the American Medical Association. Since its passage, interdisciplinary collaboration has continued to grow in that state.

In Louisiana, the State Board of Medical Examiners—comprised of physicians—licenses and oversees prescribing psychologists, reflecting strong physician confidence in the training, safety, and effectiveness of this model.

SB 847, SD2 is a carefully structured pilot program with appropriate safeguards, oversight, and reporting requirements. It allows Hawai‘i to evaluate a proven model in a controlled and responsible way, while addressing a clear and urgent access problem.

Ultimately, this bill is about patients—those who are struggling to access care, those who would benefit from coordinated treatment, and those who deserve timely, evidence-based mental health services.

I respectfully urge you to **vote YES** on SB 847, SD2.

Thank you for your time and consideration.

Respectfully submitted,

Samuel S. Dutton, PhD, MP
Medical Psychologist
Kāne‘ohe, Hawai‘i

SB-847-SD-2

Submitted on: 3/19/2026 9:15:09 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

Dear Chair and Members of the Health and Human Services Committee,

Thank you for the opportunity to submit written testimony in opposition to SB 847. My name is Dr. Lauren Au. I am a psychiatrist in training, and I live in the Mānoa district of Honolulu. I strongly oppose this bill because it compromises patient safety, devalues comprehensive medical training, and risks worsening Hawai‘i’s physician workforce shortage.

Prescribing psychotropic medications requires extensive medical education and clinical experience to safely recognize medical comorbidities, drug interactions, systemic side effects, and psychiatric or medical emergencies. These medications affect multiple organ systems and can have serious, sometimes life threatening consequences if mismanaged. Independent prescribing without comprehensive medical training substantially increases risk to patients and undermines the ethical obligation of physicians to first do no harm.

Medical training cannot be compressed into a limited or substitute pathway. Psychiatrists complete four years of medical school followed by four years of residency, amounting to well over 10,000 hours of supervised clinical training. My own general psychiatry residency alone requires a minimum of 7,680 clinical hours over four years, during which time I care for far more than one hundred patients within the first few months of training. In contrast, SB 847 proposes prescribing authority after a master’s degree in psychopharmacology and a minimum of 400 supervised hours treating at least 100 patients over two years. There is no equivalence between these pathways, and there is no substitute for full medical education when making complex prescribing decisions that require medical judgment and longitudinal care.

Psychologists are not trained as prescribing clinicians. Their education does not include foundational training in anatomy, physiology, pharmacology, internal medicine, neurology, or basic medical sciences such as chemistry and biology. Prescribing medications safely requires ongoing medical assessment, interpretation of physical symptoms, management of adverse effects, and recognition of underlying medical illness. This bill blurs professional boundaries in a way that places patients at risk.

Hawai‘i’s mental health access challenges are real, but they are systems problems rather than training problems. Workforce shortages and structural barriers should be addressed through evidence based delivery models that expand access while maintaining high standards of care.

Creating a new prescriber pathway does not address the root causes of limited access and risks unintended harm by lowering prescribing standards.

This bill may also worsen Hawai'i's clinician shortage. Lowering standards for prescribing psychotropic medications risks driving psychiatrists, particularly early career physicians and trainees, out of the state. Many young psychiatrists may choose to practice elsewhere if comprehensive medical training is devalued, ultimately reducing access to physician led psychiatric care for Hawai'i's residents.

Proven, evidence based models already exist to expand access safely. The Collaborative Care Model integrates primary care providers, behavioral health clinicians, and consulting psychiatrists through structured case review, measurement based care, and stepped treatment. This model has demonstrated improved access, better outcomes, and cost effectiveness across diverse and underserved populations. SB 847 shifts focus away from expanding such proven solutions and toward a new prescribing pathway that is not supported by comparable evidence.

For these reasons, I respectfully urge you to oppose SB 847 and to prioritize policies that protect patient safety, uphold rigorous medical standards, and strengthen Hawai'i's mental health care system.

Thank you for your time and consideration.

Respectfully,
Lauren Au, MD
Psychiatrist in Training
Honolulu, Hawai'i

SB-847-SD-2

Submitted on: 3/19/2026 9:16:16 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kristopher Lin	Individual	Oppose	Written Testimony Only

Comments:

Oppose

SB-847-SD-2

Submitted on: 3/19/2026 9:23:09 AM

Testimony for HLT on 3/20/2026 9:30:00 AM

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

Comments:

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date:

Measure: SB 847 SD2 – Relating to Psychologists

Position: STRONG OPPOSITION

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

I am writing as a resident of [Insert Neighborhood/Island] to express my strong opposition to SB 847 SD2. This measure creates an unacceptable risk to patient safety and lowers the medical standard of care for Hawaii’s most vulnerable populations.

1. Prescribing is Medical Care, Not a "Shortcut"

Prescribing powerful psychotropic medications requires the comprehensive medical education that only physicians receive. Psychiatrists undergo 12,000 to 16,000 hours of clinical training. Psychologists lack the training to evaluate how these medications affect multiple organ systems or to rule out physical illnesses—like heart or thyroid disease—that can mimic mental health symptoms.

2. The Kauai Pilot is an Unsafe Experiment

Senate Draft 2 proposes a pilot program on Kauai. Our neighbor island residents deserve the same standard of care as those in Honolulu. We should not be used as an experimental population for a lower tier of medical practice that has been rejected by health authorities in other states.

3. Redirection to Proven Solutions

I urge the Committee to instead focus on "real fixes" that do not compromise safety. I support Chair Takayama's focus on programs like the Healthcare Education Loan Repayment Program (HB 1574) and telepsychiatry, which attract fully trained physicians to our rural communities.

For these reasons, I urge the Committee to OPPOSE this bill.

LATE

March 19, 2026

Chair Takayama and members of the committee,

My name is Dr. Phillip Hughes, and I am health services researcher at Binghamton University. My research focuses on mental health and substance use treatment policy, and scope-of-practice is an area on which I publish often. To be clear, I am *not* a psychologist – I am a health services researcher who is motivated to aid policymakers in creating evidence-based health policy. I am writing to you to describe the research evidence related to SB847. Below, I summarize the current research on this topic. References are provided for studies that have already undergone peer review.

Prescribing Psychologists are Safe and Effective

- The rate of adverse drug events is 24% **lower** among patients treated by prescribing psychologists than among patients treated by psychiatrists.¹ This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- The rate of psychotropic polypharmacy (a risk factor for drug-drug interactions and medical complications) is 20% **lower** among patients treated by treated by prescribing psychologists than among patients treated by psychiatrists.¹ This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- The rate of psychiatric emergency room visits and medication adherence is the same for patients of prescribing psychologists as for patients of psychiatrists.¹ This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
- Prescribing psychologists at a clinic in New Mexico provided psychotherapy in 87.5% of all visits.² This suggests that prescribing psychologists continue to provide therapy rather than shifting to a prescribing-only model.

Prescribing Psychology Improves Population Mental Health

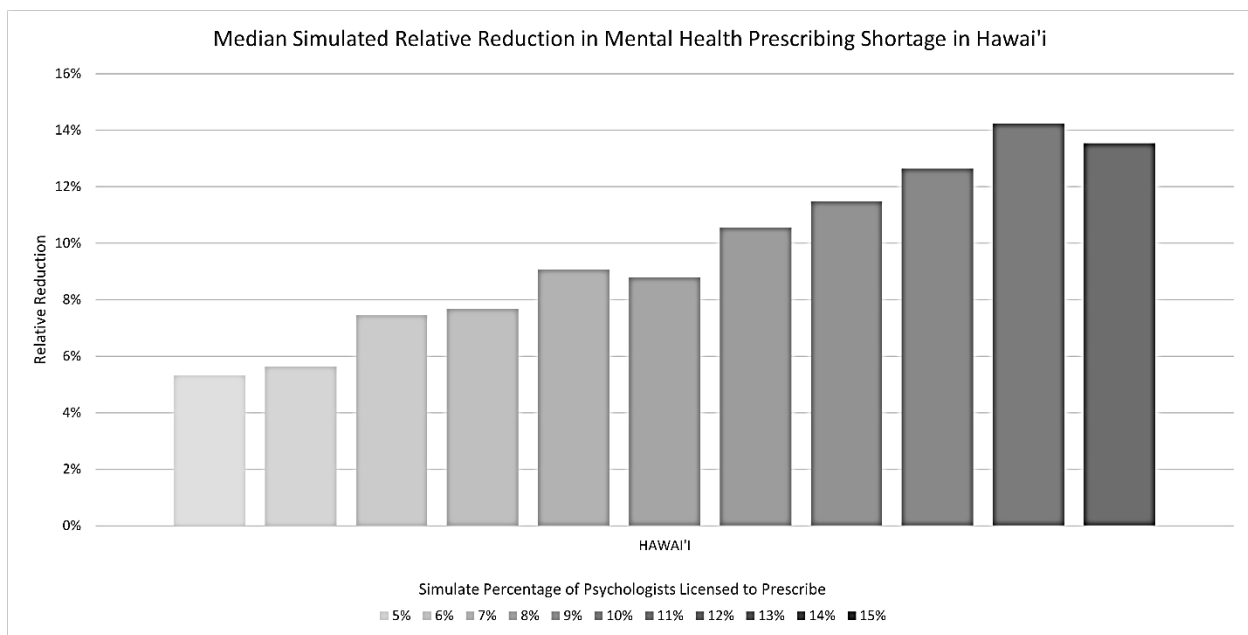
- Suicide rates decreased in Louisiana when psychologists began prescribing.³
- Mental health mortality decreased in New Mexico when psychologists began prescribing.³
- In all states where psychologists can prescribe, the suicide rate decreased by 5-7%.^{4,5}
- Prescriptive authority for psychologists is a cost-effective suicide reduction policy, estimated to save millions of U.S. dollars over a 20-year span.⁶

Prescribing Psychology Increases Access to Mental Health Care

- Unmet need for **pediatric** mental health care is 5.4 percentage points lower in states where psychologists can prescribe.⁷

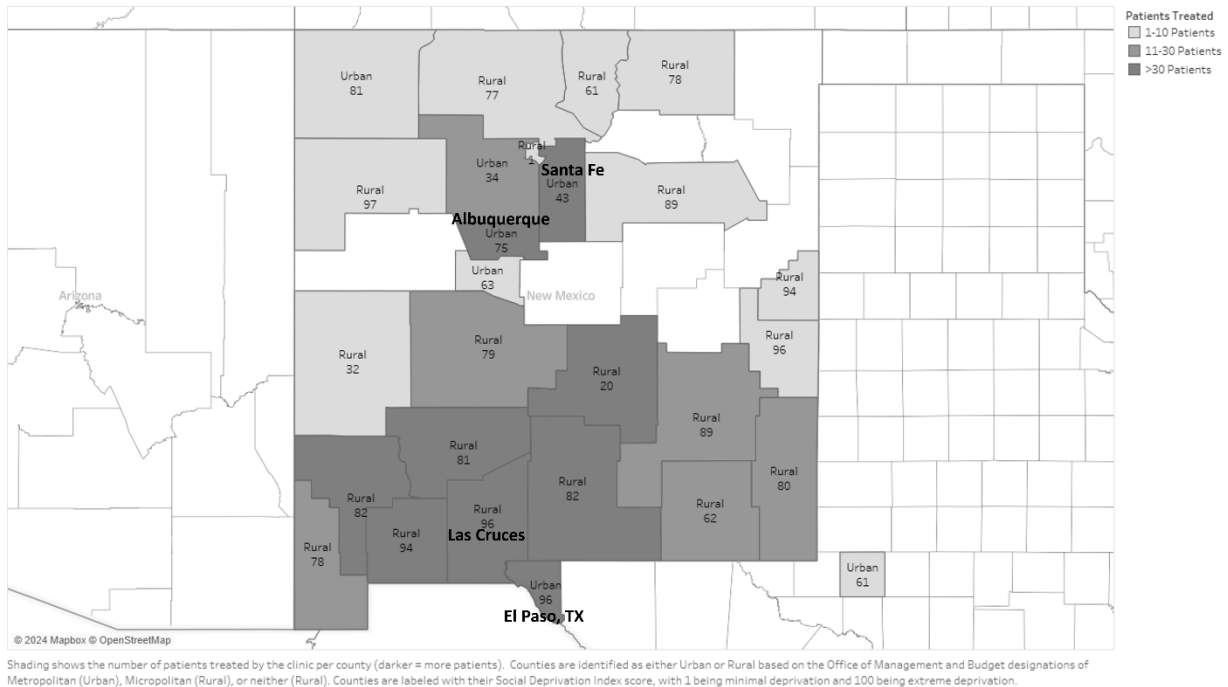
- **Racial disparities** in unmet need for pediatric mental health care were significantly lower in states where psychologists can prescribe, especially for children who were Black or “Other” race (as defined in the survey data used, including Indigenous, Asian, or multiracial).⁸
- A policy simulation 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%.⁹ See Figure 1 for the estimated reductions for different levels of psychologist uptake.

Figure 1. Simulated reductions in mental health prescribing shortages for Hawai’i if psychologists become prescribers.



- Psychologists currently already prescribe approximately 2% of all psychotropic medications in the U.S.,¹⁰ suggesting the limited number of prescribing psychologists are increasing access significantly.
- Prescribing psychologists treat a population of patients that are very similar to psychiatrists – including their physical health and chronic health conditions.¹¹
- Prescribing psychologists at a clinic in Las Cruces, New Mexico treat patients who are on **low-income public health insurance** (33% of their patients have Medicaid), live in **rural** counties (95% of their patients), and patients from **low-resource areas** (average deprivation score of 92 out of 100).² See Figure 2 below for the distribution of their patients.

Figure 2. Distribution of Patients Treated at a Prescribing Psychology Clinic in Las Cruces, New Mexico.



The scientific record demonstrates that prescribing psychologists are **safe and effective**, **improve population mental health**, and **increase access to mental health care**. I also want to be clear that this work is not rooted in any one paradigm but instead was conducted with a team of researchers from multiple fields: health services research, pharmacoepidemiology, health economics, psychology, psychiatry, social work, and nursing.

I implore you to consider this information as you work to decide how to proceed with SB847. I would be more than happy to answer any questions you may have regarding this research or any other research regarding this policy.

Sincerely,

Phillip Hughes, PhD MS
Assistant Professor
School of Pharmacy and Pharmaceutical Sciences
Binghamton University
phughes2@binghamton.edu

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. 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).
3. Hughes PM, McGrath RE, Thomas KC. Evaluating the impact of prescriptive authority for psychologists on the rate of deaths attributed to mental illness. *Res Soc Adm Pharm*. 2023;19(4):667-672. doi:10.1016/j.sapharm.2022.12.006
4. Choudhury AR, Plemmons A. Deaths of Despair: Prescriptive Authority of Psychologists and Suicides. Published online September 28, 2021. <https://www.thecgo.org/research/deaths-of-despair/>
5. Choudhury AR, Plemmons A. Effects of giving psychologists prescriptive authority: Evidence from a natural experiment in the United States. *Health Policy*. 2023;134:104-846. doi:10.1016/j.healthpol.2023.104846
6. Hughes PM, Phillips DC, McGrath RE, Thomas KC. Examining Psychologist Prescriptive Authority as a Cost-Effective Strategy for Reducing Suicide Rates. *Prof Psychol Res Pract*. 2023;54(4):284-294. doi:10.1037/pro0000519
7. Hughes PM, Graaf G, Gigli KH, deJong N, McGrath RE, Thomas KC. Pediatric Mental Health Care and Scope-of-Practice Expansions. *Adm Policy Ment Health*. Published online 2024.
8. Hughes PM, Graaf G, Gigli KH, deJong NA, McGrath RE, Thomas KC. Scope-of-Practice Expansions Associated with Reduced Racial Disparities in Pediatric Mental Health Care. *Community Ment Health J*. Published online July 1, 2024. doi:10.1007/s10597-024-01310-6
9. Hughes PM, McGrath RE, Thomas KC. Simulating the impact of psychologist prescribing authority policies on mental health prescriber shortages. *Prof Psychol Res Pract*. 2024;55(2):140-150. doi:10.1037/pro0000560
10. Hughes PM, Annis IE, McGrath RE, Thomas KC. Psychotropic Medication Prescribing Across Medical Providers, 2016–2019. *Psychiatr Serv*. Published online November 29, 2023:appi.ps.20230156. doi:10.1176/appi.ps.20230156
11. Hughes PM, Niznik JD, McGrath RE, et al. Demographics and clinical characteristics of patients of prescribing psychologists, psychiatrists, and primary care physicians. *Am Psychol*. Published online April 18, 2024. doi:10.1037/amp0001352

Written Testimony to Hawaii State Senate
RE: Bill SB 847

I am a psychologist with a doctorate in Clinical Psychology. I have been a Professor of Psychology at Fordham University for 30 years, where I have trained doctoral-level psychologists for the duration of my tenure there.

Throughout my time as a professor, I have been aware of the efforts for psychologists to gain prescription privileges. The training models put forth have consistently fallen short of the level that would be necessary to protect the public from prescribing these powerful psychoactive agents. That is again the case in SB 2570.

The curriculum for training in professional psychology does not include any coursework that would provide the foundation for later training in prescribing medications. Indeed, the accrediting bodies for training in professional psychology, the American Psychological Association (APA) and the Psychological Clinical Science Accrediting System (PCSAS), require a single course in broad biological bases. This results in training in basic knowledge of brain structures and function, and demand that programs prepare professionals to engage in psychological practice as defined by engaging with cognitive, emotional, and environmental factors that contribute to wellness. This mandate has been expressed in contemporary efforts to train psychologists to serve as data-scientists who engage with other specialists who have specific competencies in other health care disciplines, such as psychiatrists and other medical professionals (Gee et al., 2022). The language in the bill indicates that the legislature has extended prescriptive authority to a range of healthcare professionals, including advanced practice registered nurses, optometrists, dentists, podiatrists, and physician assistants. However, these other professions all have a foundation of biomedical functions. As noted above, the biomedical training in professional psychology is minimal by comparison, and the professional competency for psychologists is focused on addressing individual cognitive, behavioral and emotional functioning in the socio-cultural setting of their patients. The legislation emphasizes the past history of training psychologists in military settings. Again, this does not translate to psychologists in the general public. Military settings allow for greater dedicated training time and supervisory experiences that are not routinely available to full time practitioners in the public sector. Finally, The present education and supervised education requirements are half that required for psychiatrists. This area is far short of the level and depth of training expected for professional psychiatrists. Considering the medical risks associated with major classes of medication for psychiatric conditions, the public would be at substantially greater risk should this bill become law.

Proponents of prescription privileges have recently suggested that legislation granting this authority to psychologists will reduce suicide rates. My colleagues and I have argued against this on the ground that (a) psychological research has already developed highly effective suicide prevention methods that do not rely on medication, (b) that these methods should be disseminated more widely in order to reduce medication usage, and (c) these approaches are based in procedures in which psychologists are already well trained (McKay et al., in press). As

psychoactive agents routinely used to manage psychiatric conditions carry significant medical liability, psychologists are better poised to serve the public health by ensuring members of the profession are fully trained in modern state of the art suicide prevention methods. It is reasonable, based on the training in research methods and statistics, that psychologists can translate medication research into concepts readily understood by patients (McKay, 2020), and this would be a useful way the profession can served a complementary role to psychiatry. Ensuring that members of the profession are equipped with the latest suicide prevention tools would also be in line with the ethics code of psychologists as articulated in the APA. Specifically, psychologists are mandated to engage in practices within our scope of competency; suicide prevention is a well-developed area of work germane to psychological practice. Further, psychologists are ethically mandated to practice beneficence/non-maleficence. Disseminating and promoting state of the art non-medical suicide prevention methods to practitioners would be fully in line with that ethical mandate.

While proponents of prescriptive authority for psychologists assert that gaining this authority is essential for delivering care to individuals in remote areas and to fill a need for prescribers, there are very few who have sought this out. In the most recent analyses, only 226 psychologists across six states that have prescriptive authority for psychologists attained this credential. Across those states, the percentage of eligible psychologists with prescription privileges were: CO (0.08%), IL (0.35%), IA (0.39%), ID (1.63%), NM (8.17%) and LA (14.8%) (Robiner & Tomkins, 2025).

The aim of state-level prescriptive authority bills have consistently been to reduce the psychiatric burden on communities will not be achieved with its passage. Instead, the available data from other states with prescriptive authority shows that once available, few psychologists seek this additional professional credential. The available psychological science should be better disseminated to professional psychologists, as these procedures can be readily implemented safely and serve to complement any possible interventions by trained medical professionals.

References

- Gee, D.G., DeYoung, K.A., McLaughlin, K.A., Tillman, R.M., Barch, D.M., Forbes, E.E., Krueger, R.F., Strauman, T.J., Weierich, M.R., & Shackman, A.J. (2022). Training the next generation of clinical psychological scientists: A data-driven call to action. *Annual Review of Clinical Psychology, 18*, 43-70.
- McKay, D., Rizvi, S.L., Atkins, M., & Kerr, P. (in press). Suicide risk, psychosocial interventions, and the proper role of psychopharmacological agents: A comment on Hughes et al. (2023). *Professional Psychology: Research & Practice*.
- McKay, D. (2020). Prescriptive authority for psychologists: Can we avert disaster? *Clinical Psychology: Science & Practice, 27*, e12314.

Robiner, W. N., & Tompkins, T. L. (2025). The workforce of prescribing psychologists: Too small to matter? Worth the cost? *Clinical Psychology: Science and Practice*, 32, 193-201.

SB-847-SD-2

Submitted on: 3/19/2026 1:19:51 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jo Velasquez	iNetMed Rx2	Support	Remotely Via Zoom

Comments:

My name is Dr. Jo Velasquez. I am one of the founders, COO and practicing prescribing psychologist of a relatively large and successful psychopharmacology practice in southern New Mexico named iNetMed Rx2. I would like to attend tomorrow's hearing remotely by zoom. I have been invited to offer examples regarding the ways FQHC's, medicare and medicaid have reimbursed our corporation for prescribing psychology services in our state over the course of the last 10 years. I greatly appreciate the opportunity to provide information to the psychologists and legislators of Hawaii regarding ways they can better serve their people in the management of psychiatric disorders. Thank you and I look forward to the opportunity to provide remote testimony at tomorrow's hearing.

LATE

SB-847-SD-2

Submitted on: 3/19/2026 4:25:38 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Noelani Rodrigues	Individual	Support	Written Testimony Only

Comments:

Please VOTE YES on this. We need as many supports as we can get in the mental health system here. What we currently have is not sufficient and if there are psychologists who have been thoroughly trained in pharmacology and medication management then we need to utilize that resource. Properly educated psychologists have been prescribing in a number of other states quite successfully for many years now. Why not in Hawaii? Is it because psychiatrists are afraid of losing business? If so, then that is an irrational fear as we will continue to need psychiatrists. Please let us add prescribing psychologists to our array of our community mental health resources by voting YES for this. Thank you.

LATE

SB-847-SD-2

Submitted on: 3/19/2026 8:21:41 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Baldauf	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill

LATE

SB-847-SD-2

Submitted on: 3/19/2026 9:14:09 PM

Testimony for HLT on 3/20/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jesse Hutchison	Individual	Support	Written Testimony Only

Comments:

I'm writing in strong support. Thank you!