

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

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

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

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

January 30, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, 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 -- RELATING TO PSYCHOLOGISTS**

HEARING: Monday, February 02, 2026 @ 1:05 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA appreciates that the topic of psychologist prescribing is a controversial one, historically opposed by psychiatrists, the AMA, and Hawai'i Medical Association (HMA). However, we also recognize that there is a shortage of both psychiatrists and psychologists, along with dramatic increases in the need for behavioral health services. The ideal model for psychology prescription to occur – noting that only a minority of psychologists will want to take on this responsibility, including the potential for medical malpractice risks associated with it -- is for psychiatrists and psychologists to work more closely together as a clinical team. This bill requires that relationship. It also requires the interested psychologist complete a master's degree in pharmacology covering all clinical aspects of the limited pharmacopoeia to be prescribed, which shall not include narcotics or non-behavioral health medications. The bill includes other quality safeguards.

The historic and real concerns of psychiatrists in these regards are noted. Psychiatrists receive much more training than psychologists. They must complete four years of medical school and a minimum of four years of specialized internship and residency training; many complete an additional one to two years of fellowship. But there are not enough psychiatric residencies to fulfill the future patient needs, which must also be considered. And psychiatric medications are medically complex and affect multiple body systems; and safe prescribing requires full medical training. But with a limited pharmacopoeia and year of master's degree education followed by two years of

SB2047: testimony of SHPDA (2026), continued.

careful supervision proposed here for prescribing psychologists, these concerns we believe can be addressed

SHPDA supports this bill with those safeguards; but we also defer to the University of Hawai`i psychiatry professionals and the HMA to consider additional but *achievable* means of assuring high-quality and clinically appropriate care to be considered to allow this expansion of scope to occur safely.

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

Thank you for hearing SB 847.

Mahalo for the opportunity to testify.

■ -- Jack Lewin MD, Administrator, SHPDA

Testimony of the Board of Psychology

**Before the
Senate Committee on Health and Human Services
Monday, February 2, 2026
1:05 p.m.
Via Videoconference**

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

Chair San Buenaventura and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). While the Board appreciates the intent of this measure, it has not yet had the opportunity to meet and take a formal position. However, based on its position on previous legislation, the Board offers the following comments on this measure.

The purpose of SB 847 would allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances.

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 countries or grant prescriptive authority outright as stated in HRS Chapter 465. 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.

Testimony of the Board of Psychology

S.B. 847

Page 2 of 2

Additionally, when the Board supported SB 677 and SB 760 during the 2023 Legislative Session, it noted the need to specify that at least one member of the Board hold prescriptive authority for adequate licensing oversight.

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

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

Senate Committee on Health and Human Services

February 2, 2026; 1:05 PM

Conference Room 225 & Videoconference

In consideration of

Senate Bill 847 Relating to Psychologists

Honorable Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

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

The December 2024 Hawai'i Physician Workforce Assessment Project continues to indicate a significant shortage of doctors throughout our state and especially on our outer islands. Included in this shortage is a substantial deficiency among psychiatrists. With a lack of access to appropriate mental health treatment, the consequences are devastating and too often end in suicide.

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

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

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

Hawai'i Mental Health Coalition

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

February 2, 2026

Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair
Members of the Senate Committee on Health & Human Services

Re: Support for SB 847, Relating to Psychologists

Aloha!

The Hawai'i Mental Health Coalition **strongly supports SB 847**, relating to psychologists, which grants prescriptive authority privileges to clinical psychologists who meet specific, tailored, and rigorous education, training, and registration requirements. SB847 is a top priority for mental health professionals for its potential to address critical gaps in mental health service delivery, increase continuity of care, and most importantly *improve outcomes for patients*.

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 SB 847 to protect and promote access to essential mental health care for all of Hawai'i's communities.

Mahalo for hearing this important measure.



The Prescribing Psychologist program is a commendable initiative aimed at addressing the mental health needs of underserved populations. Mental health disparities have long plagued marginalized communities, and this program strives to bridge the gap by providing accessible and quality care.

New Mexico, with its diverse demographic makeup and rural landscapes, often faces challenges in delivering mental health services to those in need. The iNetMed Rx2 organizations utilizes technology to connect mental health professionals with underserved communities, transcending geographical barriers. Through telehealth, providers can offer psychiatric and psychological care, and support, allowing individuals to receive assistance without the need to travel long distances.

This initiative does not just tackle accessibility; it also emphasizes cultural competence. Providers acknowledge the importance of understanding and respecting the cultural backgrounds of the population they serve. By recognizing the unique experiences and challenges faced by different communities, iNetMed Rx2 clinical leadership ensures that mental health services provided are relevant and sensitive to cultural nuances, thus increasing their effectiveness.

Collaboration is at the core of iNetMed Rx2's success. The providers coordinate care with physicians, clinics and community organizations that address economic and social disparities. This collaborative approach not only strengthens the organization's outreach but also fosters a sense of community involvement and ownership in addressing mental health issues.

With the prescribing psychology law in New Mexico, iNetMed Rx2 has provide since 2017:

| | | |
|-------------------------------------|--------|--------|
| Totals since company opened in 2017 | 2025 | 2026 |
| Total number of visits | 63,404 | 75,938 |
| Total new patients | 5,128 | 5,974 |
| Average number of visits per week | 150 | 160.2 |
| Total number of workdays for year | 2500 | 2500 |

The company continues to expand psychiatric services throughout the state (see attached).

Jo Velasquez, Ph.D., MSCP, BCN-Fellow
Chief Operating Officer iNetMed Rx²
New Mexico Licensed Clinical and Prescribing Psychologist

H. K. Blaisdell-Brennan, M.D.
Past President, Hawaii Psychiatric Medical Association
4348 Waiialae Ave #657, Honolulu, HI 96816
dr.blaisdell@gmail.com

To: Senator Joy San Buenaventura, Chair; Senator Angus McKelvey, Vice Chair; Members, Senate Committee on Health and Human Services

Hearing Date: February 2, 2026

Hearing Time: 1:05 p.m.

Re: SB 847 - Relating to Psychologists

Position: OPPOSED

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

My name is Helen Blaisdell-Brennan, M.D. I am a physician with advanced specialty training in psychiatry and more than twenty years of experience caring for Hawaii residents, including individuals with serious mental illness, people involved with the correctional system, patients in rural West Oahu, and survivors of the Maui wildfires. I am a Past President of the Hawaii Psychiatric Medical Association.

I respectfully urge you to vote **NO on SB 847**.

Legislators have asked the Hawaii Psychiatric Medical Association for assistance in addressing access to psychiatric care in rural and underserved areas. HPMA, in collaboration with the American Psychiatric Association and the Hawaii Medical Association, has been actively engaged in evidence-based, team-based solutions that are already improving access and patient safety.

Granting prescriptive authority to psychologists through SB 847 is not supported by evidence and does not address the underlying access challenges facing Hawaii.

Proven Alternatives Already Exist

The Collaborative Care Model integrates mental health services into primary care and is supported by more than 80 randomized controlled trials. This model improves psychiatric and medical outcomes, increases patient and provider satisfaction, and reduces overall health care costs by an estimated 600 to 1,000 dollars per patient per year. Medicare began reimbursing for Collaborative Care in 2017 due to its strong evidence base.

Collaborative Care allows psychiatrists to consult on the care of 10 to 15 patients in a morning, significantly expanding access while maintaining safety and quality. This model is already being implemented successfully in Hawaii.

SB 847 lacks comparable evidence of safety, effectiveness, or workforce impact. There is no credible data demonstrating that prescribing psychologists practice in rural areas or that this approach improves access for underserved populations.

For these reasons, I respectfully request that you vote **NO on SB 847**. HPMA welcomes continued collaboration with the Legislature on evidence-based strategies that strengthen mental health care access across Hawaii.

Thank you for the opportunity to submit this testimony.

Respectfully submitted,

Helen K. Blaisdell-Brennan, M.D.
Past President, Hawaii Psychiatric Medical Association

ADDENDUM: FACT CHECKING SB 847

Legislative Finding: Limited Access to Mental Health Care

A 2025 psychiatric workforce report by Dr. Kelley Withy demonstrates that when psychiatric advanced practice registered nurses are included in workforce calculations, the supply of psychiatric prescribers meets or exceeds demand. (Withy Report, 2025).

Psychopharmacology Training at Tripler Army Medical Center

According to the Behavioral Health Chief at Tripler Army Medical Center, no psychology psychopharmacology training program currently exists or has existed in recent memory. The Department of Defense Psychopharmacology Demonstration Project operated from 1991 to 1997 and was terminated. (Pitts, W., personal communication).

National Model Curriculum for Prescribing Psychologists

The American Psychological Association has published model curricula related to prescriptive authority; however, national medical and regulatory evaluations emphasize that safe prescribing of psychotropic medications requires extensive biomedical and clinical training. The adequacy of psychology-based prescribing curricula remains contested.

Evidence from National Reviews

Independent national reviews by the American College of Neuropsychopharmacology and the U.S. Government Accountability Office identified deficiencies in educational rigor, assessment standards, cost effectiveness, and justification for prescribing psychologist programs.

Patient Safety and Practice Location

Peer-reviewed studies and workforce research demonstrate mixed clinical outcomes and show that prescribing psychologists predominantly practice in urban areas, undermining claims that this approach improves rural access to care.

Board Authority and Scope

Prescribing psychotropic medications constitutes the practice of medicine under Hawaii law and requires state authorization and federal DEA registration. Assigning prescribing authority determinations outside a medical licensing framework raises significant regulatory and patient safety concerns.

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Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026
1:05 PM

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

Chair San Buenaventura, Vice-Chair McKelvey, 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, which would grant qualified psychologists limited authority to prescribe psychotropic medications.

We urge the Committee to reject this bill. If passed, SB 847 could endanger Hawai'i's most vulnerable residents—our keiki, rural communities, and kūpuna—by allowing professionals without medical training to prescribe potentially dangerous medications.

The Case Against Psychologist Prescribing

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

The risks are not hypothetical. In Louisiana, a prescribing psychologist failed to account for a four-year-old's seizure disorder before prescribing stimulants, resulting in lasting harm and a lawsuit. In another case, a psychologist misdiagnosed a post-operative condition as depression, prescribed an antidepressant and a stimulant, and the patient suffered a heart attack.

Hawai'i Residents Share These Concerns

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

Safer Alternatives to Expand Access

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

1. Support pathways for psychologists to pursue medical, physician assistant, or APRN training if they wish to prescribe.
2. Increase Medicaid reimbursements—one of the lowest in the nation, especially when adjusted for state's cost of living—to attract and retain prescribing physicians.
3. Continue to expand and develop robust telemedicine services across the state, which can bring mental health care to otherwise underserved areas
4. Expand integrated care models, such as the Collaborative Care Model, which improve access while maintaining patient safety.

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

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

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



Hawaii Medical Association

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

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

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

RE SB 847 RELATING TO PSYCHOLOGISTS - Prescriptive Authority; Psychologists 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.

Hawaii experiences high rates of mental illness including depression, anxiety and substance abuse. Hawaii Medical Association (HMA) is deeply concerned about the impact of mental illness across the state. Problems are exacerbated by decreased federal and state mental health programs, and our severe physician shortage. The widening gaps of healthcare disparities are evident in our minority neighborhoods, and there are resultant delayed diagnoses and negative outcomes for our patients.

HMA recognizes the vital role of psychologists serve for patients with mental disorders, learning disabilities, and behavioral problems. Psychologists are well trained in diagnostic psychological testing and providing psychotherapy.

Mental illness does not exist in a vacuum. As many as 50% of patients suffering from mental illness also suffer from medical illness, and when assessing for mental illness, a physician must always first rule out nonpsychiatric physical illness. HMA has serious concerns regarding the safety of psychologists' independent prescriptive authority. The proposed training lacks the extensive general medical education required of physicians. This comprehensive training allows doctors to perform a multi-organ system evaluation necessary to manage drug side effects, drug interactions, interactions with other health problems, etc.

HMA strongly advocates for all means of expansion of access for our mental health patients that maintain the highest standards of quality and safety, especially for those patients most vulnerable. Specifically, HMA supports:

- 1) Increased collaborative care agreements and behavior health integration (BHI) programs such as the Physicians Foundation BHI initiative in Kauai and the Queens Clinical Integrated Physician Network and University of Hawaii's Project ECHO.

(continued)

- 2) Expansion of telemedicine initiatives that prioritize cultural competency, infrastructure, and broadband internet technical support for remote and rural areas. This includes insurance coverage of behavioral telehealth care delivered via video or audio only visits at parity with in-person care.

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
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- 3) Growth and retention of the Hawaii physician behavioral health workforce with interstate licensure, payment reform, loan forgiveness, and new residency and training programs.

Comprehensive evidence-based strategies with telehealth and collaborative care can have a significant impact on the accessibility of mental health services. These high-quality care solutions are growing to meet the patient needs in Hawaii. The HMA urges our state leaders to augment all proven workforce mechanisms and collaborative efforts that serve our patient ohana, maintaining the highest standards for safe mental healthcare.

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

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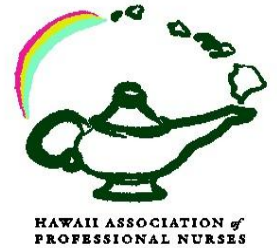
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2024 Hawaii Medical Association Public Policy Coordination Team

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

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Joy San Buenaventura, Chair of the Senate Committee on Health and Human Services
From: Hawai'i Association of Professional Nurses (HAPN)
RE: SB847 — Relating to Prescriptive Authority for Psychologists
Position: Strong Opposition
Hearing: Monday, February 2, 2026, 1:05 PM

Aloha Senator San Buenaventura, Chair; Senator McKelvey, Vice Chair; and Members of the Committee,

On behalf of HAPN, we submit this testimony in **strong opposition** to SB847, which would grant psychologists prescriptive authority for psychotropic medications. HAPN's position is consistent with our prior testimony to this body: psychotropic prescribing is complex medical care requiring broad biomedical training and supervised clinical prescribing experience.

Our state already has established, regulated pathways for psychiatric prescribing—most notably through psychiatrists and psychiatric APRNs—and Hawai'i should focus on strengthening and retaining this workforce rather than creating a new prescribing pathway.

1) Patient safety concerns: psychotropic prescribing requires broad medical training. Psychotropic medications can carry serious risks, including black box warnings, significant drug–drug interactions, and physiologic effects that require medical assessment, monitoring, and timely intervention. HAPN's prior testimony emphasized that safe prescribing includes the ability to recognize and manage systemic side effects and medical comorbidities—skills developed through rigorous biomedical education and supervised clinical training in diagnosis, and monitoring.

Even when the intent is to address access issues, prescribing authority is not a “simple add-on” to psychotherapy. A safe prescribing infrastructure requires:

- clinical pharmacology and pathophysiology across organ systems,
- medical differential diagnosis (including ruling out mimics of psychiatric syndromes),
- appropriate lab ordering/interpretation and monitoring,
- managing medication-induced metabolic, neurologic, cardiac, and endocrine complications, and
- coordinated care for medically complex patients.

2) Hawai'i can meet psychiatric prescribing demand through existing prescribers—especially when we count all psychiatric prescribers, including telehealth capacity

- 1) Psychiatrists alone show shortages by county—but that is not the whole prescribing workforce
 - a) The [Hawai'i/Pacific Basin Area Health Education Center](#) physician workforce report shows psychiatrist shortages when looking at psychiatrists by county (e.g., Hawai'i County estimates adult psychiatry demand vs. supply with a large shortage). This

reflects a real distribution challenge—but it does not reflect the full psychiatric prescriber workforce available to Hawai‘i residents.

- 2) PMHNP workforce projections show statewide adequacy (and stability over time)
 - a) The [Hawai‘i Center for Nursing](#) Nursing Projections report indicates that psychiatric mental health nurse practitioners (PMHNPs) are projected at 108% “adequacy” in 2022 and 107% in 2037, explicitly characterizing PMHNP supply as meeting demand.
- 3) January 2025 APRN licensure data from the Hawaii State Board of Nursing shows a substantial in-state psychiatric APRN workforce across islands
 - a) Hawai‘i has ~175 in-state psychiatric APRNs when combining:
 - b) PMHNPs (133) across O‘ahu, Maui, Kaua‘i, and Hawai‘i Island, plus
 - c) Psychiatric CNS (34) and child/adolescent psych CNS categories (8) across islands.

Why this matters for SB847

When we evaluate “can Hawai‘i meet demand,” we must look at all psychiatric prescribers, not only psychiatrists. In real-world access, this also includes telehealth capacity (within Hawai‘i and, where legally permissible, through properly licensed providers), which mitigates island-specific geographic constraints.

In short: psychiatrist shortages by county are real, but Hawai‘i’s combined psychiatric prescriber workforce—especially with PMHNP adequacy (and projected stability) — supports the position that Hawai‘i can meet psychiatric prescribing needs through existing, established prescribing professions if we focus policy on deployment, retention, training pipeline, and system barriers.

3) Creating a new prescriber type adds risk and fragments accountability—without solving the underlying access problem

Even supporters in other jurisdictions often acknowledge that safe models rely on formal collaboration with a primary care clinician and/or physician prescriber.

HAPN believes SB847 risks:

Creating parallel prescribing systems with different training baselines, increasing fragmentation (especially for medically complex patients), placing additional oversight burdens on boards that may not be structured to regulate medical prescribing at scale, and distracting from workforce solutions that are already evidence-supported in Hawai‘i.

4) Documented disciplinary actions in other jurisdictions underscore the need for strong safeguards—and highlight predictable failure modes

We also want the committee to be aware that summaries of disciplinary actions in states with prescribing psychologists include cases involving prescribing-process breakdowns and authority violations.

Louisiana: actions related to office staff making medical determinations and issuing prescriptions; and a reprimand tied to failure to consult/collaborate as required.

New Mexico: a case where a psychologist's license/prescribing credential was revoked for failure to respond to board action; and a separate case where a prescribing psychologist "voluntarily relinquished" licenses/credential following an allegation of prescribing a controlled substance not within prescriptive authority.

These examples do not mean every prescribing psychologist harms patients—but they demonstrate that predictable vulnerabilities exist (scope boundaries, collaboration failures, and prescribing-process controls). The safest policy path is to strengthen Hawai'i's existing psychiatric prescriber workforce rather than introduce a new prescribing category.

What HAPN supports instead of SB847

If the Legislature's goal is access, patient safety, and timely treatment, Hawai'i should invest in:

- Expanding and retaining PMHNP and psychiatric APRN workforce (training slots, preceptorship support, incentives for neighbor islands).
- Reducing administrative barriers that delay care (credentialing delays, prior auth burdens, inadequate reimbursement models).
- Strengthening team-based behavioral health models with clear medical accountability.
- Leveraging telehealth appropriately to address island distribution challenges.

These solutions align with Hawai'i's demonstrated workforce capacity and preserve a clear, safe prescribing standard.

Conclusion

For the reasons above—patient safety, adequacy of Hawai'i's psychiatric prescriber workforce when counted appropriately, and real-world regulatory risks demonstrated elsewhere—HAPN **strongly opposes** SB847 and respectfully requests that the Committee defer the measure.

Mahalo for the opportunity to provide testimony.

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

Helping Hawai'i Live Well

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TO: Senate Committee on Health & Human Services

FROM: Bryan L. Talisayan, Mental Health America of Hawaii

RE: Support for SB 847 — Psychologist Prescriptive Authority

Hearing Date: February 2nd, 2026

Chair and Members of the Committee:

Mahalo for this opportunity to provide testimony **in support of SB 847**, which would authorize appropriately trained psychologists to obtain limited prescriptive authority for psychotropic medications.

For many Hawai'i residents seeking mental health care, the challenge isn't desire — it's *access*. Our state continues to face a well-documented shortage of mental health providers, particularly psychiatrists and other clinicians with prescriptive authority. This is not abstract; it materially affects our communities.

According to recent workforce assessments, Hawai'i is experiencing substantial shortages in psychiatry services, with child and adolescent psychiatry alone estimated to be nearly 47.5 percent below needed levels statewide. In practical terms, families often wait months to see a psychiatrist, especially on neighboring islands like Maui, where shortages and high housing costs deter clinicians from relocating.

These provider gaps have measurable consequences. Mental health need is widespread — in some state reports nearly 69 percent of adults in need of care were unable to access it, and three-quarters of Hawai'i youth with major depression did not receive treatment, ranking our state near the bottom nationally. Waitlists for therapy and psychiatric evaluation frequently extend beyond 12 weeks, a reality that undermines timely intervention and can worsen illness severity.

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From a behavioral health perspective, this shortage translates into delayed treatment, increased emergency care usage, and fractured continuity of care between therapy and medication management. Psychotropic medications, when indicated, are often central to stabilizing conditions like major depression, bipolar disorder, and severe anxiety — especially when combined with psychotherapy. SB 847's structured approach would allow qualified psychologists to provide both aspects of care to patients they already evaluate and treat.

Importantly, SB 847 embeds training, supervision, and collaborative safeguards that protect patient safety and ensure thoughtful integration into clinical systems. This measure is not about broad scope expansion without guardrails — it's about *targeted workforce reform* informed by Hawai'i's real needs.

Granting qualified psychologists prescriptive authority within defined practice settings can:

- **Increase access to timely, integrated mental health care** for populations far from psychiatrists' reach.
- **Reduce wait times for treatment plans that combine therapy and medication management**, improving overall outcomes.
- **Support underserved communities**, especially on neighboring islands where workforce shortages are acute.

Hawai'i's behavioral health infrastructure is strained, and expanding responsible, evidence-based practice options is a practical, workforce-focused strategy. For these reasons, **we strongly support SB 847.**

Mahalo nui loa for your consideration.

Respectfully submitted,



Bryan L. Talisayan
Executive Director

LATE

SB-847

Submitted on: 2/2/2026 12:33:07 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|---|--------------------|------------------------|
| Rachel Sy-Layug | Testifying for Hawai'i Council on Child & Adolescent Psychiatry | Oppose | Written Testimony Only |

Comments:

As a child psychiatrist, my right to prescribe comes with significant medical training to substantiate my practice. Four years of medical school and over 5 years of post graduate training (often at up to 80 hours per week) have prepared me to manage patients safely on psychotropics. Although I appreciate the benefit of having additional folks who can prescribe during a national shortage, finding a solution in allowing non-physicians prescribing rights comes with heavy and often unrealized depth of responsibility. If non-physicians were to reliably prescribe, the state needs to look at their training practices and require more consistent and in depth training before granting prescribing rights to those with good but potentially misleading intentions. As president of the Hawai'i Council on Child and Adolescent Psychiatry, I feel that my colleagues' sentiment would echo my concern, as no reliable and consistent non-physician training exists or is required at this time to better ensure safe prescribing practices. That is, competency and even expertise for prescribing psychotropics comes only in the knowledge and testing that current psychiatrists have access to and utilize.

Despite the intent to increase behavioral health prescribing practices in a time it would otherwise fall short, lack of highly scrutinous and academically rigorous expectations can prove to be dangerous to the area of child psychiatric care services and could inadvertently cause a great detriment to our community.

LATE

SB-847

Submitted on: 2/2/2026 6:25:52 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-------------------|--|--------------------|-------------------|
| Dr. Mark Rapaport | Testifying for American Psychiatric Association, President-Elect | Oppose | Remotely Via Zoom |

Comments:

Good afternoon, Madame Chair and members of the Committee.

My name is Dr. Mark Rapaport. I am the President-Elect of the American Psychiatric Association (APA), the national medical specialty representing over 39,000 psychiatric physicians across the country, including Hawaii.

On behalf of the APA, and as a practicing psychiatrist, I want to **urge the Committee to oppose SB 847**. As a fellow of ACNP it's important to realize the report cited in the legislation was written in 1998 and described both the strengths and weaknesses of the DOD psychopharmacology demonstration project. The implication that ACNP supports this legislation is flawed.

Psychiatrists have over 12,000 hours of training in the treatment of mental health and substance use disorders. Psychologists are often trained in research, clinical practice, psychological testing, and evaluation. **Psychologists do not have the medical training needed to understand the effects of psychotropic medications, especially how they might affect other medications the patient is taking.** The proposed curriculum is not sufficient to provide the expertise needed to safely treat these vulnerable people. This is about doing what is right for patients and families.

We strongly encourage the committee to **protect patient safety** by focusing on proven evidence-based solutions that ensure **all** people of Hawaii have access to care such as expanding audio-only telehealth services and access to the Collaborative Care Model.



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February 2, 2026

Support for SB847 – Prescriptive Authority for Qualified Psychologists (RxP)

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

My name is Dr. Hannah Preston-Pita, and I serve as the Chief Executive Officer of the Big Island Substance Abuse Council (BISAC), providing substance use disorder treatment, mental health services, and integrated behavioral health care across Hawai'i Island.

I am writing in strong support of SB847, which would allow appropriately trained psychologists to obtain prescriptive authority as a strategy to address Hawai'i's critical shortage of behavioral health prescribers.

Hawai'i particularly our rural and neighbor island communities—continues to experience severe access gaps in psychiatric and medication management services. These shortages delay care, disrupt continuity, and place additional strain on emergency departments, primary care providers, and families seeking timely mental health support.

SB847 offers a safe, evidence-based solution by expanding prescriptive authority to psychologists who complete the rigorous Master of Science in Clinical Psychopharmacology (MSCP) and associated supervised clinical training. This is not an expansion of scope without safeguards; it is a carefully structured pathway grounded in medical science, patient safety, and collaborative care.

Many MSCP faculty also teach in medical and nursing schools, underscoring the rigor and credibility of this training. Psychologists with prescriptive authority are trained to work within interdisciplinary teams, ensuring coordination with primary care providers, psychiatrists, and other medical professionals. Concerns about continuity of care and provider familiarity are manageable and have been successfully addressed in other states where RxP is already implemented.

SB847 also represents an investment in Hawai'i's future workforce. It supports local professionals, reduces reliance on off-island recruitment, and helps retain clinicians who are deeply committed to serving Hawai'i's communities.





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For patients especially those with co-occurring mental health and substance use disorders this means timelier access to care, fewer treatment delays, and more integrated services.

For these reasons, I respectfully urge the Committee to support SB847 and move this measure forward.

Mahalo nui loa for your consideration and for your continued commitment to strengthening Hawai'i's behavioral health system.

Mahalo nui loa,

Hannah Preston-Pita Psy, D. Ed, D. CSAC
Chief Executive Officer



Melissa Pavlicek, J.D.
1099 Alakea Street, Suite 2530, Honolulu, Hawaii 96813

February 2, 2026

Senator Joy San Buenaventura, Chair
Senator Jarrett Keohokalole, Vice Chair
Members of the Senate Committee on Health & Human Services

Re: Support for SB 847, Relating to Psychologists

Aloha Chair San Buenaventura, Vice Chair Keohokalole, and members of the committee,

My name is Melissa Pavlicek, and I am a Honolulu small business owner, attorney, and graduate of the University of Hawai'i. I am writing in strong support of SB 847, relating to psychologists, not only as a member of this community, but as someone whose family has been forever changed by depression, substance abuse, and suicide.

I speak publicly about our family's experiences very rarely. We lost a loved one to an act of suicide and the impact of that loss has stayed with each of us every day of our lives, causing me to be an advocate for improved mental health services in our state. My opinions about the merits of this legislation have evolved gradually as an adult. Meanwhile, our community's significant shortage of mental health providers has only worsened. Mental health services are not abstract to me, they are personal, and it is devastating when treatment is delayed, fragmented, or simply unavailable.

As a business owner, I see firsthand how common depression and anxiety are among employees, colleagues, and contacts. People are struggling quietly, often for years, and many are unable to get timely psychiatric care due to long waiting times, limited providers, or barriers to access. When people finally reach out for help, being told to wait months, or to see multiple providers just to receive appropriate treatment, can be the difference between hope and despair.

SB 847 is a practical, compassionate solution to a very real problem. It allows specially trained clinical psychologists, who meet rigorous education, training, and registration requirements, to prescribe medication when appropriate. This improves continuity of care, reduces delays, and keeps patients from falling through the cracks. We already know this approach saves lives. In New Mexico, where psychologists have prescriptive authority, suicide rates have been reduced significantly. That translates to dozens of lives saved every year, families spared the kind of loss mine endured.

Mahalo for the opportunity to share my testimony and for your consideration of SB 847.

February 2, 2026

Senator Joy San Buenaventura, Chair
Senator Jarrett Keohokalole, Vice Chair
Members of the Senate Committee on Health & Human Services

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

Aloha Chair San Buenaventura, Vice Chair Keohokalole, and esteemed members of the committee,

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

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

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

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

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

SB 847 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 and take a meaningful step toward strengthening access to mental health services for people throughout Hawai‘i.

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

Layla Kratovic
Clinical Science Program
University of Hawai‘i at Mānoa

February 1, 2026

Chair San Buenaventura and members of the committee,

My name is Dr. Phillip Hughes, and I am health services researcher at the University of North Carolina at Chapel Hill. 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 which refutes many of the demonstrably false arguments that are being made against this bill. 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

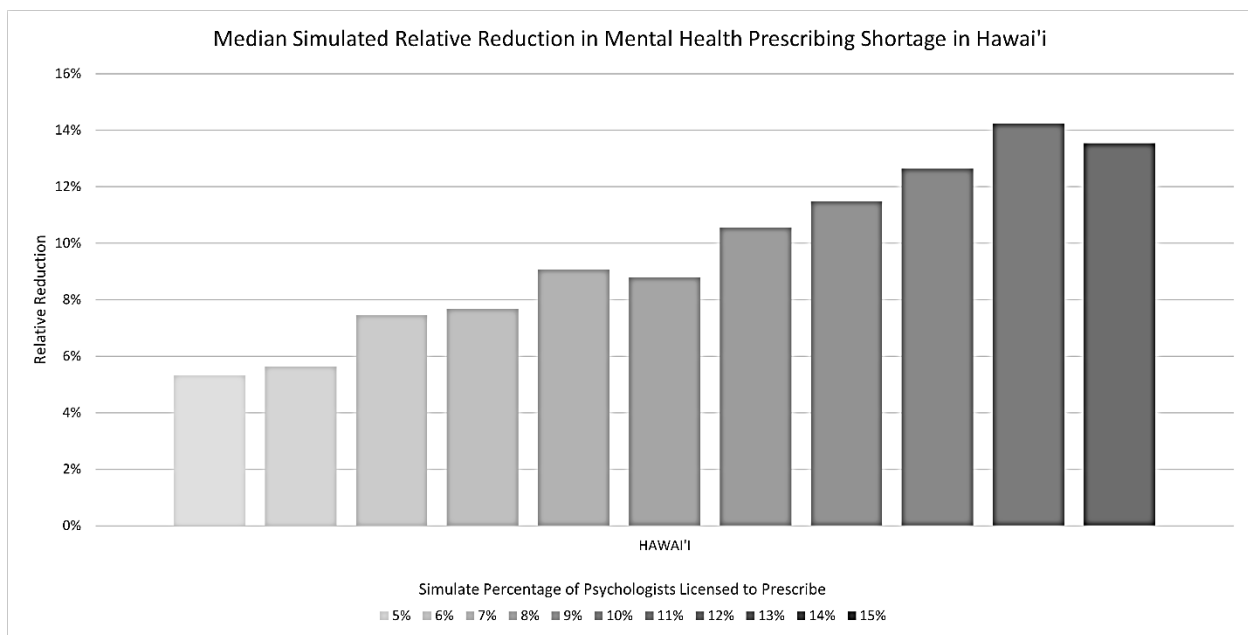
- Suicide rates decreased in Louisiana when psychologists began prescribing.³
- Mental health mortality decreased in New Mexico when psychologists began prescribing.³
- In all states where psychologists can prescribe, the suicide rate decreased by 5-7%.^{4,5}
- Prescriptive authority for psychologists 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

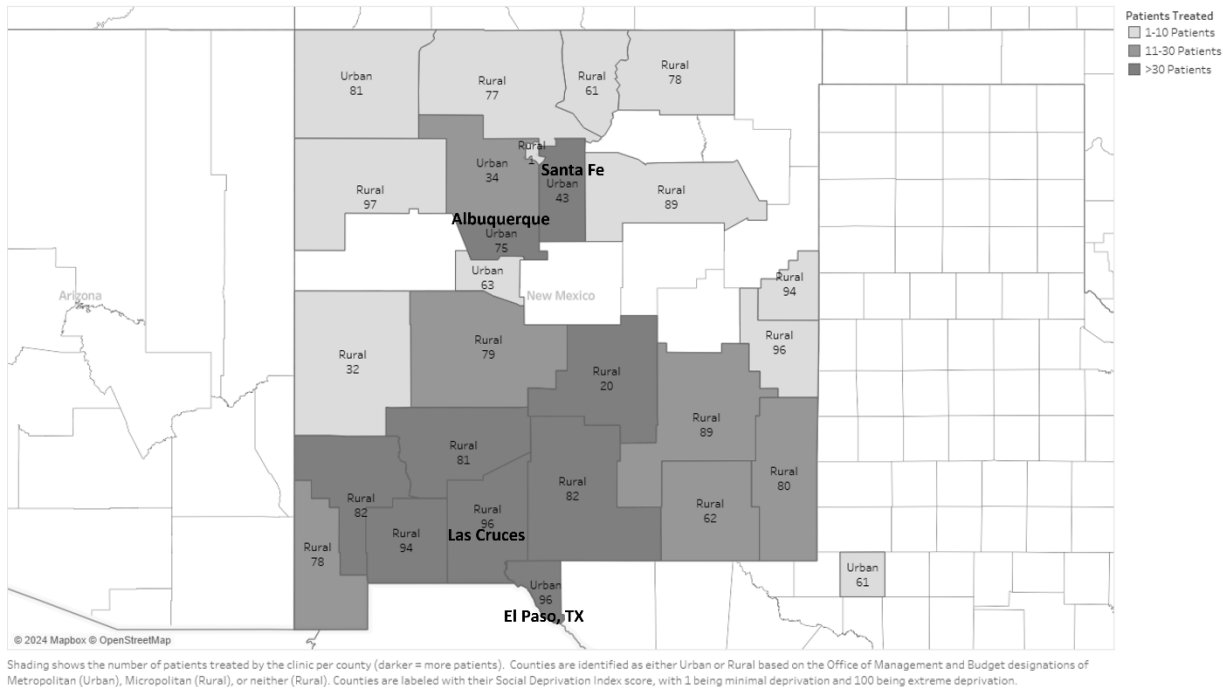
- **Racial disparities** in unmet need for pediatric mental health care were significantly lower in states where psychologists can prescribe, especially for children who were Black or “Other” race (as defined in the survey data used, including Indigenous, Asian, or multiracial).⁸
- A policy simulation 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 clearly 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

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SB-847

Submitted on: 2/1/2026 6:14:41 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|-------------------|
| Gerald Busch | Individual | Oppose | Remotely Via Zoom |

Comments:

To the Honorable Members of the Legislature:

I appreciate the Legislature’s ongoing efforts to improve access to mental health care for the people of Hawai‘i, particularly for those living in medically underserved communities. I respectfully submit these comments to highlight an important **policy inconsistency** between **SB 847** and **SCR 34 (2024)** that may warrant clarification or reconciliation.

In 2024, the Legislature adopted SCR 34, which recognized that symptoms of depression and other psychiatric conditions may reflect **underlying medical illness**, with hypothyroidism cited as a clear and common example. SCR 34 requested that the Hawai‘i Medical Association and Hawai‘i Psychiatric Medical Association convene a roundtable to establish **medical protocols** to ensure that thyroid function is evaluated when clinically appropriate **before psychotropic medications are initiated**. The resolution reflects a legislative understanding that psychotropic prescribing is inseparable from medical evaluation, laboratory interpretation, and diagnostic responsibility.

SB 847, however, proposes to expand psychotropic prescribing authority to psychologists through a certification process that relies on education, examination, and “collaborative relationships” with physicians. While collaboration is valuable and essential in mental health care, SB 847 does not require a physician to examine the patient, interpret abnormal laboratory findings, or assume medical responsibility for ruling out medical causes of psychiatric symptoms prior to prescribing. In this respect, SB 847 appears to move in a different direction from the premise underlying SCR 34.

Taken together, these two measures raise a question of legislative coherence. SCR 34 emphasizes the importance of **physician-led medical evaluation** in the safe use of psychotropic medications, while SB 847 permits prescribing without clearly defined physician responsibility for medical assessment. This difference is particularly important for patients with depression, where untreated medical conditions such as thyroid disease can lead to misdiagnosis, delayed treatment, and avoidable harm.

I offer these comments not in opposition to improving access to care, but in support of ensuring that legislative actions align with one another and with established principles of patient safety. If SB 847 proceeds, the Legislature may wish to consider whether additional language is needed to

ensure consistency with SCR 34's recognition that psychotropic prescribing requires clear medical evaluation, laboratory oversight, and accountability.

Thank you for your thoughtful consideration and for your continued commitment to the health and well-being of Hawai'i's residents.

Very respectfully submitted,

Gerald Busch MD MPH DLFAPA DFAACAP FASAM,
Hawaii Psychiatric Medical Association

Past-President,

LATE

SB-847

Submitted on: 2/1/2026 1:12:16 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|-------------------|
| Judi Steinman | Individual | Support | Remotely Via Zoom |

Comments:

SENATE

THE THIRTY-THIRD LEGISLATURE

REGULAR SESSION OF 2026

To: COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Jarrett Keohokalole, Vice Chair

Senator Dru Mamo Kanuha

Senator Rachele Lamosao

Senator Kurt Fevella

HEARING: Monday, February 2, 2026, 1:05PM CR 225 and Videoconference

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

I write in strong support of SB 847, which establishes a certification process to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care

of the psychologist at a federally qualified health center. We now have an extensive network of publications that highlights:

- Prescribing psychologists have 20% fewer cases of polypharmacy compared to psychiatrists.
- Fewer adverse events are seen in patients receiving care from prescribing psychologists
- The rate of suicide is reduced by 5-7% in New Mexico and Louisiana (the two states with the longest records of psychologists prescribing)
- Prescribing psychologists treat patients in both rural and urban underserved communities

I have been an educator and administrator in the field of Clinical Psychopharmacology for sixteen years and have taught undergraduate, graduate and postdoctoral students for close to 50 years. I served as Coordinator for the UH Hilo Daniel K Inouye College of Pharmacy's Master of Science in Clinical Psychopharmacology (MSCP) program from its inception in 2010 until 2016. I became Director for the Alliant International University MSCP program in 2017 until I stepped down a few years ago with hope of retiring. I continue to teach biochemistry, statistics and research methodology as I have for over ten years and have taught endocrinology, autonomic nervous system pathophysiology and pharmacology for the program for the past nine years.

I am the co-chair of the American Psychological Association's Division 55 (Society for Prescribing Psychology) Training Director Program and our national legislative action committee. I am happy to provide first hand knowledge regarding curriculum and training and offer to provide facts regarding all of the training programs.

In 2025, I collaborated with several clinical and research colleagues to examine effective ways to demonstrate the safety and effectiveness of Prescribing Psychologists. My collaborators include Dr Jo Velasquez, a Prescribing Psychologist licensed in New Mexico and Past-President of the State Psychologist Association of New Mexico. Dr Velasquez is the Chief Operating Officer of iNetMed Rx2, a business that provides an excellent model for how Hawai'i might address the devastating prescriber deficit across the state. We published an article that illustrates how efficient and effective prescribing psychologists can be (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):915-928. doi: 10.1353/hpu.2025.a967339. PMID: 40820782). You will hear from others about the study, but the take-home message is that prescribing psychologists see complex comorbid mental and physical health conditions, that the social deprivation index for these patients was 92 out of 100 (indicating that the patients seen by this New Mexico clinic are amongst the most needy) and

despite having a home base with a “city” address, the prescribing psychology practice reached patients in two thirds of the counties in New Mexico.

I would appreciate it if you would consider a revision to the current bill at §465 (a)(2) and(3), which state that in the first year of conditional licensing, supervision must be performed by a physician. I request that nurse practitioner be added to the potential list of supervisors. In addition, in (4) and (4)(c) it specifies that a collaborative relationship be maintained between a psychologist and the patient’s general care “doctor of medicine,” which excludes nurse practitioners. We wish to include them as primary care providers for our patients.

Under§465- Narcotics and controlled substance samples prohibited, I also would appreciate consideration to allow fully licensed prescribing psychologists to prescribe buprenorphine after appropriate and additional CE training. Prescribing psychologists in NM, LA and ID currently prescribe buprenorphine in appropriate instances. As a partial opioid agonist, buprenorphine is unable to stimulate euphoria and includes naloxone, which is a receptor antagonist, thereby blocking any additional binding of the agonist. It is a very effective treatment to help patients with Opioid Use Disorder and should be allowed with appropriate primary care coordination.

I would like to address specific claims that have been made regarding access to care in those states that allow psychologists to prescribe.

Claim: Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.

Fact: This purported “study” was based on telephone registration of prescribing psychologists in these two states. In fact, many practitioners have offices in the main cities and drive daily to the rural areas to practice. A prescribing psychologist is not precluded from practicing in rural settings just because they have an office in a city.

Claim: Powerful psychotropic medications do not stop at the patient’s brain; they affect many systems of the body such as the heart, lungs, stomach, and kidneys. There can be seriously disabling or deadly side-effects of the medications if improperly prescribed and managed.

Fact: The Master of Science in Clinical Psychopharmacology programs have extensive lectures on EVERY ORGAN SYSTEM OF THE BODY. This includes but is not limited to the central nervous system, peripheral nervous system, heart, lungs, kidneys, endocrine organs, gastrointestinal tract, liver, pancreas, gall bladder, smooth and striated muscle, bone, vasculature, and skin. The curriculum includes differential diagnosis of all health conditions that might be mimicked by mental health conditions and vice versa. The curriculum also includes contraindications for all medications, not just psychotropic medications.

Claim: Patients needing more than one drug at a time for other physical conditions, such as both heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients that have a mental disorder also have one or more physical ailments.

Fact: The Master of Science in Clinical Psychopharmacology programs have extensive lectures on:

- Pharmacokinetics (Absorption, Distribution, Metabolism and Excretion)
- Pharmacodynamics (Receptor and symporter binding)
- Drug-drug interactions (for all medications including but not limited to those affecting cardiac, autonomic, vascular, renal, rheumatoid, endocrine, gastrointestinal, dermatologic systems.
- Phase I and phase II metabolism and the substrates, inhibitors and inducers that affect metabolism
- Pharmacogenomics (which can explain why some people respond to low doses of a medication while others develop adverse reactions without therapeutic effect and still others require high doses to achieve therapeutic benefit).

This material is covered in virtually every course but especially the Clinical Medicine courses in which students learn to integrate biochemistry, neuroscience, pathophysiology and physical assessment. Pharmacology and Special Populations courses focus on pharmacology and pharmacotherapeutics, which includes differential diagnosis and medication treatments.

Claim: The claimed [“]3-4 years of Master’s Degree in Clinical Psychopharmacology” essentially only takes 2.6 months full-time to complete.

Fact: Most MSCP programs take 2-3 years. For those programs that require all of the state’s practical experience before graduation, the program can last 4 years. The program at Alliant University, for which I was Program Director from 2017-2022 and where I continue to serve as

adjunct faculty, has ten 8-week courses. Students have reading assignments and discussion questions every week as well as quizzes, midterms, finals, SOAP note assignments and case presentations. I am not clear how anyone can calculate 2.6 months out of 80 weeks of classes and welcome the opportunity to find out how they do this.

Claim: The Department of Defense Demonstration Project was a failure.

Fact: The 1999 GAO report to the US Senate Committee on Armed Services reported:

The ten PDP graduates seem to be well integrated at their assigned military treatment facilities. For example, the graduates generally serve in positions of authority, such as clinic or department chiefs. They also treat a variety of mental health patients; prescribe from comprehensive lists of drugs, or formularies; and carry patient caseloads comparable to those of psychiatrists and psychologists at the same hospitals and clinics. Also, although several graduates experienced early difficulties being accepted by physicians and others at their assigned locations, the clinical supervisors, providers, and officials we spoke with at the graduates' current and prior locations – as well as a panel of mental health clinicians who evaluated each of the graduates – were complimentary about the quality of patient care provided by the graduates. (pg 3)

The GAO report highlighted both benefits and challenges associated with the DoD Demonstration Project. At the time, it was recognized that the training was expensive resulting in it being more costly than the traditional training of psychiatrists or psychologists. This is because they had to hire instructors for the small group of students. In fact, training the PDP students was \$157,226 whereas training psychiatrists was \$188,472, so training was still less expensive for the prescribing psychologists (see GAO report, page 24).

The current MSCP programs use a variety of approaches to result in much more cost effective training without sacrificing quality. Programs have a variety of scientists, physicians, psychiatrists, nurse practitioners, pharmacists and prescribing psychologists teach in their programs. Some integrate online learning with live or on-ground lectures. By contrast, the DOD Demonstration Project required both students and faculty to be on-ground, which was the main expense of the program. It was neither the quality of the training nor the success of the graduates that was in question.

Our communities are suffering because of the lack of access to comprehensive mental health care. Our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. According to NAMI (2021), 187,000 adults in Hawai`i suffer from a mental health condition and 41,000 of our citizens experience a serious mental illness. 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. Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years. They already prescribe for the Army and Navy in Hawai`i. They can provide care at Pearl Harbor, just not across the street to HI citizens.

Prescriptive authority for specially trained doctors of psychology 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 more than twenty years and could be making a difference today if you vote YES.

Hawai`i's Governor Josh Green and the entire legislative body have made mental health a top priority and SB847 helps address this issue. 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. It is built into our training. We 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.

Hawai`i cannot afford to turn away practitioners who have trained and invested in the profession of prescribing psychology. We are ready to help with those who are homeless and require mental health care. We are ready to help those who have substance use disorders and mental health conditions. We are ready to help those who have suffered long haul COVID and those who have depression and anxiety as a result of the pandemic. We are ready to help our rural communities. Please open the door to treating Hawai`i's mental health care needs.

What are we waiting for?

It is time for Hawai`i to take every step towards a better mental health care solution for our citizens. Please vote YES on SB677 to allow greater access to care for those most in need. The time is now.

Respectfully submitted,

Judi Steinman, PhD

LATE

SB-847

Submitted on: 2/2/2026 9:54:21 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|----------------------|
| Paulette Phillips | Individual | Support | Remotely Via Zoom |

Comments:

Strong support. Hawaii needs more mental health care treatment. Please pass this measure to allow qualified psychologists who have undergone the strict training and licensing to prescribe psychotropic medications to their patients.



Michael A. Kellar, Psy.D.

30 January 2026

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

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair
Senator Dru Mamo Kanuha
Senator Jarrett Keohokalole
Senator Kurt Fevella

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

HEARING: Monday, 02 February 2026, 1:05PM CR 225 and Videoconference

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

I write in strong support of SB847, which authorizes and establishes procedures and criteria for prescriptive authority for licensed psychologists who meet specific education, training, and registration requirements.

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

Throughout Hawai'i and particularly on the neighbor islands, there are simply not enough psychiatrists to provide this needed care. This bill provides a

solution. As a result, many primary care physicians and community health center providers among others that treat Hawaii's medically underserved are in support of prescriptive authority for specially trained Psychologists.

It is worth noting that Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have been safely and effectively prescribing for the Army and Navy in Hawai'i for years.

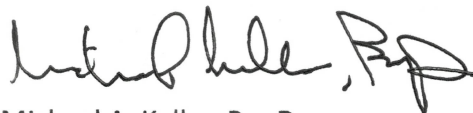
As a Federal psychologist I wrote more than 8,000 prescriptions to those in need of such care, practicing responsibly, collaborating effectively with medical providers, and improving access to care within a unified treatment framework and without compromising patient safety. Sadly, upon my retirement from Federal service I couldn't provide these same services needed by my community, despite my post-doctoral specialized academic and clinical psychopharmacology training and years of clinical practice.

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

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

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael A. Kellar, Psy.D.", with a stylized flourish at the end.

Michael A. Kellar, Psy.D.

SB-847

Submitted on: 1/30/2026 5:45:05 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

Allowing prescribing psychologists to practice in FQHCs will go a long way toward meeting the mental health needs of our rural communities. I have been a practicing clinical psychologist for 25 years on Kauai, and I have never been able to help a client find a prescribing mental health professional in a reasonable amount of time. This chronic shortage impacts not just the mental health of the individual and their family, but their physical health as well. Delays in receiving needed psychotropic meds ripple out to our broader community as well, taking an economic toll and putting an extra burden on law enforcement and ER's. Please pass this measure.

With much aloha,

Dr. Judith White

SB-847

Submitted on: 1/31/2026 7:10:42 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---|---------------------|---------------------------|------------------------|
| Joseph E. Comaty, MS, PhD, MSCP, MP, ABPP | Individual | Support | Written Testimony Only |

Comments:

I would like to submit testimony in favor of passing SB847 to allow qualified psychologists limited authority to prescribe psychotropic medications to patients under the care of the psychologist in certain circumstances. This bill refers particularly to psychologists employed in a FQHC. Passage of this bill would be of significant benefit to the citizens of Hawaii who receive services in FQHCs. By allowing specially trained psychologists to prescribe medications for the treatment of the specified disorders, patients will have increased access to highly qualified behavioral health professionals who can provide specialty services within an integrated healthcare system. Integrated systems have been identified as a gold-standard for providing efficient healthcare, increasing access, reducing costs, and minimizing time demands on patients that results in increased adherence to treatments.

There is overwhelming evidence that specially trained psychologists can provide and have provided safe and effective behavioral health services including prescribing psychotropic medications. There is over 30 years of experience and research data to support this. Psychologists have been prescribing safely in the military, the PHS, the IHS, and in the states of NM, LA, IL, IA, ID, CO, and UT since 1994 (including the DoD project). There have been no major adverse events directly associated with the prescriptive practices of psychologists. I am a Medical Psychologist (MP) who has been licensed in LA since 2005 to prescribe although I now live in IL. During my time in LA, I was able to directly observe the practice of my MP colleagues all over the state. They provided services to many of the rural areas of the state where there were no psychiatrists. They provided services in public mental health centers that could not retain services of a psychiatrist. They also provided services in FQHCs, so I know the model proposed in SB847 will work since it operates well in LA. In addition to prescriptive authority, psychologists would still be able to provide their full scope of practice of psychological services including therapy and testing so patients would be able to have all their behavioral health services by a single provider in the same location as their medical services.

The citizens of HI deserve the same access to quality behavioral health services as the citizens of NM, LA, IL, IA, ID, UT, the PHS, the IHS, and our military vets. Therefore, I urge you to pass SB847.

Respectfully submitted,

Joseph E. Comaty, MS, PhD, MSCP, MP, ABPP

1451 Calais Circle

Highland Park, IL 60035

DR. NOELANI C. RODRIGUES

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

JANUARY 31, 2026

WRITTEN TESTIMONY IN SUPPORT OF SB847

TO THE HONORABLE COMMITTEE MEMBERS

REGARDING ROBUST SUPPORT FOR SB847

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

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

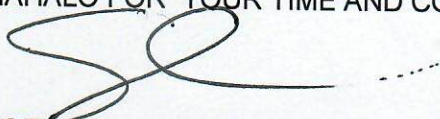
THIS BILL SB847 PROVIDES A MUCH NEEDED STEP FORWARD IN ADDRESSING THE GROWING NEED FOR TIMELY, ACCESIBLE, QUALITY MENTAL HEALTH CARE IN HAWAII.

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

Aloha,

My name is Rachel Domgaard and I am a resident of Ewa Beach and a Doctoral Student in Clinical Psychology at Hawai'i Pacific University. I am writing to express my strong support for bill SB847. I am not just a student of psychology, but a future provider who intends to stay in Hawai'i to help solve our mental health crisis. However, to do that effectively, I need the legislature to provide the tools that have been proven to work elsewhere. The mental health provider shortage in Hawai'i is not a new headline. We have known about this problem for a long time. For decades, we have seen the reports, heard the stories of patients waiting months for an appointment, and watched our rural communities suffer without adequate care. Yet, we have done very little to fix the systemic barriers preventing access. Hawai'i is currently short by over 800 full time physicians, and the wait time for psychiatric appointments in areas like Ewa Beach can stretch for months.

Year after year, we acknowledge that psychiatrists are overburdened and that our geographic isolation makes recruiting new specialists difficult. Passing RxP legislation is the concrete, actionable step we have been missing. It is time to stop discussing the problem and start implementing the solution that other states and the military have successfully used for years. By allowing psychologists to safely prescribe medication I will be part of the new generation of clinicians to address this gap. My goal is to receive the necessary specialized training to prescribe in Hawai'i. I volunteer at the Hawai'i food bank and I see communities struggling with food insecurity and lack access to mental health care. Their conditions often spiral, leading to a crisis that may have been prevented with timely, integrated care. Prescribing

psychologists can serve as a lifeline in Federally Qualified Health Centers (FQHCs) and rural clinics where psychiatrists are often unavailable.

I have a background in elementary education and my work as an educator gives me a unique perspective on the mental health needs of children. When a child is in crisis, they cannot wait six months for a medication consultation. They need help now. They need help today. By pursuing the additional specialized training required by this bill, I will be able to offer "one-stop" care—combining therapy with medication management. This model is proven to increase patient compliance and improve outcomes. We have a workforce of dedicated doctoral students and psychologists ready to step up. By passing this bill, you are allowing us to practice at the full extent of our training to meet the desperate needs of our neighbors. I want to be part of the solution that ensures no resident of Hawai'i is forced to wait months for life-saving mental health care.

I respectfully urge you to pass this legislation to modernize our healthcare system and protect the well-being of all Hawai'i residents.

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

Rachel Domgaard, Doctoral Student, Clinical Psychology (PsyD) rachel.domgaard@gmail.com | (385) 278-8864 Ewa Beach, HI

Dear Members of the Health and Human Services committee,

My name is Dr. Christopher Knightsbridge. I am writing this letter in strong support of this bill as a doctoral-level mental health professional currently working exclusively with survivors of the Lahaina wildfires. In my daily clinical work, I see firsthand how the severe shortage of medical and psychiatric providers in Hawai'i creates excessive wait times for care, fragmented treatment, and prolonged suffering for individuals who are already deeply traumatized. Many of my patients require timely access to both psychotherapy and psychotropic medication, yet months-long delays for psychiatric appointments remain the norm rather than the exception.

This bill offers a practical, responsible tool to help address these access gaps, particularly for medically underserved communities. Allowing appropriately trained psychologists to prescribe psychotropic medications, within a highly regulated framework, would meaningfully expand the availability of comprehensive mental health care without compromising patient safety. The structure outlined in this legislation is cautious by design, emphasizing rigorous education, national examination standards, supervised clinical experience, and ongoing collaboration with medical doctors.

From a safety perspective, this bill is thoughtfully constructed. It does not authorize psychologists to practice medicine or prescribe broadly; instead, it limits prescribing authority to psychotropic medications, prohibits narcotics, requires supervision and collaboration, and restricts practice to federally qualified health centers. These safeguards ensure that prescribing occurs within integrated care settings where medical oversight and communication are already part of the treatment model. In many ways, this approach formalizes and strengthens collaborative practices that are already occurring out of necessity.

Importantly, this model is not theoretical. Multiple states have successfully implemented prescriptive authority for qualified psychologists, and decades of data from federal systems, including military and Indigenous health services, demonstrate that psychologists with appropriate training prescribe safely and effectively. These jurisdictions have not seen increases in adverse outcomes; instead, they have seen improved access to care, better continuity of treatment, and reduced strain on overburdened psychiatric services.

For communities like Lahaina, where trauma exposure is widespread and provider shortages are acute, this bill represents an opportunity to reduce delays in care that can worsen symptoms, increase hospitalization risk, and undermine recovery. When patients are forced to wait months for medication management while engaging in therapy,

treatment outcomes suffer. Empowering trained psychologists to provide integrated care allows patients to receive timely, coordinated treatment from clinicians who already know their histories, stressors, and clinical needs.

For these reasons, I respectfully urge you to support this bill. It reflects a balanced, evidence-based response to Hawai'i's mental health workforce crisis and prioritizes patient safety, accountability, and access. Most importantly, it offers a compassionate and pragmatic way to reduce unnecessary suffering for some of our state's most vulnerable residents.

Sincerely,

A handwritten signature in blue ink, consisting of a stylized first name followed by a large, sweeping flourish.

Christopher Knightsbridge, Psy.D

Dear Respected House Health Committee Members,

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

Our communities are suffering because of the lack of access to comprehensive mental health care. The numbers are simple. There are not enough psychiatrists to care for the people in need of psychiatric medication. **Prescribing Psychologists receive more psychopharmacology training than primary care physicians. They receive integrative medical training from physicians, psychiatrists, nurse practitioners and pharmacists. Prescribing Psychologists have provided safe and effective mental health care including pharmacotherapy for over twenty years.** They can simply not provide services in the Hawaii communities that need care. Mental health is top priority for Hawaii and Psychologists with Prescriptive Authority will help provide safe and appropriate care for those individuals who are without homes and who suffer from serious mental illness.

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

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

Respectfully submitted,



Brandon J. Henscheid, MS, PsyD
Postdoctoral MS in Clinical Psychopharmacology
Prescribing/Medical Psychologist - ID
Licensed Clinical Psychologist - CA, ID, HI, NM, NV, UT, WA, WY
Member - APA Division 55 Society for Prescribing Psychology | Association of Threat Assessment Professionals

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

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

I am writing to express my strong support for HB 2169 a crucial measure for the advancement of mental health care for the state of Hawai'i. SB 847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i.

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

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

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

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

Mahalo for your time and attention to this critical matter.

Respectfully yours,

Cheryl L. Hall, Ph.D., MSCP

Licensed Psychologist

TX #25300

Prescribing Psychologist

NM #2025-0023

APIT/E-Passport Mobility Number:6770

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

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

JANUARY 31, 2026

WRITTEN TESTIMONY IN SUPPORT OF SB847

TO THE HONORABLE COMMITTEE MEMBERS

REGARDING ROBUST SUPPORT FOR SB847

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

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

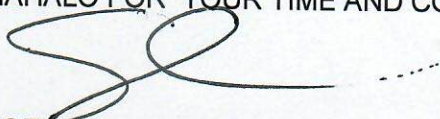
THIS BILL SB847 PROVIDES A MUCH NEEDED STEP FORWARD IN ADDRESSING THE GROWING NEED FOR TIMELY, ACCESIBLE, QUALITY MENTAL HEALTH CARE IN HAWAII.

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

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

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

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

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

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

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

To demonstrate the clear need for this policy and my commitment to supporting Hawai'i's

health care workforce, I am seriously considering relocating or expanding my practice to Hawai'i as a prescribing psychologist if SB847 passes. I want to contribute my skills directly to improving access to high-quality mental health care for your communities.

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

Mahalo for your consideration.

Warm regards,

Dr. Jaime Wilson

Jaime A.B. Wilson, Ph.D., ABN, ABPP, MSCP

Prescribing Medical Psychologist & Board-certified Neuropsychologist

To the Honorable Committee Members

Re: Strong Support for HB2169, SB847, & SB708 – 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 HB2169, SB847, & SB708 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 HB2169, SB847, & SB708 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, SB847, & SB708 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

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.

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Mahalo,

Jina Uyeda PsyD, LMFT, CSAC

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

Honorable Chair, Vice Chair, and members of the Committee on Health and Human Services, 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. 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

January 31, 2026

To the Honorable Committee Members.

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

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

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

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

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

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

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

Sincerely,

Monica Hernandez

Aloha Chair, 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.

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

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 Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Senate Committee Members of the Committee on Health and Human Services

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

Dear Honorable Chair San Buenaventura, Vice Chair McKelvey, 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

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice Chair

We strongly support SB 847 which will safely increase access to services for individuals in need of mental health medications. The average wait time to see a psychiatrist or advanced practice nurse with prescriptive authority in Hawai'i is three months, according to a recent member survey by the Hawai'i Psychological Association. One third of the psychologists surveyed indicated interest in obtaining advanced training in psychopharmacology. If SB 847 is enacted, prescribing psychologists from other states would move to Hawai'i in order to prescribe medications.

Psychologists have safely prescribed medications for over 20 years in the U.S. military, Indian Health Services, Louisiana and New Mexico, resulting in a seven percent decrease in completed suicides. A comprehensive study by the U.S. Government Accounting Office concluded no significant difference in adverse outcomes between psychiatrists and prescribing psychologists with psychopharmacology training. Psychologists were less likely to over prescribe and spent more time in psychotherapy, teaching skills to cope without reliance on medication.

Passage of SB 847 will literally save lives in Hawai'i. Thank you for considering this long overdue, badly needed legislation.

Alex Lichten, Ph.D

Mary Myers, Ph.D.

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

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee on Health and Human Services:

My name is Dr. Derek Phillips, a board-certified prescribing psychologist residing in Illinois.

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. There is a prolonged, dire need to increase the number of safe and effective prescribers for mental health care across the state.

SB847 represents a significant step forward in addressing the growing need for accessible and quality mental health services in Hawai'i, particularly since prescribing psychologists use both psychotherapy and medication to treat their patients, depending on the patient's specific needs, preferences, and the available evidence and treatment guidelines.

As someone who has witnessed firsthand the challenges in accessing locally based mental health care in Illinois, I can attest to the profound impact that SB847 will have in bridging these gaps. While there was certainly resistance from my physician colleagues, including psychiatrists, while working out the details of this legislation in Illinois, there has been an overwhelming sense of unity since our bill became law, and we joined the prescriber ranks to further the goal of helping more patients more quickly.

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 the military and through the Indian Health Service.

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,

Derek C. Phillips, PsyD, MSCP, ABMP, ABRxP

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*

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

Aloha Chair San Buenaventura, Vice Chair McKelvey and Members of the Health and Human Services committee:

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.

February 1, 2026

Dear Senators and Committee:

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

I write from a public health standpoint. I have nothing to gain financially. I am a psychologist who is retired from the federal prison system, where I worked with many individuals with serious and persistent mental illness. It was difficult to find and keep qualified psychiatrists, even though the prison where I practiced was located near Richmond, Virginia, where there is a large medical school.

Based on my direct experience and those of colleagues in other institutions and agencies, I became convinced of the need for and benefits of prescribing psychologists in correctional institutions and other facilities serving marginalized patients. Many mental health care "consumers" in community mental health centers, VA medical centers, those living on Native American reservations, and residents of rural areas, for instance – could also benefit from properly trained psychologists' authorization to prescribe psychotropic medications.

You may already be aware that the military permits psychologists who have completed a clinical psychopharmacology curriculum to prescribe for men and women on active duty. The same is true for the Commissioned Corps of the Public Health Service. Seven states: New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and now Utah have already passed prescriptive authority laws of the type currently under consideration in Hawai'i.

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

the military, on Native American reservations, and several other states. I wish we had such a progressive law here in Virginia.

Thank you for your attention to this request.

Sincerely yours,

Robert K. Ax, Ph.D.
Federal Bureau of Prisons – Retired
Midlothian, VA

TO: COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

FROM: Dr. Charlotte Savage, PsyD — Licensed Clinical Psychologist, Hawai‘i
354 Uluniu St. #412, Kailua, HI 96734

RE: SB847 – Relating to Psychologists

Allows qualified psychologists limited authority to prescribe psychotropic medications

SUPPORT – Written Testimony

To the Honorable Members of the Committee,

My name is Dr. Charlotte Savage. I am a licensed clinical psychologist practicing in Hawai‘i. I am submitting this testimony in strong support of SB847, which allows qualified psychologists limited authority to prescribe psychotropic medications under clearly defined, collaborative, and supervised circumstances.

I want to speak directly to the reality on the ground for patients and providers in Hawai‘i.

There is a severe and ongoing shortage of psychiatric prescribers across the state, particularly for patients insured through QUEST and Medicare. In my work, I spend countless hours—often spread across days or weeks—attempting to locate psychiatrists or other prescribers who are accepting new patients. **Frequently**, I am told that waitlists are long—often months—or that providers are not accepting new patients and to “try again in a few months,” and in many cases referral calls receive no response at all.

Several years ago, I worked with a child patient insured through QUEST who was experiencing severe depression and had survived a suicide attempt. The child was taken to Castle Hospital, where she did not see a child psychiatrist during her ER visit. Upon discharge from the ER, the expectation was that she would follow up with an outpatient child psychiatrist.

Despite the seriousness of her condition, it took **weeks** of persistent effort to secure psychiatric care. I contacted numerous clinics and providers, and ultimately even had staff from the insurance plan (AlohaCare) assisting in the search and they also reported they could not find someone with openings. When I finally identified a child Psych NP prescriber accepting QUEST, I was deeply grateful; however, like many providers, that clinician quickly reached capacity and is no longer available for new patients—illustrating how fragile access to psychiatric care is for QUEST patients, and even more so for **children** insured through QUEST. Situations like this are not rare in my experience.

In another case, I worked with an adult woman with bipolar disorder. I personally contacted approximately 50 providers in an attempt to locate a psychiatrist who could evaluate and treat her. Although I eventually found a prescriber who could see her, this required extensive time and effort, and she remained without appropriate medication care for a prolonged period—not because she did not seek help, but because the system could not provide timely access.

I previously worked at Waimānalo Health Center, a federally qualified health center serving a medically underserved population. At that time, the clinic had two very part-time psychiatrists, both with long waitlists. Today, to my understanding, there is only one very part-time psychiatrist, reportedly on site only once per month, and new patients may wait months to be seen. When one psychiatrist left and stopped accepting QUEST patients, many stable patients were suddenly forced to wait longer or find new providers.

These gaps in care are not just inconvenient. They are dangerous.

Patients with bipolar disorder or psychotic disorders cannot safely go without medication or experience repeated interruptions in treatment. Even short gaps can lead to destabilization, hospitalization, loss of employment, or housing instability. Untreated depression can result in a return to significant functional impairment for patients who had previously been stable and productive. This suffering is unnecessary and preventable.

The process of trying to secure medication care is also deeply stressful for patients. Many already struggle with motivation, energy, and hope. Being told repeatedly that no providers are available—or never receiving a call back—can reinforce feelings of hopelessness and abandonment by the healthcare system.

This is not an isolated experience. I work with many therapists across Hawai‘i who report the same problems: unanswered calls, closed waitlists, months-long delays, and an inability to secure psychiatric care even for high-risk patients. Recently, I spent six weeks trying to obtain an initial medication evaluation for a patient insured through HMSA—not QUEST after he reported getting no callbacks. In another recent case involving a patient with HMSA, it took several weeks just to receive a response from a prescriber and additional weeks to schedule the initial visit. Even with private insurance, access remains profoundly limited. SB847 offers a responsible, evidence-based solution to this crisis.

Prescribing psychologists have been safely practicing for years in federal systems and in multiple U.S. states. The model proposed in this bill is limited, highly regulated, and collaborative. *It does not replace psychiatrists or primary care physicians—it complements them.* It expands capacity where it is desperately needed.

Given Hawai‘i’s ongoing mental health workforce shortage, I ask: *why would we deny residents access to a proven model of care that improves availability, continuity, and safety?* We are in a mental health crisis, and there is no indication that this crisis will resolve on its own.

People should not have to suffer unnecessarily while waiting months for mental health medication care. SB847 is a pragmatic step toward improving access for Hawai‘i’s most vulnerable residents.

I strongly urge you to support SB847.

Respectfully submitted,

Dr. Charlotte Savage, PsyD

Licensed Clinical Psychologist, Hawai‘i

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026

1:05 PM

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Eryn Nakashima, and I am a current psychiatry resident physician here in Hawaii.

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

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

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

To illustrate why this matters: I recently treated a patient referred for worsening depression who was found to have an undiagnosed cardiac condition and abnormal lab values that made several common psychiatric medications potentially dangerous. Recognizing these risks required medical training—interpreting labs, understanding physiology, and coordinating care with primary care and cardiology. Without that background, prescribing could have resulted in serious harm.

Most patients with mental illness have co-occurring medical conditions such as heart disease, diabetes, pregnancy-related complications, or substance use disorders. Psychiatric medications can affect heart rhythm, blood pressure, metabolism, and organ function, and can interact dangerously with other medications. Prescribing without comprehensive medical training places patients at risk.

We already see patient safety concerns related to gaps in medical knowledge among some prescribing non-physician providers. Granting prescriptive authority with even less medical training than existing APRN/PA pathways further compounds this risk.

I am also concerned about unintended workforce consequences. As a young psychiatrist deciding where to build my career, legislation that lowers medical standards discourages physicians from staying in Hawai'i and risks worsening our already critical physician shortage and the health of the people of Hawai'i, particularly for our most vulnerable populations who need it most.

There are safer, evidence-based ways to expand access to mental health care without compromising safety, including:

- Expanding physician-led medical homes and collaborative care models with primary care providers
- Strengthening collaborative care between physicians and psychologists/SW
- Expanding telepsychiatry consultation and care coordination for rural communities
- Investing in physician, APRN, and PA training and retention programs in Hawai'i.

For these reasons, I respectfully urge the Committee to reject SB 847. Protecting patient safety and maintaining high standards of care must remain our top priority. Thank you for the opportunity to share my concerns on this important issue.

Mahalo,
Eryn Nakashima

SB-847

Submitted on: 2/1/2026 5:00:28 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

Aloha Chair San Buenaventura, Vice Chair McKelvey, and members of the Committee:

My name is Sean Lee, and I am a resident physician training in psychiatric medicine. I respectfully oppose SB 847, which would allow the Board of Psychology to grant prescriptive authority to clinical psychologists who meet certain education, training, and registration criteria. Established pathways to prescribing already exist within the health care profession, and I am concerned that creating alternative routes could compromise the quality of care patients deserve.

I urge the Committee to reject this bill. If enacted, SB 847 could place Hawai‘i’s most vulnerable populations—our keiki, kūpuna, and residents of rural communities—at risk by permitting psychologists to prescribe potentially dangerous medications without sufficient medical training. Although psychologists are essential members of our behavioral health system, they do not receive the medical education required to safely manage medications. Medicine is a complex and highly technical field, and those who prescribe must meet rigorous standards to ensure patient safety. Many individuals with mental illness also have coexisting medical conditions, making comprehensive medical training critical for anyone responsible for prescribing treatment. Additionally we tend forget that psychiatric medications alter the chemistry of the brain - with considerations of high accountability and responsibility to those who prescribe them.

For these reasons, I am deeply concerned that SB 847 would threaten the health, safety, and well-being of Hawai‘i’s residents. I respectfully recommend the Committee consider safer alternatives to expand access to mental health care, including:

1. Encouraging psychologists who wish to prescribe medications to pursue medical school, physician assistant programs, or APRN training.
2. Expanding the Hawai‘i Cares Line to enhance coordination between physicians and mental health professionals.
3. Increasing access to telehealth services so patients can receive appropriate care closer to home.

I respectfully urge the Committee to reject SB 847. Thank you for the opportunity to share my concerns on this important issue.

Mahalo,
Sean Lee, MD

SB-847

Submitted on: 2/1/2026 6:05:54 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| John Draeger | Individual | Oppose | Written Testimony Only |

Comments:

Prescribing for people with a mental health disorder requires extensive training in physiology, biochemistry, and pharmacology because of the complexity of human systems and the potential for harm. Psychologists are well-trained in human thoughts, feelings and behaviors, but do not have training or experience in physical medicine. The difference in training for a physician (four years of undergraduate training, four years of medical school, and 3-5 years of residency experience with ongoing educational requirements for the rest of their career) reflects these complexities (psychologist has four years of undergraduate training and 3-5 years of graduate school). The 3-5 years of residency includes close mentoring, often 1:1 direct supervision, and supervised medical decision-making. A combined MD-PhD program would prepare a psychologist for prescription writing as a physician and working as a fully-trained psychologist. Anything less, I believe, would be inadequate. Medical errors are entirely too frequent in fully-trained physicians. I would be more receptive to adding yet one more year of training for MD's to reduce the harm from prescription errors.

I suggest "no" for SB847.

John Draeger, MD (Hawai`i license MD8717)

SB-847

Submitted on: 2/1/2026 7:07:39 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

I am Dr. Hu, a psychiatry resident living in District 1. I strongly oppose SB 847 because (1) it compromises patient safety, (2) medical training cannot be replaced by abbreviated or online coursework, and (3) expanding prescribing authority without full medical training fragments care and creates confusion about clinical responsibility.

SB-847

Submitted on: 2/1/2026 9:08:19 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Derek Larson | Individual | Oppose | Written Testimony Only |

Comments:

My name is Dr. Derek Larson, and I am a psychiatry resident living in District 5. I strongly oppose SB 847 because it compromises patient safety by expanding prescribing authority without the comprehensive medical training required to diagnose and manage complex psychiatric conditions, medical comorbidities, and serious medication side effects. Abbreviated or online coursework cannot replace medical training, and this bill risks fragmenting care and obscuring clinical responsibility.

SB-847

Submitted on: 2/1/2026 9:45:28 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Kristopher Lin | Individual | Oppose | Written Testimony Only |

Comments:

1. Patient safety must come first

- Prescribing psychotropic medications requires deep medical training to recognize medical comorbidities, drug–drug interactions, side effects, and emergencies.
 - Psychotropic medications affect multiple organ systems and can have serious, sometimes life-threatening consequences if mismanaged.
 - Independent prescribing without comprehensive medical education increases risk to patients.
-

2. Medical training cannot be compressed

- Psychiatrists complete 4 years of medical school + 4 years of residency (10,000+ supervised clinical hours).
 - SB 847 proposes prescribing authority after a master’s degree and limited (usually 400 in most bills) hours of supervised experience.
 - There is no substitute for full medical training when prescribing medications that require medical judgment.
-

3. Psychologists are not trained as prescribing clinicians

- Psychologists do not receive foundational training in anatomy, physiology, pharmacology, internal medicine, or neurology.
 - Prescribing requires ongoing medical assessment, management of side effects, and recognition of medical illness.
 - This bill blurs professional boundaries in a way that puts patients at risk.
-

4. Access problems are systems problems—not training problems

- Hawai‘i’s mental health access challenges are driven by workforce shortages and system-level barriers.
- These challenges can be addressed through evidence-based delivery models, not by lowering prescribing standards.
- Creating a new prescriber pathway does not address the underlying access problem.

5. This bill may worsen Hawai'i's clinician shortage

- Lowering prescribing standards risks driving psychiatrists—especially early-career clinicians

If you don't have time, even one sentence submitted as testimony is helpful: ““I am Dr. Lin, a psychiatry resident. I strongly oppose SB 847 because (1) it compromises patient safety, (2) medical training cannot be replaced by abbreviated or online coursework, and (3) expanding prescribing authority without full medical training fragments care and creates confusion about clinical responsibility.”

SB-847

Submitted on: 2/1/2026 10:26:07 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Charlene Hsia, and I am a practicing resident physician in the State of Hawai'i. I am submitting this testimony to oppose SB 847, which would authorize the Board of Psychology to grant prescriptive authority to clinical psychologists that meet specific education, training, and registration requirements. My reasons are as follows:

1. The pathway to prescriptive authority already exists for professionals working in health care (MD, DO, APRN-Rx), and I am concerned that any additional shortcuts would jeopardize the quality of care that patients deserve and need. Psychiatrists (MD, DO) receive a minimum of 7,680 clinical hours of psychiatric training in residency alone in order to ensure safety in prescribing psychiatric medications. The requirements specified in this bill for psychologists is a "minimum 400 hours," which is 19-fold less and places patients at high risk of harm.

2. Prescribing medication requires extensive medical education in subjects that psychologists do not receive education in such as: biochemistry, physiology, immunology, and pharmacology. Psychiatric illness is rooted in these subjects that psychologists do not learn during their degree-earning process. We cannot view psychiatric illness as a separate entity from physical illness. Mental health is health.

3. It would be remiss to further silo human services by granting psychologists prescriptive authority. Although psychologists play an essential role in the mental health system through assessment, diagnosis, and provision of evidence-based psychotherapy, their training is meant to be complimentary to that of psychiatry (which is a medical practice). Instead, it would be better to bolster the coordination of healthcare services through the following means:

- Expand the Hawai'i Cares Line to improve coordination between physicians and mental health professionals
- Broaden telehealth services so patients can receive appropriate care closer to home
- Encourage the use of collaborative care models, which reframe the utilization of existing resources (eg. physicians, social workers) to expand provision of care for the people of Hawai'i

As such, I respectfully urge the Committee to reject SB 847 as I am deeply concerned that SB 847 would jeopardize the health, safety, and welfare of Hawai'i residents when there are safer alternatives to expanding access to care.

Mahalo,

Charlene Hsia, MD

SB-847

Submitted on: 2/1/2026 10:41:34 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

I am Dr. Chen, a psychiatry resident. I strongly oppose SB 847 because (1) it compromises patient safety, (2) medical training cannot be replaced by abbreviated or online coursework, and (3) expanding prescribing authority without full medical training fragments care and creates confusion about clinical responsibility

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026

1:05 PM

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Shreya Chadda, D.O., and I am a practicing resident trained in psychiatric medicine.

I respectfully **oppose SB 847**, which would authorize the Board of Psychology to grant prescriptive authority to clinical psychologists that meet specific education, training, and registration requirements. The pathway to prescriptive authority already exists for professionals working in health care and I am concerned that any shortcuts would jeopardize the quality of care that patients deserve and need.

I urge the Committee to reject this bill. If passed, SB 847 could endanger Hawai‘i's most vulnerable residents—our keiki, rural communities, and kūpuna—by allowing psychologists to prescribe potentially dangerous medications without adequate medical training.

While psychologists play a vital role in our behavioral health system, they lack the medical education necessary to safely prescribe medications. Medicine is a highly technical science and its practitioners must meet rigorous standards to responsibly treat patients. Most individuals with mental illness also have co-occurring medical conditions, making it essential that prescribers be trained to treat the whole patient.

I am deeply concerned that SB 847 would jeopardize the health, safety, and welfare of Hawai‘i residents.

I respectfully recommend the Committee consider these alternatives to safely expand access to mental health care:

1. Encourage psychologists interested in prescribing to pursue medical school, physician assistant programs, or APRN training.
2. Expand the Hawai‘i Cares Line to improve coordination between physicians and mental health professionals.
3. Broaden telehealth services so patients can receive appropriate care closer to home.

I respectfully urge the Committee to reject SB 847. Thank you for the opportunity to share my concerns on this important issue.

Mahalo,
Shreya Chadda, D.O.

SB-847

Submitted on: 2/1/2026 11:56:06 AM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------|--------------|--------------------|------------------------|
| Audra Ryan-Shepard | Individual | Oppose | Written Testimony Only |

Comments:

RE: SB847

Audra Jacqueline Ryan-Shepard, MD MPH

Kaneohe, HI

2/1/26

As a child, adolescent, and adult psychiatrist who has worked in the state of Hawaii for the last three years and has practiced medicine for over 12 years, I strongly oppose SB847, which would allow psychologists to prescribe psychotropic medications. Psychiatrists, in the process of becoming physicians, receive 4 years of postgraduate education in medical school and between 4-6 years of additional training in residency during which time experienced attending physicians supervise them. This equates to psychiatrists having ~12,000-16,000 hours of clinical training and practical experience before they can practice medicine and prescribe medications on their own. While psychologists are a valuable resource and often experts in human behavior, their focus is on learning and practicing therapy and/or clinical research during their training. Unlike physicians, psychologists do not have dedicated education in biology, anatomy, clinical medicine, pathophysiology, or pharmacology as part of their curriculum and they have what equates to <1,920 hours of clinical training. The American Psychological Association's additional course with four hundred didactic hours of psychopharmacology for psychologists (which is approximately 10 weeks and less than half of a year of medical school) is grossly inadequate to prepare psychologists to prescribe medications. Psychologists are simply not prepared to understand or counsel patients on the risks of psychotropic medications and their impact on the entire body without attending medical school and psychiatric residency. Only a small minority of states allow psychologists to prescribe medications, and Hawaii should not be part of this dangerous experiment which currently does not have sufficient research to assure safety. In fact, in other states where psychologists do prescribe medication, workforce maps have show that psychologists have not moved to rural areas. They practice in the same locations as psychiatrists, so it has not even addressed the stated goal of expanding access to in person mental health care.

There are many other avenues to address the shortage of psychiatrists in the state of Hawaii besides giving inadequately trained psychologists the ability to prescribe medication. For example, the Collaborative Care Model in which psychiatrists work together with primary care providers and help guide psychiatric care for primary care patients has proved to be effective in over ninety randomized controlled trials. Setting money aside for development and enhancement of Collaborative Care programs could help this service expand in Hawaii. In addition, Hawaii could fund a state-wide Psychiatry Access line for primary care providers staffed by on-call psychiatrists, which has been shown to be effective in other states to expand access to evidence based psychiatric care. Furthermore, funding for expanding internet access and increasing mental health parity reimbursement for telehealth visits across the state can allow existing psychiatrists to reach more people in rural Hawaii via telehealth.

I hope you will vote no on SB847 to prevent psychologists from prescribing medication in the state of Hawaii until more research is done to ensure this is safe and effective.

SB-847

Submitted on: 2/1/2026 12:03:09 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| 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

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026

1:05 PM

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Dr. Kyla Yamashita, and I am a practicing resident physician trained in psychiatric medicine.

I respectfully **oppose SB 847**, which would authorize the Board of Psychology to grant prescriptive authority to clinical psychologists that meet specific education, training, and registration requirements. The pathway to prescriptive authority already exists for professionals working in health care, and I am concerned that any shortcuts would jeopardize the quality of care that patients deserve and need.

I urge the Committee to reject this bill. If passed, SB 847 could endanger Hawai‘i’s most vulnerable residents—our keiki, rural communities, and kūpuna—by allowing psychologists to prescribe potentially dangerous medications without adequate medical training. While psychologists play a vital role in our behavioral health system, they lack the medical education necessary to safely prescribe medications. Psychiatrists undergo at least eight years of training, including 10,000+ supervised clinical hours, and pass board certification exams to become licensed psychiatric physicians to treat patients and prescribe medications appropriately. Medicine is a highly technical science, and its practitioners must meet rigorous standards to responsibly treat patients. Most individuals with mental illness also have co-occurring medical conditions, making it essential that prescribers be trained to treat the whole patient. I am deeply concerned that SB 847 would jeopardize the health, safety, and welfare of Hawai‘i residents.

I respectfully recommend the Committee consider these alternatives to safely expand access to mental health care:

1. Encourage psychologists interested in prescribing to pursue medical school, physician assistant programs, or APRN training.
2. Expand the Hawai‘i Cares Line to improve coordination between physicians and mental health professionals.
3. Broaden telehealth services so patients can receive appropriate care closer to home.

I respectfully urge the Committee to reject SB 847. Thank you for the opportunity to share my concerns on this important issue.

Mahalo,
Kyla Yamashita, MD

RE SB 847 RELATING TO PSYCHOLOGISTS - Prescriptive Authority; Psychologists
Position: Oppose

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and Committee Members,

As a pediatrician who is acutely aware of the dire effects of the healthcare worker shortage in our islands, I appreciate that SB847 is clearly intended to improve access to mental healthcare for the people of Hawai'i. However, I would like to respectfully share my opposition to this bill, which would expand limited prescriptive authority to licensed psychologists. I have read the bill carefully and am concerned that there are several reasons why this change would not be safe for patients, would not be equitable, and would not significantly alleviate the mental healthcare shortage that has plagued our communities, especially on Neighbor Islands, and especially for patients with Quest insurance, for so long.

Although the bill requires both additional training for psychologists and oversight by a collaborating MD, I am concerned that safeguards against dangerous drug interactions and missed medical diagnoses causing neuropsychiatric symptoms are lacking. Additionally, children (including teenagers), as well as kupuna (though care of the elderly is beyond my scope of practice) require different medical management than otherwise healthy adults. Children's disease processes, metabolism of medications, and treatment plans are often quite different than in adults. However, I do not see any age-based or other restrictions to psychologists' prescriptive authority in the bill. If the bill passes this Committee, I would request that age-based restrictions be put in place to limit the prescription of psychotropic medications for children to licensed pediatricians, psychiatrists, and other allied health providers, as is currently the case.

I note that the bill limits expanded prescriptive authority to psychologists practicing in Federally Qualified Health Centers (paragraph 465, section 7). 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 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 do require the care of a psychiatrist directly.

Finally, having practiced for nearly ten years in the islands, I have seen first-hand the difficulties that my 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.

I thank you for your consideration.

Sincerely,

Maya Maxym, MD, PhD, FAAP

SB-847

Submitted on: 2/1/2026 12:27:50 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

My name is Dr. Coleman and I am a psychiatry resident living in Mililani. I am opposed to SB847 because prescribing psychiatric medication is medical care, not just a mental health skill. From my training, I have learned that prescribing psych meds is rarely simple. Many patients have complex medical problems, are on multiple medications, and can develop serious side effects that require quick recognition and treatment. Psychotropic medications are not “therapy tools” that can be added onto a non medical degree. These medications can affect the heart, brain, metabolism, sleep, and safety in ways that require full medical training to manage.

Psychologists are essential partners in care and should absolutely be supported, but independent prescribing without full physician level medical education puts patients at risk. This bill tries to solve an access problem by expanding prescribing authority, but it does so by lowering the medical training standard for prescribing. That is not the direction Hawai‘i should go. Hawai‘i needs better access, but access should never come at the cost of safety. We should invest in strengthening proven systems of care and keeping physician led psychiatric treatment available, not by creating a shortcut pathway to prescribing.

Please oppose SB847.

SB-847

Submitted on: 2/1/2026 12:31:38 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Naomi Bikle MD | Individual | Oppose | Written Testimony Only |

Comments:

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice-Chair

Senate Committee on Health and Human Services

Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026 | 1:05 PM

Re: SB 847 - Relating to Prescriptive Authority for Clinical Psychologists

Position: OPPOSED, Please vote “NO”

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Naomi Bikle, MD and I am a practicing physician trained in psychiatric medicine.

I oppose SB 847 because it is unnecessary and it may eventually be harmful.

Prescribing psychiatric medicines looks easy, but it’s not. You can die from a rash from a mood stabilizer or from a shot of pain medicine if you are taking an antidepressant. New side effects and drug interactions are discovered every day. To prescribe psychiatric medications, you need a medical education. Medicine is a highly technical science and its practitioners must meet rigorous standards to responsibly treat patients. Most individuals with mental illness also have co-occurring medical conditions, making it essential that they be trained to treat the whole patient, considering all systems involved.

Psychologists are an integral part of the health care team, but best serve patients within their scope of expertise – diagnostic assessments and psychotherapy interventions. The programs that would qualify them have significantly limited didactic and clinical experience with medications

compared to MDs, DOs, and, to an extent, Physician Assistants and Advanced Practice Registered Nurses with prescriptive authority.

I respectfully recommend the Committee consider these alternatives to safely expand access to mental health care:

1. Increasing funding for state mental health services so that they could recruit and retain psychiatrists, and expand the diagnoses and programs covered by state mental health, which has been cut back over the years.
2. Increase funding for evidence based models such as the collaborative care, which is physician-led.
3. Encourage psychologists interested in prescribing to pursue medical school, physician assistant programs, or APRN training.
4. Broaden telehealth services so patients (especially patients with Medicare or QUEST) can receive appropriate care from their home.

I respectfully urge the Committee to reject SB 847. Thank you for the opportunity to share my concerns on this important issue.

Mahalo,

Naomi Bikle, MD
Psychiatry | Kailua Kona, HI

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair Aquino, and members of the Committee:

My name is Dr. Casandra Simonson MD and I am a pediatrician on Maui where I have been treating common psychiatric conditions in a collaborative care model for the last 12 years. My testimony is my own and not representative of others.

I respectfully stand in **OPPOSITION** to **SB 847** which authorizes and appropriates funds for the Board of Psychology to grant prescriptive authority to clinical psychologists who meet specific education, training, and registration requirements. Further, the measure requires the Board of Psychology to accept applications for prescriptive authority privilege beginning 7/1/2026.

I urge the Committee to oppose SB 847. If passed, this bill could endanger the lives of Hawaii's most vulnerable citizens – our Keiki, rural populations, and Kupuna – by allowing psychologists to prescribe potentially dangerous medications. Psychologists are an important part of our behavioral health teams, but they have no medical training. Medicine is a science, whereas psychology is one of the humanities. Most patients with mental illness also have medical conditions. Thus, **it is essential that a medical professional consider the entire patient.**

I am concerned that if SB 847 is passed, that this will jeopardize the health, safety and welfare of Hawaii residents. As evidenced in a 2022 APA poll, nearly 80% of Hawaii residents believe only individuals who have a medical degree and a state license to practice medicine should be allowed to prescribe psychotropic medications.

I recommend consideration of the following alternatives to safely expand access to mental health care:

1. Train more primary care practitioners to more comfortably prescribe psychotropics via programs like ECHO.
2. Expand access to integrated care models, such as the Collaborative Care Model.
3. Lower the excise tax burden and increase Medicaid reimbursements for Hawaii (lowest in the 50 states) for physicians who accept Medicare/ Medicaid.
3. Expedite licensure for US continent MDs to practice in Hawaii in person and by telehealth.

Accordingly, I respectfully urge the legislature to defer SB 708. Thank you for the opportunity to express my concerns on this important issue for our community.

Sincerely,

Dr. Casandra Simonson MD
Pediatrics Chair, CCM

SB-847

Submitted on: 2/1/2026 12:37:19 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

I am Dr. Ravjoot Randhawa, a psychiatry resident, and I live in the district of. Kaka'ako. I strongly oppose SB 847 because (1) it compromises patient safety, (2) medical training (8+ years) cannot be replaced by abbreviated or online coursework, (3) expanding prescribing authors without full medical training fragments care and creates confusion about clinical responsibilities, and (4)) the bill will have negative consequences of young psychiatrists leaving Hawaii to practice on the continent, therapy exacerbating the physician shortage.

SB-847

Submitted on: 2/1/2026 12:37:40 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

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

Comments:

Aloha,

My name is Dr. Awapuhi Lee. I am a resident of Pearl City and a psychiatrist in training here in Hawai'i. I strongly oppose SB 847, which would allow psychologists at FQHCs to prescribe psychotropic medications, for the following reasons:

1) The bill would compromise patient safety.

Prescribing psychotropic medication requires not only an understanding of psychiatric disease processes but also of other medical comorbidities that psychologists would be unable to manage. Moreover, psychotropic medications may interact with other medications that patients are taking for their health conditions, and psychologists would not be adequately trained to recognize when a treatment may be contraindicated given a patient's current medication regimen. Psychotropic medications can also affect multiple organ systems and, in rare instances, can cause severe, life-threatening reactions. To prevent these from occurring, routine laboratory work may be required, and psychologists do not have the ability to do this.

2) The education and training psychologists would receive to prescribe psychotropics is inadequate compared to the training psychiatrists complete.

To become a psychiatrist, individuals must complete four years of medical school followed by four years of residency training. During residency, trainees complete at least 7,680 clinical hours of training. This bill would allow psychologists—who complete four years of graduate school for their doctoral degree, two years of graduate school for a master's degree in psychopharmacology, and 400 clinical hours of training—to do the same work as psychiatrists with significantly less education and training. You cannot shorten years of training and clinical hours and expect better outcomes for people who need adequate and sufficient mental health care.

3) If the bill passes, it would have the negative consequence of forcing psychiatrists to leave Hawai'i to practice on the continent, thereby exacerbating the physician shortage.

As a psychiatrist in training, I understand how difficult it is for patients to access mental health care, but this bill would only worsen the problem while putting patients' safety at risk.

I strongly encourage members of the committee to oppose SB 847. I appreciate you taking the time to review my testimony.

Mahalo,

Awapuhi Lee, MD

SB-847

Submitted on: 2/1/2026 12:41:42 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------|--------------------|------------------------|
| Jennifer B Villa | Individual | Oppose | Written Testimony Only |

Comments:

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice-Chair

Senate Committee on Health and Human Services

Hawai'i State Capitol, Room 225

Hearing Date: February 2, 2026

1:05pm

Re: SB 847 - **Relating to Prescriptive Authority for Clinical Psychologist**

Aloha Chair San Buenaventura, Vice Chair McKelvey, and members of the Committee:

My name is Jennifer Villa, MD and as a practicing psychiatrist in the state of Hawai'i, I would like to submit my opinion as testimony for the upcoming hearing related to SB 847 on allowing psychologist prescriptive authority for psychotropic medications.

I respectfully oppose this bill. Overall there is a lack of data regarding the safety of this practice and I do not feel the people of Hawai'i should be exposed to the risks of prescribing from non-medically trained providers. It is important to compare the level of training a psychiatrist or primary care physician has undergone from the basics of biological sciences required to enter into medical school, through the very broad and complete exposure to all bodily systems in medical school and then into a chosen focus of residency. This take several years and thousands of training hours. In stark comparison, it is my understanding that in general for prescribing psychologists there is a two year master's level degree in Clinical Psychopharmacology and 400 hours of supervised clinical prescribing. This is a drastic difference and the amount of medical nuances which occurring during a physician's medical training cannot be underscored. Human beings are not static, we are dynamic, ever changing and constantly undergoing an aging process.

There needs to be a strong understanding of not just medication properties to grasp how the medications prescribed in mental health can impact all bodily systems. For example, some of the most commonly prescribed medications for depression can have very dangerous effects on the heart and various medical factors about a person can place them at higher risk. This risk may evolve over the course a person's life and there must be constant attention to the changing factors in assessing medication safety risk. Also, several other classes of medications used in mental health, such as mood stabilizers, also have serious risks and side effects.

Additionally, when researching the data to support use of prescribing psychologists, the Hawai'i legislature should be aware that the literature on this is sparse. In fact, according to an article in *Clinical Psychology* in 2025, only 226 psychologists as of March 2024 had prescriptive authority in the the six states where it was authorized at that time. That is a very small number to be able to assess the risks of this practice. For instance, in medicine it is generally the standard that a new treatment be very closely evaluated through several rounds of studies with later studies enrolling patients by the thousands before it can be considered an appropriate treatment options in regards to safety. Therefore, if only a few hundred psychologist have engaged in prescribing, how can there be enough data to provide Hawai'i a comprehensive view of risks and benefits. Additionally, with such a small number of psychologists who have elected to move into prescribing, there would not be expected to make much of an impact regarding access to care, which is often the primary argument in allowing this practice.

Thank you for allowing the opportunity to share my concerns on this matter. I do feel psychologists are a very important aspect in the care and treatment of individuals with mental health disorders, but feel it should remain within their scope of providing treatment strategies through therapy. I do not feel it is appropriate for them to assume the role of prescribing medications for the people of Hawai'i. I would urge the committee to reject SB 847. There are other options I feel should be explored, such as expanding the collaborative models between primary care physicians and psychiatrists, to provide appropriate treatment for our community.

Sincerely,

Jennifer B. Villa, MD

References: 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(2), 193–201

SB-847

Submitted on: 2/1/2026 12:58:33 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Jeffrey Akaka, MD | Individual | Oppose | Written Testimony Only |

Comments:

DATE: Monday, February 2, 2026

TIME: 1:05 PM

Subject: SB847 - Oppose

To: Sen. Joy San Buenaventura and Sen Angus McKelvey>

Senate Committee on Health and Human Services,

Dear Chair San Buenaventura and Vice Chair Mckelvey,

Re: SB847

Position: Oppose

Counseling is not chemistry. Psychology is not medicine. Every premed, nursing and pharmacy degree student is required to take, and pass, the same undergraduate chemistry and biology courses before moving on to their more advanced professional degree programs. Curiously these same science prerequisite requirements were NOT required of the psychologists who sought the American Psychological Association promoted Hilo Pharmacy School Masters Degree in Clinical Psychopharmacology, (MSCP) the degree apparently referenced in SB847. The science words are mentioned in the bill, but mislead. SB847 requires no real science understanding to the same rigor or degree as is required of every other prescribing professional mentioned above. SB847 seeks to allow, based on 7 years of a primarily counselling but not chemistry based curricula, putting chemicals, often toxic, into not healthy but diseased human bodies, including sick infants and elderly.

For your convenience, attached below please find back up materials in opposition to SB847:

- 1. The initial 1995 report evaluating the Department of Defense Psychopharmacology Demonstration Project (DOD-PDP) (particularly page 2)**
- 2. A summary of the 2007 Hawai'i Legislative Research Bureau Analysis comparing the DOD-PDP with the far less rigorous training advocated for by the psychologists.**

In short, studies showing the ineffectiveness of psychologist prescribing efforts have already been done, exhaustively, at great expense, at both the national and Hawai'i State level, should not be repeated, and better methods, including collaborative care, are well documented and already being implemented statewide.

Please do not pass SB847 out of your committee.

As always, please don't hesitate to call on me if I might be of assistance.

Aloha and mahalo,

Jeffrey

Jeffrey Akaka, MD

Psychiatrist

(808-341-3472 Cell)

jakaka@gmail.com

[DOD Army Psychopharmacology Demonstration Project Feb 1995.pdf](#)

[1. LRB - Prescriptive Authority for Psychologists \(2007\).pdf](#)

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026
1:05 PM

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Kyung Moo Kim, and I am a resident physician training in psychiatric medicine.

I am writing in opposition to SB 847, which would allow the Board of Psychology to grant prescriptive authority to clinical psychologists who meet certain education and training requirements. Prescribing authority already has a clear and established pathway within health care, and creating an alternative route raises serious concerns about maintaining the standards of care on which our patients rely.

If enacted, SB 847 could place patients with mental illness at increased risk, as many individuals who require psychiatric care also have significant medical needs that require comprehensive medical training to manage safely. Our patients deserve the highest quality of care, and while psychologists play a vital and indispensable role in our behavioral health system, they do not receive the medical education required to prescribe medications. Prescribing is not limited to selecting a medication; it requires taking **responsibility** for monitoring, recognizing, and managing side effects, drug–drug interactions, medical complications, and emergencies that may arise from treatment. I am concerned about patient safety should such medical concerns arise without comprehensive medical training.

For these reasons, I am deeply concerned that SB 847 could compromise patient safety and the overall quality of psychiatric care in Hawai'i.

Rather than lowering prescribing standards, I respectfully recommend the Committee consider the following safer, evidence-based alternatives to expand access to mental health care:

1. **Encourage established medical pathways** for prescriptive authority, such as medical school or physician assistant programs, for psychologists who wish to prescribe medications.
2. **Invest in and expand the Collaborative Care Model**, an evidence-based approach that integrates primary care, behavioral health clinicians, and consulting psychiatrists, and broadens access to high-quality psychiatric care across a larger patient population.
3. **Expand telehealth services** to improve access to appropriate psychiatric care, particularly for patients in rural and underserved areas.

For these reasons, I respectfully urge the Committee to reject SB 847. Thank you for the opportunity to share my perspective.

Mahalo,
Kyung Moo Kim, M.D.

LATE

SB-847

Submitted on: 2/1/2026 2:00:22 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Kendyl Oshiro | Individual | Support | Written Testimony Only |

Comments:

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

My name is Kendyl Oshiro and I am a postdoctoral fellow in clinical psychology. I strongly support SB847 as this will help increase access to mental health care across our state. I currently work in a community mental health setting and it typically takes 2-3 months for patients to be seen by a prescribing provider. This bill will not only increase access to care, but also decrease wait times for our patients.

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,

Kendyl Oshiro

LATE

SB-847

Submitted on: 2/1/2026 1:05:03 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Alyssa Peric | Individual | Oppose | Written Testimony Only |

Comments:

I am Dr. Alyssa Peric and live in State District VI. I am a psychiatrist in training and strongly oppose SB 847 for several reasons including:

1. It compromises patient safety given that it takes 8 years of medical school and specialized training to learn the knowledge and clinical skills to appropriately and safely prescribe medications for patients suffering from a mental illness.
2. Passing this bill will have negative consequences on psychiatrists, and likely lead to their departure from Hawai'i to practice medicine in other parts of the country. This will ultimately exacerbate the physician shortage in Hawai'i.

LATE

SB-847

Submitted on: 2/1/2026 2:50:26 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Gretchenjan Gavero | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

My name is Dr. Gretchenjan Gavero, and I've been caring for the mental health of Hawaii's community since 2013. As a board-certified psychiatrist and psychotherapist, I also have the privilege of teaching the next generation of psychiatrists how to be compassionate, responsible physicians. I'm writing to respectfully oppose SB 847, which would grant psychologists prescribing authority.

Mental health conditions are medical conditions. Prescribing psychiatric medications requires mastery of human physiology and the intricate ways mental and physical health conditions interact. This expertise doesn't come quickly; it requires extensive, rigorous training. As a general adult psychiatrist, my training included four years of medical school and four years of psychiatric residency, totaling at least six years of direct, hands-on patient care across thousands of cases. These are years of clinical training with real patients with depression and diabetes, anxiety and cardiovascular disease, bipolar disorder and thyroid dysfunction, schizophrenia and pregnancy complications, PTSD and cancer treatment.

Our families and individuals are already burdened by the challenges of navigating our healthcare system. One of the most important ways we can reduce that burden is by preventing complications when medical problems are missed or inadequately managed. Throughout my career in inpatient psychiatric units, emergency rooms, and with medically hospitalized patients, I've seen firsthand what happens when psychiatric medication management doesn't account for the full medical picture. These preventable complications add to the strain on our already stretched hospital systems and outpatient clinics.

I've managed psychiatric care in adolescents, adults navigating strokes, patients with liver disease, and kupuna with multiple chronic conditions. Each case required understanding not just the mental health diagnosis, but how every medication choice would affect the kidneys, liver function, heart rhythm, metabolic processes, and drug interactions. Even medications that seem straightforward can cause serious harm when medical complexities aren't properly understood and monitored. This level of expertise is what medical training encompasses.

When we prevent medication-induced complications through expert care, we prevent emergency room visits, hospital admissions, and the cascading health problems that follow. This protects our patients and reduces the burden on our healthcare system.

I deeply value collaboration between psychiatrists and psychologists; both professions are essential to comprehensive mental health care. But prescribing medications that affect every system in the body is a medical responsibility that requires medical training.

Mahalo for considering my testimony and for all that you do to keep our community safe and healthy.

Dr. Gretchenjan Gavero, DO
Board-Certified Psychiatrist

LATE

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

My name is Dr. Pablo Read, and I am a psychiatry resident physician training at a Hawai‘i residency program. I live and work in Honolulu, where I care for patients with complex psychiatric and medical needs. I am writing to express my **strong opposition to SB 847**.

Patient safety must come first.

Prescribing psychotropic medications is not a narrow or isolated skill. These medications affect multiple organ systems and require deep medical training to safely manage drug–drug interactions, medical comorbidities, side effects, and emergencies such as serotonin syndrome, neuroleptic malignant syndrome, metabolic complications, cardiac arrhythmias, and withdrawal syndromes. Independent prescribing without comprehensive medical education significantly increases the risk of patient harm.

Medical training cannot be compressed.

Psychiatrists complete four years of medical school followed by four years of residency training—well over 10,000 hours of supervised clinical experience—before prescribing independently. SB 847 proposes prescriptive authority after a master’s degree and approximately 400 hours of supervised experience. There is no substitute for full medical training when prescribing medications that require ongoing medical judgment and integration of psychiatric and medical care.

Psychologists are not trained as prescribing clinicians.

Psychologists receive excellent training in psychotherapy, assessment, and behavioral interventions. However, they do not receive foundational education in anatomy, physiology, pharmacology, internal medicine, or neurology comparable to physicians. Prescribing psychotropic medications requires continuous medical assessment and recognition of medical illness masquerading as psychiatric symptoms. This bill blurs professional boundaries in a way that risks fragmenting care and compromising patient safety.

Access problems are systems problems—not training problems.

Hawai‘i’s mental health access challenges stem from workforce shortages, reimbursement issues, geographic barriers, and under-resourced public systems. These are system-level problems that require system-level solutions. Lowering prescribing standards does not address these root causes and risks creating a two-tiered system of care for underserved patients.

This bill may worsen Hawai‘i’s clinician shortage.

Devaluing medical training risks driving psychiatrists—particularly early-career physicians—out of Hawai‘i. Many residents already face financial and professional pressures when deciding where to practice. Policies that dilute physician-led care may ultimately reduce access to psychiatrists rather than expand it.

Proven, evidence-based models already exist.

The Collaborative Care Model (CoCM) is a rigorously studied, evidence-based approach that expands access while maintaining patient safety. CoCM integrates primary care, behavioral health clinicians, and consulting psychiatrists using structured case review, measurement-based

care, and stepped treatment. This model has demonstrated improved outcomes, increased access, and cost-effectiveness across diverse and underserved populations. SB 847 diverts attention away from expanding proven solutions like CoCM and instead creates a new prescribing pathway that is not supported by strong evidence.

For these reasons, I respectfully urge you to **reject SB 847** and instead invest in evidence-based models that expand access while preserving the highest standards of patient safety and medical care.

Mahalo for the opportunity to submit testimony and for your commitment to the health of Hawai'i's communities.

Respectfully,
Pablo Read, MD
Psychiatry Resident Physician
Honolulu, Hawai'i

LATE

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026

1:05 PM

Re: **SB 847 - Relating to Prescriptive Authority for Clinical Psychologists**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee:

My name is Shelley Wong, MD and I respectfully **oppose SB 847**.

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

It is an honor to serve the community that raised me and with that privilege comes a responsibility to advocate for the highest standards of safety and care for our community.

Psychiatric medications are powerful. They can affect the heart, liver, kidneys, metabolism, and pregnancy outcomes. Mental health symptoms often overlap with underlying medical illness, and without full medical training there is a real risk of missed diagnoses and unsafe prescribing.

Prescribing medication is a medical act that requires a strong foundation in biomedical science. Medical training includes years of education in anatomy, physiology, pharmacology, and disease processes, followed by thousands of hours of supervised clinical care. This depth of medical training allows prescribers to recognize medical conditions that can mimic psychiatric illness and to safely manage the real and sometimes life-threatening risks of psychiatric medications. While psychology training is invaluable and essential to mental health care, it does not include this level of biomedical science or clinical experience. Coursework in psychopharmacology and some clinical supervision cannot substitute for years of comprehensive medical education.

For psychiatrists, medical training consists of four years of medical school and four years of residency, totaling well over 10,000 hours of supervised clinical experience. By contrast, SB 847 would allow psychologists to obtain prescriptive authority after completing a master’s degree in psychopharmacology and only 400 hours of supervised clinical experience.

SB 847 also raises serious equity and justice concerns. Federally qualified health centers serve patients with the greatest barriers to care and the highest medical complexity. These patients often require the most comprehensive, coordinated, and medically informed care. True equity

means ensuring these communities receive the same high standard of safe, comprehensive psychiatric care as any other population. Equity should never mean lowering standards.

The pathway to prescriptive authority already exists through medical school, physician assistant programs, and advanced practice registered nurse training. There are safer ways to expand access to mental health care, including strengthening collaboration through the Hawai'i Cares Line and by expanding the evidence-based Collaborative Care Model, expanding telehealth, and encouraging psychologists interested in prescribing to pursue medical school, physician assistant programs, or APRN training.

As someone who was raised here and who is raising my own family here, I feel a deep responsibility to speak up when patient safety is at stake. **For the sake of our keiki, our kūpuna, and the future of health care in Hawai'i, I respectfully urge you to reject SB 847.**

Mahalo for your time and consideration.

Respectfully,
Shelley Wong, MD

LATE

SB-847

Submitted on: 2/1/2026 7:59:02 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Stephen B Kemble | Individual | Oppose | Written Testimony Only |

Comments:

I am a recently retired psychiatrist and was a pioneer in establishing the psychiatric Collaborative Care Model for psychiatric consultation and backup to primary care in Hawaii. This model for indirect psychiatric consultation with a psychiatrist paired with a care manager, usually a social worker or nurse and using Telehealth, is highly effective and enables a psychiatrist to cover a much larger patient panel than they could with only referrals for direct care. Our program through Queen's Medical Center has demonstrated reduced cost by avoiding unnecessary referrals for direct care, reduced emergency room utilization, and reduced hospitalizations.

The shortage of mental health providers in Hawaii, especially on the neighbor islands, is very real, but giving psychologists limited prescriptive authority is not the solution. Psychologists do not have general medical training and are not able to sort out physical illnesses with similar symptoms to psychiatric illnesses or to manage side effects, which are very common with most psychiatric medications, including antidepressants and antipsychotics. Even backup by primary care physicians is inadequate, because many of them lack confidence in prescribing psychiatric medications, as we have discovered when providing consultations via Collaborative Care. The Collaborative Care team can also determine when referral for direct care by a psychologist, social worker, APRN, or other mental health practitioner is medically necessary and facilitate the referral.

The training required under this bill for a psychologist to be given prescriptive authority for psychiatric drugs would be less than 15% of the training required for a psychiatrist, and the difference is most extreme when comparing hours of supervised clinical experience treating actual patients.

We need cooperation and collaboration among mental health disciplines, not giving psychologists prescriptive privileges when they lack the necessary training to do so competently.

Stephen B. Kemble, MD

1950 Mott-Smith Dr., Honolulu, HI 96822 <stephenbkemble@gmail.com>

LATE

SENATE
THE THIRTY-THIRD LEGISLATURE
REGULAR SESSION OF 2026

To: COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Senator Dru Momo Kanuha
Senator Jarrett Keohokalole
Senator Kurt Fevelia

HEARING: Monday, February 2, 2026, 1 PM CR 225 and Videoconference

RE: Testimony in SUPPORT of SB847: RELATING TO PSYCHOLOGISTS.

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

I am a prescribing psychologist, otherwise known as a medical psychologist by the U.S. Drug Enforcement Agency, and **I prescribe psychiatric medicine here in Hawaii**. In addition to my clinical psychology PhD, I have a medical degree that took close to 3 years to complete. You can only apply to this medical degree program if you already have a psychology PhD, which itself takes about 6 years to complete. Thus, I have about 9 years of total graduate education in mental health and psychiatric medicine. My medical degree courses covered clinical medicine, physical assessment, biochemistry, pharmacology, psychopharmacology, neurochemistry, neurophysiology, neuropathology and psychiatric treatment of special populations (child, geriatric, chronic pain, and racial differences). This medical degree is called a Postdoctoral Master of Science in Clinical Psychopharmacology, or MSCP. I have also passed a national board exam for medical psychologists. In addition to my medical degree, I spent 15 months in a supervised practicum prescribing psychiatric medicines. As an independent and fully credential provider, I have been prescribing medicine on my own for over 14 years.

My medical training and education is the result of over almost 30 years of development in the safe and effective practice of medical psychology, which started with the U.S. military at their medical school, the Uniformed Services University of Health Sciences, where I hold a faculty position, and has continued in the states that have now fully legalized medical psychology: New Mexico, Louisiana, Illinois, Iowa Idaho and Colorado. In New Mexico and Louisiana medical psychologists have been prescribing for the greatest amount of time, about 20 years. During this time they have written over one million prescriptions and have had an excellent safety record.

I prescribe psychiatric medicine every day in Hawaii, but I can only do so on federal land. I have never had a malpractice case or a board complaint my entire career. I have treated all categories of patients including serious mental illness such as schizophrenia and bipolar disorders. Some of my psychiatrist colleagues here in Hawaii, who do not know me or my training, will tell you that medical psychologists are ill-trained and dangerous. But many physicians disagree with them. For example, the Board of Medicine in Louisiana, run by physicians to ensure the safe practice of medicine and prescribing, disagrees with psychiatry's position. The Board of Medicine in Louisiana supports medical psychology and have licensed me to practice psychiatric medicine with my patients every day, which I do, and which they do because they have full confidence in my medical training and abilities. And the U.S. Drug Enforcement Agency grants me a DEA number to prescribe even the most dangerous medicines, those in Schedules II through V, which I have also accomplished with a perfect safety record. Despite what psychiatrists may tell you, medical psychology has a proven treatment and safety record.

I prescribe psychiatric medicine to benefit my patients, who are my first concern, and who typically have difficulty, sometimes great difficulty, gaining access to a psychiatrist. It is for their sake that I became a medical psychologist. And I can tell you, my patients greatly appreciate this. Sometimes they ask me why there are not more like me, trained in both therapy and medicines, who are able to provide both types of treatment for them at one appointment.

And so, with sincere respect, I ask you the same question.

Please vote **YES** on SB847 to allow greater access to safe and proven psychiatric treatment for those who most need it.

Respectfully submitted,

Samuel S. Dutton, PhD, MP
Medical Psychologist
Kane'ohe, HI
Louisiana Board of Medical Examiners License MP.000016

LATE

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

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

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice-Chair
Senate Committee on Health and Human Services
Hawaii State Capitol, Room 225

Hearing Date: February 2, 2026
1:05 PM

Re: SB 847 - Relating to Prescriptive Authority for Clinical Psychologists

From: Iqbal “Ike” Ahmed, MD as an individual.

Position: **OPPOSED**

Aloha Chair San Buenaventura, Vice-Chair McKelvey, and members of the Committee

Please vote NO on SB 847

I am writing to you not only as a concerned citizen of Hawaii, but as a psychiatrist practicing for more than 40 years. I have been a professor of psychiatry in four major medical schools. I am also a consultant, educator, and researcher in psychopharmacology. As a geriatric psychiatrist, I have primarily provided psychiatric services to our kupuna.

I am opposed to this bill because:

- That it could endanger the lives of Hawaii’s most vulnerable citizens, including our kupuna, by allowing individuals with insufficient medical training to prescribe potent and potentially risky medications to citizens of Hawaii with mental health disorders. Many of these disorders occur in the context of underlying medical problems and in vulnerable people such as our kupuna and keiki.
- There is a severe shortage of all types of mental health care providers, not primarily prescribing providers, available to serve the needs of the State's residents in rural or medically underserved communities, especially in Hawai'i, Maui, and Kaua'i counties. This shortage has become even more critical with increasing mental health problems from the COVID pandemic.
- The lack of access to appropriate mental health treatment has serious and irrevocable consequences, including suicides, increased alcohol and substance use, and disability. Ultimately what we need is more access to good mental health care in rural areas by training more counselors and therapists, not more prescribers of medications. Innovative approaches such as training lay counselors are being tried in other parts of the country (<https://www.statnews.com/2024/01/18/mental-health-therapist-shortage-lay-counselors-needed/>)
- Most psychiatric problems, including depression, anxiety and PTSD can be effectively treated by talk therapy and other psychological interventions. Often these therapies are more effective than even medication for the treatment of these disorders.

- Psychologists can help with access to safe and effective mental health care by providing valuable nonpharmacological treatments for the severely mentally ill such as crisis intervention, evidence based and effective psychotherapies such as cognitive behavior therapy, psychosocial rehabilitation programs, and recovery programs. Therapies such as CBT are just as effective as medications for most anxiety disorders, depression, and PTSD without the associated side-effects of medications. Psychologists are well qualified to provide these services.
- Suicide cannot be prevented by having psychologists prescribe medications. If anything, certain psychiatric medications, especially when not properly prescribed, may increase the risk of suicidal thoughts and behavior. That is the reason the FDA has issued “black box warnings” for suicide risk for all antidepressants. Ultimately what we need is more access to good mental health care in rural areas, not more prescribers of medications.
- If this bill passes, our most vulnerable citizens with mental illness will be unnecessarily exposed to risks from powerful psychiatric medications prescribed by the least trained prescribers of these medications. Every few weeks we learn more about the risks from the use of these psychiatric medications such as heart disease, sudden death, bleeding problems, strokes, falls, and interactions with medications prescribed for medical problems. Even psychiatrists and other physicians have to be cautious in the use of these medications. New warnings, including “black box warnings” (the highest level of warning), and other regulations for medical monitoring of people using these medications are being issued by the Food and Drug Administration (FDA) on a regular basis. .
- Does the legislature really want to expose the people of Hawaii to unnecessary harm through unintended consequences of its action? Its time, energy, effort and resources can be spent to address the critical shortage of all mental health services in Hawaii.
- I hope you realize that there is a reason that there is no other country in the world that has prescribing privileges for psychologists to address the mental health needs of its people.
- Hawaii is already ramped up access to some extent in ways proven safe and effective, including telemedicine and Collaborative Care. These proven and already implemented methods need to be expanded and supported.

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

Iqbal Ahmed

Iqbal “Ike” Ahmed, M.D., FRCPsych (UK)

LATE

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

SUPPORT

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

I am writing in support of legislation that would authorize prescriptive authority for appropriately trained psychologists in the State of Hawai‘i.

Hawai‘i continues to face persistent challenges in access to comprehensive mental health care. Geographic isolation, workforce shortages, and uneven provider distribution contribute to long wait times and fragmented services, particularly in rural and underserved communities. Delays in receiving appropriate psychiatric treatment can worsen symptoms, prolong suffering, and increase reliance on primary care, emergency, and inpatient services.

Authorizing prescriptive authority for qualified psychologists represents a practical, evidence-based approach to strengthening Hawai‘i’s mental health workforce. Psychologists are extensively trained in assessment, diagnosis, and treatment of complex psychiatric conditions. Those who complete rigorous, standardized postdoctoral education in clinical psychopharmacology, along with supervised clinical training and ongoing professional regulation, are well prepared to provide comprehensive psychiatric care within a clearly defined scope of practice.

This model has been implemented in other jurisdictions and healthcare systems with demonstrated success. Evidence from these settings shows that prescribing psychologists practice safely and responsibly, collaborate effectively across disciplines, and contribute to improved access, continuity, and quality of care.

Prescriptive authority for psychologists reflects the evolving needs of modern healthcare systems and allows psychologists to practice in a manner consistent with their training and clinical expertise. Integrating prescribing into psychological care can reduce fragmentation, shorten delays in treatment, and support more coordinated care for individuals with complex mental health needs.

Hawai‘i has an opportunity to modernize its mental health care delivery in a way that is responsive to the state’s unique geographic realities and healthcare challenges. Allowing appropriately trained psychologists to prescribe psychiatric medications would better align available expertise with community needs and strengthen the overall capacity of the mental health system.

Thank you for the opportunity to provide this testimony and for your continued commitment to the mental health and well-being of the people of Hawai‘i.

Respectfully submitted,

Andrew D. May, PsyD, MSCP
Clinical Psychologist

LATE

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 ...,

Aloha Chair San Buenaventura, Vice Chair McKelvey and Members of the Health committee:

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

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

Thanks,

Anthony Rinaldi, PhD, MSCP

Aloha Chair and Committee Members,

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

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

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

Mahalo for your consideration of this important issue.

Brian Goodyear, Ph.D.

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 San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Sincerely,

Erin Datlof

To the Honorable Committee Members

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

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

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

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

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

Sincerely,

Holly Martin



Psychological Treatment & Evaluation Services

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

February 1st, 2026

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

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

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

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

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

Dear Chair San Buenaventura, Vice Chair McKelvey and Members of the Health committee,

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 an 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 it's called in states where it's 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.



**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

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee on Health and Human Services:

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



College of Pharmacy &
Health Sciences

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

Written Testimony in Support of SB847

2/2/2026

To the Honorable Committee Members

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

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

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

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

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

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

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

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

Mahalo for your time and attention to this critical matter.

Sincerely/Mahalo/....,



Ryan Ernst, Psy.D., MSCP, ABN

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

C 402-318-6340

E ryan.ernst@drake.edu



Written Testimony in Support of SB847.

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

Aloha Chair San Buenaventura, Vice Chair McKelvey and Members of the Health 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. There is a prolonged, dire need to increase the number of safe and effective prescribers for mental health care across the 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,

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

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. I will consider relocating back to Hawaii if prescriptive authority becomes available to Hawaiians.

Alexander Kraft, PsyD, MSCP

NM-Licensed to prescribe