RELATING TO PSYCHOLOGISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there is a significant shortage of prescribing mental health care providers available to serve the needs of Hawaii's people. As a means of addressing this shortfall, access to quality, comprehensive, and affordable health care can be facilitated and enhanced by collaborative practice between licensed clinical psychologists and medical doctors. Authorizing qualified clinical psychologists with appropriate advanced training to prescribe from a limited formulary of psychotropic medication will benefit Hawaii residents who live in rural or medically underserved communities, where mental health professionals with prescriptive authority are in short supply.

The legislature further finds that the mental health needs of the State continue to outpace present capacity. According to the Annual Report on Findings from the Hawaii Physician Workforce Assessment Project (December 2019), psychiatrist shortages are highest in Hawaii and Maui counties.
county has the greatest shortage, at thirty-eight per cent, followed by Maui county with a thirty-seven per cent shortage, and then Kauai county with a twenty-two per cent shortage. The 2019 report reflected a nine per cent shortage of psychiatrists in the city and county of Honolulu; however, these calculations do not factor in the additional systemic barriers related to accessing care in urban areas, such as long wait times to see psychiatrists, psychiatrists not taking new patients due to being overbooked, and psychiatrists not taking medicaid or medicare insurance.

Lack of access to appropriate mental health treatment has serious and irrevocable consequences for many Hawaii residents. According to the department of health, of the ten leading injury-related causes of death, death by suicide is the number one cause among Hawaii residents. Studies have shown that people who attempt or commit suicide have often received inadequate or no mental health treatment due to a shortage of community mental health providers. While causes for suicide are complex, the most commonly reported contributing factors are mental health conditions that, when identified and treated, respond favorably to therapy and psychotropic medication.
A 2016 Hawaii News Now article reported that sixty-one percent of all people arrested in 2015 on Oahu suffered from serious mental illness or severe substance intoxication. This almost two-fold increase occurred in the period following substantial cuts to state-supported mental health services in 2009.

According to the National Alliance on Mental Illness and the federal Substance Abuse and Mental Health Services Administration, approximately thirty-two thousand adults in Hawaii, representing more than three percent of the population, live with serious mental illness. The actual scope of need in the State is even greater since this figure excludes individuals with clinical diagnoses such as unipolar depression, anxiety disorders, adjustment disorders, substance abuse, or post-traumatic stress disorder.

The legislature additionally finds that increasing the number of prescribing mental health providers would be beneficial to the State's homeless population. According to the 2019 Hawaii Statewide Point-In-Time Count, there are an estimated 6,448 homeless persons in the State, with an estimated 1,681 of those persons meeting the definition of chronically
homeless. According to the 2019 Kauai Homeless Point-In-Time Count, there are an estimated four hundred forty-three homeless persons on Kauai. Of those persons, a large number fall into four subpopulations that would likely benefit from increased access to prescribing mental health providers, including eighty-four adults with a serious mental illness; one hundred twenty-nine adults with a substance use disorder; five adults with HIV/AIDS; and eleven adult survivors of domestic violence. Clinical psychologists are licensed health professionals with an average of seven years of post-baccalaureate study and three thousand hours of post-graduate supervised practice in the diagnosis and treatment of mental illness. The American Psychological Association has developed a model curriculum for a master's degree in psychopharmacology for the education and training of prescribing psychologists. However, the current allowable scope of clinical psychologists' practice in Hawaii does not include prescribing medications. Currently, these providers' patients must consult with and pay for another provider to obtain psychotropic medication when it is indicated. The legislature has previously authorized prescription privileges for advanced practice registered nurses,
optometrists, dentists, and naturopathic physicians. Licensed clinical psychologists with specialized education and training for prescriptive practice have been allowed to prescribe psychotropic medications to active duty military personnel and their families in federal facilities and the United States Public Health Service for decades. In recent years, Idaho, Iowa, Illinois, Louisiana, and New Mexico have adopted legislation authorizing prescriptive authority for advanced trained psychologists. Many of these prescribing psychologists have filled long-vacant public health positions or otherwise serve predominantly indigent and rural patient populations.

Independent evaluations of the federal Department of Defense psychopharmacological demonstration project by the Government Accountability Office and the American College of Neuropsychopharmacology, as well as the experiences in other jurisdictions, have shown that appropriately trained psychologists can prescribe and administer medications safely and effectively.

The purpose of this Act is to require the board of psychology to establish a pilot program to grant prescriptive authority to prescribing psychologists practicing in counties
with populations of less than 100,000 persons, licensed in the
State before January 1, 2020, and who meet specific education,
training, and registration requirements.

SECTION 2. Chapter 465, Hawaii Revised Statutes, is
amended by adding a new part to be appropriately designated and
to read as follows:

"PART . PRESCRIBING PSYCHOLOGISTS

§465- Definitions. As used in this part, unless the
context otherwise requires:

"Advanced practice registered nurse with prescriptive
authority" means an advanced practice registered nurse, as
defined in section 457-2, with prescriptive authority granted
pursuant to section 457-8.6.

"Clinical experience" means a period of supervised clinical
training and practice in which clinical diagnoses and
interventions, that can be completed and supervised as part of
or subsequent to earning a post-doctoral master of science
degree in clinical psychopharmacology training, are learned.

"Controlled substance" has the same meaning as in section
329-1.
"Forensically encumbered" means a person who has been
detained by Hawaii courts for forensic examination or committed
to a psychiatric facility under the care and custody of the
director of health for appropriate placement by any court; has
been placed on conditional release or released on conditions by
a judge in Hawaii courts; or is involved in mental health court
or a jail diversion program.

"Narcotic drug" has the same meaning as in section 329-1.

"Opiate" has the same meaning as in section 329-1.

"Prescribing psychologist" means a clinical psychologist
who has undergone specialized training in clinical
psychopharmacology, passed a national proficiency examination in
psychopharmacology approved by the board, and been granted a
prescriptive authority privilege by the board.

"Prescription" means an order for a psychotropic medication
or any device or test directly related to the diagnosis and
treatment of mental and emotional disorders pursuant to the
practice of psychology.

"Prescriptive authority privilege" means the authority
granted by the board to prescribe and administer psychotropic
medication and other directly related procedures within the
scope of practice of psychology in accordance with rules adopted by the board.

"Primary care provider" means a physician or osteopathic physician licensed or exempt from licensure pursuant to section 453-2 or an advanced practice registered nurse with prescriptive authority.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, except drugs classified into schedule I, II, or III pursuant to chapter 329, opiates, or narcotic drugs; provided that psychotropic medication shall include stimulants for the treatment of attention deficit hyperactivity disorder regardless of the stimulants' schedule classification.

"Serious mental illness" means bipolar I disorder, bipolar II disorder, delusional disorder, major depressive disorder with psychotic features, psychosis secondary to substance use, schizophrenia, schizophreniform disorder, and schizoaffective disorder, as defined by the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
§465—Administration. (a) The board shall prescribe application forms and fees for application for and renewal of prescriptive authority privilege pursuant to this part.

(b) The board shall develop and implement procedures to review the educational and training credentials of a psychologist applying for or renewing prescriptive authority privilege under this part, in accordance with current standards of professional practice.

(c) The board shall determine the exclusionary formulary for prescribing psychologists.

(d) The board shall have all other powers which may be necessary to carry out the purposes of this part.

§465—Prescriptive authority privilege; requirements.

Beginning on July 1, 2022, the board shall accept applications for prescriptive authority privilege to qualified candidates. Every applicant for prescriptive authority privilege shall submit evidence satisfactory to the board, in a form and manner prescribed by the board, that the applicant meets the following requirements:

(1) The applicant possesses a current license pursuant to section 465-7, was originally licensed in the State
prior to January 1, 2020, and practices in a county
with a population of less than 100,000 persons;
(2) The applicant successfully graduated with a post-
doctoral master's degree in clinical
psychopharmacology from a regionally-accredited
institution with a clinical psychopharmacology program
designated by the American Psychological Association,
or the equivalent of a post-doctoral master's degree,
as approved by the board; provided that any equivalent
shall include study in a program offering intensive
didactic education including instruction in anatomy
and physiology, biochemistry, neuroanatomy,
neurophysiology, neurochemistry, physical assessment
and laboratory examinations, clinical medicine and
pathophysiology, clinical and research pharmacology
and psychopharmacology, clinical pharmacotherapeutics,
research, and professional, ethical, and legal issues;
(3) The applicant has clinical experience that includes:
(A) A minimum of eight hundred hours completed in a
clinical prescribing practicum including
geriatric, pediatric, and pregnant patients
completed in no less than twelve months and no
more than fifty-six months;

(B) Supervision of a minimum of one hundred patients
including geriatric, pediatric, and pregnant
patients;

(C) A minimum of eighty hours completed in a physical
assessment practicum in a primary care, family
practice, community, or internal medicine
setting;

(D) A minimum of one hundred hours of community
service with homeless, veteran, or low-income
populations;

(E) A minimum of two hours per week of supervision by
a primary care provider or a prescribing
psychologist; and

(F) Eight weeks of rotation in each of the following:

   (i) Internal and family medicine;

   (ii) Women's health;

   (iii) Pediatrics; and

   (iv) Geriatrics; and
(4) The applicant has successfully passed the nationally recognized Psychopharmacology Examination for Psychologists developed by the American Psychological Association's Practice Organization's College of Professional Psychology, or other authority, relevant to establishing competence across the following content areas: neuroscience, nervous system pathology, physiology and pathophysiology, biopsychosocial and pharmacologic assessment and monitoring, differential diagnosis, pharmacology, clinical psychopharmacology, research, and integrating clinical psychopharmacology with the practice of psychology, diversity factors, and professional, legal, ethical, and interprofessional issues; provided that the passing score shall be determined by the American Psychological Association's Practice Organization's College of Professional Psychology or other authority, as applicable.

§465- Prescriptive authority privilege; renewal. (a) The board shall implement a method for the renewal of
prescriptive authority privilege in conjunction with the renewal
of a license under section 465-11.

(b) To qualify for the renewal of prescriptive authority
privilege, a prescribing psychologist shall present evidence
satisfactory to the board that the prescribing psychologist has
completed at least eighteen hours biennially of acceptable
continuing education, as determined by the board, relevant to
the pharmacological treatment of mental and emotional disorders;
provided that a first-time prescribing psychologist shall not be
subject to the continuing education requirements under this
section for the first prescriptive authority privilege renewal.

(c) The continuing education requirement under this
section shall be in addition to the continuing education
requirement under section 465-11.

(d) The board may conduct random audits of licensees to
determine compliance with the continuing education requirement
under this section. The board shall provide written notice of
an audit to each licensee randomly selected for audit. Within
sixty days of notification, the licensee shall provide the board
with documentation verifying compliance with the continuing
education requirement established by this section.
§465- Prescriptive authority privilege; prescribing practices. (a) It shall be unlawful for any psychologist not granted prescriptive authority privilege under this part to prescribe, offer to prescribe, administer, or use any sign, card, or device to indicate that the psychologist is so authorized.

(b) A valid prescription issued by a prescribing psychologist shall be legibly written and contain, at a minimum, the following:

(1) Date of issuance;
(2) Original signature of the prescribing psychologist;
(3) Prescribing psychologist's name and business address;
(4) Name, strength, quantity, and specific instructions for the psychotropic medication to be dispensed;
(5) Name and address of the person for whom the prescription was written;
(6) Room number and route of administration if the patient is in an institutional facility; and
(7) Number of allowable refills, if applicable.
(c) A prescribing psychologist shall comply with all applicable state and federal laws and rules relating to the prescription and administration of psychotropic medication.

(d) A prescribing psychologist shall:

(1) Except as provided in paragraph (3), prescribe and administer psychotropic medication only in consultation with and pursuant to a written collaborative agreement with a patient's primary care provider that is established and signed prior to prescribing any psychotropic medication for the patient;

(2) Make any changes to a medication treatment plan, including dosage adjustments, addition of medications, or discontinuation of medications only in consultation and collaboration with a patient's primary care provider;

(3) For patients who are forensically encumbered and for patients with a diagnosis of serious mental illness who are subject to the jurisdiction of the department of health:
(A) Prescribe and administer psychotropic medication only:

(i) In accordance with a treatment protocol agreed to by the prescribing psychologist and the treating department of health psychiatrist; and

(ii) With notification to all other health care providers treating the patient; and

(B) Enter into a collaborative agreement with the department of health prior to prescribing any psychotropic medication; and

. (4) Document all consultations in the patient's medical record.

(e) A prescribing psychologist shall not prescribe or administer psychotropic medication for any patient who does not have a primary care provider.

(f) A prescribing psychologist shall not delegate prescriptive authority to any other person.

§465- Prescriptive authority privilege; exclusionary formulary. (a) A prescribing psychologist shall only prescribe and administer medications for the treatment of mental health
disorders as defined by the most current version of the
Diagnostic and Statistical Manual of Mental Disorders.

(b) The exclusionary formulary for prescribing
psychologists shall consist of drugs or categories of drugs
adopted by the board.

(c) The exclusionary formulary and any revised formularies
shall be made available to licensed pharmacies at the request of
the pharmacy and at no cost.

(d) Under the exclusionary formulary, prescribing
psychologists shall not prescribe or administer:

(1) Schedule I controlled substances pursuant to section
329-14;

(2) Schedule II controlled substances pursuant to section
329-16;

(3) Schedule III controlled substances pursuant to section
329-18, including all narcotic drugs and opiates; and

(4) For indications other than those stated in the
labeling approved by the federal Food and Drug
Administration for patients seventeen years of age or
younger; provided that prescribing psychologists may
prescribe and administer stimulants for the treatment
of attention deficit hyperactivity disorder,
regardless of the stimulants' schedule classification.

§465- Drug Enforcement Administration; registration.

(a) Every prescribing psychologist shall comply with all
federal and state registration requirements to prescribe and
administer psychotropic medication.

(b) Every prescribing psychologist shall file with the
board the prescribing psychologist's federal Drug Enforcement
Administration registration number. The registration number
shall be filed before the prescribing psychologist issues any
prescription for a psychotropic medication.

§465- Violation; penalties. Any person who violates
this part shall be guilty of a misdemeanor and, on conviction,
subject to penalties as provided in section 465-15(b). Any
person who violates this part may also be subject to
disciplinary action by the board."

SECTION 3. Section 329-1, Hawaii Revised Statutes, is
amended as follows:

1. By adding two new definitions to be appropriately
inserted and to read:
"Prescribing psychologist" means a clinical psychologist licensed under chapter 465 who has undergone specialized training in clinical psychopharmacology, passed a national proficiency examination in psychopharmacology approved by the board of psychology, and has been granted a prescriptive authority privilege by the board of psychology.

"Psychotropic medication" means only those agents related to the diagnosis and treatment of mental and emotional disorders pursuant to the practice of psychology, as defined in section 465-1, except drugs classified into schedule I, II, or III pursuant to this chapter, opiates, or narcotic drugs; provided that psychotropic medication shall include stimulants for the treatment of attention deficit hyperactivity disorder regardless of the stimulants' schedule classification."

2. By amending the definition of "practitioner" to read:

""Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled
substance in the course of professional practice or research in this State;
(2) An advanced practice registered nurse with prescriptive authority licensed and registered under section 329-32 to prescribe and administer controlled substances in the course of professional practice in this State; [and]
(3) A prescribing psychologist licensed and registered under section 329-32 to prescribe and administer psychotropic medication in the course of professional practice in this State; and
[40] (4) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this State."

SECTION 4. Section 329-38, Hawaii Revised Statutes, is amended by amending subsection (i) to read as follows:
"(i) Prescriptions for controlled substances shall be issued only as follows:
(1) All prescriptions for controlled substances shall originate from within the State and be dated as of, and signed on, the day when the prescriptions were issued and shall contain:

(A) The first and last name and address of the patient; and

(B) The drug name, strength, dosage form, quantity prescribed, and directions for use. Where a prescription is for gamma hydroxybutyric acid, methadone, or buprenorphine, the practitioner shall record as part of the directions for use, the medical need of the patient for the prescription.

Except for electronic prescriptions, controlled substance prescriptions shall be no larger than eight and one-half inches by eleven inches and no smaller than three inches by four inches. A practitioner may sign a prescription in the same manner as the practitioner would sign a check or legal document (e.g., J.H. Smith or John H. Smith) and shall use both words and figures (e.g., alphabetically and
numerically as indications of quantity, such as five
(5)), to indicate the amount of controlled substance
to be dispensed. Where an electronic prescription is
permitted, either words or figures (e.g.,
alphabetically or numerically as indications of
quantity, such as five or 5), to indicate the amount
of controlled substance to be dispensed shall be
acceptable. Where an oral order or electronic
prescription is not permitted, prescriptions shall be
written with ink or indelible pencil or typed, shall
be manually signed by the practitioner, and shall
include the name, address, telephone number, and
registration number of the practitioner. The
prescriptions may be prepared by a secretary or agent
for the signature of the practitioner, but the
prescribing practitioner shall be responsible in case
the prescription does not conform in all essential
respects to this chapter and any rules adopted
pursuant to this chapter. In receiving an oral
prescription from a practitioner, a pharmacist shall
promptly reduce the oral prescription to writing,
which shall include the following information: the
drug name, strength, dosage form, quantity prescribed
in figures only, and directions for use; the date the
oral prescription was received; the full name, Drug
Enforcement Administration registration number, and
oral code number of the practitioner; and the name and
address of the person for whom the controlled
substance was prescribed or the name of the owner of
the animal for which the controlled substance was
prescribed.

A corresponding liability shall rest upon a
pharmacist who fills a prescription not prepared in the
form prescribed by this section. A pharmacist may add
a patient's missing address or change a patient's
address on all controlled substance prescriptions
after verifying the patient's identification and
noting the identification number on the back of the
prescription document on file. The pharmacist shall
not make changes to the patient's name, the controlled
substance being prescribed, the quantity of the
prescription, the practitioner's Drug Enforcement
Administration number, the practitioner's name, the
practitioner's electronic signature, or the
practitioner's signature;

(2) An intern, resident, or foreign-trained physician, or
a physician on the staff of a Department of Veterans
Affairs facility or other facility serving veterans,
exempted from registration under this chapter, shall
include on all prescriptions issued by the physician:
(A) The registration number of the hospital or other
institution; and
(B) The special internal code number assigned to the
physician by the hospital or other institution in
lieu of the registration number of the
practitioner required by this section.
The hospital or other institution shall forward a copy
of this special internal code number list to the
department as often as necessary to update the
department with any additions or deletions. Failure
to comply with this paragraph shall result in the
suspension of that facility's privilege to fill
controlled substance prescriptions at pharmacies
outside of the hospital or other institution. Each written prescription shall have the name of the physician stamped, typed, or hand-printed on it, as well as the signature of the physician;

(3) An official exempted from registration shall include on all prescriptions issued by the official:

(A) The official's branch of service or agency (e.g., "U.S. Army" or "Public Health Service"); and

(B) The official's service identification number, in lieu of the registration number of the practitioner required by this section. The service identification number for a Public Health Service employee shall be the employee's social security or other government issued identification number.

Each prescription shall have the name of the officer stamped, typed, or handprinted on it, as well as the signature of the officer; [and]

(4) A physician assistant registered to prescribe controlled substances under the authorization of a
supervising physician shall include on all controlled
substance prescriptions issued:

(A) The Drug Enforcement Administration registration
number of the supervising physician; and

(B) The Drug Enforcement Administration registration
number of the physician assistant.

Each written controlled substance prescription issued
shall include the printed, stamped, typed, or hand-
printed name, address, and phone number of both the
supervising physician and physician assistant, and
shall be signed by the physician assistant. The
medical record of each written controlled substance
prescription issued by a physician assistant shall be
reviewed and initialed by the physician assistant's
supervising physician within seven working days[7];
and

(5) A prescribing psychologist authorized to prescribe and
administer psychotropic medication pursuant to part
of chapter 465 in consultation and collaboration
with a primary care provider shall include on all
psychotropic medication prescriptions issued:
(A) The Drug Enforcement Administration registration number of the licensed primary care provider;
(B) The printed, stamped, typed, or hand-printed name, address, and phone number of both the licensed primary care provider and prescribing psychologist; and
(C) The signature of the prescribing psychologist."

SECTION 5. Section 329-39, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Whenever a pharmacist sells or dispenses any controlled substance on a prescription issued by a physician, dentist, podiatrist, veterinarian, or any psychotropic medication on a prescription issued by a prescribing psychologist, the pharmacist shall affix to the bottle or other container in which the drug is sold or dispensed:
(1) The pharmacy's name and business address;
(2) The serial number of the prescription;
(3) The name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal;
(4) The name of the physician, dentist, podiatrist, veterinarian, or prescribing psychologist by whom the prescription is written; and

(5) Such directions as may be stated on the prescription."

SECTION 6. Section 346-59.9, Hawaii Revised Statutes, is amended by amending subsection (i) to read as follows:

"(i) All psychotropic medications covered by this section shall be prescribed by a psychiatrist, a physician, an advanced practice registered nurse with prescriptive authority under chapter 457 and duly licensed in the State[ ], or a prescribing psychologist authorized under part of chapter 465."

SECTION 7. Section 465-3, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) [Nothing] Except as provided in part , nothing in this chapter shall be construed as permitting the administration or prescription of drugs, or in any way engaging in the practice of medicine as defined in the laws of the State."
proposed legislation, on the authorization of prescriptive
authority to prescribing psychologists who meet specific
education, training, and registration requirements pursuant to
this Act to the legislature no later than twenty days prior to
the convening of the regular session of 2022.
(b) The board of psychology shall collaborate with the
department of health when preparing information in the report
regarding the treatment of patients who are forensically
cumbered or patients with a diagnosis of serious mental
illness who are subject to the department of health's
jurisdiction.

SECTION 9. Statutory material to be repealed is bracketed
and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect on July 1, 2020;
provided that:
(1) The amendments made to section 329-38, Hawaii Revised
Statutes, by section 4 of this Act shall not be
repealed when that section is reenacted on June 30,
2023, pursuant to section 6 of Act 66, Session Laws of
Hawaii 2017;
(2) This Act shall repeal on August 31, 2025; and
(3) Upon repeal of this Act, section 329-1, 329-38, 329-39, 329-59.9, and 465-3, Hawaii Revised Statutes, shall be reenacted in the form in which they read on June 30, 2020.

INTRODUCED BY:

[Signature]

[Signature]

[Signature]

[Signature]
Report Title:
Board of Psychology; Psychologists; Prescriptive Authority; Prescribing Psychologists; Pilot Program

Description:
Requires the board of psychology to establish a pilot program to grant prescriptive authority to qualified psychologist applicants in counties with a population of less than 100,000 persons. Repeals on 8/31/2025.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.