
A BILL FOR AN ACT

RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL
PSYCHOLOGISTS.

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

1 SECTION 1. The legislature finds there is an insufficient
2 number of prescribing mental health care providers available to
3 serve the needs of Hawaii's people. The delivery of quality,
4 comprehensive, accessible, and affordable health care is
5 enhanced by collaborative practice between licensed clinical
6 psychologists and medical doctors. Providing advanced training
7 in psychopharmacology to certain clinical psychologists who wish
8 to become prescribing psychologists will be beneficial to
9 residents of Hawaii who live in rural or medically underserved
10 communities, particularly in locations where mental health
11 professionals with prescriptive authority are in short supply.

12 The legislature further finds that the mental health needs
13 of the State continue to outweigh present capacity, particularly
14 in remote or rural communities. According to a Report on
15 Findings from the Hawaii Physician Workforce Assessment Project
16 (December 2014), physician shortages, including psychiatry, are
17 highest in Hawaii's rural areas. Across the different counties,



1 the greatest shortage of psychiatrists is found in Maui county,
2 which has a 41.2 per cent shortage, followed by Hawaii county,
3 with a 39.2 per cent shortage, and Kauai county, which has a
4 29.5 per cent shortage. The report reflects no shortage of
5 psychiatrists in the city and county of Honolulu.

6 According to the federal Centers for Disease Control and
7 Prevention, suicide is the third leading cause of death for
8 persons between the ages of ten and twenty-four and the tenth
9 leading cause of death in the United States. Suicide was the
10 single leading cause of fatal injuries in Hawaii from 2004 to
11 2013, with a generally increasing trend in the annual suicide
12 rate among residents. On average, one hundred seventy people
13 die from suicide and eight hundred fifty-two people attempt
14 suicide in Hawaii each year. Studies have shown that many
15 people who commit suicide had received little or no treatment
16 for their mental health problems due to barriers to accessing
17 appropriate and effective care in the community, including
18 lengthy wait times for appointments and a lack of accessible
19 mental health care providers. While causes for suicide are
20 complex, the most commonly reported contributing factors include
21 depression, relationship problems, and serious medical problems.



1 These are conditions that occur frequently but have been found
2 to respond favorably to evidence-based treatments, such as
3 cognitive behavioral therapy and psychotropic medications, when
4 identified and treated early.

5 A 2015 article in the *Honolulu Star-Advertiser* reported
6 that fifty-one per cent of all people arrested in 2013 in
7 Honolulu suffered from serious mental illness or severe
8 substance intoxication. This represents an almost two-fold
9 increase in arrests of individuals with psychiatric illness or
10 substance abuse issues in the period following substantial cuts
11 to state-supported mental health services in 2009. A 2014
12 survey by the Treatment Advocacy Center indicates that there are
13 ten times more people with serious mental illness in jails and
14 prisons than there are in state psychiatric institutions across
15 the country.

16 The legislature additionally finds that according to the
17 National Alliance on Mental Illness and the federal Substance
18 Abuse and Mental Health Services Administration, approximately
19 thirty-two thousand adults in Hawaii, representing more than
20 three per cent of the population, live with serious mental
21 illness. However, this figure may not completely reflect the



1 scope of need, as it does not include individuals with other
2 clinical diagnoses such as unipolar depression, anxiety
3 disorders, adjustment disorders, substance abuse, or post-
4 traumatic stress disorder.

5 The legislature also finds that clinical psychologists are
6 licensed health professionals with an average of seven years of
7 post-baccalaureate study and three thousand hours of post-
8 graduate supervised practice in the diagnosis and treatment of
9 mental illness. However, because the current scope of clinical
10 psychologists' practice does not include prescribing
11 medications, these providers' patients must consult with and pay
12 for another provider in order to obtain psychotropic medications
13 when indicated.

14 The legislature has previously authorized prescription
15 privileges for advanced practice registered nurses,
16 optometrists, dentists, and naturopathic physicians. Licensed
17 clinical psychologists with specialized education and training
18 in preparation for prescriptive practice have been allowed to
19 prescribe psychotropic medications to active duty military
20 personnel and their families in federal facilities and the
21 United States Public Health Service, including the Indian Health



1 Service, for decades. In recent years, Iowa, Illinois,
2 Louisiana, and New Mexico adopted legislation authorizing
3 prescriptive authority for advanced trained psychologists.
4 There are approximately one hundred thirty psychologists with
5 prescriptive authority in Louisiana and New Mexico.
6 Furthermore, there have been no adverse events or complaints
7 brought against any of these prescribing psychologists regarding
8 their practice. In Louisiana and New Mexico, prescribing
9 psychologists have been able to fill positions that were vacant
10 for a number of years and continue to serve predominantly
11 indigent or rural populations.

12 The legislature further finds that the American
13 Psychological Association has developed a model curriculum for a
14 master's degree in psychopharmacology for the education and
15 training of prescribing psychologists. Independent evaluations
16 of the federal Department of Defense psychopharmacological
17 demonstration project by the United States General Accounting
18 Office, now known as the Government Accountability Office, and
19 the American College of Neuropsychopharmacology, as well as the
20 experiences of Louisiana and New Mexico, have found that



1 appropriately trained prescribing psychologists can prescribe
2 and administer medications safely and effectively.

3 The purpose of this Act is to authorize the board of
4 psychology to grant prescriptive authority to clinical
5 psychologists who meet specific education, training, and
6 registration requirements.

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

10 **"PART . PRESCRIBING PSYCHOLOGISTS**

11 **§465-A Definitions.** As used in this part unless the
12 context otherwise requires:

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

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



1 "Controlled substance" shall have the same meaning as in
2 section 329-1.

3 "Forensically encumbered" means a person who has been found
4 to be detained by Hawaii courts for forensic examination, or
5 committed to certain psychiatric facilities under the care and
6 custody of the director of health for appropriate placement by
7 the family courts, district courts, or circuit courts; has been
8 placed on conditional release or released on conditions by a
9 judge in Hawaii courts; or is involved in mental health court of
10 a jail diversion program.

11 "Narcotic drug" shall have the same meaning as in section
12 329-1.

13 "Opiate" shall have the same meaning as in section 329-1.

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

19 "Prescription" means an order for a psychotropic medication
20 or any device or test directly related to the diagnosis and



1 treatment of mental and emotional disorders pursuant to the
2 practice of psychology.

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

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

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

20 "Serious mental illness" means bipolar I disorder, bipolar
21 II disorder, delusional disorder, major depressive disorder with



1 psychotic features, psychosis secondary to substance use,
2 schizophrenia, schizophreniform disorder, and schizoaffective
3 disorder, as defined by the most current version of the
4 Diagnostic and Statistical Manual of Mental Disorders.

5 **§465-B Administration.** (a) The board shall prescribe
6 application forms and fees for application for and renewal of
7 prescriptive authority privilege pursuant to this part.

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

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

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

17 **§465-C Prescriptive authority privilege; requirements.**
18 Beginning on July 1, 2018, the board shall accept applications
19 for prescriptive authority privilege. Every applicant for
20 prescriptive authority privilege shall submit evidence



1 satisfactory to the board, in a form and manner prescribed by
2 the board, that the applicant meets the following requirements:

3 (1) The applicant possesses a current license pursuant to
4 section 465-7;

5 (2) The applicant successfully graduated with a post
6 doctoral master's degree in clinical
7 psychopharmacology from a regionally-accredited
8 institution with a clinical psychopharmacology program
9 designated by the American Psychological Association,
10 or the equivalent of a post doctoral master's degree,
11 as approved by the board; provided that any equivalent
12 shall include: study in a program offering intensive
13 didactic education, including instruction in anatomy
14 and physiology, biochemistry, neuroanatomy,
15 neurophysiology, neurochemistry, physical assessment
16 and laboratory examinations, clinical medicine and
17 pathophysiology, clinical and research pharmacology
18 and psychopharmacology, clinical pharmacotherapeutics,
19 research, and professional, ethical, and legal issues;
20 (3) The applicant has clinical experience that includes:



- 1 (A) A minimum of four hundred hours completed in no
- 2 less than twelve months and no more than forty-
- 3 eight months;
- 4 (B) Supervision of a minimum of one hundred patients;
- 5 and
- 6 (C) No less than two hours per week of supervision by
- 7 a licensed physician or osteopathic physician, an
- 8 advanced practice registered nurse with
- 9 prescriptive authority, or a prescribing
- 10 psychologist; and
- 11 (4) The applicant has successfully passed the nationally
- 12 recognized Psychopharmacology Examination for
- 13 Psychologists developed by the American Psychological
- 14 Association's Practice Organization's College of
- 15 Professional Psychology relevant to establish
- 16 competence across the following content areas:
- 17 neuroscience, nervous system pathology, physiology and
- 18 pathophysiology, biopsychosocial and pharmacologic
- 19 assessment and monitoring, differential diagnosis,
- 20 pharmacology, clinical psychopharmacology, research,
- 21 integrating clinical psychopharmacology with the



1 practice of psychology, diversity factors, and
2 professional, legal, ethical, and interprofessional
3 issues; provided that the passing score shall be
4 determined by the American Psychological Association's
5 Practice Organization's College of Professional
6 Psychology.

7 **§465-D Prescriptive authority privilege; renewal. (a)**

8 The board shall implement a method for the renewal of
9 prescriptive authority privilege in conjunction with the renewal
10 of a license under section 465-11.

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



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

4 (d) The board may conduct random audits of licensees to
5 determine compliance with the continuing education requirement
6 under this section. The board shall provide written notice of
7 an audit to a licensee randomly selected for audit. Within
8 sixty days of notification, the licensee shall provide the board
9 with documentation verifying compliance with the continuing
10 education requirement established by this section.

11 **§465-E Prescriptive authority privilege; prescribing**
12 **practices.** (a) It shall be unlawful for any psychologist not
13 granted prescriptive authority privilege under this part to
14 prescribe, offer to prescribe, administer, or use any sign,
15 card, or device to indicate that the psychologist is so
16 authorized.

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

- 20 (1) Date of issuance;
- 21 (2) Original signature of the prescribing psychologist;



1 (3) Prescribing psychologist's name and business address;

2 (4) Name, strength, quantity, and specific instructions
3 for the psychotropic medication to be dispensed;

4 (5) Name and address of the person for whom the
5 prescription was written;

6 (6) Room number and route of administration if the patient
7 is in an institutional facility; and

8 (7) Number of allowable refills, if applicable.

9 (c) A prescribing psychologist shall comply with all
10 applicable state and federal laws and rules relating to the
11 prescription and administration of psychotropic medication.

12 (d) A prescribing psychologist shall:

13 (1) Prescribe and administer only in consultation and
14 collaboration with a patient's primary care provider;
15 provided that a written collaborative agreement
16 between a patient's primary care provider and a
17 prescribing psychologist shall be established and
18 signed prior to the prescribing psychologist
19 prescribing any psychotropic medication for the
20 patient;



- 1 (2) Prescribe and administer only in consultation and
- 2 collaboration with a patient's primary care provider
- 3 regarding changes to a medication treatment plan,
- 4 including dosage adjustments, addition of medications,
- 5 or discontinuation of medications; provided that for
- 6 patients who are forensically encumbered or for
- 7 patients with a diagnosis of serious mental illness:
- 8 (A) A prescribing psychologist shall prescribe and
- 9 administer only in accordance with a treatment
- 10 protocol agreed to by the prescribing
- 11 psychologist and the treating department of
- 12 health psychiatrist, and with notification to all
- 13 other health care providers treating the patient;
- 14 and
- 15 (B) A prescribing psychologist may enter into a
- 16 collaborative agreement with the department of
- 17 health; and
- 18 (3) Document the consultation in the patient's medical
- 19 record.



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

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

6 **§465-F Prescriptive authority privilege; exclusionary**
7 **formulary.** (a) A prescribing psychologist may only prescribe
8 and administer medications for the treatment of mental health
9 disorders as defined by the most current version of the
10 Diagnostic and Statistical Manual of Mental Disorders.

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

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

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

19 (1) Schedule I controlled substances pursuant to section
20 329-14;



- 1 (2) Schedule II controlled substances pursuant to section
2 329-16;
- 3 (3) Schedule III controlled substances pursuant to section
4 329-18, including all narcotic drugs and opiates; and
- 5 (4) For indications other than those stated in the
6 labeling approved by the federal Food and Drug
7 Administration for patients seventeen years of age or
8 younger;

9 provided that prescribing psychologists may prescribe and
10 administer stimulants for the treatment of attention deficit
11 hyperactivity disorder, regardless of the stimulant's schedule
12 classification.

13 **§465-G Drug Enforcement Administration; registration. (a)**

14 Every prescribing psychologist shall comply with all federal and
15 state registration requirements to prescribe and administer
16 psychotropic medication.

17 (b) Every prescribing psychologist shall file with the
18 board the prescribing psychologist's federal Drug Enforcement
19 Administration registration number. The registration number
20 shall be filed before the prescribing psychologist issues a
21 prescription for a controlled substance.



1 **§465-H Violation; penalties.** Any person who violates this
2 part shall be guilty of a misdemeanor and, on conviction, fined
3 not more than \$1,000 or imprisoned not more than one year, or
4 both. Any person who violates this part may also be subject to
5 disciplinary action by the board."

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

8 1. By adding two new definitions to be appropriately
9 inserted and to read:

10 "Psychologist with prescriptive authority privilege" shall
11 have the same meaning as "prescribing psychologist" in section
12 465-A.

13 "Psychotropic medication" means only those agents related
14 to the diagnosis and treatment of mental and emotional disorders
15 pursuant to the practice of psychology, as defined in section
16 465-1, except drugs classified into schedule I, II, or III
17 pursuant to this chapter, opiates, or narcotic drugs; provided
18 that psychotropic medication shall include stimulants for the
19 treatment of attention deficit hyperactivity disorder regardless
20 of the stimulant's schedule classification."

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



1 ""Practitioner" means:

2 (1) A physician, dentist, veterinarian, scientific

3 investigator, or other person licensed and registered

4 under section 329-32 to distribute, dispense, or

5 conduct research with respect to a controlled

6 substance in the course of professional practice or

7 research in this State;

8 (2) An advanced practice registered nurse with

9 prescriptive authority licensed and registered under

10 section 329-32 to prescribe and administer controlled

11 substances in the course of professional practice in

12 this State; [and]

13 (3) A psychologist with prescriptive authority privilege

14 licensed and registered under section 329-32 to

15 prescribe and administer psychotropic medication in

16 the course of professional practice in this State; and

17 ~~(3)~~ (4) A pharmacy, hospital, or other institution

18 licensed, registered, or otherwise permitted to

19 distribute, dispense, conduct research with respect to

20 or to administer a controlled substance in the course

21 of professional practice or research in this State."



1 SECTION 4. Section 329-38, Hawaii Revised Statutes, is
2 amended by amending subsection (g) to read as follows:

3 "(g) Prescriptions for controlled substances shall be
4 issued only as follows:

5 (1) All prescriptions for controlled substances shall
6 originate from within the State and be dated as of,
7 and signed on, the day when the prescriptions were
8 issued and shall contain:

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

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

18 Except for electronic prescriptions, controlled
19 substance prescriptions shall be no larger than eight
20 and one-half inches by eleven inches and no smaller
21 than three inches by four inches. A practitioner may



1 sign a prescription in the same manner as the
2 practitioner would sign a check or legal document
3 (e.g., J.H. Smith or John H. Smith) and shall use both
4 words and figures (e.g., alphabetically and
5 numerically as indications of quantity, such as five
6 (5)), to indicate the amount of controlled substance
7 to be dispensed. Where an oral order or electronic
8 prescription is not permitted, prescriptions shall be
9 written with ink or indelible pencil or typed, shall
10 be manually signed by the practitioner, and shall
11 include the name, address, telephone number, and
12 registration number of the practitioner. The
13 prescriptions may be prepared by a secretary or agent
14 for the signature of the practitioner, but the
15 prescribing practitioner shall be responsible in case
16 the prescription does not conform in all essential
17 respects to this chapter and any rules adopted
18 pursuant to this chapter. In receiving an oral
19 prescription from a practitioner, a pharmacist shall
20 promptly reduce the oral prescription to writing,
21 which shall include the following information: the



1 drug name, strength, dosage form, quantity prescribed
2 in figures only, and directions for use; the date the
3 oral prescription was received; the full name, Drug
4 Enforcement Administration registration number, and
5 oral code number of the practitioner; and the name and
6 address of the person for whom the controlled
7 substance was prescribed or the name of the owner of
8 the animal for which the controlled substance was
9 prescribed.

10 A corresponding liability shall rest upon a
11 pharmacist who fills a prescription not prepared in
12 the form prescribed by this section. A pharmacist may
13 add a patient's missing address or change a patient's
14 address on all controlled substance prescriptions
15 after verifying the patient's identification and
16 noting the identification number on the back of the
17 prescription document on file. The pharmacist shall
18 not make changes to the patient's name, the controlled
19 substance being prescribed, the quantity of the
20 prescription, the practitioner's Drug Enforcement
21 Administration number, the practitioner's name, the



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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



1 written prescription shall have the name of the
2 physician stamped, typed, or hand-printed on it, as
3 well as the signature of the physician;

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

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

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

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

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



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

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

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

15 (5) A psychologist with prescriptive authority privilege
16 registered to prescribe and administer psychotropic
17 medication pursuant to part of chapter 465 in
18 consultation and collaboration with a licensed
19 physician or osteopathic physician or advanced
20 practice registered nurse with prescriptive authority



1 shall include on any psychotropic medication
2 prescription issued in compliance with this chapter:

3 (A) The Drug Enforcement Administration registration
4 number of the licensed physician or osteopathic
5 physician or advanced practice registered nurse
6 with prescriptive authority; and

7 (B) The name of the patient's primary care provider
8 as follows: each written psychotropic medication
9 prescription issued in compliance with this
10 chapter shall include the printed, stamped,
11 typed, or hand-printed name, address, and phone
12 number of the licensed physician or osteopathic
13 physician or advanced practice registered nurse
14 with prescriptive authority and the psychologist
15 with prescriptive authority privilege, and shall
16 be signed by the psychologist with prescriptive
17 authority privilege."

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

20 "(b) Whenever a pharmacist sells or dispenses any
21 controlled substance on a prescription issued by a physician,



1 dentist, podiatrist, or veterinarian, or any psychotropic
2 medication on a prescription issued in compliance with this
3 chapter by a psychologist with prescriptive authority privilege,
4 the pharmacist shall affix to the bottle or other container in
5 which the drug is sold or dispensed:

- 6 (1) The pharmacy's name and business address;
- 7 (2) The serial number of the prescription;
- 8 (3) The name of the patient or, if the patient is an
9 animal, the name of the owner of the animal and the
10 species of the animal;
- 11 (4) The name of the physician, dentist, podiatrist, [øæ]
12 veterinarian, or psychologist with prescriptive
13 authority privilege, by whom the prescription is
14 written; and
- 15 (5) Such directions as may be stated on the prescription."

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

18 "(i) All psychotropic medications covered by this section
19 shall be prescribed by a psychiatrist, a physician, [øæ] an
20 advanced practice registered nurse with prescriptive authority
21 under chapter 457 and duly licensed in the State[-], or a



1 prescribing psychologist authorized under part _____ of chapter
2 465."

3 SECTION 7. Chapter 465, Hawaii Revised Statutes, is
4 amended by designating sections 465-1 to 465-15 as part I and
5 inserting a title before section 465-1 to read as follows:

6 "PART I. GENERAL PROVISIONS"

7 SECTION 8. Section 465-3, Hawaii Revised Statutes, is
8 amended by amending subsection (e) to read as follows:

9 "(e) [~~Nothing~~] Other than as provided in part _____,
10 nothing in this chapter shall be construed as permitting the
11 administration or prescription of drugs, or in any way engaging
12 in the practice of medicine as defined in the laws of the
13 State."

14 SECTION 9. (a) The board of psychology shall submit a
15 report to the legislature, no later than twenty days prior to
16 the convening of the regular session of 2021, on the
17 authorization of prescriptive authority to clinical
18 psychologists who meet specific education, training, and
19 registration requirements pursuant to this Act.

20 (b) The board of psychology shall collaborate with the
21 department of health when preparing information in the report



1 regarding the treatment of patients who are forensically
2 encumbered or patients with a diagnosis of serious mental
3 illness pursuant to this Act.

4 SECTION 10. If any provision of this Act, or the
5 application thereof to any person or circumstance, is held
6 invalid, the invalidity does not affect other provisions or
7 applications of the Act that can be given effect without the
8 invalid provision or application, and to this end the provisions
9 of this Act are severable.

10 SECTION 11. In codifying the new sections added by section
11 2 of this Act, the revisor of statutes shall substitute
12 appropriate section numbers for the letters used in designating
13 the new sections in this Act.

14 SECTION 12. Statutory material to be repealed is bracketed
15 and stricken. New statutory material is underscored.

16 SECTION 13. This Act shall take effect on July 1, 2018,
17 and shall be repealed on August 31, 2025; provided that, upon
18 repeal, sections 329-1, 329-38, 329-39, 346-59.9, and 465-3,
19 Hawaii Revised Statutes, shall be reenacted in the form in which
20 they read on the day before the effective date of this Act.



Report Title:

Prescribing Psychologists; Clinical Psychologists; Prescriptive Authority Privilege; Board of Psychology

Description:

Authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements, including requiring prescribing psychologists to adhere to all applicable statutory regulations. Requires the board of psychology to report to the legislature prior to the regular session of 2021. Effective July 1, 2018. Sunsets August 31, 2025. (SD1)

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

