

April 13, 2022

The Honorable Lisa Kitagawa
Vice Chair
Consumer Protection and Commerce Committee
Hawaii House of Representatives
House District 48
Hawaii State Capitol, Room 315
Honolulu, HI 96813

Re: Senate Concurrent Resolution 156 – Oppose

Dear Vice Chair Kitagawa:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to **strongly oppose Hawaii Senate Concurrent Resolution 156 (SCR 156)**, which would direct the Department of Commerce and Consumer Affairs to convene a task force to develop legislation that would grant qualified psychologists' prescriptive authority. While the AMA values the role that psychologists play in our nation's health care system, particularly with the rising need for mental health services, we do not believe that granting them prescriptive authority is the solution to improving access to mental health services in Hawaii. Rather, this proposal would risk patient safety and expose our most vulnerable patients, including children and adolescents, to inadequate mental health care.

Physicians have 10,000+ hours of comprehensive medical education and training

The education and training of psychologists is vastly different from the education and training of physicians. Psychologists are only required to have three to four years of post-graduate education and one to two years of patient care experience during their training—training that is focused entirely on **non-medical** therapies. By sharp contrast, physicians have more than 10,000 hours and seven to 11 years of postgraduate clinical education and training. This enables them to correctly diagnose, treat, prescribe, and manage patients' health care needs. But it is more than the difference in hours or years of training that distinguishes the two professions, it is also the comprehensive and holistic approach to medical education and training received by physicians. This begins in medical school when students receive a comprehensive education in the classroom and in laboratories where they study the biological, chemical, pharmacological, and behavioral aspects of the human conditions. This includes mastering how pharmacotherapy integrates into all branches of medicine, such as family medicine and psychiatry, including child and adolescent psychiatry. After graduation from medical school, family medicine and psychiatric resident physicians spend three to four more years learning the complexities related to appropriate prescribing in multiple clinical situations and settings—gaining in-depth knowledge essential to their chosen specialty. Physicians are tested on this knowledge throughout their training and as part of the medical licensure process, including the United States Medical Licensing Exam—a series of three examinations that physicians must take and pass to be licensed to practice medicine in the United States. Such medical education and training are essential to safely treat patients and prescribe psychotropic

medications that are used to treat mental illness and other conditions. Notably, there is no equivalent in psychologists' education and training, even with additional pharmacologic educational and practicum requirements.

Granting psychologists prescriptive authority threatens patient safety

Insufficiently trained psychologists with a prescription pad would put medically complex patients at risk. Powerful psychotropic drugs affect a patient's entire body not just their mental illness. For example, psychotropic drugs can also impact a patient's liver, heart, kidney, and other organs. As described above, psychologists do not have any medical training and, therefore, do not have the education to understand the potential complex interactions of these medications and the impact they will have on their patients. This is particularly true for children, pregnant women, seniors, and anyone with chronic medical conditions. The individual prescribing a powerful psychotropic must consider and fully understand contraindications with other medications, as well as co-morbidities and other medical conditions—beyond mental health. For all these reasons, psychologists should **not** be given prescriptive authority as patients need a physician involved in their care—one who fully understands the entirety of the patients medical and mental health care needs, including the complex interactions drugs have on the human body.

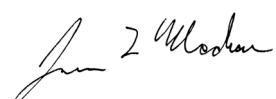
Hawaii physicians and psychologists practice in same locations

While we agree that patients need greater access to care in rural areas, it is critical that we point out that as the attached GEOMAP shows, Hawaii psychologists are **not** any better geographically situated to serve rural populations than psychiatrists and other primary care physicians in Hawaii. Furthermore, in the few states where psychologists have been granted prescriptive authority, psychologists continue to work in the same areas as physicians. While we encourage you to continue a dialogue on access to mental health care in Hawaii, we strongly believe and the data show that granting psychologists prescriptive authority does not address these complex issues. Asserting otherwise is a false promise that will do nothing to solve the very real and complex access to care issues in Hawaii and throughout the U.S.

Thank you for the opportunity to submit these comments. For the reasons outlined above, **we urge you and the members of the Consumer Protection and Commerce Committee to oppose SCR 156**. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,



James L. Madara, MD

Attachment

cc: Marc Alexander
American Psychiatric Association