



GOV. MSG. NO. 1043

EXECUTIVE CHAMBERS  
HONOLULU

LINDA LINGLE  
GOVERNOR

July 10, 2007

The Honorable Colleen Hanabusa, President  
and Members of the Senate  
Twenty-Fourth State Legislature  
State Capitol, Room 409  
Honolulu, Hawaii 96813

Dear Madam President and Members of the Senate:

I am transmitting herewith SB1004 SD2 HD2 CD1, without my approval, and with the statement of objections relating to the measure.

SB1004 SD2 HD2 CD1

A BILL FOR AN ACT RELATING TO  
PSYCHOLOGISTS.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Lingle".

LINDA LINGLE

P R O C L A M A T I O N

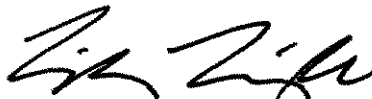
WHEREAS, under Section 16 of Article III of the Constitution of the State of Hawaii, the Governor is required to give notice, by a proclamation, of the Governor's plan to return with the Governor's objections any bill presented to the Governor less than ten days before adjournment sine die or presented to the Governor after adjournment sine die of the Legislature; and

WHEREAS, Senate Bill No. 1004, entitled "A Bill for an Act Relating to Psychologists," passed by the Legislature, was presented to the Governor within the aforementioned period; and

WHEREAS, Senate Bill No. 1004 is unacceptable to the Governor of the State of Hawaii;

NOW, THEREFORE, I, LINDA LINGLE, Governor of the State of Hawaii, do hereby issue this proclamation, pursuant to the provisions of Section 16 of Article III of the Constitution of the State of Hawaii, giving notice of my plan to return Senate Bill No. 1004 with my objections thereon to the Legislature as provided by said Section 16 of Article III of the Constitution.

DONE at the State Capitol, Honolulu,  
State of Hawaii, this 25th  
day of June, 2007.



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LINDA LINGLE  
Governor of Hawaii

EXECUTIVE CHAMBERS

HONOLULU

July 10, 2007

STATEMENT OF OBJECTIONS TO SENATE BILL NO. 1004

Honorable Members  
Twenty-Fourth Legislature  
State of Hawaii

Pursuant to Section 16 of Article III of the Constitution of the State of Hawaii, I am returning herewith, without my approval, Senate Bill No. 1004, entitled "A Bill for an Act Relating to Psychologists."

The stated purpose of this bill "is to authorize appropriately trained and supervised licensed medical psychologists practicing in federally qualified health centers, to prescribe psychotropic medications for the treatment of mental illness."

This bill is objectionable because its actual effect goes beyond its stated purpose by allowing psychologists who obtain the second of the two tiers of prescriptive authority established by the bill -- a prescription certificate -- to practice outside of federally qualified health centers (FQHCs) and to prescribe medications to individuals who are not patients at FQHCs. Furthermore, this bill does not require medical supervision of psychologists holding a prescription certificate.

This bill is also objectionable because psychologists do not have the training necessary to prescribe drugs and this bill

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does not require sufficient didactic and clinical training for prescriptive authority. Modeled after the Department of Defense's Psychopharmacology Demonstration Project (PDP), this bill differs significantly from the PDP. With respect to the didactic training differences, the bill lacks classroom training in two core areas, cell biology and clinical pharmacology, that is required by the PDP. Regarding the clinical training differences, the PDP specified the number of hours required and how many months must be inpatient and outpatient experience, whereas this bill fails to do so. The PDP, furthermore, required close supervision by a psychiatrist with advanced training in psychopharmacology while this bill only requires supervision two hours a week by a physician or psychiatrist.

Also, as noted in the 2007 report by the Legislative Reference Bureau, PDP psychologists trained in an "optimum learning environment in a comprehensive medical center that offered a wide range of medical care, proximity to a large number of physician and nonphysician health care providers, available diagnostic and treatment equipment and facilities, and other advantages or learning experiences that may not be available at small medical facilities." This bill, on the other hand, provides for practicum training in FQHCs that are smaller with limited staffing and equipment and not as well integrated into a larger medical environment. The clinical experience settings are

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distinctly different and the bill's practicum training is not comparable to that provided for in the PDP model.

In addition, this bill gives psychologists with prescriptive authority a scope of practice broader than that afforded to the PDP psychologists. PDP psychologists were limited to prescribing psychotropic medications to patients between the ages of 18 and 65 with mental conditions but without medical complications as evaluated by the supervising psychiatrist. This bill allows psychologists to prescribe psychotropic medications to patients of all ages, including children, elderly, and those with medical illnesses in addition to mental conditions. Psychologists with limited didactic and clinical training are not prepared to handle the side effects of psychotropic medications on patients with medical complications.

In recognition of this concern, both the Board of Medical Examiners and the Board of Psychology, the professional licensing bodies for these two professions, have asked that this bill not become law.

For the foregoing reasons, I am returning Senate Bill No. 1004 without my approval.

Respectfully,



LINDA LINGLE  
Governor of Hawaii

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## A BILL FOR AN ACT

RELATING TO PSYCHOLOGISTS.

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

1           SECTION 1. The legislature finds that there is limited  
2 access to mental health care treatment services for citizens in  
3 the rural areas of the State. The delivery of comprehensive,  
4 accessible, and affordable mental health medical care may be  
5 enhanced by providing trained medical psychologists, licensed in  
6 Hawaii, with limited prescriptive authority for the specific  
7 purpose of providing care in federally qualified health centers.  
8 The legislature has previously authorized prescription  
9 privileges to advanced practice registered nurses, optometrists,  
10 dentists, podiatrists, osteopaths, and physician assistants.

11           Psychologists with appropriate credentials have been  
12 allowed to prescribe medications to active duty military  
13 personnel and their families in federal facilities and the  
14 Indian Health Service for years. Recently, Louisiana and New  
15 Mexico adopted legislation authorizing prescriptive authority  
16 for psychologists without regard to the service setting.



1           Since 2000, fourteen psychologists in Hawaii, all native to  
2 Hawaii, have received psychopharmacological training through the  
3 Tripler Army Medical Center, Native Hawaiian Psychology Training  
4 Program. These psychologists actively collaborate with primary  
5 care physicians to provide combined therapy and  
6 psychopharmacological care to a medically underserved patient  
7 population at seven federally qualified health centers at Bay  
8 Clinic, Hana, Molokai, Kauai, Waianae, Kalihi-Palama, and  
9 Waimanalo, and two native Hawaiian healthcare systems clinics  
10 located in federally designated medically underserved areas on  
11 Kauai and Molokai.

12           To date, thousands of native Hawaiians and other ethnic  
13 minorities have received the necessary combined therapy and  
14 psychopharmacological care that was sorely lacking to address  
15 significant mental and behavioral health care needs. For  
16 example, psychologists at the Waianae Coast Comprehensive Health  
17 Center completed approximately three thousand eight hundred  
18 forty patient encounters in 2004; seventy per cent of these  
19 patients received necessary psychotropic medication for the  
20 treatment of mental illness. Psychologists in several federally  
21 qualified health centers in the State have formed successful



1 collaborative relationships with primary care physicians for  
2 mental health treatment of the underserved.

3 Psychologists are licensed health professionals with an  
4 average of seven years of post-baccalaureate study and three  
5 thousand hours of post-graduate supervised practice in the  
6 diagnosis and treatment of mental illness. Because the current  
7 scope of psychologists' practice does not include prescribing  
8 medications, patients must consult with and pay for another  
9 provider to obtain the requisite prescription. However,  
10 physicians are not readily available in some areas and for some  
11 populations.

12 This is a particular hardship for patients of the federally  
13 qualified health centers on Oahu and the neighbor islands.  
14 Patients of federally qualified health centers include the  
15 uninsured (thirty-six per cent), the poor (fifty-six per cent),  
16 native Hawaiians (twenty-seven per cent, sixty per cent in rural  
17 areas), other Pacific Islanders (seven per cent), and the  
18 homeless (five per cent). Timely, efficient, and cost-effective  
19 treatment of mental illnesses in federally qualified health  
20 centers could avoid the significantly greater social, economic,  
21 and medical costs of delayed treatment or non-treatment for  
22 these underserved populations.





1           Research data soundly demonstrates that there are not  
2 enough prescribing mental health care providers available to  
3 serve the needs of all the people in Hawaii. Further, the  
4 economically disadvantaged and medically underserved would  
5 receive little or no mental health services if not for the  
6 federally qualified health centers and the services provided by  
7 clinical psychologists. At present, only three federally  
8 qualified health centers have psychiatrists on staff. In  
9 contrast, 2004 data from the Hawaii Primary Care Association  
10 indicates that there are 9.71 psychologists employed in full- or  
11 part-time positions to provide mental/behavioral health service  
12 in nine of the thirteen federally qualified health centers--the  
13 most recent expansion of these services has occurred within the  
14 short span of four years.

15           Since 1988, federal law has recognized the extraordinarily  
16 poor health of native Hawaiians. In Hawaii, native Hawaiians  
17 have the highest rate of untreated medical and psychological  
18 concerns, and higher rates than other indigenous and minority  
19 individuals in the United States. Recent concerns include the  
20 impact of the crystal methamphetamine epidemic and related  
21 substance abuse issues such as those occurring in Waianae,  
22 Molokai, and Waimanalo. This epidemic, coupled with the



1 economic and cultural distress of the native Hawaiian  
2 population, has created unprecedented demands for services from  
3 an already overtaxed mental health system.

4 Further exacerbating the dire need for mental health  
5 treatment in underserved areas is the fact that patients from  
6 diverse cultural backgrounds are reluctant to seek treatment due  
7 to the stigma of mental health problems. Timely access to  
8 accurate diagnosis and effective treatment of emotional and  
9 behavioral disorders may contribute substantially to the State's  
10 responsibilities to Hawaii's "Felix" children and needy adults  
11 in underserved rural areas.

12 The United States Congress, through the Native Hawaiian  
13 Health Care Professions Scholarship program, requires  
14 scholarship recipients to work in federally designated medically  
15 underserved areas for a duration (typically four years) equal to  
16 the number of years they received scholarship funding. Under  
17 this program, psychologists of native Hawaiian ancestry are now  
18 using modern training and education to deliver health care in a  
19 culturally appropriate manner to other native Hawaiians through  
20 their placement in federally qualified health centers, native  
21 Hawaiian health systems clinics, and other federally designated  
22 health clinics in medically underserved areas.



1           The American Psychological Association has developed a  
2 model curriculum for the education and training of prescribing  
3 psychologists. Independent evaluations of the Department of  
4 Defense Psychopharmacological Demonstration Project by the  
5 United States General Accounting Office and the American College  
6 of Neuropsychopharmacology have found that appropriately trained  
7 medical psychologists prescribe safely and effectively.

8           The purpose of this Act is to authorize appropriately  
9 trained and supervised licensed medical psychologists practicing  
10 in federally qualified health centers, to prescribe psychotropic  
11 medications for the treatment of mental illness.

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

15                   **"PART . PRESCRIPTION CERTIFICATION**

16           **§465-A Definitions.** As used in this part, unless the  
17 context otherwise requires:

18           "Narcotics" means natural and synthetic opioid analgesics,  
19 and their derivatives used to relieve pain.

20           "Psychotropic medication" means only those agents related  
21 to the diagnosis and treatment of mental and emotional  
22 disorders, including controlled substances except narcotics.



1 "Supervising physician" means a medically trained and  
2 licensed physician or psychiatrist who accepts professional  
3 responsibility for the provision of psychopharmacotherapy.

4 **§465-B Conditional prescription certificate; application.**

5 (a) A psychologist may apply to the board for a conditional  
6 prescription certificate. The application shall be made on a  
7 form approved by the board, and be accompanied by evidence  
8 satisfactory to the board, that the applicant:

- 9 (1) Holds a current license in good standing to practice  
10 psychology in the State of Hawaii;
- 11 (2) Has successfully completed a planned sequence of  
12 psychopharmacological training from a regional  
13 accredited institution of higher learning. The  
14 training shall be consistent with the American  
15 Psychological Association's Recommended Postdoctoral  
16 Training in Psychopharmacology for Prescription  
17 Privileges. The training shall include a two-year  
18 postdoctoral program of no less than forty-four credit  
19 hours (six hundred sixty hours of classroom  
20 instruction) in at least the following core areas of  
21 instruction:

22 (A) Anatomy and physiology;



- 1 (B) Biochemistry;
- 2 (C) Neurosciences (neuroanatomy, neurochemistry,
- 3 neurophysiology);
- 4 (D) Pharmacology and clinical pharmacology;
- 5 (E) Psychopharmacology;
- 6 (F) Pathophysiology;
- 7 (G) Health assessment, including relevant physical
- 8 and laboratory assessment; and
- 9 (H) Clinical pharmacotherapeutics;
- 10 (3) Has successfully completed twelve credit hours
- 11 consisting of a supervised practicum:
- 12 (A) Of at least one year;
- 13 (B) Involving four hundred hours treating a diverse
- 14 population of no fewer than one hundred patients
- 15 with mental disorders;
- 16 (C) Supervised by a medically trained and licensed
- 17 physician or psychiatrist who accepts
- 18 professional responsibility for the provision of
- 19 psychopharmacotherapy and who is not in the
- 20 employ of the person being directed or
- 21 supervised; and



- 1 (D) Including at least two hours of weekly  
2 supervision;
- 3 (4) Has passed a national proficiency examination approved  
4 by the board that tests the applicant's knowledge of  
5 pharmacology in the diagnosis, care, and treatment of  
6 mental disorders; provided that the board shall  
7 establish what constitutes a passing score and the  
8 number of times an applicant may re-take the  
9 examination within a specific time period;
- 10 (5) Has applied for a federal Drug Enforcement  
11 Administration registration number for limited use as  
12 restricted by state law;
- 13 (6) Has malpractice insurance in place, sufficient to  
14 satisfy the rules adopted by the board, that will  
15 cover the applicant during the period the conditional  
16 prescription certificate is in effect;
- 17 (7) Is employed or contracted by, and will practice the  
18 prescribing authority at a federally qualified health  
19 center established under Title 42 United States Code  
20 Section 1396; and



1 (8) Meets all other requirements, as determined by rules  
2 adopted by the board pursuant to chapter 91, for  
3 obtaining a conditional prescription certificate.

4 (b) The board shall issue a conditional prescription  
5 certificate if it finds that the applicant has met all of the  
6 requirements of subsection (a).

7 (c) The conditional prescription certificate shall be  
8 immediately relinquished by the psychologist if the psychologist  
9 no longer meets the requirements of subsection (a).

10 **§465-C Conditional prescription certificate; powers,**  
11 **duties, and responsibilities.** (a) A psychologist holding a  
12 conditional prescription certificate shall:

13 (1) Continue to hold a current license to practice  
14 psychology in Hawaii and continue to maintain  
15 malpractice insurance;

16 (2) Inform the board of the name of the supervising  
17 physician under whose supervision the psychologist  
18 will prescribe psychotropic medication and the name of  
19 the federally qualified health center; provided that  
20 the psychologist shall promptly inform the board of  
21 any change of the supervising physician; and



1           (3) Maintain an ongoing collaborative relationship with  
2           the doctor of medicine who oversees the patient's  
3           general medical care.

4           (b) A psychologist holding a conditional prescription  
5 certificate may:

6           (1) Administer and prescribe psychotropic medication  
7           within the recognized scope of the profession;  
8           provided that those medications are not prohibited by  
9           the exclusionary formulary list, pursuant to section  
10          465-G; and

11          (2) Prescribe only those medications in paragraph (1) to  
12          patients under the care of the psychologist and who  
13          are enrolled at the federally qualified health center  
14          identified to the board.

15          (c) When prescribing psychotropic medication for a  
16 patient, a psychologist holding a conditional prescription  
17 certificate shall maintain an ongoing collaborative relationship  
18 with the doctor of medicine who oversees the patient's general  
19 medical care to ensure supervision so that:

20          (1) Necessary medical examinations are conducted;

21          (2) The psychotropic medication is appropriate for the  
22          patient's medical condition; and





1           (3) Significant changes in the patient's medical or  
2           psychological condition are discussed.

3           (d) A prescription written by a psychologist holding a  
4 conditional prescription certificate shall:

5           (1) Comply with applicable state and federal laws;

6           (2) Be identified as issued by the psychologist as  
7 "psychologist certified to prescribe"; and

8           (3) Include the psychologist's board number or the  
9 identification number assigned by the department of  
10 commerce and consumer affairs.

11          (e) A psychologist holding a conditional prescription  
12 certificate shall not delegate prescriptive authority to any  
13 person. Records of all prescriptions shall be maintained in the  
14 prescribing psychologist's patient records.

15          (f) When authorized to prescribe controlled substances, a  
16 psychologist holding a conditional prescription certificate  
17 shall file with the board, in a timely manner, all individual  
18 federal Drug Enforcement Administration registration numbers.

19          §465-D Prescription certificate. (a) A psychologist may  
20 apply to the board for a prescription certificate. The  
21 application shall be made on a form approved by the board and be



1 accompanied by evidence satisfactory to the board that the  
2 applicant:

3 (1) Has been issued a conditional prescription certificate  
4 and has successfully completed two years of  
5 prescribing psychotropic medication as certified by  
6 the supervising physician;

7 (2) Has successfully undergone a process of independent  
8 peer review approved by the board of medical examiners  
9 and the Hawaii Primary Care Association;

10 (3) Holds a current license to practice psychology in the  
11 State of Hawaii;

12 (4) Has malpractice insurance in place, sufficient to  
13 satisfy the rules adopted by the board, that will  
14 cover the applicant as a prescribing psychologist; and

15 (5) Meets all other requirements, as determined by rules  
16 adopted by the board pursuant to chapter 91, for  
17 obtaining a prescription certificate.

18 (b) The board shall issue a prescription certificate if it  
19 finds that the applicant has met all of the requirements of  
20 subsection (a).

21 (c) A psychologist with a prescription certificate may  
22 prescribe psychotropic medication if the psychologist:



- 1 (1) Continues to hold a current license to practice  
2 psychology in Hawaii and continues to maintain  
3 malpractice insurance;
- 4 (2) Annually satisfies the continuing education  
5 requirements for prescribing psychologists, as set by  
6 the board, which shall be no fewer than twenty hours  
7 each year, at least half of which shall be in  
8 pharmacology or psychopharmacology; and
- 9 (3) Continues to maintain an ongoing collaborative  
10 relationship with the doctor of medicine who oversees  
11 the patient's general medical care to ensure  
12 supervision so that:
- 13 (A) Necessary medical examinations are conducted;
- 14 (B) Psychotropic medication prescribed is appropriate  
15 for the patient's medical condition; and
- 16 (C) Significant changes in the patient's medical or  
17 psychological condition are discussed.

18 §465-E Administration. (a) The board shall adopt rules  
19 pursuant to chapter 91 establishing the procedures to be  
20 followed to obtain a conditional prescription certificate, a  
21 prescription certificate, and renewal of a conditional



1 prescription certificate and prescription certificate. The  
2 board may set reasonable application and renewal fees.

3 (b) The board shall adopt rules pursuant to chapter 91  
4 establishing the grounds for denial, suspension, or revocation  
5 of conditional prescription certificates and prescription  
6 certificates, including provisions for suspension or revocation  
7 of a license to practice psychology upon suspension or  
8 revocation of a conditional prescription certificate or  
9 prescription certificate. Actions of denial, suspension, or  
10 revocation of a conditional prescription certificate or a  
11 prescription certificate shall be in accordance with this  
12 chapter.

13 (c) The board shall maintain current records on every  
14 prescribing psychologist, including federal registrations and  
15 numbers.

16 (d) The board shall provide to the board of pharmacy an  
17 annual list of psychologists holding a conditional prescription  
18 certificate or prescription certificate that contains the  
19 information agreed upon between the board and the board of  
20 pharmacy. The board shall promptly provide the board of  
21 pharmacy with the names of any psychologists who are added or  
22 deleted from the list.



1           **§465-F Narcotics; prohibited.** This part shall not be  
2 construed to permit a psychologist holding a conditional  
3 prescription certificate or prescription certificate to  
4 administer or prescribe a narcotic.

5           **§465-G Exclusionary formulary list.** The exclusionary  
6 formulary list shall specify the types of medications that  
7 psychologists holding either a conditional prescription  
8 certificate or a prescription certificate shall be prohibited  
9 from prescribing or administering. The exclusionary formulary  
10 list shall include the following types of medications:

- 11           (1) All narcotics;
- 12           (2) All monoamine oxidase inhibitors;
- 13           (3) All anti-psychotic medications;
- 14           (4) All amphetamines;
- 15           (5) All non-psychotropic medications;
- 16           (6) Lithium; and
- 17           (7) Serzone.

18           **§465-H Joint formulary advisory committee; establishment,**  
19 **composition, and duties.** (a) The department of commerce and  
20 consumer affairs shall establish a joint formulary advisory  
21 committee to periodically review the exclusionary formulary list  
22 under section 465-G.



1 (b) The joint formulary advisory committee shall recommend  
2 amendments to the exclusionary formulary list as it deems fit,  
3 subject to the limitations set forth in section 465-G. The  
4 board shall adopt the recommended exclusionary formulary list as  
5 established by the joint formulary advisory committee in its  
6 rules.

7 (c) The joint formulary advisory committee shall review  
8 the exclusionary formulary list no less than once per quarter,  
9 and as frequently as it deems necessary.

10 (d) The joint formulary advisory committee shall consist  
11 of:

- 12 (1) Two persons licensed as physicians specializing in  
13 psychiatry under chapter 453;
- 14 (2) Two persons licensed as psychologists under chapter  
15 465 working at federally qualified health centers;
- 16 (3) One person licensed as a pharmacist under chapter 461;  
17 and
- 18 (4) The medical director of a federally qualified health  
19 center in the state."

20 SECTION 3. Chapter 465, Hawaii Revised Statutes, is  
21 amended by designating sections 465-1 to 465-15 as part I and to  
22 read as follows:



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"PART I. GENERAL PROVISIONS"

SECTION 4. Section 465-3, Hawaii Revised Statutes, is amended to read as follows:

"§465-3 Exemptions. (a) This chapter shall not apply to:

(1) Any person teaching, lecturing, consulting, or engaging in research in psychology insofar as the activities are performed as part of or are dependent upon employment in a college or university; provided that the person shall not engage in the practice of psychology outside the responsibilities of the person's employment;

(2) Any person who performs any, or any combination of the professional services defined as the practice of psychology under the direction of a licensed psychologist in accordance with rules adopted by the board; provided that the person may use the term "psychological assistant", but shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

(3) Any person employed by a local, state, or federal government agency in a school psychologist or psychological examiner position, or a position that



1 does not involve diagnostic or treatment services, but  
2 only at those times when that person is carrying out  
3 the functions of such government employment;

4 (4) Any person who is a student of psychology, a  
5 psychological intern, or a resident in psychology  
6 preparing for the profession of psychology under  
7 supervision in a training institution or facility and  
8 who is designated by a title as "psychology trainee",  
9 "psychology student", "psychology intern", or  
10 "psychology resident", that indicates the person's  
11 training status; provided that the person shall not  
12 identify the person's self as a psychologist or imply  
13 that the person is licensed to practice psychology;

14 (5) Any person who is a member of another profession  
15 licensed under the laws of this jurisdiction to render  
16 or advertise services, including psychotherapy, within  
17 the scope of practice as defined in the statutes or  
18 rules regulating the person's professional practice;  
19 provided that, notwithstanding section 465-1, the  
20 person does not represent the person's self to be a  
21 psychologist or does not represent that the person is  
22 licensed to practice psychology;



1 (6) Any person who is a member of a mental health  
2 profession not requiring licensure; provided that the  
3 person functions only within the person's professional  
4 capacities; and provided further that the person does  
5 not represent the person to be a psychologist, or the  
6 person's services as psychological; or

7 (7) Any person who is a duly recognized member of the  
8 clergy; provided that the person functions only within  
9 the person's capacities as a member of the clergy; and  
10 provided further that the person does not represent  
11 the person to be a psychologist, or the person's  
12 services as psychological.

13 (b) Nothing in this chapter shall in any way restrict any  
14 person from carrying on any of the psychological activities as  
15 defined in section 465-1; provided that such person does not  
16 offer psychological services as defined in this chapter except  
17 as such activities are incidental to the person's lawful  
18 occupational purpose.

19 (c) A person may use the title of  
20 industrial/organizational psychologist [7]; provided that the  
21 person registers with the board, and:



- 1 (1) Is professionally competent in the practice of
- 2 industrial/organizational psychology; [and]
- 3 (2) Holds a doctoral degree from an accredited institution
- 4 of higher education with training and education in
- 5 industrial/organizational psychology, satisfactory to
- 6 the board; and
- 7 (3) Provides psychological service or consultation to
- 8 organizations which does not involve the delivery or
- 9 supervision of direct psychological services to
- 10 individuals or groups of individuals, without regard
- 11 to the source or extent of payment for services
- 12 rendered.
- 13 (d) Nothing in this chapter shall prevent the provision of
- 14 expert testimony by a psychologist who is otherwise exempted by
- 15 this chapter.

16 ~~[(e) Nothing in this chapter shall be construed as~~

17 ~~permitting the administration or prescription of drugs, or in~~

18 ~~any way engaging in the practice of medicine as defined in the~~

19 ~~laws of the State.] "~~

20 SECTION 5. The Hawaii state health planning and

21 development agency shall submit to the legislature a report,

22 including any proposed legislation, no later than twenty days



1 prior to the convening of the regular session of 2013,  
2 evaluating the status of mental health care in the State after  
3 providing prescriptive authority to certain psychologists. To  
4 assist the legislature in assessing the viability of continuing  
5 prescriptive authority for psychologists, the report shall  
6 include recommendations on whether prescriptive authority for  
7 psychologists should be amended, repealed, or continued.

8 SECTION 6. In codifying the new sections added by section  
9 2 of this Act, the revisor of statutes shall substitute  
10 appropriate section numbers for the letters used in designating  
11 the new sections in this Act.

12 SECTION 7. Statutory material to be repealed is bracketed  
13 and stricken. New statutory material is underscored.

14 SECTION 8. This Act shall take effect upon approval;  
15 provided that:

- 16 (1) Prescriptive authority for qualified psychologists  
17 shall not be granted until July 1, 2008;
- 18 (2) Section 5 of this Act shall take effect on July 1,  
19 2009; and
- 20 (3) On July 1, 2014, this Act shall be repealed and  
21 section 465-3, Hawaii Revised Statutes, shall be



1 reenacted in the form in which it read on the day  
2 before the effective date of this Act.



