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## Hawai'i Primary Care Association

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### 2009 Legislative Agenda for Hawaii's Community Health Centers

#### Prescriptive Authority for Psychologists

##### What the bill would do:

This bill asks that the legislature grant psychologists the authority to write prescriptions for a specified formulary. Only psychologists who have met rigorous training and testing requirements and who work in formal collaboration with a physician would be qualified for prescriptive authority.

##### Talking points:

Community health centers has become virtually the only available mental health providers in their communities.

Public funds for mental health services don't match growing needs. The rates of anxiety, depression, domestic violence, and substance abuse rates are expected to increase with the poor economy.

- In November 2008, the State announced a \$25 million cut to contracted mental health services. An additional 20% cut is expected for next fiscal year.
- DOH services, limited to the most seriously and chronically mentally ill, served only about 27% of the people in Hawaii who qualified for their services.

The community health center model of care integrates primary mental health services with primary medical care. Addressing mental health issues is essential to be able to improve physical health issues.

Prescribing psychologists at FQHCs will be able to address mental health problems early, stabilize patients with medications, as needed, and provide additional therapy to prevent the development of more serious mental illnesses.

Nearly 20 psychologists have completed the training needed for prescriptive authority. Many of them are Native Hawaiian, all of them born and raised in Hawaii, and all worked at community health centers as part of their training.

Without prescriptive authority for psychologists, the efficiency of community health centers is vastly reduced because the psychologist (and the patient) will have to wait until they can confer with and get a prescription written by the physician with whom they are working.

CHCs are currently providing full mental health services to only a fraction of their patients who need care due to lack of resources. In 2007, only 10% of health center patients got mental health care while DOH Behavioral Risk Factor Surveillance Survey data indicate that at least 32% of Hawaii's adult population has mental health needs.

Some community health centers employ psychiatrists but for most this kind of staffing is not appropriate to their primary care practice and is not economically feasible. The shortage of psychiatrists in Hawaii is a limiting factor and the relative cost to employ a psychiatrist exceeds the cost of hiring psychologists. Ideally, psychiatrists would be available to consult with CHCs on prescriptions and to accept referrals for patients whose needs exceed the capacity of the health center's professional staff.

Overall, Hawaii has a limited health professional workforce. This is greatly magnified in rural areas and neighbor islands. Prudent policy changes would expand to the greatest degree possible the professional scope for all Hawaii's licensed health professionals to ensure they can offer all the services for which they are trained. We need them!