



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Thursday, March 18, 2021 at 10:00 a.m.

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SCR 50/SR 32 – REQUESTING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A TASK FORCE TO PROVIDE RECOMMENDATIONS FOR GRANTING PRESCRIPTIVE AUTHORITY TO QUALIFIED PSYCHOLOGISTS IN THE COUNTIES OF KAUA'I, MAUI, AND HAWAII'I

Chair Baker, Vice Chair Chang, and members of the Committee:

Thank you for the opportunity to submit testimony on SCR 50/ SR 32. The University of Hawai'i at Hilo (UH Hilo) offers **comments** on this measure.

In order to address the psychiatric/mental health crisis, in a more timely manner, a best practice approach would be through a team of providers that include psychiatry, psychologists and pharmacist practitioners who specialize in behavioral health and psychiatry.

Psychiatry and mental health providers have utilized telehealth even prior to the pandemic and telehealth allows for the use of specialty trained psychiatric pharmacists as a viable option to work collaboratively with the mental health team to improve access to care.

The College of Psychiatric and Neurological Pharmacists (CPNP) (info@cpnp.org) provides links to the role of psychiatric pharmacists who play a role in:

1. Preventing Veteran Suicide
2. Assisting with Medication-Assisted Therapy (MAT) for substance abuse
3. Improving access to care in the face of Psychiatric Shortage

Through the pharmacy academy, the pharmacy profession has 1300 pharmacists who are Board-certified in psychiatry (BCPP, <https://www.bpsweb.org/media/psychiatric-pharmacy-fact-sheet/>) These psychiatric specialty pharmacists specifically care for patients not only in prescribed medications for psychiatric illness but also manage the complex list of other medications prescribed for medical diseases and make for drug-drug and drug-disease interactions among other medical issues.

An example of effective care teams has been long demonstrated at the Veterans Administration Clinics. Care teams are structured with psychiatrists, psychologists, nursing, social work and pharmacists. Pharmacists do not diagnose but are able to initiate and manage pharmacotherapy as long as it is within their scope of practice. Pharmacists are credentialed under the facility. Clinical Pharmacists are allowed to prescribe under a collaborative practice agreement as part of their scope of practice.

The University of Hawai'i is well aware of the challenges that patients with behavioral and mental health face given the shortage of specialist providers and the access to care, especially in rural areas. While the University appreciates the didactic and experiential components necessary to develop a robust and comprehensive curriculum in order to support and educate a specialty trained psychologist, the University has ongoing challenges to provide for new curriculum development during a time of diminishing resources.

Nevertheless, the DKICP respectfully proposes two changes to the resolution:

1. The task force would be tasked with exploring alternatives that utilize an interdisciplinary team care approach and telehealth.
2. Members should include a Board Certified psychiatry/mental health practicing pharmacist (BCPP) and a practicing academic pharmacist from the faculty of the DKICP. This expertise would add considerable patient care and academic expertise to explore viable alternatives.

Thank you for the opportunity to provide comments.