

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 14, 2017

TIME: 2:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chairman Heider, Vice Chairman Souza, Senators Martin, Lee, Harris, Agenbroad, Foreman, and Jordan

ABSENT/ EXCUSED: Senator Anthon

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chairman Heider** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:05 p.m.

PAGE GRADUATION: **Chairman Heider** recognized and thanked Bridger Cardon for his service as the Committee page for the second half of the First Session of the 64th Legislature. **Mr. Cardon** commented he enjoyed himself and liked hearing the discussions. He plans to attend college in the fall and major in business and finance to help his father run the family car wash business in the future. He also intends to serve a mission for his church. **Senator Martin** inquired the origin of Mr. Cardon's first name. **Mr. Cardon** replied he has no idea but it may have to do with Jim Bridger. **Senator Jordan** asked what surprised Mr. Cardon most about serving as a page. **Mr. Cardon** responded it is interesting how every senator has different ideas and perspectives. He appreciates that senators represent a group of people and they vote as their constituents want, rather than how the senators might personally choose to vote. **Chairman Heider** presented Mr. Cardon with a gift from the Committee.

H 212 **Relating to Psychologists.** **Kris Ellis** introduced herself to the Committee on behalf of the Idaho Psychological Association (IPA). **Ms. Ellis** stated **H 212** is the result of three years of negotiations with interested stakeholders. The bill would allow doctoral level psychologists to prescribe medications relevant to the practice of psychology upon completion of a master's degree in psychopharmacology from an accredited institution and two years of practice under the supervision of a medical doctor. The bill also specifies education requirements and supervision provisions, and it establishes an advisory panel of medical doctors and pharmacists to assist in the rulemaking process.

Ms. Ellis recognized several participants who were instrumental in developing the legislation: the Board of Psychologists; attorneys at the Bureau of Occupational Licenses; Alex Adams of the Board of Pharmacy; Ken McClure with the Idaho Psychiatric Association who spent many hours working on concepts and language; and Idaho State University. The Region 7 Mental Health Board has also indicated its support.

Ms. Ellis informed the Committee that psychologists with training in psychopharmacology have been licensed in other states and trained by the U.S. military for more than 20 years with an exceptionally safe record. The bill will help improve mental health care in Idaho by allowing those who provide therapy to assess and prescribe current mental health medications.

TESTIMONY: **Dr. Page Haviland** introduced herself to the Committee as the President of the IPA to speak in support of **H 212**. She is a licensed clinical psychologist in private practice in Meridian, Idaho and a Navy veteran. During her time as a Navy psychologist at the National Naval Medical Center in Bethesda, Maryland, she worked with Dr. Morgan Sammons, who completed the Department of Defense psychologist training program to prescribe medications. Her experience inspired her to pursue the same training. **Dr. Haviland** commented her first duty station after finishing her degree was as the only Navy psychologist serving 15,000 beneficiaries at the Naval Air Warfare Center in Maryland. Had she been able to prescribe, service members and their families would not have experienced long wait times to get comprehensive mental health care and in serious cases would not have had to drive one hour each way to the nearest psychiatrist at Walter Reed Army Medical Center.

Dr. Haviland commented she is very interested in obtaining the new training. Wait times for psychiatric intervention now range from two to four months. Her patients who are active duty service members would be able to attend one appointment instead of two, with virtually no wait time. She already works closely with several physicians who refer clients to her, and there would be no change in the way she consults with the doctors. **Dr. Haviland** said she contacted Commander Rabinowitz, a prescribing psychologist and the Navy's specialty advisor for psychopharmacologically trained psychologists. Dr. Rabinowitz is responsible for helping select and send psychologists to post-doctoral fellowships in psychopharmacology. The Navy is interested in using Idaho State University (ISU) as a potential site for the Navy's post-doctoral fellowship program (see Attachments 1 and 2). The bill would provide an opportunity to set a high standard for training psychologists to prescribe and at the same time provide a flagship program for the Navy and possibly other branches of the armed services. She urged the Committee to support the bill.

TESTIMONY: **Michael McGrane** introduced himself on behalf of the Idaho Nurses Association and Nurse Leaders of Idaho to speak in support of the bill. Among his groups' members are a number of family nurse practitioners who practice in rural Idaho. He has heard about the dire need for psychiatric resources for back-up and coordination of care. The availability of psychiatric care in Idaho is sparse. The bill requires coordination between the primary care providers and the psychologists, and it will open up desperately needed access.

TESTIMONY: **Dr. Lyn McArthur** introduced herself to the Committee as a psychologist from Inkom, Idaho. She is the behavioral health director for a community health center called Health West, and she works in Lava Hot Springs and the Pocatello area. Approximately one-third of Health West patients are uninsured. **Dr. McArthur** reported in Pocatello, there is one adult-focused psychiatrist, and the wait for an appointment is very long. There are two child psychiatrists, and the waits are about three months for an initial visit. Jails are full and are being renovated to make space in Pocatello. Most current inmates have concurrent mental health and substance abuse issues. State Hospital South in Blackfoot has about a three-week wait. Currently, inpatients are being diverted to Boise or Twin Falls. The Eastern Idaho area has experienced an increase in mental health care needs. The Idaho suicide rate is high and the shortage of providers is real and dangerous. Many providers are doing their best, but many are untrained or undertrained to handle mental health concerns.

Dr. McArthur advised she has seen the effects of too few psychiatrists in her professional life, and she has also experienced it personally. A few years ago, someone came into her home. Her husband saw the person standing in the hallway by their children's rooms, and the person ran away when confronted. The police arrived and conducted a search, and Dr. McArthur's neighbor called a few hours later and told them the neighbor's son had recently been diagnosed with schizophrenia. It was the neighbor's son who had come into their home because he was wandering and confused. A few weeks later, **Dr. McArthur** saw on the news that her neighbor's son had mugged a woman and assaulted the police officer who tried to arrest him. Perhaps this person would not have entered the legal system if services had been available. Psychologists can address mental health with therapy, behavioral strategies, or medications. They can also help patients get off medications. **H 212** would help keep Idahoans safe and save money.

TESTIMONY:

Ken McClure introduced himself on behalf of the Idaho Medical Association and the Idaho Psychiatric Association. His clients have appeared before the Committee several times this session to express concerns about scope of practice legislation based on how public health will be affected. In years past, his clients have opposed this legislation in its previous forms.

Mr. McClure thanked Ms. Ellis and the Idaho Psychological Association for the time spent to build safeguards into this legislation to protect the public health. Education is the key to privileging and credentialing. **H 213** has an educational standard that can work, although it depends in part on how ISU develops the program. He hopes to work with ISU on the program and that this legislation will help Idaho citizens. This bill is the first of its kind in the nation. A psychologist will obtain an education that is the equivalent of a nurse practitioner degree, or approximately two years of classroom study.

Mr. McClure mentioned in prior drafts of the legislation, the education component was inadequate because it was initially patterned after a New Mexico program consisting of only a series of weekend courses. In the psychology doctoral programs, a person can get a doctorate with studying only very little hard science curriculum. A deep understanding of biology and chemistry is necessary prior to prescribing medication.

Mr. McClure stated a clinical experience requirement was also lacking in previous versions of the bill. Doctors learn through a hands-on residency experience, and **H 213** would require psychologists to spend a period of time working under the supervision of a psychiatrist. At the end of the period, the psychiatrist must sign off that the psychologist has the requisite experience to conduct a safe prescribing practice. **Mr. McClure** said the changes are material, and he is pleased the IPA chose to adopt them.

Vice Chairman Souza asked about the cost and length of the training, assuming a psychologist already has a doctorate and has been practicing for some period of time. **Mr. McClure** replied the education is a two-year full-time program, followed by two years practicing under the supervision of a psychiatrist, as well as a national exam. This program will most likely be pursued by someone just entering a career, but there is nothing preventing someone in mid-career from completing the training and practice requirements.

Vice Chairman Souza commented she is concerned about the proposal because one of the goals is to increase a patient's ability to access a prescribing psychologist in a reasonably fast way. She inquired how someone who is working to support a family will be able to commit to two years of full-time study. **Mr. McClure** answered that is likely the reason someone in mid-career might not want to commit to the program. A prescription pad should only be given to someone with sufficient education and training. Psychology undergraduate and doctoral programs can have no or very little science curriculum. To learn that material in order to prescribe safely does take some time. At the end of the process, the person will be capable of prescribing accurately and safely without any kind of supervision. Two years is a cost, but it is a price well paid to ensure well trained and competent providers.

Vice Chairman Souza said she obtained her masters in health education over a two-year period while attending school part-time and working full-time. She asked if this type of program could be structured so a person could maintain a daily occupation and attend school part-time. **Mr. McClure** responded that would be possible, but the education must be a two-year equivalent, so it might take longer than two years to complete the program if only attending part-time. Psychology does not have the same foundation and educational criteria as nursing. Someone with a nursing degree could likely obtain an advanced degree in a shorter period of time. The foundation to build a prescribing practice was the issue that took the most time for the parties to address in the legislation.

Ms. Ellis was recognized to summarize the presentation. It will be possible to attend the program full-time while working and raising a family, and members of the IPA who plan to pursue this training intend to complete it in conjunction with their current profession. After the two years of classroom study, the two years of supervised practice would be incorporated into the psychologist's regular practice. The cost of the program is unknown at this time. ISU estimates ten students would be a break-even point, so it would likely be the same tuition as for an ISU nursing program.

MOTION:

Vice Chairman Souza moved to send **H 212** to the floor with a **do pass** recommendation. **Senator Martin** seconded the motion.

Senator Lee stated she supports the bill and she appreciates the hard work of all the stakeholders. She heard no one got exactly what they wanted, but this is a good first step and there is an opportunity to make improvements going forward.

The motion carried by **voice vote**.

H 213

Relating to Behavioral Health Services. **Treena Clark**, Program Manager with the Department's Division of Behavioral Health (Division), introduced herself to present **H 213**. The bill amends definitions of peer services and updates provisions relating to the composition and duties of the State Behavioral Health Planning Council and Regional Behavioral Health Boards.

Ms. Clark explained the Regional Behavioral Health Services Act (RBHSA) was passed in 2014 and established initial and ongoing composition of the committee with authority to appoint members to the Regional Behavioral Health Boards. The proposed language would add a county commissioner to each Regional Behavioral Health Board and provide for the method of selection of a county commissioner to serve. It would also expand the categories of membership for both the State Behavioral Health Planning Council and the Regional Behavioral Health Boards to include representatives from the field of "prevention."

Ms. Clark advised the RBHSA allows for development and provision of community recovery and family support services. One method of community support that has proven to be effective is for a peer or family member who has lived experience to use that experience to assist individuals with behavioral health issues. The bill would add definitions of "family support partner," "peer support specialist," and "supportive services" to the statute to support the development and implementation of peer services in Idaho. There is no anticipated fiscal impact.

Vice Chairman Souza stated she has heard from some constituents who are concerned with the definition of "family support partner" and asked if it will limit family members or relatives from being involved. **Ms. Clark** answered the stakeholders worked very hard to develop these definitions. The definition of "family support partner" requires the service to be provided by a parent or family member with experience raising a child with a severe emotional disturbance because that experience is invaluable to a family navigating the multiple systems and agencies. Not having the experience would prevent someone from becoming a family support partner under the definition. **Vice Chairman Souza** asked if the family member would have to complete the prescribed training in order to work with their own family members or relatives as a family support partner. **Ms. Clark** replied the person would be required to complete the training if desiring certification as a family support partner. If the person wants only to support the family or provide services without seeking reimbursement, the person does not have to be certified.

MOTION: **Senator Harris** moved to send **H 213** to the floor with a **do pass** recommendation. **Senator Jordan** seconded the motion. The motion carried by **voice vote**. **Senator Foreman** requested he be recorded as voting nay.

ADJOURNED: There being no further business at this time, **Chairman Heider** adjourned the meeting at 2:40 p.m.

Senator Heider
Chair

Jeanne Jackson-Heim
Secretary