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23461 South Pointe Dr. #190
Laguna Hills, CA 92653
949-380-7383

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The Honorable Linda Lingle
Governor, State of Hawaii
Executive Chambers, State Capitol
Honolulu, Hawaii 96813

Dear Governor Lingle:

I am writing to you on behalf of the Board and Members of the California Association of Psychology Providers (CAPP). We are a state-wide psychology association composed of California licensed psychologists. We are probably most well known for our victory at the California Supreme Court (*CAPP v. Rank*) in which we protected the right of the public to the independent services of Clinical Psychologists in hospital settings.

We are writing to you to urge that you sign Hawaii bill SB1004. The bill will assure the people of Hawaii can have access to the prescribing services of qualified psychologists. These are Hawaii psychologists, who have their Psychology Doctorate and Hawaii license. At their own personal expense, they have voluntarily obtained the additional education and training that will enable them to better care for the psychological needs of their patients.

We are aware that a communication has been sent to you by a self-described "diverse group of clinical psychologists who urge you to veto SB 1004." We deplore the fact that this self-anointed group, who do not have accomplishments as a group, resorted to distortions and misrepresentations in their communication to you. However, this is not a surprise to CAPP - we have experienced this disingenuous behavior used against us. We had to submit brief after brief to the Courts to counter these tactics (*CAPP v. Rank*). Sadly, it wasn't until 1990 that the California Supreme Court could affirm the Legislature's 1978 law (Health and Safety Code Section 1316.5) declaring Psychology an independent health profession and explicitly authorizing qualified California Clinical Psychologists to independently treat our patients in hospitals. Yet, we still have California State employee medical doctors refusing to implement and obey the law!

We are confident that you will receive multiple letters from responsible psychologists and psychology associations refuting the misrepresentations of this "diverse group of clinical psychologists" whose true motivation, fears and self-interest remain unknown. Sadly, this is not new in our profession. In the 1930s and '40s some did not want clinical psychologists to independently administer and interpret psychological tests. In the 1950s and '60s there were those who did not want clinical psychologists to independently conduct psychotherapy. In the 1960's there were those who asserted that clinical psychologists should not be permitted to testify in court as expert witnesses as to a person's mental illness diagnosis. In the 1960s and 70's, there were those who did not want

psychologists to be licensed by the State as an independent profession, and in the 1980's and 90s there were those who claimed clinical psychologists were not competent to independently treat our patients in hospitals. Now we have the situation where specially trained psychologists prescribing is being resisted. There is nothing new about these kinds of misguided, misinformed and distorted set of arguments.

Because of CAPP's unique experience in dealing with these tactics, we will pick out just two for analysis. First, the "diverse group" references that the General Accounting Office found that the Department of Defense "PDP" program was not "cost-effective." By itself, that is a correct quote. However, the "PDP" program is best thought of as a "Research and Development" program. Using the logic of this "diverse group of clinical psychologists" we would not have the stealth bomber (or any new technology or medications) because the research and development costs are huge. However, the actual costs of such things as production of new technology, production of new medications, or producing psychologists competent to prescribe is miniscule in comparison to the research and development costs. In addition, the cost-effectiveness analysis of the PDP program does not even apply in any respect to this situation because the State of Hawaii is not being asked to bear the cost of training these psychologists. The Hawaii psychologists, and psychologists across the United States, bear the costs themselves.

Second, this "diverse group" asserts: that the education and training of the Hawaii clinical psychologists is inadequate, that the training is deficient in terms of the training received by the PDP psychologists, that these psychologists are an "unnecessary risk to both patient care and the integrity of clinical psychology," and that allowing these psychologists to prescribe is an "experiment, the results of which may not be known for many years". Fortunately, this mixture of theory, conjecture and misrepresentation has actually been tested and proven false. The PDP psychologists have testified that the training that clinical psychologists need to prescribe safely and effectively is the kind provided for in SB1004. Also, the amount of "training" varied from year to year in the PDP program - always moving in the direction of progressively shortening the program to an effective and more cost-efficient one than the PDP program was in its first year. In addition, we now have several years of experience with 2 different states (Louisiana and New Mexico) showing us that clinical psychologists with less requirements than SB 1004 are prescribing safely and effectively, and that the "integrity of clinical psychology" has not been affected. The same is true of the PDP clinical psychologists who completed the longest and most extensive training version of the PDP: they remain first and foremost clinical psychologists and have not gone over to the dark side and become junior psychiatrists forsaking psychology.

Should you desire any further insight into the tactics of misrepresentation that these psychologists have injected into the serious matter of expanding the assistance available to Hawaii's citizens for their mental health needs, please feel free to call on us.

Respectfully,

Jay Slosar, Ph.D., President
Rosalyn Laudati, Ph.D.
Andrew Schwartz, Ph.D.
Stephen E. Berger, Ph.D., ABPP