

Chronological: Speeches, 1974-1995: On health care spending

Senator Daniel K. Inouye Papers
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1975?

APPROXIMATELY SIX AND A HALF YEARS AGO, I HAD THE
PRIVILEGE OF BEING THE KEYNOTE SPEAKER AT YOUR ANNUAL
CONVENTION. IN PREPARING MY REMARKS FOR THIS AFTERNOON, I
DECIDED TO REVIEW MY EARLIER PRESENTATION AND FOUND THAT MUCH
OF WHAT I HAD TO SAY THAT DAY IS STILL QUITE RELEVANT FOR YOUR
PROFESSION TODAY.

TODAY, AS A NATION, AS IT WAS SIX AND A HALF YEARS AGO, WE
STILL SPEND MORE ON HEALTH CARE THAN ANY OTHER NATION IN THE
WORLD. HOWEVER, RATHER THAN SPENDING \$160 BILLION, OR 9
PERCENT OF OUR GROSS NATIONAL PRODUCT, ON HEALTH CARE, AS WE

DID SIX AND A HALF YEARS AGO, THE MOST RECENT FIGURES AVAILABLE INDICATE THAT WE NOW SPEND \$355 BILLION, OR 10.8 PERCENT OF OUR GROSS NATIONAL PRODUCT, ON HEALTH CARE. AND, TODAY, OUR NATION'S SENIOR CITIZENS STILL PAY THE SAME PROPORTION OF THEIR OUT-OF-POCKET INCOME FOR HEALTH CARE, AS THEY DID PRIOR TO THE ENACTMENT OF MEDICARE.

SIX AND A HALF YEARS AGO, I DESCRIBED MY EFFORTS ON YOUR BEHALF, TO ASSURE YOUR AUTONOMY UNDER THE DEPARTMENT OF DEFENSE CHAMPUS PROGRAM. WHEN I ADDRESSED YOU LAST TIME, THE CHAMPUS BUDGET WAS \$500 MILLION; TODAY IT IS \$1.4 BILLION.

SIX AND A HALF A YEARS AGO, I STRESSED THE BATTLES-- AND VERY CANDIDLY, THAT IS WHAT THEY WERE -- WE WENT THROUGH TO ENSURE THAT YOUR PRACTITIONERS WOULD BE DEEMED AUTONOMOUS UNDER CHAMPUS, ON AT LEAST AN OUTPATIENT BASIS. I REPORTED THAT DURING OUR CONFERENCE DELIBERATIONS, WE SPENT MORE TIME ON YOUR AUTONOMY THAN WE DID ON ANY PIECE OF MILITARY HARDWARE; MORE TIME ON YOU, THAN ON ANY MISSILE OR ROCKET SYSTEM. TODAY, YOUR PROFESSION IS TRULY AUTONOMOUS UNDER CHAMPUS, ON BOTH AN INPATIENT AND OUTPATIENT BASIS. THE MOST RECENT CHAMPUS REGULATIONS, FOR EXAMPLE, EXPRESSLY STATE THAT PSYCHOLOGISTS

SHALL RECEIVE ADMINISTRATIVE AND CLINICAL AUTONOMY WITHIN THE
RESIDENTIAL TREATMENT CENTER PROGRAM. THESE REGULATIONS ALSO
MAKE CLEAR THAT PSYCHOLOGISTS ARE TO BE AUTONOMOUS FOR
INPATIENT SERVICE DELIVERED. I WOULD JUST NOTE IN PASSING,
HOWEVER, THAT APPROXIMATELY ONE YEAR AGO, THE DEPARTMENT OF
DEFENSE PRESENTED ME WITH TWO SETS OF PROPOSED DRAFT
REGULATIONS FOR THE RESIDENTIAL TREATMENT CENTER PROGRAM. ONE
SET WOULD REQUIRE MEDICAL SUPERVISION AND DIRECTION THROUGHOUT
THE RESIDENTIAL TREATMENT CENTER PROGRAM; THE RATIONALE, I
ASSUME, BEING THAT THESE ARE "TRULY SICK" CHILDREN. THE OTHER

SET PROVIDED FOR INTERDISCIPLINARY PARITY. I AM SURE YOU CAN
SURMISE WHICH ONE I RECOMMENDED.

THIS YEAR, DURING OUR DELIBERATIONS ON THE FISCAL YEAR
1985 DEPARTMENT OF DEFENSE AUTHORIZATION BILL, MY PSYCHOLOGY
APPROPRIATIONS LANGUAGE, WHICH GIVES YOU PARITY, WAS
INCORPORATED INTO THE UNDERLYING DOD STATUTE. THE SIGNIFICANCE
OF THIS IS THAT NOT ONLY IS PSYCHOLOGY FINALLY ENUMERATED INTO
THE DEPARTMENT OF DEFENSE AUTHORIZATION STATUTE, BUT EVEN MORE
IMPORTANTLY, THE UNDERLYING FUNDAMENTAL CONCEPT OF "MEDICAL OR
PSYCHOLOGICAL NECESSITY" HAS NOW BEEN ADOPTED BY BOTH THE

APPROPRIATIONS AND ARMED SERVICES COMMITTEES OF THE HOUSE AND
THE SENATE.

SIX AND A HALF YEARS AGO, WHEN TALKING ABOUT CHAMPUS, I
SPOKE OF THE IMPORTANCE OF BEGINNING TO ESTABLISH FEDERAL
REIMBURSEMENT POLICIES BASED ON OBJECTIVE EVIDENCE AS TO COST-
EFFECTIVENESS. I CITED, FOR EXAMPLE, DATA I HAD RECEIVED THAT
BIOFEEDBACK HAD CONVINCINGLY DEMONSTRATED, OVER A FIVE-YEAR
PERIOD OF TIME, A "CURE RATE" IN THE 70 TO 90 PERCENT RANGE FOR
CHRONIC LOWER BACK PAIN AND MIGRAINE HEADACHES. THE COST-
EFFECTIVENESS OF BIOFEEDBACK, FOR YOUR INFORMATION, WAS

ORIGINALLY BROUGHT TO MY ATTENTION BY REPRESENTATIVES OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION. I STATED THEN THAT I WOULD
PURSUE HAVING CHAMPUS BEGIN TO REIMBURSE FOR THESE SERVICES,
EVEN THOUGH THE MEDICAL PROFESSION AT THAT TIME COULD NOT
ENDORSE THEM. FINALLY, THIS PAST YEAR, I RECEIVED ASSURANCE
FROM THE DEPARTMENT OF DEFENSE THAT A SPECIAL BIOFEEDBACK
DEMONSTRATION REIMBURSEMENT PROGRAM WILL SOON BEGIN.

THIS YEAR, DURING OUR FISCAL YEAR 1985 APPROPRIATIONS
DELIBERATIONS ON THE DEPARTMENT OF DEFENSE BILL, WE DIRECTED

CHAMPUS TO BEGIN A NEW PARTIAL HOSPITALIZATION BENEFIT, WHERE
MEDICALLY OR PSYCHOLOGICALLY NECESSARY.

WE STILL HAVE A LONG WAY TO GO WITHIN THE DEPARTMENT OF
DEFENSE IN ENSURING THAT PROFESSIONAL PSYCHOLOGISTS WHO ARE
SERVING IN THE VARIOUS SERVICES WILL BE ALLOWED TO PRACTICE TO
THE FULLEST EXTENT OF THEIR PROFESSIONAL CAPACITIES. AT MY
REQUEST, THE DEPARTMENT HAS ESTABLISHED A SPECIAL "NON-
PHYSICIAN MORALE TASK FORCE". THE TASK FORCE'S REPORTS CLEARLY
INDICATES THAT THERE ARE SERIOUS MORALE PROBLEMS AND YOU MAY BE

ASSURED THAT I WILL CONTINUE TO PURSUE THIS ON YOUR
PROFESSION'S BEHALF.

SIX AND A HALF YEARS AGO, I DISCUSSED THE IMPORTANCE OF
PSYCHOLOGY'S GAINING ACCESS AND INDEPENDENT RECOGNITION UNDER
OUR NATION'S MEDICARE PROGRAM. MEDICARE AND MEDICAID TOGETHER
REPRESENT NEARLY 90 PERCENT OF OUR FEDERAL HEALTH CARE SPENDING
AND PSYCHOLOGISTS PER SE ARE NOT RECOGNIZED UNDER EITHER OF
THESE PROGRAMS.

SIX AND A HALF YEARS AGO, I REPORTED THAT THE SENATE
FINANCE COMMITTEE HAD ASSURED ME THAT LATER ON THAT YEAR THEY

WOULD HOLD FORMAL HEARINGS ON MY PSYCHOLOGY PROPOSAL AND,
SPECIFICALLY, THAT THEY WOULD REVIEW THE FINDING OF THE
"COLORADO STUDY", WHICH WAS CONDUCTED AT MY REQUEST. DR. NICK
CUMMINGS OF THE BIODYNE INSTITUTE, NOW IN HONOLULU, HAWAII, WAS
THE KEY WITNESS FOR YOUR PROFESSION DURING THOSE HEARINGS.
AND, I FEEL THAT IT IS FAIR TO SAY THAT THE HEALTH CARE
FINANCING ADMINISTRATION'S WILLINGNESS TO FUND BIODYNE TODAY IS
ALSO A DIRECT RESULT OF THOSE HEARINGS AND OUR APPROPRIATIONS
COMMITTEE'S SUBSEQUENT INTEREST IN THE DATA PRESENTED BY NICK.

SIX AND A HALF YEARS AGO, I EMPHASIZED THAT "PRACTICALLY EVERY MAJOR NATIONAL HEALTH INSURANCE PROPOSAL...INCORPORATED THE MEDICARE MODEL WHEN CONSIDERING WHAT PROVIDERS SHOULD BE REIMBURSED AND UNDER WHAT CONDITIONS." THIS IS STILL THE CASE TODAY AND, IN FACT, AS WE MOVE TOWARDS IMPLEMENTING VARIOUS COST-CONTAINMENT EFFORTS, SUCH AS THE DIAGNOSTIC RELATED GROUPING OR (DRGS), WHICH HAVE ALREADY BEEN ENACTED INTO PUBLIC LAW BY THE CONGRESS, THE MEDICARE STANDARDS ARE BECOMING MORE AND MORE THE NORM.

IN SPITE OF AN APPARENT LACK OF "GRASS-ROOTS" SUPPORT, I
WAS SUCCESSFUL THIS PAST SESSION IN HAVING MEDICARE MODIFIED TO
ENSURE THAT THOSE PSYCHOLOGISTS FUNCTIONING IN HEALTH
MAINTENANCE ORGANIZATIONS (HMOS) WOULD BE DEEMED FULLY
AUTONOMOUS UNDER MEDICARE. THIS IS THE FIRST TIME THAT WE HAVE
BEEN ABLE TO BREAK THROUGH THE MEDICARE MYSTIQUE AND MUCH OF
THE CREDIT MUST GO TO THE LEADERSHIP OF KAISER IN HAWAII WHO
DIRECTED THEIR NATIONAL LOBBYISTS TO ACTIVELY SUPPORT MY
PROPOSAL. FOR THIS AMENDMENT, I WAS ABLE TO ARGUE SUCCESSFULLY
THAT THERE WOULD BE NO ADDITIONAL COSTS INVOLVED AND, FURTHER,

THAT THERE WOULD BE NO DIMINISHMENT IN THE QUALITY OF CARE PROVIDED. IN THE SAME BILL, I WAS ALSO ABLE TO HAVE THE MEDICAID STATUTE MODIFIED TO ENSURE THAT ANY MENTAL HEALTH PROFESSIONAL WILL NOW BE ABLE TO ADMINISTER A CLINIC RECEIVING MEDICAID FUNDING, RATHER THAN THE DEPARTMENT'S VIEW THAT ONLY PHYSICIANS CAN BE ADMINISTRATORS.

FOR THE NEXT LEGISLATIVE SESSION, I HAVE TWO MEDICARE GOALS. FIRST, I WANT TO MODIFY THE HOSPICE PROVISION OF THE STATUTE TO ALLOW THOSE WHO ARE DYING TO HAVE READY ACCESS TO THE SERVICES OF PSYCHOLOGISTS, AGAIN ON AN INDEPENDENT BASIS.

IN MY JUDGMENT, THERE IS SIMPLY NO EXCUSE FOR THIS NOT BEING THE CASE. SECOND, I HOPE TO MODIFY THE "HOSPITAL SERVICES PROVISIONS" TO ENSURE THAT PSYCHOLOGICAL SERVICES WILL BE EXPRESSLY AUTHORIZED.

LITTLE BY LITTLE, WE ARE MAKING PROGRESS. AND, AS I INDICATED SIX AND A HALF YEARS AGO, I DO NOT EXPECT SUCCESS OVERNIGHT. HOWEVER, WE ARE MAKING SLOW, BUT STEADY PROGRESS. NEVERTHELESS, I MUST URGE YOU TO HAVE YOUR COLLEAGUES ON THE MAINLAND COSPONSOR MY BASIC MEDICARE AMENDMENT WHICH, AGAIN

THIS NEXT SESSION, I WILL REFER TO AS S. 123. WE NEED TO BE
ABLE TO SHOW CONSIDERABLE "GRASS-ROOTS" SUPPORT.

IN AREAS OTHER THAN MEDICARE, THE PAST SEVERAL YEARS HAVE
BEEN EXCEPTIONALLY GOOD FOR PSYCHOLOGY. DURING THE CLOSING
HOURS OF THE 97TH CONGRESS, I WAS SUCCESSFUL IN MODIFYING THE
LAW TO AUTHORIZE PSYCHOLOGISTS TO BE APPOINTED AS SURGEON
GENERAL OF THE UNITED STATES. THIS PAST SESSION, WE WERE
SUCCESSFUL IN MODIFYING TWO INDIAN HEALTH SCHOLARSHIP PROPOSALS
SO THAT INDIANS WHO DESIRE TO BECOME PSYCHOLOGISTS CAN RECEIVE
SPECIAL FEDERAL SUPPORT. NEXT YEAR, I FULLY INTEND TO ENSURE

THAT OUR OWN STATE'S NATIVE HAWAIIANS WILL BEGIN TO QUALIFY FOR THESE SCHOLARSHIP FUNDS. I WAS ALSO SUCCESSFUL THIS YEAR IN MODIFYING BOTH THE HEALTH CAREER'S OPPORTUNITY PROGRAM (HCOP) AND THE BASIC HEALTH PROFESSION'S STUDENT LOAN PROGRAM TO ALLOW GRADUATE STUDENTS IN PSYCHOLOGY TO FINALLY QUALIFY. THE HCOP PROGRAM IS ESPECIALLY IMPORTANT TO OUR OWN UNIVERSITY AS THESE FUNDS ARE TARGETED EXCLUSIVELY TOWARDS MINORITIES.

UNFORTUNATELY, THESE TWO MEASURES WERE INCLUDED IN A LARGER BILL WHICH THE PRESIDENT VETOED; HOWEVER, MY COLLEAGUES ON THE SENATE COMMITTEE WITH JURISDICTION HAVE ALREADY ASSURED ME THAT

THEY WILL AGAIN RECOMMEND THEM FOR ENACTMENT INTO PUBLIC LAW
EARLY NEXT SESSION.

THIS YEAR PSYCHOLOGISTS FROM HAWAII HAD A GREATER IMPACT
ON OUR SENATE APPROPRIATIONS COMMITTEE THAN DID WITNESSES FROM
ANY OTHER STATE. ONE OF YOUR COLLEAGUES, DR. TERU MORTON OF
THE DEPARTMENT OF PSYCHOLOGY, TESTIFIED TWICE BEFORE US -- ONCE
DURING OUR COMMITTEE'S FIELD HEARINGS IN HONOLULU AND ONCE
DURING OUR REGULAR HEARINGS ON THE ADMINISTRATION'S CLINICAL
TRAINING AND RESEARCH BUDGET PROPOSALS. WE ALSO HEARD FROM DR.
SATORU IZUTSU, NOW A VICE PRESIDENT OF THE KUAKINI MEDICAL

CENTER. BOTH OF YOUR COLLEAGUES WERE VERY, VERY EFFECTIVE.

SATORU'S TESTIMONY FACILITATED MY EFFORTS TO EARMARK \$2.5

MILLION FOR A NEW PACIFIC BASIN HEALTH MANPOWER TRAINING

PROJECT. THE CHAIRMAN OF OUR COMMITTEE WAS SO IMPRESSED BY

TERU'S PRESENTATION, THAT NOT ONLY DID WE ALLOCATE AN INCREASE

IN CLINICAL TRAINING FUNDS FOR THE NATIONAL INSTITUTE OF MENTAL

HEALTH (NIMH), BUT WE ALSO WERE ABLE TO INCLUDE "BEHAVIORAL

HEALTH" AND "PREVENTION" LANGUAGE THROUGHOUT OUR BILL,

INCLUDING IN CONFERENCE. IN FACT, THE ONLY TWO DIRECTIVES

WHICH NIMH RECEIVED FROM THE CONFEREES WERE:

1. TO GIVE PRIORITY TO PREVENTION TRAINING

INITIATIVES; AND

2. TO MAKE THEIR TRAINING PROGRAM

INTERDISCIPLINARY IN NATURE WHEREVER

POSSIBLE.

WE ALSO DIRECTED THE NATIONAL INSTITUTE OF OCCUPATIONAL
SAFETY AND HEALTH (NIOSH) TO EXPLORE THE PSYCHOLOGICAL ASPECTS
OF WORKPLACES. THIS SHOULD BE OF PARTICULAR INTEREST TO DR.
GEORGE ALBEE OF OUR SCHOOL OF PUBLIC HEALTH, WHO IS, I
UNDERSTAND, A RENOWNED EXPERT IN PREVENTION. HE SHOULD ALSO BE

PLEASED THAT I WAS ABLE TO HAVE PSYCHOLOGY EXPRESSLY INCLUDED
IN THE FORTHCOMING HHS PREVENTION CENTER INITIATIVES. I MIGHT
ALSO ADD, FOR THOSE OF YOU PRESENT WHO WORK IN THE VETERANS
ADMINISTRATION, BOTH THE ADMINISTRATOR OF THE VA AND THE STAFF
DIRECTOR OF THE SENATE VETERANS AFFAIRS COMMITTEE WERE SO
IMPRESSED BY TERU THAT THE CHAIRMAN AGREED TO ENTHUSIASTICALLY
SUPPORT MY RECOMMENDATION THAT WE PROVIDE SPECIAL PAY BONUSES
OF UP TO \$10,000 FOR THOSE OF YOU WHO OBTAIN YOUR NATIONAL
BOARDS OF DIPLOMATE EXAMINATIONS.

THERE IS ONE ISSUE WHICH I DID NOT TOUCH UPON DURING MY
LAST VISIT WITH YOU, BUT WHICH IS ONE ABOUT WHICH THE HAWAII
PSYCHOLOGISTS CAN BE ESPECIALLY PROUD. AS A LAWYER, I CAN
ASSURE YOU THAT THE POLICIES INHERENT IN OUR NATION'S FEDERAL
CRIMINAL CODE HAVE MAJOR PRECEDENT VALUE FOR OUR VARIOUS STATE
CRIMINAL CODES. IT HAS BEEN MANY, MANY YEARS SINCE WE LAST
ENACTED ANY COMPREHENSIVE REVIEW OF THE FEDERAL CRIMINAL CODE.
IN 1966, THE CONGRESS CREATED A NATIONAL COMMISSION OF REFORM
OF FEDERAL CRIMINAL LAWS, EXPRESSLY TO REVIEW WHETHER ANY MAJOR
LEGISLATIVE OVERHAUL WAS NECESSARY. WE RECEIVED THEIR FORMAL

REPORT IN 1971. SUBSEQUENTLY, IN THE UNITED STATES SENATE ALONE, OVER 12,000 PAGES OF TESTIMONY AND COMMENTARY WERE ELICITED IN RESPONSE TO THEIR RECOMMENDATIONS. IN JANUARY 1978, THE SENATE PASSED OUR VERSION OF A CRIMINAL CODE REFORM ACT; HOWEVER, THAT YEAR THE HOUSE OF REPRESENTATIVES DID NOT ACT. THE FOLLOWING CONGRESS, ALTHOUGH THE JUDICIARY COMMITTEES OF BOTH HOUSES REPORTED SIMILAR MEASURES, NEITHER FULL BODY WAS ABLE TO ACT. SIMILARLY, DURING THE 97TH CONGRESS, NO AGREEMENT COULD BE REACHED. I PROVIDED THIS LEGISLATIVE BACKGROUND FOR YOU TO GIVE YOU A FEELING FOR THE ENORMITY OF THE PROCESS AND

CHANGES INVOLVED. UNDER THE FEDERAL RULES OF CRIMINAL
PROCEDURE THERE USED TO BE CONSTANT REFERENCE TO THE USE OF A
"PSYCHIATRIC EXAMINATION BY A PSYCHIATRIST". THE UNDERLYING
STATUTE SIMPLY DID NOT MENTION PSYCHOLOGISTS AT ALL.
THEREFORE, YOUR PROFESSION HAD NO REASON TO BE REFERENCED IN
OUR RULES.

HOWEVER, AS I MENTIONED TO SOME OF YOU PRIVATELY, I WAS
CONVINCED THAT PSYCHOLOGY DESERVED TO BE GIVEN PARITY UNDER THE
FEDERAL CRIMINAL CODE. AS A RESULT, I BEGAN MY EDUCATIONAL
EFFORTS WITH MY COLLEAGUES ON THE SENATE JUDICIARY COMMITTEE.

SINCE THAT TIME, EVERY PROPOSAL THAT HAS BEEN RECOMMENDED BY
OUR SENATE JUDICIARY COMMITTEE OVER THE PAST FIVE YEARS HAS
INCLUDED COMPLETE PARITY FOR YOUR PROFESSION. IN THE CLOSING
HOURS OF THE 98TH CONGRESS, AS A PROVISION OF THE CONTINUING
RESOLUTION WE ENACTED INTO PUBLIC LAW THE COMPREHENSIVE CRIME
CONTROL ACT, WHICH INCLUDES, AMONG OTHER PROVISIONS, COMPLETE
PARITY FOR PSYCHOLOGISTS THROUGHOUT THE FEDERAL CRIMINAL CODE.
IN SHORT, TODAY THERE IS ABSOLUTELY NO PROVISION OF OUR FEDERAL
CRIMINAL CODE THAT DOES NOT SPEAK OF "PSYCHIATRIC OR
PSYCHOLOGICAL EXPERTISE." I MIGHT SAY, AS A LAWYER, THAT YOU

ARE FINALLY COMING OF AGE AS A PROFESSION. AND, I WOULD ALSO
LIKE TO TAKE THIS OPPORTUNITY TO EXPRESS MY APPRECIATION AND I
AM SURE THAT OF ALL PSYCHOLOGISTS, TO YOUR THEN-PRESIDENT, DR.
BARBARA PORTEUS AND HER HUSBAND, PAUL. THEY FLEW TO
WASHINGTON, D.C. AND, AT MY SUGGESTION, MET PERSONALLY WITH
NUMEROUS MEMBERS OF THE SENATE JUDICIARY COMMITTEE IN ORDER TO
PROVIDE PERSONAL ANSWERS TO ANY QUESTIONS THAT THEY MIGHT HAVE
ABOUT YOUR PROFESSION. TO PUT IT MILDLY, THEIR VISIT WAS QUITE
SUCCESSFUL.

AS I LOOKED BACK ON MY REMARKS SIX AND A HALF YEARS AGO, I
COULD NOT HELP SMILING TO NOTE THAT I HAD SAID THEN WHAT IS
EVEN MORE TRUE NOW:

** I ONLY WISH THAT AS A PROFESSION YOU WOULD BECOME
MORE POLITICALLY ACTIVE. YOU HAVE AN AWFUL LOT TO
CONTRIBUTE TO OUR SOCIETY, BUT YOU MUST LEARN HOW TO
MAKE IT POSSIBLE POLITICALLY FOR THIS TO OCCUR. IF YOU
DO NOT, I AM AFRAID THAT YOU WILL SOON SEE YOUR
TRAINING FUNDS BECOME EXTINGUISHED AND YOUR PRIVATE
PRACTITIONERS REQUIRING SUPERVISION. THIS, I AM SURE

YOU WOULD AGREE, WOULD NOT BE IN THE BEST INTERESTS OF
YOUR PROFESSION NOR OF YOUR CLIENTS. TO SUCCEED
NATIONALLY, YOU MUST FIRST DEVELOP A STRONG POLITICAL
BASE LOCALLY.

THAT YEAR, I AGAIN RECOMMENDED THAT YOU SET TWO GOALS FOR
YOURSELVES:

1. ENACT APPROPRIATE "DIRECT REIMBURSEMENT" HERE IN
HAWAII SO THAT THIS FREEDOM OF CONSUMER CHOICE IS
MANDATED BY LAW AND DOES NOT MERELY EXIST BECAUSE
HMSA HAS A VERY ENLIGHTENED LEADERSHIP. AS YOU

CAN IMAGINE, I WAS, ACCORDINGLY, VERY PLEASED WITH
YOUR SUCCESS WITH OUR LOCAL LEGISLATURE ON THIS
ISSUE THIS PAST SESSION.

2. SIX AND A HALF YEARS AGO, MY OTHER SUGGESTION WAS

THAT YOU AMEND OUR STATE MEDICAID PROGRAM TO

ELIMINATE THE NEED FOR ANY REFERRAL TO YOUR

PRACTITIONERS BY MEMBERS OF ANOTHER PROFESSION. I

UNDERSTAND THAT THIS IS PRESENTLY BEING CONSIDERED

BY YOUR LEADERSHIP AS AN ITEM FOR YOUR NEXT YEAR'S

LEGISLATIVE AGENDA. I WOULD AGAIN URGE YOU TO
PURSUE THIS.

FINALLY, I WOULD LIKE TO SUGGEST AN ENTIRELY NEW
LEGISLATIVE AGENDA WHICH I THINK FITS VERY NICELY INTO THE
THEME OF YOUR CONVENTION: "PSYCHOLOGY IN THE 80'S:
TRANSCENDING TRADITIONAL BOUNDARIES." AS A UNITED STATES
SENATOR, I HAVE ALSO BEEN WORKING CLOSELY DURING THE PAST
DECADE WITH A NUMBER OF YOUR "NATURAL ALLIES". I AM
PARTICULARLY THINKING OF OUR NATION'S NURSE PRACTITIONERS,
NURSE-MIDWIVES, AND OPTOMETRISTS. THE MEMBERS OF THESE

PROFESSIONS HAVE BEEN SUCCESSFUL TO DIFFERING DEGREES IN
AMENDING THEIR STATE PRACTICE ACTS TO ALLOW THEM TO
INDEPENDENTLY UTILIZE DRUGS WHERE APPROPRIATE. FOR EXAMPLE,
PRESENTLY 39 STATES ALLOW OPTOMETRISTS TO UTILIZE DIAGNOSTIC
DRUGS AND 4 STATES ALLOW THEM TO UTILIZE THERAPEUTIC DRUGS. 18
STATES ALLOW NURSE PRACTITIONERS TO PRESCRIBE MEDICATIONS. IN
PREPARATION FOR THIS ADDRESS TODAY, I ASKED THE LIBRARY OF
CONGRESS TO DEVELOP FOR ME A COMPREHENSIVE REVIEW OF THE EXTENT
TO WHICH THE VARIOUS NON-PHYSICIAN HEALTH CARE PROVIDERS DO, IN
FACT, HAVE THIS AUTHORITY. I ASKED THE LIBRARY TO REPORT TO ME

ON OUR NATION'S OPTOMETRISTS, NURSE PRACTITIONERS, PODIATRISTS,
DENTISTS, AND EVEN CLINICAL PHARMACISTS. AS SOON AS THIS
REPORT IS COMPLETED, YOU MAY BE ASSURED THAT I SHALL SHARE THIS
WITH YOUR LEADERSHIP. IN MY JUDGMENT, WHEN YOU HAVE OBTAINED
THIS STATUTORY AUTHORITY, YOU WILL HAVE REALLY MADE THE BIG
TIME. THEN, YOU TRULY WILL BE AN AUTONOMOUS PROFESSION AND
YOUR CLIENTS WILL BE WELL-SERVED.