

Thank you, Chair Houghton and members of the committee for the invitation to testify. For the record, my name is Marlene Maron. I am the Chief Psychologist in the Department of Psychological Services at University of Vermont Medical Center. I have practiced in Vermont for over 32 years, as both a generalist serving people across the lifespan and with a specialty in Medical Psychology. I am here both as a licensed, practicing psychologist and on behalf of the University of Vermont Health Network to express our organization's support for H.282.

I am aware that you have written testimony prepared by my esteemed colleague, Dr. Marissa Coleman, who is a clinical psychologist and Vice President of Diversity, Equity and Inclusion at UVMMC.

I will begin by echoing Dr. Coleman's attention to the dearth of mental health providers in the region we serve, particularly for BIPOC and non-native English speakers. Becoming a PSYPACT state could enable Vermont providers and patients to benefit from greater access to trauma informed care across our region; being able to spread the reach of VT psychologists with such expertise would be important.

UVMHN serves patients in and from VT, NY, Maine, NH and MA, as well as individuals from other states who become ill or injured while in VT. PSYPACT membership would enable VT psychologists to serve patients who enter our hospital system and to maintain treatment with them when/if they are no longer in VT.

It would also allow us to serve Vermonters who leave the state for vacation, school/college, tending to family needs in other states, etc. to maintain treatment relationships while out of state. This is particularly important for young people struggling with gender and developmentally related transitions.

Currently, if patients leave the state, psychologists can only provide telehealth services to them IF they are licensed in each state in which patients are physically located at the time of service. (I have had to seek temporary licenses, waivers or make other arrangements in North Carolina, Florida, New York, Massachusetts, Pennsylvania, etc. just to maintain support to patients who are temporarily out of state.)

Maintaining therapeutic relationships particularly for highly vulnerable young people when they go off to college or leave the state for work would not only be clinically beneficial; patients could also make use of their VT based health insurance, including Medicaid, by continuing with their VT psychologist. VT providers would have greater capacity to build practices, thrive in VT, and contribute to our economy by serving Vermonters wherever they may be as well as others who require specialized expertise we might offer.

Covid taught us that telehealth is a highly valuable platform for providing essential mental health care to people who might not otherwise be able to present for in- person care. This has been especially critical for our patients with Cancer, Cystic Fibrosis and other medical conditions which required them to be out of state for stem cell, lung or other organ transplants, or specialized mental health treatment. Vermont residents with acute and chronic, life threatening illnesses sometimes need to be out of state for their medical care for extended periods of time. Inclusion in PSYPACT would enable us to continue to provide psychological support to them while they are out of state, wherever appropriate.

In sum, PSYPACT participation would help us to increase psychological service capacity in a region desperately in need of resources.

On behalf of my colleagues and the UVMHN, I urge you to pass H.282. Thank you for your consideration.