

Thank you, Chair Lyons and members of the committee for the invitation to testify. 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 a generalist and clinical supervisor serving people across the lifespan and with a specialty in Medical Psychology. I am here as a licensed, practicing psychologist and on behalf of the University of Vermont Health Network to express our organization's support for H.282.

The goal of PSYPACT is to increase access to mental health services provided by licensed psychologists via telehealth and limited in person practice across state lines. It provides protection to the public by ensuring that psychologists meet acceptable standards of practice and that compact states have appropriate mechanisms to address disciplinary issues should they arise across state lines.

Mental health services are limited in Vermont and elsewhere, particularly in rural areas and for underserved populations, such as BIPOC and non-native English speakers. PSYPACT increases capacity for culturally sensitive and trauma informed care by enabling participating psychologists with specialized practice and expertise to serve Vermonters in and outside of Vermont, as well people in need of care elsewhere.

UVM Health Network 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 seamlessly serve patients who enter our hospital system and to maintain treatment with them when/if they are no longer in VT.

PSYPACT participation would also allow us to serve Vermonters who leave the state for a variety of short and long term reasons, such as vacation, employment, military service, school or college, tending to family needs in other states, etc.

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 obtained temporary licenses and permits in North Carolina, Florida, Massachusetts and Pennsylvania and a full license in NY in order to maintain support to patients who are out temporarily out of state or have relocated.)

Maintaining therapeutic relationships particularly for highly vulnerable young people when they go to college or leave the state for work is not only clinically beneficial; patients can 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 patients from other states 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. Access to telehealth has eliminated transportation barriers and costs for some patients, enabled immunocompromised individuals to participate in treatment, and has been determined to be as effective as (and sometimes preferred over) office based care.

Telehealth can be especially critical for patients with medical conditions which require them to be out of state for stem cell, lung or other organ transplants, or specialized medical and/or mental health treatment. Inclusion in PSYPACT would enable us to continue to provide psychological support to them while they are out of state, wherever appropriate.

It is difficult to find and access psychological care in Vermont and across the country. PSYPACT participation would allow Vermonters greater access to care and psychologists to serve Vermonters and others via telehealth and limited in person contexts. The need for mental health services has increased in recent years and will likely continue to. 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.