

H. 237: An act relating to prescribing by doctoral-level psychologists

As passed by the Senate Committee on Health and Welfare

Changes made by Senate in red

Sec. 1. Amends 26 V.S.A. § 3001 (Definitions)

- Adds definitions of “collaborating practitioner”, “DSM”, “drug”, “prescribing psychologist”, “prescription drug”, and “prescriptive authority”

Sec. 2. Amends 26 V.S.A. § 3009a (Powers and Duties of Board)

- Directs the Board of Psychological Examiners to adopt rules to:
 - (3) regulate prescribing psychologist licensees, including settings of clinical rotations, **the minimum requirements for the curriculum of a postdoctoral psychopharmacology program**, and prescriptive authority; and
 - (4) regulate collaborative practice agreements, including collaborating practitioner qualifications and competency evaluations
- Removes from the Board’s rulemaking authority:
 - (2) explaining complaint and appeal procedures; and
 - (4) explaining how the Board investigates suspected unprofessional conduct

Sec. 3. Adds 26 V.S.A. § 3019 (Prescribing by Doctoral-Level Psychologists)

- (a): Authorizes a psychologist-doctorate to apply to the Board of Psychological Examiners for a prescribing psychologist specialty in a manner approved by the Board with the inclusion of a required fee, if any
- (b): To be eligible for a prescribing specialty, as psychologist-doctorate must:
 - (1) hold a current doctoral-level license to practice psychology in VT;
 - (2) have successfully completed a postdoctoral level training program in psychopharmacology;
 - (3) have completed specific clinical rotations, in not less than **5** practice settings, including psychiatry, geriatrics, family or internal medicine, emergency medicine, and **neurology**;
 - (4) have completed a national certifying exam, as determined by rule; and
 - (5) have met all other requirements for obtaining the specialty as determined by rule
- (c): To prescribe medication, a prescribing psychologist must:
 - (1) have a written collaborative agreement with a collaborating practitioner;
 - (2) have received issuance of prescriptive authority from a collaborating practitioner, which shall be limited to prescription drugs for the treatment of mental health conditions that the collaborating practitioner provides in the normal course of practice;
 - (3) have the collaborating practitioner file the collaborative agreement with the Board; and
 - (4) have the issuance of prescribing authority for any Schedule II-IV controlled substances identify specific brand or generic names (but shall not include injectable controlled substances)
- (d): Authorizes the Director of the Board to grant a prescribing specialty without an examination to an applicant that holds an active psychologist prescribing authority in another U.S. or Canadian jurisdiction AND the requirements in that jurisdiction are substantially similar to the requirements in this section

Sec. 4. Report; Prescribing Psychologists

- Requires OPR to submit a report to HHC & SHW by 11/15/32 regarding:
 - # of psychologists with a prescribing specialty;
 - Status of available collaborative practitioners; and
 - Whether any updates to the qualifications of prescribing psychologists are necessary to expand access to care while ensuring public protection

Sec. 5. Effective Dates

- Secs. 2 & Sec. 5 take effect on 7/1/26
- Secs. 1, 3, & 4 take effect on 7/1/29