To: House Committee on Health Care
From: Stephanie Winters, Vermont Medical Society, Vermont Psychiatric Association, and Vermont Academy of Family Physicians swinters@vtmd.org
Date: March 13, 2025
RE: H.237 – An act relating to prescribing by doctoral-level psychologists

On behalf of the Vermont Medical Society, Vermont Psychiatric Association, and Vermont Academy of Family Physicians representing over 3000 physicians from across specialties and geographic locations of Vermont, thank you for allowing me to testify today on H.237.

Before I begin, I want to thank the committee for its continued support and prioritization of primary care through legislation to remove administrative burdens and budgetary prioritization for primary care supports.

Back to the topic of H.237, we have been involved in discussions regarding psychology prescribing for a number of years and participated in the Sunrise Review conducted by the Office of Professional Regulation, including detailed written comments (submitted for review) and two public hearings.

As some of you know, I also work with the pediatricians in Vermont – so in that vein I will use the strength-based approach beginning and ending with positivity.

We are happy to see some recognition of the complexity of prescribing psychotropic medications in the bill with the exclusion of youth, persons over 80, pregnant people and a requirement for collaborative practice. However, we are concerned that this bill needs more discussion/review and as currently drafted, we continue to have concern with expanding the scope of practice for psychologists to include prescriptive authority.

The National Alliance on Mental Illness (NAMI) also does not endorse legislation to expand prescribing privileges to psychologists. “NAMI acknowledges that serious shortages exist in the mental health professional workforce, particularly in public mental health systems and in rural and medically underserved regions of the country. However, there is no current evidence that expanding prescribing privileges to psychologists will address these shortages.”

I hope you will also hear from Board of Medical Practice who has taken past positions on this issue.

While psychologists are experts in important behavioral interventions and are highly valued members of the health care community, the proposal before you would not provide adequate clinical training to expand their scope to include prescriptive authority while adequately protecting the public.

1. **No evidence of increasing access.**
   There is no evidence that authorizing psychologists to prescribe medications will increase access to needed mental health services in Vermont. In other states with prescriptive authority, few psychologists have sought such authority, and they have not moved to underserved areas of those states.

   There are seven states that allow psychologists to prescribe – CO (8), IA (4), ID (12), IL (15) LA (118), NM (63), & UT. We were able to pull data from 6 of the states (Utah was passed in 2024 so there is no data yet) and there are 215 psychologists that are licensed to prescribe across the states.[1]

   States that have granted psychologists prescriptive authority have not experienced significant migrations of psychologists into underserved areas. A peer-reviewed study of psychologist prescribing found that there is "no data to suggest that providing prescription privileges to psychologists will increase access to quality psychiatric care." This is particularly disturbing in light of the fact that psychologists have been prescribing for more than a decade.

2. **Unsafe solution to practitioner shortages**.
   Psychiatric medications are among the most potent in modern medicine. They affect not only the central nervous system, but also affect other organ systems and interact with other medications. With these benefits come real risks. These medications have potentially disabling and life-threatening side effects if improperly prescribed.

   Such medications should only be prescribing by those with extensive biomedical training – beyond what has been put forth in the proposal before us. A peer-reviewed study of psychologists found that there is little evidence to support the assumption that psychologists are safely and effectively prescribing. Medicare does not reimburse for evaluation and management or pharmacologic management by prescribing psychologists, specifically citing psychologists' lack of knowledge and ability in the matter.

[1] The numbers above add up to 220 because 5 psychologists are licensed in two states.

3. **Insufficient education and training.**
   Psychology programs are highly variable, lacking any substantive pharmacological education and training. The proposal for a doctoral level psychologist to be able to prescribe would not adequately prepare psychologists to safely prescribe any medication, let alone controlled substances. The training lacks preparation in the basic sciences (chemistry, biology, and physics, all of which are required for clinicians prior to medical, APRN or PA programs); lacks consistent, rigorous in-person training requirements; and does not include supervised clinical rotations, through which physicians and other prescribers gradually practice skills with greater independence.

   In fact, in the report released by the Office of Professional Regulation this year it states, "We cannot recommend scope expansion in precisely the form sought. The clinical, medical component of the training proposed does not compare favorably to that required of other master's-level behavioral-health prescribers, which stands as the consensus baseline for assurance of clinical competence to prescribe psychotropics."

4. **Safe and evidence-based alternatives exist to provide safe psychiatric care to the patients of Vermont.**
   And now I will end as promised on a positive note. Access to mental health and psychiatric services is a legitimate concern in Vermont, the good news is that there are evidence-based answers that address access to care while maintaining physician or advanced practice professional prescribing. Many of these efforts are already happening in Vermont in a limited way and expanding them would be of significant benefit to the health of Vermonters. These include:

   1. **Continue the Blueprint for Health/DULCE expansion pilot to assist practices to address mental health, SUD and SDOH needs – thank you for prioritizing!**
      a. The pilot funding will end this year absent legislative action. While the Governor's SFY2026 Recommend allows carry over funding to be used for the pilot for a third year, there is no funding allocated and it is unclear how much carryover is available – this pilot is needed, including support for existing DULCE practices.
   2. **Increase retention and recruitment of psychiatrists in Vermont** by:
      a. Enhancing loan repayment for psychiatrists practicing in Vermont, especially in rural areas
      b. Improving the ability for psychiatrists from outside the state to provide telehealth care within Vermont though licensing reforms
      c. Improving reimbursement for psychiatry, especially in the Medicaid program

3. **Reimburse psychiatrists and primary care providers for consulting with each other directly** (i.e. “curbside consults”, “E-consults”).
    a. This model allows for direct communication with primary care providers around specific cases in which they have assessment or treatment questions. For more straightforward questions, a psychiatrist-to-primary care-consult can often provide the necessary support to allow for psychotropic prescribing within a patient’s medical home safely and effectively. This also allows for ongoing training and education of primary care providers who do the majority of psychotropic prescribing currently.
4. **Increase access for primary care practices to the Collaborative Care Model** (also known as COCM). This model leverages limited psychiatric time to maximum effect. The Collaborative Care Model, where psychiatrists work with primary care providers along with other mental health providers to integrate behavioral health and substance use services with general and/ or specialty medical services, is also a way to truly increase access to care. With over 90 randomized control trials showing its effectiveness, it has emerged as the most effective model of integrating mental health care in primary care settings and is the only integrated care model with a clear evidence base. Support for COCM could involve: a. Providing further training in this model for psychiatrists, primary care providers and mental health professionals.
    a. A GREAT example of this is CPAP
        i. **State investment in the Vermont Consultation & Psychiatry Access Program (VTCPAP)** would allow patients to receive care in their primary care office and supports primary care to deliver the care patients need more effectively.
    b. Providing grants fund COCM in individual practices
5. **Ensure adequate funding from the State for Designated Agencies in Vermont to become Certified Community Behavioral Health Centers.**
    a. This model allows for stronger funding of mental health services in Vermont similar to the way Federally Qualified Health Centers are funded. In Vermont, we have seen Federally Qualified Health Centers successfully recruit more mental health staff including psychiatrists to the state. If the state of Vermont continues to support CCBHCs, it is likely Vermont would be able to successfully retain and recruit more psychiatrists.
6. **Support funding for the psychiatry Advanced Practice Registered Nurse (APRN) program at UVM.** This would allow for more nurses in Vermont to receive advanced practice training.

Thank you!