

A Evan Eyer  
East Montpelier, Vermont

May 7, 2025

To the members of the Vermont Senate Health and Welfare Committee:

Dear Senators,

Thank you for holding this hearing today and for your attention to this written testimony.

I am writing in opposition to H.237 and hope that you will reconsider the course of action it proposes in light of the changing nature of mental health practice in Vermont and its associated economic realities.

When the prescribing of medications by psychologists was first proposed in Vermont, very few primary care offices had consulting psychiatric physicians or psychiatric nurse practitioners, and telemedicine was available only on a very limited basis. It was argued that Vermont was underserved with regard to psychiatric prescribing and that this would be one way to fill that gap. In the intervening years, mental health practice in our State has changed substantially, such that creating a system for prescribing psychologists would be an expensive “add on” that would compete for resources with already developing systems and serve many fewer people. In the current era of federal funding uncertainty, that seems a particularly questionable course to pursue.

A few weeks ago, I was asked to see a gentleman (“Frank”) for subspecialty psychiatric consultation via telemedicine. He was suffering from a very severe depressive episode and associated non-psychiatric medical illness. Frank resides in Bridport. Thanks to the development of telemedicine and the Integrated Care model, he had already been seen by his family physician and the consulting psychiatrist who works with that medical practice, and they had already collaborated on a program of medication for him. The practice-affiliated psychiatrist reached out to me for a subspecialty referral. My consultation note, along with hers, his family physician’s, and those of other specialists involved in Frank’s care, were all available in his electronic medical record. Each of us could access this information so that we could work together with him to develop the best treatment plan we could offer. Frank continues to receive integrated multispecialty care through his primary care practice and is beginning to improve clinically.

Ten years ago, it would have been very difficult for most people who reside in smaller communities that are not very close to hospital practices (for example, Bridport) to have

accessed the level of care that Frank has received without a prohibitive amount of traveling, and if they had, it would most likely not have been very well coordinated. With telemedicine and Integrated Care, this has changed. I do quite a bit of consultative care; when I contact the referring practices, it is now very common to find that a primary care office has an affiliated psychiatrist or psychiatric nurse practitioner, as well as a care coordinator. Finally, we have a model that works. The challenge now is to make sure that EVERY primary care practice in the State has access to the Integrated Care model, including a consulting psychiatrist, psychiatric nurse practitioner, or psychiatric PA.

The idea of creating a novel system to substantially up-train a very small number of psychologists to prescribe medications seems outdated, unfeasible (it actually takes quite a bit more training to learn to manage medications well) and financially wasteful. I would much rather see efforts made to ensure that primary care practices are well-supported by psychiatric physicians, psychiatric nurse practitioners, and psychiatric PA's – who already have the training necessary to fulfill these roles - on an ongoing basis. In the current environment of government funding instability at the federal level, taking on a new project such as this one, rather than strengthening what we already have, seems particularly ill-advised.

As a psychiatrist, family physician, former psychology graduate student and public health professional, and former “consumer” of psychiatric services, I understand what is involved in prescribing psychiatric medications in primary care, consulting with and “backing up” primary care physicians, NP's and PA's as a psychiatrist, and how systems can promote the mental health of the people of a small but mighty State in an integrated and cost-effective manner. Creating another class of prescribers is an outdated idea and, at the bottom line, wasteful of State resources. For information on Integrated Care, I would recommend the University of Washington approach:

[Integrated Care: Creating Effective Mental and Primary Health Care Teams - AIMS Center](#)

Please feel free to contact me with questions or concerns. Thank you for your time today, and your service to the people of Vermont.

Sincerely,

Evan Eyler

A Evan Eyler, MD, MPH  
Psychiatrist, Family Physician, Patient  
Evan.eyler@uvmhealth.org

