

I am reaching out in regard to H.237, currently under your consideration. I have been a Family Medicine Physician in Vermont since 2013 and am the Program Director of the University of Vermont Family Medicine Residency Program.

The bill currently under consideration would authorize medication prescribing by doctoral psychologists. While I appreciate efforts to expand access to mental health resources in Vermont, I have concerns around this particular bill.

Medication management of mental health is a complex undertaking. Many of these medications carry side effects and interactions. Specifically, they can interact with medications used to treat other medical conditions. For example, certain antidepressants can interact with cardiac medications and cause dangerous arrhythmias (irregular heartbeats). If a patient does not disclose their full medication list to a prescribing psychologist, or if a psychologist does not have adequate training around these medication interactions (which generally fall outside the scope of a psychologist), there is significant risk of adverse events. Many of my patients have, in fact, not discussed their physical health conditions with psychologists due to fear of stigma.

Similarly, medications for mental health can impact overall physical health - contributing to elevated blood sugars, elevated cholesterol levels, low sodium levels, and so forth.

Many medications require close monitoring with lab work and an understanding of a patient's overall risk for developing certain conditions. Crucially, the additional training obtained by primary care providers and psychiatrists allows these prescribers to consider the potential consequences of treatment within the broader picture of an individual's overall health.

Lastly, communication between psychologists and primary care providers is often fraught with challenges. Notes from psychologists are unable to be shared with primary care providers due to the sensitive nature. There is a risk of not communicating medication changes to primary care providers, which could further complicate a patient's overall management.

Again, I appreciate the efforts to improve mental health access within Vermont. However, at a time where primary care, collaborative health models, and opioid treatment centers struggle with adequate funding, I wonder if resources could be better directed towards those areas rather than towards creating a new licensing and regulatory system as necessitated by H.237.

Sincerely,

Gordon Powers, MD

*Please note that the views expressed in this letter are my own, and do not represent the views of UVM Medical Center.