

I am a family medicine physician practicing in Vermont and the owner of Preventive Medicine in Colchester. I write in support of H.237, which would allow appropriately trained doctoral psychologists, with an additional master's degree in clinical psychopharmacology, to prescribe and deprescribe psychotropic medications within a carefully regulated framework.

From the perspective of primary care, this legislation represents a thoughtful and pragmatic response to Vermont's ongoing mental health access challenges. Family physicians routinely collaborate with psychologists and other behavioral health professionals, and we are well accustomed to shared-care models that prioritize patient safety, communication, and continuity of care.

I strongly support the Office of Professional Regulation's endorsement of H.237 following its comprehensive and inclusive review. The bill is narrowly tailored, includes substantial safeguards, and reflects a serious commitment to competency-based practice.

I also support the proposed amendments that explicitly include primary care physicians as collaborating partners, avoiding unnecessary bottlenecks while reinforcing interdisciplinary cooperation. Family physicians are well positioned to serve in this role and can be excellent collaborators in supporting safe prescribing, deprescribing, and integrated care.

The proposed streamlining of clinical rotations into five core areas, while maintaining a rigorous 14-month training period, strikes an appropriate balance between thorough preparation and practical implementation. While a more accelerated rollout could further improve access, I appreciate the Office of Professional Regulation's attention to licensing capacity and responsible implementation.

Thank you for your thoughtful consideration of this legislation and for your continued work to strengthen Vermont's mental health care system through collaborative, patient-centered solutions.

Sincerely,
Hobie Fuerstman, DO