



## ***Psychological Treatment & Evaluation Services***

---

**Dr. Jacqueline M. Gallios, PsyD, MSCP • Clinical Psychologist • NJ Lic. #5781**

---

February 8<sup>th</sup>, 2026

Dear Chair Lyons and Honorable Members of the Vermont Health and Welfare Committee:

I am writing in **strong unwavering support of H.237, prescriptive authority for psychologists (RxP)** with particular attention to its fiscal impact and system-level efficiency. While the **safety and effectiveness of RxP are already well-established and not in dispute (Kaylor & Gallios, 2025)**, its capacity to reduce costs while improving access to care is especially salient at a time when states are grappling with provider shortages, long wait times, and rising health care expenditures.

**Prescriptive authority for psychologists represents a sensible, cost-effective innovation that streamlines mental health care delivery while preserving quality and safety.** By enabling psychologists to integrate psychotherapy and medication management within a single provider relationship, patients receive coordinated, continuous care that reduces fragmentation and inefficiency ([American College of Neuropsychopharmacology, 1998](#); [Curtis et al., 2023](#); [Ekong, 2022](#); [Hughes, McGrath, & Thomas, 2024](#); [Hughes, Phillips, McGrath, & Thomas, 2023](#); [Muse & McGrath, 2010](#); [Newman et al., 2000](#); [Sepehry et al., 2025](#); [Shoulders & Plemmons, 2025](#); [Singer, 2022, 2023, 2024](#)). This integrated model reduces unnecessary referrals between multiple providers while minimizing delays, administrative burden, and duplicative services that drive up costs for both patients and the broader health care system. **Patients avoid redundant appointments, reduce transportation and child-care expenses, and incur fewer co-pays, all while gaining faster access to appropriate, targeted treatment.**

The RxP model also allows patients to **begin psychopharmacological treatment earlier** while maintaining continuity with a provider they see regularly, rather than relying on infrequent psychiatric visits spaced months apart. Psychologists with prescriptive authority typically maintain weekly or bi-weekly contact with patients, allowing **for more consistent follow-up and clinical oversight (Linda & McGrath, 2017; Gallios, 2026; Zakreski, 2025)**. This increased frequency of contact enhances safety through closer monitoring, earlier identification of adverse effects, and timely treatment adjustments, which in turn **reduces costly downstream complications and emergency department utilization (Linda & McGrath, 2017)**.

I am also aware that opposition materials submitted by the group Psychologists Opposed to Prescription Privileges for Psychologists (POPPP) have been circulated in connection with this legislation. It is important to note that these documents have remained substantively

unchanged for many years ([POPPP, 2016](#)), with the only revision being the bill number under consideration ([POPPP, 2026](#)). They continue to assert that there is no evidence supporting the safety, effectiveness, or value of prescribing psychologists, despite more than three decades of empirical literature and real-world implementation in multiple jurisdictions demonstrating the opposite. In contrast to static position statements, the evidence base supporting RxP has continued to grow, particularly with respect to access, quality of care, and cost containment.

Taken together, RxP offers Vermont an opportunity to modernize its mental health workforce in a way that expands access, reduces inefficiencies, and lowers overall system costs without compromising patient safety. **Allowing appropriately trained psychologists to prescribe is not an expansion of scope without evidence; it is a pragmatic response to well-documented workforce shortages and fiscal pressures, grounded in decades of data and successful implementation.**

On a more personal note, I am currently preparing for the Psychopharmacology Examination for Psychologists (PEP), and once licensed, **I will be seeking an RxP state in which I can practice to the fullest extent of my training.** I am bilingual and accept Medicare, and I am committed to serving populations that are often the most affected by provider shortages and access barriers. I would very much welcome the opportunity for that state to be Vermont. When my husband and I first visited Vermont, we were immediately struck by its natural beauty and sense of wonder. The landscape was unlike anything we had seen before, and it became clear why Vermont is known as the Green Mountain State. We ride from New Jersey every May to enjoy all of Vermont's natural splendor. As avid motorcyclists who often travel with our dog, we can think of no better environment in which I could both contribute meaningfully to the mental health workforce and build a life rooted in a community that values access, stewardship, and thoughtful growth.

Thank you for your time and careful consideration of this important legislation. I would be happy to provide any additional information that may be helpful to the Committee.

Respectfully submitted,



A handwritten signature in black ink, appearing to read "Jennifer Gallio, PsyD, MSCP". The signature is fluid and cursive, with "Jennifer" and "Gallio" being the most prominent parts. "PsyD" and "MSCP" are written in a smaller, more formal script below the main name.