

Dear Senate Health and Welfare Committee Members,

I am writing to express my strong support for H.237, the bill authorizing prescriptive authority for doctoral-level psychologists in Vermont. As both a board-certified internal medicine physician licensed in Vermont and Massachusetts and a professional who has worked extensively with mental health providers, I believe this legislation represents a critically important step forward for healthcare in our state.

Vermont, like much of the nation, is experiencing a significant mental health crisis that has been exacerbated by a shortage of psychiatrists and other qualified prescribers. Many Vermonters, particularly those in rural areas, face unacceptable wait times of weeks or even months to receive appropriate psychotherapy combined with medication, when appropriate, for mental health conditions. This delay in care leads to prolonged suffering, worsening of conditions, increased emergency department utilization, and higher healthcare costs overall.

The implementation of prescriptive authority for doctoral-level psychologists would:

1. ****Increase timely access to comprehensive mental healthcare****: Psychologists are already embedded in communities across Vermont. Allowing those with appropriate advanced training to prescribe would expand the available workforce of qualified providers with the authority to prescribe and DEprescribe, reducing wait times and improving continuity of care.
2. ****Provide cost-effective care****: Studies from states that have already implemented similar legislation (including New Mexico, Louisiana, Illinois, Iowa, and Idaho) demonstrate cost savings through reduced emergency department visits, fewer hospitalizations, and decreased fragmentation of care. When patients can receive both psychotherapy and medication management from a single provider, treatment adherence and outcomes improve significantly.
3. ****Build upon robust training and education****: The educational requirements outlined in H.237 are rigorous and comprehensive. The postdoctoral training in psychopharmacology, combined with two years of supervised clinical practice, ensures that prescribing psychologists will have the necessary expertise to safely prescribe within their scope of practice. The collaborative agreement requirement provides an additional layer of oversight and safety.
4. ****Address the integration of mental and physical healthcare****: As an internist, I frequently see how mental health conditions impact physical health outcomes. Doctoral-level psychologists have extensive training in the biopsychosocial model of care and are uniquely positioned to address both the psychological and biological aspects of mental illness.

In my practice, I have directly witnessed the negative consequences of delayed access to psychiatric medication management AND inappropriate prescribing practices by colleagues who don't spend enough time with patients and prescribe reflexively. Patients with conditions like major depression, anxiety disorders, or ADHD often deteriorate while waiting for psychiatry appointments. By the time they receive care, their conditions have often worsened, requiring more intensive and costly interventions.

Seven states have already successfully implemented similar legislation with excellent safety records and improved access to care. The carefully constructed safeguards in H.237—including

rigorous training requirements, collaborative practice agreements, and limitations on prescribing for certain populations—ensure patient safety while expanding access to vital services.

I urge you to support H.237 and help address Vermont's mental health crisis through this evidence-based, cost-effective approach to expanding our mental healthcare workforce.

Thank you for your consideration.

Sincerely,

Karen Scott, MD, FHM
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Licensed in Vermont and Massachusetts