

I encourage the Senate Health and Welfare Committee to pass H.237 (Prescriptive Authority for Psychologists) for consideration by the General Assembly this year.

The improvement in access to care and in quality of care that this new tool would provide are badly needed.

My own chronic mental health condition has been well-controlled with medication, yet finding someone other than my primary care provider to prescribe that medication has always been difficult, if not impossible. My current prescriber recently retired, and his practice (a CVMC practice) has closed because of alleged plans to embed a psychiatric prescriber, psychiatrist, APRN, or other, within primary care practices. Although my prescriber retired nearly a year ago, I see no evidence that my primary care practice (also a CVMC practice) has embedded any such prescriber. My primary care provider has agreed to continue my prescriptions, but only because I have been on the same prescriptions for approximately 10 years. If a change is needed, I don't know what I can do because I know of no psychiatrist or APRN in my area who is taking new patients.

Quality of care is a significant issue as well. I have been taking medications for my mental health condition for nearly 20 years, and managed to find an APRN to prescribe that medication and do 3 month medication checks. I visited that APRN promptly and consistently. Ten years ago, it was my psychologist--not my APRN--who realized that I needed a change in that medication and urged me to talk to my APRN about it. My APRN changed the medication and my health has been much improved since then. If it weren't for my *psychologist* realizing a change was needed, I might still be struggling.

My experience with psychologist-doctorates has shown me that their knowledge and understanding of brain function, mental health conditions, and psychological science is astounding and appears equal to any psychiatrist or psychiatric APRN of whom I have been a patient. The fact that a psychologist can also provide talk therapy (which apparently very few psychiatrists or APRNs do) means that qualified and trained psychologists could be providing full mental health treatment, instead of having to piecemeal that treatment under the current structure.

I urge the Committee to pass this important legislation that will significantly benefit Vermonters. There is room in this state for more psychotropic prescribers without cutting into any other prescribers' income, and there is especially room for a psychologist prescriber who can provide the most complete treatment to patients.

Thank you for considering my comments.

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