

Hello,

Please accept this writing as my testimony in objection of H.237.

I believe that currently there are sufficient prescribing providers with Primary Care physicians, Psychiatrists, Nurse Practitioners and Physician Assistants. I recognize that there may have been parts of the country at different points in time when that wasn't the case, and that primary care providers were sometimes overwhelmed with mental health concerns. In recent years, particularly in Vermont, creative innovations of mental health integration in primary care have permitted greater access to psychiatric consultation as well as the inclusion of other prescribing providers.

Over the years I have observed some prescribers to prescribe multiple agents (sometimes multiple versions of a single class of agents) for patients. I would prefer not to personally or collectively add to overprescribing or polypharmacy.

While the additional training psychologists might undergo would undoubtedly be helpful, I do not believe it fully covers what medical school and residencies do, particularly regarding comprehensive understanding of multiple organ systems, metabolic function, and other factors which may be implicated in various conditions and medication interactions.

My PhD program in Clinical Psychology, predoctoral internship and postdoctoral fellowship provided excellent training and supervised practice with various forms of psychotherapy and psychological assessment. I am confident that most APA approved clinical programs do the same. My colleagues and I in the Department of Psychological Services at UVMMC strive for lifelong skill development and knowledge. Maintaining continuing education and professional development in our current areas of expertise are essential and time-consuming. I believe the requirements intended to serve as safeguards in the House-passed version of H.237 might prepare prescribing providers to engage in straightforward prescribing; however, they do not necessarily ensure best practice or full adherence to American Psychological Association (APA) Ethical Standards for the science and practice of Psychology.

I do not perceive a need or justification for psychologist prescribing. I believe the vast majority of psychologists have not sought this privilege for sound reasons. There is ample evidence suggesting that medication is one of several effective interventions, and not always the most effective or without significant risk of adverse effects. The suggested requirements will not necessarily safeguard against those. In my 34 years of practice in VT, I have consistently appreciated excellent collaboration with my psychiatric colleagues and their medical knowledge, and my patients have as well. I believe our patients and communities will be best served without psychologist prescribing.

Thank you for your consideration,

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