

Robert Althoff  
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May 13, 2025

To the members of the Vermont Senate Health and Welfare Committee:

Dear Senators,

I am writing in opposition to H.237 that is being considered in the Senate. I hope that you will reconsider the approach to psychology prescribing as a way to improve patient access in Vermont. In short, I think that a) this is an outmoded and unnecessary approach to medication management for individuals who need mental health care; b) that the proposal as written is nonspecific; and c) that the protections in the bill are too weak.

As we have moved past direct face-to-face care and into telehealth and collaborative care models in our state, the need to add a new program of psychology prescribers has become unnecessary. We have placed MD/DO and NP trained clinicians in collaborative relationships with primary care in an evidence-based model that can manage many of the individuals who would be covered under a psychologist prescribing plan. With the fiscal challenges in VT, there is little need to add an additional training program.

Psychology is not the same core discipline from which nurse practitioners or physicians assistants graduate. Those programs have prerequisites and a certain level of basic medical knowledge that is not required for psychologists. A 14-month training program is not adequate to understand the nuances of medical practice inherent to psychiatry.

Finally, the proposal itself includes some safeguards so as to protect psychologists from prescribing "specific drugs" for "specific conditions" which is too vague to be left to a rulemaking process. Additionally, using an age limitation means that certain individuals could get started on a medication and then be left without a provider when they age out. and hope that you will reconsider the course of action it proposes in light of the changing nature of mental health practice in Vermont and its associated economic realities.

I hope you will reconsider before agreeing to a similar bill in the Senate.

With thanks,



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