The Memory Clinic

Lisa Barlow, RPh
Pharmacy Manager

Penny Bruso, MS, FNP-BC, MSCN
Nurse Practitioner

Megan Casey, RN
Clinical Research Manager
Research Nurse

Olivia Casey-Moore
Clinical Research Coordinator

Lisa K. Catapano-Friedman, MD
Medical Director
Psychiatry

Guy B. deBros, PsyD
Geriatric Neuropsychology

Joanne M. Godkin, RN
Research Nurse

Carol L. Frazier, LPN, CCRC
Clinical Research Coordinator

Stephanie Merrill
Clinic Manager

Diana E. Michalczuk, PsyD
Geriatric Neuropsychology

Cynthia Murphy, PsyD, MBA
Executive Director
Geriatric Neuropsychology

Frank Rickus, RPh
Pharmacist

Courtnay E. Wilson, PsyD
Geriatric Neuropsychology

To: Chair Lyons and Members of the Senate Health and Welfare Committee
Date: May 7, 2025
Re: H.237 – Psychology Prescribing Authority

The idea of expanding psychotropic medication to nonmedical professionals is about 20 years out of date. Twenty years ago, the field of medicine was quite optimistic about what psychiatric medications had to offer and frankly did not fully comprehend the potential downsides for many of the medications prescribed. The mood in the field of psychiatry and medicine generally was one of therapeutic optimism and use of psychotropics became widespread. Since that time, we have heard more from those prescribed psychiatric medications as well as conducting longer-term research and retrospective reviews. In doing this, we have found that all psychotropic medications carry some risk, both short- and long-term. Some of these risks can be significant and life altering. The mood in the field over the past 10 years especially has become much more cautious. While the therapeutic promise of the medications prescribed in psychiatry is sometimes considerable, with growing recognition of their potential problems, prescribers have become more judicious when starting medication, and once someone becomes stable on a medication, consider the need for those medications in an ongoing way. Deprescribing, or the judiciously gradual discontinuation of psychiatric medications is one of the most challenging tasks facing medical professionals when prescribing psychotropic medications and those who do this effectively and safely have the most training and experience. Conversely, those with the least training have the most difficulty with this task and often leave patients on medications rather than risk reducing them. This is completely understandable: it can be destabilizing and potentially risky to stop medication. That is why instead of promoting the idea that we need new prescribers with limited training, we need to leverage the time and expertise of the most well-trained medical professionals in order to promote safer, more judicious prescribing of psychotropic medications.

The development and implementation of techniques such as CBT, CBT-I, ACT for PTSD, etc., which decrease the need for medications, is much more the direction we would all like to see. And psychologists are generally more experienced and skilled at these than psychiatrists. Clinical trials now being done in the treatment of major psychiatric disorders are aiming to simplify medication but do require depth of understanding of the interaction of general medical conditions and other medications. That depth of understanding requires the kind of extensive medical education and experience physicians get.

357 Shields Drive • Bennington, VT 05201 • Phone: (802) 447-1409 • Fax: (802) 442-5199

The requirements included in the bill create a sort of "quasi-psychiatrist." By the time a psychiatrist has completed their "postdoctoral training" (after graduating from medical school and doing a psychiatry residency), they have done approximately 8000 hours of training in psychiatry. That is in addition to an internship which generally has monthly rotations in internal medicine emergency medicine, pediatrics, surgery, OB-Gyn, neurology.

All Vermonters should have medications prescribed by someone with such depth of medical knowledge that they can tell whether or not your rash is poison ivy or a drug rash. Someone who has sufficient understanding of neurology and other pathology to suspect that your difficult to treat depression might actually be due to an early dementia, or normal pressure hydrocephalus, or a brain tumor, or lung cancer, or a tick-borne illness, etc. Someone who can prescribe any medication, understanding that many "non-psychiatry" medications actually have important uses in psychiatry; also understanding that many "non-psychiatry" medications have psychiatric side-effects is something that can't be learned in a limited training opportunity, rather it is ingrained after years of learning and hands-on experience.

Considering the very limited impact in other states of adding prescribing authority to psychologists on getting more psychiatric prescribers into rural areas (most have gone to urban areas with major medical centers), why are we not trying, instead, to create more of the optimally trained; i.e. psychiatrists?

Lisa K. Catapano-Friedman, M.D., DLFAPA
President, Vermont Psychiatric Association
Medical Director, The Memory Clinic
Bennington, Vermont