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To the Honorable Chair and Members of the Senate Health and Welfare Committee,

My name is Elizabeth Stratton and I am a Family Medicine Resident Physician in my last year of residency. I am a resident of Winooski, but also was born in Burlington and raised in Fairfax. I am writing to urge you to oppose H.237 relative to “An act relating to prescribing by doctoral-level psychologists”.

I recognize that Bills pertaining to scope of practice are challenging, with this particular Bill promoting a solution to closing a noticeable mental health care gap in the state of Vermont. However, I strongly believe that giving prescribing privileges to doctoral-level psychologists is not the solution. I see three major areas of concern: poor access to electronic health records and risk of prescribing mismanagement, decreased availability of psychologists who are already in large demand, and overloading primary care providers by placing them in a supervisory role instead of providing support to prescribe themselves.

As a Family Medicine Resident, I have spent 2 months in the Emergency Department, 12 months on inpatient (hospital) medicine, and 18 months exclusively in the primary care setting while still seeing patients in the clinic 40 weeks of the year regardless of rotation. These clinical environments have provided harrowing examples of what happens on a day to day basis when our electronic health records do not communicate well. There are individuals in our state who through no fault of their own, will be off their psychotropic medications because their original prescriber was “out of network”, they get admitted to the hospital for an acute event, and it becomes a trial and error of getting those records and resuming their regimens. The fact that the proposed psychologists will not have access to Epic - the largest electronic health record system in the state, is a huge detriment to their ability to prescribe. There are psychoactive medications that interact with non-psychiatric medications that if unchecked, could lead to liver injury, conditions like Serotonin Syndrome, seizures, acute confusion, and physical harm to the patient and to their community should this occur when they are behind the wheel.

The proposed amendment to expand the definition of collaborating practitioner to include primary care is also concerning. Primary care providers are doing the bulk of prescribing of psychotropic medications in this state. They are responsible for their panel of patients, cross-covering for providers in their office, managing an inbox full of results, patient requests, pharmacy requests, insurance requests, and now suddenly a secondary provider who requests prescribing supervision. The time it would then take that provider to reconcile the patient’s medications, ensure lab work is appropriate, that blood pressure and heart rate are in a safe range based on how that medication works, and then communication back to the provider - this is essentially the same amount of work as the psychologist prescribing, without any time or

financial compensation for this effort. My concern comes from seeing a long delay in getting patients in with psychologists. Often as a primary care physician I am doing dose changes in between visits which does not require a patient to be seen. In person visits are prioritized for interval monitoring and medication changes.

In summary, the proposed H.237 Bill comes from a place of wanting to expand access to mental health care, however I believe that these changes would in fact decrease access by overloading primary care providers disproportionately to the relatively low amount of potential doctoral psychologist providers and decrease the ability and accessibility of psychologists to provide care within their current scope. Please consider these thoughts and vote in opposition of H.237.

Thank you for your time and consideration.

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