



State of Vermont
Office of the Secretary of State
128 State Street
Montpelier, VT 05633-1101
(802) 828-2363

Sarah Copeland Hanzas, Secretary of State
S. Lauren Hibbert, Deputy Secretary

Office of Professional Regulation
Jennifer B. Colin, Director
Tara Grenier, Deputy Director

January 21, 2026

To: Hon. Virginia Lyons, Chair
Senate Committee on Health and Welfare

From: Emily Carr, General Counsel, Office of Professional Regulation
Emily Tredeau, Staff Attorney, Office of Professional Regulation

Re: H.237, An act relating to prescribing by doctoral-level psychologists

Dear Committee Members:

Thank you for the additional opportunity to testify about H.237. Most of the testimony may sound familiar as OPR's position has not changed since last year. OPR supports H.237.

OPR Overview

The Office of Professional Regulation (OPR) is an umbrella agency staffed by 40 people and organized under the Secretary of State. OPR oversees about 84,000 licensees in 53 diverse and wide-ranging professions and occupations, from health care professions like nursing, osteopaths, dentists, pharmacists and mental health professions, to accountants, architects, appraisers, real estate brokers, tattooists, barbers, cosmetologists, and others. OPR is a public protection agency that accomplishes its public protection mandate by establishing minimum licensure qualifications and enforcing professional conduct standards through its complaint and disciplinary processes. OPR balances this principal protection function against ensuring that individuals have the ability to practice in their chosen professions or occupations without undue governmental interference. This balancing is reflected in the provisions of Chapter 57 of Title 26, which authorizes regulation only in professions where necessary for public protection, and then, only in the least restrictive manner to ensure public protection. See 26 V.S.A. §3101.

Psychologist Prescribing Sunrise Assessment

In January 2025, OPR completed a Sunrise Assessment, which examined the scope of practice expansion proposed in 2021 by the Vermont Psychological Association (VPA) to create a prescribing specialty for certain doctoral-level psychologists working with collaborating practitioners. As part of our [Sunrise Report](#), OPR reviewed requirements in the seven states



that have adopted programs allowing specially trained doctorate psychologists to obtain prescribing authority.

In the report, OPR did not support the scope expansion as proposed by VPA in 2021, but did conclude that, with some modification, appropriately trained prescribing psychologists could modestly supplement the number of prescribing mental health practitioners in Vermont. Overall, the number of practitioners obtaining the credential in other states with much larger populations has been low; however, four of the seven states have newer programs implemented in the last decade.

One way OPR achieves public protection in our regulatory programs is by ensuring sufficient preparation for the credentials we offer. OPR supports the creation of a prescribing specialty for doctoral-level psychologists who have completed an APA-designated postdoctoral psychopharmacology degree, passed a national exam, and completed substantial rotations. As currently written, H.237 is a good example of the typical three-legged stool of professional qualification: education, examination, and experience.

OPR supports H.237, as it greatly improves upon the 2021 VPA proposal, includes many recommendations from our Sunrise Report, and incorporates revisions requested in OPR's testimony last year in the House Committee on Health Care.

Additional Requested Revisions

Collaborating Practitioner

Recently, VPA proposed amending the definition of collaborating practitioner to include those licensed to practice medicine pursuant to “another prescribing provider as approved by the board.” The rationale for this change with which OPR agrees:

- Most psychotropic medications are prescribed and monitored in primary care settings;
- Limiting collaboration to psychiatrists would significantly restrict access, especially in rural areas;
- Primary care physicians already manage the majority of mental health prescribing and are well-positioned to collaborate; and
- The Board retains authority to set qualifications through rulemaking, ensuring appropriate oversight.

Sec. 1. 26 V.S.A. § 3001 is amended to read:

§ 3001. DEFINITIONS

As used in this chapter:

(12) “Collaborating practitioner” means a physician licensed to

practice medicine pursuant to chapter 23 or 33, or another prescribing provider
as approved by the board.

Clinical Rotations

Since the introduction of the bill in 2025, we appreciate the revisions made on the House side after our testimony in the House Committee on Health Care. We have also worked on the following additional revisions with VPA and VMS to arrive at consensus language regarding clinical rotation requirements. The changes include reducing the practice settings in which those rotations must be completed:

1 Sec. 3. 26 V.S.A. § 3019 is added to read:

2 § 3019. PRESCRIBING BY DOCTORAL-LEVEL PSYCHOLOGISTS

3 SPECIALTY

4 (a) Prescribing psychologist specialty. A psychologist-doctorate may apply
5 to the Board for a prescribing psychologist specialty. The application shall be
6 made in a manner approved by the Board and include the payment of any
7 required fees.

8 (b) Specialty by examination. A psychologist-doctorate shall be eligible for
9 the prescribing specialty if the psychologist-doctorate:

10 (1) holds a current license to practice psychology at the doctoral level in
11 the State;

12 (2) has successfully completed a postdoctoral training program in
13 psychopharmacology designated by the American Psychological Association
14 or its successor;

15 (3) has completed clinical rotations over a total of not less than 14
16 months in not less than nine five practice settings, to include psychiatry, pediatrics,
17 geriatrics, family medicine practice, internal medicine, emergency medicine, obstetrics
18 and gynecology, surgery, and one elective; neurology;

19 (4) has completed a national certifying exam, as determined by rule; and

20 (5) meets all other requirements for obtaining a prescribing psychologist
21 specialty, as determined by rule.

Implementation Timeline

H.237 grants rulemaking authority effective 7/1/25 and authorizes OPR to start issuing specialties on 7/1/26. This timing will need to be adjusted for 2 reasons. First, 7/1/25 has already passed. Second, OPR plans to introduce a 2027 bill to broadly repeal and replace the licensing statutes for all of OPR's mental health professions, including psychologists. This effort will implement a multi-year Mental Health Licensing Study that the General Assembly requested, which was completed in December 2024. As soon as those legislative changes are made to the mental health profession statutes, we plan on engaging in rulemaking for all mental health professions, including psychology, after the 2027 session.

To ensure administrative efficiency and avoid duplicating rulemaking efforts, we ask that the first effective date in the bill be amended to 7/1/26 and the second effective date , 7/1/26, be amended to 1/1/29:

Sec. 4. EFFECTIVE DATES

- (a) This section and Sec. 2 (power and duties of the Board) shall take effect on July 1, 2026.
- (b) All remaining sections shall take effect on July 1, 2026 January 1, 2029.