February 5, 2026

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

Dear Senators,

Thank you for holding this hearing and for the opportunity to talk with you today.

I am speaking in opposition to H.237 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, as well as the current best practices for mental health care access implemented elsewhere in the United States and Canada.

In brief:

1—Attempting to expand access to mental health services by increasing the number of prescribers, rather than efficiently utilizing the services of the prescribers we already have, is a completely outdated concept. The model that has the highest level of proven benefit is the Collaborative Care Model (CoCM), which is a form of integrated care.

Integrated Care: Creating Effective Mental and Primary Health Care Teams - AIMS Center
https://aims.uw.edu/resource/integrated-care-creating-effective-mental-and-primary-health-care-teams/

CoCM was developed at the University of Washington by clinician-researchers who understood that it would never be possible to develop a mental health workforce sufficient to treat everyone in need of care, or to fund such an army of clinicians, without changing the system of care delivery.

The Collaborative Care Model locates the treatment of illnesses such as anxiety and depression in primary care practice. It integrates the work of the primary care clinicians, care manager and psychiatric consultant. In numerous evaluations, this model has been shown to improve outcomes, improve patient and provider satisfaction, and increase access to care.

I attended the Canadian Psychiatric Association conference last October and learned that this is the model that is currently being implemented in many of the Canadian provinces. It is also the model that is right for Vermont. It is currently in use in all of the UVMHN (Vermont) family medicine and internal medicine practices and could be expanded to every primary care practice in the state with adequate support.

2—Prescribing psychologists are not an effective solution to the problem of access to mental health care. Many members of the American Psychological Association are re-thinking this approach, due to lack of widespread interest on the part of doctoral level psychologists and the diversion of resources that this entails:

Article: The Workforce of Prescribing Psychologists: Too Small to Matter? Worth the Cost? Published in Clinical Psychology: Science and Practice, an AMERICAN PSYCHOLOGICAL ASSOCIATION journal:

https://psycnet.apa.org/record/2025-49199-001

Approximate workforce contributions (United States):

Psychiatrists, psychiatric NP and psychiatric PA:	99,000
Primary care physicians (family and internal medicine):	387,000
Primary care NP and PA (family and internal medicine):	428,000
Prescribing psychologists:	226

The idea of creating a novel system to substantially up-train, license and monitor a small number of psychologists to prescribe medications is outdated, unfeasible (it actually takes quite a bit more training to learn to manage medications well) and financially inappropriate, especially when there is a solution with a proven track record in need of support.

3—The Collaborative Care Model is within reach for Vermont, with adequate support. This is something we can realistically do. This is the cost-effective way to ensure access to mental health services for the people of Vermont. The system that is already in effect in the UVM system can be expanded to include the primary care practices that do not yet have access to CoCM. Measures that can be taken now include:

- Supporting and extending the Blueprint for Health/DULCE expansion pilots. No funding has been allocated beyond 2026.

- Investing in the Vermont Consultation and Psychiatry Access Program (VTCPAP) to support primary care, including primary mental health care. This is included in the Rural Health Transformation Grant.

- Making available grants to directly fund CoCM in primary care. Reimburse for consultation between psychiatrists and primary care clinicians, whether in-person, via telemedicine, or e-consults.

- Supporting S.197 to invest in primary care.

- Continuing to support telemedicine services, which are a crucial aspect of mental health care in rural areas of the State.

- Supporting funding for the psychiatry Advanced Practice Registered Nurse (APRN) program at UVM. Psychiatric nurse practitioners are already an integral part of mental health care in Vermont.

- Helping psychiatrist to choose Vermont through student loan repayment.

Times have changed. The development of telemedicine, shared-access electronic health records and the Collaborative Care Model have fundamentally changed both the way that mental health care is provided and widely-accepted best practices in that regard. The core issue now is NOT expanding the number of clinicians who prescribe psychiatric medications, but effectively coordinating the resources that we have to best improve mental health care and outcomes in Vermont.

As a psychiatrist, family physician, former psychology graduate student and public health professional, and sibling of a former "intensive consumer" of psychiatric services, I understand what is involved in prescribing psychiatric medications, consulting with and "backing up" primary care physicians, NP's and PA's as a psychiatrist, and how systems can promote the mental health of the people of Vermont in an integrated and cost-effective manner. Creating another class of prescribers is an outdated idea that, at the bottom line, is wasteful of State resources.

Please feel free to contact me with questions or concerns. Thank you for your time today, and for your service to the people of Vermont.

Sincerely,

A Evan Eyler, MD, MPH