



**State of Vermont  
Office of the Secretary of State**

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**May 8, 2025**

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

**From: S. Lauren Hibbert, Deputy Secretary of State  
Jen Colin, General Counsel, Office of Professional Regulation**

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

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Dear Committee Members:

Thank you for the opportunity to testify about H.237.

In January of this year, OPR completed a Sunrise Assessment which examined the scope of practice expansion proposed in 2021 by 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.

As you know, OPR's mandate is public protection. One way we achieve 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 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 in the House Committee on Health Care.

### **Additional Requested Revisions**

#### Clinical Rotations

Since the introduction of the bill, 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 increasing the length of the clinical rotation from 14 to 18 months and 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 14-18  
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 is challenging for OPR, as we will be introducing in the 2026 session a 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 2026 session.

To ensure administrative efficiency and avoid duplicating rulemaking efforts, we ask that the second effective date in the bill, 7/1/26, be amended to 1/1/28:

Sec. 4. EFFECTIVE DATES

(a) This section and Sec. 2 (power and duties of the Board) shall take effect on July 1, 2025.

(b) All remaining sections shall take effect on ~~July 1, 2026~~ January 1, 2028.