

February 2, 2026

Dear Senate Committee on Health and Welfare,

My name is Dr. Phillip Hughes, and I am an assistant professor at the Binghamton University School of Pharmacy and Pharmaceutical Sciences. My research focuses on mental health and substance use treatment policy, and scope-of-practice regulation is a topic I regularly study. I am writing to you in relation to H.237, which would expand prescriptive authority to psychologists. Below, I summarize my research on this topic. References are provided for studies that have already undergone peer review.

Prescribing Psychologists are Safe and Effective

1. The rate of adverse drug events is 24% **lower** among patients treated by prescribing psychologists than among patients treated by psychiatrists.¹
2. The rate of psychotropic polypharmacy (a risk factor for complications) is 20% **lower** among patients treated by treated by prescribing psychologists than among patients treated by psychiatrists.¹
3. The rate of psychiatric emergency room visits and medication adherence is the same for patients of prescribing psychologists as for patients of psychiatrists.¹ This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
4. Prescribing psychologists at a clinic in New Mexico provided psychotherapy in 87.5% of all visits.²

Prescribing Psychology Improves Population Mental Health

5. Suicide rates decreased in Louisiana when psychologists began prescribing³
6. Mental health mortality decreased in New Mexico when psychologists began prescribing³
7. In all states where psychologists can prescribe, the suicide rate decreased by 5-7%.^{4,5}
8. Prescriptive authority for psychologists is a cost-effective suicide reduction policy, estimated to save millions of U.S. dollars over a 20-year span.⁶

Prescribing Psychology Increases Access to Mental Health Care

9. Unmet need for pediatric health care is 5.4 percentage points lower in states where psychologists can prescribe.⁷
10. This policy may reduce mental health prescriber shortages in Vermont by an estimated 8%, a notably larger impact than expected in many other states (US average: 4.3%).⁸ See Figure 1 below for the estimated reductions for different levels of psychologist uptake.
11. Psychologists currently already prescribe approximately 2% of all psychotropic medications nationally.⁹
12. Prescribing psychologists treat a population of patients that are very similar to psychiatrists – including their physical health and chronic health conditions.¹⁰

13. Prescribing psychologists at a clinic in Las Cruces, New Mexico treat patients who are on Medicaid (33% of their patients), live in rural counties (95% of their patients), and patients from low-resource areas (average deprivation score of 92 out of 100).² See Figure 2 below for the distribution of their patients.

Figure 1. Simulated reductions in mental health prescribing shortages for Vermont if psychologists become prescribers.

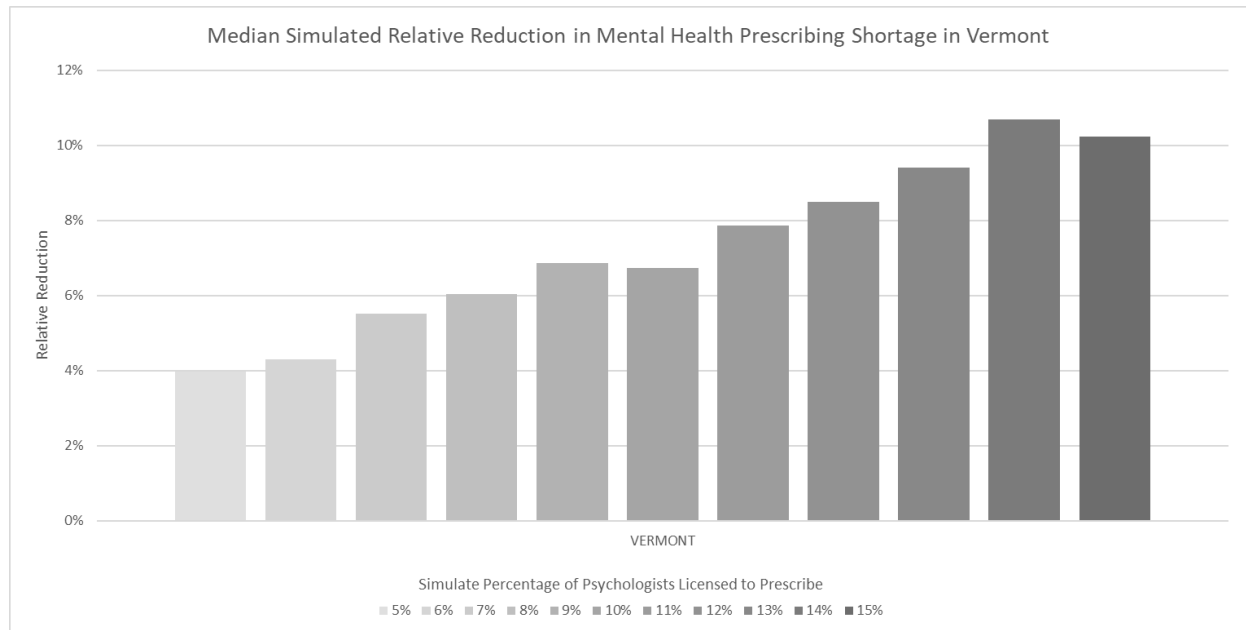
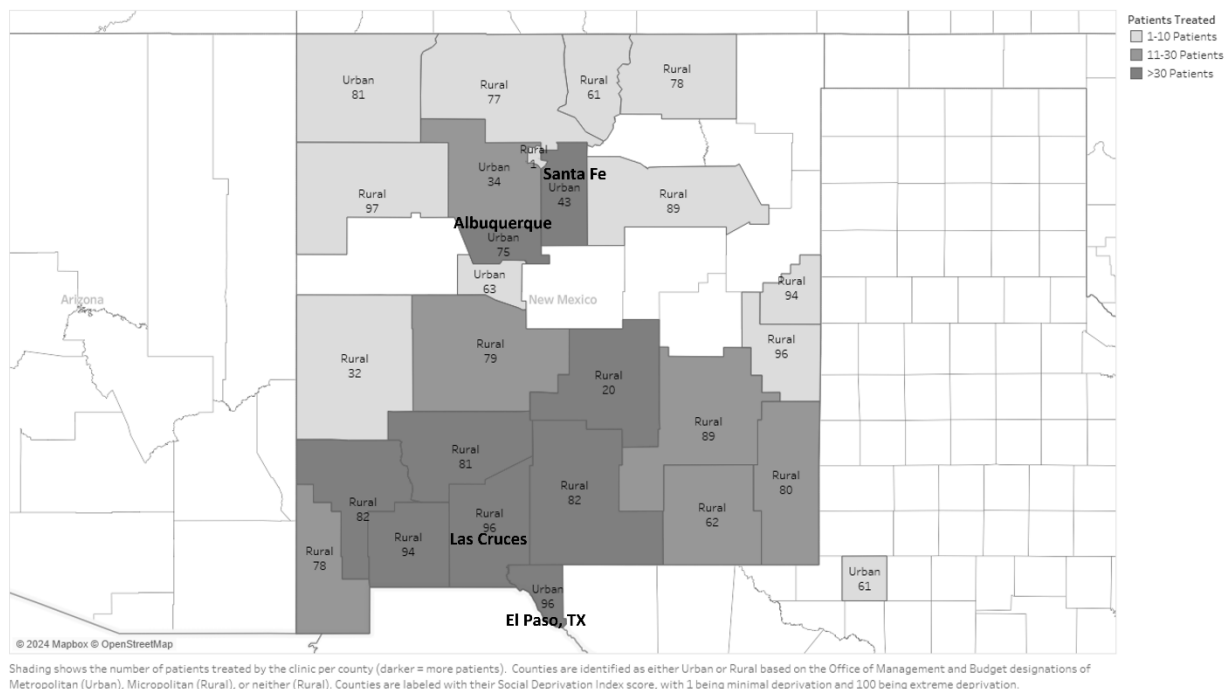


Figure 2. Distribution of Patients Treated at a Prescribing Psychology Clinic in Las Cruces, New Mexico.



The scientific record clearly demonstrates that prescribing psychologists are **safe and effective**, **improve population mental health**, and **increase access to mental health care**. I also want to be clear that this work is not rooted in any one paradigm, but instead was conducted with a team of researchers from multiple fields: health services research, pharmacoepidemiology, health economics, psychology, psychiatry, social work, and nursing.

I implore you to please consider this information as you work to decide how to proceed with H.237. I would be more than happy to find a time to meet with you to answer any questions you may have on this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Phillip Hughes". The signature is fluid and cursive, with the first name "Phillip" being more prominent than the last name "Hughes".

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