Good morning, Chair Lyons and members of the committee. My name is Dr. Phillip Hughes, and I am a health services researcher and assistant professor at Binghamton University. For the record, this testimony is my own and does not necessarily reflect the opinions of Binghamton University or the State of New York. My research focuses on how policy impacts mental health care, and I am here today to testify on the research regarding HB 237. The research I am speaking on today was conducted by a large team of experts from a range of fields, including pharmacoepidemiology, economics, psychology, social work, nursing, pediatrics, and psychiatry.

First, I would like to talk briefly about safety. I recently published a peer-reviewed study comparing the outcomes of 21,228 patients who saw either a prescribing psychologist or a psychiatrist. This study used the same robust methods used by the FDA to generate real-world evidence for drug safety. Compared to patients treated by psychiatrists, prescribing psychologists' patients had a 24% *lower* rate of adverse drug events, 20% lower rate of using multiple psychotropic medications, and similar rates of emergency department visits and medication adherence. All of this while controlling for the patients' diagnoses, medications, and other clinical and socioeconomic factors. Prescribing psychologists appear to be *at least* as safe as psychiatrists. I also want to emphasize that this study used data from New Mexico and Louisiana, and the educational requirements proposed in HB 237 are more stringent than in either of those states. For example, the robust clinical training requirements laid out in this bill, like the amended clinical rotations discussed in previous testimony including 14 months and 5 clinical rotations, exceeds the training requirements in most other prescribing psychologist states with excellent safety data. Given the increased educational requirements, it seems reasonable that Vermont would have similar or better safety outcomes.

There is also ample evidence to suggest that prescriptive authority for psychologists can improve population mental health. Two studies have now found that suicide rates are lowered by as much as 5-7% when psychologists prescribe. Following those, a cost-effectiveness study demonstrated that prescribing psychology is highly cost-effective, reducing suicides while saving millions of dollars over a 20-year span.

My research also suggests this bill is likely to increase access to mental health services. I led a policy simulation study that estimated how prescribing psychology might impact mental health prescriber shortages in each state. The Results of that study suggest that HB 237 is likely to reduce the mental health prescriber shortage in Vermont by 8%. In additional studies, prescribing psychologists appear to treat underserved patients, including patients in rural counties and under-resourced communities. I've included a map in my written testimony showing the broad reach of one prescribing psychology clinic in New Mexico – I anticipate similar patterns would emerge in Vermont.

Finally, I also want to highlight the findings of a study by Angela Shoulders and Alicia Plemmons that showed that states with prescriptive authority for psychologists see an increase in the number of psychologists in the state but do not have a corresponding decrease in psychiatrists – that is, the policy incentivizes growth in the mental health workforce without ostracizing psychiatrists. I want to emphasize this point given that the collaborative care model has been referenced in prior testimony as an alternative to prescriptive authority for psychologists; advancing prescriptive authority for psychologists does not get rid of psychiatrists or prevent the use of collaborative care model. Improving access to mental health care is not a zero-sum game requiring a choice between prescribing psychologists or collaborative care – both models can coexist.

In conclusion, the research to date has clearly demonstrated that prescriptive authority for psychologists is safe, reduces suicide rates, reduces healthcare costs, and improves access to mental health care. HB 237 may not *solve* the mental health crisis in Vermont, but all of the available evidence suggests that it will improve access to mental health care and ultimately saves lives. Thank you, and I am happy to take any questions.