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January 21, 2026

Testimony to Senate Health & Welfare Committee

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

Rick Barnett, Psy.D., LADC

Legislative Chair, Vermont Psychological Association

To the Honorable Members of the Senate Health and Welfare Committee:

Thank you for the opportunity to submit written testimony in support of H.237. The Vermont Psychological Association has been working on this initiative for 11 years. It's important to emphasize how H.237 aligns with the findings of the Office of Professional Regulation (OPR) following its Sunrise Review.

Across stakeholders, there is shared commitment to patient safety, quality of care, and responsible workforce policy. Concerns raised regarding training, safety, and complexity of prescribing are expected in any scope-of-practice discussion. These concerns were central to OPR's independent review.

OPR evaluated whether prescriptive authority for psychologists could be implemented in a manner that protects the public. That review examined education models, supervision, scope limitations, collaboration requirements, and regulatory oversight. After completing its analysis, OPR concluded that a carefully structured pathway for prescriptive authority is feasible for Vermont. H.237 reflects that regulatory-informed approach.

The bill establishes a postdoctoral pathway with substantial guardrails, including advanced education in clinical psychopharmacology, supervised clinical training, explicit scope limitations, exclusions for higher-risk populations, collaborative practice requirements, and ongoing regulatory oversight. In fact, H.237 contains some of the most robust training and oversight requirements for prescribing psychologists in the nation.

To date, seven states have authorized prescriptive authority for psychologists. In states with the longest-standing prescribing psychology workforce, evidence demonstrates strong safety records, improved continuity of care, and reductions in suicide rates when controlling for other contributing factors. Prescribing psychologists are frequently preferred by patients for their integrated model of care, are shown to prescribe more cautiously, and are widely regarded as valued collaborators by physician and nurse practitioner colleagues.

Allowing psychologists to prescribe within a clearly defined scope has the potential to reduce fragmentation of care, shorten wait times for medication management, and strengthen integrated treatment models—particularly in a state facing persistent access challenges.

H.237 can be viewed as a much needed and responsible evolution of Vermont's mental health workforce, grounded in regulatory review, national experience, and patient-centered care. The Legislature is acting with the benefit of OPR's independent analysis, which addressed longstanding concerns and nonetheless supported a carefully regulated model. Thank you for your thoughtful consideration.

Respectfully submitted,

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Appendix: Evidence on Prescribing Psychologists – Access, Safety, and Workforce Impact

Prescriptive authority for psychologists has been authorized in seven states, including New Mexico and Louisiana, the two earliest adopters. A growing body of empirical research now evaluates the impact of these policies on access, workforce shortages, and patient safety.

A 2024 policy simulation study by **Hughes, McGrath, and Thomas** examined the national and state-level effects of granting prescriptive authority to licensed psychologists on mental health prescriber shortages. Using probabilistic modeling and sensitivity analyses across 10,000 simulations, the authors found that authorizing even a modest proportion of psychologists to prescribe medications would reduce mental health prescriber shortages by approximately 4% nationally, with substantially larger reductions in some states. The study concluded that prescriptive authority for psychologists represents a viable, evidence-based strategy for improving access to mental health care, particularly in underserved areas where shortages are most acute (Hughes et al., 2024).

In addition, a 2024 doctoral dissertation by **Phillip Hughes** provides the most comprehensive patient-level safety and efficacy analysis of prescribing psychologists to date. Drawing on data from New Mexico and Louisiana, Hughes compared patients treated by prescribing psychologists, psychiatrists, and primary care physicians across multiple outcomes, including adverse drug events, psychiatric emergency department utilization, medication adherence, psychotropic polypharmacy, and deprescribing rates. The findings indicate that prescribing psychologists treat patient populations closely resembling those treated by psychiatrists and demonstrate a safety and efficacy profile comparable to psychiatrists. Notably, prescribing psychologists exhibited lower rates of adverse drug events and psychotropic polypharmacy and demonstrated a distinctive approach to deprescribing. The study found no evidence supporting concerns that prescribing psychologists pose greater risk to patients, concluding that safety concerns about psychologist prescribing are not warranted (Hughes, 2024).

Taken together, this evidence supports the conclusion that well-trained, carefully regulated prescribing psychologists can safely reduce prescriber shortages, improve access to integrated mental health care, and practice at a level comparable to psychiatric specialists when appropriate training and oversight are in place.

References

- Hughes, P. M., McGrath, R. E., & Thomas, K. C. (2024). *Simulating the impact of psychologist prescribing authority policies on mental health prescriber shortages*. **Professional Psychology: Research and Practice**, 55(2), 140–150. <https://doi.org/10.1037/pro0000560>
- Hughes, P. M. (2024). *Who gains and how? Assessing the safety and efficacy of extending prescriptive authority to psychologists* (Doctoral dissertation). Eshelman School of Pharmacy, Pharmaceutical Sciences Program.