To: Senate Health & Welfare Committee
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Date: May 8, 2025
RE: H.237 – An act relating to prescribing by doctoral-level psychologists

On behalf of the Vermont Medical Society, Vermont Psychiatric Association, and Vermont Academy of Family Physicians representing over 3000 physicians from across specialties and geographic locations of Vermont, thank you for allowing me to testify today on H.237.

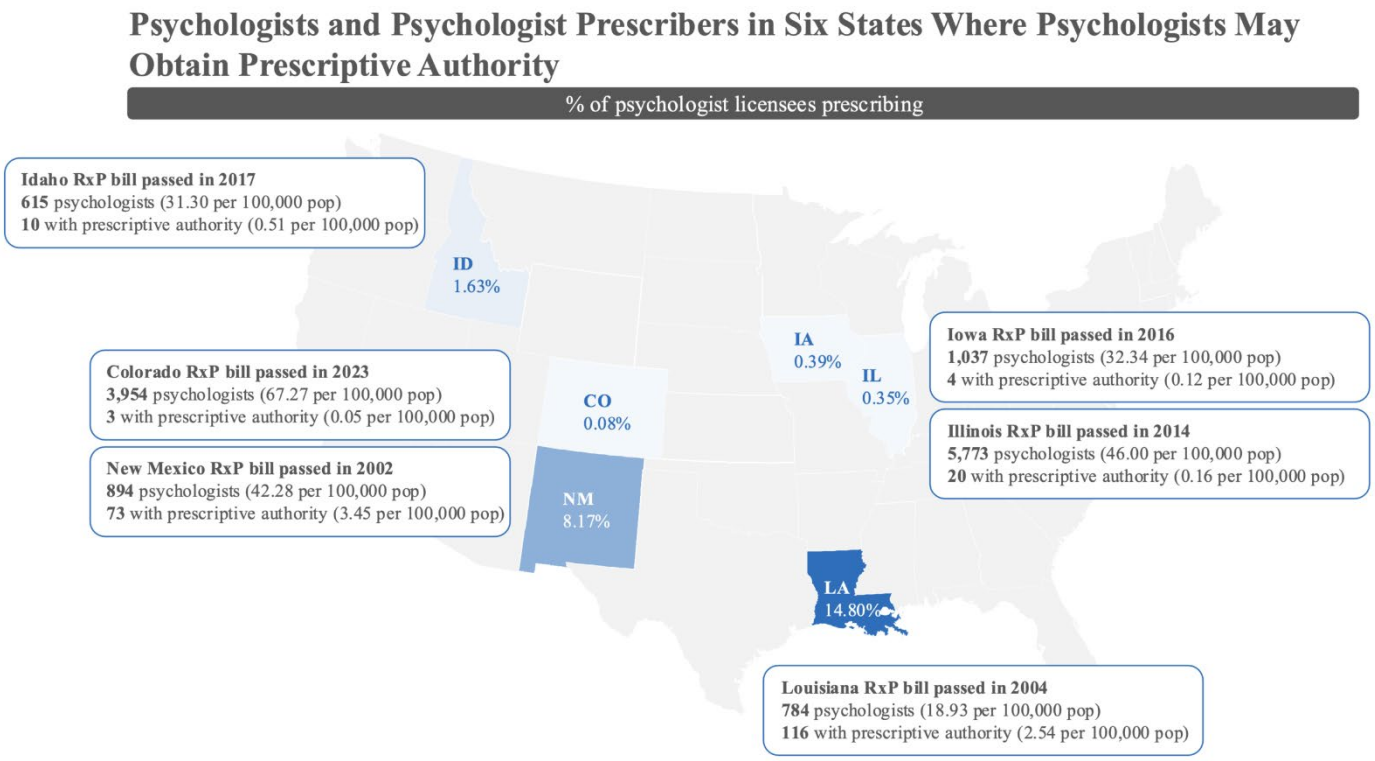
As background, we have been involved in discussions regarding psychology prescribing for a number of years and participated in the Sunrise Review conducted by the Office of Professional Regulation, including submitting detailed written comments (submitted with this testimony) and two public hearings.

While discussions and bill language have come a long way, our organizations continue to have concerns regarding the actual benefit of adding more prescribers to Vermont's health care system vs. increasing access to the much needed mental health services that psychologists currently offer and have expertise in. We have heard of this being touted as an access and workforce initiative and this is concerning.

There is no evidence that authorizing psychologists to prescribe medications will increase access to needed mental health services in Vermont. In other states with prescriptive authority, few psychologists have sought such authority, and they have not moved to underserved areas of those states.

In fact, in six states that allow psychologists to prescribe there are just over 200 licensed to do so.

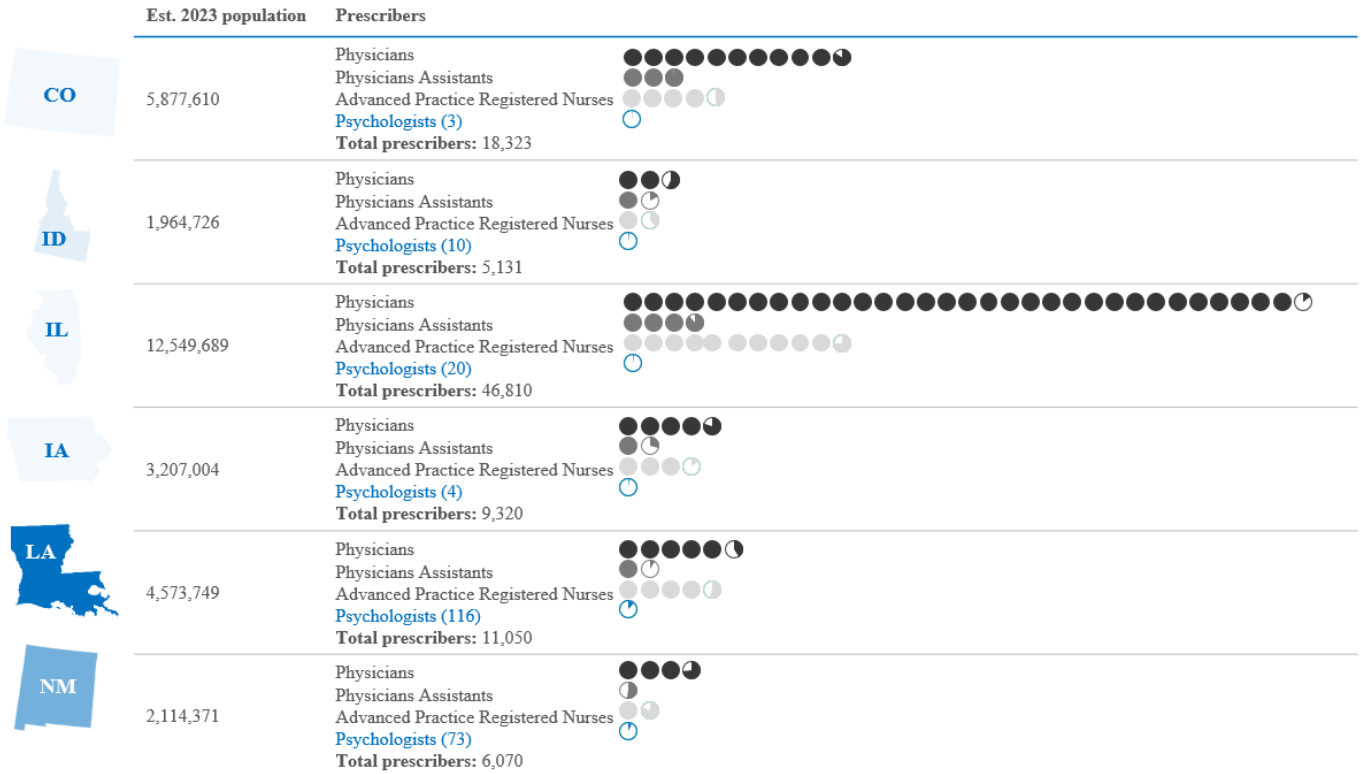
We drafted our own chart, but then found this illustrative infographic from the Society of Clinical Psychology, which mirrored our calculations.



If Vermont followed these ratios of practitioners to population, we could expect to see 1- 5 prescribing psychologists in 5-10 years.

There are already a breadth of prescribers who receive extensive medical and psychoactive prescribing training. Physicians other than psychiatrists now receive more psychoactive prescribing training, the number of medical schools has increased, and psychiatric residency programs have expanded from 183 in 2011 to 352 programs in 2022. Nurse practitioners (APRNs) and physician assistants (PAs) have training more closely aligned with prescribing than psychologists do and their workforces are growing faster with more training programs poised to train yet greater numbers of prescribing professionals.

Prescribing Workforce in Six States Where Psychologists May Obtain Prescriptive Authority



Of note – the Society of Clinical Psychology posted an article titled – **"The Prescribing Psychologist Workforce: Enough to Matter? Worth the Cost?"** It summarizes that:

"Given the small number of prescribing psychologists and the high costs associated with advocating for RxP, it is reasonable to question whether the RxP movement is a worthwhile investment." "Moreover, relatively small minorities of psychologists have sought to prescribe where they have been able to."

"From a workforce perspective, it is not clear that RxP will ever achieve the kind of momentum that could make a meaningful difference in addressing the nation's pharmacological mental health needs. The numbers to date plainly do not support the ideas that prescribing psychologists play a major role in expanding access to psychopharmacological care, nor that they will in the future."

Their solution = Collaborative Care! "Psychologists are well-equipped to work alongside psychiatrists and other physicians, nurse practitioners, and PAs in interdisciplinary teams. By leveraging their strengths in psychological assessment, psychotherapy, consultation,

and research, psychologists are well-positioned to contribute to comprehensive patient care that addresses both psychological and pharmacological needs."

We strongly support this recommendation and elaborate below on methods to expand access to collaborative care in Vermont.

In addition, we have concerns regarding safety and training. Psychiatric medications are among the most potent in modern medicine. They affect not only the central nervous system, but also affect other organ systems and interact with other medications. With these benefits come real risks. These medications have potentially disabling and life-threatening side effects and should only be prescribed by those with extensive biomedical training. A peer-reviewed study of psychologists found that there is little evidence to support the assumption that psychologists are safely and effectively prescribing. Medicare does not reimburse for evaluation and management or pharmacologic management by prescribing psychologists, specifically citing psychologists' lack of knowledge and ability in the matter.

A peer-reviewed study of psychologist prescribing found that there is "no data to suggest that providing prescription privileges to psychologists will increase access to quality psychiatric care." This is particularly disturbing in light of the fact that psychologists have been prescribing for more than a decade.

Current psychology programs are highly variable and lack integrated substantive pharmacological education and training. The training lacks preparation in the basic sciences (chemistry, biology, and physics) which are required for clinicians prior to medical, APRN or PA programs.

Access to mental health and psychiatric services is a legitimate concern in Vermont, the good news is that there are evidence-based answers that address access to care while maintaining physician or advanced practice professional prescribing. Many of these efforts are already happening in Vermont in a limited way and expanding them would be of significant benefit to the health of Vermonters. These include:

1. **Blueprint for Health/DULCE expansion pilot to assist practices to address mental health, SUD and SDOH needs – will end this year!**
    a. The pilot funding will end this year absent legislative action. While the Governor's SFY2026 Recommend allowed carry over funding to be used for the pilot for a third year, there is no funding allocated and it is unclear

how much carryover is available – this pilot is needed, including support for existing DULCE practices.

2. **Increase retention and recruitment of psychiatrists in Vermont** by:
    a. Enhancing loan repayment for psychiatrists practicing in Vermont, especially in rural areas
    b. Improving the ability for psychiatrists from outside the state to provide telehealth care within Vermont though licensing reforms
    c. Improving reimbursement for psychiatry, especially in the Medicaid program

3. **Reimburse psychiatrists and primary care providers for consulting with each other directly** (i.e. "curbside consults", "E-consults").
    a. This model allows for direct communication with primary care providers around specific cases in which they have assessment or treatment questions. For more straightforward questions, a psychiatrist-to-primary care-consult can often provide the necessary support to allow for psychotropic prescribing within a patient's medical home safely and effectively. This also allows for ongoing training and education of primary care providers who do the majority of psychotropic prescribing currently.
4. **Increase access for primary care practices to the Collaborative Care Model** (also known as COCM). This model leverages limited psychiatric time to maximum effect. The Collaborative Care Model, where psychiatrists work with primary care providers along with other mental health providers to integrate mental health and substance use services with general and/ or specialty medical services, is also a way to truly increase access to care. With over 90 randomized control trials showing its effectiveness, it has emerged as the most effective model of integrating mental health care in primary care settings and is the only integrated care model with a clear evidence base. Support for COCM could involve: a. Providing further training in this model for psychiatrists, primary care providers and mental health professionals.
    a. A GREAT example of this is CPAP
        i. **State investment in the Vermont Consultation & Psychiatry Access Program (VTCPAP)** would allow patients to receive care in their primary care office and supports primary care to deliver the care patients need more effectively.
    b. Providing grants fund COCM in individual practices

5. **Ensure adequate funding from the State for Designated Agencies in Vermont to become Certified Community Behavioral Health Centers.**
    a. This model allows for stronger funding of mental health services in Vermont similar to the way Federally Qualified Health Centers are funded. In Vermont, we have seen Federally Qualified Health Centers successfully recruit more mental health staff including psychiatrists to the state. If the state of Vermont continues to support CCBHCs, it is likely Vermont would be able to successfully retain and recruit more psychiatrists.
6. **Support funding for the psychiatry Advanced Practice Registered Nurse (APRN) program at UVM.** This would allow for more nurses in Vermont to receive advanced practice training.

The bill as passed the House does include some safeguards with additional standardized training; including:

- Complete a postdoctoral training program in psychopharmacology
    - We recommend requiring OPR to engage in rulemaking to establish specific requirements for curriculum design
        - Suggested language:
          (a) The Board shall adopt rules necessary to perform its duties under this chapter, including rules that:
          (3) regulate prescribing psychologist licensees pursuant to section 3019 of this title, including:
          (A) the settings of clinical rotations; and
          (B) the minimum requirements for curriculum of a designated postdoctoral psychopharmacology program; and
          (~~B~~C) prescriptive authority, including designation of conditions and drugs excluded from that authority, as well as requirements for the prescribing of particular drugs;
- We have reviewed OPRs suggested language on clinical rotations and agree with an 18-month clinical rotation, to include psychiatry, geriatrics, family medicine or internal medicine, emergency medicine, neurology, and one elective. OPR rule would further specify acceptable clinical settings for rotations;
    - We believe if this moves forward this is critical to providing some valuable medical knowledge & skills.
- Complete a national certifying exam, as determined by rule by OPR;
- Have a collaborative practice agreement with an MD or DO who specializes in psychiatry;

    - We feel strongly that this be a psychiatrist (MD or DO). Having a psychiatrist specifically is crucial because they possess the specialized knowledge and training to diagnose and treat mental health medical conditions with expertise in prescribing psychotropics.
- Not prescribe for patients under 18 years of age, over 80 years of age, or who are pregnant;
- Be limited from prescribing specific drugs or for specific conditions, to be specified in rulemaking by OPR.

Psychologists are experts in important mental health interventions and are highly valued members of the health care community. While this bill does incorporate safeguards we continue to be concerned about diverting important time and resources away from professionals doing what we need more of, which is not prescribing. We also are concerned that we are going into this for the wrong reason – this is not a solve for increasing access to mental health care and as I mentioned we do already have important programs that are being cut, partially funded or not fully utilized to support patients.

Thank you!