



**VERMONT PSYCHOLOGICAL ASSOCIATION, INC.**

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July 28, 2017

Al Gobeille, Secretary  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05676

**Re: Act No. 82 (S.133)**

Dear Secretary Gobeille,

Please consider the following information that we may discuss at your convenience. The Vermont Psychological Association is looking for support for legislation to authorize specially trained psychologist-doctorates to prescribe and un-prescribe psychotropic medications. Prescribing psychologists fit directly within the charge of Act. 82 (S.133). Legislators, health providers, the Office of Professional Regulation, Commissioners of Health and of Mental Health, the Designated Agency system and many others have been approached on the subject with some notable support.

*Act No. 82 (S.133). **Health; Mental Health:** An act relating to examining mental health care and care coordination. This act requires the Secretary of Human Services (Secretary), in collaboration with the Commissioner of Mental Health (Commissioner) and the Green Mountain Care Board (Board), providers, and person affected by current services, to produce an analysis and action plan for the General Assembly on or before December 15, 2017.*

The demand for quality mental health has reached crisis levels in VT and nationwide. The Secretary of the Agency of Human Services of Vermont should explore all options to ensure that Vermonters have timely access to high quality mental health care. Primary care providers prescribe over 70% of psychiatric medications. Hospitals need our help. The mental health needs of Vermonters must integrate medications with non-pharmacological treatments. Prescribing psychologists can help address the shortage of psychiatrists and psychiatric nurse practitioners.

Prescribing psychologists have extensive training in psychopharmacology and currently prescribe psychiatric medications in certain departments and agencies of the federal government (as outlined by regulations of the Department of the Army, the Department of the Navy, the Department of the Air Force, the Commissioned Corps of the Public Health Service, and the Indian Health Service), and are authorized by statute to prescribe in New Mexico, Louisiana, Illinois, Iowa, Idaho and Guam. This workforce is meeting the demand for mental health services in a way that doesn't rely exclusively on medications. They emphasize non-pharmacological treatments and use medications only when absolutely necessary.

Physicians of the Department of Veterans Affairs already refer veterans to prescribing psychologists for outpatient pharmacotherapy and psychotherapy in the departments and agencies of the federal government. Primary care providers frequently and preferentially refer to prescribing psychologists in states and territories in which psychologists with extensive training in psychopharmacology already have this authority. Vermonters should have the same access to this mental health provider workforce as their active duty counterparts, civilians, and citizens of these other states. Prescribing psychologists are an integral part of the healthcare team in primary care, hospitals, and community agencies and clinics in states where they are licensed to practice. There have been no known medication errors or ethical complaints for prescribing psychologists since the start of this provider group over 20 years ago.

Within the action plan of Act 82, psychologist-doctorates with prescriptive authority (granted by the Board of Psychological Examiners) can help improve mental health access and quality and reduce costs to the benefit of all Vermonters, healthcare organizations and health care providers.

Including Prescribing Psychologists in the Act 82 action plan (specifically with regards to children, adolescents, and adults) will help address the following areas of focus:

- Specify steps to develop common, long-term vision of how integrated, recovery- and resiliency-oriented services shall become part of a comprehensive and holistic health care system;
- Identify causes underlying increased referrals and self-referrals for emergency services;
- Identify gaps in services that affect ability of individuals to access emergency psychiatric care;
- Determine whether appropriate types of care are being made available as services in Vermont, including intensive and other outpatient services and services for transition age youths;
- Identify barriers to patient care at levels of supports that are least restrictive and most integrated, and opportunities for improvement; and
- Identify the resources necessary to attract and retain qualified staff to meet outcomes required of designated and specialized service agencies and timelines for achieving those levels of support.

**Section 4** of the act requires that the Secretary's analysis, action plan, and long-term vision address the following additional subjects (pertinent to prescribing psychologists):

- Potential benefits and costs of developing regional navigation and resource centers, including consideration of other coordination models identified during the analysis;
- Effectiveness of the Department of Mental Health's care coordination team in providing access to and accountability for coordination and collaboration among hospitals and community partners for transition and ongoing care, including an assessment of potential discrimination in hospital admissions and the extent to which individuals are served by their medical homes;
- Use and potential need to expand crisis diversion throughout the state;
- Opportunities for and removal of barriers to implementing parity in the manner that individuals presenting at hospitals are received, regardless of whether for a psychiatric or physical condition; and
- The extent to which additional support services are needed for geriatric patients in order to prevent hospital admissions or to facilitate inpatient discharges.

**Section 5** requires the Secretary, in collaboration with the Commissioner and Chief Superior Judge, to submit a report to the General Assembly on or before December 15, 2017, regarding role of involuntary treatment and medication in emergency department wait times, including concerns arising from judicial timelines and processes and the interplay between staff and patient rights. Prescribing psychologists can help balance the need for involuntary medication versus non-medication intervention to stabilize patients and decrease ED wait times. Prescribing psychologists may gain the support of Vermont Legal Aid, Disability Rights Vermont, and Vermont Psychiatric Survivors, who may submit a response to this portion of the Secretary's report on or before January 15, 2018.

**Section 6** requires the Board to review the ACO model of care and integration with community providers, including the designated and specialized service agencies, regarding how model of care promotes coordination across the continuum, business or operational relationships, and any proposed investments or expansions to community-based providers. Prescribing psychologists may play an essential role to support the success of the ACO model related to

Correspondence from VPA to Secretary Al Gobeille

July 28, 2017

Page 3

integration which may be included within a summary of information on integration in the Board's January 15, 2018, report.

We would appreciate your support of this initiative. Please let us know if you need additional information. Thank you. We look forward to hearing from you.

Sincerely,

*R. T. Barnett, Psy.D*

Rick Barnett, Psy.D., Legislative Chairperson  
VT Psychological Association

Sincerely,



Craig W. Knapp, President  
VT Psychological Association