

3108. Preliminary Assessment of Scope of Practice

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It is the policy of the State of Vermont that regulation be imposed upon a profession or occupation solely for the purpose of protecting the public. The General Assembly believes that all individuals should be permitted to enter into a profession or occupation unless there is a demonstrated need for the State to protect the interests of the public by restricting entry into the profession or occupation.

(b) If such a need is identified, the form of regulation adopted by the State shall be the least restrictive form of regulation necessary to protect the public interest. If regulation is imposed, the profession or occupation may be subject to review by the Office of Professional Regulation and the General Assembly to ensure the continuing need for and appropriateness of such regulation. (Added 1977, No. 183 (Adj. Sess.), § 1; amended 1985, No. 96, § 1; 1985, No. 255 (Adj. Sess.), § 1; 2015, No. 156 (Adj. Sess.), § 1.)

(a) Office preliminary assessment.

(1) Prior to review under this chapter and consideration by the General Assembly of any bill to materially amend the scope of practice permitted for a regulated profession or occupation, and upon the request of the House or Senate Committee on Government Operations or, in the case of a health care profession, the House Committee on Health Care or the Senate Committee on Health and Welfare or upon the direct petition from a regulated profession or occupation, the Office shall make, in writing, a preliminary assessment of whether the proposed scope of practice amendment is consistent with the principles and standards set forth in this chapter.

(2) The Office shall report its preliminary assessment to the House and Senate Committees on Government Operations and, where a report pertains to a health care profession, to the House Committee on Health Care and the Senate Committee on Health and Welfare.

(b) Required supporting information. A profession proposing by petition a material amendment of a scope of practice shall explain each of the following factors, in writing, to the extent requested by the Office or the House or Senate Committee on Government Operations, not later than July 1 of the year preceding the next regular session of the General Assembly:

(1) A description of the practices and activities that the profession or occupation would be permitted to engage in if the scope of practice is amended.

Psychologist-doctorates are not currently authorized to prescribe psychiatric medications in the state of Vermont. If the scope of practice is amended, psychologist-doctorates with extensive additional education, training, supervised practice, and passing a nation exam may be issued a license to prescribe psychiatric medications for appropriately diagnosed psychological conditions. This will include consultation with other health practitioners, ordering lab tests, determining drug-drug and drug-disease interactions, frequent and sufficient follow up with individual patients, and emphasizing non-pharmacological approaches to improving overall health and mental health conditions. From [H.392](#):

“(a) In accordance with applicable State and federal laws, the Board shall issue a certificate conferring the authority to prescribe, administer, discontinue, and distribute controlled substances, as defined in 21 C.F.R. Part 1308, that are recognized in or customarily used in the diagnosis, treatment, and management of a person with a psychiatric, cognitive, nervous, emotional, or behavioral disorder to a doctoral-level psychologist who:” meets several requirements (described below).

Here is an example of [Model Legislation revised in 2019](#), put forth by the American Psychological Association: SECTION E pertains to this question.

(2) Public health, safety, or welfare benefits, including economic benefits that the requestor believes will be achieved if the request is implemented and, if applicable, a description of any harm to public health if the request is implemented.

This workforce has been in effect beginning with the Department of Defense (DoD) Demonstration project in the mid 1990's ([see 1998 final report here](#)), which expanded into legislation that has passed and been implemented in 5 states. The DoD Project final report stated: "graduates demonstrated to their clinical supervisors and administrators that they were sensitive and responsive to medical issues. Important evidence on this point is that there have been no adverse effects associated with the practices of these graduates". Medical providers who have worked with a prescribing psychologist overwhelmingly rated RxPs as safe, effective and well-trained ([Shearer et al. 2012](#)). Medical providers who have worked with prescribing psychologists overwhelmingly rated RxPs as safe, knowledgeable about psychotropic medication, and would refer patients to them for psychotropic medication management ([Linda and McGrath 2017](#)). There have been no reported instances of significant adverse events as the result of harmful prescribing by psychologists. Allegedly, in New Mexico, there have been 3 prescribing psychologists in 16 years, one posthumously, who surrendered their licenses or had them revoked. This information has not been verified. The Louisiana Medical Board oversees Medical Psychologists who have the authority to prescribe psychiatric medications. Information has not been found showing sanctions against medical psychologists in Louisiana.

The public health benefits include improved quality and access to care, decreased over-prescribing thereby decreasing risk, instillation of trust in healthcare workforce, serving underserved populations (NM), and reducing transportation, insurance, and hospital costs.

<https://www.apadivisions.org/division-55/councils/research/access.pdf>

"Increasing Access to Mental Health Care, Improving Quality of Care and Reducing Costs through Prescriptive Authority for Licensed Psychologists with Specialty Training" Jack G. Wiggins, Ph.D.

Another [recent research article](#) shows a significant reduction in suicide rates: "We find that states that have passed the prescriptive authority laws for psychologists have a 5-7 percentage points decrease in their overall suicide rates." The same article concludes: "Our paper suggests that allowing healthcare providers to prescribe controlled substances can improve access to mental and behavioral healthcare services. This is especially important for policymakers to consider now because the United States has been observing a shocking increase in suicide and has also been battling a global pandemic, which is likely to have long-lasting impacts on the population's physical and mental health. Given recent CDC reports that suicide ideation has increased in young adults during COVID-19, we expect to see a rise in the demand for mental health services ([Czeisler et al., 2020](#)). Restrictive scope-of-practice regulations reduce access to efficient mental healthcare, which is becoming a more prevalent concern as we emerge from the current pandemic. Our paper suggests that by allowing psychologists to prescribe psychotropic substances, there are reductions in suicide rates and increased access to sufficient treatment."

(3) The impact the amendment of scope of practice will have on the public's access to services.

The most recent research is shown above but also described in this recent [US News and World Report article](#). There is and has been a massive national shortage of psychiatrists. The health care consulting firm, Merritt-Hawkins, produced a White Paper in 2018 called "[The Silent Shortage](#)" which analyzed supply, demand and recruitment trends in psychiatry. It found that psychiatrists are in the top three states with the oldest psychiatrists (close to retirement age), that recruitment for psychiatry is trending down, and demand is rising dramatically. This is before the COVID19 pandemic. [Another report in 2017](#) from the National Council for Behavioral suggest we will need up to nearly 16,000 psychiatrists by 2025 to meet mental health care needs of Americans. This report suggests prescribing psychologists can help. But again, this was before the 2019-2021 [COVID19 pandemic as this article](#) describes. There is Vermont-specific workforce data on mental health providers through the Department of Health, John Olson. [Report](#)

[from 2020](#) with data as recent as 2018 shows there is one Full-Time Equivalent (FTE) psychiatrist for every 30,000 Vermonters (the Merritt-Hawkins report has Vermont data showing 16 psychiatrists for every 100,000 Vermonters). This is compared [378 total psychologist-doctorates](#) and 256 FTE psychologist-doctorates or one FTE psychologist- doctorate for every 2600 Vermonters. As a comparison, [studies have shown](#) that as nurse practitioners and psychiatric nurse practitioners have continued to expand their scope of practice and independent, access to health care and mental health care has improved significantly.

(4) A description of the current laws and regulations, both federal and State, pertaining to the profession, including a description of the current education, training, and examination requirements and any relevant certification requirements applicable to the profession for which the amended scope of practice is being sought.

First, the model [education and training requirements](#) (pages 7-14) as designation criteria for prescriptive authority for psychologists was recently updated in 2019. Currently, psychologists with advanced training to prescribe medications are prescribing psychotropic medication in the [Departments of the Army, Navy and Air Force as well as in the Indian Health Service \(IHS\) and Public Health Service \(PHS\)](#). For example, the Department of the Army permits psychologists to prescribe if they meet the following criteria:

1. is a graduate of the DoD demonstration project ***OR*** have a master's degree in psychopharmacology from a regionally accredited university;
2. obtain a passing score on the Psychopharmacology Examination for Psychologists (PEP);
3. document one year of supervision by a board-certified psychiatrist or psychologist with prescribing privileges in a Military Treatment Facility (MTF); and
4. apply for prescription privileges within 24 months of passing the PEP. A suggested formulary is provided, but specific formularies are to be determined by the MTF granting prescription privileges.

There are laws passed in 5 states: New Mexico, Louisiana, Illinois, Iowa, and Idaho. An example of an accredited training program, Fairleigh Dickinson University (FDU), [is shown here](#). The FDU webpage shows didactic and training requirements as well as a list of states with legislation that has passed and gone into effect for prescriptive authority and links to administrative rules. See Appendix 1 in this report (below) for links to states with laws and administrative rules for prescriptive authority.

(5) The extent to which the public can be confident that a practitioner is competent to perform the activities and practices permitted under the amended scope of practice, including a description of the nature and duration of the education and training for performing these activities and practices, if any.

The description of the education and training shall include the following information:

(A) whether the educational requirement includes a substantial amount of supervised practical experience;

Several studies have been done comparing the education and training of health and mental health practitioners including primary care physicians, psychiatrists, psychiatric nurse practitioners, nurse practitioners, physician assistants, and prescribing psychologists. For example, [Muse and McGrath \(2010\)](#) did a comparison analysis of the education and training of psychiatrists, psychiatric nurse practitioners and prescribing psychologists that “substantiates the assertion that pharmacologically trained psychologists are well prepared academically to incorporate prescriptive authority within their competencies. Indeed, the statistics point to multiple content areas in which the other professions are relatively deficient in comparison to pharmacologically trained psychologists' preparation.” A recent paper, a 2020 master’s thesis by Ryan Cooper at the Harvard Extension School called “[Comparing Psychopharmacological Prescriber Training Models via Examination of Content-Based Knowledge](#)”, showed significant findings:

“Comparing each prescriber’s basic competence, side-by-side, via examination, had never been attempted (each has their own licensing examination). This study tested 66 providers: psychiatrists, general physicians, psychiatric nurse practitioners, general nurse practitioners, prescribing psychologists, and general psychologists. Psychiatrist performed the best, followed by prescribing psychologists, then psychiatric nurse practitioners. There was no statistical difference in the performance of these three groups. Non-psychiatric physicians and non-psychiatric nurses—who ironically write 80-90% of psychiatric prescriptions—performed worse than the first three groups, and non-psychiatric nurses performed significantly worse. General psychologists performed significantly worse than prescribing psychologists, indicating that the achieved level of competency is due to postdoctoral training. Arguments that psychologists wishing to prescribe should merely attend nursing school, should be re- evaluated in light of these findings. Prescribing psychologists’ performance is superior to the performance of those trained as nurse practitioners (both family and psychiatric).”

(B) a description of the courses and professional educational programs, including relevant syllabi and curricula, training professionals to perform the activities and practices being proposed under the expanded scope of practice;

Please see the [Fairleigh Dickinson University Curriculum and Syllabi](#) as an example. Also, please review the [Model Education proposed by APA revised in 2019](#). Appendix 3 below shows good example of required course work.

(C) whether educational programs exist in this State;

An educational program does not exist in this State. However, the Albany College of Pharmacy in Colchester, VT may be an excellent sight to set up such an education and training program.

(D) whether there will be an experience requirement;

Yes. The experience requirement as shown in H.392 states: “relevant clinical experience, including at least 100 patient consultations, sufficient to attain competency in the psychopharmacological treatment of a diverse patient population in collaboration with and under the direction of a qualified practitioner, including a physician licensed pursuant to chapter 23 or 33 of this title; an advanced practice registered nurse licensed pursuant to chapter 28, subchapter 2 of this title; or a prescribing doctoral-level psychologist with five or more years of experience.”

@ whether the experience must be acquired under a registered, certified, or licensed practitioner;

See (D) – “under direction of qualified practitioner” defined.

(F) whether there are alternative routes of entry or methods of satisfying the eligibility requirements and qualifications; and

NONE

(G) whether all applicants will be required to pass an examination and, if an examination is required, by whom it will be developed and how the costs of development will be met.

Passage of a national exam is required; currently, that exam is the Psychopharmacology Exam for Psychologists (PEP). The PEP is considered a very rigorous test of knowledge and is put forth by the Association of State and Provincial Psychology Boards (ASPPB). More information on the [PEP can be found here](#).

(6) A description of how the request relates to the profession’s ability to practice to the full extent of the profession’s education and training.

(7) For health care professionals, a description of the impact an amendment to the scope of practice will have within the health care system, including:

- (2) **the anticipated economic impact such an expansion will have for the system, for patients, and for other health care providers; and**

(B) identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact, and efforts made by the requestor to discuss the request with such health care professionals.

(8) A summary of the known scope of practice changes either requested or enacted in the State concerning the profession in the five-year period preceding the date of the current request.

(9) A summary of regional and national trends, legislation, laws, and regulations concerning licensure of the profession making the request, and a summary of relevant scope of practice provisions enacted in other states.

See Appendix 2 for Additional Sources and Citations Pertaining to this Scope of Practice

(10) How the standards of the profession or occupation will be maintained, including whether effective quality assurance standards pertaining to the activities and practices permitted under the proposed expanded scope of practice exist in the profession or occupation, such as legal requirements associated with specific programs that define or enforce standards.

The administrative rules for each state that has passed this legislation is shown in Appendix 1 of this report. These rules show how the standards of this profession are maintained and regulated. In 2011, the American Psychological Association published [Practice Guidelines Regarding Psychologists' Involvement in Pharmacological Issues](#). These are aspirational in nature applying to all doctoral psychologists and those with prescriptive authority. Furthermore, in 2020, the American Psychological Association (APA) Council of Representatives added clinical psychopharmacology to 17 others as an [APA-recognized psychological specialty](#). This ensures the highest standards of practice given the rigorous nature of becoming a recognized specialty within the field of psychology under APA.

(11) Profile of the practitioners in this State, including a list of associations, organizations, and other groups representing the practitioners and including an estimate of the number of practitioners in each group.

The best data capturing an estimate of the number of practitioners in health and mental health is through the [Vermont Department of Health](#). The [Vermont Psychological Association](#) represents psychologist-doctorates and psychologist-masters. The [Vermont Medical Society](#) represents Vermont Psychiatric Association.

© Exemption. In lieu of submitting a scope of practice request as described in subsection (b) of this section, a person proposing an amendment to a scope of practice may submit a request for an exemption. The request for exemption shall be submitted to the Office not later than July 1 of the year preceding the next regular session of the General Assembly and shall include a plain language description of the request. The Office may grant the exemption if:

- (2) there exist exigent circumstances that necessitate an immediate response to the request, and the delay imposed by analysis would threaten the public health, safety, or welfare;

(2) there is not substantial dispute concerning the scope of practice request; or

(3) the requested amendment is not material, meaning the amendment would not alter the balance of risks and harms to the public health, safety, or welfare; the regulatory burdens on any other group; or the enforcement authority or character of the regulatory program.

(d) Impacted persons.

(2) Any person acting on behalf of a profession that may be directly impacted by a scope of practice request submitted pursuant to this section may submit to the Office a written statement identifying the nature of the impact not later than October 1 of the year preceding the next regular session of the General Assembly. That person shall indicate the nature of the impact by taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor.

(2) Not later than October 15 of that year, the requestor shall submit a written response to the Office and the person that provided the written impact statement. The requestor's written response shall include a description of areas of agreement and disagreement between the respective professions. (Added 2019, No. 178 (Adj. Sess.), § 16, eff. Oct. 1, 2020.)

APPENDIX 1

States with Prescriptive Authority for Psychologist-Doctorates with Links

[New Mexico](#) (Law passed 2002): went into effect 2004-2005 – Recent major update/revision Feb. 4, 2019, making the scope of practice less restrictive. The [NM administrative rules are documented here](#).

Louisiana (law passed in 2004) [updated in 2009](#), with [qualifications and administrative rules here](#), and [certificate for advanced practice shown here](#).

[Iowa](#) (law passed in 2016): Administrative rules for prescribing psychologist in Iowa has been approved by [Administrative Rules](#) Review Committee (ARRC) of the Iowa legislature effective 2/20/19.

[Idaho](#) (law passed in 2017): Feb 6, 2019, Proposed [Administrative Licensure Rules](#) relevant to prescribing psychologists in Idaho passed both legislative Health & Welfare Committees. They will be added to an omnibus package voted on by the full legislature and go into effect when the legislative session concludes in early spring.

[Illinois](#) (law passed 2014): Sept. 2018 – [Illinois Admin Rules Subpart C](#) Prescriptive Authority.

APPENDIX 2

[Prescriptive Authority for Psychologists \(McGrath, 2010\).](#)

[Prescribing Psychologists in Integrated Care \(McGrath 2012\).](#)

[Psychology and Psychopharmacology: Natural Partners in Holistic Healthcare \(Wautier & Tolman 2007\).](#)

[New Mexico State University Master's Degree in Clinical Psychopharmacology](#)

[Alliant at the California School of Professional Psychology Psychopharmacology Program](#)

[The Chicago School of Professional Psychology M.S. Degree in Clinical Psychopharmacology](#)

[Idaho State University M.S. Degree in Clinical Psychopharmacology](#)

APPENDIX 3

Required Coursework for Prescriptive Authority for Psychologists After Obtaining a Doctoral Degree

I. Basic Science

A. Anatomy & Physiology

B. Biochemistry

II. Neurosciences

A. Neuroanatomy

B. Neurophysiology

C. Neurochemistry

III. Physical Assessment and Laboratory Exams

A. Physical Assessment

B. Laboratory and Radiological Assessment

C. Medical Terminology and Documentation

Integration of A-C through supervised clinical experience or lab experience in conducting physical exam, ordering psychometric and laboratory tests, understanding results and interpretation

IV. Clinical Medicine and Pathophysiology

A. Pathophysiology with particular emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems.

B. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities

C. Differential Diagnosis

D. Clinical correlations-the illustration of the content of this domain through case study

E. Substance-Related and Co-Occurring Disorders

F. Chronic Pain Management

Integration of A-F through supervised clinical experience or lab experience in taking medical history, assessment for differential diagnosis, and review of systems

V. Clinical and Research Pharmacology and Psychopharmacology

A. Pharmacology

B. Clinical Pharmacology

C. Pharmacogenetics

D. Psychopharmacology

E. Developmental Psychopharmacology

F. Issues of diversity in pharmacological practice (e.g., sex/gender, racial/ethnic, and lifespan factors related to drug metabolism access, acceptance, and adherence)

Integration of A-F through supervised clinical experience or lab experience in Clinical Medicine and ongoing treatment monitoring and evaluation

VI. Clinical Pharmacotherapeutics

A. Combined therapies - Psychotherapy/pharmacotherapy interactions

B. Computer-based aids to practice

C. Pharmacoepidemiology

Integration of A-C through supervised clinical experience or lab experience in integrated treatment planning and consultation and implications of treatment

VII. Research

A. Methodology and Design of psychopharmacological research

B. Interpretation and Evaluation of research

C. FDA drug development and other regulatory processes

VIII. Professional, Ethical, and Legal Issues

A. Application of existing law, standards and guidelines to pharmacological practice

B. Relationships with pharmaceutical industry

1. Conflict of interest
2. Evaluation of pharmaceutical marketing practices
3. Critical consumer