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I am a pediatrician and child, adolescent, and adult psychiatrist in solo practice of the latter since 1988 in Rockville, MD. Having both medical and psychiatric training has helped me feel confident in prescribing medications as indicated over the years. As a pediatrician, I was trained to treat several common mental health conditions. But to be honest, to provide the kind of detailed care needed, it took too much time. As a psychiatrist, I received even more training in psychopharmacology and had the time to evaluate, make medication recommendations, and educate the client/parent. I also had the time to gather necessary data from schools, co-therapists, and other sources to manage the medication clinically. So, I feel strongly that most psychopharmacotherapy should be provided by psychiatrists.

The reason I am supporting this legislation is that access to psychiatrists is often difficult. Many patients are put on waitlists, which can be months long before they are actually seen and evaluated. In the field of child and adolescent psychiatry, there is actually a shortage in our country of providers available, while the need is ever-increasing.

In my practice, I provide counseling and medication management to my clients. It is my belief that medication without therapy is malpractice. Medication can decrease or eliminate symptoms, but it does not help the person develop better coping skills, understand brain health and emotional needs, or learn how to live in a way that better addresses their mental health needs.

I realize that a lot of my psychiatric colleagues do not practice this way. They are content just providing medication. But I feel that it would be better if a practitioner could bring the full complement of mental health interventions (therapy and medication) in one well-trained provider.

I have had the wonderful opportunity to collaborate with many other mental health providers, psychologists, social workers, and other types of counselors. If I feel comfortable with the quality of care they provide, I am willing to assume the role of medication consultant/manager and delegate the therapy to them.

But wouldn't it be better if psychologists, with adequate training and supervision, also be able to prescribe medication? That would provide many patients who first seek help from a psychologist with continuity of care that is less fragmented. Since psychologists receive post-

graduate training in mental health, they should have an understanding of psychopathology and neuroscience. That would be a good foundation for continued training to be certified and licensed to prescribe psychotropic medication.

Access to mental health care is a problem in Maryland for many individuals. In 2025, there were approximately 4,500 licensed psychologists in Maryland. As of April, 2025, there were approximately 1,826 licensed psychiatrists in Maryland. In 2024, there were approximately 300 psychiatric nurse practitioners in Maryland. The need for mental health care is increasing. Reports estimate that Maryland needs to add thousands of workers to the behavioral health field. This is only made more of a concern as 45% of current professionals are projected to leave or retire over the next five years.

Psychiatric nurse practitioners are licensed to prescribe medication, but as stated above, they are very limited in number. There are far more psychologists already providing mental health care. If some of those chose to get advanced training in prescribing medication, access to that kind of care would be substantially broadened.

We need all kinds of mental health care providers, as they bring different perspectives and levels of training. Psychiatrists will not be replaced by psychologists who prescribe medication. In fact, having this sub-discipline might free psychiatrists up to address more complicated cases.

For this reason, I fully support this legislation.

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