

Daniel Collins, Executive Director  
North Carolina Psychology Board  
895 State Farm Road, Suite 101  
Boone NC 28607

NOV 1 2019

Re: Proposed North Carolina Psychology Board Rule Change

Dear Mr. Collins:

I am writing in support of proposed rule change under 21 NCAC 54.2008 to end lifetime supervision requirements for Masters' level psychologists. Specifically, I want Licensed Psychological Associates (LPAs) to have the ability to hold independent and unrestricted licenses, which is required to obtain accreditation with insurance panels, provide telehealth services, or provide volunteer services. This change will also provide for LPAs to stop paying supervision fees. In November of this year, I will have been licensed for 20 years as an LPA. I want to address two key issues I have observed based on my experience in the public behavioral health system:

1. The steady erosion of employability and professional progression for LPAs within their field relative to Masters' level clinicians; and
2. The impact on the rural behavioral healthcare workforce and resulting gaps in care for North Carolinians who need access to psychologists.

I also want to address the position of the North Carolina Psychological Association (NCPA) regarding the following:

1. The quality of LPAs' education and EPPP scores/pass rates of LPAs; and
2. Whether LPA independence should be pursued before the APA determines national standards by which master's level psychologists could practice.

#### Employability

I had the privilege of graduating from Appalachian State University (ASU). My program prepared me well and I was immediately employed as contract psychologist in the NC Division of Prisons (now Division of Public Safety). My colleague was an LPA and our Director was an LPA. Many of my classmates were hired in other State institutional settings alongside other Masters' prepared clinicians as part of treatment teams. What I didn't realize was how fortunate we were to have entered governmental systems that had sufficient infrastructure to provide PHD level supervision. Six years later, when NC budget cuts precipitated a RIF in NCDPS, I found myself struggling to obtain employment despite having the following clinical experience: treatment of adolescents, adults and geriatric populations with mental health, substance use and intellectual/developmental disabilities, provision of psychological testing and comprehensive psychological evaluations and working with integrated care teams. Prior to graduation, I had also worked in state hospital, community and institutional settings. I had excellent references noting my skill and my work ethic. I could not get a job. I distinctly remember getting a very kind letter from one organization that said I was more than qualified for the position, had an excellent resume, but unfortunately my licensure would create a billing and supervision barrier. Suddenly, I faced the reality that my career options as a clinician were going to be limited by my licensure. I started applying for jobs out of my field as well as clinical roles. I eventually found a job and drove the 120 mile/day round trip commute. I have been with that company for 15 years and have had the privilege of advancing to an executive position that administratively supervises over 300 employees and the bulk of our clinical and

business operations. I help drive my agency's clinical policy and behavioral health network decisions in collaboration with our CMO, a range of licensed clinicians, and other medical staff.

I am aware that, despite my experience, the restrictions on my license make me ineligible to be paneled or hired by a commercial plan where "independent" licensure is interpreted narrowly. I cannot have a traditional stand-alone practice. When my clinical supervisor of 14 years retires this December, I will have to find a PhD who is not in our organization's statewide network because of conflict of interest and Medicaid policy. If I leave my organization, I will likely be moving to a job that recognizes my business experience but not my clinical experience.

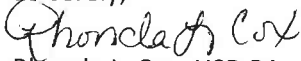
#### NCPA Position

Regarding quality of LPAs education, EPPP scores and pass rates, I can find no evidence that supports this position documented in literature. On a personal level, I graduated from Appalachian State University and I passed my licensure exam at the PhD level on the first try. Additionally, my program and other NC Masters' level Clinical Psychology programs are accredited and PhDs are the educators, so I am unclear as to the educational quality deficit NCPA raises. This argument also does not appear to have been supported in other states addressing this similar or same issue.

Secondly, point two creates an undefined timeline and a potentially arbitrary process which creates real employment issues for LPAs. LPAs are already limited in their employment options with behavioral providers, assessment centers and integrated care settings due to commercial insurance payers because of varying interpretation of "independent" licensure. Dragging out LPA independence is essentially forcing high quality Masters' level clinicians out of their field and reducing access to care for North Carolinians in many rural areas. Defining a "limited scope" is also a potentially arbitrary process. The NC Psychology Board defines the areas and scope in which I have been permitted to practice and gain experience. At some point, clinical supervision becomes an administrative shackle to reduce imagined competition. There are not enough PhDs or LPAs practicing in community settings to meet the needs of North Carolinians psychological service needs. LPAs are not competing with PhDs. LPAs are competing with other Masters' Level clinicians who do not have the same supervision requirements, financial burden associated with lifetime supervision or limitations in employment and advancement because of independent licensure.

I am asking the Psychology Board to allow the proposed rule change in Section .2008(h)(3) allowing North Carolina LPAs to eventually practice independently after a period of three years of supervised practice and with the recommendation of their supervisor who has the experience to know their readiness to practice without mandatory supervision. Thank you for your time and consideration.

Sincerely,



Rhonda L. Cox, HSP-PA

License #2306

135 Morgan Branch Estates

Candler, NC 28715