NO Reply

From: eric.guendner.deltadbt@gmail.com
Sent: Saturday, November 2, 2019 7:49 PM
To: NO Reply
Subject: Public Comment (21 NCAC 54.2008).

To Whom It May Concern:

I have been licensed by the North Carolina Psychology Board as a psychological associate and certified as a health services provider since 2016. I am currently receiving level 1 supervision. I passed my Examination for Professional Practice in Psychology at the doctoral level.

I am in support of the NC Psychology Board's proposed rule change addressing the issue of ending career-long supervision for psychological associates (21 NCAC 54.2008). There is current disparity among master-level practitioners in NC (e.g. LPAs, LCSWs, LPCs, and LMFTs).

The supervision system is different for LPAs compared to other master-level practitioners as it is tiered and career-long. Other master-level practitioners that have been licensed since 2016 (as I have) currently do not need supervision at this time (given they have met their requirements). LPAs that do not work for an agency typically have to pay for their supervision out of pocket. I currently pay approximately 250 dollars a month for supervision. This doesn't include the lost income because I am unable to schedule clients during this time.

The licensure of an LPA is not considered "independent" or "unrestricted;" therefore affects the ability to panel with insurances. LPAs are not currently allowed to panel with insurances such as Aetna, UnitedHealth Care, Cigna, Tricare, and Medicare. As a retired Marine who is now trained in trauma therapy and a desire to serve active duty military, I am particularly effected by my inability to bill Tricare. I currently work in private practice at an office in which various master-level practitioners have their private practice. The practitioners with independent licensures get more referrals in number and diversity. Many businesses and employers in the Wilmington, NC area where I practice, including our regional hospital, use UBH as the insurance company for their employees, and we have a large veteran community that I cannot serve.

The paneling issue is not only a financial issue for myself and other LPAs, this is also a clinical issue. Continuity of care is affected when a client's health insurance company changes and they are referred or choose to be referred to another practitioner. Clients are also at a great disadvantage as they may not get the treatment that they need. For example, I am foundationally trained in Dialectical Behavior Therapy(DBT) and am one of only three DBT-Prolonged Exposure clinicians in southeastern North Carolina. The barrier of restricted licensed has created situations where I was unable to treat clients in need of therapy. The practice in which I work, Delta Behavioral Health, is the only place in town that offers comprehensive DBT. Even at Delta Behavioral Health, there are only a few LPAs and a few other master-levels practitioners that are trained foundationally or intensively (according to Behavioral Tech). There are some clients that may not be able to get a DBT-trained therapist due to insurance paneling or availability.

Lastly, my current restricted license has affected my ability to apply to or be considered for jobs. Many employers do not include LPA as part of their needed job requirements when there is a job that requires a masters-level education and licensure. Many employers require a license to be independent or unrestricted. I am unable to work at DOD facilities or for the Veterans administration as my license is permanently restricted.

Regards,

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