

## NO Reply

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**From:** Nicole Merrigan <nicolemerrigan@gmail.com>  
**Sent:** Saturday, November 2, 2019 11:36 AM  
**To:** NO Reply  
**Subject:** 21 NCAC 54.2008 Letter to support

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 2013. I am currently receiving level 3 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 2013 (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 am one of the LPAs that pays for their supervision out of pocket. I am still paying for supervision and will have to continue to pay career-long as long as the NC Psychology Board requires me to do so.

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. I am affected financially as there are many clients with other insurances that will not seek my services since I cannot panel with their insurance company. 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. I have also lost clients when clients' insurances changed and they needed a referral to another provider that could bill their insurance (e.g. I could bill BCBS but then their insurance was changed to UBH). 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.

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 and 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-level 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.

Thank you,

Nicole Merrigan, MA, LPA

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