

November 1, 2019

Daniel Collins, J.D., Executive Director
NC Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607

Mr. Collins and NC Psychology Board:

I am writing in emphatic support of the NC Psychology Board's proposed rule changes modifying the onerous supervisory requirements for LPAs (21 NCAC 54.2008). As the Chief Medical Officer for the Wake Forest Health Network (and previously the CMO for Cornerstone Health Care, PA) I have had extensive professional relationships with LPA's such as Ms. Catherine Cheek, LPA. Not only is there a scarcity of behavioral health providers which means LPA's are critical for patient care, but I personally have seen the incredible work done by Ms. Cheek as well as Sarah Gates, LPA, who cares for my son (in all honesty I would have Ms. Cheek care for my son in a heartbeat but due to my administrative oversight of the providers I have sought care for him outside my system in order to avoid putting them in a difficult position).

These revisions provide long overdue parity for LPAs with other master's level mental health clinicians in NC (e.g. LPC, LMFT, LCSW). Master's level clinical psychology programs provide critical clinical training in psychological assessment that other mental health clinicians do not receive; however, LPA practice has always been more restricted than comparable master's level practitioners. These much needed revisions will enable experienced LPAs to increase credentialing with insurance panels and participate in more volunteer opportunities (Red Cross disaster relief); therefore, increasing public access to quality mental health care at a time when there is a significant shortage of mental health providers to meet our state's growing needs.

Even if these revisions are approved, LPAs will still have more stringent supervision criteria than any other master's level mental health licensing requirements in NC (e.g. LPC, LMFT, LCSW). There will still be a tiered supervision progression and LPAs will be required to show competence substantiated by supervisor recommendations, EPPP scores, degree requirements outlined in 21 NCAC 54.1802, biennial Ethics Renewal Examination scores (if changes to 21 NCAC 54.1901 a-3 are implemented) and biennial continuing education requirements before being considered for independent licensure.

Clinical consultation with colleagues is an integral element of ethical practice for providers at all levels and will continue regardless of Board supervisory requirements. Revising supervisory requirements as outlined in 21 NCAC 54.2008 will expand public access to quality, experienced LPAs, who provide a range of mental health services and expertise not offered by other mid-level mental health clinicians. Thank you for considering these revisions.

Sincerely,

A handwritten signature in black ink, appearing to read "Elisabeth M. Stambaugh".

Elisabeth M. Stambaugh, MD, MMM

