February 2013
PE 12-25-536

SUNRISE REPORT

WEST VIRGINIA PSYCHOLOGICAL ASSOCIATION

EVALUATION OVERVIEW

The West Virginia Psychological Association Does Not Provide Sufficient Evidence of Harm to the General Public If Its Proposal Is Not Adopted By the Legislature

WEST VIRGINIA LEGISLATIVE AUDITOR
PERFORMANCE EVALUATION & RESEARCH DIVISION

JOINT COMMITTEE ON GOVERNMENT OPERATIONS

Senate	House of Delegates	Agency/ Citizen Members
Herb Snyder, Chair	Jim Morgan, Chair	John A. Canfield
Douglas E. Facemire	Dale Stephens, Vice-Chair	W. Joseph McCoy
Brooks McCabe	Eric Nelson	Kenneth Queen
Clark S. Barnes	Ruth Rowan	James Willison
		Vacancy

JOINT COMMITTEE ON GOVERNMENT ORGANIZATION

Senate	House of Delegates	
Herb Snyder, Chair	Jim Morgan, Chair	David Walker
Ronald F. Miller, Vice-Chair	Dale Stephens, Vice-Chair	Karen Arvon
Sam Cann	Gary G. Howell, Minority Chair	Anna Border
Donald Cookman	Tom Azinger	Scott Cadle
Rocky Fitzsimmons	Phil Diserio	Larry Faircloth
Mike Green	Jeff Eldridge	Michael Folk
Evan H. Jenkins	Ryan Ferns	Larry D. Kump
Art Kirkendoll	William G. Hartman	Joshua Nelson
Bob Williams	Ronnie D. Jones	William Romine
Jack Yost	Dana Lynch	Randy Smith
Craig Blair	Brady Paxton	
Donna J. Boley	Margaret D. Smith	
Bill Cole	Margaret A. Staggers	
Dave Sypolt	Randy Swartzmiller	

WEST VIRGINIA LEGISLATIVE AUDITOR

PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314
State Capitol Complex
Charleston, West Virginia 25305
(304) 347-4890

Aaron Allred	John Sylvia	Shannon Riley	Michael Castle
Legislative Auditor	Director	Senior Health Policy Analyst	Referencer

CONTENTS

List of Tables

List of Appendices

FINDING 1

The West Virginia Psychological Association Does Not Provide Sufficient Evidence of Harm to the General Public If Its Proposal Is Not Adopted By the Legislature.

Summary

The West Virginia Psychological Association (WVPA) submitted a Sunrise application to the Joint Committee on Government Organization, pursuant to West Virginia Code §30-1A, proposing a revision in the scope of practice for licensed psychologists in West Virginia. The WVPA proposal would require a doctoral degree in order to be licensed as a psychologist. Future master degree licensees would not hold the title of "psychologist" and their practice would have to come under the supervision of a licensed psychologist. However, current master-level practitioners would be "grandfathered" until their retirement.

The majority of active licensed psychologists in West Virginia hold a master degree. This scope of practice change was proposed seven years ago. In a 2006 Regulatory Board Review, the Legislative Auditor determined that since West Virginia has a shortage of psychologists with both master and doctorate-level training, the creation of two licenses and a restricted scope of practice for master-level degrees could impact the provision of services in the long run.

The WVPA must show in its Sunrise application that if its proposal is not adopted by the Legislature, then there would be clear harm to the public health and welfare, and the potential for harm is easily recognizable and does not depend on remote or tenuous arguments (W. Va. Code §30-1A-3(c)(1)). The Applicant argues that a doctorate-level licensee provides better patient outcomes than a master-level licensee. However, the Applicant does not provide clear evidence to support this argument. The Legislative Auditor agrees that it is reasonable to assume that a professional with more educational training would provide better service than a professional with less educational training. **However, that does not mean that master-level psychologists are providing services that are harmful to the public.** Therefore, after reviewing the WVPA's 2012 Sunrise application, the Legislative Auditor concludes that the Applicant does not provide sufficient evidence demonstrating harm to the general public if its proposal is not adopted.

The WVPA must show in its Sunrise application that if its proposal is not adopted by the Legislature, then there would be clear harm to the public health and welfare, and the potential for harm is easily recognizable and does not depend on remote or tenuous arguments (W. Va. Code §30-1A-3(c)(1)).

The Legislative Auditor agrees that it is reasonable to assume that a professional with more educational training would provide better service than a professional with less educational training. However, that does not mean that master-level psychologists are providing services that are harmful to the public.

Background

Licensure is required in all 50 states and the District of Columbia in order to practice psychology. In West Virginia, the practice of psychology is regulated by Chapter 30, Article 21 of the West Virginia Code and by Title 17, Series One through Five of the Code of State Rules. The Board of Examiners of Psychologists (Board) is made up of five members appointed by the Governor with the advice and consent of the Senate. Each member is required to be actively engaged in the practice or teaching of psychology for at least two years and be licensed under the provisions of the statute. At least one member of the Board is required to be a school psychologist. The Code defines "psychology" as:

> ...*the science involving the principles, methods and procedures of understanding, predicting and influencing behavior; the principles pertaining to learning, perception, motivation, thinking, emotions and interpersonal relationships; the methods and procedures of interviewing and counseling; the methods and procedures of psychotherapy, meaning the use of learning, conditioning methods and emotional reactions, in a professional relationship, to assist a person or persons modify feelings, attitudes and behavior, which are intellectually, socially or emotionally maladjustive or ineffectual; the constructing, administering and interpreting of tests of intelligence, special abilities, aptitudes, interests, attitudes, personality characteristics, emotions and motivation; the psychological evaluation, prevention and improvements of adjustment problems of individuals and groups; and the resolution of interpersonal and social conflicts.*

The "practice of psychology" is defined as:

> ...*the rendering or offering to render for a fee, salary or other compensation, monetary or otherwise, any psychological service involving: (i) The application of the principles, methods and procedures of understanding, predicting and influencing behavior: (ii) the application of the principles pertaining to learning, perception, motivation, thinking, emotions and interpersonal relationships; (iii) the application of the methods and procedures interviewing and counseling; (iv) the application of the methods and procedures of psychotherapy, meaning the use of learning, condition methods and emotional reactions, in a professional relationship, to assist a person or persons to modify feelings, attitudes and behavior, which are intellectually, socially or emotionally maladjustive or ineffectual; (v) the constructing, administering and interpreting of test of intelligence, special abilities, aptitudes, interests, attitudes, personality characteristics, emotions and motivation; (vi) the psychological evaluation, prevention and improvement of adjustment problems of individuals and groups; and (vii) the resolution of interpersonal and social conflicts.*

The West Virginia Board of Examiners of Psychologists licenses both psychologists and school psychologists. The practice of school psychology is similar to that of psychology, although school psychologists are limited to providing services to school-age children for school-related problems.

West Virginia has a shortage of licensed psychologists. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) identifies 129 mental health shortage areas in West Virginia, including 30 entire counties. As demonstrated by Table 1 below, fifty-four percent of practicing psychologists in West Virginia are master-level psychologists.

TABLE 1

Licensed Psychologists, by Decade of Initial Licensure

Year	Total New Licensees	Master's			Doctoral		
	Number of Licensed Psychologists	Total Licensed	Currently Active	Now Inactive	Total Licensed	Currently Active	Now Inactive
1970-1980	267	66	16	50	201	43	158
1981-1990	247	75	49	26	172	66	106
1991-2000	262	83	72	11	179	85	94
2001-2010	222	124	122	2	98	73	25
Totals	998	348	259	89	650	267	383
2012 Totals	1,059	364	269	95	695	287	408
2012 Out of State			22			77	
2012 in State			**247**			**210**	

Source: West Virginia Board of Examiners of Psychologists, 2012.

In West Virginia, a license to practice psychology requires a master or a doctoral degree in psychology, or the equivalent from an accredited institution of higher learning. Only two West Virginia institutions offer graduate degree programs in psychology: Marshall University and West Virginia University. Both universities offer master and doctoral degree programs. Currently, neither of the state universities have the capacity to train additional doctoral candidates. Table 2 provides the number of graduates from each program in the past five years.

TABLE 2
Psychology Graduates By Program

PROGRAM	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
MU Master	33	44	33	24	26
WVU Master	11	12	10	20	24
MU Doctorate	3	7	4	8	10
WVU Doctorate	12	10	15	12	14
TOTAL MASTER	44	56	43	44	50
TOTAL DOCTORATE	15	17	19	20	24

Source: Higher Education Policy Commission, 2012.

Psychologists can have considerable influence over their patients. In the most serious cases, psychologists treat patients who are suicidal and/or homicidal. Psychologists are in a unique position to abuse, mislead, and misinform patients and the public. Incompetent or unethical psychologists can cause significant damage to individuals, families, and communities. The Legislative Auditor has consistently found in regulatory board evaluations that the Board of Examiners of Psychologists is necessary to protect the public.

The Role of Professional Associations

The WVPA functions as the state affiliate of the American Psychological Association (APA.). The WVPA was incorporated in 1954 to promote psychology as a science and as a profession. The association's website states: "*WVPA is dedicated to being an active voice representing the profession in West Virginia.*" The APA is the largest and most visible professional organization representing psychology in the United States. Although membership in the APA is optional for psychology professionals, the public may still file ethics complaints against members with the association.

The Association of State and Provincial Psychology Boards (ASPPB) is the association of psychology licensure boards in the United States and Canada; it was formed in 1961. The ASPPB creates the Examination for Professional Practice in Psychology (EPPP), which is used by licensing board to assess candidates for licensure and certification.

The West Virginia Association of Professional Psychologists (WVAPP) formed in January 2012. The WVAPP reports that it came into existence "*due to the introduction by a few members of the WVPA of a legislative bill designed to restrict access to licensure for master's prepared psychologists.*" The WVAPP's is opposed to the sunrise application filed by the WVPA. WVAPP informed the Legislative Auditor that the proposal has been a divisive issue for over 20 years. The WVAPP provided the Legislative Auditor with a list of arguments against the proposal.

The West Virginia Behavioral Healthcare Providers Association (WVBHPA) represents 21 behavioral healthcare provider organizations with close to 13,000 employees. It also serves recipients in each of the state's 55 counties. Its mission is to strengthen the community-based behavioral health system in the state. In response to the Legislative Auditor's inquiry, the **WVBHPA expressed concern that the WVPA proposal will add to the shortage of qualified psychologists now employed in the community based behavioral health settings.** The WVBHA also expresses concerns regarding the potential shortage of psychologists to perform certification examinations as part of the mental hygiene process. Finally, the WVBHA informs the Legislative Auditor that "*it appears from the significant outcry by many psychologists in West Virginia, that there is significant opposition to the changes and that many licensed psychologists do not support this legislation.*"

In response to the Legislative Auditor's inquiry, the WVBHPA expressed concern that the WVPA proposal will add to the shortage of qualified psychologists now employed in the community based behavioral health settings. The WVBHA also expresses concerns regarding the potential shortage of psychologists to perform certification examinations as part of the mental hygiene process.

Current Regulations of Other States

All states regulate the practice of psychology. Information on degree requirements and titles of psychologists in the United States and Canada is available in Appendix B.

The Applicant Presents Seven Arguments for Changing the Scope of Practice

The West Virginia Association of Psychologists (WVPA) submitted an application for a Sunrise Review to the Joint Committee on Government Organization requesting a change in scope of practice for the licensure of psychologists. The WVPA proposal would require a doctoral degree in order to be licensed as a psychologist. Consequently, future master degree licensees would not hold the title of "psychologist" and they would have to practice under the supervision of a licensed psychologist. However, current master-level practitioners would be "grandfathered" until their retirement. The WVPA presented seven arguments to justify its proposal.

The WVPA proposal would require a doctoral degree in order to be licensed as a psychologist. Consequently, future master degree licensees would not hold the title of "psychologist" and they would have to practice under the supervision of a licensed psychologist.

Argument 1: West Virginia is the only state that has failed to adopt doctoral training as the standard for practice and is the only state in which a person with only a master's degree can be licensed as a psychologist.

Argument 2: Only doctoral programs provide the breadth, depth and supervised training experiences required to adequately prepare the professionals needed to serve the public as psychologists.

Argument 3: Only doctoral programs have the accountability of national accreditation standards.

Argument 4: Changing the licensure law would increase the availability of highly qualified psychologists.

Argument 5: The practice of psychology has evolved past the current licensure law.

Argument 6: The current regulatory board's ability to protect the public is undermined by board members' own failure to meet the educational and license requirements of 49 other states.

Argument 7: Federal funding sources require psychologists to be doctorally-trained.

This argument is primarily concerned with aligning West Virginia's licensure law with those of the other states. Many states license master-level psychologists at a level subordinate to doctoral psychologists. Some states limit the functions, scope of practice and work settings, while others do not.

Applicant's Argument 1: West Virginia is the only state that has failed to adopt doctoral training as the standard for practice and is the only state in which a person with only a master's degree can be licensed as a psychologist.

Legislative Auditor's Response:

This argument is primarily concerned with aligning West Virginia's licensure law with those of the other states. Many states license master-level psychologists at a level subordinate to doctoral psychologists. Some states limit the functions, scope of practice and work settings, while others do not. The Applicant is largely correct that in 48 states only persons with a doctorate degree are referred to as a "psychologist." However, it should be noted that the state of Vermont also licenses master-level psychologists. Vermont allows the same scope of practice for both doctorate and master-level psychologists, allows both licensees to practice independently, and grants them both the title of psychologist; however, Vermont distinguishes them by giving the doctorate licensee the title of "psychologist-doctorate," and the master licensee is given the title of "psychologist-master."

However, it should be noted that the state of Vermont also licenses master-level psychologists. Vermont allows the same scope of practice for both doctorate and master-level psychologists, allows both licensees to practice independently, and grants them both the title of psychologist; however, Vermont distinguishes them by giving the doctorate licensee the title of "psychologist-doctorate," and the master licensee is given the title of "psychologist-master."

The Applicant refers to current licensure laws as "outdated" and asserts that this creates numerous problems for West Virginia. In the

application, the WVPA specifically offers the following evidence of problems caused by the current law:

- Most mental health care is provided in rural primary care clinics, where federal regulations only allow Doctoral level providers to be reimbursed for care;
- Over 20% of West Virginians are enrolled in Medicare, which only allow Doctoral level providers to be reimbursed for care;
- Consumer agencies for the mentally ill rank West Virginia poorly.

The Legislative Auditor does not concur that the current licensure law is solely responsible for the issues identified by the Applicant. In "Realizing Our Potential: Transforming West Virginia's Behavioral Health System" the West Virginia Comprehensive Behavioral Health Commission issued a preliminary report in 2009. The task force issued nine recommendations designed to improve access to and the delivery of behavioral health care in West Virginia. None of the nine recommendations related to increasing the educational requirement necessary for licensure as a psychologist.

The Legislative Auditor agrees that doctoral training programs do provide more experience for professional psychologists. However, the Applicant provided no documentation illustrating that master-level training is harmful to the general public.

Applicant's Argument 2: Only doctoral programs provide the breadth, depth and supervised training experiences required to adequately prepare the professionals needed to serve the public as psychologists.

Legislative Auditor's Response:

The Legislative Auditor agrees that doctoral training programs do provide more experience for professional psychologists. However, the Applicant provided no documentation illustrating that master-level training is harmful to the general public. The Applicant did not provide information documenting past harm to the public or future harm to the public by master-level psychologists. The WVPA's argument that master-level training is inadequate is discussed in more detail in arguments three and five.

Academic qualification is only one component of licensure. Supervision, testing, continual education and demonstration of ethics are also required. In West Virginia, all psychologists and school psychologists must complete a period of supervision prior to licensure. The supervision requirements of the Board are extensive and required under Title 17, Series 3 of Code of State Rules. Master-level psychologists are required to have five years of supervised practice while doctorate-level psychologists are required to either have one year of supervised practice, in addition to an internship, or two years without an internship.

There were 115 psychologists under supervision for licensure in September 2012, 95 of those were master-prepared and only 20 were doctoral-prepared. The Board conducted a recent sample of 28 supervisees and found 20 were not paying for supervision, but were instead presumably being supervised by a fellow agency employee. The remaining eight were paying supervision fees between $50 and $60 an hour, with one paying as high as $100.

The WVPA's proposal would require master-level psychologists to be supervised by doctoral-level psychologists. When supervision fees are considered, the Legislative Auditor has concerns that the WVPA's proposal could serve to increase costs to the public and the State. If a master-level psychologist is required to pay a doctoral-level psychologist for supervision one of two things will happen: either the master-level psychologist will receive less for his or her services because of having to pay the supervising psychologist or the master-level provider may shift the supervisory cost to the insurance carrier. The Legislative Auditor is concerned that supervision fees may serve to increase the cost of care for consumers and state agencies.

When supervision fees are considered, the Legislative Auditor has concerns that the WVPA's proposal could serve to increase costs to the public and the State. If a master-level psychologist is required to pay a doctoral-level psychologist for supervision one of two things will happen: either the master-level psychologist will receive less for his or her services because of having to pay the supervising psychologist or the master-level provider may shift the supervisory cost to the insurance carrier.

In the course of this Sunrise Review, the Legislative Auditor contacted Substance Abuse and Mental Health Service Administration (SAMHSA), a division of the U.S. Department of Health and Human Services (DHHS) to inquire about national trends in the behavioral health delivery system. A 2007 report prepared for SAMHSA, by the Annapolis Coalition on the Behavioral Health Workforce found "*overwhelming evidence that the behavioral health workforce is not equipped in skills or in numbers to respond adequately to the changing needs of the American population.*"

The report further found "*equally compelling evidence of an anemic pipeline of new recruits to meet the complex behavioral health needs of the growing and increasingly diverse population in this country*." SAMHSA commissioned the Annapolis Coalition on the Behavioral Health Workforce to develop an Action Plan on workforce development that encompasses the breadth of the field and is national in scope. None of the core findings and recommendations in the Annapolis report addresses the support the Applicant's argument. In fact, the report clearly articulates employer dissatisfaction with the pre-service education of behavioral health professionals:

. . .recent graduates of professional training programs are unprepared for the realities of practice in real-world settings, or worse, have to unlearn an array of attitudes, assumptions, and practices developed during graduate training that hinder their ability to function. University-based training programs and professional schools, despite their academic base, are largely viewed as out of touch with the realities of contemporary practice and as failing to provide

substantive training in evidence-based practices.

Clearly, there are concerns on a national level regarding the adequateness of doctoral programs in regards to preparation for serving the public. Additionally, the Board informed the Legislative Auditor that in an examination of the historic records, through October 2012, doctoral licensees are twice as likely to have received an official reprimand, sanction, suspension, or revocation of license.

Because of the lack of evidence provided by the Applicant, the Legislative Auditor rejects the argument that changing the state licensure law to require doctoral degrees for independent practice as a psychologist would increase the public health or safety.

The Legislative Auditor was unable to find, and the Applicant did not provide, any data supporting better outcomes for services provided by doctorate versus master-level psychologists. Because of the lack of evidence provided by the Applicant, the Legislative Auditor rejects the argument that changing the state licensure law to require doctoral degrees for independent practice as a psychologist would increase the public health or safety. The Legislative Auditor also concludes that requiring master-level psychologists to be supervised by doctorate-level psychologists may serve to increase the cost of psychological care.

Applicant's Argument 3: Only doctoral programs have the accountability of national accreditation standards.

Legislative Auditor's Response:

The Applicant contends that only doctoral programs have the accountability of national accrediting standards and that there are no national accrediting standards for master's degree programs. There are two types of educational accreditation: institutional and specialized. The Applicant is referring to specialized accreditation by the American Psychological Association and is correct that master-level psychologists programs within West Virginia are not accredited by the APA.

The Applicant's statement can be misleading. While it's true that the master-level programs at West Virginia University and Marshall University do not have specialized accreditation, both universities have institutional accreditation and are accredited by a national accreditation body as defined by Code of State Rules.

The APA Commission on Accreditation (APA-CoA) is recognized by both the U.S. Department of Education and the Council for Higher Education Accreditation, as the national accrediting authority for professional education and training in psychology. The APA-CoA does not accredit schools, universities, or programs at the bachelor's or master's levels and only accredits programs at the doctoral level.

The Applicant's statement can be misleading. While it's true that the master-level programs at West Virginia University and Marshall University do not have specialized accreditation, both universities have institutional accreditation and are accredited by a national accreditation body as defined by *Code of State Rules*. According to the West Virginia Board of Examiner's legislative rules, master-level licenses must possess

a degree from an accredited institution of higher learning which is defined as:

> *an institution accredited by one of the by one of the six nationally recognized regional accrediting agencies. These include the North Central Association of Colleges and Schools, Western Association of Schools and Colleges, Southern Association of Colleges and Schools, New England Association of Schools and Colleges, Northwest Association of Schools and Colleges, Middle States Association of Schools and Colleges.*

Both West Virginia University and Marshall University are accredited by the North Central Association of Colleges and Schools. According to the Association's website: "The purpose of the Association shall be to require its Commission members to have accrediting processes that foster quality, encourage academic excellence, and improve teaching and learning."

While it is true that there are no master-level psychology programs within West Virginia accredited by the APA, this does not mean the programs are inherently inferior, and the Applicant did not provide evidence demonstrating harm to the public due to the lack of APA accreditation.

While it is true that there are no master-level psychology programs within West Virginia accredited by the APA, this does not mean the programs are inherently inferior, and the Applicant did not provide evidence demonstrating harm to the public due to the lack of APA accreditation. Additionally, the doctoral programs at both Marshall University and West Virginia University do have APA accreditation.

The Applicant asserts that master-level psychologists who fail to pass the examination are Alost to the profession." The Legislative Auditor questioned the Board regarding the national accreditation exam. According to the Board, all applicants regardless of degree have struggled more than those in surrounding states to reach the pass point on the national exam.

Applicant's Argument 4: Changing the licensure law would increase the availability of highly qualified psychologists.

Legislative Auditor's Response:

The Applicant asserts that master-level psychologists who fail to pass the examination are "lost to the profession." The Legislative Auditor questioned the Board regarding the national accreditation exam. According to the Board, all applicants regardless of degree have struggled more than those in surrounding states to reach the pass point on the national exam. The new Series 3 rule requires all applicants for licensure to take the test in the first year and increased the curriculum requirements and relevant coursework for all candidates. Until the recent Series 3 Rule changes, many master- level graduates continued to work as Supervised Psychologists for many years without taking the test. They have now been required to take the test and it is clear that those individuals struggle the most. The Board provided data on those reaching the pass point

during 2011-2012. All but two of the unsuccessful candidates waited more than a year to take the test. The Board recognizes that individuals who take the test soon after completing their formal education simply do better on the exam.

The Legislative Auditor contacted the Board of Examiners to inquire about the exam scores for psychologists. The Board states:

> *In West Virginia, all applicants regardless of degree have struggled more than those in surrounding states to reach this pass point. The most salient data points appear not to represent degrees but rather, timeliness in undertaking the examination and the graduate program of origin. Whereas in surrounding states, most institutions have above a 95% pass rate, the five-year average of Marshall University doctoral graduates (their Psy.D. program) is a pass rate of only 60%. In the last 2 years, this average has improved to 69%. West Virginia University shows somewhat better numbers with recent years reflecting 93% of graduates of a clinical doctoral program to have reached the pass point. Counseling Psychology PhD graduates from WVU have more difficulty, with a pass rate of approximately 60%.*

The ranges of scores for doctorate-level candidates passing the examination on the first attempt in 2011-2012 were 504-687. For master-level candidates, scores ranged from 500-608. For those requiring multiple attempts in order to pass the examination during the catchment period the score range for doctorate candidates was 345-520 and for master's candidates, 352-597. According to the Board, there are a few individuals who are unable to pass the exam even after taking it at least 6 times over multiple years. One of these individuals is from a master's program while the other two have doctorates.

TABLE 3
Active vs. Inactive – All Psychology Licensees 2012

Master's Currently Active-In State	Master's Currently Active-Out of State	Master's Inactive	Doctorate Currently Active-In State	Doctorate Currently Active-Out of State	Doctorate Inactive
285	36	126	206	90	380

Source: Board of Examiners of Psychologists, 2012.

The WVPA asserts that "*we [the state of West Virginia] have a national reputation as a master's-dominated health system discouraging doctoral graduates from seeking employment here, upheld by a recent survey of current psychology trainees in West Virginia*." In support of this argument, the Applicant also supplied the Legislative Auditor with a survey, sent to the graduate training programs in West Virginia. With 31 responses the Applicant concluded that West Virginia's licensure laws are a barrier to attracting and keeping early career psychologists. It is the opinion of the Legislative Auditor that the response rate of the survey is not large enough to draw general conclusions, and moreover, the responses do not document harm to the public. No other survey data were supplied to support the assertion that West Virginia's licensure laws are a barrier to attracting and retaining psychologists.

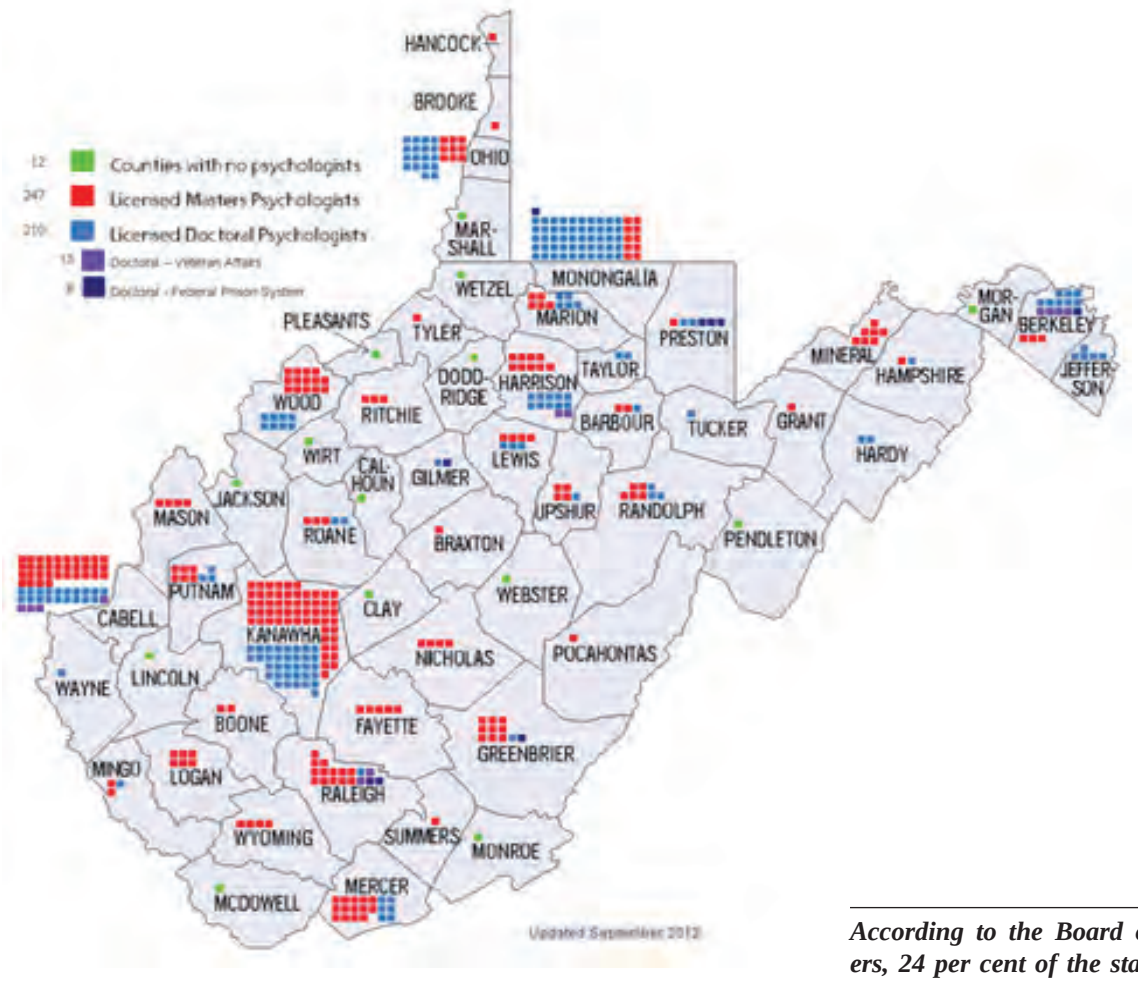
While the Legislative Auditor does not dispute a need for many highly qualified health care professionals, there is concern that the WVPA disregards the state's need for simply qualified psychologists.

The Applicant argues a need for "highly qualified" psychologists in West Virginia. While the Legislative Auditor does not dispute a need for many highly qualified health care professionals, there is concern that the WVPA disregards the state's need for simply qualified psychologists. As referenced in Argument 2, there is significant national concern over the preparedness of all graduate level professionals for practice. The WVPA has provided no data to prove that requiring a doctorate degree will actually increase the number of people who will seek out that degree. Moreover, the WVPA has provided no data to prove that licensure of master-level psychologists is the sole or even primary reason that West Virginia has a shortage of psychologists.

The WVPA has provided no data to prove that requiring a doctorate degree will actually increase the number of people who will seek out that degree. Moreover, the WVPA has provided no data to prove that licensure of master-level psychologists is the sole or even primary reason that West Virginia has a shortage of psychologists.

According to the Annapolis Coalition, the heaviest concentrations of highly trained professionals are in urban centers. Half the counties in the United States do not have a single mental health professional. Recruitment of highly qualified professionals to practice in rural West Virginia is not limited to the practice of psychology. The state's population is elderly, its growth is stagnant. A 2009 Gallup poll indicates West Virginia has the lowest quality of life in the nation and it's median income is well below the national average. These factors contribute to the difficulty of attracting qualified professionals to leave younger, more diverse, urban areas to practice in West Virginia.

The map below, prepared by the Board of Examiners, indicates the concentration of psychologists in West Virginia counties.



According to the Board of Examiners, 24 per cent of the state's doctorate-level psychologists work in an academic setting. Additionally, since the Bureau of Prisons and Veteran's Administration can only hire doctorate-level psychologists, if those two agencies are included, 35 per cent of doctorate-level psychologists licensed in West Virginia work in an academic, federal prison or VA setting. It is difficult for the behavioral health industry to compete with the pay scales of the acute care settings. Being unable to pay competitive wages continues to dilute the market for workers at all levels. All agencies are struggling to maintain a workforce. The Legislative Auditor is concerned that restricting the scope of practice for master-level psychologists will eventually result in fewer psychologists available to provide direct services as doctorate-level providers will be able to spend less time on actual direct patient

According to the Board of Examiners, 24 per cent of the state's doctorate-level psychologists work in an academic setting. Additionally, since the Bureau of Prisons and Veteran's Administration can only hire doctorate-level psychologists, if those two agencies are included, 35 per cent of doctorate-level psychologists licensed in West Virginia work in an academic, federal prison or VA setting.

care if the proposed legislation, requiring them to supervise master- level psychologists is passed.

The U.S. Department of Health and Human Services has identified several conditions and trends that are relevant for the workforce in all sectors of behavioral health. These include:

- A workforce and treatment capacity insufficient to meet demand.
- A changing profile of the people in need of services, which includes increased co-occurring mental illnesses and substance use disorders, medical co-morbidity, rapidly evolving patterns of licit and illicit drug use, and involvement in the criminal justice system.
- A shift to increased public financing of treatment, accompanied by declining private coverage; budgetary constraints in publicly funded systems; managed care policies and practices; and the large number of undocumented and uninsured individuals.
- Major paradigm shifts within the field, including the movement toward a recovery management model of care.
- A continual escalation of demands on workers to change their practices, including the adoption of best practices and evidence-based interventions.
- An increase in the use of medications in treatment, with the resultant demand that the workforce be knowledgeable and skilled in managing medications.
- A challenge to provide services more frequently in non-behavioral health settings.
- An expansion of requirements to implement performance measures and to demonstrate patient outcomes through data.
- A climate of ongoing discrimination or stigma related to people who receive and provide care.

In a 2012 preliminary report, Identifying and Meeting Children's Behavioral Health Needs: Feasibility and Effectiveness of In-state and Out-of-state Alternatives, the West Virginia University College of Business and Economics identified several problems with the behavioral health system. Findings include:

- Lack of community services is a pressing problem in West Virginia;
- 50% of children in the child welfare system have mental health problems;
- The challenges associated with serving children in-state include the psychological workforce availability.

The report offers no recommendation as to how to improve the availability of the workforce. Historically, neither state agencies nor professional associations have collected information on the behavioral health workforce using a standardized data set; thus, it is difficult to compare the various disciplines that constitute it.

The application by the WVPA and the associated "grandfathering" provision in the proposed legislation would eventually decrease the number of psychologists in the state permitted to conduct independent practice. Over half of current licensed psychologists are currently master-level, most of these individuals will leave the profession through simple attrition over the next decade. The WVPA asserts that there is a role for master psychologists, however that role is subservient to doctorate-level psychologists. The lack of capacity to train additional doctorate-level psychologists in the state's schools has not been addressed by the Applicant. Furthermore, the Legislative Auditor is concerned that the supervisory relationship proposed by the WVPA will create an administrative oversight process that will increase costs to state programs and consumers without assuring increased access to care or higher quality care. Thus, it is the opinion of the Legislative Auditor that the public safety is not served and in fact may be jeopardized by the proposal.

The WVPA asserts that there is a role for master psychologists, however that role is subservient to doctorate-level psychologists. The lack of capacity to train additional doctorate-level psychologists in the state's schools has not been addressed by the Applicant. Furthermore, the Legislative Auditor is concerned that the supervisory relationship proposed by the WVPA will create an administrative oversight process that will increase costs to state programs and consumers without assuring increased access to care or higher quality care.

Applicant's Argument 5: The Practice of psychology has evolved past the current licensure law.

Legislative Auditor's Response:

The Applicant asserts:

> *The original psychology licensing law could not have envisioned the very significant advances and demands in professional psychology when it was enacted some 35 years ago. The practice of psychology has grown dramatically. Whereas psychologists at one time just did testing and general counseling, now they are involved in a wide array of specialties....*

The proposed legislation does not seek to change the definition of "psychology." The definition of "practice of psychology" would be revised under the proposed legislation. Currently, the practice of psychology is defined as follows:

> (e) "Practice of psychology" means the rendering or offering to render for a fee, salary or other compensation, monetary or otherwise, any psychological service involving: (i) The application of the principles, methods and procedures of

> understanding, predicting and influencing behavior; (ii) the application of the principles pertaining to learning, perception, motivation, thinking, emotions and interpersonal relationships; (iii) the application of the methods and procedures of interviewing and counseling; (iv) the application of the methods and procedures of psychotherapy, meaning the use of learning, conditioning methods and emotional reactions, in a professional relationship, to assist a person or persons to modify feelings, attitudes and behavior, which are intellectually, socially or emotionally maladjustive or ineffectual; (v) the constructing, administering and interpreting of tests of intelligence, special abilities, aptitudes, interests, attitudes, personality characteristics, emotions and motivation; (vi) the psychological evaluation, prevention and improvement of adjustment problems of individuals and groups; and (vii) the resolution of interpersonal and social conflicts. [W. Va. Code §30-21-2(e)

Under the proposed legislation, the practice of psychology would simply be defined as follows:

> "(14) "Practice of psychology" means the observation, description, analysis, evaluation, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, on a client or patient, regardless of whether payment is received for services rendered, and as further described in section eight."

Section eight of the proposed legislation contains the requirements to be eligible for a license to practice psychology. It is the opinion of the Legislative Auditor that this revision to the definition of the practice of psychology does not encompasses the dramatic growth in the practice of psychology described in the application.

The current Rules require that each individual psychologist must, upon application for a license, submit work samples "in support of each major area of intended practice . . . and for any areas of intended practice considered specialty areas within the profession (e.g. forensics, neuropsychology, medical psychology, gerontology)." 17 CSR 3.14.6 "Taken together, the work samples must represent the full range of Applicant's intended scope of practice. . . . Licensees practice only within the specified Board approved scope of practice." Thus, each psychologist's ability to practice within any specialty is regulated and limited to those areas in which the psychologist is actually trained, regardless of the degree obtained.

Nationally, there are three core areas of psychology: clinical, counseling, and school. Areas of specialization are secondary to these core areas and all states agree that the fundamentals of psychology are the basis for independent licensure. There are highly technical and specialized psychological services, which the Applicant asserts are provided only by doctorate-level psychologists (neuropsychology, rehabilitation psychology, health psychology, forensic psychology, child and pediatric psychology, and geriatric psychology). The required training for those specialties is not generally a part of a doctoral degree program, but rather post-doctoral fellowships. No evidence has been provided that indicates that the requirement of a doctorate degree would increase the number of providers trained in the specialties outlined in the proposal.

The required training for those specialties is not generally a part of a doctoral degree program, but rather post-doctoral fellowships. No evidence has been provided that indicates that the requirement of a doctorate degree would increase the number of providers trained in the specialties outlined in the proposal.

The Legislative Auditor recognizes that advances in scientific research necessarily alter professional practice. However, the ASPPB (the leading authority on the regulation of psychology) recently updated its Model Licensure Act. The Act, passed by delegates from the 64 member jurisdictions includes the following language:

> *It is recognized that some jurisdictions license individuals to practice with a master's degree in psychology, and that such practice may be with or without supervision, depending on the jurisdiction...**Nothing in this act prohibits the board from licensing individuals for the practice of psychology who have a Master's degree in psychology** acceptable to the Board and who have met any additional requirements as specified in the regulations.*[Emphasis added.]

The acceptance of master-level licensure from the ASPPB, in its Model Licensure Act convinces the Legislative Auditor that the concerns of the WVPA regarding the evolution of the profession are unfounded.

Current licensure rules further contemplate that a licensed master-level psychologist might apply for a larger scope of practice upon receipt of a doctorate-level degree, a process that is already overseen by the Board. 17 CSR 14.15 states:

> *If a licensee obtains an additional graduate degree, in most cases this is a master level licensee obtaining a doctoral degree, subsequent to being licensed, the licensee is required to make application to the board. . . . When, as a result of the additional educational achievement, a licensee intends to expand his or her scope of practice or other aspects of his/her professional practice, the applicant is required to sit for a new oral exam in order for the licensee [sic] to be considered licensed at the new degree level.*

The Legislative Auditor finds that existing rules and statutes are sufficient to protect the public even as the practice of psychology evolves. It is the opinion of the Legislative Auditor that while scientific advances and discoveries continue to impact the training provided to all health care professionals, that the independent practice of psychology is rooted in basic concepts, skills and abilities, all of which are assured by the current licensure process.

Applicant's Argument 6: The current regulatory board's ability to protect the public is undermined by members' failure to meet the educational and license requirements of 49 other states.

The Legislative Auditor finds that existing rules and statutes are sufficient to protect the public even as the practice of psychology evolves.

Legislative Auditor's Response:

According to the WVPA, the current regulatory board is not qualified to adequately provide public protection. Current membership of the Board of Examiner's of Psychologists includes two Ed.D's and three master-level psychologists. The Applicant asserts that "without [members of the Board] meeting the national standards of number of years of training and required coursework and training experiences, we have no protection of the public." The Legislative Auditor has found no evidence to support the Applicant's contention.

The Applicant alleges that "the current [Board] has denigrated the role of the national organization for the profession, the American Psychological Association (APA), contrary to West Virginia state law, which has adopted the APA ethics code as regulation of the profession in the state." However, the Board has adopted not only the APA's Ethics Code, but also the National Association of School Psychologists Principles for Professional Ethics, and processes all ethical violations in accordance with state law and legislative rule. Evidence of inadequate protection of the public is not reflected in public complaints filed against master-level psychologists alleging violations of the APA ethics code.

The Applicant alleges that "the current [Board] has denigrated the role of the national organization for the profession, the American Psychological Association (APA), contrary to West Virginia state law, which has adopted the APA ethics code as regulation of the profession in the state." However, the Board has adopted not only the APA's Ethics Code, but also the National Association of School Psychologists Principles for Professional Ethics, and processes all ethical violations in accordance with state law and legislative rule.

The majority of psychologists currently licensed in the state hold a master's degree (247 vs. 210). During the period of 2006 to present there were 37 complaints lodged against master-level psychologists and 33 complaints filed against doctorate-level psychologists. In the end, the Board found slightly more violations in the cases of 6 doctorate-level psychologists, compared to only 4 master-level psychologists. Data dating back to the beginning of the Board through October 2012 indicates that doctorate-level licensees were twice as likely to have received an official reprimand, sanction, suspension or revocation of license (14 total) than master-level licensees (7 total).

There has been no argument made by the Applicant suggesting that the Board has failed in its legal duty to process all alleged ethical violations against its members. The data suggests that master-level psychologists have a better track record in terms of quality of services and professional behavior than doctorate-level psychologists. If master-trained psychologists practicing in the field have received half as many reprimands, sanctions, suspensions and revocations of license than doctorate-level psychologists, there is no reason to believe that having master-level members on the Board would make the board any less capable of protecting the public. The Legislative Auditor has consistently found that the Board provides necessary and sufficient public protection.

The Applicant asserts that doctorate-level psychologists are needed to provide care for seniors and veterans to help draw federal monies into the state, and to adapt to pending healthcare changes.

The Applicant also asserts that the public is misinformed about the training level of the practitioner providing care. The Applicant has provided neither compelling evidence nor anecdotal or statistical support for this argument. The Legislative Auditor is not convinced that the 3-4 additional classes required by the two graduate programs represent the best standards in the practice of psychology. Nor does the Legislative Auditor agree with the Applicant that changing the law to the national standard would increase public protection because it would bring the state "into the national fold."

Applicant's Argument 7: Federal funding sources require psychologists to be doctorally-trained.

Legislative Auditor's Response:

The Applicant asserts that doctorate-level psychologists are needed to provide care for seniors and veterans to help draw federal monies into the state, and to adapt to pending healthcare changes. While the Applicant argues that licensing master-level psychologists drives down the rates that psychologists can charge statewide, this phenomenon does not affect federal funding rates and thus cannot be rationally linked to the state's ability or inability to recruit and retain psychologists for positions required by federal law to be held by doctorate-level psychologists.

The Applicant cites a proposed rule of the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) that would establish as a requirement for reimbursement that psychologists employed in Community Mental Health centers hold a doctoral degree in psychology, in order to argue that the state will lose federal matching monies unless we update our law.

The Applicant further argues that "*Implementation of health care reform has increased the feasibility of attracting more doctoral psychologists to rural health care clinics, given federal loan repayment in underserved areas and enhanced reimbursements for clinics*

demonstrating comprehensive (including behavioral) patient care....If the licensure law were updated, we have the ability to provide highly-qualified psychologists for the rural health clinics." The Legislative Auditor is not convinced that changing the state law to make future master-level practitioners subordinate to doctorate-level practitioners will result in more federal funding for psychological services. Yet, even if the argument were valid, increased federal monies may in fact result in the necessary expenditure of additional state monies due to the higher reimbursement rates the Legislative Auditor would expect doctorate-level psychologists to request.

Accepting the Applicant's premise that Federal funding sources require doctorate-level psychologists does not lead to Applicant's conclusion that updating the state's licensing laws will result in a greater number of doctorate-level psychologists in the state. The only two universities that offer doctoral Psychology programs, Marshall and WVU, acknowledge that there are currently many more qualified applicants than they can accommodate in their programs. Limited resources, and not current licensing laws, prevent Marshall and WVU from producing a greater number of doctorally-trained psychologists. The Applicant failed to demonstrate how a change in law would provide greater resources for the state's doctoral psychology programs to accept, educate and produce a greater number of doctorate-level psychologists. As a result, the Legislative Auditor remains unconvinced that a change in the state's licensing laws would have any impact on the federal funding the state would receive for the foreseeable future.

Accepting the Applicant's premise that Federal funding sources require doctorate-level psychologists does not lead to Applicant's conclusion that updating the state's licensing laws will result in a greater number of doctorate-level psychologists in the state.

A shortage of doctorate-level psychologists who are willing to practice in the state, despite federal loan repayment and "enhanced reimbursements" is a problem that the Applicant concludes would be solved by a change in the licensure statute. Recruitment and retention of doctorate-level psychologists is far more complex a question than can be answered by the statement that "*they won't work here because the state also licenses individuals with master's degrees as psychologists*." While the Applicant argues that licensing master-level psychologists drives down the rates that psychologists can charge statewide, this phenomenon does not affect federal funding rates and thus cannot be rationally linked to the state's ability or inability to recruit and retain psychologists for positions required by federal law to be held by doctorate-level psychologists.

As a result, the Legislative Auditor remains unconvinced that a change in the state's licensing laws would have any impact on the federal funding the state would receive for the foreseeable future.

Applicant Failed to Provide an Analysis of the Cost to the State, Practitioners and to the General Public.

West Virginia Code §30-1A-2 requires applicants for scope of practice reviews to inform the Legislative Joint Standing Committee on Government Organization about the cost of the proposed revision. In the

application, the WVPA states "*There are no foreseeable costs to the state, to the practitioners, and the general public.*" Rather than increased costs, the Applicant asserts that there would be considerable cost savings to the state, practitioners, and general public. The Legislative Auditor does not concur with the Applicant's analysis.

Neither the state Medicaid agency, nor the Public Employees Insurance Agency (PEIA) are able to reliably report whether master or doctorate-level psychologists are providing services to their members. However, according to PEIA, "*...the proposed bill will significantly adversely impact the PEIA and WVCHIP plan(s) in terms of cost(s) of service; cost(s) to administer the newly proposed licensing and certification level(s); and in cost(s) to development reimbursement schedules, conduct provider audits, and coordinate care between providers.*" PEIA further states: "*While we do not have specific figures on the financial impact,* ***it is the consensus of our clinical team that the legislation, as written, is not in the best interest of our members, their dependents, and the PEIA plan(s).***" If the continued shift to the public sector for psychological services continues, an increase in costs is unavoidable.

The WVPA's proposal would require significant administrative activity on the part of the West Virginia Bureau for Medical Services (BMS), which may increase program administration costs. As the designated state entity for the administration of the Medicaid program, BMS is responsible for aligning policies in accordance with federal law and regulation in order to secure the federal funding for the program through the State Plan Amendment (SPA) process. A State Medicaid Plan is required under Title XIX of the Social Security Act, which requires the federal Centers from Medicare and Medicaid Services (CMS) to review and approve SPAs. The plan, as well as any changes in it must be submitted and approved by the Secretary of the U.S. Department of Health and Human Services (DHHS) in order for a state to receive federal funds for the program. West Virginia's State Plan contains seven chapters, dozens of supplements and attachments and is approximately 850 pages. The Legislative Auditor met with representatives of BMS to discuss the impact of the proposed legislation on agency operations. In response to the Legislative Auditor's inquiries regarding the State Plan, an agency official agency stated:

> *"The answer is that the number of amendments would equal the number of pages in the Current State Plan, Clinical, Rehabilitation, and Psychological Services manuals on which any page uses the word "psychologist" "psychological" or "behavioral health..." The task is very lengthy and would take one individual a very long time or many people less time. It could not be calculated without timing someone reading all of these manuals at "editing speed."*

A further consideration is relatively new federal policy governing the approval of SPAs. In guidance released from CMS in October 2010, state Medicaid Directors were informed of changes in the SPA review process. According to CMS:

> *SPAs are generally transmitted to CMS as pages excerpted from the existing approved State containing the provisions that the State wishes to modify. CMS reviews the proposed specific amendment and all other provisions contained on the submitted State plan page(s). In addition, CMS reviews any related or corresponding State plan provisions contained elsewhere in the State plan that are integral to understanding the pages submitted.* ***This review process may lead to the identification of existing State plan provisions that the State is not proposing to modify*** *and that are not integral to understanding the pages submitted but that appear to be contrary to Federal statute, regulations, or established guidance.* [Emphasis added.]

BMS affirms to the Legislative Auditor that "Additional changes, mandated by CMS are likely, given the broad areas they would then review and based upon past experience with CMS."

Compensation for employees is a major issue for behavioral health care providers. Being unable to pay competitive wages continues to dilute the market for workers at all levels. Eliminating the ability of master-level practitioners to engage in independent practice, even over a period of years, will eventually result in demand for higher reimbursement rates from the doctorate-level providers that supervise the master-level psychologists. As discussed in the Legislative Auditor's response to Argument 4, there would also be significant costs associated with expanding the training capacity of the state's universities. It is the opinion of the Legislative Auditor that the Applicant failed to consider broad fiscal ramifications of their proposal and that the costs associated with granting the request to change the scope of practice for psychologists may have hidden, yet significant costs.

It is the opinion of the Legislative Auditor that the Applicant failed to consider broad fiscal ramifications of their proposal and that the costs associated with granting the request to change the scope of practice for psychologists may have hidden, yet significant costs.

Expanding Scope of Practice May Have Unintended Effects

Changes in federal law will impact demand for services in West Virginia. The federal Mental Health Parity and Addiction Equality Act of 2008 (MHPAEA) required all group health plans and Medicaid Managed Care plans which cover mental health and substance abuse treatment to offer the coverage in a way that is no more restrictive than medical or surgical procedures covered by the plan. The Personal Protection and Affordable Care Act (ACA) went beyond MHPAEA to create broader parity by identifying mental health and substance abuse disorder services as services that must be included in individual and small group markets, inside and outside of health insurance exchanges as well. As

more individuals are covered under the provisions of the ACA, whether through the insurance marketplace or a Medicaid expansion, demand for psychological services will grow, thus increasing the costs of those services.

The Legislative Auditor also has concerns about the impact of the WVPA proposal on the availability of psychological services to some of the state's most vulnerable residents. The Bureau for Medical Services (BMS) administers the Intellectual Disability Waiver Program and the Aged and Disabled Waiver program. These programs provide community based services for individuals who would otherwise require more costly care in an institutional environment. BMS provided the Legislative Auditor with data on the credentialing of providers within the waiver programs. In the Independent Psychologist Network which conducts eligibility evaluations for the Intellectual Disability Waiver program, 20 of its 21 psychologists, or 95 percent, are master- level. Between January and September 2012, 654 total psychological evaluations were conducted, 87 percent were conducted by master-level psychologists and 13percent were conducted by doctorate-level practitioners.

In the Aged and Disabled Waiver Program, master-level psychologists make up 75 percent of the 16 psychologist who conduct psychological evaluations in order to determine program eligibility. Master-level psychologists conducted 76 percent of the evaluation between January and September 2012. According to BMS, "The need for behavior health specialists will increase substantially." While some of the needs will be met by non-psychologists, some required services, such as evaluations involving standardized testing, fall only within the scope of practice of psychologists.

Eliminating the ability of master-level psychologists to engage in independent practice will create a need for more doctorate-level psychologists, due to the subordinate and supervisory roles which will be created if the Applicant's proposal is granted.

Eliminating the ability of master-level psychologists to engage in independent practice will create a need for more doctorate-level psychologists, due to the subordinate and supervisory roles which will be created if the Applicant's proposal is granted. While the proposed legislation will not immediately change who is providing direct clinical services, it will create a review process that will shift income to the doctoral practitioners. That income shift will increase costs may decrease the availability of psychological services.

Conclusion

In a 2006 Regulatory Board Review, the Legislative Auditor rejected a proposal to change the licensure requirements for psychologists that was nearly identical to the current proposal. In 2006, the Legislative Auditor found:

- An existing lack of psychologists in the state.
- Over half of all licensed psychologists in the state have master-level training.
- Little evidence based upon consumer complaints that master-level psychologists function poorly compared to doctorally trained psychologists.
- An existing crisis in behavioral health care as a result of overcrowding in state facilities and inadequate community services.

After reviewing the information provided by the Applicant, the Legislative Auditor has the same concerns as stated in the 2006 report. There is still an existing lack of psychologists within the state and over half of the licensed psychologists have master-level training. Furthermore, the Legislative Auditor is concerned that this proposal may decrease the availability of psychological services, at least in the short term, and in the future unless significant investments are made to increase the training capabilities of the doctoral psychology programs at both West Virginia University and Marshall University. Both programs are currently at maximum capacity and unable to train any more doctorate-level psychologists.

Moreover, the Applicant did not provide evidence demonstrating that master-level psychologists have caused harm to the general public, nor did the Applicant provide compelling evidence that doctorate-level psychologists create better patient outcomes than master-level psychologists.

Moreover, the Applicant did not provide evidence demonstrating that master-level psychologists have caused harm to the general public, nor did the Applicant provide compelling evidence that doctorate-level psychologists create better patient outcomes than master-level psychologists. As West Virginia and Vermont have both allowed master-level psychologists to have the same privileges as doctorate-level psychologists for numerous years, evidence of public harm by master-level psychologists should have been available if existing.

Finally, the Legislative Auditor is concerned that the proposal may increase costs to both the public and the State. Doctorate level psychologists will likely charge a fee for supervising master-level psychologists. If master-level psychologists choose to not take a reduction in fees for their services, then they will likely increase their billing rates, thus increasing costs for consumers and insurance carriers.

Recommendation

1. *The Legislative Auditor does not recommend revising the scope of practice for psychologists as proposed by the West Virginia Psychological Association in its 2012 Sunrise application.*

Appendix A: Transmittal Letter

From: Shannon Riley [mailto:shannon.riley@wvlegislature.gov]
Sent: Thursday, January 31, 2013 3:53 PM
To: 'frank@hartmanlga.com'; 'Raymona Kinneberg'; 'TINA YOST'
Cc: 'Lynch, Kathy G'; 'aaron.allred@wvlegislature.gov'; 'steven.thompson@wvhouse.gov'; 'leslie.smith@wvsenate.gov'
Subject: Final Draft.doc

This is to transmit a draft copy of the Scope of Practice Sunrise Review for Psychologists. The report is not final. Minor technical and formatting adjustments may be made.

The report will be presented to the Joint Committee on Government Operations on Monday, February 11, 2013. Please consider the document embargoed until then.

Any written responses to be included in the report are due to me no later than close of business on Monday, February 4, 2013.

If you have any questions or would like to schedule an exit conference, please feel free to contact me.

Best,
Shannon

Shannon Riley, MPA
Senior Health Policy Analyst
WV Legislative Joint Committee
Room E-132, State Capitol
(304)347-4742

Appendix B: Degree Level Requirements for Licensure by Jurisdiction

STATE	LICENSE TITLE	DEGREE REQUIRED
Alabama	Psychologist	Doctorate
	Psychological Technician	Master
Alaska	Licensed Psychologist	Doctorate
	Licensed Psychological Associate	Master
Alberta (Canada)	Registered Psychologist	Master
	Provisionally Licensed Psychologist	Master
	Temporary License	Master
Arizona	Psychologist	Doctorate
Arkansas	Psychologist	Doctorate
	Psychological Examiner	Master
	Other	Master
British Columbia(Canada)	Registered Psychologist	Doctorate
	Other	Master
California	Licensed Psychologist	Doctorate
	Registered Psychologist	Doctorate
	Registered Psychological Assistant	Master
Colorado	Psychologist	Doctorate
Connecticut	Psychologist	Doctorate
Delaware	Psychologist	Doctorate
	Registered Psychological Assistant	Doctorate
District of Columbia	Psychologist	Doctorate
Florida	Psychologist	Doctorate
	Doctoral Limited License	Other
	Provisionally Licensed Psychologist	Doctorate
Georgia	Psychologist	Doctorate
Hawaii	Psychologist	Doctorate
Idaho	Psychologist	Doctorate
Illinois	Clinical Psychologist	Doctorate
Indiana	Psychologist	Doctorate
	Health Service Provider in Psychology	Doctorate
Iowa	Licensed Psychologist	Doctorate
	Health Service Provider in Psychology	Doctorate
Kansas	Psychologist	Doctorate
Kentucky	Licensed Psychologist	Doctorate
	Licensed Psychological Practitioner	Master
	Licensed Psychological Associate	Master
Louisiana	Psychologist	Doctorate

Maine	Psychologist	Doctorate
	Psychological Examiner	Master
	Registered Psychologist	Doctorate
Manitoba (Canada)	Psychological Associate - Independent	Master
	Psychological Associate – Supervised	Master
Maryland	Psychologist	Doctorate
Massachusetts	Psychologist	Doctorate
	Psychologist	Doctorate
Michigan	Doctoral Limited License	Doctorate
	Master's Limited License	Master
	Temporary Limited License	Master
Minnesota	Licensed Psychologist	Doctorate
Mississippi	Psychologist	Doctorate
Missouri	Psychologist	Doctorate
	Provisionally Licensed Psychologist	Doctorate
Montana	Psychologist	Doctorate
	Licensed Psychologist	Doctorate
	Provisionally Licensed Psychologist	Doctorate
Nebraska	Psychological Assistant	Master
	Psychological Assistant – Supervised	Master
	Temporary License	Doctorate
Nevada	Licensed Psychologist	Doctorate
	Other	Other
New Brunswick (Canada)	Psychologist	Doctorate
	Psychological Candidate	Other
New Hampshire	Licensed Psychologist	Doctorate
New Jersey	Licensed Psychologist	Doctorate
	Psychologist	Doctorate
New Mexico	Psychological Associate - Supervised	Master
	Other	Other
	Other	Other
New York	Psychologist	Doctorate
Newfoundland and Labrador (Canada)	Provisionally Licensed Psychologist	Master
	Registered Psychologist	Master
North Carolina	Licensed Psychologist	Doctorate
	Provisionally Licensed Psychologist	Doctorate
	Licensed Psychological Associate	Other
North Dakota	Psychologist	Doctorate
	Other	Doctorate
	Other	Master
	Other	Other

Nova Scotia (Canada)	Psychologist	Master
	Other	Master
Ohio	Psychologist	Doctorate
	School Psychologist	Master
Oklahoma	Psychologist	Doctorate
Ontario (Canada)	Psychologist – Autonomous Practice	Doctorate
	Psychologist Associate – Autonomous Practice	Master
Oregon	Licensed Psychologist	Doctorate
	Psychologist Associate	Master
	Psychologist Associate - Independent	Master
Pennsylvania	Other	Doctorate
	Licensed Psychologist	Doctorate
Prince Edward Island (Canada)	Psychologist	Doctorate
	Psychologist – Supervised Practice	Other
Puerto Rico	Psychologist	Master
Rhode Island	Licensed Psychologist	Doctorate
	Temporary Practice Permit	Doctorate
Saskatchewan	Registered Psychologist	Master
	Other	Doctorate
	Other	Other
South Carolina	Licensed Psychologist	Doctorate
South Dakota	Psychologist	Doctorate
Tennessee	Psychologist	Doctorate
	Other	Other
Texas	Psychological Assistant	Other
	Psychologist - Doctorate	Doctorate
	Provisionally Licensed Psychologist	Doctorate
	Licensed Psychological Associate	Master
	Licensed Specialist in School Psychology	Master
Utah	Psychologist	Doctorate
	Resident	Doctorate
Vermont	Psychologist - Doctorate	Doctorate
	Psychologist – Master	Master
Virgin Islands	Psychologist	Doctorate
Virginia	Psychologist Associate -Supervised	Master
	Clinical Psychologist	Doctorate
	Applied Psychologist	Doctorate
Washington	School Psychologist	Master
	Licensed Psychologist	Doctorate

West Virginia	Licensed Psychologist	Other
	School Psychologist	Master
	School Psychologist Independent Practice	Other
Wisconsin	Licensed Psychologist	Doctorate
	Psychologist	Doctorate
Wyoming	Specialist in School Psychology	Other
	Psychologist Practitioner	Other

Source: ASPPB handbook. Many jurisdictions license or certify master's and special-level school psychologists through and education department or agency; that information is not reflected in the chart above.

Appendix C: Agency Responses

Preface to the Response of the West Virginia Psychological Association (WVPA) to the Scope of Practice Sunrise Review for Psychologists of February 2013.

The West Virginia Legislative Auditor's Performance Evaluation and Research Division (*PERD*) report of WVPA's Sunrise Application presents a disregard for professional standards and devaluation of the practice of psychology. WVPA anticipated a thorough, thoughtful and credible analysis of the central factors that determine the national standards set by our profession and adhered to by all other states and all federal programs. However, the report begins with a foregone conclusion and proceeds to justify that conclusion through the presentation of unanalyzed data and bits of information taken out of context. In our view, the report lacks inclusion of any key data, evidence, and professional arguments in support of WVPA's request for this long overdue updating of our licensing law. **We request that the PERD report be rejected, and a balanced and objective review be conducted for presentation to the Legislature.**

The PERD report contains a host of errors that require extensive provision of evidence to correct, provided in the following pages. However, the bias evident in the PERD report colors the entire document, and the following points demonstrate this bias:

1) **The PERD report omits consideration of the rationale used by all other states, the armed forces, the VA system, the federal judiciary and all federal health care programs** in deciding that psychologists had to be educated and trained at the doctoral level to earn the title of "psychologist". There is no mention that even those states with fewer resources and more rural underserved citizenry have applied this standard.

2) **The PERD report omits recognition that the faculties of all three of the graduate programs in professional psychology in WV and the leaders of the internships and fellowships have endorsed the proposed change** in the licensing law. Lack of inclusion of this support from all of the relevant WV programs is curious and concerning in a process that is charged with providing an unbiased review of a profession requiring substantial educational attainment.

3) **The PERD report includes uncritical reporting of data that is misleading.** For example, the WVU clinical psychology program has graduated only one or two, if any, masters providers per year for many years. The numbers stated likely reflect the master's degrees earned by doctoral students on their way towards doctoral degrees.

4) **The PERD report omits recognition of the licensing laws promoted by the profession**, that is, by the American Psychological Association and the Association of State and Provincial Psychology Boards (ASPPB). The profession of psychology clearly and unequivocally defines the education required of a psychologist to be at the doctoral level. The report does provide a reference to ASPPB; however the clause mentioned is taken out of context and is thus misleading. ASPPB permits the licensing of subdoctoral personnel for "the practice of psychology" but the report does not clarify that such providers have a title other than "psychologist."

5) **The PERD report misinterprets accreditation of a University to indicate accreditation of a program.** The American Psychological Association (APA) is the sanctioning body appointed by the US Department of Education to develop and oversee standards of training for professional psychologists. APA only accredits doctoral programs in psychology. Subdoctoral training (i.e. Masters degree) is not considered by the profession to be sufficient for independent practice and thus no quality assurance process exists for such programs.

6) **The PERD report promotes hearsay and disregard for the substantive differences in training requirements at the two levels of graduate education**. No factual review was conducted. The inaccurate assertion provided misrepresents the profound differences in training recognized by every other state, all national health care agencies, and in our own professional training programs in WV .

7) **The PERD report ignores the precedent of professions developing and revising standards of practice**, followed by government regulators adopting and enforcing them. Law and medicine have evolved their educational standards over the years, and licensing laws are modified to keep pace. Within WV in recent years, the disciplines of physical therapy and pharmacy have recognized a need for doctoral education to support licensure, and the WV legislature adopted the standards.

What follows is a more detailed commentary on each of the points made within the Sunset Review report. This preface is meant to emphasize the bias, inadequate attention to evidence, and lack of objectivity contained in the entire review.

Jeannie A Sperry, Ph.D.
President, WVPA 2013

WVPA RESPONSE TO SUNSET REVIEW OF FEBRUARY 2013

RESPONSES TO THE INTRODUCTION TO THE SUNSET REVIEW:

After reviewing the 2012 application, the report concludes that the risk of harm to the public is greater if the pool of **qualified** practitioners is reduced than if the pool of **highly qualified** practitioners is increased" (page 1). The report provided no evidence that the pool of qualified practitioners will be reduced and appears to have overlooked both the wording of the proposal and WVPA's clear explanation that the pool will be increased by making it easier for Masters-trained personnel to become licensed (LPP) or certified (CPA).

From the report: "According to national research, there is a critical shortage of individuals trained to meet the needs of children and families, as well as a pronounced lack of providers with expertise in geriatrics" (page 1). These are areas of specialty practice, and any such shortages will not be met by people with only two years of generic training.

The statement "currently, 54% of practicing psychologists in West Virginia are Masters level psychologists" and Table 1 (page 2) are likely misleading. The report does not make any attempt to clarify whether her data include licensed school psychologists (who are not addressed or affected by the Proposal), and it does not appear to include Federal psychologists in the VA and prison system, most of whom are licensed in another state but certainly practice here and affect the lives of West Virginians. The numbers are probably closer to 50-50.

WVPA's Proposal would not reduce the Masters figure, due to the grandparenting provision, and would actually encourage new generations of psychologists coming up to be as well trained in West Virginia as they are in every other state - and it would **still** allow independent practice by LPPs and supervised practice by CPAs, which would increase the psychology manpower available.

"Although membership in the APA is optional for psychology professionals, the public may still file ethics complaints against members with the Association" (page 4). This is misleading. The author neglected to note that the APA has absolutely no authority or recourse regarding non-members.

"The WVAPP reports that it came into existence due to the introduction by a few members of the WVPA of a legislative bill designed to restrict access to licensure for Masters-prepared psychologists" (top of page 5). This is not true. Members of the BOE and other disaffected Masters-level psychologists engineered the formation of this new organization, whose sole purpose is to maintain the status quo for Masters licensure. In the process of this developing organization, members of BOE and other practitioners discussed how to destroy the WVPA by bleeding it of members and resources, in order to win their battle. A series of emails documenting these conversations is available upon request.

"The WVAPP provided the Legislative Auditor with a list of arguments against the proposal" (page 5), and those arguments have apparently been accepted, uncritically, and make up most of the report. Little or none of the information provided by WVPA during the research process appears in the report, provoking concern about the legitimacy of the reporting process.

In the comments about the West Virginia Behavioral Healthcare Providers Association (WVBHPA) (page 5) it is noted that they serve citizens in each of the state's 55 counties. Nowhere does this document mention that doctoral psychologists serve citizens from each of the 55 counties, who come to the doctoral providers in order to receive the best psychological care available. "... the WVBHPA expressed concern that the WVPA proposal will add to the shortage of qualified psychologists now employed in the community based behavioral health settings" (page 5). They may not have read the Proposal or supporting documents, which demonstrate that the manpower pool will increase due to the number of Masters applicants who can be put into service with **less** supervision time, including some applicants who, under current requirements, have not been able to pass the national exam (EPPP). Further, the Report does not reveal that the Behavioral Health Centers already employ not only subdoctoral providers but also persons lacking graduate training. As a result, there does not seem to be a shortage of personnel for these Centers.

The "significant outcry by many psychologists in West Virginia" (page 5) is simply the Masters psychologists objecting to any change in their status. Most of us don't easily embrace change. Paradoxically, their status will not change **at all** under this Proposal; they will still have the same title and privileges they always did. Only the new graduates will have different titles, as appropriate to their training.

REBUTTAL TO RESPONSE TO ARGUMENT 1

West Virginia is the only state that has failed to adopt doctoral training as the standard for practice and is the only state in which a person with only a master's degree can be licensed as a psychologist.

The report declares "The argument that not one state licenses masters level psychologists is inaccurate" and then references the very source that demonstrates that indeed all U.S. states require the doctoral degree for the unrestricted title of "Psychologist", except West Virginia. Masters-level practice is not allowed in 37 states, under any title. Eleven states allow masters practice under various titles (e.g., Psychological Associate, Assistant, Practitioner, Technician, etc.), often under supervision (AL, AK, AR, CA,KY, ME, MI, NE, NM, OR, TX). One state makes a licensure distinction by degree ("Psychologist – Masters", VT). (Source: www.asppb.org, under "Student Information States requiring doctoral training".)

The report further indicates "Other states do allow a similar scope of practice for Masters level practitioners as they do doctorally trained psychologists[1]." However, no other state allows Masters level practitioners to practice under the title "psychologist." The position of WVPA is not that future masters level practitioners should not practice in any capacity, it is that they should not practice as psychologists as that title is misleading to the public. By way of comparison, Appendix 1 outlines the verbatim requirements for the title "psychologist" in the five states that the report highlighted.

Additionally, the report declined to include information reflecting current licensure law as a barrier to the state's ability to provide psychological care to veterans, elderly, and federally qualified health care clinics. Masters level psychologists, though they can be hired as psychologists in West Virginia, cannot be reimbursed to provide FQHC, VA, Tricare, or Medicare services. This lack of ability to be reimbursed prevents the state from accessing federal funds available for treatment provided by doctoral psychologists.

Further, the report referred to a 2009 report titled Realizing Our Potential: Transforming West Virginia's Behavioral Health System: by the West Virginia Comprehensive Behavioral Health Commission. The task force from this commission issued "nine recommendations designed to improve access to and the delivery of behavioral health care in West Virginia." Apparently none of the nine recommendations were to increase "the educational requirement necessary for licensure as a psychologist." This resource could not be found, although WVPA was able to find a November 17, 2008 Working Report by the same title mentioned in the report. The 2008 report gave twelve major recommendations which are included in Appendix 2. Of particular interest in the present argument are recommendations 6, 10, and 12.

Recommendation 6 deals with caring for our nation's veterans who call West Virginia home. It reads: "West Virginia needs to be prepared to support this population's needs through coordination of resources and direct services." Of note, only psychologists who are trained at the doctoral level can legally take care of our veterans.

Recommendation 10 has to do with the current mental health stigma, which unfortunately has intensified after recent horrific mass shootings in the United States. It reads: "Despite some in-state efforts, often by consumer groups and including national campaigns, West Virginia has clearly not done nearly enough stigma reduction associated with mental health. The Commission strongly endorses that this be given the priority and funding necessary to make a difference. This is most important as behavioral health and primary health become more integrated and efforts to expand prevention, especially at the community level are put in place." This integration of primary care and mental heath care is happening at Federally Qualified Health Centers (FQHCs). Again, only doctoral psychologists can work in our rural FQHCs and be reimbursed for services. Preliminary studies show that when patients go see their doctor in a primary care clinic, there is less stigma, including when receiving care from a psychologist.

Recommendation 12 has to do with evidence based or "outcomes-driven practice." It reads: "Outcomes-driven practices must become the norm, not the exception, to reach the behavioral health system results envisioned by the Commission." This is also a component of the nation's consumer advocate for the mentally ill (NAMI), which as graded West Virginia mental health care an F. Doctoral psychologists are trained in the research, theory and practice of evidence based interventions and choose interventions studied to be effective for the specific patient and problem to be addressed. Without such training in science, the care offered may be inadequate, my delay appropriate diagnosis and treatment, and result in increased health care costs and more suffering and disability.

In sum, the report does not provide evidence contrary to Argument 1. An access issue or a shortage of professionals does not change what we call a professional. Indeed, if the educational standards for professionals were lowered in a region of shortage, the result would be worsening shortage.

REBUTTAL TO RESPONSE TO ARGUMENT 2

Only doctoral programs provide the breadth, depth and supervised training experiences required to adequately prepare the professionals needed to serve the public as psychologists.

1) The report states the following: "The additional coursework of the doctoral degree is focused primarily on preparing individuals to teach or to conduct research. West Virginia University's Psychology Department requires 12 classes for a Masters degree and 15 classes for a doctoral degree. The three additional courses focus on research design. At Marshall University, a Master's degree requires a minimum of 9 courses with the opportunity for additional electives. The doctoral students have an additional three to four courses related to research design." This statement is incomplete and misleading. . Review of the requirements for the WVU doctoral and MA programs indicates differences beyond research training. First, the following courses are requirements of the doctoral program but not the MA program, and are not related to research or teaching: Biological Aspects of Behavior, Social Psychology, History and Systems of Psychology, and Clinical Supervision. These courses are fundamental to training in professional psychology. They may be offered to MA students as electives, but are not required parts of training. Additionally, doctoral students must complete 18 credit hours (6 semesters) of clinical training (practicum) experiences. Each semester amounts to 16 hours /week of clinical experiences and supervision. Masters students are required only 8 credit hours of practicum. Subsequently, doctoral students must complete a 1 year-full time (40= hours/week) APA-Approved clinical internship before their degree is granted. While the internship is primarily focused on clinical training, all internships are required to provide seminars on clinical topics to continue honing the knowledge base required of psychologists. Therefore, the training is clearly different, and the additional training for doctoral students includes at least four required courses that do not focus on research, and a large volume of additional structured, programmatic clinical training.
Additionally, one study several years ago on ethics training at the master's level (Handelsman, 1986), found that among those master's degree programs in psychology surveyed (n=289), only 87% reported having any structured format for providing training in ethics. Among those that provided training in ethics (n=252), only 29% provided a formal course in ethics, while 47% taught ethics "as part of a formal course" not explicitly aimed at teaching ethics.

Furthermore, the data used by PERD are insufficient to draw conclusions. A sample of 2 schools in WV is clearly not representative of all doctoral programs or master's programs nationwide. A sample of 2 is referred to in scientific research as a "case study" or "case series", which will have limited generalizability to other populations. It would be relevant if WV only licensed people trained in WV. However, that is not the case. WV licenses doctoral and masters prepared people from schools across the country. Therefore, these two schools cannot reasonably be expected to reflect the training of all applicants.

In addition, the Masters training is not measured by any national standard. The standards of training for all psychology Master's programs nationwide cannot be assured as they are not accredited by the governing body in psychology, the American Psychological Association. APA has been appointed by the U.S. Department of Education to develop, oversee and ensure the training standards for professional psychology in this country. The APA does not approve any masters training program in the United States.

Prior research by Watkins, Schneider, Manus and Hunton-Shoup (1990) has noted differences between master's and doctoral counseling psychology training directors' perceptions of their students' readiness to take on certain professional roles after completing their respective degree. Specifically, this research found that training directors in master's programs rated as significantly lower ($p<.05$) their students' preparedness for doing primary prevention work and supervising other mental health professionals. Thus, the empirical data available suggest that even the directors of master's training programs do not feel universally confident in what their students are prepared to do.

2) The report further states: "Academic qualification is only one component of licensure. Supervision, testing, continual education and demonstration of ethics are also required." However, "academic qualification" is an inaccurate term. The research training in doctoral (and master's programs) provides essential training in the scientific foundations of professional psychology. This scientific training is fundamental to the practice of professional psychology. It is analogous to the basic clinical science training received in the first two years of medical school, which serves as the basis for later practice as a physician. Both are doctoral level training, founded on basic scientific training. Without a firm foundation in behavioral science through didactic and experiential training, one's practice of psychology cannot be based on the scientific principles of this field.

3) The report includes:"In West Virginia, all psychologists and school psychologists must complete a period of supervision prior to licensure. The supervision requirements of the Board are extensive and required under Title 17, Series 3 of Code of State Rules. Master's level psychologists are required to have five years of supervised practice. Doctorate level psychologists are required to either have one year in addition to an internship, or two years without an internship." However, PERD's argument that 5 years of supervision is equivalent to doctoral level training is incorrect. Post-degree supervision is different than post-degree training. Master's level clinicians receive supervision following completion of their degree in a format specified by the board. The license applicant and their supervisor attest that these requirements have been met and that the applicant has obtained appropriate training during this time period. However, doctoral students continue to receive structured and systematic training, including evaluation by multiple supervisors through a doctoral program, that is held to the standard of accreditation by APA.

Additionally, doctoral psychologists are the only psychologists eligible for structured specialty training through post-doctoral fellowships. Thus, the training of Master's level psychologists inherently prevents them from obtaining structured and systematic training after their degree without obtaining a doctoral degree. This means that they are uniquely unqualified to meet the growing needs of a population with ever an increasing diversity of needs. This information appears nowhere in the report.

4) The PERD report states: "There were 115 psychologists under supervision for licensure in September 2012, 95 of those were Master's prepared and only 20 were Doctoral prepared. The Board conducted a recent sample of 28 supervisees and found 20 were not paying for supervision, but were instead presumably being supervised by a fellow agency employee. The remaining 8 were paying supervision fees between $50

and $60 an hour, with only one paying as high as $100. It would appear the WVPA estimate of cost savings is inaccurate. However, this data does not substantiate a counterargument to the applicant. ." Because the largest portion of survey responders "were not paying for supervision" does not mean the supervision is free. For example, when both supervisor and supervisee are in supervision, neither can be generating billable hours. That amounts to 4 lost billable hours per week for 5 years. This is a "cost" to the agency that PERD does not consider. Also, in its response to argument 4, PERD cites "seriously flawed" survey methodology used as supporting evidence. It is unclear how the flaws in the survey methodology used by WVPA for argument 4 are any different than this survey methodology employed by the board. For these data to substantiate a counterargument- i.e. for valid conclusions to be drawn- there must be empirical evidence. Two options are possible here. Option 1: both survey methodologies are flawed, rendering the argument above regarding the supervision cost completely without basis whatsoever. Option 2: both are acceptable, rendering the PERD response to argument 4 completely without basis. If PERD contends that these data are valid, the following must be submitted by the board: 1) the number of supervisees from whom data were requested; 2) the number of attempts to collect data from each person approached; 3) the reasons given for non-participation by people who chose not to participate in the survey; 4) a description of the sample used, including a breakdown of master's and doctoral level participants.

5) In the report: "Additionally, the Board informed the Legislative Auditor that in an examination of the historic records, through October 2012, Doctoral licensees are twice as likely to have received an official reprimand, sanction, suspension, or revocation of license This contention is false, as it considers only one of multiple possibilities for these data. PERD's contention appears to be that because doctoral level psychologists are twice as likely to have action taken by the board, this is indicative of no greater probability of master's level clinicians acting unethically, or a difference in favor of doctoral level psychologists being more likely to act unethically. However, multiple potential explanations for this finding exist. For example, it is equally probable that the WV BOEP is more likely to find fault with doctoral psychologists than master's-level psychologists. WVPA has not contended and does not contend that the board unfairly evaluates ethics charges.

6) The report states: : "In the course of this Sunrise Review, the Legislative Auditor contacted Substance Abuse and Mental Health Service Administration (SAMHSA), a division of the U.S. Department of Health and Human Services (DHHS) to inquire about national trends in the behavioral health delivery system. A 2007 report prepared for SAMHSA, by the Annapolis Coalition on the Behavioral Health Workforce found "overwhelming evidence that the behavioral health workforce is not equipped in skills or in numbers to respond adequately to the changing needs of the American population." The report further found "equally compelling evidence of an anemic pipeline of new recruits to meet the complex behavioral health needs of the growing and increasingly diverse population in this country." SAMHSA commissioned the Annapolis Coalition on the Behavioral Health Workforce to develop an Action Plan on workforce development that encompasses the breadth of the field and is national in scope. None of the core findings and recommendations in the Annapolis report addresses the support the applicant's argument. In fact, the report clearly articulates employer dissatisfaction with the pre-service education of behavioral health professionals:

> Another group that has voiced strong concerns compromises managers within organizations that employ the workforce. Their constant lament is that recent graduates of professional training programs are unprepared for the realities of practice in real-world settings, or worse, have to unlearn an array of attitudes, assumptions, and practices developed during graduate training that hinder their ability to function. University-based training programs and professional schools, despite their academic base, are largely viewed as out of touch with the realities of contemporary practice and as failing to provide substantive training in evidence-based practices. These concerns exist regardless of the professional discipline. It is simply difficult to overstate the level of concern among workplace employers about the current relevance of professional education in the behavioral health disciplines.

Clearly, there are concerns on a national level regarding the adequateness of Doctoral programs in regards to preparation for serving the public. The Legislative Auditor was unable to find any data supporting better outcomes for services provided by Doctoral versus Master's level psychologists, and therefore rejects the argument that changing the state licensure law to require Doctoral degrees for independent practice as a psychologist would increase the public health or safety." However, this contention is false. On page 210 of the Annapolis Coalition report, in a section entitled "Unique Issues and Recommended Actions", recommendation 1 is development of financial incentives for mental health professionals to remain in underserved areas. The fourth example of such an incentive is: "Extending the NHSC scholarship program to include psychologists, social workers, and nursing." This recommendation was enacted by the National Health Service Corps, which now permits "health service psychologists" to apply for and participate in the student loan repayment program. In the most recent edition of the manual for this program, "The National Health service Corps Loan Repayment Program: Fiscal Year 2012 Application & Program Guidance" (see: http://nhsc.hrsa.gov/downloads/lrpapplicationguidance.pdf), a psychologist is defined as follows:

> Health Service Psychologists (HSP)must have:
> i. A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation;
> ii. A minimum of one year of post-graduate supervised clinical experience;
> iii. Passed the Examination for Professional Practice of Psychology (EPPP);
> iv. The ability to practice independently and unsupervised as a health service psychologist; AND
> v. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

Therefore, the Annapolis Coalition report does support doctoral training, and further exemplifies that the federal government has opined via policy that this is the minimum level of acceptable training for psychologists. Further, The Annapolis Coalition report refers employers' concerns with the full range of providers of behavioral health services, stating "These concerns exist regardless of the professional discipline." Thus, as

suggested by PERD's quote, this argument does not single out in any way doctoral psychologists; instead it applies across the board to MSWs, LPCs, LMHCs, LMFTs, and even the master's level psychologist in WV. Consider that the terminal master's degree granted by WVU is referred to as the "Professional Master's in Psychology." As noted in the rebuttal above, the bar for professional training in psychology for the National Health Service Corps based on the recommendations of the Annapolis Coalition report is the doctoral degree. The section of the Annapolis Coalition report referenced in PERD's report is used in a response with flawed logic. If the concern expressed by employers is a problem with the relevance of training to real-world environments, the solution would be better training by way of additional time spent receiving training and education, not less training and education.

REBUTTAL TO RESPONSE TO ARGUMENT 3

Only doctoral programs have the accountability of national accreditation standards.

PERD's report confuses the substantive difference between academic accreditation of a learning institution and professional accreditation of a training program within the institution. This distinction is recognized in West Virginia licensing laws that govern other professions, such as medicine, nursing, and physical therapy, where completion of an accredited *program* is required. The accreditation in such instances is distinct from the institutional accreditation that comes from such entities as the North Central Association of Colleges and Schools (NCACS). There is in fact no corresponding accreditation for master's programs in psychology. This is not a problem for other states, since they do not license persons as psychologists who do not meet the national standard of doctoral training. There is no accreditation of master's programs because they are not intended to prepare individuals for independent practice in psychology, but are rather intended to be an acknowledgement of progress toward a doctoral degree. Indeed, completion of the master's portion of training is often considered necessary for beginning clinical training, and not as an end point.

The statement that "Both the West Virginia University and Marshall University programs are accredited by the North Central Association of Colleges and Schools" is inaccurate and misleading. The *institutions* are accredited by NCACS but the *programs* are accredited by the American Psychological Association, much as medical schools are accredited by the Liaison Committee for Medical Education (LCME). The declaration that such institutional accreditation is "sufficient to assure quality in the programs offered" promotes grave concern that PERD's report reflects poor comprehension of educational quality control procedures.

REBUTTAL TO RESPONSE TO ARGUMENT 4

Changing the licensure law would increase the availability of highly qualified psychologists.

PERD's report refutes the WVPA assertion that the state of West Virginia has a national reputation as a master's-dominated health system that discourages doctoral graduates from seeking employment here. A survey of current psychology trainees in West Virginia was conducted in January 2012 with an acceptable response rate. The trainees overwhelmingly endorsed that West Virginia's licensure laws are a barrier to attracting and keeping early career psychologists. The study was repeated fall of 2012. WVPA sent

a survey via e-mail to all program directors for doctoral psychology programs in West Virginia. The WVPA asked the program directors to send the surveys to psychology graduate and post-graduate trainees. The survey was sent out twice, with first request on October 19, 2012. Students/trainees who did not respond initially were again encouraged to respond 2 weeks later. The survey included demographic questions and questions regarding attitudes towards the current law and potential changes. The questions were stated in an unbiased manner in order to allow for agreement or disagreement through Likert-scale responses. The anonymity of the surveys through the online resource allowed for honesty and limited the potential for socially desirable responses. Appendix 4 includes a sample e-mail that was sent to WV program directors. Appendix 5 is the survey with the resulting data. The data represents the opinion of **71 current student/trainees** who responded to the survey. For 70% of the respondents, the current licensure law is somewhat or definitely a barrier to practicing in West Virginia after completing training.

Also in the report is a description of data reported by the Board of Examiners, the relevance and accuracy of which is unclear. It references work settings of doctoral psychologists and notes that "It is difficult for the behavioral health industry to compete with the pay scales of the acute care settings. Being unable to pay competitive wages continues to dilute the market for workers at all levels." It is unclear what "acute care settings" are being referenced, particularly as the VA and Federal prisons are mentioned. Similarly, academic settings are mentioned, where the most complex patients often receive care, with a large portion of Medicaid and federally insured patients. The ability of doctorial psychologists to be reimbursed for care that is not reimbursed for masters providers is not mentioned.

Another concern the report is "that restricting the scope of practice for Master's level psychologists will eventually result in fewer psychologists available to provide direct services as Doctoral level providers will be able to spend less time on actual direct patient care if the proposed legislation, requiring them to supervise Master's level psychologists is passed." This is confusing, as the WVPA proposal recommends that masters psychologists maintain their currently unsupervised status, and new graduates will require fewer years of supervision.

REBUTTAL TO RESPONSE TO ARGUMENT 5:

The Practice of psychology has evolved past the current licensure law.

The report indicates appreciation for advances in psychological science necessarily altering the practice of psychology. Further, the report recognizes and appreciates the authoritative role of our national organizations (American Psychological Association (APA) and the Association of State and Provinical Psychology Boards (ASPPB)). These areas of agreement form the basic underlying assumptions for WVPA's Argument #5.

Unfortunately, the statement that there are three core areas of psychology (clinical, counseling and school) does not reflect the current reality of the field. A visit to APA's website (www.apa.org) shows that there are 57 divisions and 14 specialty areas (http://www.abpp.org/i4a/pages/index.cfm?pageid=3285). There are a wide range of divisions, all with specific training emphases. An inaccurate statement in the report indicates that training for these specialties occurs at the postdoctoral level; similarly inaccurate is the statement that the only difference between subdoctoral and doctoral training is teaching and research. These statements reflect an , incomplete examination of

the science and practice of psychology. The fact is that doctoral training is vertically integrated, and earlier coursework lays the groundwork for the clinical training and seminars which continue through the doctoral programs, required clinical internships and are finally completed at the postdoctoral level.

The ASPPB is quoted (out of context) stating that it recognizes and accepts that some jurisdictions license masters level practitioners to work in the field of psychology. This statement is similar to the American Medical Association recognizing that some non-physicians (e.g., Physician Assistants, Nurse Practitioners, Nurses) work in the medical field, but are not called physicians. ASPPB is comprised of a board of directors including 5 doctoral and one masters member. This group recognizes that some sates license masters level practitioners, and that those practitioners have a different title. The report failed to state that the primary emphasis of the ASPPB model licensing law is that doctoral training is considered entry for title psychologist.

For example, directly from the ASPPB model licensing act: (http://www.asppb.net/files/Final_Approved_MLRA_November_2010.pdf) Page 9 of 32.

Psychology training program means a doctoral training program that:
1. Is a planned program of study which reflects an integration of the Science and practice of psychology including supervised professional Practice and/or internship;
2. And, for applicants receiving their terminal degrees after 1990, is Designated as a doctoral program in psychology by the association of state and provincial psychology boards and the national register of health service providers in psychology.
The model act also provides that training programs must be "regionally accredited by bodies approved by the council on postsecondary accreditation and the united states office of education;" (page 7 0f 32). The US Department of Education does not recognize any masters program in psychology. These two agencies clearly state that ASPPB maintains that psychology is a doctoral profession, but also specifies that masters level providers may provide important service.

Further, both APA and ASPPB require specific clinical training experiences including clinical practica and a one-year clinical internship which focuses only on clinical training and advanced coursework (e.g, workshops and seminars) didactics which are designed to build upon the required graduate level coursework. These requirements for clinical training experiences go far beyond the masters level, emphasizing the growing complexity of psychology and the amount of clinical training required to achieve the basic requirements of clinical practice.

The report suggests that master level psychologists will obtain further training if the field calls for it. This is an unsupported suggestion. For example, the field of psychology has acknowledged the need for structured doctoral training since the 1950s. The US Department of Education recognized the quality of training as essential for psychologists, and appointed APA to develop and maintain the standards for training of psychologists in this country. Yet masters level providers have declined to achieve the educational requirements of the field of psychology.

REBUTTAL TO RESPONSE TO ARGUMENT 6

The current regulatory board's ability to protect the public is undermined by members' failure to meet the educational and license requirements of 49 other states. The PERD report offers several points that are intended to counter the important point that the current WVBOE is not able to effectively protect the public.

1) The report notes that there are 2 EdDs and 3 masters level psychologists on the BOE. However, one of the Ed.D members has a doctoral degree in Educational Psychology and the other has a degree in School Psychology and is the school psychology representative. Neither has ever completed a doctoral program in the clinical or counseling psychology areas of psychological practice that predominate in clinical practice. Neither completed a full year, full time internship at a nationally credentialed or accredited internship site. The 3 masters level board members have educational credentials that meet the requirements of the current law, but as masters level graduates they have not completed the full educational and training process required of psychologists throughout the country, including extensive additional clinical training and the required full year, full time internship at a nationally recognized or accredited site. In other words, none of the current BOE members are, by virtue of their limited educational experiences, prepared to evaluate the preparedness or competence of doctoral graduates with more advanced training, often in more specialized area of practice than they encountered in their own preparation.

2) PERD counters the WVPA argument that the public is misinformed about the training level of practitioners by referring to a claim that there are only 3-4 additional classes required of doctoral program graduates. If this assertion were accurate, and the difference between Masters and Doctorate were indeed only 3 classes, it would be hard to comprehend why masters providers did not complete these classes and thus earn the title, ability to bill federal insurance, and access to work in broader range of settings. This argument is based on a seriously incorrect assessment of the differences in the two levels of programs. First of all, there are many more than 3 classes differentiating the program levels (eg at Marshall, the Psy D program requires not only **2 additional full time years** of clinical coursework in areas not addressed in the MA program, there are also **2 additional years of carefully supervised clinical practicum** placements at approved field settings prior to the requisite **full year, full time internship** at an approved training site. Addition training in science is required to understand, critically evaluate and appropriately integrate research evidence into practice. The level of rigor at all stages of the 2 levels of programs is simply not equivalent.

Further, WVPA claims that the WV public is misinformed about the training of our state's psychologists because we are so far out of the national mainstream. In every other state in the country, it is a "given" that psychologists are doctors. The title of psychologist is a doctoral title and there is every rational reason to believe that citizens of WV would assume the same standards are in place here that are operational everywhere else. Our physicians, nurses, attorneys, etc. all meet the same professional training criteria as those required for practice in other states, and thus the public should and does have every right to believe that WV psychologists- who have the same title as psychologists in other states, are trained at the national standard required throughout the country.

3) The points made in the PERD report concerning ethical investigations by the BOE are simply not germane to the educational requirements for licensure that are central to the

proposed changes. First, the WVPA has never claimed or intimated that the BOE is unfair in its processing of ethical complaints. There has never been a claim by the WVPA that doctoral psychologists are, as a group, more "ethical" than masters practitioners. The ethical standards of practice are the same for all psychological practitioners- in WV and in other states who follow the APA Ethical code. Any violation of ethical standards is a function of a myriad of factors relating primarily to the personal integrity of the individual involved, and not to their formal education. While we know of no systematic data on this, it is most likely that ethical violations occur at a relatively similar rate within professional groups who do similar work with similar populations at similar settings. The data cited in the PERD report is simply presented with no analysis of key issues, such as the nature of the various complaints, how many were focused on specific individuals, or what type of work was involved. For example, some work areas, such as forensic psychology, are more likely than others to trigger ethical complaints. This is an area which is considered a doctoral or even post-doctoral level specialization throughout the country.

4) The WVPA position that a doctoral standard for the title of psychologist will better protect the public is not linked to an assertion that doctoral psychologists are more moral or "ethical" than masters practitioner colleagues; neither, however, is the assertion that the public is better protected when physicians are required to complete an entire medical education. The process of being admitted to, studying in and completing an accredited doctoral program prepares new professionals more fully and thus they know more and have more thorough, carefully supervised training experiences upon which to base their professional practice. The public is better protected when their professionals, licensed by the state for their protection, are educated and trained at sufficient level, commensurate with national standards. In psychology particularly, the client/patient population is particularly vulnerable and has no independent basis for evaluating the knowledge or skill of their psychological service provider. It is therefore incumbent upon the licensing process to do all it can to ensure that psychologists are fully educated and trained to provide current, evidence based professional services. In all states other than WV, and throughout all federal programs associated with health care, this standard is met by requiring a doctoral education for the title of psychologist. The citizens of WV are better protected when our psychologists must meet the same rigorous standards as those everywhere else.

REBUTTAL TO RESPONSE TO ARGUMENT 7

Federal funding sources require psychologists to be doctorally-trained.

In the PERD response cited in paragraph two the following conclusion is drawn : " However, the hiring of properly qualified psychologists in accordance with federal law, and not the state's licensing laws, will determine the federal match received by the state." While the statement is obviously factual that state licensing laws will not directly determine federal matches, it sheds light on the actual, glaring problem. The hiring of qualified, doctoral trained psychologists is often not pursued (nor is the accompanying potential funding source) due to the anemic pool to choose from. Currently in this state there is a pool of only 206 psychologists who possess the proper training and credentials to be hired for these positions. The report or fails to show how continuing to fully license federally unqualified clinicians improves the potential pool for hiring for community based programs.

In paragraph three of the response, the report uses the term "subordinate to" in reference to master's level clinicians versus doctoral level clinicians. Nowhere in the initial arguments were these terms used or implied by WVPA. In fact, the proposed change in licensing laws simply defines the roles appropriate for each given stakeholder given their level of training with no implication of subordination.

It should be noted that health care reform will make treatment by psychologists more readily available to West Virginia citizens. The guideline and funding provided from the Federal government and through private insurance collectives will be based on current doctoral level standards established by the federal government and by all private insurance carriers in the US (with the exception of the state based PEIA system). Implementation of the Affordable Care Act ACA) in 2014 will result in an influx of patients with a higher proportion of co-morbid chronic medical illness, mental illness, and substance abuse. The ACA provides financial incentives for health systems providing integrated comprehensive including behavioral specialists. Only doctorally trained psychologists will have the requisite training to work in medical settings, will be reimbursable in these settings, and will be eligible for grants and loan repayment options.

The last statement made in paragraph three, " increased federal monies may in fact result in the necessary expenditure of additional state monies due to the higher reimbursement rates [PERD] would expect doctoral level psychologists to request" is simply conjecture on PERD's part with no supportive evidence.

In Paragraph four the report states that, "The applicant failed to demonstrate how a change in law would provide greater resources for the states Doctoral psychology programs to accept, educate and produce a greater number of Doctoral-trained psychologists". While a change in law would not immediately impact funding to either state institution (WVU/Marshall), the fact remains that the in state students are less likely to apply for the doctoral programs available within the state if a viable master's level alternative is available. The Marshall Psy.D program has now been available to in-state applicants for a decade, yet the proportion of master's to doctoral level psychologists has increased over that time. The current licensing law removes the incentive for many aspiring West Virginia students to peruse national standard level training.

In paragraph five, the report notes "Recruitment and retention of doctoral psychologists is far more complex a question than can be answered by the statement that they won't work here because the state also licenses individuals with Masters degrees as psychologists". While no one would argue that this is a complex one, the report dismisses the previously mentioned study that did show a propensity of doctoral trained psychologists to avoid practice in West Virginia due to current licensing laws. In addition, the attached article from Robiner & Crew "Rightsizing the Workforce of Psychologists in Health Care: Trends From Licensing Boards, Training Programs, and Managed Care" shows that in 1995 West Virginia had a total of 497 licensed psychologists with 69% of them being doctoral trained. The 2012 WV BOEP data shows that we now have 485 active licensed psychologists in the state with 43% of them doctoral trained. The report fails to acknowledge that there is current evidence to support the contention that current doctoral trained psychologists actively avoid practicing in West Virginia secondary to its licensing laws and that there has been a steady decline in the availability of doctoral trained psychologists over the past 17 years despite an increase in the availability of doctoral training programs within the state.

Finally, the report comments on page 19 about the inconvenience to state agencies in changing a law. This concern for inconvenience completely ignores modern technology, especially the "find and replace" function of every modern word processing program. The report suggests that the inconvenience in updating a state licensure law supersedes the benefits of improved access to care and the provision of more effective and cost – efficient care to West Virginia citizens.

Appendix 1. Psychology Licensure Requirements of Six States Mentioned by PERD.

Kansas

Basic Licensure requirements
Good moral character and merit public trust
Doctorate degree in field of psychology 2 years of supervised work experience
Pass a nationally standardized competency examination (EPPP) 70%. The EPPP exam is offered daily once registered with PES. You must have an licensure application on file with the BSRB. Once approved to sit for the exam, you will receive instructions on how to register for the exam.
Source Kansas Behavioral Sciences Regulatory Board
http://www.ksbsrb.org/psychologists.htm#new

Tennessee

1180-2-.02 QUALIFICATIONS FOR LICENSURE.

(1) Psychologist. For licensure as a Psychologist, educational requirements shall be met in one of the following ways:

(a) Documentation of a doctoral degree from an educational program which is listed in the latest edition of "Designated Doctoral Programs in Psychology", compiled jointly by ASPPB and CNRHSPP, shall be deemed adequate evidence that the applicant has fulfilled the academic requirements for licensure as a Psychologist. For HSP designation, only ASPPB/CNRHSP designated programs in clinical, counseling or school psychology, or professional programs combining the above three areas will meet the academic requirements.

(b) Documentation of a doctoral degree from a program designated as a professional psychology program (clinical, counseling, school and combined) by the Committee on Accreditation of the APA shall be deemed adequate evidence that the applicant has fulfilled the academic requirements for licensure as a Psychologist with designation as a HSP.

© For applicants who received their doctoral degree in psychology prior to January 1, 1982, and who have been licensed in good standing as a Psychologist and practicing psychology continuously since that time in another jurisdiction, the Board may consider equivalent training and experience upon petition for a waiver specifically requesting that the Board utilize its discretionary authority

Source: Tennessee Rules of the Board of Examiners of Psychology
http://www.state.tn.us/sos/rules/1180/1180-02.pdf

Kentucky

201 KAR 26:200. Definitions of terms used by the Board of Examiners of Psychologists for meeting educational requirements for licensure as a licensed psychologist.

RELATES TO: KRS 319.050

STATUTORY AUTHORITY: KRS 319.032, 319.050(2)(b)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 319.050(2)(b) requires that to obtain licensure, a psychologist shall have a doctoral degree in psychology from a regionally accredited educational institution. This administrative regulation defines terms as they relate to licensed psychologists.

Source: Kentucky Legislature, Chapter 26 Board of Examiners of Psychologists http://www.lrc.state.ky.us/kar/201/026/200.htm

Vermont

3001. Definitions

For the purposes of this chapter:

(1) "Practice of psychology" means rendering or offering to render to individuals, groups, or organizations, for a consideration, any service involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior which are primarily drawn from the science of psychology. The science of psychology includes, but is not restricted to, assessment, diagnosis, prevention, and amelioration of adjustment problems and emotional and mental disorders of individuals and groups.

(2) "Psychologist" or "practicing psychologist" means a person who is licensed to practice psychology under this chapter.

(3) Psychologist-doctorate means a person who is so licensed under this chapter.

(4) Psychologist-master means a person who is so licensed under this chapter.

Source: The Vermont Statutes Online Title 26: Professions and Occupations, Chapter 55: PSYCHOLOGISTS http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=26&Chapter=055

Oregon

675.030 Licensing of psychologists after examination; requirements; fee; resident designation; rules. (1) Upon application for licensure accompanied by the established fee, the State Board of Psychologist Examiners shall issue a psychologist license to any applicant who performs to the satisfaction of the board in examinations prescribed by the board and furnishes evidence satisfactory to the board that the applicant:

(a) Has complied with all applicable provisions of ORS 675.010 to 675.150 and the applicable rules of the board;

(b) Holds a doctoral degree in psychology, such degree having been obtained from an approved doctoral program in psychology;

© Has satisfactorily completed such courses and training as may be required by the board;

(d) Has had two years of supervised employment under the direction of a psychologist licensed in Oregon or under the direction of a person considered by the board to have equivalent supervisory competence; and

(e) Is of good moral character. For purposes of this section, the lack of good moral character may be established by reference to acts or conduct that reflect moral turpitude or to acts or conduct which would cause a reasonable person to have substantial doubts about the individual's honesty, fairness and respect for the rights of others and for the laws of the state and the nation. The conduct or acts in question must be rationally connected to the applicant's fitness to practice psychology.

(2) The board shall adopt rules by which a person receiving post-doctoral supervision during the application process may enter into a contract to practice

psychology under the supervision of a licensed psychologist, psychologist associate or a person considered by the board to have equivalent supervisory competence. An applicant who enters such a contract shall be designated as a psychologist resident or a psychologist associate resident, accordingly, and shall be subject to ORS 675.010 to 675.150. [1963 c.396 §3; 1973 c.777 §3; 1985 c.90 §3; 1991 c.311 §1; 1991 c.490 §2; 1993 c.585 §3; 2005 c.7 §1]

Source: ORS Chapter 675

http://www.leg.state.or.us/ors/675.html

West Virginia

WEST VIRGINIA BOARD OF EXAMINERS OF PSYCHOLOGISTS

LICENSURE REQUIREMENTS 2010
MASTER'S DEGREE REQUIREMENTS

EDUCATION

1. **Master's Degree Applicants** must possess a MA (Master's of Arts) or MS (Master's of Science) degree granted by an accredited institution of higher learning, such degree must have been completed in a department of psychology, a department of educational psychology, a department of education and psychology, or in a university department with the official designation containing the words "psychology" or "psychological."

2. **Accredited Graduate Degree Granting Institutions** must be accredited by one of the six nationally recognized regional accrediting agencies which include: North Central Association of Colleges and Schools, Western Association of Schools and Colleges, Southern Association of Colleges and Schools, New England Association of Schools and Colleges, Northwest Association of Schools and Colleges, Middle States Association of Schools and Colleges.

3. **Fifty (50) Hours** of graduate level psychology course work must be completed for a Master's degree to meet Board standards.

4. **On Campus Graduate Programs:** Master's degrees must include at least 80% course work earned from on campus classes. Thus, Master's degrees from distance learning institutions do not meet educational requirements for licensure.

5. **Required Core Graduate Level Course** work includes, but is not limited to, all of the following areas: clinical interviewing, diagnosis and treatment planning, psychopathology, biological bases of behavior, ethics, assessment of children and adults, individual psychotherapy, clinical practicum, clinical internship, and tests and measures.

Source: West Virginia Board of Examiners of Psychologists

http://www.wvpsychbd.org/Licensure%20Info%202010.pdf

Appendix 2. Critical Findings / Major Recommendations of the Realizing Our Potential: Transforming West Virginia's Behavioral Health System: by the West Virginia Comprehensive Behavioral Health Commission

1. To reduce the large number of diversions and ensure that adequate programs and services are delivered, West Virginia must increase the available **in-patient based capacity for the forensic/civil population** by 150 beds by 2011. Although sentiment was shared with the Commission that the emphasis should be on preventing the need for more beds, the present and forecasted needs, coupled with the current constraints and stress on the system, jeopardize many aspects of the behavioral health system. The Commission supports pursuit of how best to make increased in-patient based capacity in our state a reality. In spite of the state's best efforts to find community-based care, there continues to be a need for beds, both short term and over the longer term, for the forensic/civil population. BHHF will continue to examine all solutions to the over-census issues at the state facilities including pursuing alternative options, particularly community-based, that may be found in the future.

2. Initial analysis suggests that the comprehensive behavioral health systems envisioned by the Commission cannot be implemented efficiently without **additional funding**, especially regarding prevention. The Commission work to date has neither resulted in a clear picture of current funding streams nor in fully developed strategies for re-allocation of current resources. The Commission believes more effort must be expended to detail present funding in West Virginia's behavioral health system and to develop strategies, including funding needs, for improving the behavioral health system in West Virginia. Although the Commission's recommendations and efforts will continue to find better ways to use and re-direct existing resources regarding the behavioral health system, the Commission suggests that additional new resources, both public and private, will be needed in the future, not just the redirection of present funding. With the potential of reduced federal funding and greater demands for behavioral health programs and services, the state should plan to invest in identified, proven behavioral health system needs where resources are not presently adequate.

3. The Commission fully supports the value of having **independent care coordination** as cornerstone to the behavioral health system. Although the exact model(s) still needs developed, the Commission agrees the independent care coordinator concept will help facilitate integration of primary and behavioral health care and offer greater opportunities for consumers to obtain the programs and services that best meet their needs. The Commission encourages the continued exploration of using the "Medical Home" concept as a part of the independent care coordinator approach taken in West Virginia. Although the "single point of entry" or "no wrong door" approaches have both pros and cons, the real issue is focusing on the consumer to assure the best treatment is received regardless of the place. Thus, the key will be not who provides the independent care coordination, but rather that it is consistent, objective and clearly focused on the consumer. Working report as presented to LOCHHRA 11/17/08 6

4. The Commission advocates a behavioral health system that provides **programs and services** evenly across the State among private and public providers. The policies and practices regarding reimbursement, quality, evidence-based practices, credentials, etc., should be consistent across the system for all types of qualified providers as well as payers. Further, the state needs to establish the staffing qualifications for the private providers and clinics as to treatment and billings. In addition, there needs to be work with all payers to ensure that equality exists across the system regarding qualifications of those

reimbursed for behavioral health services. The Commission sees this as necessary to increase the number of eligible providers that consumers can access anywhere and everywhere across the state. The Commission agrees this will put additional pressure on current resources and calls for special funding consideration by the Legislature.

5. The Commission sees positive advantages to expanding the **court diversion programs (problem-solving courts)** and urges DHHR (BHHF) to continue to work with the Supreme Court and others to increase those programs statewide that show the most promise. The programs such as drug courts, mental health courts and teen courts need to be in place and fully functioning across the state. The Commission recommends that the state look at all types of treatment compliance options that will reduce the number of individuals who end up requiring state-level services rather than community-based services. The Commission fully supports enabling legislation that might be required to facilitate the establishment and effective presence of problem-solving courts in our state.

6. The Commission has concern regarding the ever increasing and future demand on behavioral health programs and services for our Veterans, including National Guard members, especially those returning from extensive engagement in Iraq and Afghanistan. Responsibility for providing these services may be with the federal government, the state government or both. West Virginia needs to be prepared to support this population's needs through coordination of resources and direct services. The Commission agrees this will put additional pressure on current resources and calls for special funding consideration by the Legislature.

7. The Commission has monitored the extensive planning and **organizational work BHHF** has undertaken concurrently with its own work. The Commission fully supports the major reorganization now being finalized within BHHF. Based on status reports from Commissioner John Bianconi, the efforts at BHHF to establish a structure and change positions to be best suited to carry out the recommendations of the Commission are very positive and needed. The Commission urges Secretary Walker to support actively the implementation of the new BHHF as quickly as possible.

8. Throughout the Commission's work to date, issues contained in **WV Code Chapter 27** have risen. The Commission believes that the time is right to open this chapter for a serious review and potential updating to make necessary amendments that support the overall changes being advocated for the behavioral health system. The Commission will assign a special Task Team in this area to work with Legislature to examine the code and make recommendations that also ensure that due process and consumer rights are maintained throughout.

9. The Commission finds fiscal inefficiency in the behavioral health system. Too much money is being spent for the highest levels of treatment—for example, for acute or direct hospitalized services—and too little funds are available for preventive services. Ironically, of course, more balanced expenditures through more money being used for prevention could very well result in less overall cost through fewer dollars being spent for preventable extraordinary services. Working report as presented to LOCHHRA 11/17/08 7 These costs are not only borne by DHHR services themselves, but by law enforcement, courts, and corrections, among others, as well.

10. The **stigma** associated with behavioral health has had a negative presence in West Virginia for too long. From the Commission's initial visioning work to specific recommendations regarding stigma from the working groups, attention to removing the stigma found in many places and in many ways within our state has been a Commission

priority issue. Addressing the stigma issue often gets low priority and little action. Further, there has lacked a coordinated, statewide effort to attack the issue. Despite some in-state efforts, often by consumer groups and including national campaigns, West Virginia has clearly not done nearly enough stigma reduction associated with mental health. The Commission strongly endorses that this be given the priority and funding necessary to make a difference. This is most important as behavioral health and primary health become more integrated and efforts to expand prevention, especially at the community level are put in place.

11. The Commission believes that **technology** offers great promise to enhance significantly the behavioral health system in West Virginia. From consolidated, easily and appropriately accessed records to the effective widespread use of telemedicine concepts, especially in rural areas, the Commission urges focus on current initiatives in the area of technology along with the support, funding and on-going policy changes needed to take the greatest advantage of what technology can offer.

12. **Outcomes-driven practices** must become the norm, not the exception, to reach the behavioral health system results envisioned by the Commission. This will lead to strengthening the performance expectations and will increase accountability across the system. Implementation of recommendations in this area offers great promise in successful outcomes in West Virginia's behavioral health system. Although there are critics of a strong outcomes-based approach, and there are some concerns in the implementation of such concepts, the Commission fully supports moving the state in this direction sooner than later.

http://www.wvcbhc.org/PDFs/Realizing_Our_Potential_Report.pdf

Appendix 3: References for Rebuttal to Response to Argument 2

Annapolis Coalition on the Behavioral Health Workforce. (2007). An action plan for behavioral health workforce development. Report prepared for Substance Abuse and Mental Health services Administration.

Handelsman, M. (1986). Ethics training at the Master's level: A national survey. Professional Psychology: Research and Practice,17, 24-26.

Robiner, W & Crew, D. (2000). Rightsizing the workforce of psychologists in healthcare: Trends from licensing boards, training programs, and managed care. Professional Psychology: Research and Practice, 31, 245-263.

US Department of Health and Human Services. (2012). The National Health Service Corps Loan Repayment Program: Fiscal Year 2012 Application & Program Guidance" (accessed 02/03: http://nhsc.hrsa.gov/downloads/lrpapplicationguidance.pdf)

Watkins, C., Schneider, L., Manus, M., & Hunton-Shoup, J. (1990). Terminal master's-level training in counseling psychology: Skills, competencies, and student interests. Professional Psychology: Research and Practice, 21, 216-218.

Appendix 4

Sample e-mail to program directors:

My name is Jes Leonard and I am a doctoral student at WVU. We have a time sensitive need to update existing data from earlier this year on whether the licensing law in West Virginia is a potential barrier to attracting doctoral level psychologists to the state. We are surveying all of the psychology graduate and post-graduate training programs in the state, and need your response by November 16. So if you could be so kind and e-mail the information and link below to all of the clinical and counseling psychology trainees in your program. Thank you so much for your time.

To Students and Trainees,

We have a time sensitive need to update existing data from earlier this year on whether the licensing law in West Virginia is a potential barrier to attracting doctoral level psychologists to the state. We are surveying all of the psychology graduate and post-graduate training programs in the state, and need your response by November 16. This link will take you to a **1-minute survey** on your views on practicing in West Virginia. PLEASE help us represent your views to your state legislators, who will be considering our state licensing law soon.

https://wvuhre.qualtrics.com/SE/?SID=SV_bEpcznZXVUEdE6p

As you may know, West Virginia is the only state that makes no title or practice distinction between masters and doctoral level psychologists. Every other state in the nation requires a doctoral degree. Our state association (West Virginia Psychological Association; WVPA) has been working to update the law to meet the national standard.

Again, thank you for your attention and effort!

Appendix 5: WV Student Survey Initial Report Last Modified: 11/12/2012 1. What is your home state/province?

Massachusetts	4
West Virginia	28
Florida	3
Tennessee	2
Pennsylvania	10
Maryland	3
New York	2
Vermont	1
Minnesota	1
California	1
Nevada	1
Texas	1
North Carolina	2
Illinois	1

Ohio	3
Missouri	1
Michigan	2
Kentucky	2
North Dakota	1
Colorado	1
Total	70
Most Common	West Virginia (40%)
Total Responses	70

2. Currently, at what level are you in your training?

Doctoral Coursework/Practica	45
Post-Doc	11
Internship	13
Total	69
Most Common	Doctoral Coursework/Practica (65.22%)
Total Responses	69

3. How would you describe the area in which you were raised?

Small Town	25
Suburban	23
Urban/Metropolitan	5
Rural	18
Total	71
Most Common	Small Town (35.21%)
Total Responses	71

4. Following completion of your training, would you consider practicing in a rural setting?

1	Yes		35	51%
2	Maybe		29	42%
3	No		5	7%
	Total		69	100%

Min Value	1
Max Value	3
Mean	1.57
Variance	0.40
Standard Deviation	0.63
Total Responses	69

5. West Virginia is the only state that does not distinguish between masters and doctoral levels of training for the title of "Psychologist" in its licensure law. Following completion of your training would this be a barrier for considering working here?

1	Definitely a barrier		30	42%
2	Somewhat a barrier		20	28%
3	Not a barrier		21	30%
	Total		71	100%

Min Value	1
Max Value	3
Mean	1.87
Variance	0.71
Standard Deviation	0.84
Total Responses	71

6. How much more likely would you be to consider practicing in West Virginia if the following options were available?

2	Loan repayment availability?	9.86%	21.13%	69.01%	71	2.59
1	Increased internship or postdoc options?	16.90%	32.39%	50.70%	71	2.34
5	Licensure law consistent with national standards for psychologists?	18.31%	29.58%	52.11%	71	2.34
4	Elimination of the required post-doc year of supervision for licensure?	33.80%	28.17%	38.03%	71	2.04

7. Please click below to send your responses. Thank you.

	Total		0	0%

FROM 1_304_366_4927 (MON)FEB 4 2013 13:32/ST. 13:31/No. 7531075399 P 2

State of West Virginia
Board of Examiners of Psychologists
PO Box 3955
Charleston, WV 25339-3955

Phone: 304-558-3040
Fax: 304-558-0608
Email: psychbd@wv.gov
Web: www.wvpsychbd.org

February 4, 2013

Shannon Riley, MPA
Senior Health Policy Analyst
WV Legislative Joint Committee
Room E-132, State Capitol
Charleston, WV 25305

RE: Sunrise Application – Psychologists, Board Response

Dear Ms. Riley:

The West Virginia Board of Examiners of Psychologists thanks you for your diligence in researching psychology licensure. The Board appreciates your approach to the issue, one that emphasizes data regarding the existing service delivery system in conjunction with an objective view of the needs of our citizens. Emotional disputes between professionals regarding licensure issues must be irksome to legislators. By using professionals to prepare reports such as this study, we believe that the Legislature can resolve professional disputes by looking at hard facts.

After reviewing your report, the Board of Examiners of Psychologists would like to submit this correspondence as an affirmation of our agreement with the following points.

Does the doctoral degree better prepare individuals for clinical work? No. The doctoral degree prepares individuals primarily for teaching and research. MA providers are typically not interested in conducting research. Instead, they have selected this career to work in a professional capacity with our citizens who need mental health assistance. We do not need more researchers. We need more providers.

Do MA psychologists provide lesser quality services? No. In fact, West Virginia's MA psychologists have fewer ethical violations than doctoral psychologists.

Who has the most clinical experience prior to licensure? MA level psychologists do. MA psychologists are required to complete 10,000 hours of hands-on clinical work (typically 5 years of full time supervised experience) prior to licensure as opposed to the 2000 to 4000 hours (typically one year of supervised experience) required for doctoral applicants.

Does it make sense to require a doctoral degree to practice independently in WV? No. Our MA psychologists have been providing the majority of direct services to our residents for decades; many of these psychologists are West Virginians providing services in their county of origin. In contrast to doctoral providers, many Masters prepared psychologists prefer serving our smaller communities and rural areas. These professionals have the training and experience needed, and they are doing a fine job.

What is the larger, national, picture? The U.S. is facing a mental health care provider shortage, the doctoral training model for many professions is failing to produce the desired results, and the care provider shortage is most acute in rural areas. West Virginia is a rural state. We do not have many resources. We must do what works. We need more West Virginians to become psychologists and to return to their home counties to provide services for future generations. West Virginia has developed an effective training mechanism that produces service providers capable of passing the national licensing exam, requires five years of hands on supervised training before licensure, and prepares new professionals to provide the quality psychological services that our state's residents need and deserve. The Legislatures' and this Board's 2010 Series 3 Rules changes have further advanced that mechanism's effectiveness. Your report recognizes that we have a system that works, that reaches the desired goals, and one that we can afford.

After reviewing the comprehensive analysis reflected in your report, the WV Board of Examiners of Psychologists concurs with your findings.

Sincerely and on Behalf of the West Virginian Board of Examiners of Psychologists,

T. M. Yost, Ed.D., President
WV Board of Examiners of Psychologists

West Virginia Association of Professional Psychologists

Shannon Riley, MPA,
Senior Health Policy Analyst
Performance Review and Evaluation Department
WV Legislative Joint Committee
Room E-132, State Capitol
Charleston, WV 25305

February 1, 2013

Dear Ms. Riley:

West Virginia Association of Professional Psychologists (WVAPP) is happy to receive a draft copy of your report regarding the proposal by the West Virginia Psychological Association (WVPA) to amend the state's psychology licensure laws.

The Board of WVAPP was profoundly pleased and impressed. We believe that you spent a lot of time on the relevant issues, interviewed many if not all of the relevant stakeholders, and strongly documented your case. Your conclusion should support continued access to competent behavioral health care for all of West Virginia's most vulnerable citizens.

The Board hopes and anticipates that the Legislature will accept your recommendation as written. We appreciate the time you spent with us and with all the other stakeholders. We offer, as always, any additional time or information that we can provide.

Sincerely,

Sheila E Kelly

Sheila Emerson Kelly, M.A., NCSP
Licensed Psychologist
President, WVAPP

WEST VIRGINIA LEGISLATIVE AUDITOR
PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314, State Capitol Complex, Charleston, West Virginia 25305

telephone: 1-304-347-4890 | www.legis.state.wv.us /Joint/PERD/perd.cfm | fax: 1- 304-347-4939