

Approved: 3-6-97
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 17, 1997 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

State Senator Larry Salmans
Dwight L. Young, Executive Director, Mental Health Center, Great Bend
Charles R. Befort, Ph.D., Larned
Boyd Limes, Kansas Association of Masters In Psychology
David O. Hill, Ph.D., Kansas Psychological Association
Jack W. Martin, Ph.D., Administrator, Labette Center for Mental Health Services, Inc.

Others attending: See attached list

Hearing on SB 196 - Practice settings for licensed masters level psychologists

Senator Salmans expressed his support for SB 196 and introduced the following conferees who also spoke in favor of the bill:

Dwight L. Young, Great Bend Mental Health Center, noted that in 1987, SB 288 created the position of Registered Masters Level Psychologist who joined the Licensed Social Workers and Licensed Psychologists as the only mental health providers credentialed by the Behavioral Sciences Regulatory Board. Compromise between masters level psychologists and Ph.D. psychologists resulted in legislation that restricted place of employment by masters level psychologists and required work to be performed under the direction of a physician or licensed psychologist. The bill would move masters level psychologists to unlimited private practice. (Attachment 1)

Charles R. Befort, Ph.D., Larned, stated that (1) the services, provided by the masters level psychologists he has worked with, have been satisfactory to excellent; (2) it is very difficult to recruit and retain licensed, doctoral-level psychologists in western Kansas; (3) the removal of the requirement that a masters level psychologist can be licensed only if he or she works in specified facilities and agencies is long overdue; and (4) the Licensed Masters Level Psychologist can provide his or her services to anyone who wishes to purchase them. (Attachment 2)

Boyd Limes, Kansas Association of Masters in Psychology, noted that the BSRB prior to September 1996 received notification from the Attorney General's office that the MLP not employed in the settings strictly allowed by law would not have their credentialing renewed within those settings. Without appropriate changes there would be a loss of cost-effective psychological services in areas of the state which are predominately served by MLP, and organization like Youthville would not have the opportunity to utilize the services of an MLP. (Attachment 3) Committee discussion related to the lack of psychologists in underserved areas, MLP working in correctional facilities, and exams taken by Ph.D's and MLP's.

David O. Hill, Ph.D., Kansas Psychological Association, spoke in opposition to SB 196. Dr. Hill stated that the bill ignores well established minimal qualifications for the independent practice of psychology, accomplishes nothing substantial for the citizens of Kansas, and may put the mentally ill in Kansas at more risk as noted in his written testimony. (Attachment 4) Committee discussion related to the shortage of Ph.D. level psychologists in western Kansas and the supervision and function of master level psychologists.

Jack W. Martin, Ph.D., Administrator, Labette Center for Mental Health Services, Inc., also spoke in opposition to the bill. Dr. Martin stated that if the Committee wanted to do something positive for licensed masters level psychologists and the Kansans they related to in treatment of mental health problems, he would recommend that state funded doctoral programs become user friendly for masters level psychologist; and that admission requirements not be lowered but recognize those master level psychologists with the ability to succeed and structure programs so they can have a career ladder and earn their doctorate degree if they wish to engage in the independent practice of psychology. (Attachment 5)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on February 17, 1997.

The Chair requested staff review the history of Master Level Psychologists and how those issues evolved to this point.

Written testimony only was distributed to the Committee from Canda Byrne, Kansas Alcoholism and Drug Addiction Counselors Association, in support of the bill (Attachment 6); and copies of letters from Marc A. Schlosberg, Ph.D., (Attachment 7) and Bruce Michael Capps, Ph.D., (Attachment 8) in opposition to the bill.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 18, 1997.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-17-97

NAME	REPRESENTING
Roslyn James-Martin	SRS-Children & Family Services
Phyllis Lewin	SRS-IM/ERS
Charles DeFert	—
Boyd L. James	KAMP
Russell Johnson	The Center for Counseling
Jack W. Martin, PhD	habette Center for Mental Health Services
David C. Hill, PhD	Kansas Psychological Association
Susan Linn	Ks Psychological Assoc.
Mary Ann Grabel	BSRB
Cheryl H. Kinderknecht, PhD	BSRB
John May	visitor
Thomas Wilson	visitor
Shawn [unclear]	visitor
[unclear]	[unclear]
KATH A. LAUND	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Michelle Peterson	Peterson Public Affairs



A Comprehensive Community Mental Health Center

PHONE (316) 792-2544

5815 BROADWAY

GREAT BEND, KANSAS 67530

**Presentation To
Senate Public Health & Welfare Committee
on
S.B. 196 (Licensed Masters Level Psychologist)**

by

Dwight L. Young, M.S., M.B.A.

Executive Director

Licensed Masters Level Psychologist

Certified Mental Health Administrator

February - 1997

- In 1987, SB 288 created the Registered Masters Level Psychologist, who joined the Licensed Social Workers and the Licensed Psychologists as the only BSRB credentialed mental health providers. However, only the Licensed Psychologist and the Licensed Specialist Clinical Social Worker could practice independently.
- Compromise between masters level psychologists and Ph. D. psychologists resulted in legislation that restricted place of employment by masters level psychologists and requires work to be performed under the direction of a physician or licensed psychologist. However no national test was required for registration making it some what easier to qualify for the Registration.
- Since 1987, Licensed Professional Counselors, Licensed Alcohol & Drug Counselors, Licensed Marriage & Family Counselors (all Masters level training or less) have been granted independent practice status. Plus, the LMLP must now meet credentialing requirements set by the BSRB and they must pass the National Psychology exam, but they still are restricted to working in specific settings with oversight requirements.

- The only reason these restrictions continue is that, among the mental health professions, only the LMLPs have “natural predators”, the Licensed Psychologist who have great financial interest in keeping these restrictions in place.
- Licensed Psychologist, KPA, and APA will tell you that they consider the PH.D. to be the entry level degree for independent practice. However, this comes from organizations that require a Ph. D. for full membership and to hold an office. They should have the power to determine who can join their club, but they should have no authority over who a Kansas citizen can see for mental health treatment.
- As the state moves to privatization contracts, these restrictions unfairly limit the LMLPs ability to compete for jobs that require BSRB credentials. It is not reasonable to legislate that an individual working in a mental health center is competent in that setting, but becomes incompetent to perform the same work if that particular job ceases to exist and a private entity gets the contract to provide the service. Also, just extending the practice restrictions to cover state contracts will not solve the problem. If the state contract ends, other providers loose their job, the LMLPs loses their credentials.
- Further, keeping the practice restrictions in place, while tightening the eligibility requirements will inhibit out of state recruitment. This forces up salaries of those available to work and increases health care cost.
- To “set these people free” will not be without opposition. Even the community mental health centers, which supported the 1987 legislation, has a conflict of interest in legislation that would end their “preferred employer” status.
- To make the right call should be easy. When compared to the training and experience requirements for all the other BSRB independent practitioners, the LMLP is fully qualified to offer his or her services to the public. The fact that they share part of a title with the Licensed Psychologist, should not relegate them to a career of indentured servitude.

STATEMENT IN SUPPORT OF SENATE BILL 196

Senator Praeger:

I am a licensed, Ph.D.-level, psychologist who has spent his entire professional career in western Kansas. The vast majority of my psychologist colleagues are, and have been, masters level psychologists. I feel the quality of the psychological services provided by those clinicians has been satisfactory to excellent.

There are three specific issues I want to comment about. In western Kansas it is very difficult to recruit and retain licensed, doctoral-level, psychologists. So, masters level psychologists are providing the majority of psychological services, and doing so competently. I am of the opinion that the spirit of the proposed changes in Senate Bill 196 recognizes the value and competence of the masters level psychologist while continuing to provide regulation, as is the case for doctoral-level psychologists, for society's protection and benefit.

Second, the removal of the requirement that a masters level psychologist can be licensed only if he or she works in specified facilities and agencies is long overdue. In my opinion, whether a clinician is competent and, therefore, licensable, is dependent on training, experience, and performance, and has nothing to do with where he or she works, or, for that matter, whether that clinician works as a psychologist at all! Either the person has the credentials and competence to be licenced, or he or she does not.

Third, by the changes proposed in Senate Bill 196, the Licensed Masters Level Psychologist can sell his or her services to anyone who wishes to purchase them; the employers and consumers make the choices. A licensee, at the doctoral as well as the masters level, may provide only those services he or she is competent to provide or be subject to forfeiture of his or her license. As I see it, that's what licensing and regulation are all about: providing licenses to professionals who are competent, and withholding them from those who are not. In that way, consumers make the choices while being protected from incompetents.



Charles R. Befort, Ph.D.
Licensed Psychologist
(316-285-3219)
2-17-97

Senate Public Health and Welfare
Date: 2-17-97
Attachment No. 2

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
TESTIMONY RE: SENATE BILL 196
Presented by Boyd A. Limes, LMLP on
behalf of Kansas Association of Masters
In Psychology
February 17, 1997

Madam Chairperson, Members of the Committee:

My name is Boyd Limes. I am a Licensed Master Level Psychologist and a board member of the Kansas Association of Masters in Psychology or KAMP. KAMP is a chapter of the Northamerican Association of Masters in Psychology. It's membership is comprised of persons who share an interest in the practice of psychology at the masters degree level.

As a member of KAMP and a practicing Licensed Masters Level Psychologist, I would like the committee to know that I agree with the previous testimony in support of Senate Bill 196. I am aware that there is a need for parity with Licensed Masters Level Social Workers who are allowed to provide independent practice. I believe that Licensed Masters Level Psychologists have academic and clinical background that not only reaches the same level as the Licensed Masters Level Social Worker but extends beyond due to academic training in the area of psychological testing and diagnosis of psychopathology. I agree with the purpose of the intent of this legislation.

As this committee is aware the Behavioral Sciences Regulatory Board prior to September 1996 received notification from the Attorney General's office that the Masters Level Psychologists not employed in the settings strictly allowed by law would not have their credentialing renewed within those settings. What was immediately apparent was the loss of the services of Masters Level Psychologists within the prisons in the State of Kansas. However, this is not the only area which will be affected by the Attorney General's more strict interpretation of K.S.A. 74-5363 (b) (4). As the employment structure of the professional marketplace evolves, there is increasing privatization of services provided by federal, state, county, and municipal agencies or other political subdivisions. As we move away from the traditional practice of agencies directly employing all the needed professionals to the current situation where an increasing amount of services are being provided on a contract basis, the statutes which govern the Masters Level Psychologists must be amended to insure that psychological services will continue to be available to all citizens of the State of Kansas. Of immediate critical concern is that, as of July 1, 1997, those persons currently employed with contracting affiliates, other than associated within the domain of the Community Mental Health Centers, would not be allowed to practice as Masters Level Psychologists. These other employment

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settings include a duly chartered educational institution, a medical care facility licensed under K.S.A. 65-425 et seq. and amendments thereto, or in a psychiatric hospital licensed under K.S.A. 75-3307 b and amendments thereto. Without appropriate changes there would be a loss of cost-effective psychological services in areas of the state which are predominately served by Licensed Masters Level Psychologists. Organizations like Social and Rehabilitation Services or Youthville would not have the opportunity to utilize the services of Masters Level Psychologists.

In areas such as Western Kansas, this can mean a significant reduction or complete elimination of psychological services to Kansas residents.

Not only do we see the need for Senate Bill 196 but also for the immediate concerns brought to our attention by the Secretary of Corrections regarding the loss of Licensed Masters Level Psychologists in the prisons. My organization is also keenly aware of the future loss of services provided by Masters Level Psychologists due to further privatization of mental health services. We are aware that there is a bill in the House that is a temporary solution to these problems. Senator Salman's bill would be a permanent solution.

I wish to express my thanks for the opportunity to testify to this committee and to the sponsor of the bill.



KANSAS PSYCHOLOGICAL ASSOCIATION

February 17, 1997

Testimony before the Senate Health and Welfare Committee

RE: SB 196

Presented by David O. Hill, Ph.D.
Legislative Committee Co-Chair
Kansas Psychological Association

Statement of Opposition to SB 196

The Kansas Psychological Association encourages the Committee to reject SB 196. This bill ignores well established minimal qualifications for the independent practice of psychology, accomplishes nothing substantial for the citizens of Kansas, and may put the mentally ill in Kansas at more risk.

SB 196 ignores National Standards regarding the minimal training required for the independent practice of Psychology:

We are not arguing or debating the point that LMLP's can play an important role as members of multi-disciplinary treatment teams. There are many LMLP's employed in mental health centers and other state, federal, and municipal organizations. However, there is a vast difference between working as a team member of an agency where decisions are made as a group and working in the independent, unsupervised practice of psychology.

This is not an elitist issue. It is an issue of what are the minimal standards for accreditation, licensure and independent practice. Our national organization, the American Psychological Association (APA) was founded in 1892 and has been a major force in shaping the practice of psychology in this country. Accreditation criteria for doctoral programs were originally developed in the 1940's and 1950's by APA as a result of inquiries by the Veterans Administration, the Public Health Service, and the Army Surgeon General. By the time of the Boulder Conference in the 1940's, the doctoral degree was established as the entry level degree for the profession of psychology. The standard of the doctoral degree for licensure for the independent

Re: SB 196

practice of psychology has been upheld by the American Association of State Psychology Boards (to which our own BSRB belongs), the National Register of Health Service Providers in Psychology, the Joint Council on Professional Education in Psychology, as well as by the American Board of Professional Psychology and by the Health Insurance Association of America. The APA accredits programs of training, including the programs at Kansas University and Kansas State University. A one year internship is also required for completion of the doctoral degree in psychology and the internship training programs are also accredited by APA. Hence, the acceptance of the doctoral degree as the minimal level of training for independent practice is well established through an established curriculum, accreditation of programs, accreditation of internships and because the doctoral degree has been accepted as the criterion for designation as independent health care practitioners (e.g. National Register; The Health Insurance Association of America). The doctoral degree as the minimal degree for independent practice is also the accepted standard in 47 of the fifty states. Only Vermont, West Virginia and Oregon allow for independent practice of psychology by persons with master's degrees. Several states, including Iowa, Missouri, Pennsylvania, and Minnesota that had allowed unsupervised practice at the master's level have revised their statutes to require doctoral level training for independent practice.

Master's level training in psychology grew out of two sources. Some programs grant master's degrees to those persons who cannot complete doctoral level training. This is the case with master's degrees given by the Psychology Department of the University of Kansas. Other colleges and universities have developed a master's degree as a "terminal degree", meaning that students enter the program knowing they will not go beyond the master's degree. Master's level programs are not accredited by the APA or any other national psychology accrediting organization. There are no national standards for psychology training programs at the master's level, with the possible exception of school psychology. The master's level programs may vary from one year to two years in length. There is great variability in curriculum among these programs.

Sometimes the argument is made that post-degree supervision

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of work experience can substitute for rigorous doctoral training. However, post-degree supervision, whether before or after individuals are licensed, is not comparable to doctoral training or internship supervision in terms of (a) the level of monitoring and evaluating of competence and professional conduct, (b) the organization, frequency, or intensity of supervision, or (c) in the precise specification of training goals.

SB 196 endorses less training when the trend in psychology is toward more training.

As has occurred in medicine, as psychological knowledge and techniques increase in depth and sophistication, the future of psychological education is likely to require longer periods of pre-doctoral and post-doctoral training. Therefore, it does not make good sense for legislation to be passed which accepts less training than the already established minimal standard for independent practice in psychology.

The citizens of Kansas gain nothing by the passage of SB 196.

LMLP's already practice throughout the state of Kansas, including rural areas. LMLP's can diagnose and treat mental illness as part of a multi-disciplinary team under the direction of other professionals licensed for independent practice. LMLP's receive insurance reimbursements, a fact that was guaranteed by HB 2692 which was heard in this committee last year. HB 2912 was recently passed by the House and allows LMLP's to work under the direction of mental health professionals licensed for independent practice who are contractors with any federal, state, or municipal agency and in schools and psychiatric hospitals. Hence, LMLP's have already made significant gains in insuring their availability to the citizens of Kansas. SB 196 does nothing to increase availability of LMLP's.

There are significant losses and risks associated with SB 196.

There will be no increase in services to rural areas or any other underserved population since the shift of LMLP's to private practice would mainly have the effect of robbing

Re: SB 196

multi-disciplinary agencies such as Mental Health Centers of some of their staff without any guarantee that there will be other LMLP's to take their place. Multi-disciplinary agencies which hire LMLP's may find that their best LMLP's go into private practice in competition with Mental Health Centers.

Furthermore, SB 196 creates a situation which places some of the most vulnerable of our citizens at risk. It is one thing to say that a person with a master's degree in psychology can practice psychology in a multi-disciplinary setting. It is another thing to say that an individual with a master's degree is qualified to practice psychology independently. The American Psychological Association has published a document entitled General Guidelines for Providers of Psychological Services. Because of its length, I did not include it in your packet of material but will provide copies to any of you who wish to see it. This document indicates that the doctoral degree is the minimum requirement for professional psychology. The APA has also produced another document entitled the APA Model Act for State Licensure of Psychologists which also specifies that the doctoral degree is the minimum requirement for independent practice. Licensure and establishment of minimal practice standards are designed to protect the public from harm by establishing minimal professional standard for practitioner competence; by establishing minimal professional standards for practice; and by defining the profession's scope and members so that unlicensed practice or title use is prevented by persons lacking the required knowledge or skill. SB 196 asks the Committee to approve legislation giving private practice privileges to a group whose training has not been demonstrated to be acceptable for independent practice.

Typically, leadership organizations in a profession or specialty provide standards of training and practice which guide the accreditation for independent practice. SB 196 seeks to ignore and abolish well established minimal standards for the independent practice of psychology and to use legislation to re-define the profession and practice of psychology.

Please consider these points and reject SB 196.

THE DOCTORAL DEGREE PROGRAM IN PSYCHOLOGY*

1. The training is in a doctoral program of studies offered by an institution of higher education which is regionally accredited by an accrediting agency that is substantially equivalent to the accrediting agencies which accredit the universities in Kansas.
2. The program, wherever administratively housed, is clearly identified and specified in pertinent institutional catalogs as having the intent to educate and train psychologists.
3. The program stands as a recognized coherent organizational entity within the university.
4. There is clear authority and primary responsibility within the program for the core and emphasis areas of psychology.
5. The program, wherever administratively housed, is an organized sequence of study which is planned, by responsible administrators to provide an integrated educational experience.
6. There is an identifiable full-time faculty, and a person responsible for the program whether those individuals are licensed, certified, licensable, or certifiable at the doctoral level to engage in the practice of psychology and whether the student's major advisor is a member of the psychology faculty.
7. The program has an identifiable body of students who are matriculated in the program for a degree, with residency requirements substantially equivalent to the requirements at the state universities in Kansas.
8. The program includes appropriate practicum, internship, field or laboratory training.
9. The curriculum encompasses a minimum of three academic years of full-time graduate study, including at least one continuing academic year of full time residency at the university granting the degree.
10. The program requires each student to demonstrate competency in a manner indicating a degree of mastery in each of the following substantive content areas. The program shall require a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following four core substantive areas:

a. The biological bases of behavior, including such courses as physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology;

b. the cognitive-affective bases of behavior, including such courses as learning, thinking, motivation, and emotion;

c. the social bases of behavior, including such courses as social psychology, group processes, and organizational and systems theory; and

d. the individual differences, including such courses as personality theory, human development, and abnormal psychology.

11. The training program requires at least 90 hours of formal graduate study in the psychology program in which the applicant shows on the transcript satisfactory achievement, as demonstrated in a manner indicating a degree of mastery. At least 60 of the hours shall be distributed among the four core areas as set forth in subsection (10) and in the following five areas:

a. Scientific and professional ethics and standards;

b. research design and methodology;

c. statistics;

d. psychometrics; and

E history and systems.

12. At least 60 semester hours of the course work for the doctoral program are clearly designated on the university transcript as graduate level courses in the program, exclusive of practica, internship and dissertation credits. The number of university extension credits shall not exceed 10 semester hours. The 60 semester hour credits shall be taken during the period in which the applicant is matriculated in the doctoral program;

13. The course work includes the skill courses appropriate for the applicant's major or area of emphasis. These courses shall constitute at least 30 semester hours of the total 90 semester hours in the graduate program.

14. The program requires, before internship training, completion of internship prerequisites and requires, for an emphasis area, prior training and course work in that area. When the program has an applied emphasis including clinical psychology, counseling psychology, or school psychology, the training shall also include a set of coordinated practica and internship training exercises which total at least two semesters in the practica setting in addition to the one year of internship. The supervised training in the application of skills related to areas of emphasis shall be

performed in an organized setting necessary to qualify for professional experiences.

15. The program includes principles of professional ethics in regard to the use of assessment and intervention techniques and with regard to the confidentiality of interviews and records. The program shall also include ethical principles such as those pertaining to research with human subjects, and the obligations to the parents of clients or patients and to the institutions.

16. The program includes an objective, comprehensive examination in general psychology and the area of emphasis in psychology and the program requires that the applicant pass both examinations before the awarding of the doctoral degree.

17. Each student is required to initiate, prepare, conduct, and report original research as part of the graduation requirements.

18. Completion of a 30 hour minor in a related field.

* Rules and Regulations of the Behavioral Sciences
Regulatory Board, Section 102-1-12

THE MASTER'S DEGREE PROGRAM IN PSYCHOLOGY*

1. Is at least 21 years of age.
2. Has received at least a master's degree in clinical psychology based on a program of studies in psychology from an educational institution having a graduate program in psychology consistent with state universities of Kansas; or has received at least a master's degree in psychology and during such master's or post-master's coursework completed a minimum of 12 semester hours or its equivalent in psychological foundation courses, such as, but not limited to philosophy of psychology, psychology of perception, learning theory, history of psychology, motivation, and statistics and 24 semester hours or its equivalent in professional core courses such as, but not limited to, two courses in psychological testing, psychopathology, two courses in psychotherapy, personality theories, developmental psychology, research methods, social psychology; or has passed comprehensive examinations or equivalent final examinations in a doctoral program in psychology and during such graduate program completed a minimum of 12 semester hours or its equivalent in psychological foundation courses such as, but not limited to, philosophy of psychology, psychology of perception, learning theory, history of psychology, motivation, and statistics and 24 semester hours or its equivalent in professional core courses such as, but not limited to, two courses in psychological testing, psychopathology, two courses in psychotherapy, personality theories, developmental psychology, research methods, social psychology.
3. Has completed 750 clock hours of academically supervised practicum or 1500 clock hours of postgraduate supervised work experience.

* House Bill 2692, Sec. 29. (b), (1)(2)

APPENDIX B

March 6, 1996

Sandy Praeger
State House
Topeka, Kansas 66612

Fax #: 913-296-6718

Dear Ms. Praeger:

My understanding is that your Senate Committee on Public Health and Welfare will be considering House Bill No. 2692 on Friday of this week. I will be out of the state on business at that time, and therefore would like to convey my reactions to this bill via letter. I am writing in my role as the Director of the Clinical Psychology Program at the University of Kansas. Our Ph.D. program has been certified by the American Psychological Association since 1949. I have been the Director of this Ph.D. Program for the last 21 years, and have kept current on the status of licensing and privileges in my field.

I do not believe that the changes outlined in House Bill No. 2692 are good for the citizens of Kansas because this moves masters level psychologists from the status of being registered to licensed. While this distinction may seem minor, I believe that it is important to keep licensure notation for persons who are trained at the Ph.D. level so as to signify their more thorough preparation to render psychological services. In the eye of the average citizen, licensure signifies a legitimizing of a given professional to render services in an independent and adequate fashion. Masters level psychologists simply are not qualified to render psychological services at the level of Ph.D. psychologists. The difference in graduate hours between a person with a masters degree and a Ph.D. degree in clinical psychology is in the area of 60 to 70 semester hours. This amounts to a minimum of three years of training. I also would note that Ph.D. programs in clinical psychology are accredited by the American Psychological Association, whereas masters programs in psychology undergo no such quality control. Likewise, as part of the education of a Ph.D. psychologist, it is necessary that the student attend a one-year, full time internship at an independent internship site; moreover, it should be noted that these internships are accredited by the American Psychological Association and must undergo rigorous scrutiny. Additionally, persons admitted to APA-approved clinical psychology programs must have evidenced excellence in their undergraduate preparation, and as such the standards are very high for admission (e.g., for students entering our program, the undergraduate grade point average is approximately a 3.6 on a 4 point system, and the Graduate Record Examination scores are in the very top percentiles); for masters programs, the standards are variable and much lower.

Over the years in our Clinical Psychology Program at Kansas, when we have dismissed students after garnering the masters, we have done this because we did not think that they were sufficiently skilled to meet the standards expected in Kansas and elsewhere for the Ph.D. We made such decisions with the assurance that such students would not go out and be licensed in Kansas. With the potential changes inherent in House Bill No. 2692, however, this safeguard would no longer be in place.

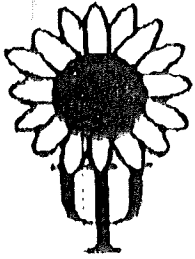
I could go on about the differences in the degree to which masters and Ph.D. level psychologists are selected and trained to serve the public, but I hope that I have made my point. I am strongly opposed to House Bill No. 2692 on the grounds that licensure should be attached to persons who have met the standards for a given professional area.

Please do not hesitate to contact me at 913-864-4121, or by e-mail to crsnyder@kuhub.cc.ukans.edu., if I can provide further input in this important matter.

Yours respectfully,

C. R. Snyder
Professor and Director
Clinical Psychology Program

cc: Michael Roberts, Director of Clinical Child Psychology Program at the University of Kansas
Dennis H. Karpowitz, Chairperson of Psychology Department at the University of Kansas



Kansas Association of Masters in Psychology

P.O. Box 713, Pittsburg, Kansas 66762

A Chapter of the Northamerican Association of Masters in Psychology

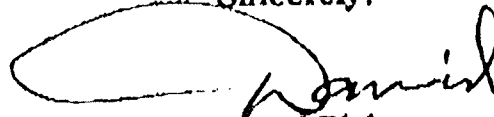
February 16, 1996

Dear Registered Masters Level Psychologist:

KAMP has made enormous progress on our legislative initiative in the past two months. As part of the Mental Health Credentialing Coalition, we have hired a lobbyist and introduced a bill (HB 2692) to the House Committee on Health and Human Services, chaired by Rep. Carlos Mayana. The bill was introduced on January 29, 1996 then passed onto a subcommittee chaired by Rep. Phyllis Gilmore, and it proposes a change in the title of RMLP's from "Registered" to "Licensed." Although the doctoral lobby is opposing our bill and trying to confuse the issue by saying HB2692 provides masters level psychologists with independent practice, THIS IS NOT TRUE. Simply put, HB2692 changes nothing about the nature or scope of an RMLP's practice -- it only changes the title from a "Registered Masters Level Psychologist" to a "Licensed Masters Level Psychologist." An LMLP would still work under all the same restrictions as to setting as the current RMLP (public sector CMHC's, etc.) and NOT be allowed to engage in independent practice. By changing the title we are helping to ensure that services provided by masters level psychologists will get reimbursed by insurance companies who have recently begun refusing to pay for services provided by RMLP's. HB2692 also provides for masters level psychologists to be appointed to the BSRB, in equal numbers as the doctoral level psychologists.

The KAMP leadership has been extremely busy testifying at legislative hearings, meeting with the lobbyist and coalition members, contacting legislators and making hundreds of telephone calls. We made progress in a subcommittee hearing yesterday, and we hope to move the bill on for further consideration on Monday (February 19). However, we have only raised approximately one-third of the money necessary to fund our effort. Our coffers are empty and we have bills to pay, so we need contributions in any amount you can afford. We have been requesting \$100.00 from KAMP members, but any amount you can afford will be put to good use. We have already made more progress than many expected was possible, but continued progress is contingent upon continued funding. As soon as you send in your contribution, turn to the RMLP's around you who have not yet contributed and encourage them to do the same! Get anyone you can to send a check, payable to KAMP, to P.O. BOX 713, Pittsburg, KS. 66762. If you are not a member of KAMP, you can always join later, or you can complete the enclosed application and join now, but we need your contributions now! Please, encourage other RMLP's to do their fair share and contribute to their own future. We'll keep you posted.

Sincerely,


David Elsbury,
KAMP President

Labette Center for Mental Health Services, Inc.

"Help for Today, Hope for Tomorrow"

1

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February 17, 1997

Testimony before the Senate Health and Welfare Committee

RE: SB 196

Presented by Jack W. Martin, Ph.D.

Statement of Opposition to SB 196

Good morning: I am Dr. Jack Martin, a licensed Psychologist and the administrator of the Labette Center for Mental Health Services, Inc., a licensed community mental health center and a licensed alcohol and drug outpatient agency. I am a past president of the Kansas Psychological Association, and a board member of the Association for Community Mental Health Centers of Kansas and a member of the professional standards committee of that organization. I am also a co-principle investigator of the KanFocus children's federal grant that serves five (5) mental health centers and thirteen (13) counties in southeast Kansas, and have been involved in planning activities for the children's initiative for the State of Kansas. I am sure it is apparent that I have been around for awhile so what I have to say this morning comes from a variety of experiences tempered with having been there and having dealt with most of the issues that I would expect to be addressed before this committee regarding masters vs Ph.D. practice concerns.

I want to make it absolutely clear that I speak today as the administrator of a community mental health center, not as a representative of any other organization other than Labette Center for Mental Health Services. I hope to make it clear what passage of SB 196 means from my perspective as an administrator who has worked as a masters level psychologist and as a Ph.D. level psychologist, and who is now responsible for hiring and supervision of staff to provide mental health services in a small, rural setting. Let me also point out I am a native Parsonian, so many of the clients of Labette Center are people I know or have known across generations, and that I sincerely care about the quality of the services provided by our community mental health center to my friends and neighbors who will hold me accountable.

Senate Public Health and Welfare

Date: 2-17-97

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I believe the issue facing your committee, and of primary concern to the consumers of psychological services is whether or not licensed masters level psychologist, practicing independently, can provide psychological services at the same level of competency and quality as doctoral level licensed psychologist. My experience and observations, as first a masters level psychologist, later as a doctoral level psychologist, and as an administrator indicates to me that the answer is "no", not consistently across ranks. This is not to say that I have not known any masters level psychologists who have developed the necessary skill level in specific specialty areas that are comparable to most doctoral level psychologist. I have known some masters level psychologists who have become very good providers in their area of special interest and have made the effort to become excellent in what they do best through training and educational activities beyond their masters program. However, when comparing across the ranks of those trained in masters degree programs and those trained in doctoral degree programs the comparison clearly favors the doctoral level trained psychologist in the depth and the array of psychologist skills and knowledge.

There are clearly reasons why the above is true. Universally, admission criteria and competitiveness for getting into doctoral programs is certainly held to a higher standard than masters level training programs. It is professionally more prestigious to hold a professorship and teach in a doctoral program, scholarly knowledge and professional activities are rewarded at a higher level, and professional recognition regarding the professional success of your students by your peers is a strong motivating factor. Thus, selection of the strongest students, professors with stronger professional and financial incentives as motivators, and competitiveness for rank between doctoral level programs makes a difference. Never has the masters level training program in psychology been accepted as the independent practice degree, and this has been one of the strengths in assuring quality in training of psychologist who can be licensed for the independent practice of psychology.

The advantage I have found in working in a community mental health center is that, as administrator, I can balance the staffing pattern of mental health professionals so that it allows for a truly interdisciplinary team approach. Thus, when clients seek services their specific needs can be matched with a mental health professional whose clinical strengths relate to the identified needs the client is there to address. Developing a specific area of clinical strengths is an ongoing process, thus, masters level psychologist are provided supervision and continuing educational activities. Books, materials, workshops and conferences are important to this continual process of developing clinical skills and specialties. Input from other disciplines such as psychiatrist and social worker team members is important and occurs both

informally as well as formally. Outside experts and training on variety of issues and topics increases the exposure of staff to areas of common interest and need for understanding. This is a major financial investment in the training needs for our clinicians but the quality of services provided by our agency requires this investment. We currently can make this investment into developing masters level psychologist into strong qualified mental health professionals due to the present licensure restrictions that designate mental health centers as the primary place where they can work as the provider of mental health services. However, if the scope of practice for licensed masters level psychologist is broadened extensively or the mental health centers are no longer the primary place of employment then I, for one, will be reevaluating who I will hire and spend the centers limited resources on for training and skill development.

Because interdisciplinary staffing, treatment planning, and supervision is available, and since development of a variety of specialty programs is the usual and expected occurrence in mental health centers the utilization of masters level psychologist and social workers has enjoyed a successful history. Thus, we offer a sexual abuse victims program with the primary provider being a licensed masters level psychologist, a licensed alcohol and drug outpatient treatment program directed by a master level social worker, children's community based services directed by a licensed specialist clinical social worker, and so on. All of these individuals have been primarily trained in the specialty they are heavily involved in at considerable expense to our community mental health center. Currently we can feel safe when investing in licensed masters level psychologist as they are the most likely to remain in the mental health system.

My point is that licensed master level psychologist have enjoyed an edge for being selected for opportunities for specialty training and enhanced skill development. In the future, if SB 196 passes, this attractiveness will be greatly dulled. My experience with recent new hires is that when we find a licensed masters level psychologist that is a "keeper" we want to do what is needed to provide for training and offer financial incentives to maintain them in our employment.

Therefore the concern I have, and assume other mental health center directors will share, is the passage of SB 196 will force me to approach staffing and the training investment in staff differently in the future. I believe it will.

I wish to leave you with these questions:

1. Will the public we serve in any meaningful way benefit from passage of SB 196?
2. Does comparison across the ranks of master level vs doctoral level training for psychologist indicate that the standards for independent practice of psychology would not be lowered by passage of SB 196?
3. Are the admission criteria extent of training provided, and the quality and resources of the total programs similar enough between masters level and doctoral level programs enough to warrant changing the standards and requirements for the independent practice of psychology as presented in SB 196?

I strongly believe the answer to be "no" for each of these three questions. further, citizens of Kansas in need of mental health services including those by psychologist need know that the services they will receive from a mental health center, a private practitioner, or in any setting do not just meet a minimal standard but held to be of the same high quality regardless of the financial resources to access these services. There is room for all who succeed in meeting the standards consistent with their level of education, training and ability to fit into the service delivery system for mental health treatment. Being able to hang out one's personal shingle should not be the goal but to reach the ultimate in our ability to provide the service needed should be our driven force.

If you want to do something positive for licensed masters level psychologist and the Kansans they related to in treatment of mental health problem then I would recommend that we all work towards, or even demand, that State funded doctoral programs become users friendly for masters level psychologist, and that admission requirements not be lowered but recognize those master level psychologist with the ability to succeed and structure programs so they can have a career ladder and earn their doctorate degree if they wish to engage in the independent practice of psychology.



KADACA

Kansas Alcoholism and Drug Addiction Counselors Association

For More Information Contact:
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February 17, 1997

**Written Testimony
Submitted to Senate Public Health and Welfare Committee
on Senate Bill 196**

Senator Praeger and Members of the Senate Public Health and Welfare Committee, I am Canda Byrne. I am the Legislative Representative for the Kansas Alcoholism and Drug Addiction Counselors Association and the Kansas Alliance on Alcohol and Other Drug Services, Inc. The Kansas Alcoholism and Drug Addiction Counselors Association (KADACA) is a membership organization that represents over 500 alcoholism and drug addiction counselors around the state of Kansas. KADACA's primary task is the certification of addiction counselors. The Kansas Alliance on Alcohol and Other Drug Services, Inc. is representative of groups including the Kansas Multi-Cultural Association on Substance Abuse, the Regional Prevention Centers Directors Association, Mothers Against Drunk Drivers and KADACA.

Although I am not giving verbal testimony today, both the Kansas Alcoholism and Drug Addictions Counselors Association and the Kansas Alliance on Alcohol and Other Drug Services, Inc. wanted to support SB 196. We feel that masters level psychologist should have the right to engage in the private, independent practice of psychology. Clinicians do not perform in a more professional manner because of where they are employed nor because of the place they are housed. It is of note that the other professions providing mental health services practice independently at the masters level.

Thank you for allowing us to submit this written testimony in support of SB 196.

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Senate Public Health and Welfare
Date: 2-17-97
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The Honorable Sherman Jones
913-296-0103

Dear Senator Jones,

This letter is in regard to Senate Bill 196 which has a hearing scheduled for Monday February 17th at 10:00 am. I urge you to strongly oppose this bill.

Last year the Registered Masters Level Psychologists put forth legislation to use the word Licensed rather than registered and were successful in their attempts to change their status to Licensed Masters Level Psychologists (LMLP). They were emphatic at that time that it was not their intent to achieve independent practice and that they believed that working under continued direction of Licensed Psychologists was appropriate. I believe strongly that this was a significant factor in the bill getting out of committee as there was no change in the scope of practice.

This group is seeking to redefine the practice of psychology through legislation rather than through appropriate training or discussions involving professionals. I am currently Clinical Director at a Community Mental Health Center in Eastern Kansas and supervise several LMLPs. I believe that subdoctoral individuals can serve an appropriate role in the provision of psychological services in the State. I view them as well qualified to practice in a formal and organized group setting where multi-disciplinary team meetings are held and there is backup and supervision available when needed. Although this statute would essentially release me from supervising these individuals and freeing up my work time, I strongly feel that this would not be appropriate given their level of training and proficiency.

It is my understanding that the original RMLP statute was passed in an effort to ensure community mental health centers were appropriately staffed and rural populations would be provided with sufficient mental health resources. This statute allowed subdoctoral providers to provide psychological services so long as they were under the direction of a licensed psychologist or physician. Direction was seen as important to ameliorate the possible risk associated with the practice of psychology by subdoctoral individuals with far less training.

I believe the passage of this bill will be confusing to the people of Kansas who would be uncertain if the "Licensed" private practice practitioner they are seeing has a minimum of one year of training or six years of training. The legislature has provided several options for subdoctoral individuals to provide specific mental health services. Master's Level individuals can readily obtain licenses for marriage and family therapy (LMFT) or for professional counseling (LPC). The passage of SB196 would be comparable to allowing an individual with two years of medical school to call themselves a physician or one who has bookkeeping experience to refer to themselves as a CPA. Although there is overlap of some services, the public is clear about level of training and experience.

Thank you for your time and attention to this matter. Please do not hesitate to contact me if you have any questions or require additional information

Respectfully,

Marc A. Schlosberg, Ph.D.
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Clinical Associates, P.A.

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Honorable Sherman Jones
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Last year the Registered Masters Level Psychologists put forth legislation to use the word Licensed and were successful in their attempts to change their status to Licensed Masters Level Psychologists (LMLP). They were emphatic at that time that it was not their intent to achieve independent practice and that they believed that working under direction was appropriate. I believe strongly that this was a significant factor in the bill getting out of committee as no change in the scope of practice was sought.

This group is seeking to redefine the practice of psychology through legislation rather than through appropriate discussions involving professionals and level of training. I had my Masters degree within my first year of graduate school and before I had any true clinical experience. I worked under Licensed psychologists but was not prepared through my course work or through my subsequent supervision to practice independently.

I have numerous sites throughout Eastern Kansas and Missouri where I either offer or supervise the provision of psychological services. I believe that Masters trained individuals can serve an appropriate role in the provision of psychological services in the State. I have several Masters level persons in my practice whom I view as well qualified to practice in a formal and organized group setting where multi-disciplinary team meetings are held and there is backup and supervision available when needed.

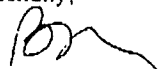
I believe the passage of this bill will be confusing to the people of Kansas who would be uncertain if the "Licensed" private practice practitioner they are seeing has a minimum of one year of training or six years of training.

I also feel strongly that a more global view should be taken with respect to scope of practice issues. Various groups should simply not tender pieces of legislation yearly which address some additional aspect they feel they have added to their abilities. Scope of practice should be defined by training and expertise. It should be directed with the main focus of what is best for the people of Kansas and not by which group can approach the legislature most frequently.

I am personally confused by a group that states in writing and through committee testimony just one year ago that they were not interested in expanding their scope of practice only to have Bill 196 put forth. It is easy for my to believe that the public may be just as confused as to the training, expertise and abilities of private practice psychologists should Bill 196 pass.

Thank you for your time in this matter. If I can be of any further service please do not hesitate to contact me.

Respectfully,



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Licensed Psychologist

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