



December 12, 2016

Dear Sunset Advisory Commission Member,

Thanks for hearing my testimony on December 8<sup>th</sup>.

In that testimony I stated that the main reason I have worked for 20 years in the Rio Grande Valley as the only place I've been a licensed psychologist, is because I was offered a postdoctoral residency training position, which I needed to get licensed in this state. Otherwise, I would not have come to Texas or to the Rio Grande Valley. In addition, I would not have trained over 24 future psychologists, 12 of them in the Valley and 12 of them in two other underserved locations of Northeast (Tyler) and extreme Northwest Texas (Big Spring/Lubbock) as part of a training Consortium.

Sen. Gonzales stated that we had three days to submit additional testimony in case we had a response the other testimony we heard. There were several things that I heard that were disturbing, including some testimony from some Licensed Psychological Associates that they have to pay supervisors in order to provide services. There may have been a time where it was legitimate for this to occur, but my understanding is that because of an Atty. Gen. ruling approximately two legislative sessions ago this would be inappropriate for both the licensed psychologist providing the supervision and the LPA. Essentially it was my understanding that the Atty. Gen. Greg Abbott confirmed that the rule that the board has in the Board Rules is consistent with the intent of the licensing act, in that the Licensed Psychological Associate credential was created for assisting psychologists and providing psychological services but only under the supervision of psychologists and must therefore be employees of those psychologists and cannot practice independently. HHSC interpreted the Atty. Gen.'s ruling this way and made an explicit rule when billing for the service of LPA's that the LPA must be an employee of the psychologist submitting the billing to Medicaid. While I am not a lawyer, it seems that it's very clear that LPA's are free to practice if they apply for a job provided by an agency that has a psychologist to supervise them or by a psychologist who employs them. This is the way the system works and there is no restraint of trade, at least not any more than a physician's assistant working for a physician is having their trade restrained. When graduate students go to school in psychology and decide to stop at the Masters level and get an LPA, they are taught that they are choosing a career path in which they will always require supervision. This is the same for physician assistants. They will never be able to practice medicine independently, and will always require the supervision of a physician. To practice mental health care independently at the Masters level there are three licenses in the state that allow you to do so: those are the LPC, the LMFT, and the LCSW. All three of these licenses require more supervised hours in order to obtain these independent practice licenses than is required for the LPA. The simple reason for that is that the LPA is a license that was specifically set up for someone to become an associate in providing psychological services and therefore requires fewer hours to obtain that license. It allows for quicker entry into the mental health profession that comes at the expense of always being required to practice under the supervision of a psychologist. People that make this choice are always free to make the choice to return to school or engage in the necessary activities to obtain one of these other license or even a doctorate so they can become a licensed psychologist. There is no restraint here, simply requirements that we all have to abide by in order to obtain one license or another. It's just like someone who becomes a certified nurse assistant and spends time with nurses and learns a lot about nursing and decides that they want to become a nurse. They then decide to go back to school and do what it takes to get a nursing license. Simply working alongside nurses for decades doesn't allow

you to become a nurse when the only credential you have is a certified nursing assistant certificate. Nor will a physician assistant be granted an MD after decades of practice as a PA.

There are similar concerns with the testimony some Licensed Specialist in School Psychology. With this group of providers the public has the protection of these folks practicing in a system that has a lot of guidelines and oversight from TEA and their public school system. When they step outside of that system they are practicing outside of the system the LSSP was designed for. They would be operating outside of protective guidelines of an agency and public school systems rules and regulations. As you heard by the testimony of the Disability Rights Texas lawyer that within that system LSSP's are operating under the political pressures of their school districts in being complicit in denying children access to special education. Often I have some of these providers question my diagnosis of a child, which they have the right to do, but it can be on grounds that reflects their lack of training. For example, it's repeatedly happened that someone will say to parents or in a report that a child I diagnosed with an Autism Spectrum Disorder doesn't have that disorder because they were able to make eye contact with them during their assessment. There are very few conditions I assess for that can be ruled out simply because of one behavior. These things occur despite the LSSP's being part of a system that provides oversight. What would happen if they were working independently in systems and situations where there is no oversight. There is no oversight in private education. There would be no oversight out in the public unless the LSSP's were required to work under some type of supervision. Finally, we have a subset of two groups of people (LSSP's and LPA's) asking for something they knew was not possible when they chose to enter one of those two career paths. Finally, it seems that during the testimony from psychologists that you as a committee came to understand how important the training we go through is before one is awarded a license to practice psychology independently. By definition doing so requires a doctorate, and the post-doctoral training that we testified about is so critical. Most LSSP's and LPA's accept the career path they chose and many choose to leave it for another path. Yet, these subsets of LPA's and LSSP's are asking you to consider doing through the sunset process what they've attempted unsuccessfully for years through the legislative process.

As a reminder both of these groups with only their master's degrees and current licenses are lacking the following to be able to practice psychology independently:

- 1) 60 additional credit hours of graduate instruction
- 2) 300 to 1500 hrs. of clinical practice and experience in their doctoral programs
- 3) having completed a dissertation
- 4) having completed a 1750 to 2000 our doctoral internship
- 5) having passed the EPPP at the 70% level required for licensed psychologist instead of a lower threshold
- 6) having passed the oral exam which we clearly identified as being key for testing whether someone is able to demonstrate their ability to work independently
- 7) and finally an additional 2000 hours of postdoctoral clinical training or training in their scope of practice (e.g. I/O or neuropsychology) under the supervision of a licensed psychologist

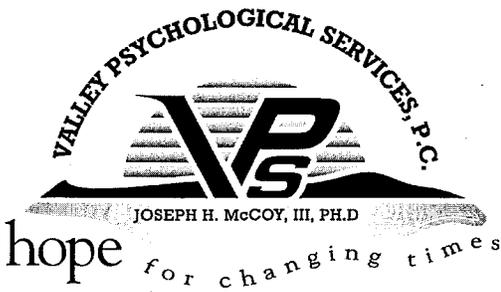
It seems clear to me that the public is best served having this high standard of providers who are unambiguously identified as licensed psychologists.

Sincerely,



Joseph H. McCoy, Ph.D./Licensed psychologist  
Pres. Valley Psychological Services, P.C.  
Volunteer Faculty, UTRGV School of Medicine  
Director, Lone Star Psychology Internship Consortium (LSPIC) Board

Joseph H. McCoy



Thursday, December 08, 2016

Dear Sunset Advisory Commission Member,

Thanks for all the hard work you have done and are engaging in to accomplish the challenging Sunset review process. I am enclosing a modified form of the letter that was sent to, Mr. Romig, the lead lawyer for the Commission. In this letter I'm going to emphasize one point. I share the concerns of my colleagues who have written you and will try to repeat little of what they've said and what I wrote before.

I am asking you not to follow two particular recommendations of the Texas Sunset Advisory Commission Staff Report on the Texas State Board of Examiners of Psychologists. These are the recommendations to end the oral exam and the postdoctoral training year. Most of my concern is with the latter but the oral exam does provide a level of protection by those who are trained to identify concerns of potential colleagues. Even if we only prevent 3% of people from becoming licensed who show significant concerns of being a threat to public health during the oral exam, the damage to the public we may be preventing is potentially great. More importantly, the profession of psychology in the state of Texas considers training incomplete without the 2000 hour postdoctoral training year. This is still the standard in most states. I find it incredibly disconcerting that a group of non-psychologists believe they can determine when training is sufficient. To me this is tantamount to telling the Texas Medical Association that family residency training should only be two years instead of three. I just can't imagine that occurring and find it beyond the pale that it is occurring in my profession.

Secondly, with regards to the postdoctoral training year it's been claimed that it becomes a barrier to meeting the workforce needs state of Texas. That is simply not the case. In addition, the state of Texas itself, by allowing reimbursement of postdoctoral residents seeing Medicaid patients has actually created a win-win situation that is actually a boom for the state coffers as well as for the protection and service to the Texas public. It's a boon for the coffers because those residents get paid only 70% of what a fully licensed psychologist gets paid providing the same service. There providing this service under supervision; thus the patient is getting a high quality service and the state is paying less for it. By continuing to require the postdoctoral training year the State of Texas will be putting future psychologists in situations where they are serving the underserved with a mechanism that provides for funding of such training. The psychologists and institutions that are willing to engage in providing this training are serving populations that most psychologists don't serve in urban areas, and are attracting postdoctoral residents to underserved/provider shortage areas of Texas. At the end of this year of training these trainees become licensed psychologists and are more likely to stay in those underserved areas of Texas. If you remove the postdoctoral training year there will be less incentive for people to move to and work in underserved areas of Texas or with underserved populations in urban areas. Hence the removal of postdoctoral training year is more likely to harm the citizens of the state of Texas than provide more psychologists to serve them as the poorly conceived argument goes. I hope you'll agree

with me that while we want to remove actual unnecessary barriers to licensure in many healthcare professions, we do not want to become the state that attracts less well trained psychologists to compete for psychology positions in psychologist-saturated urban areas.

By the way, the main reason I have worked for 20 years in the Rio Grande Valley as the only place I've been a licensed psychologist, is because I was offered postdoctoral residency training position, which I needed to get licensed in this state. Otherwise, I may not have stayed at all let alone work in this underserved area.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe McCoy", with a stylized flourish at the end.

Joseph H. McCoy, Ph.D./Licensed psychologist  
Pres. Valley Psychological Services, P.C.  
Director, Lone Star Psychology Internship Consortium (LSPIC) Board