

KPA's Influence on Public Policy in Kentucky

KPA's focus of public policy advocacy has been on the enhancement of the practice of psychology, eligibility of psychological providers for third-party reimbursement, protecting access for consumers and clients to psychological services, and protection of the scope of practice and titles used by psychological providers. Many of the legislative initiatives undertaken by KPA to achieve these goals have involved revisions of the psychology licensing law (KRS 319, initially passed in 1948) and/or revisions of the administrative regulations which implement the statute. Over the years, KPA has convened a number of Task Forces and study groups to examine the licensure statute and to keep abreast of developments nationally.

In addition to work with the KY Board of Examiners in Psychology and the legislative and administrative branches in revising regulations associated with the Psychology Licensing Law, legislative activities focused on the statute itself (KRS 319) include:

- 2010 GA: On this third attempt, passage of revision of KRS 319 to comply with APA Council of Representatives' recommendation to change the sequence of licensure for doctoral-level psychologists to allow those with sufficient clinical experience to become fully licensed a year earlier. This change was endorsed by doctoral training programs, graduate students and early career psychologists in Kentucky. Also, "psychological testing" was added to the scope of practice defined in KRS 319 for all psychologists.
- 2001 GA: Passage of revision of KRS 319 to change title and function of Master's-trained psychological practitioners, based on KPA Task Force recommendations;
- 2000 GA: Defeated two bills proposed by KAMP and school psychologists; opposed by KPA;
- 1992 GA: Omnibus Revision of Psychology Licensing Law (KRS 319) to reinforce practice definition, not just title protection, include mandatory CE, clarify Health Service Provider status;
- 1988 GA: Minor Revisions of KRS 319 to clean up technical errors;
- 1986 GA: Omnibus Revision of Psychology Licensing Law to open the opportunity for autonomous functioning by Master's-trained practitioners, following KPA Task Force recommendations.
- 1984 GA, 1982 GA, 1980 GA: Defeated proposed revisions of Psychology Licensing Law proposed by Master's groups which would have blurred the distinction between Master's and doctoral training of psychologists.

During the past 30 years, KPA's advocacy has been directed to modify or defeat attempts by other professional groups to impinge on the practice of psychology, particularly around the issue of psychological testing. Currently, a KPA Work Group has prepared a recommendation to the licensure board for revision of the psychological testing regulation to strengthen it and more clearly define the scope of testing which is solely the purview of psychological providers.

In 2013, KPA leadership worked with the administration, particularly the Cabinet for Health & Family Services to make the case that the Behavioral Health Provider Network should be opened up to include psychological providers as eligible Medicaid providers of services. Since January of 2014, all independently-practicing psychological providers have had the opportunity to become credentialed by Medicaid and by the various Managed Care Organizations (MCOs). KPA has provided comments to the Cabinet to revise regulations to assure the this change is fully implemented and is inclusive of all psychological providers.

KPA has worked with legislators to assure the inclusion of psychologists as recognized providers in health care reform and insurance reform legislation over the past 20 years, including successfully amending HB 440 (2008 GA) to include psychologists in legislation requiring prompt credentialing and notifications by managed care companies.

KPA has played a leadership and convening role with other coalitions and advocacy groups, including the KY Mental Health Coalition, the KY Medicaid Consortium, Kentuckians for Health Care Reform, the United 874K Disabilities Coalition and Kentucky Voices for Health. KPA has successfully orchestrated broad support from providers, advocates, consumers, family members,

faith communities and civic organizations to join in achieving passage of:

- Increased funding for community-based, public sector behavioral health services including the Community Mental Health Centers (CMHCs), historically the largest employer and training site for psychological providers (1986-2014 General Assembly budget sessions)
- Creation of Technical Advisory Committees to address behavioral health, children's health, and intellectual disability issues in Medicaid (2011 GA)
- Defined psychological services to be included in legislation requiring reimbursement for autism spectrum disorder treatment; defined applied behavioral analysis so as not to limit the role or scope of practice of psychological providers (2010 GA)
- Passage of anti-bullying bill after four previous failed efforts (2008 GA)
- Reducing/ eliminating Medicaid co-pays for MH medications and treatment (2006 GA)
- Advance consumer directive for mental health treatment (2003 GA)
- Medicaid formulary and prior authorization protections (2002 GA)
- Comprehensive Mental Health/Substance Abuse Parity legislation (2000 GA)
- Strategic planning for mental illness and substance abuse services (2000 GA)
- Consumer and provider protections in insurance and managed care plans (2000 GA)
- Domestic Violence and Child Abuse programs and funding (1996 GA)
- Inclusion of mental health services/ providers in omnibus health care reform (1994 GA)
- Insurance Reimbursement for Psychologists and Social Workers (1994 GA)
- Psychotherapist liability protection – Duty to Warn (1986 GA)

At the federal level, KPA works closely with the APA Practice Organization (APAPO) to contact members of the Kentucky Congressional delegation about issues affecting the definition of psychologists, the scope of psychological practice, inclusion of psychological services in federal programs such as Medicare, funding for graduate school education in psychology and for loan forgiveness programs for psychologists working in rural areas. Successes include:

- ✓ Federal parity requiring that mental health and substance use disorders be treated the same as physical illnesses.
- ✓ Inclusion of licensed psychologists as Medicare providers, although still not included in the "physician" definition.
- ✓ Successfully staving off implementation of cuts to Medicare reimbursement rates as a result of the SGR.
- ✓ Several members of the Kentucky delegation have signed on as co-sponsors of legislation to include psychologists in reimbursement for instituting electronic medical records.
- ✓ Action by members of the Kentucky delegation caused Social Security Disability Determination office to reverse an unfavorable ruling which would have negatively impacted the ability of Master's-level psychological providers to perform disability evaluations.