

KPA 2019 Legislative Priorities

At the state level:

Support legislation maintaining psychologists' role in licensing, regulating, and overseeing the practice of psychology.

Rationale/examples: Maintain the autonomous functioning of the KY Board of Examiners of Psychology.

Support legislation to strengthen minors' access to mental health treatment and advocacy services.

Rationale/examples: Current law permits physicians to provide mental health counseling to minors without parental consent but does not specifically allow licensed mental health professionals to do so, nor DV & rape crisis centers to provide advocacy services to minors.

Support legislation addressing school safety issues by improving school climate and culture and increasing the availability of mental health services to students.

Rationale/examples: The recent spate of school shootings –including the deadly incident in Marshall County – has caused the state legislature to examine possible responses, ranging from more metal detectors, police presence and arming teachers to providing resources for trauma-informed schools and increased school-based mental health services and supports.

Support legislation that increases access to behavioral health services & supports a positive climate for psychology providers.

Rationale/examples: Require uniform credentialing & prompt payment by Medicaid MCOs & other insurers; Support expanded services to address Kentucky's opioid crisis; Provide financial help to sustain CMHCs' operations as part of the state's retirement system.

Uphold public protection by opposing legislation allowing non-psychologists to deliver services which are clearly defined as the practice of psychology.

Rationale/examples: Seek revision of bill language which, if not modified, would infringe on the practice of psychology by those seeking licensure in a profession other than psychology.

Increase psychology's voice in decisions affecting behavioral health.

Rationale/examples: Establish a Palliative Care Interdisciplinary Advisory Council within the Cabinet for Health and Family Services with one or more psychologists on the council.

Support evidence-based legislation designed to improve population health outcomes in Kentucky.

Rationale/examples: Support anti-smoking measures; Fund health literacy programs across the state.

Support legislation that improves health equity for historically underserved populations.

Rationale/examples: Add health supports to reduce gaps in health services; Reimburse peer support specialists in both the mental health and substance use disorder arenas; Take actions to decrease social isolation in vulnerable populations which erodes health quality; Create community health workers to link Kentuckians with appropriate health care services.

Maintain Medicaid coverage for all Kentuckians below 138% of the federal poverty level.

Rationale/examples: Protect coverage of the approximately 440,000 Kentuckians on the Medicaid rolls under the Medicaid Expansion, many of whom have substance use disorders.

Monitor and respond to changes in the tax reform measure passed hurriedly in 2018 with no time for public input.

Rationale/examples: The tax reform measure now taxes non-profit organizations in their fundraising, makes the tax system more burdensome on low-income Kentuckians, and may include efforts in the future to impose a tax on health care providers, including psychologists and other behavioral health providers.

At the federal level:

Maintain the Affordable Care Act Maintain Essential Health Benefits, requiring coverage of mental health & substance use disorders and behavioral health treatment

Apply parity requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicaid and Medicare and to all plans in the individual, small and large group markets.

Establish an array of basic insurance protections, including prohibiting pre-existing condition exclusions, annual/lifetime coverage limits, discrimination based on health status.

Require guaranteed renewal of coverage, network adequacy, age and gender rating restrictions, and effective appeals processes.

Support the Medicare Mental Health Access Act, H.R. 1173/S.448 which would add psychologists to Medicare's "physician" definition and remove physician oversight and referral requirements under Medicare that restrict psychologists from providing needed services to Medicare patients (individuals 65 and over, and those with significant disabilities).