

# Your Practice Assessment in Action

## 10 Advocacy Activities from the APA Practice Organization A Companion to the American Psychological Association



Dear Colleague:

In today's challenging economy, members want to know now more than ever how their professional associations are helping them. This summary highlights a broad range of recent advocacy activities by

the **American Psychological Association Practice Organization** (APA Practice Organization, or APAPO) to advance and protect the professional interests of practicing psychologists.

The APA Practice Organization is a **companion organization to the American Psychological Association** (APA) established in 2001 to enable new and expanded advocacy activities that support the psychology practice community. Created as a 501(c)(6) organization under Internal Revenue Service (IRS) rules, the APA Practice Organization is able to advocate free of IRS restrictions and prohibitions that apply to activities of a 501(c)(3) organization like APA.

APAPO's activities are limited only by available resources. **Practice Assessment payments to APAPO from licensed APA members provide vital resources** for sustaining our wide ranging advocacy work – from protecting the doctoral standard for the independent practice of psychology to challenging rate cuts for psychological services, supporting litigation against abusive managed care practices and representing professional psychology's interests on Capitol Hill.

You help others. We help you.

Sincerely,



Katherine C. Nordal, PhD  
Executive Director, APA Practice Organization

P.S. We are always eager for our practitioner members to let us know how we can meet your professional interests and needs. Please email us at [practice@apa.org](mailto:practice@apa.org) or call toll-free, **1-800-374-2723**.

Here are 10 examples of advocacy activities between January and October 2011, supported by the APAPO Practice Assessment:

- I Affirming the doctoral standard for independent psychology practice.** CAPP awarded the Texas Psychological Association (TPA) an emergency grant of \$10,000, and APAPO collaborated with TPA on legal issues and strategy as the state psychological association joined a legal battle to protect the doctoral standard for independent psychology practice. This initiative culminated in an August 2011 affirmation by the Austin District Court that the Texas State Board of Examiners of Psychologists had statutory authority to require that "psychological associates" trained at the masters level be supervised by licensed psychologists trained at the doctoral level.

### A NATIONAL-STATE PARTNERSHIP

The APA Practice Organization Committee for the Advancement of Professional Practice (CAPP) and APAPO collaborate closely with state, provincial and territorial psychological associations (SPTAs). The national organization provides financial, consultative and other support for numerous advocacy efforts at the state level.

CAPP grants totaling nearly \$5.8 million have been given to SPTAs for legislative initiatives, organizational development and additional uses since APAPO began in 2001. These grants are funded by Practice Assessment payments from APA Practice Organization members.

**2 Challenging rate cuts by health insurers.** APAPO worked with the Florida Psychological Association (FPA) in August 2011 to prepare a letter to the Florida Office of Insurance Regulation (FLOIR) immediately after FPA learned that Blue Cross Blue Shield of Florida (BCBS FL) and its new behavioral health subcontractor were planning a 30- to 60-percent reduction in psychologists' reimbursement rates. The reductions were part of a new provider contract that psychologists seemingly were asked to sign within 15 days. FLOIR responded to the letter within one week, assuring FPA that psychologists will have more time to decide about the new provider contract and that the state regulatory agency is working with the health insurers to correct certain problematic language in the contract. APAPO and FPA will continue to address the crucial issues raised with FLOIR regarding the adequacy of reimbursement rates and the impact on patient access to mental health services. Unfortunately, the problem has spread quickly beyond Florida. APAPO has collaborated with the Kansas and Michigan Psychological Associations and is poised to work with additional SPTAs as similar issues arise in other states.

**3 Supporting litigation against abusive managed care practices.** In July 2011, APAPO collaborated with the New Jersey Psychological Association (NJPA) and its outside counsel on re-filing a lawsuit by NJPA and two patients against Horizon BCBS and Magellan. The lawsuit alleges that the companies violated state privacy law and the HIPAA Privacy Rule in managing mental health care for the state employee plan. An emergency CAPP grant was provided to support this litigation.

**4 Advocating for professional psychology as the Affordable Care Act is implemented.** This

advocacy includes providing comments in support of the Medicare Decisions Accountability Act of 2011 (H.R. 452), a bill to repeal the Medicare Independent Payment Advisory Board (IPAB). In a June 2011 comment letter, APAPO supported repealing the board, which would be tasked with making Medicare cost-cutting recommendations beginning in 2014.

---

*“For less than \$12 a month, a psychologist who pays the APAPO Practice Assessment can rest assured that a team of highly skilled professionals is working every day to advocate for the profession’s interests in addressing threats and obstacles to psychology practice.”*

– Katherine C. Nordal, PhD

---

**5 Challenging mental health care authorization requirements that may violate the federal health insurance parity law.** In May 2011, Blue Cross Blue Shield of Illinois (BCBS-IL) reiterated to the Illinois Psychological Association (IPA) that it will not try to re-institute authorization requirements governing outpatient therapy that had been slated to take effect in January. APAPO has worked closely with IPA since 2010 to challenge authorization requirements newly proposed by the company. APAPO helped IPA prepare a letter to BCBS-IL objecting to implementation. Late in December 2010, BCBS-IL made its initial announcement that the company was withdrawing the authorization requirements.

**6 Confronting AMA assaults on non-physician scope of practice.** In May 2011, Dr. Katherine C. Nordal and other selected representatives of the Coalition for Patients' Rights (CPR) met with the American Medical Association (AMA) chief executive officer, president of the AMA Board of Trustees and the association's general counsel

staff. CPR consists of more than 35 organizations, including APAPO, representing a variety of licensed non-physician health care professionals. The meeting focused on advocacy packets disseminated by AMA that erroneously outlined the education, training and credentials of various non-physician disciplines, including psychology. The packets were made available in states where organized medicine opposes attempts by non-physician organizations to broaden their scope of practice. CPR members provided numerous examples of inaccuracies in the modules and requested that AMA withdraw them. The high-level AMA representatives indicated that the modules would be considered for revisions.

**7 Convening the 28<sup>th</sup> annual State Leadership Conference.** In March 2011, the annual APAPO State Leadership Conference attracted nearly 500 psychology leaders to Washington, DC, to participate in workshops, symposia and networking opportunities. On the final day of

the conference, attendees met with more than 300 members of Congress and staff to address advocacy issues of importance to practicing psychologists and consumers of psychological services.

**8 Gaining introduction of federal legislation to include psychologists in the Medicare definition of “physician.”** In late February and early March 2011, key allies of professional psychology in the Senate and House introduced legislation to include psychologists in the Medicare definition of “physician.” This is an important step toward ensuring that psychologists are able to provide Medicare mental health services free of unnecessary physician supervision requirements that hinder patient access. Visits to congressional offices by APA Practice Organization 2011 State Leadership Conference attendees, and subsequent grassroots emails and calls, resulted in several dozen cosponsors being added to the bills.

*Continued on the next page*



## TOP ISSUES PRACTITIONERS CARE ABOUT

**Importance of APAPO advocacy activities:**

Protecting reimbursement for psychological services .....	94.5%	*
Legislative advocacy efforts .....	90.5%	
Helping states protect the doctoral degree as the standard for psychologist licensure .....	87.3%	

\* Percentages indicate total respondents rating the activity as "Extremely Important" or "Important"

**Level of concern about practice-related issues:**

Health care reform .....	77.0%	*
Managed care/private-sector reimbursement .....	70.2%	
Medicare reimbursement .....	57.6%	

\* Percentages indicate total respondents rating themselves as "Extremely Concerned" or "Concerned" about the activity

SOURCE: 2011 Survey of Practice Assessment Payers

**9 Achieving restoration payments for Medicare psychotherapy services.** In February 2011, following months of delays, the Centers for Medicare and Medicaid Services (CMS) announced that psychologists would soon begin to receive retroactive restoration payments for Medicare psychotherapy services provided between January 1 and July 1, 2010. The restoration payments were one aspect of many Medicare payment changes included in the Affordable Care Act (ACA) of March 2010. The ACA provision followed the December 31, 2009 expiration of an earlier five-percent payment restoration for psychotherapy services. The APA Practice Organization successfully advocated for reinstatement of the psychotherapy monies for all of 2010, retroactive to January. A later law extended the additional five percent Medicare psychotherapy payments through 2011.

**10 Advocating for psychologists' eligibility for electronic health records incentive payments.** The APA Practice Organization gained bipartisan support for House and Senate legislation that would extend eligibility for electronic health record incentive payments to

mental, behavioral and substance use health professionals. As federal rules to implement the Health Information Technology for Economic and Clinical Health (HITECH) Act take effect, the APAPO is advocating for full inclusion of psychologists under the law's incentive programs. Sen. Sheldon Whitehouse (D-RI) introduced legislation on March 10, 2011 to allow mental health practitioners and facilities to seek reimbursement for purchasing electronic health record-keeping systems (EHRs). Introduction of a companion bill by Rep. Tim Murphy (R-PA) was pending as of September 2011.

---

*If you are an APA member who is licensed by a state board of psychology and you haven't yet paid your Practice Assessment for 2012, this is a reminder that you can do so online at [my.apa.org](http://my.apa.org). Log in using your APA user ID and password, and click on "Renew Your Membership for 2012." You can also call APA Membership Services at 1-800-374-2721.*