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## Sunset Advisory Commission Report for 2019

October 2017

The Texas State Board of Examiners of Psychologists is due to undergo Sunset Review once again by the Texas Sunset Commission in 2019.

The Texas Psychological Association has identified the following issues for consideration during the Sunset Review:

1. *Maintain the Texas State Board of Examiners of Psychologists (TSBEP) as an independent board*
2. *Maintain the doctoral standard for psychologists and the independent practice of psychology*
3. *Maintain training standards for licensure for psychologists*
4. *Adopt PSYPACT (The Psychology Interjurisdictional Compact)*

Sunset Commission members at this time are as follows: (4 vacancies)

Chair: Sen. Brian Birdwell (Granbury)

Members: Sen. Dawn Buckingham (Lakeway)

Rep. Dan Flynn (Canton)

Sen. Bob Hall (Canton)

Sen. Robert Nichols (Jacksonville)

Rep. Senfronia Thompson (Houston)

Sen. Kirk Watson (Austin)

Emily Pataki (Public Member; Cedar Park)

Sunset website: <https://www.sunset.texas.gov/>

Specific description for each of the listed initiatives are enclosed for your review.



**PROPOSAL 1:** *Maintain the Texas State Board of Examiners of Psychologists (TSBEP) as an independent board.*

**BACKGROUND:** The Texas State Board of Examiners of Psychologists (TSBEP) has been an independent board regulating the practice of licensed psychologists, licensed psychological associates (LPA), and licensed specialists in school psychology (LSSP) within an independent agency. The nine-member board currently consists of four psychologists, two LPA members, and three public members. One of the members must practice as an LSSP. Diversity is also required to represent practice providers, researchers, and university training. The TSBEP has operated within its allotted budget based on dues and other revenue generated by licensees. Data on board complaints reflects that the TSBEP board resolves complaints within a shorter period of time than other mental health boards. It has been identified as an efficiently run board by the 2016 Sunset Commission. **In their 2016 report, the Texas Sunset staff stated, "Overall, the Sunset review found the psychology board is a generally well run agency."** TSBEP regulates a number of licensees across general and specialized areas of psychology and maintains complex regulatory requirements for obtaining and maintaining licensure.

During the 2017 Legislative Session, the Sunset Committee recommended that TSBEP be consolidated with other mental health boards to create a Texas Behavioral Health Executive Council which purportedly would address concerns of (1) overall costs to the state, (2) small agency vulnerabilities in instances of employee loss, and (3) liability concerns for state agencies regarding potential antitrust issues. We disagreed and continue to disagree that a consolidated Executive Council would address those concerns, based on the following:

1. Consolidation would be extremely costly to taxpayers. In fact, the Sunset Staff report from the 85th legislative session predicted the cost of consolidation to be \$1 million over five years. Despite that report, when the Sunset Committee Chair Rep. Larry Gonzales testified at a Public Health hearing on April 11, 2017, he asserted the fiscal note for consolidation was "zero." We ask that the data used to prepare the fiscal note be made available for our review, along with the data used by the Sunset Staff in preparing their analysis, so that a side by side comparison can be made to resolve this discrepant cost analyses.
2. Concerns about the small size of the agency seem unfounded. The current size has worked well since 1969. The Texas Board of Chiropractic Examiners (TBCE) is small but efficient as well, and it remains independent by the same Sunset Commission who is arguing that TSBEP cannot remain independent. Small boards are often recognized as nimble and responsive in a way that larger bodies are not. There is no historical or current evidence that TSBEP has difficulty managing efficient productivity with its current staff.
3. The House proposed studying possible antitrust issues for licensing boards during the interim and TPA supports this evaluation. The frequently cited US Supreme Court ruling in *North Carolina State Board of Dental Examiners v. FTC* did not mandate that states consolidate or reconfigure licensing board composition to remove a majority of active marketplace participants. In fact, following the Supreme Court's decision, the FTC issued guidance for states, warning that even those regulatory

boards that do not have a majority of active market participants could still be subject to claims of anti-competitive behavior and may still require “active supervision” from the state in order to be protected from lawsuits to that effect. Indeed, during the 2017 legislative session, TPA was informed by Speaker Straus’s office that consolidation would NOT provide protection from antitrust lawsuits. Legal analysis from the American Psychological Association concurs with that opinion (see Appendix A). Furthermore, if proponents of board consolidation truly believe that reconfiguring the composition of the boards is necessary to comply with the Supreme Court’s decision, one must ask why other licensing boards are not being similarly consolidated. Many licensing boards in Texas (e.g., the Texas Medical Board) regulate a higher volume of licensees and generally govern a broader scope of activities, making them even more susceptible to allegations of anti-competitive activity based on size and scope alone. It is premature to alter TSBEP’s structure to address these questions when consolidation in the form of the Executive Council will not address antitrust concerns. There are other solutions that could address this liability and allow TSBEP to continue its strong regulatory function. **One solution would be to have a commission comprised of three, Governor-appointed, public members: ideally attorneys with sufficient antitrust expertise to review select decisions made by TSBEP that are identified as possible antitrust issues. TSBEP would send all proposed rules with potential antitrust concerns to this commission for review.** This would allow TSBEP to have independent regulatory function with active state oversight at minimum cost. In fact, this commission could be utilized by other state boards as well to provide many agencies active state supervision for antitrust concerns.

We additionally disagree with the proposal of a consolidated Executive Council for the following reasons:

1. Psychology is a diverse profession with many specialty areas that are not represented in any other mental health discipline and would not be appropriately regulated by an Executive Council with largely master’s-level professionals who are not familiar with the doctoral-level discipline they would be regulating. Additionally, this Executive Council model did not even guarantee that a psychologist would be a member of the Executive Council. Psychology is a doctoral profession and psychologists have more mental health training than any other mental health professional. The Psychology board does not operate in isolation; it regulates psychologists, licensed psychological associates and licensed specialists in school psychology and this is an appropriate grouping. TSBEP reaches out to stakeholders for input when developing rules and policy. For these reasons, the consolidated Executive Council model could impair adequate protection of the public—a risk that is unnecessary to take given the questionable antitrust protection it presumably offers.
2. Unlike other mental health professionals, psychologists are recognized (1) along with psychiatrists as the only professionals who may be appointed to evaluate a defendant for competency (Code of Criminal Procedure [CCP] 468); (2) along with psychiatrists as the only professionals who can examine a defendant for sanity (CCP 46C.102); (3) as the only professionals who can be ordered by the Attorney General’s office to conduct a psychological evaluation of a crime victim (CCP 56.31); (4) along with psychiatry, are the only professionals who can conduct a psychological evaluation of a

peace officer, jailer, or telecommunications operator (Occupations Code 1701 and Texas Administrative Code [TAC] 217.1 [12]); (5) as the only professionals who can administer the Minnesota Multiphasic Personality Inventory (MMPI) and evaluate the results for Personal Protection Officers (TAC 35.91); and (6) along with psychiatrists, are the only professionals who provide Social Security disability determination evaluations.

3. Licensed Psychologists have a code of ethics that is different from those of the other mental health professions. Understanding these legal and ethical obligations is a critical component of TSBEP's functioning. Furthermore, the other behavioral healthcare professions targeted for consolidation (professional counselors, marriage and family therapists, clinical social workers, chemical dependency counselors) have distinct and separate training curriculums and standards, accrediting bodies, scopes of practice, and treatment modalities that are far narrower in scope than the full practice of psychology. A "one size fits all" model will not work.
4. Finally, if consolidation is desired so that less efficient boards can benefit from TSBEP's example, we suggest that there are other, more appropriate methods of accomplishing this goal that would not be associated with the numerous negative consequences of consolidation.

TSBEP is efficient and touted as an example for other boards. A board that is efficient and an asset to the state should be applauded, not eliminated or modified in a way that reduces its regulatory effect. **TPA will strongly oppose any licensing board consolidation model that does *not* allow each licensing board to remain independent. Converting TSBEP into essentially an advisory board with an Executive Council maintaining ultimate authority is unacceptable.** This type of model was strongly opposed by *all* mental health boards when it was initially proposed that they move under TDLR. Making board functions such as evaluating candidates for licensure or reviewing licensing complaints the exclusive purview of a hodgepodge governing body *deprives the public of the protection of a board that is fully expert in how to license and regulate the complex profession of psychology.*

#### **APPLICABLE CURRENT STATE/FEDERAL LAW**

Subchapter B. Texas State Board of Examiners of Psychologists (Sec. 501.051-501.207)

#### **HOW ISSUE IS ADDRESSED IN OTHER STATES**

- Forty-nine of the 50 states, as well as Puerto Rico and the US Virgin Islands, have separate and independent boards regulating the practice of psychology.
- Kansas is the only state with a consolidated behavioral health board. Kansas psychologists report they are experiencing delays in handling complaints, increased costs and time-consuming difficulties in cross-training of persons from different professions, and time wasted in disagreements over standards for the group as a whole.

Other states have recently moved in the *opposite* direction from the Texas Sunset Committee's 2016 recommendation, recognizing the importance of independent licensing boards with expertise in the profession they are regulating. For example:



- Two states, New Hampshire and Colorado, experimented with an omnibus/consolidated regulatory board and fairly quickly returned to a separate, independent board for psychologists, similar to the structure Texas has had since 1969.
- The prospect of an omnibus (consolidated) mental health licensing board has been considered in over a half-dozen states (e.g., California, Maryland, Minnesota, Ohio, Pennsylvania, Utah) in the past 15 or so years, but none adopted the omnibus board proposal.

### **BENEFIT TO COMMUNITY**

The public is better protected by maintaining an independent, autonomous licensing board for psychology whose mission is protection of the public by overseeing their individual licensees.

TSBEP is a strong regulatory board and consistently works to enforce training and competency standards to ensure appropriate psychological services are provided to Texas citizens by qualified professionals. An independent board allows efficiency of licensure applications and timely processing of complaints by a body of members familiar with the profession, thereby ensuring adequate protection of the public. Other behavioral health professions (e.g., social workers) should not be allowed to have regulatory authority over psychology given that they are not trained in that profession.

Consolidation would make Texas only the second state not to have an independent board. This would send a clear message to psychologists that their discipline is not valued in Texas, which would make it less appealing for psychologists to move to Texas. Given the workforce shortage, high concentration of military veterans, and opioid epidemic, Texas needs to be attracting more psychologists, not deterring them.

### **FINANCIAL COST TO THE STATE**

There would be no cost to maintaining the status quo. If an independent board/independent agency is not an option, adding a public commission would carry only a small fiscal note, but would likely address the antitrust concerns requested by TSBEP.

### **SUGGESTED STATUTE LANGUAGE**

We will work with TSBEP to determine the specific statutory language which allows TSBEP to remain an independent board and possibly establishes a new public commission which would provide the essential active state oversight TSBEP requires to address antitrust vulnerabilities.

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**PROPOSAL 2:** *Maintain the doctoral standard for psychologists and the independent practice of psychology*

**BACKGROUND:**

Since the development of the TSBEP and the establishment of the practice of psychology in Texas, the term “psychologist” has meant a doctoral-level provider. This is also the minimal standard nationally for the independent practice of psychology and supported by the American Psychological Association (APA). Licensed psychologists can specialize in clinical, counseling, school, industrial/organizational or neuropsychology and there are currently over 4,000 licensed psychologists. Additionally, TSBEP licenses master’s-level professionals as Licensed Specialists in School Psychology (LSSP) and Licensed Psychological Associates (LPAs). There are approximately 3,000 LSSPs and 900 LPAs in Texas. These individuals have limited practice areas.

LPAs are allowed to practice in the community under the direct supervision of a Licensed Psychologist, and their education, training, and licensure test requirements are considerably less than those of psychologists. The LPA license always has been intended and implemented as an extender for psychologists, to administer tests or provide other services under the supervision of a psychologist, much like a physician’s assistant is an extender for a physician. LPAs provide needed mental health services to Texans, allowing more patients to be assessed or treated within the supervision of a psychologist’s practice. LPAs have been required to work under supervision since the establishment of TSBEP in 1969.

The Texas Association for Psychological Associates (TAPA) has been seeking independent practice for LPAs; initially through legislation, which failed, and now through board rule changes spurred by a question that the supervision requirement could be construed as violating antitrust issues. Most recently, during the 2017 legislative session, LPAs approached a legislator once again to attempt to gain independent practice. This bill (SB 1339) was left pending in the Senate Business and Commerce Committee, sending a clear message that the legislators on that committee had concerns.

Several years ago, TAPA filed a lawsuit seeking to compel the TSBEP to allow LPAs to practice independently. TAPA argued that TSBEP had no statutory authority to require supervision for LPAs and that such requirement ought to be invalidated. However, both the trial court and subsequently the Texas Court of Appeals (Third District Court in Austin) ruled in favor of TSBEP, finding that TSBEP did have the legislative authority to require supervision for licensed psychological associates (see *TAPA v. TSBEP et al.*, No. 03-11-00541-CV (2014)).

Additionally, TSBEP has a history of *increasing* educational and training standards for Licensed Psychologists, the only professionals who engage in the independent practice of psychology. In 1979, TSBEP adopted higher standards for licensing and established a grandfathering period for those who graduated prior to 1979. It is clear that this reflects a need for increased competency, which directly contradicts the current proposal of lowering the standard for independent practice to master’s-level training.

As psychologists, we (TPA) affirm, together with the American Psychological Association, that the doctoral degree is the minimum educational requirement for entry into professional practice as a psychologist. To become licensed as a psychologist, one must have completed a doctoral degree in psychology (4-6 years of graduate training) and 2 years of supervised clinical experience (minimum of 3500 hours and 1 year must be a formal internship), as well as pass the national EPPP licensing exam at 70%, the jurisprudence exam, and oral exam. In contrast, an LPA must have completed a master’s degree that includes certain coursework but is not necessarily a psychology degree, complete just 450 hours of supervised training, pass the EPPP at 55%, and pass the jurisprudence exam. This license allows the LPA to practice under the supervision of a psychologist.

**DOCTORAL TRAINING vs. MASTER’S TRAINING IN PSYCHOLOGY**

	<b>Licensed Psychologists PhD / PsyD / EdD</b>	<b>Licensed Psychological Associates MS / MA</b>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Highly competitive entrance requirements (e.g., GRE scores)</li> <li>- Accredited degree programs</li> <li>- 100+ hours of coursework</li> <li>- 4-year degree program</li> <li>- 12-15 hours of assessment courses</li> </ul>	<ul style="list-style-type: none"> <li>- Variable entrance requirements</li> <li>- No specific accreditation for the degree program (only for the institution)</li> <li>- proposed 60 (currently 42, which will be grandfathered in) hours of coursework</li> <li>- 2- to 3-year degree program</li> <li>- 6-9 hours of assessment courses</li> </ul>
<b>Practicum Training</b>	2000-4000 hours	450 hours
<b>EPPP Pass Rate for Licensure</b>	70%	70% proposed pass rate ( <i>currently 55%, which will be grandfathered in</i> )
<b>Clinical Training</b>	<ul style="list-style-type: none"> <li>- Formal pre-doctoral internship (1750 hours; multiple supervisors/rotations overseen by a training director)</li> <li>- Post-doctoral fellowship (minimum 1750 hours)</li> <li>- Accredited/formal training programs</li> <li>- Total <i>minimum</i> 3500 hours</li> </ul>	<ul style="list-style-type: none"> <li>- Supervised experience: 3000 hrs</li> <li>- Only one supervisor required</li> <li>- No specific training programs (“self-directed path”)</li> <li>- No criteria for completion except number of hours and one single signature</li> </ul>
<b>TOTAL SUPERVISED HOURS</b>	<b>5500-7000 hours minimum</b> (more for specialty practice areas e.g., forensic, neuropsychology)	<b>3450 hours</b>
<b>Additional Requirements</b>	Oral exam for licensure	None



*Potential Harm to Public:*

Allowing LPAs to practice independently with the same scope of practice as Licensed Psychologists would create consumer confusion and possible harm. A consumer may choose to be treated by an LPA without knowing that the LPA does not have the education or training of a Licensed Psychologist, especially if that consumer requires specialized services like child assessment, forensic, or neuropsychological services, just to name a few. In such situations, there is a significant risk that the person may not receive appropriate care.

For the sake of protecting the public, it is vital that LPAs continue to work under the supervision of Licensed Psychologists, since LPAs do not have the depth or breadth in their education and training that Licensed Psychologists do. Dr. Gail Brothers is a Licensed Psychologist who was an LPA and realized that she required more extensive training, as she explains here:

*“Based on first-hand experience of 17 years as a psychological associate in Texas, I can unequivocally state that there is no comparison between my competence in providing services to the citizens of our state as a Licensed Psychologist and the level of competence I had as an LPA. The difference lies not only in quantity of training but also in quality. I certainly acquired vast amounts of information, but I also developed a sophisticated process of thinking empirically, like a psychologist. This allows me to analyze, review, and consider complexities presented by patients at a much higher level than I did as an LPA, and to more competently form treatment decisions best suited to my patients’ individual needs. My late husband was a surgeon who was with me before, during, and after my doctoral studies. He commented that the psychological associate was like a physician’s assistant—skilled in certain techniques but lacking the integrative thinking process and expansive knowledge base of a physician—and that more years of experience would not equate to medical school education. I think this analogy fits well.”*

In addition to the LPA issue, the Licensed Specialists in School Psychology, who are master’s-level mental health providers, are asking that statute be changed so that they can call themselves “school psychologists.”

Licensure for LSSPs was developed in the 1990s to address the shortage of psychological providers in the schools. To address this need, the TSBEP agreed to establish a new license, the LSSP, to allow for non-psychologist (master’s-level) specialists in school psychology to work independently, but only within the confines of the public school system. This was a clearly reasoned compromise on the part of TSBEP, as psychological services provided by LSSPs in the public school system maintained an inherent system of checks and balances and would appropriately limit services for their specific training.

LSSPs are requesting statutory changes to be allowed to be called “school psychologists,” arguing this on the basis that it is a simpler title and easier to explain to parents. However, this request equates to LSSPs asking to be called psychologists even though they are not doctorally trained. As reviewed above, the term “psychologist” is reserved for doctoral-level providers per TSBEP rules and APA policy. To minimize consumer confusion regarding the credentials of the clinician with whom they are working in the school setting, and ultimately to ensure optimal protection of the public, it is of critical importance that the differences in education and training between Licensed Psychologists and LSSPs do not go undifferentiated.

Allowing LSSPs to be called “school psychologists” would incorrectly imply to consumers that these clinicians have the same education, training, and credentials as Licensed Psychologists.

*TPA is committed to supporting increased access to care through multiple levels of licensure, but we cannot endorse changes that could endanger the public.* For this reason, we oppose efforts by LPAs to practice independently, and we oppose efforts by LSSPs to call themselves “school psychologists.”

### **APPLICABLE CURRENT STATE/FEDERAL LAW**

LSSP title issue: Texas Occupations Code, Chapter 501.260

Texas Administrative Code Title 22, Part 21, Chapter 465

### **HOW ISSUE IS ADDRESSED IN OTHER STATES**

*Regarding LPAs requesting to practice independently:*

Across the country, the Ph.D./Psy.D is the entry level for the independent practice of psychology. Of the 50 states, 48 require doctoral training to be an independently practicing psychologist. Only 24 states license master’s level practitioners in mental health care, and only 9 states allow a reduced level of independent practice for these individuals but do not allow full scope equivalent to that of a psychologist. In most states where individuals with master’s degrees in psychology are licensed, they have a narrower scope of practice and/or practice under supervision.

*Regarding LSSPs requesting a change in title:*

Texas is fairly unique in that LSSPs are under the Texas State Board of Examiners of Psychologists (TSBEP) instead of the education board, a change that was precipitated in 1995 by the change in the Texas Education Code. Although other states allow master’s-level individuals to be called school psychologists, the Texas Legislature adopted the LSSP specialty title in recognition of their qualifications for providing psychological services within the public schools. Recent legislation now allows LSSPs to practice within private schools as well. We support LSSPs providing school-based services so long as they are representing themselves in a manner consistent with their level of training and education, which is not equal to that of psychologists.

### **BENEFIT TO COMMUNITY**

Maintaining the doctoral standard as the minimum training for the independent practice of psychology supports TSBEP’s mission to “protect the public by ensuring that psychological services are provided to the people of Texas by qualified and competent practitioners who adhere to established professional standards.”

There are no data to support the contention that LPAs have sufficient education and training to competently practice independently in the full scope of psychology without a doctoral degree. There are many specialty areas in the practice of psychology that require advanced education and training to develop the expertise necessary to provide such services independently. Those specialty areas have not been addressed in any discussion regarding allowing LPAs independent practice. None of the requirements enforced for psychologists with regard to specialty areas of practice -- requirements that exist to ensure protection of the

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public -- have been proposed to be in place for LPAs practicing independently.

The creation of the LSSP was critical in addressing the need to provide psychological services to children in Texas public schools. Maintaining the title distinction between an LSSP and a psychologist is important. LSSPs should not be assumed to be “essentially the same thing” as psychologists simply because there is overlap in service or difficulty in explaining the LSSP title. Licensed Psychologists have greater depth and breadth of training than LSSPs, but if LSSPs are allowed to use the “psychologist” title, this could create confusion for parents and children seeking services and could prevent them from pursuing care from a true Licensed Psychologist in situations where that additional expertise is critical.

### **FINANCIAL COST TO THE STATE**

None.

### **SUGGESTED ACTION**

Vote against the TAPA request for independent practice.

Vote against requests for renaming the LSSP to School Psychologist.

### ***Workforce Shortage Solutions:***

It is well-established and agreed that Texas has a mental health workforce shortage. We strongly disagree that allowing LPAs to practice independently will alleviate this shortage. First, this proposal is unnecessary since 860 out of 915 LPAs have already qualified for independent practice by becoming dually licensed as a Licensed Professional Counselor or a Licensed Specialist in School Psychology. Allowing those few (55) LPAs who aren't already dually licensed to practice independently would do little to address the shortage of providers. Worse, such a change would risk endangering the public with insufficiently trained practitioners who may not recognize their limits in competency.

An alternative solution would be to increase the number of appropriate providers, including LPAs, especially in rural areas. Increased use of telehealth services and tele-supervisory options could expand services more readily to rural areas, without compromising training standards, by increasing LPAs' access to supervision. Utilization of PSYPACT will also increase access to care with quality provision of services by increasing psychologists' use of telehealth.

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***PROPOSAL 3: Maintain the training standards for licensure for psychologists***

**BACKGROUND:**

In order to become licensed, applicants must demonstrate that they have completed two full-time years of sequential, organized, supervised professional experience, with one of those two years being a predoctoral internship and the other year occurring after the doctoral degree is earned (a “post-doc” or postdoctoral year). Acceptable supervised experience is defined by TSBEP, along with standards for evaluation of this experience. A post-doctoral fellowship is unique compared to the pre-doctoral internship and practica in that it prepares the fellow more fully for independent practice.

During the last Sunset Review, post-doctoral training was criticized as an antiquated requirement that creates a bottleneck causing a barrier for graduates to become licensed. To the contrary, the post-doctoral fellowship is an essential aspect of training for independent practice and licensure as a psychologist, just as a medical residency is required post-doctoral training for independent practice and licensure as a physician.

During the last Sunset Review, the relevance of maintaining an oral exam requirement for licensure was raised because some states have discontinued this requirement, and the time and costs of implementing this step toward licensure were considered. At that time, testimony revealed that the oral exam was critical in identifying individuals who were clearly inappropriate for licensure at the level of independent practice. The oral exam has allowed Texas to maintain the highest standard for the independent practice of psychology. Primarily due to the difficulty in logistics of administering the exam, and because of difficulties with reciprocity caused by the oral exam for psychologists moving to Texas, TSBEP voted to eliminate this requirement in August 2017. While TPA continues to believe that the elimination of this gatekeeping step is potentially very dangerous to the public, it is even more so if combined with the elimination of the post-doctoral requirement.

The final licensing requirements for independent practice for psychologists in Texas involves passing the EPPP and completing 3500 hours of high-level supervised experience at the end of the doctoral training program: 1750 hours of a pre-doctoral internship and a minimum of 1750 hours during the post-doctoral (post-graduate) year. Psychologists who desire to practice in certain specialty areas are required to complete not just one but two post-doctoral fellowship years.

**APPLICABLE CURRENT STATE/FEDERAL LAW**

Sec. 501.252 PSYCHOLOGIST LICENSING APPLICATION (Rule 463.11(d))

Sec. 501.256 EXAMINATIONS

**HOW ISSUE IS ADDRESSED IN OTHER STATES**

The post-doctoral fellowship year is currently mandated in 37 states and is an important component for psychologists’ mobility. It is required for reciprocity, and without the post-doctoral fellowship many psychologists would be restricted from moving to another state that requires a post-doctoral fellowship to be licensed. Uniformity of training requirements are critical, especially considering telehealth opportunities across state lines and the opportunity to practice in neighboring states, which the PSYPACT agreement affords.

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### **BENEFIT TO COMMUNITY**

It is of great importance to regulate training experiences in a formal manner to ensure quality of supervision and experiences. In addition, the differences between practicum hours/internship hours and post-doctoral experiences are noteworthy. Post-doctoral supervision and experiences are the last step before fully independent practice. The depth of training is greater than during supervised hours prior to the post-doctoral training year. The post-doctoral fellow is given greater autonomy to make their own decisions regarding treatment and assessment and learn to think critically about diagnoses, evaluation approaches, and intervention. Post-doctoral training also allows the fellow to choose an area of interest or specialization (e.g., forensic psychology, health psychology, neuropsychology) to develop more competence, beyond the broad experiences an internship provides. Post-doctoral fellows learn skills that they are unlikely to learn in other settings. Having a post-doctoral fellowship benefits the public by requiring quality training with formal supervision, depth of experiences, standardized mechanisms for evaluation, and ultimately optimal competency for independent practice.

The post-doctoral fellowship is a pathway to future employment in provision of mental health services. Organizations may hire post-doctoral fellows at a reduced salary while they develop their skills and get licensed. Post-doctoral fellows are delivering needed services and contributing to organization's revenues. State hospitals, large university teaching hospitals, local mental health authorities, community health centers, VA clinics, and prisons are able to expand their services to the public by hiring post-doctoral fellows. As an unexpected benefit, after completing their post-doctoral fellowship, psychologists may stay on in settings where it may be difficult to fill staff vacancies, and as such, allow for improved mental health service delivery to low income and vulnerable populations.

It is our position that the hurdle of the post-doctoral fellowship should not trump the importance of its continued implementation to ensure optimal competency for independent practice and resultant protection of the public. As is the medical residency post-doctoral requirement, the psychological post-doctoral training requirement is an essential safety measure for the public, not a bottleneck. Thus, we advise addressing bottlenecks that exist at other points in the process of entry into the profession of psychology. For example, the licensure process could be updated by using improved online processing of applications. Increased flexibility in provision of post-doctoral supervision (e.g., via a HIPAA-compliant platform for face-to-face interaction in real time, with HIPAA-compliant electronic health records and once monthly in-person supervision) could improve access to post-doctoral positions. Measuring the post-doc fellowship in clinical hours instead of calendar years could further speed entry into the profession.

TSBEP currently requires 3500 hours of supervised training, half of which must be obtained during the pre-doctoral internship year, and half during the post-doctoral fellowship. We disagree that this model is antiquated—indeed, physicians maintain a highly similar training model in the post-doctoral residency requirement. Post-doctoral training is a standard for ensuring optimal protection of the public, and Texas would be unwise to abandon this standard. The post-doctoral fellowship provides valuable training and promotes higher levels of expertise than can be expected prior to the internship year. It is thus an essential gatekeeping step prior to independent practice, especially for specializations such as neuropsychology, forensic psychology, geropsychology, or child psychology. It would be more sensible to address the numerous other bottlenecks for entry into the profession rather than removing this crucial measure of protection for the public.

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Strong licensure requirements are implemented for the sole purpose of protecting the public by requiring evidence of competency prior to being allowed to practice independently. Internship and post-doctoral fellowship requirements provide the basis for such competency.

**FINANCIAL COST TO THE STATE**

None. The authority for psychologists to delegate has allowed individuals completing a post-doctoral fellowship to bill for services under the supervision of a Licensed Psychologist. These individuals are able to be employed and reimbursed for needed services while still receiving additional training to ensure readiness for independent practice.

**SUGGESTED STATUTE LANGUAGE**

None needed.

TPA will consider changes to the statute that allow for increased flexibility in obtaining the 1750 postdoctoral hours as long as these hours are obtained AFTER the formal internship hours are completed. This will ensure that reciprocity regarding supervised post-doctoral experience is met with the other states requiring post-doctoral training, as well as maintaining the level of training that is essential for optimal competency for the independent practice of psychology.

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***PROPOSAL 4: Enact PSYPACT (The Psychology Interjurisdictional Compact)***

**BACKGROUND:**

This is a new movement on the national level to address the demand to provide and receive psychological services via electronic means (telepsychology). PSYPACT would authorize both telepsychology and temporary, in-person, face-to-face practice of psychology across state lines in PSYPACT states. Only those states who agree to cooperate will be involved. It must be enacted into law at the state level to be viable, and it will become operational when seven states have enacted PSYPACT into law. Once this happens, psychologists who wish to practice under PSYPACT must obtain (1) an E.Passport Certificate for telepsychology and (2) an Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice. These certificates allow for states to communicate and exchange information regarding licensure and disciplinary actions.

**APPLICABLE CURRENT STATE/FEDERAL LAW**

Sec. 501.262 Reciprocal License

New Telemedicine/Telehealth regulations in Texas Occupations Code

**HOW ISSUE IS ADDRESSED IN OTHER STATES**

All states have been given the opportunity to bring this initiative to their state legislature. Since this is a new initiative, the number of current states that are considering such legislation is not known. Arizona, Utah, and Nevada have adopted PSYPACT legislation, and Illinois has PSYPACT legislation pending.

**BENEFIT TO COMMUNITY**

By far, the clearest benefit to the community is increased access to care. For patients/clients who relocate or travel often, they will now be able to maintain access to care from their treating psychologist. PSYPACT also will benefit Texas psychologists who engage in forensic practice that may involve cases in other states, as PSYPACT will allow them to practice across state lines on a time-limited basis with more ease than is currently available. Telehealth/telemedicine/telepsychology is the way of the future, and this cooperative program enables improved access to care while ensuring a high degree of consumer protection across state lines.

**FINANCIAL COST TO THE STATE**

None. Participating psychologists must pay for E.passport and regulating costs incurred.

**SUGGESTED STATUTE LANGUAGE**

Add to Sec 501.262 or include as separate section under Subchapter F: General License Requirements  
Sec. 501.262 RECIPROCAL LICENSE. The board may enter into and implement agreements with other jurisdictions for the issuance of a license by reciprocity if the other jurisdiction's requirements for licensing, certification, or registration are substantially equal to the requirements of this chapter. This includes allowing the board to enter into interjurisdictional compacts for the purpose of telepsychological practice and temporary in-person practice across state lines.