President’s Message

Dear RIPA Members,

Happy Fall! I look forward to seeing many of you at our upcoming Fall Meet-and-Greet on Thursday, November 8, from 6-8pm at the Waterman Grille. We have a lot to tell you about things we have been working on and our plans for next year. As you saw in my recent President’s message, RIPA’s committees have been extremely busy this year, and have accomplished a great deal.

Last year our Legislative Committee and the Medical Society worked toward passage and implementation of a law allowing psychologists to be partners in multidisciplinary Physician Service Corporations, and also influenced legislation related to licensing of Applied Behavioral Analysts that works to protect both the public and psychologist scope of practice. Together, our Insurance and Managed Care Committee and Legislative Committee are leading efforts to address significant changes made by Blue Cross. We are collaborating with other mental and behavioral health disciplines through COMHPR, our multidisciplinary coalition, and have signed a letter of complaint that requests assistance from the Office of the Health Insurance Commissioner. We are also in the process of organizing a task force to assess and act on the changes coming with the implementation of healthcare reform and mental health parity.

I am pleased to let you know that a full slate of candidates has been nominated for our upcoming Board Elections, so please keep an eye out for your ballots in the mail. I am looking forward to having some new faces joining our board in January, and as always, am grateful for the dedication and hard work of our current board members and committee chairs. We have also been updating our bylaws to meet our current needs, and you will be receiving your bylaws ballots shortly. Finally, I hope you are all planning to take advantage of our new discussion-based listserv. We have removed the moderator feature in order to facilitate more open discussion and exchange of ideas. Please feel free to post your questions, ideas and resources, and use the listserv to connect with your fellow Rhode Island Psychologists.

I encourage you to all become more involved in RIPA, and to urge your friends and colleagues to join us as we continue our hard work on behalf of psychology and RI psychologists.

Lisa Rocchio, Ph.D.
RIPA President

Federal Advocate’s Report

By Wendy Plante, Ph.D.

In recent months, my attention has been focused on the changes to CPT codes and to Medicare reimbursement anticipated in 2013. I will continue to send you reports as information develops. In addition, I’ll be co-chairing a RI Healthcare Reform task force with Peter Oppenheimer (see Legislative Committee report).

Recently, I spent time with Senator Whitehouse at a gathering of psychologists and psychiatrists thanking him for actions he’s taken on behalf of mental health. He talked about the importance of measures of quality to reduce costs and show the value of what we do in the face of cost containment (it was also mentioned during one of the presidential debates). This is clearly a national initiative and one that is aimed more broadly at the entire healthcare system (and other systems as well, e.g., education).

I’m grateful that RIPA has taken initiative in offering psychology’s expertise to RI insurers looking to incorporate measures of quality. It’s a complicated issue, but we have something unique to offer when assessment is being proposed and it’s important that our voices be heard since it is our work that will be evaluated.

Lastly, at this time of year, I remind you to make your voices heard in the democratic process. Vote in the elections on November 6 and in the RIPA elections!

Colleague Assistance Committee Update

By Megan Spencer, Ph.D.

The colleague assistance committee’s webpage will soon be live on the new RIPA website. We are excited to offer a referral listing of providers who have an expertise or an interest in treating other mental health professionals. Be sure to check out our listings or submit your name and practice information to be listed as a provider. While you are visiting our site, please also check out our resources and helpful links for information about self care, professional wills, and our listings of professional consultations. RIPA members who are seeking to join a peer consultation group are also encouraged to contact the CAC for groups meeting in their area. Contact Megan Spencer, PhD at megan80@hotmail.com for more information.

Disaster Response Network Update

By Mary C. Moore, Ph.D.

Congratulations to our latest Red Cross trained Disaster Mental Health Volunteer, Dr. Peter Oppenheimer. The DRN committee is open to new members. We continue to build our response capacity and have included individuals from other disciplines. In addition to providing disaster response capability over time, we are considering expanding the DRN to include a discussion group of subject matter experts interested in the use of MH interventions to mitigate the psychological complications of disasters.

www.ripsych.org
Peter Oppenheimer, Ph.D., James Curran, Ph.D. and I have been active over the past two decades in attempting to have some oversight by government with respect to insurance and managed care companies. I am, with their help, actively reviewing several issues involved with the financing and administration of behavioral health at the local and national issues. Three sets of concerns come immediately to mind:

1. We have filed a letter of request with the Office of the Health Insurance Commissioner (OHC) in Rhode Island given what may be a pattern of non-compliance on the part of BC/BS RI. The 2008 Federal Parity law specifically prohibits reimbursement discrimination in behavioral health. The federal statute delegates to the states (in this case OHC) the responsibility for enforcing the 2008 legislation. None of this prohibits, as far as I can tell, the use of private/class action litigation in federal court to mandate compliance with the law. I am actively exploring this with an attorney in California, and he states that if the statute does not prohibit “private party standing,” there may be room for such.

2. There is the matter of discrimination against women, the elderly, and the disabled. The current model of reimbursement, governed as it is by the use of the RBRVS, may enable discrimination against those three groups. Psychology is not represented on the AMA panel that manages the statistical formula, and the current model of reimbursement may underrate the underpay behavioral/mental health and primary care, both of which are predominantly staffed by women. APA has long had a concern that the “work value” cited in the RVS model understates psychotherapy. Various federal civil rights laws/statutes – section 504, Titles 2 and 9, and the equal Pay Act prohibit discrimination against women, minorities, and the disabled. The 2008 Parity Act also exempts Medicare/HHSS (the federal organization that manages RVS) from compliance with it.

3. There is also the possibility of Psychology/Psychotherapy being able to organize into an Independent Practice Association (IPA). IPAs cannot bargain collectively, but they can manage internal standards, set managed care guidelines, manage contracts from third party payers, etc. The FTC administered an opinion several years ago that allowed Physician’s groups to proceed with their IPA provided they were not engaged in anti competitive behavior.

If any RIPA members have further ideas or input by all means please contact me.

Learning how to gain access to Rhode Island State Laws has been invaluable to my experience of teaching psychology classes at the University of Rhode Island and to my position as the Director of Psychological Services at NRI Community Services, in my private practice, and as a member of the RIPA Ethics Committee. One of the most frequent comments from behavioral health interested and experienced clinicians is that “it would be helpful to know what laws are about to clinical practitioners. It is my belief that good client care, knowledge of the law, and the practice of ethical principles are inseparable.

There are four types of laws at the federal and state level: (1) the constitution, (2) statutes enacted by the legislature, (3) regulations written by agencies with the authority from the legislature, and (4) decision made by courts. Specific to Rhode Island statutes there are 47 titles within the state law, with six or more applicable to the practice of psychology. Titles, locating State laws applicable to our profession and mental health is complicated and are located in many sites across the RI General Laws.

Should you find yourself faced with a legal question, consult a lawyer. Cases involving law and mental health can be exceedingly complex, requiring legal expertise. However, educating yourself about the law by reading statutes and attending CEU trainings is an enormously worthwhile endeavor, and in some cases may eliminate issues that require retaining counsel.

The following website is the internet version of the State of Rhode Island General Laws. (R.I.G.L.) www.rilin.state.ri.us/statutes/statutes . As an introduction a few examples of laws that may be of interest to you are:

**Duty to report a child that has been abused or neglected (R.I.G.L. 40.11.3)** is located within Title 46 Human Services - Chapter 17 - Abused & Neglected Children – Section 3.

**State laws specific to the licensing of a psychologist and the procedures for disciplining a psychologist (R.I.G.L. 5-4.1-26) are located within Title 5 Business and Professionals – Chapter 44 Psychologists – Sections 1-26.**

The “Mental Health Law” focusing on mental health institutions and the competence of “patients” and the emergency certification of “patients” (R.I.G.L. 40-1.15) is located within Title 40-1 Mental Health, retardation and hospitals - Chapter 1 Mental Health Law.

**Legislative Committee Update**

By Peter M. Oppenheimer, Ph.D.

Second, we will submit a bill seeking to update the law to ensure that it is inclusive of mental health diagnoses and made more than a matter also consistent with MHPAEA.

We are forming a task force of RIPA members to review state laws, to monitor and participate in the work of a number of groups that are meeting regarding the implementation of healthcare reform. It is clear to me that we must be at the table to ensure that the interests of our clients and our profession are represented. If you are interested in participating in this effort, please contact me.

RIPA has been effective in the legislative and policy realm due to the hard work of our committee and board members, and our Executive Director, Jack Hutson. We have done this with very limited financial resources compared to most other state associations. Your RIPA dues and modest grants funds we receive from the APAPA through CAPP’s Organizational Development Grants fund our efforts. The grants come from the dues APA members pay in the Practice Assessment. The Legislative Committee appreciates your support of these efforts which impact all of us.