Psychology at the Capitol
2013 Legislative Session
Psychology is Your Passion

Protecting You and Your Practice is Ours

Remember the moment when your talent, training, purpose, and commitment to helping others became your passion? It’s that passion that inspired you to work hard and build a successful practice.

We’re here to help protect you and your practice, so you can worry less about professional liability and financial risk and focus on what you do best. We anticipate the legal and regulatory threats psychologists face daily, and we tailor Trust Sponsored Professional Liability Insurance* to keep you covered, even as your practice advances in size and scope.

Follow your passion, give your all, and be your best. We’re here for you.

Visit us at www.apait.org or call us at 1-877-637-9700 to learn more and apply for coverage.

* The above is a product summary only and does not include all terms, conditions or exclusions found in the policy. Underwritten by ACE American Insurance Company, Philadelphia, PA. ACE USA is the U.S.-based retail operating division of the ACE Group, headed by ACE Limited (NYSE: ACE), and is rated A+ (Superior) by A.M. Best Company and A+ (Strong) by Standard & Poor’s. Additional information can be found at www.acegroup.com/us. Administered by Trust Risk Management Services, Inc. Policy issuance is subject to underwriting.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>From the President</td>
<td>1</td>
</tr>
<tr>
<td>Ray H. Brown, PhD</td>
<td></td>
</tr>
<tr>
<td>Psychologist of the Day</td>
<td>2</td>
</tr>
<tr>
<td>Paul Andrews, PhD</td>
<td></td>
</tr>
<tr>
<td>From the Executive Director</td>
<td>3</td>
</tr>
<tr>
<td>David White, CAE</td>
<td></td>
</tr>
<tr>
<td>Psychology and the Marketplace</td>
<td>4</td>
</tr>
<tr>
<td>Kay Allensworth, PhD</td>
<td></td>
</tr>
<tr>
<td>TPA Legislative Day and Mental Health Fair</td>
<td>5</td>
</tr>
<tr>
<td>2012 Distinguished Professional Contribution Awards: Recognizing the contributions of our colleagues</td>
<td>7</td>
</tr>
<tr>
<td>Lane Ogden, PhD</td>
<td></td>
</tr>
<tr>
<td>Conflicting Statutes - Which Applies?</td>
<td>13</td>
</tr>
<tr>
<td>Floyd L. Jennings, JD, PhD</td>
<td></td>
</tr>
<tr>
<td>TPA 2013 Legislative Agenda</td>
<td>16</td>
</tr>
<tr>
<td>2013 CPT Codes Crosswalk</td>
<td>18</td>
</tr>
<tr>
<td>APA Practice Organization</td>
<td></td>
</tr>
<tr>
<td>Critical for 2013: Participation in Medicare quality reporting program</td>
<td>19</td>
</tr>
<tr>
<td>APA Practice Organization</td>
<td></td>
</tr>
<tr>
<td>Government Relations Staff</td>
<td></td>
</tr>
</tbody>
</table>

For information about articles or advertising in the Texas Psychologist, please contact Lauren Witt at (888) 872-3435 or tpa_lwitt@att.net

1464 E. Whitestone Blvd., Suite 401
Cedar Park, TX 78613
(888) 872-3435 • (888) 511-1305 fax
www.texaspsyc.org
The 2012 TPA Convention is now behind us, and what a great and successful event it was! TPA, an organization that many of us at times take for granted, just celebrated 65 years of existence. Think of that somewhat differently—even the oldest psychologists among our ranks were mere children when the wise and committed psychologists before us saw the need for a state professional organization and made it happen. Because of their wisdom and foresight, most of us practicing today, never had to negotiate and fight for state licensure or for the protection of our title. Sadly, it seems that we often think, or at least act, as if these professional gifts to us have simply always been here and always will be. The enduring scientist-practitioner model inherent in our core training was in place before most of us were even in graduate school. The foundation of a relatively young profession preceded us and we are the fortunate benefactors of such. We in Texas have TPA to thank for where we are professionally. No other agency, no other organization, is in place in Texas to serve our profession.

What we have inherited, along with the benefits secured by those psychologists before us, is the responsibility to protect, to enhance, and to grow our wonderful profession. Sixty-five years after the founding of TPA, it is still the only organization in Texas that is here for the sole purpose of supporting and protecting us, the psychologists of Texas. Beyond that, the Texas Psychological Association is an exemplary state psychological association toward which many other states turn for mentoring, guidance, and direction. But just what/who constitutes TPA? Who makes TPA work and function? How does the work ever get done?

Ultimately, the answer to the questions about who makes up TPA, what TPA is, and how it works, is found in the membership. Unfortunately, a rather small percentage of Texas psychologists choose to be members of TPA, the only organization in Texas that is here for the sole purpose of supporting and protecting our profession. And by the way, it is not by accident that that statement about the protection and support provided by TPA is often repeated in this article. It is amazing, particularly in the presence of many threats to our profession, that TPA membership does not include the vast majority of licensed Texas psychologists.

At times, this underrepresentation of Texas psychologists within TPA has reminded me of the story of the little hen who wanted help from the other barnyard animals. The story is simple, and you will likely recall it from childhood. Basically, the hen was unable to solicit any help in the planting of seeds, the harvesting of grain, the milling into flour, or the baking of bread. The lines were long, however when the loaves were baked and ready to be served! This may well parallel our profession. Certainly, many of us have sometimes felt too busy to become active or even to join, or we have been critical when TPA failed to do something we wanted to happen or failed to support our position in something. Currently, however, professional apathy is threatening our profession, more than at any time in the 65 year history of TPA. Now, remembering that we, the members, are truly who and what TPA is, there must certainly be a responsibility for each of us to find our place in the proverbial planting, harvesting, and cooking that will nurture and sustain us in our professional world.

I recently, due to a breakdown in my Internet service, lost all my emails, stored files, and directories. I panicked at the loss, imposed guilt on myself for not doing appropriate backups,
and then experienced relief when the files were eventually recovered. In going back through these, I had something of an awakening that provided for me much of the answer to my questions about who TPA is, what it does, and how it happens. You see, in the course of daily TPA activities I see hundreds of emails from dozens of active, highly dedicated TPA members. These come from all about the state, and they reflect the work of new and energetic faces to TPA, of past presidents, of current board members, and of many who have not been in official TPA positions—people who have worked silently and diligently in the background. In reviewing just the most recent of these emails, I see that members are doing the work of TPA. They are alerting us of disasters in our country to which we can and should respond. Others are communicating about the legislative bills that have been introduced even before the session has started, along with important bills that TPA will introduce in hopes of enhancing psychology in Texas. I read of appeals to members for input, answers, assistance, and support. I read of plans for the upcoming legislative day, and I grow excited of reading about a "Psychologist of the Day" present in the capitol throughout the legislative session. I also read of hearings, appeals for testimony and letters needed to fight to maintain the rates and services provided through Medicare and Medicaid. I peek into a network of communication that deals daily with problems in service delivery or payment from insurance companies, and I read of what people are doing to protect psychology from falling through the cracks. Numerous conversations reflect committee work, task force activities, and involved TPA members fighting the intrusion into our profession, groups trying to restrict us or force specialty certification that is unnecessary and unwanted. I see evidence of educational opportunities directed toward enhancing our skills or introducing us to new areas where psychology can find a place. I find great satisfaction in believing that TPA will not stumble and fail because we are planting, harvesting, and preparing. Many people are on board and understand the importance of nurturing and growing TPA. However, we need others on board. We need more members and more participants in the daily activities of TPA. We have a tremendous support staff that holds us up, structures us, guides us, and does remarkable things, but we, the psychologists of Texas, are the purpose and the essence of what TPA is. We all need to be on board to help sustain this organization, which (one last time here) is the only organization whose sole purpose is to serve, protect, and sustain psychology as a viable profession in Texas. I challenge you to renew and to recruit at least one new member to TPA!

YOU can be the Psychologist of the Day!

Paul Andrews, PhD

TPA is organizing a new project for the legislature called “Psychologist of the Day.” This is modeled after a similar program the physicians have been using to promote their visibility to legislators during the session. We hope to provide some informal consultation to staff members about how to deal with difficult constituents, how to cope with stress in the workplace, and how to find mental health resources back in the home district if constituents don’t know where to go. Mostly, it will be a matter of spending a few hours in the hallways, offices, and break areas of the capitol and being available for conversation. It is a great opportunity to make ourselves known and to communicate our valuable resources. It is a terrific way to establish or strengthen your relationship with your own representatives and senators. And most importantly, it helps remind the policymakers that psychologists are both generous and skilled at promoting the public good.

We need volunteers to help with this project. Hopefully, we can get enough people so that each psychologist would only have to volunteer one or two days a month for the five-month session. Even if you can only volunteer a few times, please consider being a part of this new project.

(David White has promised to take your picture by the portrait of your favorite governor in the rotunda, although he has not promised that the picture will be autographed.)

Make your mom proud: Contact Dr. Paul Andrews at pand75711@suddenlink.net to volunteer.
As we start 2013, I am still amazed by the fact of how fortunate I am to have the opportunity to work with TPA for over 22 years. After all those years I have learned one thing about myself—I am passionate about psychology. I have heard story after story of how psychologists have helped thousands of people. Each of you has your own story, involving the realization that when you go home at the end of the work day, you know you have changed a life.

However, I have to admit that, even as wonderful as your profession is, many psychologists are oblivious to what is happening to the profession of psychology. Many psychologists go to their office and work to change lives, but do not realize that their profession is also changing. Many have the idea that people will continue to seek their services due to the fact that psychologist are the BEST TRAINED mental health professionals. They believe that fact alone is enough to ensure that those who are seeking mental health care will decide upon a psychologist for their psychological services. There is a false sense of security surrounding the idea that if psychologists network with colleagues and other health care professionals, the practice will take care of itself.

Simply stated, it means that 181 legislators and nine TSBEP members make decisions on how you practice your profession and more importantly what role psychologists will play in the ever-changing health care environment. Beginning in January, there will be over 25 new legislators who will set policies for psychologists. Many of them are attorneys or successful business people, and their primary function is to create policies that are in the best interest of Texas citizens. Many of them know what a psychologist is, but really do not know what you do.

Two years ago, your Board of Trustees entrusted me to be your primary lobbyist. In that role, I am responsible in speaking with the legislators and telling them what psychologists do and the important role you play in the Texas health care system. As your Executive Director, on your behalf, I have talked to many legislators that don’t know the important job you do on a daily basis. While these legislators don’t determine what statistical instruments you use, whether you use the WAIS-IV, the MMPI, or the Rorschach, they DO take a global viewpoint and determine what is the best and safest way to protect Texas citizens. The state legislature determines whether you or other mental health professionals are qualified to see certain clients.

As part of a regulated profession, I believe it is your obligation to educate your elected leaders on the important work that you do! Chances are good that you already are networking with your colleagues, but now, it is time to start networking with your legislators! It is time to sit down with your district’s elected official and tell them what is happening in your practice. Tell them what you do! I have been part of your family for 22 years, and I need your help.

TPA is the only association you can join that has representing psychologists at the capitol and at the TSBEP as one of its major goals. Oh and by the way, do you know who TPA is made up of? Anyone that shows up! So, please show up. We need you!
A *New York Times* article by Lori Gottlieb recently created waves in the psychological community by stating that, in order to have a viable psychotherapy practice, one needed a “brand,” which in turn necessitated a “branding consultant.” Gottlieb quoted a branding consultant, who said, “Nobody wants to buy therapy anymore.” She went on to say that people want a solution to a problem, not “therapy.” (This invokes shades of Thomas Szasz saying that there is no mental illness, only “problems in living.”) Some “branders” have even suggested the use of “life coach” instead of “psychologist.” Life coach, of course, is not a profession that requires any certification or licensure, and Gottlieb notes that potential clients see the relationship as more important than credentials. Ergo, a “brand” is essential.

This is disturbing, but not unexpected. In 2010, the American Psychological Association cited in a paper that fewer patients are being seen by psychologists, and that managed care limits visits and reimbursements for talk therapy, but not drug therapy. In September, APA launched its “Psychotherapy Awareness Initiative” to help people understand just how effective psychotherapy is in treating mental health issues – sometimes more so than drugs. Through the APA Help Center (www.apahelpcenter.org), psychologists can obtain new materials that educate the public about the value of therapy. These resources are beneficial, and highlight that it isn’t necessarily the “brand” that’s important, but the visibility a psychologist has in the marketplace.

Enter public education. More specifically, APA’s Public Education Campaign (PEC) for Mind/Body Health. Our very own Texas Psychological Association committed resources and support to this important initiative, when, several years ago, David White, TPA’s Executive Director, realized that Texas was not a player in APA’s PEC. I expressed interest in the program, and became the Texas Coordinator in late 2009. The time since has been spent attempting to build a state-wide network that educates the public not only about Mind/Body Health, but helps psychologists become more visible in the community. This can be done through special events, working with the media, and speaking on topics that highlight psychologists’ areas of expertise and are of interest to the public. The topics addressed are not limited to Mind/Body Health. There are also materials on Stress in America, Resilience, Homecoming Warriors, and Risk Factors for Violence in Youth. A sample of what has developed in the last three years follows.

**Special Events**

APA has been partnering with the Y-USA for several years. Every spring the Y sponsors a Healthy Kids Day. Texas PEC has supplied materials geared to children for some of these events. We have also had a table at a preschool’s Family Health Fair for several years. At Legislative Day in 2011, the psychologists who attended were given bright blue “health bags” to take to the offices they visited that day. We distributed over 300 bags containing materials on mental health and the role of psychologists in helping people with their problems. (Several weeks later, I was at a function and the topic of the legislative session came up. I told a lobbyist about our campaign and he said, “Oh, you were the blue bag people!” So, we WERE visible). This coming session, on April 16, TPA will have an official Mental Health Fair in the exhibit area of the Capitol to supplement our effort to reach out to legislators about issues of importance. There will be brochures, information sheets, and “treats” available. Please consider joining us on that day (Sign up to volunteer at www.texaspsyc.org).

**Media**

This is perhaps the most challenging task of the PEC. APA’s Practice Directorate spends a great amount of time in educating PEC Coordinators on reaching the media. This is, after all, the best opportunity to highlight the important role of psychologists in providing quality care to the population. Unfortunately, it is a slow process and involves establishing relationships that can sometimes take, well, a long time. I started corresponding with the fitness reporter for the *Austin American-Statesman* over one and a half years ago. She recently contacted me and interviewed me for an article that came out in October. Patience is a virtue – and it paid off. I have conducted media training at the 2011 TPA Convention and hope to do it again. If anyone in the state has a relationship with a reporter, has done interviews, or even blogs or writes a column on mental health, I would be happy to hear from you. The same applies to radio or TV media.
Public Speaking
This is something I know most psychologists have had experience with, and is an important part of PEC. Two of our PEC Committee members are involved in this type of activity. Dr. Valette Hendrickson, of Hurst, TX, has a high school mentoring program where she uses the Youth at Risk materials. This year, she conducted eight sessions for 21 students throughout the year, and has provided invaluable support for these teens. Dr. Fran Douglas, the psychologist for the Texas Department of Public Safety (DPS) regularly reaches out to State Troopers on such topics as stress management. She recently accessed APA’s resources on Willpower, a new initiative, and is developing a program that her 13 regional coordinators can present all over the state. There is no group too large or too small to benefit from the special knowledge we, as psychologists, have received in our extensive training. Planned projects for the future include reaching out across the state to the local Y chapters and offering our expertise. This is a huge challenge, and needs lots of support.

Support
I thought you’d never ask. What can you do? Texas PEC needs a big network of psychologists in large towns and small, promoting psychology to the public. There is no doubt that we have to get out into the community and educate the public about the things we know best – mind/body health, stress management, willpower, resilience, as well as important mental health topics. By being visible, we will place ourselves on the forefront of the new world of health care. An article in the December 14th American-Statesmen cited a study that was put out by the journal Lancet. The findings showed that, while the world population is living longer, it is not living healthier. The director of the Institute of Health Metrics and Evaluation at the University of Washington was quoted: “The biggest contributor to the global health burden isn’t premature (deaths), but chronic diseases, injuries, mental health conditions and all the bone and joint diseases.” Psychologists have a vast body of knowledge to share on all these topics, and we need to get the word out. Consider volunteering to be on the PEC Committee or notify me when you reach out to the public, especially if you have any Y connections. We would also appreciate volunteers at the Legislative Day and Mental Health Fair on April 16. It’s your profession – sharing it is essential.

Editor’s note: Get involved! Working with the PEC can promote your profession, help your community and enhance your own visibility. Contact Kay Allensworth: kallensworth@austin.rr.com.

TPA Legislative Day & Mental Health Fair
Save the date: April 16, 2013

On April 16, TPA will be holding its 2013 Legislative Day and Mental Health Fair in Austin. We need volunteers to help represent psychology and psychologists at the state capitol. This will be a day dedicated to informing state legislators about your profession. Please join us! Legislative Day and the Mental Health Fair will be taking place on the same day, but will be two separate events. Please feel free to volunteer for one or both events.

How can you help:

Legislative Day Volunteers
• Attend TPA’s Legislative Day meeting to go over main talking points and obtain key legislator information
• Visit the office of your legislator and discuss the profession of psychology (TPA will provide a handout with talking points.)

Mental Health Fair Volunteers
• Attend TPA’s Mental Health Fair—there will be a number of booths with a wide range of information about psychology. Volunteers will be at the tables, available to answer any questions that legislators or member of the public may have regarding your profession. Your presence will help the legislators put a face to psychology and psychologists.
• Help deliver TPA’s Mental Health Fair give-aways to legislators’ offices (Does not require Legislative Day talking point discussion...just drop in, say hello, and let them know we are hosting a Mental Health Fair that day!)

To volunteer for TPA’s Legislative Day or for TPA’s Mental Health Fair, please “register” for the event at www.texaspsyc.org.
At CPH & Associates, our dedicated consultants are committed to providing the most comprehensive, accessible Professional Liability Insurance featuring NEW HIGHER LIMITS* to protect your most important asset, your peace of mind.

Unlimited Defense Coverage
Covers you for legal fees and court costs involving claims or allegations at no additional cost.

State Licensing Board Defense
Automatically receive limits of $35,000 with options to increase up to $100,000 available.

Deposition Expense Coverage
Pays up to $10,000 per deposition.

Medical Expense Coverage
Pays up to $5,000 per incident regardless of fault.

Enhance Your Benefits with
• First Aid Coverage
• Assault Coverage
• Defendant’s Reimbursements
• Portable Coverage
• Professional Liability
• Supplemental Liability

Ask About Our Discounts**
• Newly Licensed
Receive up to 50% off your professional liability premium if you have been licensed within 24 months.

For Licensed Clinical Psychologist Only – Receive 15% off if licensed within 36 months.

• Risk Management Discount
Save 10% off your professional liability premium for completing your states Legal and Ethical CEU requirement for licensure renewal. Only applicable to fully licensed professionals.

CPH & Associates only provides Occurrence Insurance, protecting you from claims and damages made during the life of the policy, even after it expires. Plus, your premium stays the same year-to-year.

Trust CPH & Associates, leaders in insurance and risk management solutions for healthcare and social service fields.

APPLY ONLINE: www.cphins.com
Save 5% off your Professional Liability Insurance Premium and get your proof of coverage in minutes!

* Higher limits not applicable to all coverage benefits listed. **A combination of discounts cannot exceed 50% off the premium.
Recognizing the contributions of our colleagues

Lane Ogden, PhD
Past President

The effectiveness of volunteer organizations such as the Texas Psychological Association is determined by and dependent on the participation of members. To my consternation, not everyone in our organization seems to grasp or to care about that inevitability. But to my pleasure, during my tenure as president I have been most fortunate to work with many individuals who exemplify the highest and best in our profession. It seems characteristic of a moral life, a life well lived, to function day in and day out in such a way that if others emulated the performance, the world would be a better place. The individuals and groups we recognize today consistently demonstrate just that sort of lifestyle and just that sort of commitment.

It is usually fairly easy to get groups of like-minded individuals to agree when something needs to be done, when somebody really does need to take some action—I guess that’s what like-mindedness is. Too often, however, that generic “somebody” means “somebody else.” And with frightening frequency, “somebody else” morphs into “nobody.” The people recognized in this issue of the *Texas Psychologist* have stepped up and bridged the gap between the generic “somebody” and the all-too-often “nobody.” All Texas psychologists owe them a debt of gratitude.

Presidential Awards

It is a distinct honor that accompanies the office of TPA President to be able to give “Presidential Awards.” These awards recognize special contributions by special people during the year. In the simplest terms, what I appreciated most about these people is that, in addition to having a strong and positive vision for TPA, and beyond contributing many useful ideas, they both took personal responsibility for tasks they agreed to perform. And throughout this past year, both took that type responsibility for a substantial number of jobs. Each has worn multiple “hats” for TPA and done so with good cheer! The plaques each recipient received at TPA's 2012 annual awards luncheon were inscribed with “For always saying ‘yes’ when TPA asks for help.” I offer my thanks to Dr. Carol Grothues and Dr. Rob Mehl both personally and on behalf of TPA. Let me share a few of the reasons why.

Carol Grothues, PhD

In the late 90s, I recognized some of the symptoms of burnout in myself and decided to make some changes. After doing my due diligence on a number of levels, I decided to pursue training in psychopharmacology and see where that path led.

It led to a number of personal and professional changes for me, two of which pertain. The first impact was that I greatly increased my level of “political activity” in hopes of influencing related legislation after becoming much more aware of the political realities impacting the profession of psychology. Once committed to this course, I was inevitably being driven toward an increased participation in the business of TPA. Second, at that training, I met Dr. Carol Grothues.

My professional relationship with Dr. Grothues has been very beneficial to me on a number of fronts. She and I have had numerous opportunities and invitations to train psychologists on the basics of psychopharmacology—our skills are complementary. Additionally, she has been very supportive of my increasing involvement in leadership at TPA. But most importantly, she has brought her many skills and talents fully to bear on the issues and challenges facing Texas Psychologists.
When TPA has called, she has consistently said “YES.” Below are some of her many contributions to TPA.

TPA Board of Trustees (2010-2012)—Since the membership elected her to the TPA Board, Carol has carried the ball for the association in several capacities. She has been a member of the Governance Committee, which oversees the operational policies of the association, maintains and updates the bylaws, and conducts the evaluation of the Executive Director. This is unglamorous work, but it is essential that the association be well managed; her efforts are unheralded but much valued.

Dr. Grothues also serves on the TSBEP Committee. She attends every TSBEP meeting and can be counted on to speak on behalf of TPA when needed. In the recent past she has argued for title protection and clarification of use of NCSP, urged that the TSBEP improve supervision guidelines, championed lower record retention in line with other medical/mental health professions (from 10 to 7 years), and raised concerns about advertising issues associated with Internet as well as insurance listings. I am comforted knowing that Carol will continue to be active in fighting for psychologists by championing the protection and clarification of the doctoral standard.

Prior to her election to the TPA Board, she served as Convention Committee Chair. She helped plan the convention program, reviewed proposals, scheduled presentations, tended to the invited speakers and pitched in to organize the Gala event. As a member of the board of directors for AAPT she has been instrumental in organizing social functions, working to build membership, and improving governance procedures at the foundation.

She has participated in TPA’s Legislative Day for past several sessions and represented TPA as a Key Contact and later as Regional Coordinator for the Grassroots Network. Finally, many of our colleagues will attest to the excellent CEU workshops she has provided for our members on new developments in psychopharmacology.

It was with gratitude and admiration that I presented the 2012 Presidential Award to Dr. Carol Grothues in recognition for her years of unflagging service to TPA.

Rob Mehl, PhD

As I mentioned above, I made a conscious decision to increase my level of activity when I came to an understanding of the politics of psychology. Once there, it didn’t take long to connect with my other honoree. As long as I have been involved with TPA there has been a Dr. Rob Mehl, and he has been out in front of many of the most significant developments in the association of the last twenty years.

Where to begin in a list of his many contributions to TPA? For the past four years he has been a stalwart member of the executive committee and was my immediate predecessor as TPA president. During his presidential year he presided during a very harrowing legislative session in which the profession was under siege from all sides in both the legislature and at the TSBEP. We were involved in a historic lawsuit over the doctoral standard, trying to resist changes to the school psychologist designation,
seeking rules changes to expand opportunities for provisionally licensed psychologists, proposing legislation that would allow psychologists to work with service extenders, and attempting to curtail aspects of the exemption clause in the Practice Act. Dr. Mehl was a leader in all these efforts and indeed served as author for many of the legislative and regulatory changes we proposed. At the same time he guided the Legislative Committee in monitoring legislation proposed by other parties that might adversely affect our profession and directed the allocation of resources to resist these efforts.

In all these activities Dr. Mehl was building on his extensive experience representing our profession to the policymakers in Austin. This experience goes back to the early 1990s when he formulated the early notions of a grassroots network to establish one-to-one relationships with legislators and their aides. He recruited many Key Contacts who went on to become involved in other TPA activities, and he developed many of the training modules that are used to mobilize our grassroots efforts. In his own region he served as a Grassroots Coordinator, recruiting psychologists to make connections with area politicians. He also was one of our most effective Key Contacts—responsible for helping our legislation be introduced by various senators and representatives over several different legislative sessions.

Indeed, Dr. Mehl has trained and guided many of us about both the legislative process and about how TPA can function most effectively. I have looked to him in his office as Past President in times of uncertainty and complexity during my term, and he has consistently been there for me both professionally and personally. Dr. Mehl is a “can do” person with multiple talents that he has dedicated to TPA. When our organization has called, he has consistently said “YES.”

Dr. Mehl represents all of what volunteerism at its best can be. He is one of those rare individuals who not only takes on work needing to be done but also has the vision to see ahead and anticipate future need, all the while gathering others around him to participate in that vision. I was pleased to present the 2012 Presidential Award to Dr. Rob Mehl on behalf of TPA in recognition of his dedication and impact on our profession.

Committee Awards

The work of TPA would be very limited without the active participation of its members. This past year Dr. Ogden has recognized two TPA committees that have had a major and long-lasting impact on professional psychology. When we speak of advocating for the profession, we are often referring to legislative advocacy—lobbying, grassroots organizing and fundraising for sympathetic legislators. However, the successful promotion of psychology is built on a three-legged stool. Dr. Ogden chose to remind us of the two committees that form the tripod with legislative advocacy. These are the Business of Practice Committee (BOP) and the TSBEP Committee.

Business of Practice Committee

Bonny Gardner has spear-headed this effort but many people have pitched in to help. Our TPA BOP Committee listserv members include: Drs. Rico Ainslie, Daphny Ainslie, Paul Andrews, Kyle Babick, Ron Cohorn, Rosalie Cripps, Rolland Fellow, Ron Garber, Tom Kremer, Glen McClure, Margie Norris, Micheal Pelfrey, Dan Roberts, Leslie Rosenstein, Ollie Seay, Carl Settles, Brian Stagner, and Tom Van Hoose.

The TPA BOP Committee listserv has been an exciting and useful forum for the exchange of ideas on health policy, regulation, and insurance issues. It has been a point of contact and mobilization for many activities of the BOP Committee:

The TPA BOP Committee took action to help reverse the planned cuts in Medicaid reimbursement for services to dual eligible Medicare/ Medicaid patients in 2012. This involved several meetings with policymakers to present data regarding likely impact of proposed cuts falling disproportionately on the mentally ill.

The TPA BOP Committee has sent letters to BC/BS about difficult prior authorization policies that take clinician time and slow down patient access to care and continuity of care.

The TPA BOP Committee supported APA attorneys and TPA in letters to the U.S. Department of Health and Human Services and the U.S. Department of Labor citing Humana’s drastic rate cuts for psychologists as reducing reasonable access to mental health services and thereby violating the federal parity law and health care reform law.
The TPA BOP Committee supported action against Multiplan’s listing of LPCs and Marriage and Family Therapists under the “Psychology” category in the information they distribute to patients. This is a misrepresentation, which misleads the public. Based on the number of cases gathered by the committee, it is possible that the Attorney General’s office may look into the problem.

We all benefit from the concerted efforts of these committee members to meet directly and repeatedly with key policymakers, and this award recognizes their contribution to our professional well being.

TSBEP Committee

The Texas State Board of Examiners of Psychologists meets in Austin four or five times a year to adopt policies, consider disciplinary actions, and propose regulations for its licensees. In past years these meetings have been well attended by members of the LPA and LSSP organizations; TPA has sought to have a more visible presence at the TSBEP meetings and to develop a stronger working relationship with TSBEP staff and board members.

The TPA TSBEP Committee was formed to more actively monitor TSBEP actions, to more visibly represent licensed psychologists and our interests at TSBEP meetings, to offer a broad range of psychologists’ knowledge and resources about TSBEP proposed rules, and to assist the TPA Board in developing suggested modifications to TSBEP Rules and Regulations. Currently, the committee is comprised of seven psychologists (Drs. Paul Andrews, Kim Arredondo, Laurie Baldwin, Carol Grothues, Clarissa Kuhn, Jamie McNichol, and Rob Mehl) and David White.

In the past year representatives from this committee have spoken at each TSBEP meeting to address TPA concerns about proposed rules as well as other matters. This input from TPA has been successful in getting rule wording changes that clarified
2012 Distinguished Professional Contribution Awards

intent and reduced unintended consequences. The committee has also presented TPA’s objections to certain modifications of the rules regarding the NCSP designation and other areas where the doctoral standard is being weakened.

The TSBEP committee has proposed new rules, including the (tentatively approved) proposal to change records retention from ten to seven years and the suggested rule change that broadens TSBEP authority over advertisement for “Psychologist” beyond Yellow Page listings. The committee also presented rationale for TPA suggested rule changes regarding continuing education and supervision standards now under consideration by TSBEP.

In ongoing efforts, the committee monitors the Texas Register for actions by other license boards that might affect psychology, and it has initiated contact with the Texas Association of School Psychologists’ (TASP) leadership to work on issues of mutual concern. Finally, the committee filed a complaint about an insurance company website that lists non-psychologists under “Psychology.”

While the committee was not successful in its arguments against LSSP’s use of the Nationally Certified School Psychologist (NCSP) title nor in getting TSBEP to approach drafting rules with more focus on ethical guidelines versus concrete specifications, TPA’s voice was heard in a positive, proactive way. The committee’s presence at the TSBEP has forged relationships that will benefit us further in the future.

2012 Outstanding Contribution to Education Award

Mary Alice Conroy, PhD

TPA’s 2012 Outstanding Contribution to Education was awarded to Dr. Mary Alice Conroy. Dr. Conroy has served as Director of Clinical Training and Director of the Psychological Services Center at Sam Houston State University. In fact, she has been juggling both of those two very demanding jobs simultaneously since 2005! She has been instrumental in shaping the face of that clinical program, and the program has a distinctive forensic emphasis in addition to the general clinical focus. Evidence of the high quality of that program, under Dr. Conroy’s leadership, is that 100 percent of all students have matched with a predoctoral internship site since the program was accredited in 2006. Dr. Conroy has ensured that the doctoral students have an opportunity to become involved early on in their understanding about the practice of psychology, as she has matched a student in the program to the local area society, the Sam Houston Psychological Association.

Dr. Conroy’s reputation as an instructor is well established at SHSU, and it is well known at TPA. She has offered numerous CEU workshops at our conventions, and she has generously donated her time for several days of workshops for the Capacity for Justice organization. It is a truism that a workshop by Dr. Conroy will be both excellent and very well attended; her breadth of knowledge and masterful lecture style are held in high regard and are further evidence of her contribution to education.

Dr. Conroy has shown her commitment to both the education and practice of psychology in the state of Texas for many years. She has uniquely required that faculty in the program become fully licensed to practice psychology in the state of Texas. She has remained active in service and leadership roles within TPA for the past decade. Overall, she has broadened the concept of what it means to be involved with the training of psychologists by her energetic and comprehensive focus for the students of the SHSU program. TPA is proud to have her as its 2012 recipient for the Outstanding Contribution to Education!

Dr. Mary Alice Conroy receives her award from 2012 President Dr. Lane Ogden.
2012 Distinguished Professional Contribution Awards

2012 TPA Distinguished Lifetime Achievement Award

Helen E. Benedict, PhD

It was with enormous pleasure and congratulations that Dr. Helen E. Benedict was awarded TPA’s 2012 Distinguished Lifetime Achievement Award. Over the past three decades, she has been on the faculty of the Department of Psychology at Baylor University. Dr. Benedict came to Baylor after completing her Bachelor of Arts degree at Connecticut College and her doctorate in developmental and child clinical psychology at Yale University. She is a member of Phi Beta Kappa. She also has received the Psi Chi Award for Excellent in Teaching on two occasions. She is a past recipient of an NIMH fellowship in developmental psychology. She began her professional career as an assistant professor at Michigan State University, and she then came to Baylor in 1981.

Dr. Benedict has been an active researcher, teacher, mentor, and administrator while at Baylor. She was named Director of Clinical Training after two years at Baylor. She has been a past Chair of the Department of Psychology as well. She has served for a number of years as Director of Clinical Training. Her other academic contributions include journal articles and book chapters focusing on child development and child clinical topics. She has given numerous seminars and workshops on play therapy, child assessment, and the relationships between children and parents. She has more recently devoted her research efforts to examination of early intervention for high risk infants and toddlers.

Throughout her career, Dr. Benedict has exemplified what is best about our academic discipline and profession. She has displayed those qualities to the world beyond the boundaries of the university campus, through scholarly research, training of clinicians and scholars, and professional practice and service in her local community. All of these have been pursued with considerable vigor to which we might all aspire. She has, for many years, been the very model of a professional image to which we might all aspire.

Congratulations to Dr. Benedict on being named TPA’s 2012 recipient of the Distinguished Lifetime Achievement Award!

Not photographed: Dr. Benedict was unable to attend TPA’s 2012 Annual Awards Luncheon.

2013 PLATINUM ADVOCATE MEMBER BENEFITS

TPA Platinum Advocates receive the following benefits and services in addition to all traditional TPA professional resources:

- Discounted (50%) convention registration fee
- Free 3 hours of online continuing education
- Free Doctor Finder (referral service) subscription
- Free, unlimited phone consultation with staff attorney Samuel Houston
- Free continuing education at TPA’s Get-Away
- Special badging at convention
- Reserved seating and special recognition at the convention awards luncheon
- Recognition in TPA publications and website
Conflict Statutes - Which Applies?

Floyd L. Jennings, JD, PhD

Editor’s note: Deciphering the runes and tricky spells of The Law can leave one feeling lost in a forgotten dungeon at Hogwarts—Now what was I looking for when I wandered down here? Fortunately Dr. Jennings has mapped out some hidden trapdoors regarding HIPAA in Texas that you should learn about before you are entombed in the Labyrinth of Litigating Technicalities. What follows is somewhat dense, but offers useful cautions.

What do you do when statutes appear to conflict? H.B. 300, effective 1 Sept 2012 modified Tex. Health & Safety Code Chapt. 181 in many ways to extend the security and privacy of protected health information (PHI) beyond that required by HIPAA, and also creates some apparent conflict with Tex. Health & Safety Code Chapt. 611. One of those modifications specifically relates to mental health practitioners, and pertains to the right of patients to access health care information. Understanding this statute requires some review of how conflicting statutes are to be read.

Overview
Law – both statutory and regulatory – governs the practice of psychology, sometimes with detail. Practitioners, therefore, would be well advised to be cognizant both of changes and areas of conflict. But, understanding conflict of law – both real and apparent – requires careful attention to the conflicting portions of statutes or rules.

Texas, as other jurisdictions, has principles of statutory construction that provide some guidance as to how to interpret apparently conflicting statutes.

“The primary objective in construing any statute is to give effect to legislative intent. Warner v. Glass, 135 S.W.3d 681, 683 (Tex. 2004). We begin with the plain and common meaning of the statute’s words. Id.; TEX. GOV’T CODE ANN. § 311.011(a) (West 2005). “If the meaning of the statutory language is unambiguous, we adopt . . . the interpretation supported by the plain meaning of the provision’s words and terms.” Fitzgerald v. Advanced Spine Fixation Sys., Inc., 996 S.W.2d 864, 865 (Tex. 1999); see also Alex Sheshunoff Mgmt. Servs., L.P. v. Johnson, 209 S.W.3d 644, 651–52 (Tex. 2006). We must, however, be mindful of our duty to glean “legislative purpose from a consideration of the statutory scheme as a whole rather than from a literal application or interpretation of any particular statutory language.” Rylander v. Fisher Controls Int’l, Inc., 45 1 S.W.3d 291, 299 (Tex. App.—Austin 2001, no pet.).”

Tex. Gov’t Code §311 is the “Code Construction Act” and, among other items, states that if statutes conflict, they should be read so as harmonize both, if possible, and if irreconcilable, the latest in date of enactment prevails.

Changes instituted by H.B. 300
1. Who is a covered entity?
Relying upon the HIPAA rules contained in 45 C.F.R. §160.103 which defines “protected health care information” (PHI), H.B.300 expands the definition of a “covered entity” substantially, including the entity and any employee thereof.

(2) “Covered entity” means any person who:
(a) for commercial, financial, or professional gain, monetary fees, or dues, or on a cooperative, nonprofit, or pro bono basis, engages, in whole or in part, and with real or constructive knowledge, in the practice of assembling, collecting, analyzing, using, evaluating, storing, or transmitting protected health information.
(b) comes into possession of protected health information;
(c) obtains or stores protected health information under this chapter; or
(d) is an employee, agent, or contractor of a person described by Paragraph (a), (b), or (c) insofar as the employee, agent, or contractor creates, receives, obtains, maintains, uses, or transmits protected health information. Tex. Health & Safety Code §181.001

Note that “covered entity” now includes essentially any practitioner, who obtains or maintains PHI, as well as any entity that may intentionally or inadvertently, come into possession of PHI. In short, there are no exclusions. In Texas, at any rate, no mental health provider could say, “I’m not a covered entity.” For example, mental health practitioners could not claim they do not maintain or exchange any information through an electronic medium and are, therefore, excluded from the requirements of the section (not to say that Tex. Health & Safety Code Chapt 611 would not apply in any circumstance).

At the same time, however, there is some confusion in the text for although “covered entity” is re-defined, only those entities identified in 45 C.F.R. 160.103 must comply with HIPAA. See Id. §181.004(a); but all entities meeting the definition of 181 shall comply with that chapter. Id. §181.004(b).

2. Training of staff, employees:
As under HIPAA, training of employees is required, but H.B. 300 widely expands the training requirement:
Sec. 181.101. TRAINING REQUIRED.
Each covered entity shall provide a training program to employees of the covered entity regarding the state and federal law concerning protected health information as it relates to:

(1) the covered entity’s particular course of business; and
(2) each employee’s scope of employment.

(b) An employee of a covered entity must complete training described by Subsection (a) not later than the 60th day after the date the employee is hired by the covered entity.

(c) An employee of a covered entity shall receive training described by Subsection (a) at least once every two years.

(d) A covered entity shall require an employee of the entity who attends a training program described by Subsection (a) to sign, electronically or in writing, a statement verifying the employee’s attendance at the training program. The covered entity shall maintain the signed statement.

Each entity shall not only provide training – within the 60th day of employment – but shall offer continuing training “at least once every two years,” with appropriate documentation required. While this requirement clearly relates to the scope of employment of employees in the offices of a mental health practitioner, the applicability to entities which are not health care related – such as large law firms – may well be more problematic. Moreover, the specifics of what would constitute such training is not defined.

3. H.B. 300 penalties:
H.B. 300 creates stringent penalties for entities that violate state law regarding improper release of information (not to say possible enforcement by federal agencies) as civil penalties range from $5,000 for each violation that occurs in one year, to $250,000 annually. Id. 181.201.

4. Other provisions:
Other provisions include notice provisions, strictures on release of information, standard forms to be developed by the Attorney General by 1 January 2013, proposal of new privacy standards by the Texas Healthservice Authority, audit, complaint and enforcement matters by the Attorney General, and authority for disciplinary actions by licensing boards. Most importantly, there are possible changes to the rules appertaining to the release of mental health information that affect psychologists, and to that we will now turn.

Possible changes viz. release of mental health information
Most practitioners are well familiar with Tex. Health & Safety Code Chapt. 611, which deals with the confidentiality of mental health information. However, both Tex. Health & Safety Code Chapt. 611 and Chapt. 181 address release of PHI. For example, both 611.008 and 181.102 permit a patient access to a record within 15 days. Note that 181.102 refers to an “electronic health record” and is arguably, therefore, more delineated than 611. However, both rely upon the same time frame.

A potential problem arises in the extent of a patient’s access to what HIPAA defines as “private psychotherapy notes.” We have, in Texas, long argued that Chapter 611 grants a patient virtually unfettered access to their medical record – with the exception of information defined in 611.045, which might be “harmful to the patient’s physical, mental, or emotional health,” but even then a summary may be required or the entire record would be delivered to another mental health practitioner. The issue is that “private psychotherapy notes” – created in HIPAA because of the lobby of certain interests elsewhere in the country – do not exist in Texas and have not existed in Texas. There has heretofore been no means that a provider could shield the patient from a large portion of his/her record. Efforts to do so have resulted in board complaints.

But, if misread, H.B. 300 would create just the exception that we have long avoided; for in id. §181.002. is stated:
“(b) To the extent that this chapter conflicts with another law, other than Section 58.0052, Family Code, with respect to protected health information collected by a governmental body or unit, this chapter controls.”

Following in id. §181.102(b) is the following statement:
“(b) A health care provider is not required to provide access to a person’s protected health information that is excepted from access, or to which access may be denied, under 45 C.F.R. Section 164.524.”

The referenced section in 45 C.F.R. is that which creates an exception to the release of medical records through the maintenance of “private psychotherapy notes…”

At first glance, this section would conflict with Chapt. 611 and thus create a conflict of law, to be resolved in a court or by Attorney General Opinion – and while that may yet be required, I would argue that Chapt. 611’s earlier standard applies.

In all likelihood, a licensee who refuses to release medical records will attempt to rely upon Tex. Health & Safety Code §181.102 as his/her defense. But properly understood, such a defense may be unsuccessful for the following reasons.

First, while id. §181.002 addresses applicability, and Chapt. 611 is not specifically mentioned, HIPAA itself provides an exception, as well as id. §181.002(a) which states that this section “does not affect the validity of another statute of this state that provides greater confidentiality for information made confidential by this chapter.” The entire section reads:

Sec. 181.002. APPLICABILITY.
(a) Except as provided by Section 181.205, this chapter does not affect the validity of another statute of this state that provides greater confidentiality for information made confidential by this chapter.

(b) To the extent that this chapter conflicts with another law, other than Section 58.0052, Family Code, with respect to protected health information collected by a governmental body or unit, this chapter controls.

To the extent to which Chapt. 611 conflicts with Chapt. 181, some might think that 181 controls. However, Tex. Health & Safety Code §181.002 refers to “greater confidentiality” and Chapt. 611 is far more specific viz. confidentiality and yet grants far greater access by a person to his/her own mental health record.
Texas Psychological Association has negotiated a reduced, three-night, all-inclusive rate per room for our guests.

Single room occupancy - $999
Double room occupancy - $759/person
Triple room occupancy - $759 for the first two guests, and $560 for the third guest (13 years or older), $395 for third guest (<13 years)

LIMIT of THREE adults per room. Per hotel rooming policy, individuals older than 12 are considered adults. If you wish to include a FOURTH person in the room, that individual must be 12 years or younger.

*For continuing education, please add $100. Register online today at www.texaspsyc.org.

Workshop: Introduction to Collaborative Law
Presenter: Ray H. Brown, PhD, 6 Hours of CE
Consistent with our mission, the Texas Psychological Association is dedicated to improving the lives of Texans, with an emphasis on mental health care. Our agenda for the 2013 legislative year is very similar to last session. It focuses on:

a. Improving access to care,
b. Improving continuity of care across inpatient, residential and outpatient settings, and
c. Improving quality of care.

Access to Care
It is paramount for TPA to improve access to care for the most vulnerable Texans, who are in the greatest need, such as children and economically disadvantaged families in our state. Access to care translates not only to increased Medicaid and Medicare funding, but also increased staffing at both inpatient and outpatient public facilities around the state.

ACTION TAKEN BY TPA TO ADDRESS ACCESS
• TPA’s Business of Practice Committee testified against Medicaid cuts and sent numerous letters to insurance companies regarding fees, accountability, and patient care. Furthermore, TPA was successful in getting Medicaid funding for psychological associates.
• This year, TPA representatives met with Texas Medicaid representatives urging them not to cut Medicaid reimbursements to psychologists. Psychologists play an essential role in providing diagnostic and psychotherapy services to the Medicaid / Medicare population of Texas and cutting rates would dramatically affect the service provided to this population. (On December 20, 2012, TPA received an email indicating that the existing rates would be preserved. This is the second year that by taking action to protect the rates, TPA has been able to preserve them.)
• TPA lobbied Congress in Washington DC, for CMS to restore the funding for psychological services. CMS has repeatedly made changes to Medicare formulas that have significantly devalued and reduced reimbursement for the time and expertise of health care professionals. It is simply wrong for CMS to continually cut reimbursement for cost-effective services to boost payment for expensive equipment and overhead that are driving the inflation of health care costs.
• TPA established legislative initiatives to allow licensed psychologists to delegate services to appropriately credentialed supervisees. Physicians, Dentists, Optometrists and Podiatrists are other doctoral-level professions that allow appropriately trained individuals to perform health care services under supervision, and bill insurance companies under the supervisor’s name.

2 45 C.F.R. 164.501. Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
PROPOSED ACTION BY TPA IN 2013 LEGISLATIVE SESSION

• TPA will work with other mental health profession to pass legislation allowing psychologist to use teletherapy in their practice.
• TPA plans to support legislation that extends the mental health services of a psychologist to properly trained and supervised individuals.

Continuity of Care
There continue to be problems in coordinating care across inpatient, residential and outpatient settings, with providers in each domain having limited access to critical information about patients and the nature of care provided. The implications of limited communication and shared information across settings and providers can be critical. In some cases, this can raise the risk for continued problems and negative outcomes that result in increased health care costs, both inpatient and outpatient. Efforts need to be made to improve communication among providers across settings in an effort to enhance treatment outcomes and reduce costs, all the while recognizing the need for privacy and confidentiality.

ACTION TAKEN BY TPA TO ADDRESS CARE

• TPA presented testimony to DADS on the state classification code creating behavioral analysts. TPA maintains that licensed psychologists are trained to provide this type of service and do not need an additional certification to get reimbursed.
• TPA established a Task Force to work with TSBEP on rules that govern Parenting Coordinators and Parenting Facilitators.
• TPA developed a strategic plan on educating the legislators on the merits of appropriately trained psychologists prescribing medication.

PROPOSED ACTION BY TPA IN 2013 LEGISLATIVE SESSION

• TPA plans to support legislation that will allow properly trained psychologists to prescribe a medication under the supervision of a medical doctor.

Quality of Care
Improving the quality of mental health care in Texas demands improved access (among others areas), but, ultimately, means that providers are appropriately trained, educated, and have applied clinical experience. Additionally, quality of care is influenced by regulatory issues, including continuing education requirements.

ACTION TAKEN BY TPA TO ADDRESS CARE

• TPA established a Task Force to examine standards of practice for administering psychological tests, with particular emphasis on market pressures to cut corners (scientifically and ethically). This would include requests from third parties (e.g. CPS, custody litigators), and requests from referral sources for a “quick and dirty” abbreviated assessment.

PROPOSED ACTION BY TPA IN 2013 LEGISLATIVE SESSION

• TPA is fully aware that there is a movement by sub-doctoral mental health professionals to develop a licensure or certification to become Applied Behavioral Analysis (ABA). Their focus is directed to individuals with Autism. TPA’s position is to exempt all psychologists from having to obtain this additional licensure/certification and educate the legislature that this population’s needs can be provided by the current mental health professionals.
• TPA supports legislation that would prevent any confusion to the public on who a psychologist is and what he/she can do, as well as who is able to use the title “psychologists” without any bearing on employment setting.

Radar Watch:
TPA will continue to monitor and respond to legislation that will potentially influence the nature and provision of mental health care in Texas. This includes issues that cut across all three of the domains referenced in this article.
# 2013 Psychotherapy CPT® Codes for Psychologists

Effective January 1, 2013

## Diagnostic interview procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation</td>
</tr>
</tbody>
</table>

## Psychotherapy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832</td>
<td>Psychotherapy, 30 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy, 45 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
</tr>
<tr>
<td>90845*</td>
<td>Psychoanalysis</td>
</tr>
<tr>
<td>90846*</td>
<td>Family psychotherapy without the patient present</td>
</tr>
<tr>
<td>90847*</td>
<td>Family psychotherapy, conjoint psychotherapy with the patient present</td>
</tr>
<tr>
<td>90849*</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90853*</td>
<td>Group psychotherapy (other than of a multiple-family group)</td>
</tr>
</tbody>
</table>

## Interactive complexity add-on code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)</td>
</tr>
</tbody>
</table>

## Psychotherapy for crisis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis, first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839</td>
</tr>
</tbody>
</table>

## Pharmacologic management add-on code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90863</td>
<td>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)</td>
</tr>
</tbody>
</table>

* These codes are the same for 2012 and 2013

For complete information on the 2013 psychotherapy codes, visit [www.apapracticecentral.org/codes](http://www.apapracticecentral.org/codes). For additional questions, email us at praccodes@apa.org.


American Psychological Association Practice Organization

Nov. 29, 2012—Here’s one more reminder from the APA Practice Organization for practitioners who are Medicare providers: If you don’t yet participate in Medicare’s Physician Quality Reporting System (PQRS), you must begin doing so in 2013 or you will face payment penalties starting in 2015.

Since 2007, Medicare has offered incentives in the form of bonus payments to eligible professionals, including psychologists, who report data on designated outpatient service measures. As a result of the Patient Protection and Affordable Care Act of 2010, the program must switch from awarding bonuses for satisfactory participation to imposing penalties for the failure to successfully report on PQRS measures.

In 2013 and 2014, psychologists who successfully participate in PQRS will earn an additional 0.5 percent payment on all of their Medicare charges. Beginning in 2015, the Centers for Medicare and Medicaid Services (CMS) will no longer provide bonuses but instead will impose penalties on those who do not successfully report PQRS measures. The payment penalties will be 1.5 percent in 2015 and 2 percent in 2016.

Current nonparticipants may wonder why they need to get involved in 2013 when penalties do not apply until 2015. As a bonus program, Medicare’s payments have been retroactive. Eligible professionals submitted their Medicare claims and were paid for their services with the PQRS bonus payments distributed months later.

But now that PQRS will become a penalty-based program, Medicare must operate prospectively in order have the time needed to analyze reporting data before applying any payment adjustments. The 1.5 percent penalty adjustments for 2015 will be based on 2013 reporting data, while the 2 percent penalty for 2016 will be based on 2014 reporting data. Penalties will apply to all Medicare charges by a provider.

To help eligible professionals avoid payment penalties, CMS providers who are new to PQRS. Psychologists participating in PQRS for the first time will only need to report one service measure for at least one applicable patient in 2013 in order to avoid penalties in 2015.

Those providers who already participate in PQRS are required as usual to report on 50 percent of applicable Medicare cases in 2013.

Most psychologists must prepare to get involved. According to Medicare, only 3 percent of psychologists who are Medicare providers already participate in PQRS.

The APA Practice Organization will provide further details about reporting measures for 2013 and additional guidance about PQRS participation in the next issue of this e-newsletter and in the 2013 winter issue of Good Practice magazine. Meanwhile, please visit the Quality Improvement Programs page at our Practice Central website for more information.

TPA would like to thank its 2013 Platinum Advocate members for showing their commitment to being upholders of the profession of psychology.

Kay Allensworth, PhD
Paul Andrews, PhD
Sarah Avey, PhD
Jeff Baker, PhD
Laurie Baldwin, PhD
Carolyn Bates, PhD
Barbara Beckham, PhD
Tim Branaman, PhD
Ray H. Brown, PhD
Betty Clark, PhD
Ron Cohorn, PhD
Mary Alice Conroy, PhD
Jim Cox, PhD
Cynthia de las Fuentes, PhD
Brad Evans, PsyD
Frank Fee, PhD
Richard Fulbright, PhD
Sheree Gallagher, PsyD
Ronald Garber, PhD
Orna Goldwater, PhD
Peggy Goulding, PhD
Charles Gray, PhD
Heyward Green, PsyD
Carol Grothues, PhD
Michael Hand, PhD
Willam Holden, PhD
David Koch, PhD
Richard Kownacki, PhD
Sydney Kroll, PsyD
Marcy Laviage, PhD
Ronald Massey, PhD
Stephen McCary, PhD, JD
Joseph McCoy, PhD
Robert McPherson, PhD
Rob Mehl, PhD
Megan Mooney, PhD
Anne Morton, PhD
Lane Ogden, PhD
Dean Paret, PhD
Michael Pelfrey, PhD
Walter Penk, PhD
Stephanie Petersen Leachman, PhD
Angela Pfeiffer, PhD
Walter Quijano, PhD
Michael J. Ratheal, EdD
Elizabeth Richeson, PhD
Diane Roche, PhD
Gordon Sauer, PhD
Gregory Simonsen, PhD
Brian Stagner, PhD
Larry Thomas, PhD
Thomas Van Hoose, PhD
Melba Vasquez, PhD
Charles Walker, PhD
Lisa Weaver, PhD
Patricia Weger, PhD
Miguel Ybarra, PhD

Advocate: defender, protector, supporter, upholder, pleader, champion, ambassador, believer
Board Complaints: A View From the Board and the Bar

Upcoming Board Complaints: A View from the Board and the Bar workshops:

May 17: Houston
July 26: San Antonio
September 13: Dallas

3 hours of ethics continuing education
Register today at www.texaspsyc.org!

Workshop Presenters:
Darrel Spinks, JD
TSBEP Executive Director
Samuel Houston, JD
TPA’s Legal Consultant

www.texaspsyc.org