

Some Frequently Asked Questions (FAQ) about the IPA RxP Initiative

Illinois Psychological Association

1. Is the IPA RxP Initiative new or sudden in its process?

The RxP Subcommittee of the IPA Legislative Committee was established in 1991 with the express purpose of pursuing prescriptive authority for psychologists with APA approved specialized training in clinical psychopharmacology. IPA first introduced a prescriptive authority bill in 1998 with state Senator Carol Ronen as our chief sponsor. This RxP initiative has been routinely discussed in association meetings or forums that are open to all members. Since 1991 prescription privileges for psychologists in Illinois has been discussed and designated as an active agenda item with the membership of IPA and publicly on numerous and regular occasions. IPA elected officers and section chairs have followed specific IPA policies regarding IPA activities on prescription privileges just as it follows these specific processes for other action items. The issue of prescription privileges has been regularly discussed at monthly Legislative Committee meetings. These meetings are open to any IPA member and the times and dates of these monthly open meetings are posted in every issue of the IPA quarterly Newsletter. Since 2006, the issue of prescription privileges has been the subject of at least one article in every newsletter except for 2 of the last 19 issues of the *Illinois Psychologist* and has been discussed at every Legislative Committee meeting in all but 2 Council meetings. We know that IPA Area Code Representatives have discussed RxP with their constituents in both formal and informal meetings. From January 2011 through the present, the RxP legislative initiative has been discussed at every Council meeting (January 22, 2011, April 16, 2011, June 18, 2011, September 17, 2011, and January 21, 2012). At the January 2011, the September 2011, and the January 2012 meetings votes had been taken on this initiative. At every one of these votes, the RxP initiative had been confirmed nearly unanimously with, at times one abstention or, at other times, two abstentions. There were no negative votes. Moreover, in every IPA Newsletter, an RxP Committee is shown as an official Committee of the Association.

2. How has the IPA Council tried to balance competing opinions about RxP?

During the last five years of IPA Council Meetings, there have been several votes on RxP activities and all of these Council votes have included thorough discussions of this complex issue with consideration of minority and majority Council and member opinions. Each of these votes affirmed the IPA's engagement in RxP lobbying activities. During the last year, as noted above, RxP votes had been taken at the January 2011, September 2011, and January 2012 meetings. At every one of these votes the RxP initiative had been confirmed nearly unanimously with at times one abstention. There were no negative votes.

3. Have General IPA Membership Dues or Contributions been used in the IPA – RxP Initiative?

No. The IPA Executive Committee and Council have been sensitive to Council and Member wishes that the funding for the RxP Initiative come from separate funding sources rather than from the general legislative fund. This is done so that members may choose to fund or not to

fund the RxP initiative. The source of funding for the RxP effort is from monies contributed solely for the purpose of the RxP legislative effort. The RxP funding is not coming from any general IPA membership revenue stream. The details of the Treasurer's Report are available to the IPA Executive Committee and the IPA Council. Any IPA member who wishes to know details about the IPA Treasurer's Report should talk with any member of the IPA Executive Committee or the IPA Executive Director. IPA will follow established procedures for releasing budgetary information.

4. What are defamation and libel guidelines and sanctions for discussing any science/practice issue on the IPA Listserv.

There were over 200 emails on this issue in a three week period of time. This resulted in a disruption of the listserv with several members resigning from the listserv. In addition, there has been a rancor expressed toward IPA staff members and volunteer officers of the Association. For example, there have been accusations of secrecy, officers' dishonest motives, and officers' unethical behavior. All of this besmirches people's reputations, integrity and credibility. This is potentially libelous and actionable behavior, which we do not want on our listserv. Below is the relevant paragraph from the APA/IPA Rules of the listserv.

Defamation and libel – In exchanges on the listserv and when referring to others, avoid personal attacks and characterizations that question a person's motives or qualifications. Sometimes a robust debate about ideas spills over into attacks on the proponents or opponents of the ideas. List members need to be reminded that a false statement that harms someone's reputation can be actionable as libel. There is a substantial difference between disagreeing with how someone did their research or treated a patient and accusing the person of fraud or incompetence. Because negative statements that impugn someone's professional qualifications can cause substantial economic and emotional harm, this is an area for careful scrutiny. Keeping criticism on an objective basis that is factually verifiable and skipping personal commentary about character, competence or motive minimizes legal risk.

The following statement defines the action that can be taken if discussion begins to violate the above listserv rule:

It is always appropriate to express dissenting opinions on the listserv. However, the listserv moderator's job is to ensure that these opinions are expressed in a civil way and that the poster does his or her best to present factual information. If opinions are expressed in a manner that is not civil, then the post is not appropriate on a professional listserv. If in the judgment of the listserv moderator such a posting does occur, he/she will back channel the person and ask that language be toned down. If the person does not post respectfully after that, the moderator has the authority to place the person on a read-only basis for a probationary period. If the person comes back after a read-only probation and continues to be disrespectful, the moderator will have to remove the person from the listserv.

5. What is the relationship between the IPA Listserv and IPA Policy?

Since the listserv is very public, we value it as a tool for encouraging civil and scientific debate. We do not make IPA policy on the listserv. Policy is made by the IPA governing structure that includes Area Code Representatives, Section Chairs, and IPA Executive Officers. IPA members are welcome to observe IPA Executive Committee and Council meetings (with at least 24 hours' notice to the President) and may speak on an issue if requested of the President (and granted by the President) at least 24 hours in advance of the meeting. We encourage all members to take the time to attend and participate in Section Meetings, Regional Meetings, educational and social IPA events, and, of course, our annual Convention. This follows the IPA (and APA) rules for meetings, IPA Bylaws, and Keesey's Rules of Order, the rules of order adopted by both the IPA and the APA.

6. Is there a place that an IPA Member can go to Fact Check Listserv Postings?

Yes, using search engines like "Google" and "Bing" to learn about the history of an issue as well as the history of those advocating an opinion about an issue has become standard in this electronic communications era. Using the APA Website to research information, such as the APA training requirements and opportunities for a degree or certification in Clinical Psychopharmacology, is highly advised. Checking the IPA Website for postings of meetings, where the RxP issue, as well as other complex professional issues, may be discussed, is highly recommended.

7. Does the IPA only Support Activities in which all Psychologists Participate or wish to Participate or does it also Support Activities in which many Psychologists Participate or wish to Participate?

We are a professional, scientific association and, as such, we support professional activities, backed by empirically valid data, in which many of our members engage or wish to engage. The RxP legislative initiative can be seen as an empirically supported professional activity in which many members wish to engage. We do not only support professional activities in which there is unanimous agreement. Certainly, it has been noted, by Dr. Mary Kay Pribyl and others, that the legislative initiative to secure insurance reimbursement for psychologists in 1976 and the legislative initiative to license psychologists in 1981 were not unanimously supported by psychologists. In fact, throughout history, many of the most important scientific and professional advances have been made by individuals with whom some have disagreed. Adhering to the IPA Mission, the IPA supports evidence based science and practice in Illinois. (This is one reason why the APA and IPA have adopted "Keesey's Rules of Order," a paradigm of governance that balances the rights of many different opinions in professional organizations.)

8. Will there be other opportunities to discuss IPA's RxP Initiative?

Elected IPA leadership does its best to communicate to the membership through specific processes. Items for discussion and action are first discussed in committee meetings, which

anyone can attend. Committees then present any actionable items to Council where issues are discussed, debated and ultimately put to vote at quarterly Council meetings. The results of such votes and approved action items are then communicated to the entire membership in the member newsletter.

We invite all of you to our legislative update session and our all-Association meeting at the 2012 Annual Convention November 1st through 3rd. While the legislative update sessions at Convention are typically standing-room only events, our all-Association meetings tend to be less well attended. Please do consider attending both of these meetings a priority.

9. How will successful RxP legislation affect our current psychology license?

The passage of legislation authorizing psychologists who have specialized training in clinical psychopharmacology to prescribe medications would expand our licensing act. Thus, licensed psychologists who have 460 hours of specialized, didactic training in clinical psychopharmacology, 80 hours of physical assessment training, who have made recommendations for medication for 100 patients under close supervision from a prescribing health provider, who have passed the APA Psychopharmacology Exam for Psychologists (PEP), and have been approved by the Psychology Licensing Board in the Illinois Department of Financial and Professional Regulation will receive an additional license by the Psychology Licensing Board to prescribe medication.

10. How will successful RxP legislation affect reimbursement practices by insurance carriers?

In New Mexico and Louisiana, states in which psychologists prescribe, the reimbursement practices by insurance carriers, for non-prescribing psychologists, have not been affected by the presence of prescribing psychologists.

11. How will successful RxP legislation affect liability insurance premiums?

In New Mexico and Louisiana, liability insurance premiums have been raised 15% for just those psychologists with licenses to prescribe who are insured by the APA Insurance Trust. To date no complaints have been filed with The Trust against any prescribing psychologist. Non-prescribing psychologists saw no increase in their rates. There has been much testimony by prescribing psychologists throughout the country, including psychologists who prescribe on Indian reservations, psychologists who prescribe in the United States Public Health Service (USPHS), psychologists who prescribe in the United States Coast Guard, psychologists who prescribe in United States military facilities throughout the world, and psychologists who prescribe in New Mexico and Louisiana that there have been no “adverse events” by prescribing psychologists in the practice of clinical psychopharmacology during the twenty years that psychologists have been prescribing. In addition, there have been statements by Jana Martin, Ph.D., Chief Executive Officer of the APA Insurance Trust (APAIT), that there have been no “adverse events” by prescribing psychologists.

12. How will successful RxP legislation affect attacks against our license from the medical community?

The medical community does not attack our existing license. The medical community generally aims to prevent psychologists from *expanding* their scope of practice and has, in the past, unsuccessfully lobbied against our seeking licensure (over “registration”), unsuccessfully lobbied against our receiving insurance reimbursement, successfully lobbied against our using the word “diagnosis” instead of “classification” in our licensing act and successfully lobbied against our having hospital admitting privileges. The medical community is presently lobbying, and has lobbied in the past, against psychologists’ receiving prescriptive authority. Once we receive prescriptive authority, the medical community will come to accept our expanded scope of practice just as they have accepted the expanded scope of practice and prescriptive authority of optometrists, nurse practitioners, physician assistants, and other health professionals who have gained authority for practices that in earlier years had been the sole province of clinicians with medical degrees.

13. How is our legislative initiative for prescriptive authority similar to the legislative initiative of social workers and licensed professional counselors for authority to conduct psychological testing and authority to seek insurance reimbursement for independent practice?

Our legislative initiative for prescriptive authority is very similar to the legislative initiative of other healthcare providers who are pushing to expand their scopes of practice. Scope of practice is dynamic. The world is changing and nothing stands still.

14. Will members be informed of each step of the legislative process in Springfield, once an initiative, like RxP, has been thoroughly discussed and approved?

We entrust our legislative lobbyists, hired after careful due diligence by the IPA Executive Committee and IPA Council to help us pursue policy established by the IPA. Legislative meetings, hearings, and any other legislative action may or may not be announced publicly. The IPA leadership and the IPA lobbyists will make strategic decisions about appropriate times for public announcements. If individual IPA members disagree with IPA policy, they can take personal action as they so choose. The result of all legislative initiatives has been and will continue to be announced to the IPA membership in the various communication modalities described above.

Summary

In summary, the issue of prescription privileges has been discussed at open monthly Legislative Committee meetings as posted in the quarterly newsletter sent to all IPA members. The results of the Committee meetings are brought to Council for discussion and vote. Elected IPA officers then pursue Council objectives based upon the results of any votes. As far back as 1991 there have been discussions, motions, and votes to pursue prescription privileges in Illinois at Quarterly Council meetings, in quarterly newsletters and, since at least 2006, at every All-Association meeting. All IPA meetings are open to any IPA member and dates and times are

posted in the newsletter. Given the track record of psychologists who have attained prescriptive authority in other states and/or through employment in Federal agencies or in the Federal government, liability and insurance rates have not been at all adversely affected. In 2011 and 2012 prescription privileges have, as voted for by Council, been pursued with funding outside of typical IPA revenue streams and as such have been funded, either by a grant from APA or in specific funds raised by IPA leadership by outside contributions specifically earmarked for this purpose. Once the legislative agenda has been approved by the IPA Council, the IPA legislative agenda will be pursued aggressively by the IPA and its lobbyists.

Beth N. Rom-Rymer, Ph.D.
IPA President

Bruce E. Bonecutter, Ph.D.
Past IPA President
Past IPA Representative to APA Council
IPA Parliamentarian

Terrence Koller, Ph.D., ABPP
Past IPA President
IPA Executive Director

Steven Rothke, Ph.D., ABPP
Past IPA President
Chair, IPA Consulting Section
Chair, IPA By-Laws Committee

And in consultation with the following IPA officers:

Armand Cerbone, Ph.D.
IPA Past President
IPA Representative to APA Council

Randy Georgemiller, Ph.D.
IPA Past President
IPA Representative to APA Council

Blaine Lesnik, Psy.D.
IPA Membership Chair

Patricia Pimental, Psy.D., ABPN
IPA Past President
Chair, IPA Legislative Committee

Bob Rinaldi, Ph.D.

Chair, IPA RxP Subcommittee

Greg Sarlo, Ph.D.
IPA Immediate Past President

Joseph Troiani, Ph.D.
IPA Treasurer