

Don't Get On The Omnibus

Peter M. Oppenheimer, Ph.D.
Practice Leadership Conference
American Psychological Association
Practice Organization
Washington, DC

APAPRACTICE
ORGANIZATION

March 5, 2017

Disclosure

Chair, Legislative Committee- Rhode Island Psychological Association

Chair- Coalition of Mental Health Professionals of Rhode Island

Chair- Board of Psychology, Rhode Island Department of Health

Chair- Rhode Island Primary Care Physicians Corporation Behavioral Health Network

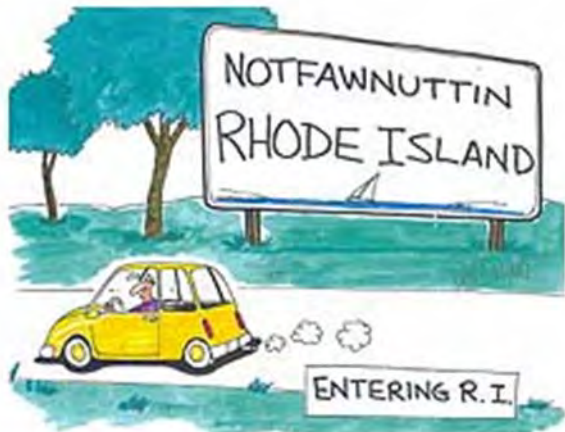
Member- Committee for the Advancement of Professional Practice
American Psychological Association Practice Organization

Council Representative &, Member, Advocacy Committee- Division 31-
State Provincial and Territorial Psychological Affairs

Chair of Advocacy Committee, Federal Advocacy Coordinator & Liaison
to the Board of Professional Affairs- Division 42- Psychologists in
Independent Practice

Rhode Island

Board of Psychology



- Statue: RIGL 5-44
- Department of Health
- 4 Professional Members
- 1 Public Member
- Board Manager is responsible for 8 Boards



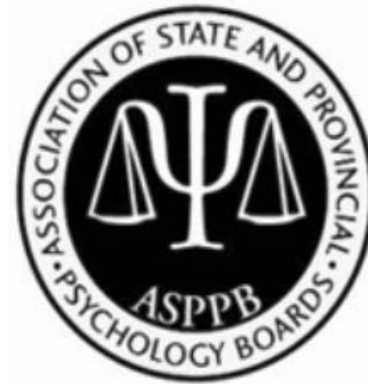
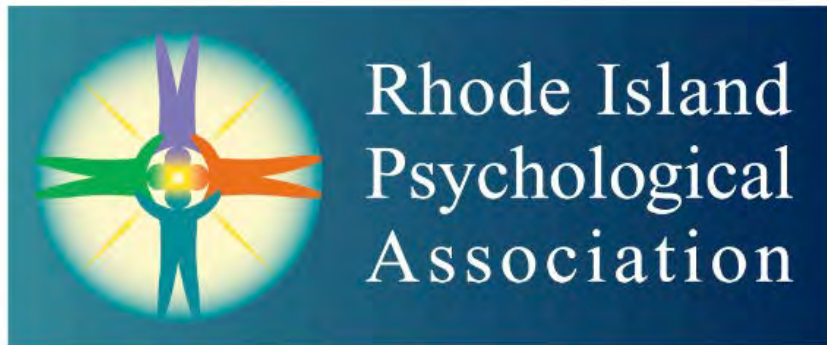


Open Meetings Law

RIGL 42-46

§ 42-46-1 Public policy. – It is essential to the maintenance of a democratic society that public business be performed in an open and public manner and that the citizens be advised of and aware of the performance of public officials and the deliberations and decisions that go into the making of public policy.

Advocacy



Rhode Island Government



Inside Rhode Island Government



Director of the Dept. of Health





2015

New Director of the Dept. of Health





Governor's Budget *2015*

Article 19

RELATING TO CONSOLIDATION OF DEPARTMENT OF
HEALTH BOARDS

Article 20

RELATING TO PROFESSIONAL LICENSES

March 27, 2015





March 31, 2015

Senate Finance Committee

House Finance Committee

April 2, 2015



Article 19

Relating to Consolidation of
Department of Health Boards

**CAPITOL
TV**

Article 19 Proposed:

- Reorganize the Department of Professional Regulation into the Division of Professional Regulation
- Appoint a board of 11 members
 - 4 licensed professionals
 - 3 public members
 - 3 “employees of the healthcare industry”
 - Chair is DOH Director or designee
- Director may appoint one “technical expert” from each profession to “advise” the board.
- Administrative staff would process applications and disciplinary cases. Board would be a “hearing board.”

Article 19- Whose included?

- (1) Barbers, hairdressers, cosmeticians, manicurists, and estheticians in chapter 10 of title 5;
- (2) Chiropractic physicians in chapter 30 of title 5;
- (3) Electrolysis in chapter 32 of title 5;
- (4) Funeral director/embalmer in chapter 33.2 of title 5;
- (5) Opticians in chapter 35.2 in title 5;
- (6) Social workers in chapter 39.1 of title 5;
- (7) Physical therapists in chapter 40 in title 5;
- (8) Occupational therapy in chapter 40.1 in title 5;
- (9) Psychologists in chapter 44 of title 5;
- (10) Nursing home administrators 45 of title 5;
- (11) Speech pathology and audiology in chapter 48 of title 5;
- (12) Hearing aid dealers and fitters in chapter 49 of title 5;
- (13) Prosthetist in chapter 59 of title 5;
- (14) Athletic trainers in chapter 60 in title 5;
- (15) Mental health counselors and marriage and family therapists in chapter 63 of title 5;
- (16) Licensed dietician in chapter 64 of title 5;
- (17) Dietary manager in chapter 64.1 of title 5;
- (18) Radiologic technologists in chapter 68 of title 5;
- (19) Licensed chemical dependency professionals in chapter 69 of title 5;
- (20) Interpreters for the deaf in chapter 71 of title 5;
- (21) Applied behavior analysts in chapter 86 of title 5;
- (22) Clinical laboratory science practice in chapter 16.3 in title 23;
- (23) Assisted living residence administrators in chapter 17.4 of title 23;
- (24) Massage therapists in chapter 20.8 in title 23; and
- (25) Respiratory care in chapter 39 of title 23;

Strategies I

- Inform the professional community about the issue and encourage them to communicate with their legislators to reject the bill
 - Rhode Island Psychological Assoc. members
 - Coalition of Mental Health Professionals of Rhode Island
 - The prescribing and administering professions
 - Medicine
 - Dentistry
 - Pharmacy
 - Nursing
- Connect with APA, APAPO, ASPPB and other psychology groups for information and letters of support

Strategies II

- Advocate at the State House
 - Testify at Senate and House Finance Hearings
 - Communicate with key legislators and staff
 - Communicate with the Department of Health

Strategies III

- Media
- Public Education

Talking Points I

- The purpose of professional regulation is to protect the public.
- Psychology's experience with omnibus boards is poor.
- The Board would lack the input of each profession. At most the board would include members of four of the twenty-five professions at one time.
- Public members serve a valuable role on licensing boards, but they lack knowledge of the professional requirements of the professions on which boards they serve.
- This proposal includes three seats on the board for people “employed in the healthcare industry.” The new Board would give unprecedented input to employers to change licensing requirements to reflect who they would like to hire or not hire.
- The leadership of this board would be under the direction of the Department of Health. This would give the Department near total control over the process of the board in addition to controlling the administrative functions for which it is already responsible.
- Finally the law states that the Department will select at least one member of the profession to be a volunteer “technical expert” to the board.
 - It is unclear what the duties of the expert would be.
 - No single psychologist could ever be expected to have sufficient knowledge of all aspects of the profession to be the “technical expert” on all issues relevant to the profession.

Talking Points II

- The proposal would have administrative staff making decisions they are not qualified to make regarding granting licensing and disciplinary findings. Application appeals and disciplinary cases would not be viewed by the board until after an administrator has rendered an adverse finding. That deprives professionals of due process and creates a high risk of harm from false positive determinations. It would be dangerous to practice here, and it would be necessary to stop taking high risk clients.
- This proposal would be bad for business. This proposal will deter independent healthcare professionals from investing in practice or working in the state.
- Licensing fees are supposed to pay for the functions for which the Board is responsible. Licensing boards should be revenue neutral. Licensing Board members serve as volunteers without compensation or consideration of any kind. There is no money to save by reducing the number of people involved with the Board.
- The proposal would undermine Rhode Island's efforts to implement healthcare reform.

House Finance Committee

June 9, 2015





Rhode Island Gov. Gina Raimondo, a Democrat, congratulates House Speaker Nick Mattiello, D-Cranston, after signing the state budget into law June 30.



January 12, 2017

❖ The Health Professional Consolidation Act

Conclusions

- Effective oppositional advocacy requires a long-term advocacy program that is ready to spring into action quickly.
- RIPA's advocacy for professional psychology is enhanced by our relationships with the other professions, community groups, legislators and regulators.
- Educate your members about the importance of advocacy and that it is important that they act when needed.
- Issues to address:
 - Impact to the public: "The purpose of professional regulation is to protect the public."
 - Impact on the profession including the business interests of the profession.
- Helpful to have someone from the Board who can speak to the mechanics of how the board functions and the implications for the public and psychologists.
- Our professional associations can help your SPTA with information and provide letters of support.

References

Psychologists- RIGL 5-44

<http://webserver.rilin.state.ri.us/Statutes/TITLE5/5-44/INDEX.HTM>

Open Meetings Law- RIGL 42-42

<http://webserver.rilin.state.ri.us/Statutes/title42/42-46/INDEX.HTM>

Lean Government

<http://www.leangovcenter.com/govweb.htm>

Holden, M. (January 4, 2016). Break down barriers to opportunity in R.I. *Providence Journal*.

<http://www.providencejournal.com/article/20160104/OPINION/160109890>

2015 Budget Articles 19 & 20

<http://webserver.rilin.state.ri.us/BillText/BillText15/HouseText15/H5900.pdf>

Video of House Finance Committee Hearing, April 2, 2015

<http://ricaptv.discovervideo.com/show/watch?id=a5922096&t=1>

Video of House Finance Committee Hearing, June 9, 2015

<http://ricaptv.discovervideo.com/show/watch?id=9fba7902&t=1>

My testimony to the House Finance Committee Hearing, April 2, 2015

[http://www.fopsych.com/Omnibus Board Letter.House Finance\(GallisonR\)@PMO-FINAL.150331.pdf](http://www.fopsych.com/Omnibus%20Board%20Letter.House%20Finance(GallisonR)@PMO-FINAL.150331.pdf)

Primary Source Documents in Shared Dropbox Folder

<https://tinyurl.com/zahawez>

Thank you!



Peter M. Oppenheimer, Ph.D.

Feil & Oppenheimer

Psychological Services

260 Waseca Ave.

Barrington, RI 02806

401-245-0015

pmopp@fopsych.com

www.feiloppenheimer.com

