

FINAL Report of Preliminary Findings and Recommendations

By the
Technical Review Committee for the
Review of an Application on
Psychological Services

To the
Nebraska Board of Health,
the Director of Health,
and the
Nebraska Legislature

October 26, 1993

Introduction

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407) in 1985, is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professionals in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for their review and recommendations. All recommendations are then forwarded to the Legislature.

The members of the Psychological Services Technical Review Committee were appointed by Mark B. Horton, M.D., M.S.P.H., Director of Health. They are listed below:

Richard Fitzgerald, D.D.S., Committee Chairperson;
Private Dental Practice, Member of the Nebraska
Board of Health (Omaha)

Debra Border, R.N., Psychology/Mental Health Instructor,
Bryan Memorial Hospital (Lincoln)

Gary Clonch, Division Manager, K/N Energy (Hastings)

Carla Hedstrom, English Instructor, Hastings Senior High School
(Hastings)

Allison Jorgensen, Pharm.D., R.P., Employed by the Nebraska
Pharmacists Association (Lincoln)

James Madison, Ph.D., Clinical Psychologist, Eating Disorders
Program, University of Nebraska Medical Center (Omaha)
[representing the applicant group]

Anne Yu Buettner, M.A., Marriage and Family Therapist,
Mid-Plains Professional Center (Grand Island)

Summary of Committee's Conclusions and Recommendations

The committee members approved an amended version of the applicants proposal to eliminate the current two-tiered system of licensure for psychology and replace it with licensure at one level and establish a unified scope of practice for the profession.

The amended application that was approved included exemptions for masters-level practitioners who satisfy specific requirements allowing them to provide certain functions pertinent to psychological testing under the supervision of a psychologist licensed at the level proposed by the application.

The committee members also made an ancillary recommendation that would allow masters-level psychologists to use the title "psychologist" only if they qualify for the exemption and use a definite modifier with this title, and only if they are providing services as described in item "C" of amendment two on pages 19 and 20 of this report.

Summary of the Applicants' Original Proposal

The proposal seeks to replace the current two-tiered system of licensure in psychology with one level of licensure and a unified scope of practice for all licensed psychologists. The proposal would require all new licensees to acquire the level of clinical training and internship preparation currently received only by those who are clinically certified psychologists. Those currently licensed practitioners who do not meet these standards would be grandfathered, but would be given a limited license that would require that they be supervised by practitioners that meet the standards of the proposal.

The proposal would remove the requirement for physician direction when psychologists who are now licensed but not certified in clinical psychology when treating major mental disorders. All new licensees would be totally independent of supervision, while those grandfathered practitioners with a limited license could be supervised by either a licensed psychologist or a physician.

The proposal would require that all candidates for licensure pass a national examination, and would eliminate the current situation whereby candidates must pass two examinations in order to be clinically certified.

The proposal does not seek to add anything to the scope of practice of psychology that cannot now be done by clinically certified practitioners.

Discussion of Issues Raised by the Proposal

Is there harm to the public in the present scope of Psychology Practice?

Applicant Group Comments:

The applicant group stated that the current regulatory situation of Psychology in Nebraska is confusing to the general public and to the members of occupations with which psychology has dealings. Currently Nebraska has a two-tiered system of licensure for psychology with clinical psychologists as the only psychologists that can practice the full scope of the profession or be reimbursed for services. Non-clinically certified psychologists cannot do the full scope and have limited eligibility for third-party reimbursement. The applicants informed the committee members that even third-party payers often have difficulty understanding which psychologists' services are reimbursable, and which are not, under the current system of licensure in Nebraska. The applicants informed the committee members that no other state in the United States differentiates between licensed practitioners in this manner (the Transcript of the Public Hearing, August 9, 1993, pages 9-10; the Minutes of the Second Meeting of the Technical Committee; and the Applicants' Proposal, pages 2-4).

The applicants stated that members of the general public are harmed by this situation because clients seldom understand that there are differences between the two levels of Psychology practice, and consequently, are not aware of discrepancies in the type of services each level can provide, or of the differences in reimbursement between them. The applicants stated that this situation creates the potential for significant financial and mental harm to clients. Clients find out too late that they are receiving services for which they will have to pay "out of pocket," and/or that the services in question are being provided by practitioners who are not properly trained to

provide them, as would be the case wherein a licensed psychologist who is not clinically certified would attempt to treat major mental disorders. The applicants informed the committee members that only clinically certified practitioners have the training to treat these problems (the Transcript of the Public Hearing, August 9, 1993, pages 9-10).

One applicant testifier stated that this situation is inherently unfair to clients because in effect it requires that the client decide prior to their selection of a practitioner whether or not they are diagnosable as having a major mental disorder. If the client selects a non-clinically certified psychologist, the client will have wasted much time and money, not to mention being delayed in getting appropriate care if it is later determined that the client in question has a problem that only a clinical psychologist can treat. In such a scenario, significant delays in receiving appropriate care could occur because diagnosing the presence of a major mental disorder is often a complex, time-consuming, and difficult process. The applicants feel that this situation makes clients the victims of a health care delivery system that is so complex that even professionals sometimes have difficulty sorting it all out (Letter to the committee members from Herbert E. Howe, Jr., Ph.D., Chairman of the Board of Psychology).

The applicants informed the committee members that there are licensed practitioners who are not clinically certified as well as some masters-level practitioners who are currently practicing beyond their training. Some of these practitioners are attempting to treat major mental disorders which creates great potential for misdiagnosis and inappropriate treatment. One applicant testifier stated that those who treat major mental disorders in addition to clinical preparation should also have scientific training which this testifier felt was an important ingredient in the formulation of good

judgments and diagnoses as regards complex psychological disorders (the Transcript of the Public Hearing, August 9, 1993, pages 24-30).

The applicants informed the committee members that prosecution of persons who are violating their scope has been complicated by the fact that the current psychology statute does not define the scopes of practice of the two levels of licensed psychologists with sufficient clarity to provide the basis for action against practitioners who are practicing beyond their training (Letter to the committee members from Herbert E. Howe, Jr., Ph.D., Chairman of the Board of Psychology).

The applicants informed the committee members that the current two-tiered system of licensure is more expensive to maintain than a one-tiered system. The applicants stated that costs associated with the development of special examinations for candidates who are not the clinical level will continue to escalate under the current regulatory system (the Applicants' Proposal, page 13).

The applicants informed the committee members that the current two-tiered regulatory system is more likely to produce inappropriate referrals and subsequent delays in receiving appropriate care because of the confusion regarding what services a given practitioner is qualified to provide. The applicants also stated that psychologists from other states are discouraged from coming to Nebraska because of the absence of reciprocity with other states and the complexity of the regulatory system for the profession (the Applicants' Proposal, pages 13 and 16).

The applicants stated that the current requirement that supervision of advanced psychological services provided by non-clinically certified licensed psychologists be provided by a physician restricts access to advanced psychological services in rural areas. The applicants informed the committee members that the physicians who usually supervise these services

are psychiatrists, but that there are few psychiatrists in rural areas (the Applicants' Proposal, page 11).

Other Testifiers and Commentators:

The committee received testimony from spokespersons for masters-level psychologists regarding applicant group assertions about the potential for harm to the public stemming from some of their services. These spokespersons informed the committee members that masters-level psychologists have been competently and effectively providing psychological services in rural areas of Nebraska for many years. These spokespersons informed the committee members that many of these practitioners possess a great deal of clinical experience, and some have received training and coursework towards an advanced degree in their field. These testifiers stated that masters-level practitioners deserve to be recognized for the clinical competence that they have achieved, and that the services of these practitioners should not be characterized as a source of potential harm to the public, but as essential services in areas of Nebraska where there are few, if any, clinically certified psychologists. These testifiers informed the committee members that if, for example, masters-level practitioners are no longer allowed to be involved in testing and measurement, and the interpretation of testing, then clients in rural areas of the state will be denied access to essential services (Letters to the committee members from David M. Kaniye, M.S., from the Lincoln Correctional Center; Alicia Haussler, Chairperson of the Board of Trustees at Mid-Plains Professional Center; David Mellinger, M.S., C.P.C. from the Mellinger Counseling Service; and Beth Holthusen, Program Administrator, from the Region III Administration).

The applicants responded to these comments by stating that the fact

that testing, measurement, and the treatment of major mental disorders by masters-level practitioners is occurring demonstrates the great potential for harm to the public stemming from the current regulatory situation of the profession. The applicants stated that only clinically trained practitioners have the expertise to deal with such issues (the Minutes of the Second Meeting of the Technical Committee, July 16, 1993; and the Transcript of the Public Hearing on the Proposal, August 9, 1993, page 30).

Some committee members stated that applicant group comments pertinent to harm stemming from the current situation seemed to indicate harm to their profession rather than harm to the public. These committee members asked the applicants how the current situation of psychology practice harms the general public. The applicants responded that the current situation is confusing to the public and produces delays in getting appropriate care, and that the proposal would provide clarification for the public in this area. Some committee members responded by stating that, as they understood it, the applicants' proposal would not significantly improve this situation. These committee members stated that it seemed to them that the proposed grandfathering of non-certified licensed psychologists, under the terms of the current proposal, would be just as confusing to the general public as is the current situation. These committee members acknowledged that the proposal would probably clarify the scopes of practice within psychology for other mental health professionals and third-party payers but doubted that it would do much to help the public until those grandparented with limited licenses are no longer practicing (the Minutes of the Second Meeting of the Technical Committee, July 16, 1993).

Is there harm to the public inherent in the applicant's proposal?

Comments from Non-Applicant Testifiers:

Persons representing the interests of non-clinical psychologists and masters-level psychologists expressed their concern that the current proposal would severely restrict services provided by non-clinical psychologists and masters-level psychologists, and that it would be rural areas of the state that would suffer most from such restrictions. These testifiers indicated that there are few clinically-certified psychologists or psychiatrists in rural areas of Nebraska, and that most of the advanced psychological services provided in these areas of the state must of necessity be provided by psychologists who lack these qualifications (the Transcript of the Public Hearing on the Proposal, August 9, 1993, page 56).

Some of these testifiers informed the committee members that there are masters-level psychologists who have the ability to competently provide such services as testing, measurement and diagnosis. Some of these testifiers stated that there are masters-level practitioners who have acquired sufficient clinical experience to competently treat major mental disorders. These testifiers stated that many masters-degree psychologists have acquired a great deal of academic and practical experience that deserves to be recognized even though they do not have a Ph.D. or possess clinical certification (the Transcript of the Public Hearing on the Proposal, August 9, 1993, pages 54-56).

Some of these testifiers stated that many masters-level practitioners in remote rural areas have been given no supervisory structure by clinically-certified practitioners, and that they have had little choice but to attempt to provide services that are supposed to be reserved for clinical practitioners (Letter to the committee from Judith A. Danielson, M.S.). The committee was informed that clinically-certified practitioners and

psychiatrists tend to establish practices in the more lucrative urban markets, and that remote rural areas of the state must rely on the services of masters-level practitioners to provide such functions as testing, measurement, and diagnosis. All of these testifiers were concerned about the possible impact of the current proposal on access to vital mental health services in rural areas of Nebraska (Letters to the committee from Karen M. Holmer, M.P.A.; Carol Crumpacker, Ph.D.; Karl E. Marsh, M.A.; Judith Danielson, M.S.; Rachel A. Murray, M.A.; Alicia Haussler; David M. Kanive, M.S.; and David P. Mellinger, M.S., C.P.C; all on file in the State Department of Health).

A director of a community mental health center in Kearney informed the committee members that his health center employs masters-level psychologists to do testing, and then employs a licensed clinical psychologist to review their work. This testifier stated that the ability of his organization to provide services would be seriously impaired if masters-level practitioners would be prohibited from doing testing. This testifier also expressed concern regarding the possible impact of the proposal on those masters-level psychologists who do testing on school children. This testifier stated these psychologists currently are not being supervised by clinically certified practitioners, and that their services would also be jeopardized by the proposal in its current form. This testifier stated that the proposal needs to be modified so that these valuable services to be continued (Letter to the committee from Gary Henrie, C.M.S.W.).

Other testifiers expressed concern regarding the impact of the proposal on state agencies that provide mental health services. One testifier informed the committee members that the state mental health system extensively uses masters-level psychologists, and that these are the practitioners who work with the poor and the residents of psychiatric

hospitals. This testifier stated that these practitioners have been providing a valuable service, and have been providing it well. This testifier informed the committee members that if the proposal were to prohibit these practitioners from providing advanced services in the state mental health system, then state agencies would have to commit additional financial resources to hiring clinically certified practitioners to provide these services, and that the costs to the state for hiring clinically certified practitioners would be significantly greater than it is for master level practitioners (Letter to the committee from David P. Mellinger, M.S., C.P.C.).

Another testifier stated that the costs of the proposal in its current form make it economically unfeasible. This testifier informed the committee members that the proposal would require that the Department of Corrections, for example, increase the amount of money it expends on testing, evaluation, and diagnostics and treatment by at least \$50,000 a year, and that other agencies would have to make similar financial adjustments (Letter to the committee from Judith A. Danielson, M.S.).

Applicant Group Comments:

At the public hearing, the applicant group responded to questions regarding the impact of the proposal on masters-level psychology practice by stating that masters-level psychologists are not adequately trained to independently provide such functions as testing, measurement, diagnosis, or the treatment of major mental disorders. The applicants stated that these are functions that only clinically certified practitioners are qualified to provide. The applicants stated that their proposal will not allow any masters-level practitioners to provide any of these functions independently, nor will the proposal grandfather any masters-level practitioners into the

profession. The applicants reminded the committee members that these restrictions on masters-level practice are not anything new, and that the current psychology statute prohibits these practitioners from providing these functions. One proponent testifier stated that those masters-level practitioners who are providing services and functions that are protected by the psychology statute could be prosecuted (the Transcript of the Public Hearing on the Proposal, August 9, 1993, pages 12, 14-15; and Letter to the committee, from Wayne Price, Ph.D., Blue Valley Mental Health Center).

The applicants stated that these restrictions on masters-level practitioners should not have an adverse impact on access to their services because LB 669 (the Mental Health Practitioner Act) will provide all masters-level practitioners with a license to provide mental health services that is within the scope of training that these practitioners possess. The applicants stated that the proposal would require that services that are beyond the scope of practice defined in LB 669 be provided by licensed psychologists, and that this is consistent with the proposal's goal of protecting the public from harm (the Transcript of the Public Hearing on the Proposal, August 9, 1993, pages 12 to 15; and Letter to the committee from Wayne Price, Ph.D., Blue Valley Mental Health Center).

One committee member expressed doubt as to whether LB 669 could resolve the masters-level practitioner issue because it is unclear whether LB 669 can regulate persons trained in psychology, and that those who created this legislation intended to exclude the profession of psychology from the scope of their bill. This committee member reminded the applicants that the current psychology statute grandfathered some masters-level practitioners, and that some people do not understand why the current proposal does not also provide for grandfathering of these practitioners (the Transcript of the Public Hearing on the Proposal, August 9, 1993, pages 13-14).

How Well Does the Proposal Address the Problems Identified?

Applicant Group Comments:

The applicant group stated that their proposal by eliminating the two-tiered system of licensure for psychology will reduce the costs of administering the profession and make it easier for the members of the public to choose a practitioner who can provide them with appropriate care. The applicants stated that the proposal clarifies which practitioners are reimbursed for their services and which are not. The applicants also stated that the proposal would help to lower the costs of care and improve access to care by removing the requirement that an M.D. must supervise the treatment of major mental disorders. By providing greater flexibility in the supervision of other mental health professions, the proposal would also facilitate greater access to care in rural areas (the Applicants' Proposal, pages 18-19).

The applicants stated that their proposal would make it less likely that members of the public would be harmed by providers. The proposal would clarify and enforce provisions defining which practitioners would be allowed to perform advanced psychological functions and which would not. Under this proposal only clinically certified psychologists would be allowed to independently treat major mental disorders or interpret the results of tests and measures of personality or diagnose a patient's mental condition. The applicants stated that this assures the public that services will be provided by qualified practitioners (the Transcript of the Public Hearing on the Proposal, August 9, 1993, pages 10-11).

The applicants also argued that their proposal would attract more qualified psychologists to Nebraska, and thereby improve public access to services (the Applicants' Proposal, page 19).

Comments by Other Testifiers:

Some testifiers made suggestions for changes in the applicants proposal. Most of these suggestions came from spokespersons for masters-level psychologists who were seeking to make the proposal less restrictive. One testifier suggested that all masters-level practitioners be supervised by licensed psychologists, and that the former be allowed to provide services and functions consistent with their demonstrated competence (Letter to the committee from David M. Kanive, M.S.). Another testifier recommended that masters-level practitioners who possess the necessary background in assessment and evaluation be allowed to continue to practice as they do now in certain settings such as non-profit mental health agencies. This testifier added that these practitioners could be required to provide their services under strict guidelines and under supervision by licensed psychologists, however the new law would established it (Letter to the committee from Rachel A. Murray, M.A.).

Other testifiers recommended that masters-level psychologists be grandfathered. One of these testifiers stated that the proposal needs to make a broad, clearly-defined grandfathering provision for these practitioners that would recognize the years of supervised clinical experience they have acquired. This testifier also expressed concern regarding testimony presented at the hearing which appeared to define major mental disorders in such a way as to include adjustment disorders. This testifier felt that such a definition makes the proposal even more restrictive, and that this would mean that only clinically certified psychologists could do adjustment disorders if they are now defined as major mental disorders. This testifier expressed the opinion that adjustment disorders are not major mental disorders, and that masters-level practitioners are capable of treating such problems independently (Letter to

the committee from Carol Crumpacker, Ph.D.).

Another testifier recommended that grandfathering be extended to qualified, practicing licensed psychologists that have rendered diagnostic and treatment services as a major element of their employment in a "for-profit" institutional setting for a period equivalent to at least four years of full-time employment after obtaining their license. This testifier also expressed concern that practitioners who have worked in "for-profit" agencies be treated no differently as regards the evaluation of their qualifications than those practitioners who have worked in the public sector (Letter to the committee from Patrick H. Connell, CEO, with the St. Joseph Center for Mental Health). Another testifier stated that the proposal needs to recognize the extensive clinical experience and appropriate diagnostics coursework and training acquired by some masters-level people, and that grandfathering needs to be provided for these practitioners in such as way as to give credit for on-going education, training, and experience (Letter to the committee from Alicia Haussler, Chairperson of the Board of Trustees, Mid-Plains Professional Center).

Another testifier presented several options for the committee's consideration. This testifier stated that grandfathering of masters-level practitioners who are qualified and trained in psychodiagnostics was his preferred remedy for the masters-level psychology dilemma. This testifier went on to state that, if for whatever reason, this remedy is not chosen, he would advocate as his second choice exempting those masters-level psychologists currently practicing in agencies of state government or in community mental health centers as a political subdivision. This testifier also expressed concern about the cost of services under the terms of the current proposal (Letter to the committee from Max Morse, M.Ed., Executive Director, Mid-Plains Professional Center).

Summary of Committee Conclusions and Recommendations

The committee members adopted the following amendments to the proposal at the fourth and fifth meetings:

Amendment One:

The following replaces page 15 of the application:

4. Prior Credentials: A person that is licensed as a psychologist and certified as a clinical psychologist under the provisions of 71-1221 through 71-1225 as of the effective date of this act shall be deemed to have met all requirements for licensure under this act and shall be eligible for renewal of licensure in accordance with the provisions of this act.

A person licensed as a psychologist under the provisions of 71-1206 to 71-1221 but not certified in clinical psychology shall:

- A.) Be granted a limited license to practice psychology.
Any psychological practice that involves diagnosis and treatment of major mental and emotional disorders or disability shall be done under the supervision of a licensed psychologist approved by the Board in accordance with regulations developed by the Board.
- B.) Or apply for full licensure within ___# months of the effective date of this statute by demonstrating that they have rendered psychological diagnostic and treatment services as a major element of their employment in an educational, correctional, or health care setting for at least four years after licensure. Educational settings are those regulated by the Nebraska Department of Education. Correctional settings are

those under the jurisdiction of the Nebraska Department of Corrections. Health care settings are hospitals, clinics, and mental health centers licensed by the Nebraska Department of Health and accredited by the Joint Commission on Accreditation of Health Care Organizations or by the Nebraska Department of Public Institutions. This four year period shall be continuous and represent four years of full time employment or a combination of half-time and full-time employment that totals to four years. Year shall mean a calendar year except for school and academic settings that may define their employment year in nine-month increments. However, in no case shall an applicant receive four years of credit for experience accrued in less than four calendar years.

- C.) Or apply for full licensure within ___# months of the effective date of this statute by demonstrating that they have been employed as full-time faculty in an APA approved program of graduate education in psychology for a period not less that five years after licensure.

Individuals who have had actions taken against them for violations of the psychology licensing law by this Board or the Boards of other jurisdictions and individuals who have failed examination for clinical certification under the provisions of 71-1225 shall not be eligible to apply under paragraphs B or C of this section.

Amendment Two:

The following language was added to the proposal to clarify exemptions:

5. Nothing in this act shall be construed to prevent persons set

out in sections "a" through "c" (below) from engaging in activities defined as the practice of psychology, provided that such persons shall not represent themselves by the title "psychologist." Such persons may use the terms "psychological trainee," "psychological intern," "psychological resident," or "psychological assistant" provided further that such persons perform their activities under the supervision and responsibility of a licensed psychologist in accordance with regulations promulgated by the board.

- a.) A matriculated graduate student in psychology whose activities constitute a part of the course of study for a graduate degree at an institution of higher education;
- b.) An individual pursuing post-doctoral training or experience in psychology, including persons seeking to fulfill the requirements for licensure under the provisions of this act, or;
- c.) An individual with a masters degree in psychology who administers, scores, and may develop interpretations of psychological testing under the supervision of a licensed psychologist. Such persons conduct these duties as an extension of the legal and professional authority of the supervising psychologist and do not independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to appropriate supervision. The board is authorized to issue regulations governing the conduct and supervision of persons referred to in

this paragraph, including the number of persons that may be supervised by a licensed psychologist.

The committee members then took action on the four criteria of the credentialing review statute pertinent to the proposal. Jim Madison moved and Allison Jorgensen seconded that the proposal satisfies the first criterion which in this case asks the committee to determine if there is significant harm to the public inherent in the current situation of the profession of psychology. Voting aye were Jorgensen, Border, Clonch, and Madison. Voting nay was Buettner. Chairperson Fitzgerald abstained from voting. By this action the committee decided that the proposal satisfies the first criterion. One committee member stated that the current situation of psychology is inherently confusing to the public, and that this situation interferes with the public's ability to identify which persons in the profession can provide what specific psychological services.

Gary Clonch moved and Jim Madison seconded that the proposal satisfies the second criterion which in this case asks the committee to determine whether a proposal would cause significant new harm to the public. Voting aye were Madison, Border, Clonch, and Jorgensen. Voting nay was Buettner. Chairperson Fitzgerald abstained from voting. By this action the committee decided that the proposal satisfies the second criterion. A majority of the committee members were convinced that the amendments made to the proposal successfully addressed the concerns raised during the review regarding the services of masters-level psychologists. However, one committee member felt that the amendments did not provide masters-level psychologists with an identity which could make it more difficult for them to inform the public regarding the kinds of services that they provide.

Jim Madison moved and Debra Border seconded that the proposal satisfies

the third criterion which in this case asks the committee to determine whether the proposal would benefit the public health and welfare. Voting aye were Clonch, Border, Jorgensen, and Madison. Voting nay was Buettner. Chairperson Fitzgerald abstained from voting. By this action the committee members decided that the proposal satisfies the third criterion.

Allison Jorgensen moved and Debra Border seconded that the proposal satisfies the fourth criterion which asks the committee to determine whether the proposal is the most cost-effective method of addressing the issues identified in the application. Voting aye were Border, Madison, Jorgensen, and Clonch. Voting nay was Buettner. Chairperson Fitzgerald abstained from voting. By this action, the committee members decided that the proposal satisfies the fourth criterion, and by virtue of their four votes on the criteria, the committee members decided to recommend in favor of the proposal.

The committee members then decided to make several ancillary recommendations. Debra Border moved and Anne Yu Buettner seconded that masters-level psychologists be allowed to use the title "psychologist" only if they are covered by the exemption defined in the amendment to the proposal, and only if they include a definite and mandatory modifier with this title. Voting aye were Buettner, Clonch, Border, and Jorgensen. Voting nay was Madison. Chairperson Fitzgerald abstained from voting.

Jim Madison then moved and Debra Border seconded that the committee members wish to make it clear that they feel that the issues raised by their review are urgent matters that need to be addressed by law-makers during the upcoming legislative session. Voting aye were Border, Jorgensen, Madison, Clonch, and Buettner. Chairperson Fitzgerald abstained from voting.

Overview of Committee Proceedings

The members of the Psychological Services Technical Review Committee met for their first meeting on June 14, 1993, in Lincoln at the Nebraska State Office Building. At this meeting, credentialing review staff described the duties and responsibilities of committee members under the credentialing review process. Staff discussed the charge to the committee, the four criteria of the Nebraska Regulation of Health Professions Act, and other procedural aspects of conducting a successful review of a credentialing proposal.

The second meeting of the committee was held on July 16, 1993, in Lincoln at the Nebraska State Office Building. After studying the proposal and other relevant materials compiled by staff and submitted by interested parties between meetings, the committee members formulated a set of questions and issues they felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee members felt was needed before any recommendations could be made.

The committee members convened on August 9, 1993, in Lincoln at the Nebraska State Office Building for their public hearing. The applicants and other testifiers were given the opportunity to express their views on the proposal and the questions and issues raised by the committee members at their second meeting. Interested parties were given ten days to submit final comments to the committee members.

The committee members met for their fourth meeting on September 17, 1993, in Lincoln at the Nebraska State Office Building. At this meeting the committee members amended the proposal but postponed taking action on the four criteria of the credentialing review statute.

The committee members met for their fifth meeting on October 8, 1993, in Lincoln at the Nebraska State Office Building. The committee members made additional amendments to the proposal, and then decided to recommend in favor of the proposal with the amendments that were added. The votes on the criteria are contained on pages 20 and 21 of the report. The voting on motions for ancillary recommendations are contained on page 21.

