

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 775 CS

Psychologist Specialties

SPONSOR(S): Roberson

TIED BILLS:

IDEN./SIM. BILLS: SB 1560

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee	9 Y, 0 N, w/CS	Hamrick	Mitchell
2) Governmental Operations Committee			
3) Health & Families Council			
4) _____			
5) _____			

SUMMARY ANALYSIS

HB 775 w/CS provides that a “specialist” or “diplomate” is a psychologist with recognized competency acquired through an organized sequence of formal education, training, experience, and professional standing. The bill provides that a licensed psychologist under ch. 490, F.S., may not hold him or her self out as a certified psychology specialist or psychology diplomate unless they have received formal recognition as a board-certified specialist or diplomate unless they have received formal recognition from a certifying body approved by the Board of Psychology within the Department of Health.

The bill provides that a licensed psychologist may indicate the services offered and whether their practice is limited to one or more types of services, only if this reflects their scope of practice. It provides rule-making authority to the Board of Psychology to establish the criteria for the approval of certifying bodies and outlines specific criteria that must be considered.

The bill does not appear to have a fiscal impact on state or local governments.

The bill will take effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Safeguard individual liberty and promote personal responsibility-The bill may provide protections to consumers from individuals who hold themselves out as a certified psychology specialist or a psychology diplomate, but have “suspect training” or “vanity credentials.” Consumers will have a clearer idea of a psychologist’s credentials. The bill clarifies that a licensed psychologist is permitted to advertise or state that their practice is limited to a specific type of service.

B. EFFECT OF PROPOSED CHANGES:

CURRENT SITUATION

The Department of Health licenses the practice of psychology, but does not license individuals by specialty. Because of this, the number of individuals in Florida with a specialty in psychology is unknown. Currently, there are 4,118 licensed psychologists in the state. A licensed psychologist in Florida must have a doctoral degree.¹ The doctoral degree may be in psychology or a doctoral-level degree in psychological education.²

According to a telephone conversation with staff of the American Psychology Association, the association recognizes that there is a problem nationally with individuals who hold themselves out as a board-certified specialist or a diplomate, but who have “suspect training” or “vanity credentials.”

The American Psychology Association (APA) has discussed the possibility of developing criteria that may be used to identify an appropriate certifying body of legitimate psychology specialties. According to an email from the Deputy Executive Director for Education of the American Psychological Association, this issue has been discussed, but to date has not resulted in policy action by the APA.

EFFECTS OF THE BILL

The bill defines the term “specialist” or “diplomate” to mean a psychologist with recognized competency acquired through an organized sequence of formal education, training, experience, and professional standing. The bill provides that a licensed psychologist under ch. 490, F.S., may not hold him or her self out as a certified psychology specialist or psychology diplomate unless they have received formal recognition as a board-certified specialist or diplomate unless they have received formal recognition from a certifying body approved by the Board of Psychology within the Department of Health.

The bill provides that a licensed psychologist may indicate the services offered and whether their practice is limited to one or more types of services when this accurately reflects their scope of practice.

The bill provides rule-making authority to the Board of Psychology to establish the criteria for the approval of certifying bodies. The approval criteria must include:

- Peer review and self study;
- Established standards;
- Assessment of competency characteristics of the specialty;
- Administrative support; and
- Unified relationship to the public and the profession.

¹ See ss. 490.005(1)(a)1., 490.006(1)(c) and 490.0051(1)(b), F.S.

² See s. 490.003(3), F.S.

BACKGROUND

American Psychology Association

The American Psychology Association (APA) defines “psychology” as the study of the mind and behavior. The discipline embraces all aspects of the human experience — from the functions of the brain to social actions and from child development to care for the aged. In every conceivable setting from scientific research centers to mental health care services, “the understanding of behavior” is the enterprise of psychologists.

There are 53 professional divisions in the APA, which include such areas as:

- Developmental Psychology
- School Psychology
- Rehabilitation Psychology
- Psychotherapy
- Psychology of Religion
- Clinical Neuropsychology
- Exercise and Sport Psychology
- Trauma Psychology
- Behavioral Analysis

The American Board of Professional Psychology

The American Board of Professional Psychology (ABPP) was incorporated in 1947 with the support of the American Psychological Association.

The ABPP provides the following criteria that may be used by an organization to determine the competency of certifying bodies that provide certified specialties in professional psychology:³

- National in scope, appropriately incorporating standards of the profession and collaborating closely with organizations related to specialization in psychology.
- Have clearly described purposes, related by-laws, policies, and procedures which are accountable to the public, its certified specialists, and the profession.
- Develop and implement examinations designed to assess the competencies required to provide quality services in the specialties it certifies.
- Not be a governmental, membership, advocacy, or accrediting body.
- Have organizational and financial stability with professional and office support staff.
- Be governed by a single, national in scope, not-for-profit corporation comprised of a certified specialist Trustee (Board Member) from each of its multiple, member Specialty Boards as well as public member representation. The multiple board structure provides a continuing peer review of the organization's activities. The governing board has formal procedures for the selection and tenure of Trustees.

The American Board of Professional Psychology currently recognizes thirteen specialty boards:⁴

1. The American Board of Cognitive and Behavioral Psychology
2. The American Board of Clinical Psychology
3. The American Board of Clinical Child and Adolescent Psychology
4. The American Board of Clinical Health Psychology
5. The American Board of Clinical Neuropsychology
6. The American Board of Counseling Psychology
7. The American Board of Family Psychology
8. The American Board of Forensic Psychology

³ American Board of Professional Psychology. Standards for the Purpose and Structure of a Body Certifying Psychologists as Specialists in Professional Psychology. http://www.abpp.org/brochures/general_brochure.htm (April 5, 2006).

⁴ According to the ABPP, it should be noted that the practice activities in any specialty seldom are exclusive to the specialty and that most practice activities are shared with the general practice of professional psychology. The pattern of practice activities, including limiting the scope of practice, and focusing upon more complex or unique problems or technologies is more relevant in defining a specialty together with advanced education, training, and experience.

9. The American Board of Group Psychology
10. The American Board of Psychoanalysis in Psychology
11. The American Board of Rehabilitation Psychology
12. The American Board of School Psychology
13. The American Board of Organizational and Business Consulting Psychology

What is the Practice of Psychology?

Section 490.003(4), F.S., defines the "practice of psychology" as the observation, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal behavioral health and mental or psychological health. The ethical practice of psychology includes, but is not limited to:

- Psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning, including evaluation of mental competency to manage one's affairs and to participate in legal proceedings;
- Counseling, psychoanalysis, all forms of psychotherapy, sex therapy, hypnosis, biofeedback, and behavioral analysis and therapy;
- Psychoeducational evaluation, therapy, remediation, and consultation; and
- Use of psychological methods to diagnose and treat mental, nervous, psychological, marital, or emotional disorders, illness, or disability, alcoholism and substance abuse, and disorders of habit or conduct, as well as the psychological aspects of physical illness, accident, injury, or disability, including neuropsychological evaluation, diagnosis, prognosis, etiology, and treatment.

C. SECTION DIRECTORY:

Section 1. Creates s. 490.0149, F.S., to provide a definition; to specify the circumstances under which a psychologist may hold himself or herself out as a certified psychology specialist or psychology diplomate; and to provide the authority to adopt rules in accordance to specified criteria.

Section 2. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See "D. Fiscal Comments" below.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Psychologists may have costs associated with changing their advertisements.

D. FISCAL COMMENTS:

The Department of Health, reports it may receive more complaints regarding practitioners who advertise inappropriately. While it is indeterminate how many complaints would be received, the department believes the number would be manageable. The department stated they would take steps to make sure that the licensees are made aware of this new provision.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides the Department of Health with adequate rule-making authority to implement the provisions provided in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On April 4, 2006, the Health Care Regulation Committee adopted a strike-all amendment offered by the bill's sponsor. The Committee Substitute differs from the original bill as filed in that it:

- Removes the specific mention of the American Board of Professional Psychology as a recognized agency;
- Adds a definition of specialist or diplomate;
- Provides the criteria that the board must use in establishing specific criteria for the approval of certifying bodies; and
- Makes a more specific reference to "certified psychology specialists" or "psychology diplomate" and removes the general reference to "specialist" or "diplomate".

The bill, as amended, was reported favorably as a committee substitute. This analysis is drafted to the committee substitute.