



**The Community for
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PSYCHOLOGISTS IN INDEPENDENT PRACTICE

A Division of the American Psychological Association
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DIVISION 42 ADVOCACY TRAINING MANUAL

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ACKNOWLEDGEMENTS

The Division 42 Advocacy Committee wishes to thank and acknowledge the following people and psychological associations for their help in compiling this manual:

- Division 55: *How to work with State Legislators* in Manual of Advocacy Tools
- Drs. Pat DeLeon and Carol Goodheart for being willing to write an article for our use.
- The California Psychological Association for the use of the articles *THE POWER OF ADVOCACY* and *Working with the Media* (from CPA's 2002 Advocacy Handbook).
- Drs. Michael Sullivan and Russ Newman who authored the article *THE POWER OF ADVOCACY*.
- Drs. David Hayes, Loretta Kroin and the APA Practice Organization Government Relations Staff for *EFFECTIVE COMMUNICATION WITH LEGISLATORS AND THEIR STAFF* (in CSL Advocacy Guidebook, 2003-2004).
- Dr. Elaine LeVine for her article *Achieving Prescriptive Authority in New Mexico: My Personal Retrospective*
- Dr. Betty Sutton for her article on the CAPP V. RANK lawsuit for parity for psychologists working in California hospitals.
- Dr. Peter Oppenheimer for his article on HIMMA and working with Senator Chaffee as well as information on Anti-trust.
- Jeff Cook at APA Practice Organization for a sample thank you letter.
- Alan Nessman and Ann Springer at APA on legal issues.
- Dr. Bruce Sachs, Co-Chair of the CPA Governmental Affairs Committee for his piece on arranging a meet and greet.

Advocacy

- a. Noun: The act of pleading for, supporting, or recommending; **active** espousal (dictionary.com).
- b. Verb: To advocate: to speak or write in favor of; support or urge by argument; recommend publicly (Dictionary.com).

WELCOME

Lisa Grossman, JD, PhD, ABPP
2010 President, Division 42

On behalf of Division 42, I want to welcome you to our brand new Division 42 Advocacy Training Manual!

Psychology cannot exist without robust and effective advocacy efforts that help protect both consumers and our profession alike. Such efforts have seen such monumental legislation as licensure, third party reimbursements, parity, mobility and prescriptive authority, to name just a few of our many legislative accomplishments.

But it is up to each psychologist to do his/her part in advocating for psychology. While many psychologists might feel that they do not know how to advocate or that they are too intimidated to meet their members of congress, Division 42 is here to help you!

This Advocacy Manual will help you understand the role of advocacy, various ways to advocate and how to communicate effectively with legislators and their staff. You will find nuts and bolts information that will help make you an effective advocate for psychology!

I want to especially thank the 2010 Division 42 Advocacy Committee for developing this outstanding manual. The Committee members are: Drs. Sallie Hildebrandt (chair), Elaine LeVine, Peter Oppenheimer and Betty Sutton.

If you have any questions or concerns, please do not hesitate to contact me or the Advocacy Committee. We're here to help you help our profession!

INTRODUCTION

Sallie Hildebrandt, Ph.D., Chair

Advocacy issues are addressed on both the national and state/provincial/territorial levels. The APA Practice Organization and its Governmental Relations group address issues with a national focus as well as the well being of people across the nation. On the state level, advocacy issues are addressed by state, provincial and territorial psychological associations (SPTAs). Often Governmental Affairs Committees or Legislative Committees do the active advocacy work in SPTAs. Issues on the state, provincial or territorial levels often focus on scope of practice concerns and topics related to state constituents' well-being.

Advocacy in APA and SPTAs has traditionally been referred to being comprised of a three-legged stool composed of:

- A. Lobbying by Association staff in Washington or state capitols
- B. Grass roots advocacy by psychologists around the country
- C. Political Action Committee (PAC) donations.

Ron Pollack, JD, Executive Director of FamiliesUSA (www.familiesusa.org), in his presentation at the APA Practice Organization's State Leadership Conference (SLC) in March 2010 noted that advocacy should be expanded to an eight-legged stool model to include the three traditional legs along with public education (mainly with the media), constant work and alliances with other groups (including both allies and adversaries), working with administrative and department heads, and state-based action.

ON THE NATIONAL LEVEL:

Lobbying: APA Practice Organization has an excellent Governmental Relations office and staff who frequently meets with members of Congress and their staffs. Issues that they deal with are national in nature and include MediCare, Parity, Patients' Rights, and psychologists' roles in health care reform, to name just a few. They also train APA members at SLC to meet with members of Congress so that psychologists can discuss the current issues with a sense of familiarity and confidence.

Grass roots: Subsequently, APA members who are Federal Advocacy Coordinators (FACs) and state leaders return to their respective SPTAs and spread the word on issues via Action and Information alerts which come from APAPO. These alerts ask that members write or call their representatives and/or Senators and some are more narrowly targeted to Congressional committee members.

In addition, FACs develop a panel of key contacts within the state. These key contacts are psychologists living in each Congressional and Senate District who agree to contact their representative when asked to do so on important national issues. Contacts can include phone calls with the Congressman/Senator or his/her key legislative aide on

health issues. The hope is that the key contact/psychologist will form a relationship with the representative/senator. Other meetings can include fundraisers, meet and greets, town hall meetings and other kinds of meetings in the district.

These relationships sometimes begin serendipitously in meetings in Washington at SLC. For instance, when meeting with a Congressman's staffer recently, I asked if there was anything she might need from me. Although at the time she said "no," later on she sought me out to ask for assistance in finding professional help for a family member in San Diego County.

Developing key contacts is much easier to do in small states such as Rhode Island or New Mexico. In large states such as California, New York, or Florida, it is recommended that the FAC contact psychologists directly living in congressional districts. APAPO is always willing to send lists of psychologists in respective districts to help in this process. You, as an advocate can contact your state FAC and ask to be a key contact in your district. You will also learn in Dr. LeVine's article how she developed key psychologist and legislative contacts in New Mexico over a long period of time which ultimately helped to pass prescriptive authority legislation there. (For more information on grassroots lobbying go to <http://www.cpapsych.org/associations/6414/files/files/gov-affairs/grassrootsguide.pdf> .)

Another way to develop key contacts is to educate state and federal legislators. Some SPTAs use luncheons, meet and greets, or give trainings in district offices. The California Psychological Association developed a small handbook on *Dealing with Difficult Constituents*, something all staffs in district and capitol offices have to do on a regular basis. Members of local CPA Chapters volunteer to go to legislators' district offices and train staff in dealing with distressed constituents. (CPA Distressed Constituents' Guide: <http://pmpu.org/2010/07/07/communicating-with-distressed-constituents/>)

PAC Donations: Political Giving is also an important part of advocacy; the third leg of the advocacy stool. As a 501(c) 3 non profit organization, however, Division 42 may not participate in political giving or talk about it other than to note its importance.

ON THE STATE LEVEL:

One of Pollack's additional legs on the stool includes advocacy on the state level which involves similar kinds of activities to those on the federal level. Frequently there are similar issues such as parity and insurance reform. State issues might include private insurance as well as Medicaid. In addition, because psychology is a state regulated profession, advocacy on the local level includes scope of practice issues, such as hospital practice issues and prescriptive authority. We have also included information on how to organize a meet and greet with a legislator.

For any legislation to be passed it is important to build strong relationships with legislators. In the articles below, the reader will instantly see the connections made in

various ways on the state and national level in order to achieve legislative goals of parity for psychologists on hospital staffs, mental health parity, and prescriptive authority. Dr. Oppenheimer's article illustrates how to communicate with members of an association on an important issue like HIMMA (fortunately APA prevailed and the bill failed to pass in Congress) and how to communicate with an important ally and Senator along with a State Attorney General. Dr. Betty Sutton's essay clarifies how important patience and persistence are to the advocacy process. Truly if you don't quit, you will win as has happened in the struggle to bring parity to psychologists in California state institutions.

In this manual we have attempted to balance helping practitioners learn to advocate for their current practices and to begin to look at how they might want to advocate for changes in their practices with changes in the new health care climate. Drs. Pat DeLeon and Carol Goodheart, former and current APA Presidents respectively, speak to the need for advocacy as the face of healthcare takes a dramatic shift with the new changes in healthcare law.

Sullivan and Newman discuss many important statewide activities moved forward in SPTAs by effective Advocacy. Hayes and Kroin tell readers how to be effective communicators. We have given you examples of letters and how to be effective with the Media and an excellent piece on how to set up a meet and greet in your locale.

CAVEAT EMPTOR: The one issue that is forbidden to discuss is what we charge for services. Although seemingly unfair, the U.S. Government views psychologists in Independent Practice as competitors. For that reason, discussing fees in a public forum, such as on listservs and with legislators, violates anti-trust laws (Sherman Antitrust Act) as independent practitioners would be seen as being anti-competitive entities. The government can take severe action against psychologists for violating this policy. For this reason we have included an article by Dr Oppenheimer about the antitrust issue and a summary of the formal APA Antitrust policy at the end of this document.

Should you have issues that you think should be addressed by national advocacy, do not hesitate to contact us or APA staff listed below. For state/provincial or territorial issues, go to your state/provincial or territorial psychological association for assistance.

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THE POWER OF ADVOCACY¹

By

Michael Sullivan, PhD & Russ Newman, PhD, JD

The APA Practice Organization specializes in advocacy for the profession of psychology and for the public whom psychology serves, as do all of the state, provincial, and territorial psychological associations (SPTAs) affiliated with APA. Because of the importance of advocacy for psychology, we appreciate this opportunity to share some of our thoughts about advocacy with readers of The CSL Advocacy Guidebook .

Advocacy by APA and SPTAs

APA and the SPTAs advocate for the entire profession of psychology in Washington, DC and in their political capitals, respectively. Our associations make it possible for psychologists to have an organized voice and presence in the halls of Congress and in the state, provincial, and territorial Legislatures. This presence is critical to have if we are to shape the public policy that affects what psychologists do and how the public can access our services in an unimpeded way. Moreover, our collective presence is a case of the whole being greater than the sum of all of our individual parts.

Multidimensional Nature of Advocacy

In the “good old days” of not so long ago, professional advocacy was relatively uncomplicated to understand: get psychologists recognized as independent professionals in hospitals, as California was the first state to do in 1978, or get psychologists reimbursed by Medicare, as we did in 1989. The means to accomplish these very desirable goals were largely legislative advocacy and lobbying, and sometimes litigation as in the 1990 California hospital practice case of CAPP V. Rank. Managed care and the corporatization of health care with the emergence of for-profit entities changed all that.

Now we conduct advocacy at many levels using many different intervention strategies simultaneously. We and the SPTAs work together to pass legislation, such as the federal parity law and New Mexico’s prescriptive authority law. We use litigation, such as the Virginia Psychological Association’s Virginia Academy of Clinical Psychologists’ (VACP) lawsuit against Blue Cross/Blue Shield in the Washington, DC area. We mount public education campaigns, such as our current Resilience campaign and the “Warning Signs” campaign with MTV on youth violence prevention. We look for new entrees into the corporate world, such as the Psychologically Healthy Workplace Awards program, to educate about the value of psychological services.

Advocacy today is multidimensional, a much more complex and resource-intensive undertaking than it used to be. This is one of the reasons that APA created its Practice Organization three years ago, to have the legal capability as a (501) (c) (6) organization to do more and different kinds of advocacy, and to generate additional revenue to fund increased advocacy.

¹ Adapted from an article originally published in The California Psychologist (March/April 2004)

Pushing the Envelope

Advocacy is powerful because it has the potential to “push the envelope” and change paradigms for psychology. Our success in getting the American Medical Association to develop new CPT codes for health and behavior interventions and assessment is a case in point. We have been working for years to position psychology as a health profession, not just a mental health profession. The reasons are clear: psychology improves overall health, not just mental health; psychoneuroimmunology represents the “cutting edge” of health care; and 97 cents of every health care dollar goes to physical health, not mental health. However, as long as psychologists could not bill for services rendered without using a DSM “mental” diagnosis, there was a major obstacle to implementing the vision of psychology as a health profession and to demonstrating the value of psychological services for the treatment of physical health conditions. Advocacy efforts have changed that. The future implications, for our broad integration into health care, are vast.

Persistence Pays

In advocacy, as in life, persistence pays. Taking the long view and staying in it for the long haul are essential. This is illustrated by another example of advocacy pushing the envelope: prescriptive authority for appropriately trained psychologists (RxP). Prescriptive authority is slowly but inevitably becoming a reality, creating a new opportunity for consumers to access quality care in a “one stop” manner. The prescriptive authority agenda for psychology is already 20 years old, dating back to Senator Daniel Inouye’s 1984 address to the Hawaii Psychological Association. Senator Inouye was the first to urge psychology to seek this authority, both because of Hawaii citizens’ difficulty in accessing care and so that psychology could realize its potential as a health profession.

It has taken many years of research, planning, coordination, policy-changing, priority-setting, fund-raising, and grassroots advocacy to begin to realize this goal. The Department of Defense Psychopharmacology Demonstration Project in the early 1990s demonstrated safe and effective prescribing by the pioneering psychologists in the military, like Maryland’s US Navy Commander Morgan Sammons. The passage of laws in the territory of Guam in 1998 and in New Mexico in 2002 has energized the efforts already underway in over 30 state psychological associations and in nine state legislatures in 2004.

These are just the beginning steps, with many efforts at various points along the path. Persistence is required since public policy changes, particularly those that are controversial, do not happen overnight. We knew this going into the battle, and we know it will continue to be the case. Make no mistake, however; the paradigm for psychology’s role in health care has changed forever with these efforts. The opportunity for the public to receive better health care through a psychological model of prescribing is drawing closer and closer to reality.

David vs. Goliath

Carefully strategized advocacy is the specialty of the APA Practice Directorate. We operate in a 1.6 trillion dollar-a-year health care industry. APA’s entire annual budget of 90 million dollars is but a drop in this vast bucket. We strive mightily to get the maximum bang for the buck from our members’ hard-earned dues dollars.

We develop pilot projects in areas of wide public interest, highlighting psychology's role in the treatment of breast cancer and cardiac disease, for example, or in the prevention of school violence. We select and support carefully targeted legal actions and lawsuits with the potential to set policy precedents against managed care abuses, such as the prohibition of misleading advertising by managed care companies. We must choose our legislative battles carefully, and collaborate with coalitions to maximize our leverage, such as has been the case in our pursuit of real parity for mental health at the national level and in 38 states so far. We will end insurance discrimination against mental health very soon.

We work to force managed care companies to cease and desist unconscionable practices one step at a time. Working together and carefully marshalling our scarce resources, we can in effect be David slaying Goliath, as recently happened when we and the New York State Psychological Association stopped Oxford Health Plans from making claims for retrospective audit refunds on unsupported allegations of improper record-keeping.

Help Wanted

Former U. S. Surgeon General Dr. Joycelyn Elders once observed that "Five percent of the people make it happen, 10 percent of the people watch it happen, and the remaining 85% ask, 'What's happening?'" A great secret of advocacy is how much it empowers those who choose to become advocates. We hope there will be many opportunities for graduate students in psychology and early career psychologists to become acculturated into an understanding of their professional role as one that includes advocacy.

We commend all of the activists in SPTAs who give their time, for giving back to the profession of psychology in such an important way. We commend all members of SPTAs who give their money, for supporting the work of your professional associations. We urge all psychologists to support APA, state, provincial, territorial, and local psychological associations, as well as the Association for the Advancement of Psychology (AAP) which houses psychology's political action committee, with time or money: optimally with both. Together we can accomplish a lot if we believe we can, and if we act in smart ways, and if we persist. We look forward to continuing to do this in partnership with SPTA leaders and members. If we don't quit, we will win.

What We Can Do as Advocates

Advocacy falls into four broad realms or categories:

1. Lobbying within the profession and other groups:
 - a. Build coalitions
2. Public Advocacy promoting the profession:
 - a. Conduct Public Education campaigns
 - b. Organize Health Fairs for state legislators
 - c. Take legal action in lawsuits.
 - d. Train legislators' staffs in dealing with difficult constituents.
3. Advocacy within state and federal legislatures and regulatory agencies.
 - a. Advocate representatives in congress and state legislators.
 - b. Attend and participate in state/federal lobby day.
4. Direct Political Advocacy:
 - a. Grass roots advocacy with Congress and state assemblies
 - b. Develop key contacts for all districts
 - c. Volunteer to work in legislators' election campaigns
 1. Work in phone banks
 2. Walk districts
 3. Drive Senior citizens or the disabled to vote
 4. Attend local meet and greets in districts
 - d. Organize Meet and greets with legislators in districts.
 - e. Testify at hearing.

All of these activities of advocacy are based on building relationships with many different kinds of people in government at all levels. The following three essays illustrate the kinds of relationship building which necessitate being effective advocates.

Achieving Prescriptive Authority in New Mexico: My Personal Retrospective

By Elaine S. LeVine, Ph.D., AMBP

In 2003, I had the joy and honor of chairing the RxP committee of the New Mexico Psychological Association (NMPA) when New Mexico became the first State in the United States to grant psychologists with appropriate postdoctoral training the authority to prescribe psychotropic medications for their patients. Critical to passing this Bill, was severe access to care in our State, particularly among impoverished populations of diverse cultures. In addition, as I look back over the experience, a number of factors associated with my being a committed professional as well as an active member in my community were instrumental in my ability to steer this endeavor. In this short article, I would like to tell you what some of my professional and community experiences were that occurred many years before there was even a thought about prescriptive authority for psychologists that contributed to the final passage of New Mexico's RxP law.

About twenty-five years ago, when I was a faculty member of Counseling and Educational Psychology at New Mexico State University, I worked with a number of community members to establish the first shelter for battered women in Las Cruces, New Mexico. On a shoestring budget, we supplied the old home with some of our own possessions. Practicum students completing their Masters degree in counseling provided services to the women who came into the shelter. Over the years, as the shelter grew, I provided a number of workshops for staff as well as the board of La Casa Shelter for Battered Women. I did not know, then, that one of the board members, Mary Kay Papen, would later become a State Senator who is an avid advocate for quality mental health care.

In addition to my role as a faculty member at New Mexico State University, I worked closely with the Director of Education of the Las Cruces Public Schools, Mr. J. Paul Taylor, to place our school counselors in training. As Mr. Taylor is one of the most compassionate and wise men I have met, when he decided to run for the State Legislature as a Representative, I helped canvas in our neighborhood. My son, Marshall, who was five years old at the time, went house to house with me persuading, "Please vote for J. Paul Taylor." Representative Taylor never forgot that there was a five year old who believed in him, and he never forgot me.

Later, I entered a full time private practice, specializing in child and family psychotherapy. Through that, I worked closely with the District Attorney's office in Las Cruces regarding cases of child abuse and neglect, competency to testify in court, and battering cases. Also, through my private practice, I came in contact, as I am sure you have, with professionals that work for various State and private agencies such as the Department of Vocational Rehabilitation, AARP, ARC, and others.

As part of my contribution to my profession, I had always been involved with the New Mexico Psychological Association. Although I do not live in New Mexico's central city

of Albuquerque, I was able to contribute by serving as program chair and, also, serving twice as the President of the Southern Division of the New Mexico Psychological Association.

When I began studying psychopharmacology in the late 1980s in order to better understand what my clients were experiencing who were taking medication, I became convinced that psychologists could do a good job of monitoring their patients' medications; and that integrating psychotherapy with medication management would enhance care. Even in the 1980s it was becoming difficult in New Mexico to obtain appointments with psychiatrists for medication management, especially for children. I had discussed the concept of psychologists seeking prescriptive authority to a number of people, but it was only when I became President again of Division 3 of the New Mexico Psychological Association (NMPA) that actions on the RxP agenda began in earnest. After three presentations at our state psychological board meetings, I was granted the right to start a task force to investigate the feasibility of psychologists seeking prescriptive authority in New Mexico. One of my first tasks in the role was to conduct a survey of all the psychologists in the State to determine who supported the idea, as well as who would pursue the training necessary in order to be able to prescribe. I distributed a short questionnaire on a postcard so that all the recipients needed to do were make a few checkmarks and return it to me. The response rate among the psychologists was a remarkable 70%. Over the next few years, those post cards became invaluable. Whenever we needed to contact a legislator in a certain district, I knew which psychologists in that district were supportive of prescriptive authority. Those psychologists, like you and me, had strong connections in their own communities, thus the beginning of our ground swell.

When NMPA gave the go ahead to begin talking with our lobbyists and formulate a bill for the legislature, my first political contact was with (I am sure you guessed it) J. Paul Taylor. Representative Taylor was instrumental in my learning how to pass a Bill. He told me who to talk to and which interim committees to speak with; and he let me know who would be the likely members of the legislature to support our Bill. When the Bill came to committees and the floor of the House of Representatives, he was an impassioned supporter. Given his wide respect among Senators and Representatives, his opinion held great sway.

The second major action was to establish a training program in psychopharmacology. Because of my connection with New Mexico State University, I was able to integrate a training program that I started through a private institute with New Mexico State University to offer professional development credit, which appeared on University transcripts. About a year ago, this certificate program became a Masters Degree from New Mexico State University.

As we moved forward, the RxP Task Force approached many individuals from governmental and private agencies dealing with mental health issues for their support. One of the sources I contacted was the District Attorney with whom I had worked closely in Las Cruces, New Mexico. She was very supportive of the idea of prescriptive

authority for psychologists because many of the people she represented needed such help. Further, many of the perpetrators could not be brought to trial, as they were deemed incompetent awaiting care in prison. This District Attorney connected me with a State association of District Attorneys. They were strikingly supportive when our Bill came before various legislative committees. Because so much of District Attorneys' work involves political connections, they were present whenever the legislature convened, and they never missed a hearing in support.

After the Bill passed, we returned to the legislature to try to clarify our definition of psychotropics. By that time, Representative Taylor had retired. Fortunately, Senator Mary Kay Papen picked up the banner. She has continued to be a strong force as we proceed to refine our law, monitor our effectiveness, and enhance our practicum sites.

One interesting factor that I would never have predicted was how important it was that I had been a faculty member at New Mexico State University. During the hearings, psychiatrists from the medical school at University of New Mexico claimed that there was no way there could be an adequate program to train psychologists to prescribe at New Mexico State University. While we house a doctoral nursing program, we do not have a medical school. The Senators and Representatives in the southern part of the State were very indignant about their University being discredited. In the final count, we received the support of 90% of the Senators and Representatives from the southern parts of New Mexico.

Most importantly, as I touched on previously, we had identified psychologists across the State that had their own important links. Together we had support from Senators and Representatives representing the Indian Health Service, the Division of Vocational Rehabilitation, members of the Department of Human Services and the Department of Health, many private agencies such as AARP, as well as strong ties with a number of Legislators throughout the State.

Today we have 22 prescribing psychologist located throughout the State. We are serving many underserved communities, on Indian Reservations, in the major cities and in rural small towns such as Berlin, Berino, Hobbs, and Roswell, New Mexico. We even have a prescribing psychologist working with psychiatrists at our State Hospital. Prescriptive authority for properly trained psychologists passed in New Mexico because of its promise then and its delivery now of quality health care throughout the State. The personal connections of the psychologists throughout our State were crucial to bringing the idea to the forefront so that it would receive the attention it deserved.

The Rhode Island Psychological Association Advocates against the adoption of the Health Insurance Marketplace Modernization and Affordability Act of 2005

Spring 2006

Peter M. Oppenheimer, Ph.D.

The **Health Insurance Marketplace Modernization and Affordability Act of 2005 (HIMMA)** was sponsored by Senator Michael Enzi of Wyoming. According to his office, “The intent is to reduce costs and improve access in the health insurance marketplace, principally though not exclusively in the small group market.” The legislation attempted to do this by promoting “association health plans” (AHPs) and other “reforms.” Foremost among the “other reforms” would be exemptions for the AHPs and some other insurance plans from state regulation. This approach is typical: in the name of promoting free market competition, the law would have removed the ability of states to effectively regulate many health plans. Our experience in Rhode Island is that state regulation is essential to protect consumers from the predatory business practices of health insurance companies. As such, RIPA deemed HIMMA to not be poor policy.

While attending the State Leadership Conference in early March 2006, we became aware that Senator Lincoln Chafee’s vote in the Senate could be the key vote that would make-or-break the adoption of HIMMA. The bill had passed the Senate Health Labor Education and Pension Committee (HELP). The APAPO governmental relations staff asked us to motivate Senator Chafee to vote against the bill. The APAPO’s strategy in all states was to seek to gain the support of the State Attorney General and the State Insurance Commissioner to lobby their state’s US senators against the bill. Our strategy would involve a two prong effort:

1. Direct advocacy to Senators Chafee and Reed to vote against the bill.
2. Advocacy to the Attorney General Lynch and Insurance Commissioner Koller to also encourage Senator Chafee to vote against the bill. .

*All politics is local, Rhode Island politics is more local than others*². Politics in Rhode Island is based on relationships. A core component of RIPA’s advocacy strategy for the past 20 years has been to develop relationships that help us to achieve our goals. As a small professional association with limited means our influence among our federal and state government officials is enhanced by our relationship with other groups who have similar interests, and by our personal and professional relationships with government officials. We have developed cooperative relationships with our colleagues in the other mental health professions, medicine and with consumer advocates. We have ongoing formal and informal contact with leaders of these groups. With our allies the

² Apologies to Tip O’Neil and George Orwell:

psychological association has a synergy and scope beyond what we could achieve by ourselves.

Many Rhode Island politicians are relatively accessible. In Rhode Island it is not uncommon to run into our elected officials around town and especially at public events. Fortunately the two key state officials who were involved with HIMMA, the Attorney General Patrick Lynch and the Insurance Commissioner Christopher Koller, were neighbors of mine at the time. General Lynch's family lives the next block over. Commissioner Koller lives about ½ mile away. I have known them for many years including as parents at school, and town baseball and soccer. Commissioner Koller and I have coached multiple seasons of soccer together.

Our Senators are less accessible. We meet with them regularly in Washington at the State Leadership Conference and we will see them in Rhode Island on occasion. We have awarded Senator Reed and the late Senator John Chafee our association's sole annual award for their work benefiting mental health issues. On issues of substance we communicate mostly through their aides.

We were aware that while Senator Chafee sometimes votes with the will of the people of Rhode Island that he had sided with the Republican leadership on some substantial issues. Sometimes he has maintained an overt position at odds with the Administration while voting with them on procedural votes. We focused on stressing our concerns to the Senator starting with our Capital Hill meeting on March 6 (The State Leadership Conference Advocacy Day). The Senator indicated his past opposition to association health plan legislation, but he and his staff were noncommittal about how he would actually vote on this bill.

Upon my return to RI we implemented our strategy to get as many mental health and medical professionals, and consumers to write and phone the Senator to express their views. We continued this strategy through April. We broadcast email bulletins to our members and the leaders of our allied associations and groups. We asked their leadership to transmit these messages to their membership. We updated and repeated the message as often as we could get away with it. We included third party information (such as flyers from APA and Family USA) to reinforce the message and to communicate different variations on the theme. It has long been my strategy when writing to our membership and to political leaders about federal issues to give issues a local spin. In this situation we were able to cite laws and events would have had different outcomes if HIMMA were to be implemented. We urged people to utilize prewritten material, the Senator's email webpage or the APA letter writing aide. At every professional meeting I attended (RIPA CE programs included) I presented briefly and passed out flyers.

Insurance commissioner Christopher Koller and Attorney General Patrick Lynch are both sensible individuals who aware of the issues facing consumers and health care providers. Fortuitously, The National Association of State Attorney Generals was meeting in the very same hotel in which we were attending the State Leadership Conference. I took the opportunity of a chance encounter with the General at the entrance of the hotel to have a brief conversation about HIMMA. Upon our return home, I contacted Commissioner

Koller and Attorney General Lynch via email. Both were aware of the positions of their cohorts in other states and supportive of their national associations' efforts to communicate with Senators. As we asked, they both sent letters to Senator Chafee expressing their disapproval of HIMMA.

As the floor debate approached we enhanced our efforts to have our membership and allies call and write Senator Chafee. We also visited with Senator Chafee's aides in Providence. Repeatedly we heard from his office that the phone calls and letters they received were weighted heavily in our favor.

Senator Chafee voted against cloture when the time came.

WHAT IT TAKES TO ADVOCATE SUCCESSFULLY

California *CAPP v. Rank*

Betty R. Sutton, Ph.D.

As stated earlier in this manual, it often takes persistence to be successful. Several examples have been given, particularly prescription privileges for psychologists. I would add that it also takes patience. A case in point is the effort that California psychologists have made to be able to practice their profession to the full extent allowed by law. Historically under California law only a psychiatrist could establish the diagnosis and formulate the treatment plan for a patient hospitalized with a primary diagnosis of a mental disorder. Psychologists were barred from medical staff membership. This was particularly true in state hospitals. In the early 1970s the hospitals were reorganized into programs rather than departments and the CEO was a Hospital Director, not a Medical Director. Yet the position of Medical Director was maintained and the Medical Staff consisted of only physicians. While the patients' treatment was managed under a treatment team, the psychiatrist (often not a board certified psychiatrist) was in charge. Only the psychiatrist could admit, discharge, sign orders for seclusion and restraints, make a diagnosis, sign court reports (usually written by psychologists or social workers) and be the ultimate provider in charge of a patient's treatment. Contrary to the limitations on psychologists' practice imposed by the State Hospitals and Developmental Centers, California statute recognized psychologists' scope of practice as including the authority to fully manage patients' care, whether in a hospital or in the community.

In 1978 the California legislature enacted Health & Safety Code § 1316.5 which permitted psychologists to be members of hospital medical staffs and to "carry professional responsibilities consistent with the scope of their licensure and competence." This law continued to be refined over the next few years. In 1980 H & S § 1316.5 was amended to provide parity between psychologists and psychiatrists in the authority that could be exercised in managing patients by providing that "such service may be performed by either, without discrimination." Private hospitals began to accept psychologists as members of the medical staff and to permit them to practice in the hospital admitting and discharging their own patients. However, the Department of Health Services (DHS) which oversaw the state hospitals refused to change their regulations to conform to the new law. Thus a group was formed, California Association of Psychology Providers (CAPP) which sued the DHS and its Director, Peter Rank. The *CAPP v. Rank* case went all the way to the California Supreme Court which decided in 1990 that the DHS violated the existing law by requiring that psychiatrists supervise the diagnosis and treatment of all mental patients. In part the decision states that "Nothing in the statutes requires that ...a physician must be 'the captain of the ship'." The issue was that although laws had been passed to give psychologists certain practice privileges, the DHS, controlled by physicians, refused to revise the regulations to incorporate the law. Despite studies being commissioned to show that having psychologists perform some of these duties would save the cash-strapped state a lot of money, the regulations still were not changed.

In 2003, Psychology Shield, a not-for-profit public benefit corporation 501(c)4, was formed led by Bill Safarjan, Ph.D., to take legal action against DHS to change the regulations to be consistent with the law. This group raised funds from the California Psychological Association, the APA PO and some divisions, AFSCME Local 2620 the union representing state-employed psychologists, and private donors to hire attorneys and wage a legal battle over the regulations. Finally, just this past April 2010 the regulations were revised and are currently being implemented.

This effort to permit psychologists to be privileged to practice fully within state institutions had the subsequent benefit that when a new category of licensed inpatient facilities, Correctional Treatment Center (CTC), was created to provide treatment to jail and prison inmates, psychologists were able to admit, discharge, and write orders for Seclusion and Restraint. Although some psychiatrists in some facilities balked, they had no legal standing. These privileges were approved by the federal court overseeing mental health care in the prisons.

CAPP v. Rank took nearly 32 years to accomplish its goal of permitting psychologists to admit and discharge patients, make a diagnosis, develop a treatment plan, and order seclusion and restraints. In other words to reach the goal of allowing psychologists to practice within state hospitals to the fullest extent allowed by the law. This situation required not only advocating with legislators who were relatively quick to pass the laws. It took many years of talking with the Department of Mental Health Director, the Secretary of the Department of Health Services, lawyers, other public figures, and testifying at many hearings to accomplish the goal. It also took garnering the support of APA, CPA, AFSCME Local 2620, the Board of Psychology and raising funds to pay for the legal team. It took the grass roots efforts of many psychologists and others who wrote letters, gave donations, talked with officials, met with managers, and testified at hearings.

This is an example of what persistence and patience can accomplish. Passion for an issue is also helpful. The founders of CAPP v. Rank and Psychology Shield had passion for their goal. They were tired of being treated like second class citizens and being denied their rights under the law as licensed psychologists. Some of the psychologists who originally worked on this issue have since retired and a new generation of psychologists is carrying on this project with just as much passion and determination.

Psychologists may be small in number compared to some other professional groups. As long as we maintain our identity as scientists acting on facts, rely on our education as the best trained mental health practitioners, and believe in the effectiveness of what we do to relieve human suffering, we will succeed. It takes patience, persistence and passion to be a successful advocate. I believe that psychologists have those qualities. I know that by working as a team psychologists will attain their legislative goals and be able to provide total service to our clients, including medication management.

The Power of One: The Next Generation

Pat DeLeon, 2000 APA President
Carol Goodheart, 2010 APA President

No truer words have ever been spoken than those of Katherine Nordal, Executive Director of the Practice Directorate, at the inspirational 2010 State Leadership Conference, The Power Of Advocacy, when she proclaimed: “When we fail to become involved in advocacy, we give others the power over our future as health care providers.” Having been involved in the public policy (i.e., political) process for over three decades, we would also agree with Katherine on the absolutely critical notion of “The Power of One” -- that “individual leaders can exert considerable positive influence on the process of advocacy.” As state advocacy guru Mike Sullivan is fond of noting: “Who Else Ever has?”

With the enactment of President Obama’s landmark health care reform legislation, The Patient Protection and Affordable Care Act of 2010 [PPACA] [P.L. 111-140], our nation’s health care delivery system has finally entered the 21st century and thereby embarked upon an exciting journey to ensure the availability of the highest possible quality of health care for all Americans. This will be an era of unprecedented change with educated consumers being ultimately responsible for their own health care status. For those of us in psychology, the prospect of individualized patient-centered care based on sound evidence should be extremely exciting. Finally, the all important psychosocial-cultural-economic gradient of care will become ingrained within society’s definition of “quality care.” No longer will be it acceptable to have dramatic differences in the provision of care principally as a result of geographic location, or the social-ethnic-economic status of patients, as the classical Dartmouth University Wennberg studies of the mid-1970’s demonstrated has traditionally been the case. The President’s personal support for funding comparative effectiveness research (CER) and developing nationwide health information technology (HIT) is simply revolutionary in nature. Accountability, integrated and coordinated care, and accessibility are the future.

It is vitally important for each of us to appreciate that the field of psychology can no longer consider itself to be “merely” one of the mental health professions (i.e., exclusively as highly trained mental health specialists). The coming decade will be an era in which the importance of primary care will be emphasized, as will be the value of prevention, health promotion and chronic disease management activities. Wellness, behavioral health, and healthy lifestyles will be actively encouraged. It will be a time when a high priority will be given to interdisciplinary training and service delivery activities, as well as cross-disciplinary efforts. No longer will it make sense for the health professions to maintain their historically comfortable isolated “silos.” As is always the case, the specifics of the changes we will experience can not be predicted. But that change is upon us is simply undeniable, especially as the advances in technology and communications strategies continue to directly impact our health care environment by providing cross provider comparisons and access to information on effective treatment approaches. Change can be frightening to many, including for those who are highly educated, but it offers more opportunities than threats.

When one looks at the professional backgrounds of those who establish and implement our nation's health policy (i.e., our elected and appointed officials at the state and federal level), over the years a clear picture emerges: the predominate professions represented have been law and business. For psychology to assume that these individuals appreciate the nuances of providing health care (or of our extensive training and potential clinical contributions) is naïve at best. It is our job as psychologists to educate them about the relevance of psychology to everyday life and to improving the health, well-being, resilience, and productivity of individuals, families, workplaces, and communities.

Division 42 has a long and distinguished history of providing impressive national leadership with five former division presidents ultimately serving as APA President (Stanley Graham, Jack Wiggins, Robert Resnick, Ronald Fox, and Carol Goodheart). Each of them has had a significant impact upon the development of professional psychology as we know it today, and as a direct result, in the daily lives of psychology's patients and clients. They did not wait for others to dictate "what psychology should be." Instead, they acted affirmatively to shape our future. You are the next generation of practitioners to step into leadership roles and act. We need you, individually and collectively, to focus on psychology's strengths and bring the best of our research, clinical expertise, and cultural competence to bear upon society's real and pressing needs. Today, we are facing unprecedented change and this will be the challenge for you to address well. As our nation begins to redefine what fundamentally constitutes "quality" health care and what will be the structure of our service delivery systems, we would rhetorically ask: Will our next generation provide the vital leadership and personal involvement that is required? Or, as Katherine Nordal poignantly asked: By not becoming personally involved in the public policy (i.e., political) process, will we ultimately choose to give others the power over our future as health care professionals? We, along with Katherine, are extremely confident that tomorrow's leaders will rise to the occasion and we are optimistic that the future of psychology will be exciting and rewarding as our nation enters the 21st century. We welcome you into a multi-generational partnership for powerful advocacy on behalf of psychology and on behalf of those we serve.

Best wishes for a bright future.

Learn more about the Public Policy Office by visiting: <http://www.apa.org/ppo/>

Public Policy Advocacy network at <http://www.apa.org/ppo/ppan/>

Information on Integrated health go to <http://www.ibhp.org>

EFFECTIVE COMMUNICATION WITH LEGISLATORS AND THEIR STAFF

Compiled and edited by
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With permission from the
APA Practice Organization Government Relations Staff

Successful advocacy for the profession of psychology depends on developing and maintaining good working relationships with your legislators. Congressional staffers play a crucial role in effective communication with Congress. Most Senators and Representatives have Legislative Assistants (LAs) on their staff, who are responsible for a handful of issues falling in a certain category (e.g., health care, education). Generally, it is the *Health LA* who handles issues important to psychologists. Congressional Committees and Subcommittees also have staff working for the Senators and Representatives who chair these important groups. Committee staffers often specialize in a smaller number of issues, so they may have more expertise in them. Legislators rely heavily on their staff to keep them informed about the issues. Because the information that the Congressional staff provides often influences the legislator's position on an issue, developing good working relationships with Congressional staffers is crucial.

There are three primary methods of grassroots communication with elected officials and their staffers: letter writing, telephone contact, and personal visits.

I. Writing to Your Elected Officials

Letters and faxes are an extremely effective way of communicating with elected officials. Many legislators believe that a letter represents not only the position of the writer but also many other constituents who did not take the time to write. These tips will help increase the effectiveness of your letter:

Keep it brief: Letters should never be longer than one page, and should be limited to one issue. Legislative aides read many letters on many issues in a day, so your letter should be as concise as possible.

Send your letter via email: In the days following the attacks of September 11th and the anthrax contamination of Senate office buildings, new security procedures have made actual physical letters an unreliable and ineffective means of communication. Letters may now arrive months after they are mailed and sometimes are not even opened. Consequently, the best way to send a letter is electronically. The easiest way to send an electronic letter to your legislator is to use the APA Practice Organization (APAPO) web site, which is located at www.apapractice.org. Also, the APAPO web site offers sample letters supporting or opposing bills of importance to psychology's national advocacy agenda.

State Who You Are and What You Want Up Front: In the first paragraph, tell your legislators that you are a constituent and a psychologist, and identify the issue about which you are writing. If your letter pertains to a specific piece of legislation, it helps to identify it by its bill number (e.g. H.R. ___ or S. ___).

Hit your three most important points: Choose the three strongest points that will be most effective in persuading legislators to support your position and flesh them out. The APAPO Government Relations office can help.

Personalize your letter: Tell your elected official why this legislation matters in his or her community or state. If you have one, include a personal story that shows how this issue affects you or your clients. A constituent's personal stories can be very persuasive as your legislator shapes his or her position. One easy way to do this is to go to the APAPO web site and simply edit an existing sample letter on the relevant bill.

Personalize your relationship: Have you ever attended an event and heard this elected official speak? Have you ever visited his or her office? Have you met him or her? Voted for him or her? Volunteered as a campaign worker? Are you familiar with him or her through any business or personal relationship? If so, be sure to include this in your letter -- the closer your legislator feels to you, the more powerful your argument is likely to be.

You are the Expert: You do not need to understand the nuances of the political process to speak forcefully on mental health issues. Your training, your experience with clients, and your knowledge of mental health issues in your community make you a powerful, credible voice in mental health advocacy.

Effective Telephone Calls

The strategies for effective telephone calls to legislators are similar to those in the letter-writing section above. You may call your legislator's office directly or you may call the U.S. Capitol Switchboard at (202) 224-3121 and ask to be connected to any legislator's office.

Before placing a call, be sure that you are clear about what you want to say. You may have only a few minutes to communicate your message, so it is a good idea to write down the main points in a clear and coherent order. Make sure you have the correct bill number and name. Be prepared with facts and information in case the legislator or staffer asks questions. Your goal should be to make one good point supported by three good reasons.

Do not be discouraged if you do not speak to the legislator directly. Unless you have an established relationship with a legislator, more often than not you will be speaking to an LA. Be sure to identify yourself as a psychologist (or psychology graduate student, as appropriate). The more frequently legislators hear from psychologists, the more

informed they will be about what we do and the importance of their support for legislation that benefits those whom we serve.

If neither the legislator nor the LA is available, you can either leave a message asking for a return call or leave a brief message stating your position and what action you would like the legislator to take. Leave your address as well, in case the legislator wants to respond with a letter. Do not be surprised if the LA does not call you back immediately. You may have to play several rounds of “phone tag” before reaching the legislator or staffer.

III. Tips on Meeting with Your Elected Officials

Meeting with an elected official about issues affecting psychology is a lot easier than most people think, whether the official is a member of your local city council or a Senator in Washington. Remember, your legislators work for you!

What is a lobby visit? A lobby visit is simply a meeting to give you a chance to tell your elected representative what you think about a certain issue or bill, and to try to persuade him or her to take action on that issue.

Where can you meet? It is not necessary to travel to Washington, DC - all Members of Congress also have at least one office “back home” in their congressional districts. And even though many Members are not in their local office(s) very much, there is a permanent staff member at each office with whom you can meet.

Requesting Your Meeting

- Make your request in writing and follow up with a call to the Appointment Secretary/Scheduler.
- Suggest specific times and dates for your meeting.
- Let them know what issue and legislation (by bill number, if it has one) you wish to discuss.
- Make sure they know that you are a constituent.

Prepare for Your Meeting

- **Call the APA Practice Organization for materials.** They should have information to help you decide on your talking points, as well as materials that you can leave with your elected official.
- **Decide who will attend the meeting.** Bringing more than four or five people can be hard to manage. Keep it small, but bring people who have information or personal stories that will drive your point home.
- **Agree on talking points.** It's tough to make a strong case for your position when you are disagreeing in the meeting! If a point is causing tension in the group, leave it out.
- **Plan out your meeting.** People can get nervous in a meeting, and time is limited. Be sure that you lay out the meeting beforehand, including who will start the conversation.

- **Decide what you want achieve.** What is it you want your elected official to do - vote for or against the bill? Make a commitment to introduce or co-sponsor legislation? Asking your legislator or his or her staff member to do something specific will help you know how successful your visit has been!

During the Meeting

- **Be prompt and be patient.** Elected officials run on very tight schedules. Be sure to show up on time for your appointment, and be patient - it is not uncommon for legislators to be late or to have your meeting interrupted by other business.
- **Keep it short and focused!** You will have twenty minutes or less with a staff person, and as little as ten minutes if you meet with your elected official. Make the most of that brief time by sticking to your topic.
- **Bring up any personal, professional or political connections to the elected official that you may have.** Start the meeting by introducing yourselves and thanking the legislator for any votes he or she has made in support of your issues, and for taking the time to meet with you.
- **Stick to your talking points!** Stay on topic, and back up your points with no more than five pages of materials that you can leave with your elected official.
- **Provide personal and local examples of the impact of the legislation.** This is the most important thing you can do in a lobby visit.
- **Saying "I don't know" can be a smart political move.** You need not be an expert on the topic you are discussing. If you don't know the answer to a question, it is fine to tell your legislator that you will get that information for him or her. This gives you the chance to put your strongest arguments into their files, and allows you to contact them again about the issue. Never make up an answer to a question - giving wrong or inaccurate information can seriously damage your credibility!
- **Set deadlines for a response.** If an elected official hasn't taken a position on legislation, it is unlikely that they will commit to one in the middle of a meeting. If he or she has to think about it, or if you are meeting with a staff member, ask when you should check back to find out what your legislator intends to do about your request. If you need to get information to your legislator, set a clear timeline for when this will happen. That way, you aren't left hanging indefinitely.

After the Meeting

- Right after the meeting, compare notes with everyone in your group to compare what the elected official committed to do and what follow up information you agreed to send.
- Each person who took part in the meeting should promptly send a personal thank you letter to the legislator.
- Follow up in a timely fashion with any requested materials and information.
- If the elected official or staff member doesn't meet the deadline for action you agreed to during the meeting, ask him or her to set another deadline. Be persistent and be flexible!
- If you are meeting with a Member of Congress, let the Practice Organization Government Relations team know what you learned during your meeting.

Knowing what arguments your Member of Congress used, what issues are important to him or her, and what positions he or she took will help make psychology's national lobbying strategy more effective!

Remember that a personal meeting with your member of Congress is one of the best opportunities to demonstrate the commitment psychologists have to the people who use our services and a great chance to show our deep wish that health care public policy be fair and effective. Good luck and have fun!

IV. The “Ten Commandments of Advocacy”

While there are slightly different considerations for each of the foregoing approaches, there are some basic rules that hold true for all of them, the “Ten Commandments of Advocacy.” Here they are:

- *Thou shalt be brief.* Time is a valuable commodity on Capitol Hill. To be effective, you must be brief, succinct, and to the point in your communication. Never give legislators a stack of reading materials; information should be in the form of brief fact sheets. The Practice Organization can provide such materials for you.
- *Thou shalt not bear false information.* Accuracy is essential; never give any false or misleading information. If you don't know how to answer a question, tell the legislator or staffer that you will obtain the information for them. It is better to admit that you don't have an answer than risking credibility by providing inaccurate information.
- *Thou shalt be courteous.* NEVER THREATEN your legislator - don't say things like "I'll never vote for you again." Never, by word or action, intimate that you expect any special consideration.
- *Thou shalt be prepared.* Most likely, your opposition on the issue will also be talking to your legislators. Be sure you know their arguments and are able to refute them. Find out where your legislators stand on the particular issue before you communicate with them.
- *Thou shalt be politically aware.* When your legislator supports your position, he or she will be going against someone else. Be sure that your legislator is convinced that the choice is both socially correct and politically wise. Don't burn bridges; an opponent on one issue can be a supporter on another.

- *Thou shalt be clear in thy communication.* Avoid psychological jargon or technical terms. Remember -- the Hill is populated by generalists, not specialists. Don't assume that the legislator and staff know the specifics about the legislation you are discussing. Your role in communicating with your elected officials is largely that of an educator. Focus on one or two issues at a time, and present only the most cogent arguments for the issue.
- *Thou shalt personalize thy messages.* Statistics are important, but legislators want to know how the issue affects their constituencies. Give examples from your own experience in discussing the legislation. Vignettes about “folks back home” go a long way in helping a legislator understand your message. Individual experiences can almost always be communicated in a way that does not violate anyone's confidentiality.
- *Thou shalt be available to thy legislator.* Offer additional information if needed and make sure the legislator knows how to reach you. Let the legislator know that you are available as a resource for information relevant to mental health.
- *Thou shalt be patient and persistent.* Policy Change is a long-term process; remember -- it is the cumulative effect that matters. Effective advocacy is not the result of just one meeting or letter; much more can be accomplished in a second or third contact than a first. Work towards building a relationship with the legislator and his or her staff.
- *Thou shalt give thanks and follow up.* Remember to express your appreciation to the legislator for his or her time and for consideration of the issue. A thank you letter should follow up each congressional visit, which gives you one more chance to state your points. Also, send a thank you letter when your legislator supports your position on an issue.

Final Thoughts – You Are Not Alone

It may seem a little daunting to think of visiting, or even writing to a Member of Congress, but APA has resources to make it easier and more effective. Probably most important – and very easy to access – is the **APA Practice Organization (APAPO) web site**, which is located at www.apapracticecentral.org. The web site is filled with up-to-date information about bills that have implications for psychology and psychologists. It also offers in-depth information about Members of Congress and their staff, provides sample letters supporting or opposing legislation, and provides a simple and very user-friendly means of sending letters to legislators via email.

Another source of help lies within your own state, provincial or territorial psychological association -- your **Federal Advocacy Coordinator (FAC)**. If you don't know who your

FAC is, call the office of your psychology association and they can tell you how to get in touch.

Finally, if you still have questions that neither the APAPO web site nor your FAC can answer, APAPO's **Government Relations staff** is both well informed and always happy to help – they will return your phone call if you don't reach them directly. Government Relations can be reached at 800-374-2723 or (202) 336-5889.

Again, good luck advocating and have fun!

Additional information:

Practice Central: <http://www.practicecentral.org>

Legislative Action Center: <http://capwiz.com/apapractice/home/>

Locating Congressional districts: <http://govtrack.us/>

Current APAPO Priorities: <http://www.practicecentral.org/advocacy/index.aspx>

More about lobbying and the political process: Division 37 Advocacy Manual:
<http://www.apa.org/divisions/div37/resources/html>

A Successful Meet and Greet

(Communication to CPA GAC Listserv)

Bruce Sachs, Ph.D.

In an effort to use our listserv to help promote advocacy, I wanted to report to you on the meet and greet sponsored by the San Diego Psychological Association's Government Affairs Committee (GAC) held this past Friday, June 11th. I'm sharing this information because I want other chapters to know that it's not that difficult to organize such an event and the effort offers the tangible benefit of building or strengthening relationships with legislators.

What I want to do in this communication is give you a brief description of our meet and greet and then tell you how it was organized. I hope any of you interested in doing a similar event would reach out to me if you think I could be helpful.

Our event took place at the home of a psychologist who lives in the district of our invited guest, Assemblyman Nathan Fletcher who happens to be Vice-Chair of the Assembly Health Committee. (A key criterion for choosing a legislator is to try to find one who sits on a committee that deals with issues affecting psychologists.) Our event went from 5:30 to 7:00 on a Friday evening – probably the safest time for a gathering since the legislator is usually in their district by Friday morning. The evening was divided between one-on-one time with the legislator during which the guests could interact freely with him, a talk by the legislator on the state of the California budget and on some of his legislative priorities, and about 35 minutes were allowed for questions and answers. Ample refreshments provided by our GAC, plus our wonderful venue, and a dynamic legislator, made for a fun, relaxed and informative evening.

How does a GAC organize such an event? First, you must decide which legislator seems important for you to meet. After identifying the legislator, it would be best to try to find a psychologist who lives in the legislator's district who is willing to host the event. Having the event in the legislators' district is a big incentive for the legislator to participate in a meet and greet. Once this happens you contact the legislator either through their district or state office and give them some dates and times that work best for you. Here you have to be somewhat flexible because legislators have many demands on their time; however, if you give the office plenty of lead time, you can usually find a mutually agreeable date and time.

Now you're ready to publicize the event. Through any and all means you use to communicate with your membership, start informing them of the event; try to give reasons why psychologists should attend – in publicity for our recent event we mentioned how important Assemblyman Fletcher was to legislation affecting psychologists. Depending on the level of organization of your GAC, you could ask each member to call their colleagues to encourage them to attend. In my experience, a direct phone call from one psychologist to another is far and away the best way to get results. Be sure you have designated someone to keep track of who is coming; this is the person to whom everyone

should RSVP. Two weeks or so before the event, be sure to confirm with the legislator's office that the legislator will indeed attend.

I think it is helpful to provide food and drinks for the event and hopefully the members of the GAC will bring various items. If five or six people each bring something, the cost is not much more than \$15.00 per person. Prior to the event the principal organizer or some designee should get biographical information about the legislator to use to introduce him/her at the event. In structuring the event, I like what we've done in San Diego. We allow the first 30 minutes for individual chatting and mingling, the next 20 minutes or so for the legislator to talk about issues that you might want them to address (you've communicated this in advance) and then 30 minutes or so for the audience to ask questions. It would definitely be helpful to check in with CPA to see what questions they think might be important to raise. Three to five days before the event send out a reminder to all those who have RSVP'd.

Now you're ready to have a successful meet and greet. I hope this information is helpful and as I indicated I would be happy to be of any assistance I can. Meet and greets are great ways of meeting and educating legislators and introducing them to the variety of work done by psychologists. Good luck with your efforts.

Media Relations

You cannot expect newspapers, magazines, and broadcast stations to inherently know and understand SPTA's value. It is up to you to teach them, by providing useful information.

- Find a newsworthy angle.
- Provide all the facts and background.
- Don't forget member success stories. They are powerful image- building tools.

Most organizations want their stories covered in the major metropolitan daily newspapers or on television or network radio, but those outlets generally cater to large, general audiences. Your story may have a better chance in a smaller community-sized outlet. You often get more coverage with many small stories scattered in dozens of local papers in lieu of targeting five grandiose metropolitan dailies like the *New York Times*, the *San Francisco Chronicle* and the *Los Angeles Times*. Often the larger papers and the broadcast media pick up stories from the smaller local papers. If they are important, they may be picked up by the wire services.

Contacting the Media

Through the news media and direct contact with legislators, you can ensure that the voice of Psychologists will be heard and understood by key decision makers. This is where the importance of the key messages will be seen.

Guide to Dealing with the Media

"We should always tell the press, freely and frankly, anything they could find out in some other way."--Anthony Jay and Jonathan Lynn, BBC2 TV, "Yes", Prime Minister, Jan. 9, 1986.

The media is an important component to a legislative education program, since it is a powerful tool of persuasion and influence. This influence could be particularly helpful in obtaining support for SPTA-sponsored legislation or in defeating potentially damaging legislative proposals. Letters to the editor, an opinion editorial piece (Op Ed), or an endorsement written by the paper's editorial team that appears in the hometown papers of key decision-makers speak volumes.

One of the most effective ways to influence public perception of an issue is to gain favorable editorial coverage in targeted statewide newspapers. An SPTA needs to identify target publications in key legislative districts, develop regionalized information kits for these publications and work to schedule editorial board meetings with each targeted newspaper.

For this plan, a small-scale media effort will be designed by piggybacking off of the information developed for the legislative efforts. At minimum, an information kit would be available if a reporter calls or attends a committee hearing to cover a bill that affects

an SPTA. Moreover, these materials will assist local SPTA chapters (in those SPTAs which have chapters) in developing relationships with local reporters to encourage feature stories or help ensure SPTA members are used as expert sources.

It is said that all politics are local, which makes the media an excellent and powerful vehicle to communicate your key messages. Although a large media outreach program might prove too expensive, you can implement letters to the editor, opinion editorials, and meetings with editorial boards to reach some of the more "difficult" legislators and decision-makers.

Create a Media Contact List

Identify local media outlets: Daily and weekly newspapers, radio and television stations, magazines and journals.

- Identify key reporters at these news outlets.
- For newspapers call city and metro desks or track bylines on stories similar to the ones you want.
- For broadcast outlets, correspondence addressed to Radio News Director or Television Station Assignment Editor is sufficient.
- Since turnover is high, consider generic labels, such as Features Editor.
- Decide what coverage you need: a listing in "Community Calendar" for an upcoming event or a more sophisticated editorial about an impending issue.

Bomb-Proof Media Writing

Once upon a time, typos and proofreading flaws were caught by editors, but no more. Now, editors will just circular-file your press release. These same guidelines apply to letter writing and fact sheets as well.

The following are some tips for usable press releases:

- How you write is how your organization will be perceived.
- Write so you can't be misunderstood.
- Remember, "A picture is worth a thousand words", especially in a small-town newspaper. Slick magazines and larger, metropolitan newspapers will send their own photographer if your story is newsworthy.
- Self-edit for better writing.
- Always start the first paragraph with a hook.
- Use the "Inverted Pyramid Style" with all important information in the early paragraphs, including: who, what, where, why, when, and how.
- Omit clutter and highly technical words. Use journalese rather than literary language.

- Use the 4-S formula for releases: Short, Simple, Strong, and Specific.
- Accuracy is critical. Research when necessary.
- Check your facts.
- Re-check names, addresses, telephone numbers, and spelling.
- Re-check all math and figures.
- Use telephone interviews to check your accuracy.

Hints for Your Press Release

- Get acquainted with the reporter or news editor assigned to your field.
- Include the 5 W's and the H.
- Take the release in person, if possible.
- Never insist it be used. Let your story stand on its own merit.
- If a release isn't used, forget it. Maybe the next one will. The newspaper does not have to print your story, and pressure will destroy the chances of a developing relationship.
- When an interesting story breaks, notify the media immediately.
- Observe newspaper deadlines. Unless it is critical, never call a newspaper office before noon.
- Give papers something besides announcements.
- Watch for news pegs. If you can relate your release to current events, it has a better chance of getting into the paper.
- Be brief and don't editorialize. Just tell the facts, not opinions unless they're quotes or Op Eds.
- Start the first page about one-third of the way down the page and make all margins one inch or larger.
- Sentences should be short, words simple. Usually each sentence makes a paragraph, because the columns are narrow.
- Avoid complex words like finalize and implement. Use short, active verbs.
- Send releases at least two weeks before scheduled events. Magazine features must be sent six months early.
- Double-check your copy to make sure it is error-free.
- When you use a name, give first and last name in the first reference and last name only in subsequent references.
- Write out the entire name of an organization in the first mention and acronyms like CPA subsequently.
- Give the exact date of an event. Don't say yesterday or tomorrow.
- Newspaper writing is crisp and businesslike. Newsletters are more chatty and informal.
- Include a fact sheet whenever possible.
- Remember, your people are your best resource. Their accomplishments make the best news releases.

- Think of photo ideas whenever possible. Try to never include more than three people in a picture.
- Give advance notice of events. The media isn't interested in something that's over. And they do enjoy controversy. Just make sure it spins your direction.

State Legislatures

Overview

The State Legislature, sometimes called an Assembly, is made up of two bodies, the Senate and the House of Representatives.

The Legislative Sessions

The time of convening of State legislatures varies by State. For example, some legislatures of more populated States convene all year long, every year. Some convene annually for a period of time and hold interim committee meetings during the remaining part of the year. Others convene biannually for several months.

Elected Members

Members of the House and Senate are elected in November.

Leadership

A Majority Leader and Minority Leader of the House are voted in by their respective parties. The Majority Leader becomes the presiding officer in the House of Representatives, the Speaker of the House, or in case of absence, the Speaker Pro Tempore or second in command. In the Senate, the President (Lieutenant Governor) is the presiding officer, or in the case of absence, the President Pro Tempore. The Whip is a senator elected by his or her party to count potential votes and promote party unity. There is a majority and minority Whip in the Senate.

Committees

The committees of both houses are appointed by the presiding officer. Each body normally convenes between 9:00 and 10:00 am. Committees meet before and after the daily sessions. Most legislation concerning the psychological community is assigned to the following committees:

House of Representatives

Appropriations
Insurance
Health & Ecology
Judiciary

Senate

Appropriations
Insurance & Labor
Health & Human Services
Judiciary

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Voting Procedure

State legislatures may use roll call votes or voting machines. You can obtain a copy of any recorded vote at the Office of the Clerk or Secretary of State.

Important Officers and Offices at the State Level:

OFFICERS

GOVERNOR
LIEUTENANT GOVERNOR
SECRETARY OF STATE
ATTORNEY GENERAL
INSURANCE COMMISSIONER

STATE DEPARTMENTS

DEPARTMENT OF HEALTH
DEPARTMENT OF LABOR
DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF THE SECRETARY OF STATE
CHAIRMAN OF THE BOARD OF REGENTS OF STATE UNIVERSITIES
WORKERS' COMPENSATION BOARD

HOW TO IDENTIFY YOUR LEGISLATOR

According to recent surveys, only 12% of the population can correctly identify their State Senator or Representative. In the 1995 Presidential elections, fewer than 55% of the eligible voters exercised their right to vote.

Nevertheless, State elected officials decide who may be licensed as a psychologist, whether and how managed care companies are regulated, whether there are penalties for late payment of insurance benefits, and how much you will be paid for treating a Medicaid patient. The list goes on.

The good news is that **YOU CAN INFLUENCE THESE DECISIONS!**

It all starts with knowing who represents you in the Senate and House of Representatives

TO IDENTIFY YOUR STATE SENATOR AND REPRESENTATIVE

Visit your State Government website
Call your County Election Supervisor
Call the Election Division of the Secretary of State

Check your voter registration card

Once you have determined whom to contact, consult this manual for tips on how to develop a relationship with your elected officials, tips on how to communicate with or visit with your legislators and on how best to present your issues.

Remember, your elected official would much rather hear from his/her constituents than from a lobbyist.

You can vote. **YOU CAN MAKE A DIFFERENCE.**

Communicating with Your Legislator:

Keep in mind that your goal is to develop an ongoing personal relationship with your elected official, as well as to assist the official in making well-educated choices on specific issues. Here are a few pointers:

Assume your legislator does not know very much about the issues. Speak to him or her in simple terms – avoid technical or psychological language

Help the legislator understand the complexity of the psychological care delivery system, including the diversity of your patients and their needs.

Do not damage your relationship with a legislator over one issue. He/she is obviously in a position to help (or hurt) your cause – there will be other issues to negotiate, and if there is resentment from a past meeting, your chances of being effective are limited.

Ask open-ended questions and then listen to the answers he or she gives for an indication of how they “really” feel about a particular issue or psychologists in general.

The National Conference of State Legislatures: <http://www.ncsl.org/>.

State and Local Government on the Net: <http://www.statelocalgov.net/>.

Examples of Letters:

Thank You Letter (From Jeff Cook):

March 20, 2010

The Honorable Name of Representative/Senator
2347 Rayburn Building
Washington, DC 20515

Dear Representative *Name*;

I want to thank you for the opportunity to meet with your staffer Name on March 9. I am from the American, California, and San Diego Psychological Associations and was visiting your office to discuss important issues within Medicare and health insurance reform.

The following were the major points of our discussion:

Medicare:

Extend through 2011 restoration of outpatient mental health reimbursement cut by CMS (Sec. 138 of MIPPA'08). The "tax extender" legislation (H.R. 4213) passed by the Senate on March 10 includes a one year extension of the 5% boost for psychotherapy reimbursement. H.R. 4213 will soon be taken up in the House, and we hope that you will vote in favor of it. Later legislation is necessary to continue this extender through 2011.

Make psychologists eligible for "psychotherapy + E&M" code reimbursement.

Add psychologists to the Medicare "physician" definition. Representative Judy Chu from Pasadena has a great deal of information relating to this.

Health Care Reform:

Pass health reform that integrates psychological services in primary care, preventive services and benefit packages.

I was very impressed by Ms. staffer's name representation of you. You should be pleased to have her on your staff.

Please let me know if I may be of assistance as you consider these and other issues where psychology may be relevant. I have offered to have members of the San Diego Psychological Association who are in your district meet with staff in your district office to offer training on "Dealing with Distressed Constituents."

Sincerely,

Letter to Rhode Island Psychological Association Members:

March 31, 2006

Dear Colleague:

RE: The Health Insurance Marketplace Modernization Act (S.1955)
aka "HIMMA"

The United States Senate will soon debate and vote on a bill that will have severely detrimental effects for healthcare consumers and healthcare professionals. The bill is called the Health Insurance Marketplace Modernization and Affordability Act (S.1955). 85 Million Americans are at risk to lose important consumer protections if this bill is enacted.

The worst thing about HIMMA is that it will preempt most state regulation of health insurance plans. In Rhode Island state regulation has been vitally important in protecting the interests of Rhode Islanders. The Department of Business Regulation and the Department of Health enforce laws passed by our legislature that ensure that health plans in Rhode Island provide meaningful coverage and that Rhode Islanders are treated properly by their health plans, and healthcare institutions and professionals. We have state laws regulating privacy, the disclosure of information about insurance plans and policies to consumers, utilization review practices, mandated benefits (including mental health benefits), rate setting procedures, and prompt payment of claims rules. These laws have come into play over the past decade in dealing with Harvard Pilgrim Health Care, United Healthcare and with Blue Cross Blue Shield of Rhode Island. Our health insurance system works as well as it does because of the regulatory and legislative process we have created and the diligence of the people responsible for these functions.

Purportedly to provide "affordable" and "consumer friendly" health insurance HIMMA will also allow insurance companies to sell a "barebones" insurance plan. The current version of the bill has also added a provision that will require insurance companies to offer a second plan based on one sold in one of the five most populous states. This plan could also be barebones. Under HIMMA insurance companies will be able to choose the coverage they include in these plans. While these plans may have lower premiums they are likely to lack coverage for services essential to good health care, and to have high deductibles and co pays which are real barriers to many people.

HIMMA really serves the interests of the health insurance industry to reduce the regulation with which they have to contend. Under HIMMA insurance companies could offer national plans ignoring the differing needs different regions and states. HIMMA continues the trend of undermining state regulation and reducing federal regulation to a lowest common denominator that the Congress has used in other healthcare, environmental and consumer legislation over the past four years.

It is long past time that we think of paying for health care with “health insurance” that is designed to only provide for catastrophic care. Good health care in the 21st Century requires access to primary and preventative care, and access to a comprehensive array of services. HIMMA is a step backwards towards the traditional model of insurance.

This bill could come before the Senate anytime. We have Senator Jack Reed’s commitment to vote against the bill. Senator Lincoln Chafee is uncommitted and it is essential that we convince him to also vote against the bill. Please write him urging him to vote against this legislation. There are fact sheets from the American Psychological Association and Families USA provide additional information. The APA sheet also has a sample letter. If you would like copies of these documents, please email me. The Senator’s Address is:

The Honorable Lincoln Chafee
United States Senate
141A Russell
Washington, DC 20510
(202) 224-2921

The best way to contact Senator Chafee is through his website: <http://chafee.senate.gov/>. Click the button at the top for “Contact Information.” You can paste the text of your letter into the space provided. This is the quickest way to send communications to the Senator. You can also use APA’s automated letter writing website: <http://capwiz.com/apapractice/issues/alert/?alertid=8616436&type=ML> .

Please contact me if you have any questions.

Sincerely,

Peter M. Oppenheimer, Ph.D.
Chair, Legislative Committee
pmopp@ripsych.org

Letter to Senator:

March 24, 2006

The Honorable Lincoln Chafee
United States Senate
141A Russell
Washington, DC 20510

RE: the Health Insurance Marketplace Modernization
and Affordability Act of 2005 (S. 1955)

Dear Senator Chafee:

I am writing regarding the Health Insurance Marketplace Modernization and Affordability Act of 2005 (S. 1955) which will come before the Senate shortly. This legislation would in effect preempt state insurance laws as they apply to Association Health Plans (AHPs) as well as state-regulated group and individual plans.

In the many years I have been involved advocating for healthcare and environment issues I have come to recognize that our state government's regulation of health insurance and healthcare services is vitally important in protecting the interest of Rhode Islanders. The Department of Business Regulation and the Department of Health enforce laws passed by our legislature that ensure that health plans in Rhode Island provide meaningful coverage and that Rhode Islanders are treated properly by their health plans, and healthcare institutions and professionals. Our health insurance system works as well as it does because of the regulatory and legislative process we have created and the diligence of the people responsible for these functions.

This bill will preempt Rhode Island's ability to regulate health insurance in our state. It will allow insurance companies to sell insurance plans that have very limited benefits and high deductibles. While these plans are touted to be "consumer friendly," they are not. Healthcare consumers are rarely in a position to choose their health plan. Employers pick the plan for most people. For the self-employed or small business people like me, if we have the choice of buying what Blue Cross chooses to offer through their Direct Pay plans. In Rhode Island there are very few people who really have a choice of plans.

If you have any question about the value of the regulatory role of state government in health insurance, I would urge you to read the transcripts and findings of the hearings the Department of Business Regulation has held on the Blue Cross Blue Shield of Rhode Island Direct Pay plans in 2004 and 2006. You can also review the findings and outcome of the commission Lieutenant Governor Charles Fogarty organized in 2001 to revise our state's mental health parity law (RIGL 27-38.2). Further, the work of Rhode Island's new Insurance Commissioner, Christopher Koller, also reflects the import role state regulation has in ensuring that health insurers provide meaningful coverage and that they provide the

services to which they obligate. These functions and more would be lost if HIMMA is passed.

Further, the plans created when state regulations are dismantled tend to have high deductibles and limited benefits. Most people are not able to accurately predict what will be their healthcare needs and what their financial exposure. The insurance companies tout the low cost of the premium and that is what many people respond to. They do not adequately consider the costs that will be shifted to them. In my practice we are aware of people who decline primary care and behavioral health services they need because they perceive that they cannot afford the service.

This legislation continues the process of dismantling state regulatory authority in the service of the business interests who fund members of congress and the administration. We are now seeing this process occurring in many realms not just healthcare.

The goal of the bill may be to “reduce” the number of uninsured people, but the law will have an unintended consequence of destroying meaningful regulation of health insurance for millions of Americans. With that the real value of health plans will plummet to the people who need them. This bill only benefits the insurance companies who will continue to be able to sell insurance policies and reap the profits of their endeavor.

I intend to continue my commitment to our community to help everyone in Rhode Island have affordable accessible quality healthcare. I don't think it is an impossible goal, but HIMMA is certainly not the way to do it. Over the past 15 years we have built a process within state government and the Rhode Island healthcare community that has worked to address many significant issues in our healthcare system. Much of that would be wiped out if HIMMA passes. Rhode Island and our nation need you to take a stand here for what is right for our community and the greater good of the people. Please vote against this bill and urge your fellow Senators to do the same.

I would also like to extend my appreciation for the time you gave us when we met a couple of weeks ago at your office. Please extend our appreciation to Ms. Brill as well. We greatly appreciate your interest and concern for the issues that matter to us. Most of all, thank you for your attention to this important issue.

Sincerely,
Peter M. Oppenheimer, Ph.D.
Clinical Psychologist

Email to Rhode Island Attorney General:

Hi Patrick,

Has your office taken a stand on the Health Insurance Marketplace Modernization Act (S.1955)? The healthcare professional community has been working to defeat this bill since we saw you in Washington in March. Our collation is asking attorney generals and state insurance commissioners to write in opposition to the bill. Chris Koller has sent a letter to Senator Enzi. If you have not already done so, it would be helpful if you would. I can supply lots of information if you would like.

Thanks for considering this. Best wishes and I will see you at Little League.

III. Attorney General, 38 Others, Oppose Health Plan in U.S. Senate

For entire article see:

<http://www.insurancejournal.com/news/midwest/2006/04/27/67602.htm>

Antitrust Law for Psychologists Engaging in Advocacy

Dr. Peter M. Oppenheimer

We spend much of our life following rules and policies without questioning them. During our training and in our professional work we do a lot of that. We transform into advocates when we realize we can challenge inappropriate rules and policies, and that we can promote systemic change. However, advocacy is not without its own rules and policies. It is important that in your advocacy activities that you attend to relevant laws. Disregarding the law will render your advocacy ineffective at best, more likely cause serious harm to yourself, your practice and your profession. Your division or state association advocacy committee likely offers information and guidance about relevant laws, and the do's and don't to which you must attend. Contact them for information and guidance whenever you have questions.

One of the most problematic areas of law to which we must attend as professionals and advocates is federal antitrust law. The foundation of antitrust law is the Sherman Antitrust Act of 1890. Back in that day, big corporations were banding together to take advantage of producers and consumers by controlling access to supplies and by colluding on prices. The intent of the law is to ensure that there is open and free competition for consumers. In theory competition is supposed to ensure that consumers have access to competitively priced goods and high quality services. The law makes it illegal for competitors to collude to divide up a market, fix prices or to boycott. The law is administered by the Federal Trade Commission and the Department of Justice. Some activities are deemed to be obvious violations of the law (“per se” illegal), while some activities are not necessarily violations. Activities are not “per se” illegal when it is determined that their precompetitive benefits outweigh their anticompetitive effects.

Violations of the antitrust law are severe. A violation of the Sherman Antitrust Act is a felony punishable by imprisonment of up to three years and fines of up to \$350,000 for individuals and \$10,000,000 for corporations. Aggrieved parties can sue in civil court and be awarded treble damages, plus attorney's fees and costs. Upon the start of an investigation by DOJ, typically health care professionals, and their practices and associations are hamstrung and their resources drained by the investigation whether or not they are ultimately charged. Many complaints against health care professionals and companies are typically settled by agreement with the DOJ in which the professionals and companies agree not to engage in certain activities and they sometimes pay fines. In short, you don't want to go there.

One of the issues that most commonly rattles professional psychologists into a state of emotional agitation and a desire to engage in advocacy is insurance reimbursement rates. It is precisely this realm where health care professionals are most at risk to engage in behaviors that could run them afoul of the law, and thereby undermine their credibility and ability to effectively function as advocates in their interest. Psychologists in different practices are deemed under the law to be competitors whether they are across the street,

across the state or across the country. Usually, only health care professionals who are in the same business entity can engage in collective action around fees or boycotts. It is possible for health care professionals to engage in joint a “risk bearing” business venture as a way to engage in action that would otherwise be illegal. The formation of the venture might be one of those not “per se” illegal proposals that would require DOJ approval to create. The reality for many of us is that such a venture creates immense startup and infrastructure costs that would likely eat up the gains that might be made in collective activity.

The reality of the antitrust law for psychologists and health care professionals is that they are now perverted from their original intention. The antitrust laws are protecting the insurance companies from us. They are impeding small independent practices (businesses) from acting to address their grievances with the mega corporate insurance companies. It is backwards, but the essential point is that *it is the law*.

There are some activities in which psychologists can engage that are immune from antitrust liability. That’s where advocacy comes in. As citizens we are allowed to petition and lobby our legislature and executive branch at the local, state and federal levels to address issues through policy and legislation. We can lobby for changes to the current antitrust laws, and other laws and policies affected by them. Thus our means to address these limitations will be through advocacy.

In the meantime, the APAPO has disseminated a model antitrust policy for state associations. Here is an adapted version. It serves as a set of guidelines of do’s and don’ts for our advocacy work:

Fee Discussions:

A. Discussion of actual or proposed **fees set by psychologists** is prohibited. In addition, there should be no discussion of specific economic factors that might influence fee levels such as:

- a. specific costs of operations, supplies, labor or services;
- b. specific discount terms; and
- c. levels of profit margins or mark ups.

It is appropriate, however, to discuss methods of operation and similar matters that may assist psychologists in practicing more efficiently and effectively.

B. Factual statements regarding reimbursement **rates** for psychological services **that have been set or proposed by health insurers and other third party payors** is permitted only if:

- a. The actual or proposed rate is applicable to all psychologists in a certain market area (e.g., the rate is not individually negotiated).

- b. The rate has been generally announced by the payor.
- c. The mention of rates is not accompanied by any commentary that might suggest that other psychologists should not accept the rate or should not participate with the payor (e.g., claiming that the rate is "unacceptable," will cause psychologists to leave the panel, etc.)

Competition: It is a violation of Antitrust laws to agree not to compete, therefore, discussions of agreement on fees to charge or division of territories or customers or limitations on the nature of business carried on or services provided are not permitted.

Boycotts: Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or discouraging other psychologists from participating with a particular company.

Response to Inappropriate Discussions: If you are in attendance at a meeting where discussion borders on an area of antitrust sensitivity, as the representative of a Division or state association you should request that the discussion be stopped and ask that the request be made a part of any minutes of the meeting, call or discussion. If others continue such discussion, the as a representative of a Division or Association you should excuse yourself from the meeting or call and request any minutes show that you left the meeting or call at that point and why. Any such instances should be reported immediately to the President and staff of the Division or Association.

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