



Members of the California Assembly and Senate

November 16, 2015

RE: Gubernatorial veto of AB 1542, An act to amend Section 139.2 of the Labor Code, relating to workers' compensation, and declaring the urgency thereof, to take effect immediately.

To Whom it May Concern:

The Inter Organizational Practice Committee (IOPC) is a coalition of the American Academy of Clinical Neuropsychology (AACN), the Society for Clinical Neuropsychology/Division 40 of the American Psychological Association, the National Academy of Neuropsychology (NAN), the American Board of Professional Neuropsychology (ABN), and the American Psychological Practice Organization (APAPO) tasked with coordinating national neuropsychology advocacy efforts, and representing thousands of neuropsychologists in the United States.

The IOPC is writing to express our significant concerns with the recent veto of AB 1542 by Governor Edmund "Jerry" G. Brown, Jr., despite unanimous support of the California Assembly (passed 79-0) and Senate (passed 39-0). The Department of Industrial Relations (DIR) removed the discipline of clinical neuropsychology from the Qualified Medical Examiner (QME) specialty designation in September 2015. AB 1542 was proposed to "provide that a person who is certified in neuropsychology by specified boards or organizations and was appointed as a qualified medical evaluator in neuropsychology before January 1, 2015, or who is a clinical psychologist licensed to practice in the state, holds a doctoral degree in psychology, and has at least 2 years of specified experience and training, may be appointed by the administrative director as a qualified medical evaluator in neuropsychology." We are grateful to you for understanding the importance of this issue and **strongly encourage you to propose a new bill with similar language or vote such a bill into law when it is proposed.**

As you are aware, a clinical neuropsychologist is a professional within the field of psychology with special expertise and advanced training in the applied science of brain-behavior relationships. Clinical neuropsychologists use this knowledge in the assessment, diagnosis, treatment, and/or rehabilitation of patients across the lifespan with cognitive, behavioral, emotional, and sometimes physical difficulties associated with neurological, medical, neurodevelopmental, and psychiatric conditions, as well as other cognitive and learning disorders. Neuropsychologists work in a variety of settings including universities and schools, hospitals, rehab centers, federally qualified health centers, community clinics, large industries, senior-only facilities, veteran facilities, and in private practices. Neuropsychologists often collaborate with other medical specialists such as neurologists, physiatrists, neurosurgeons, psychiatrists, and non-MD specialists to provide expert care to those people who suffer from brain-related injury and brain disorders. As such, neuropsychologists are uniquely qualified to fully assess the critical cognitive and psychological symptoms that often co-occur in brain-related

disorders. Removing the clinical neuropsychology designation from the QME service would have a profound negative impact on injured Californians seeking Worker's Compensation, because the panel of experts convened at their request may not have the expertise needed to accurately assess their claim.

We thank you for your valuable time and consideration of these points and welcome any questions that you might have about the concerns outlined in this letter, and we would be happy to provide you with any additional information that you might find to be helpful (contact: bethcaillouet@hotmail.com; 540-332-8391).

Respectfully submitted on behalf of the American Academy of Clinical Neuropsychology, National Academy of Neuropsychology, Division 40 (Neuropsychology) of the American Psychological Association, and the American Board of Professional Neuropsychology,



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