

The Honorable Andrew M. Cuomo
Governor of New York State
State Capitol Building
Albany, NY 12224

Re: A.3563-C (Lavine) (S.1865-B (Valesky)) – An ACT to amend the education law, in relation to exempt persons under the profession of psychology

July 10, 2015

Dear Governor Cuomo:

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 longstanding, express unequivocal support for the pending New York state legislation A.3563-C (Lavine) (S.1865-B (Valesky)). This bill would exempt duly educated and trained psychological testing technicians from the psychology scope of practice, and thereby enable such technicians to administer and score standardized psychological or neuropsychological tests under the supervision of licensed psychologists. By way of background, the IOPC is a consortium of all major national neuropsychology organizations in the United States and includes the Neuropsychology Division of the American Psychological Association (Division 40), the American Academy of Clinical Neuropsychology, the American Board of Professional Neuropsychology, and the National Academy of Neuropsychology.

The use of psychological testing technicians is the accepted standard of practice in neuropsychology for the assessment of all patient age groups and medical/neurologic conditions. Neuropsychologists around the country very frequently choose to employ technicians as the needs of their practice dictate. Current restrictions in the state of New York on the use of technicians in clinical practice significantly and unfairly limit patient and family access to psychological assessment and care in New York, and in particular have a disproportionate adverse impact on minority patients and families due to financial, linguistic, and cultural factors.

In all psychological assessments, including neuropsychological assessments, the licensed psychologist is directly responsible for all clinical services, including test selection, interpretation, and conveying results. The technician works under the direct supervision of the licensed psychologist. The data produced by the technician is just part of the information the psychologist and neuropsychologist gather in evaluating the patient. As all psychological tests are administered in a standardized manner, the administration of the tests does not vary between technicians and licensed psychologists and neuropsychologists.

We note that the use of testing technicians has been the standard of practice in clinical psychology across the country for over 70 years. The professional responsibility of licensed psychologists includes the delegation and supervision of services provided by technicians in such a way that is consistent with established practice standards and that meets the needs of the patients we serve. Clinical neuropsychologists employ technicians in a manner similar to the practice of physicians and other health care providers who use clinical extender staff. Recent surveys of practicing neuropsychologists reveal that a large percentage of North American clinical neuropsychologists involved technicians in their assessments. The IOPC strongly believes that the use of technicians in neuropsychological practice in no way endangers public health, welfare, and/or safety, and is unaware of any documented case of harm to a patient by a technician.

The member national organizations of the IOPC have consistently supported the vital role of technicians in administering and scoring psychological and neuropsychological tests while under the supervision of licensed psychologists. We note that over the past decade or more, the following organizations support the use of technicians in administering and scoring psychological and neuropsychological tests:

1. In 1999, the American Academy of Clinical Neuropsychology articulated and published a policy on the use of non-doctoral-level personnel in conducting clinical neuropsychological evaluations, recognizing the use of technicians as “an acceptable and widespread practice.”
2. The National Academy of Neuropsychology established a policy on May 15, 1999, that “technicians, psychometrists, psychometricians and psychological assistants” can, in a supervised setting, administer neuropsychological tests as well as related psychological and behavioral instruments (NAN Policy and Planning Committee, 2000).
3. The American Psychological Association recommended the use of psychological extenders in its Model Act for regulating the practice of psychology (2/20/10).
4. The Division of Clinical Neuropsychology of the American Psychological Association has developed recommendations for the education, training and supervision of non-doctoral personnel to be used in this capacity.
5. The Veterans Administration (DM & S Supplement, MP-5, Part I, Authority: 38 US U.S.C. 4105, Appendix 17A, change 43) outlined the qualifications, supervision and

duties of a “psychology technician” (GS 181-5/7/9).

6. In 2006, the American Medical Association and the Center for Medicare and Medicaid Services (CMS), published codes that explicitly define the use of technicians in the administration of neuropsychological tests. New York psychologists are the only ones in the country who are unable to use these codes.
7. We understand that the New York State Psychological Association is also in full agreement with the use of technicians.

In summary, the use of testing technicians is a widespread, safe, and important aspect of neuropsychological practice. The IOPC gives its unconditional support to the pending state legislation which seeks to make access to testing technicians possible for neuropsychologists in New York. In providing this support, the IOPC is carrying out its responsibility to support community neuropsychologists, both in the state of New York and around the country.

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 (karenpostal@comcast.net; 978-475-2025).

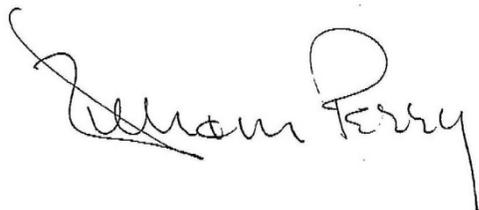
Respectfully submitted on behalf of the American Academy of Clinical Neuropsychology, National Academy of Neuropsychology, Division 40 (Neuropsychology) of the American Psychological Association, and the American Board of Professional Neuropsychology,



Mark Mahone, Ph.D., ABPP
President, American Academy of Clinical Neuropsychology



Katherine Nordal, Ph.D.
Executive Director, American Psychological Association Practice Organization

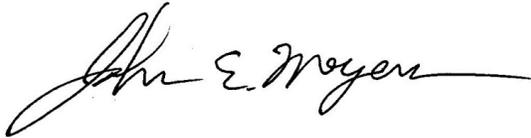


William Perry, Ph.D.

Executive Director and Past-President, National Academy of Neuropsychology

A handwritten signature in black ink that reads "Neil H. Pliskin, PhD". The signature is written in a cursive style with a large, prominent initial "N".

Neil Pliskin, Ph.D., ABPP
President, Society for Clinical Neuropsychology (APA Division 40)

A handwritten signature in black ink that reads "John E. Meyers". The signature is written in a cursive style with a large, prominent initial "J".

John Meyers, Psy.D., ABN
President, American Board of Professional Neuropsychology