



# Nebraska Psychiatrists Newsletter

4th Quarter 2010

## ***Insurance Chair Report***

This column will address an issue which might seem somewhat tangential to insurance; that of the proposed licensure of Applied Behavioral Analysts. Their licensure does become relevant to the topic of insurance in that if and when they are licensed, they will be sharing Medicaid and private insurance mental health carve out dollars with psychiatrists, psychologists, and LMHPs. Costs of intensive ABA treatment have been estimated to run from \$20,000 to \$80,000 per patient per year. In most situations the services of ABAs have currently been paid primarily with special education funds administered through educational service units.

During the past year, I served as a member of the Technical Advisory Committee to the Board of Health regarding this issue. In that role, I learned that, while Applied Behavioral Analysis has its roots in Psychology, most of these highly specialized behavioral therapists have in recent years been trained exclusively in a branch of experimental psychology rather than in clinical psychology. Therefore, they are not trained in either the diagnosis of mental illness or in alternative methods of treatment. ABA techniques have thus far focused primarily on the treatment of autistic behavioral disturbances and non anorectic pediatric feeding disturbances. Their techniques could also be applied to many other behavioral problems or habit disturbances. The terms Behavioral Analysis and Therapy are currently included in the statutory definition of the various therapy techniques provided by Psychologists. For matters of reimbursement, Clinical Psychologists using behavioral therapy techniques have usually been reimbursed by health insurance while Educational Psychologists most commonly work under school contracts and are reimbursed by special education funds. During the past year or so, the Applied Behavioral Analysts (ABA) based at the Munroe Meyer Institute were able to obtain a Medicaid waiver for ABAs so that they could be compensated for providing in-home services for some of these patients and their families in addition to the services received through the special education programs. Also, during the past year, the group of ABAs led by Duane Fisher, Ph.D. at the Munroe Meyer Institute initiated a "407 process" proposal, which if approved by the Board of Health and the Health and Human Services Department would work its way through the legislative process and ultimately provide for the licensure of Applied Behavioral Analysts. Our task as members of the Technical Advisory Committee was to review the proposal, provide constructive suggestions, and to make recommendations to the Board of Health. The original proposal was over 30 pages long. I will summarize what I came to see as four major issues.

The first issue involved the perceived need for licensure. Currently, over 30 people in Nebraska are certified at some level as Applied Behavioral Analysts. Many of these people have been trained in the East (but can also now be trained at the Munroe Meyer Institute). A few are doubly trained and already licensed as either Clinical or Educational Psychologists, but an increasing number are trained in only Applied Behavioral Analysis. Currently the "pure" ABAs are allowed to work only under the direction of people licensed as psychologists. There is an increasing desire on their part to be licensed so they can practice independently and have a mechanism for reimbursement when they do so. They also wanted to assure the public that persons practicing Applied Behavioral Analysis are properly trained and regulated. Other professions expressed concern that they were asking to license providers of a single treatment modality rather than diversely trained professionals. Some have questioned the appropriateness of licensure of such a narrow profession.



John Donaldson, M.D.

## **Nebraska Psychiatric Society Mental Health Awareness Scholarships**

Nebraska Psychiatric Society is pleased to announce the creation of the Nebraska Psychiatric Society Mental Health Awareness Scholarship

We will offer two scholarships to Nebraska high school seniors, one at \$500.00 and the 2nd at \$250.00 (runner-up).

Students create a 30 second audio or video spot raising awareness of mental health issues in youth or improving mental health & wellness in youth. The media created will be used by NPS later as public service announcements.

We will be working with EducationQuest, a free service that connects students and scholarship providers via a searchable web database. Their website is here: [educationquest.org/scholarshipquest](http://educationquest.org/scholarshipquest).

Please help us spread the word to high schools in your local community, and please refer any high school seniors you know to apply. Keep in mind that family members of members of the Nebraska Psychiatric Society are not eligible to apply.

This is a great opportunity for students to express their creativity while helping raise awareness of mental health issues among their peers, and maybe win some money for college, as well!

***Deadline: April 15, 2011***

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Secondly, the original proposal, asked for two levels of licensure. One, a "Licensed Behavioral Analyst" at a Ph.D. level would practice independently "in a manner similar to a clinical psychologist." In the proposal, the Licensed Behavioral Analysts at the Ph.D. level would be able to set up an office and practice independently. Those currently licensed related professions were concerned that this could lead to diagnosis and treatment by persons not trained to do so. The proposal also included the title of Licensed Behavioral Analyst Practitioner for master's level ABAs. The latter would work under the direction of a Licensed Behavioral Analyst or an appropriately credentialed Clinical or Educational Psychologist and would not be able to practice independently.

Third, the original proposal recommended the creation of a separate state board for Applied Behavioral Analysts. The proponents argued that ABA had become a discipline which was separate and distinct from psychology and could only be understood by ABAs. This would have removed any oversight by currently licensed behavioral therapists and would have overlapped and possibly been in conflict with existing statutes regarding who should be licensed to provide behavioral therapy.

Fourth, the original proposal implied the ABAs were trained to provide a superior and more effective treatment for autism, which in some cases could save millions of dollars by helping to prevent institutional care. This caused concern that insurance companies might tend to deny the services of other currently licensed providers not only of behavioral therapy, but of other treatment modalities for conditions like autism such as the use of medication or family therapy. For a time, the Medicaid waiver did cause the diversion of some cases that appeared to need traditional evaluation and treatment of autism to Munroe Meyer ABA program.

These issues were the primary reason the Clinical Psychologists and the Independent Mental Health Practitioners, as well as our organization, were opposed to the original proposal.

In our Technical Advisory Committee process, we learned that while several other states have approved licensure of ABAs, nearly all of them had attempted to limit their practice in a variety of ways. In some states,

## **Creighton-Nebraska Psychiatry Residency Program Match Results 2010-2011**

We're pleased to announce the names of those that matched with the residency program and began training on July 1, 2010:

### **Sara Colson, D.O.**

Graduated with D.O. from Des Moines University - Osteopathic Medical Center, Des Moines, Iowa in May, 2010. Sara returned to her hometown of Omaha.

### **Srinivas Dannaram, M.B.B.S.**

2002 graduate from Osmania Medical College in India. Dr. Dannaram had been working as a resident in different areas of psychiatry in the UK since 2003. He has been an avid teacher of students and support staff.

### **Matt Dobbertin, D.O.**

Matt attended Touro University Nevada COM after his undergrad at the University of Iowa. He likes to spend time with his wife Brandi, his daughter Delaney, and their three dogs. Matt plays guitar badly and likes to study history in his free time. He has a strong interest in Psychotherapy, in particular CBT and ACT, and is also interested in Child Psychiatry and Consultation Liaison Psychiatry.

### **Tania Fiacco, M.D.**

Earned M.D. from St. Matthew's University School of Medicine (Grand Cayman) in May 2010. Tania is a citizen of Canada and trained as a paramedic before entering medical school.

### **Nathan Herman, M.D., Ph.D.**

Will graduate from University of North Dakota School of Medicine's MD/PhD program in May 2010.

He has been an active teacher of graduate and medical students and earned his PhD in cell biology.

### **Narpinder Kaur, M.B.B.S.**

2007 graduate from Government Medical College Patiala, India. Most recently had been doing resident work in India.

### **Venkata Kolli, M.B.B.S.**

2003 graduate from Gandhi Medical College, Secunderabad, India. Dr. Kolli has been training in psychiatry in the UK since 2004. He will join Dr. Ram Vemuluri, a current fourth year resident, and Krishna Madabushi, a current second year resident, as the third Member of the Royal College of Psychiatrists in our program.

### **Abe Medaris, M.D.**

June 2010 graduate of Ross University School of Medicine in Dominica. Abe did many of his 4th year medical school clinical and research electives at UNMC.

## **NPS MEETING SCHEDULE**

December 7, 2010	NPS Executive Committee
January 4, 2011	NPS Executive Committee
January 18, 2011	Nebraska Psychiatric Society meeting – Marriott
February 1, 2011	NPS Executive Committee
March 1, 2011	NPS Executive Committee

## **Insurance Chair Report Cont'd.**

ABAs were placed under the Board of Psychology and in at least one state, under the Medical licensing board. Many had developed statutes limiting the scope of practice of ABAs.

During the committee process, the proposal was modified to place Applied Behavioral Analysis under the direction of the Board of Psychology. The Psychology Board would thus review the ABAs qualifications, other added credentials, and deal with any disciplinary actions. Unfortunately the proponents did not work out the details of this with the psychologists before amending the proposal. While some new clinical and educational psychologists will continue to have added credentialing in Behavioral Analysis and Therapy, the proponents argued that more and more specialized behavioral therapy will be carried out by Applied Behavioral Analysts and that separate licensing would be needed. The difference in naming should help the informed public to distinguish between Psychologists and ABAs, even though they would be under the same board.

The proposal was also modified to make it clear that the Applied Behavioral Analysts would not be displacing persons already qualified and licensed to provide behavioral therapy. Thus, the ABAs would be added to the number of people who are able to provide behavioral therapy in a highly qualified fashion.

The Educational Service Unit Representative on the committee and I, remained opposed

to the gradually changing proposal through our final vote because it lacked a statement recommending statutory limits on the scope of practice of the ABAs. However, the remaining four members of the committee did vote in favor because the other changes had been made. After our vote on the amended proposal, the committee did vote to have our final report recommend statutory language which would make it clear the ABAs are not trained to diagnose any of the conditions they would be treating and are not trained in other treatment modalities. It would define a limited scope of practice much like that of licensed speech therapists or licensed physical therapists. Thus, for ABA care to be compensated by third parties would require a referral from a licensed physician, clinical psychologist, or independently licensed mental health practitioner. With that change, I did vote in favor of our final report to the Board of Mental Health because it then addressed all the concerns I had noted.

At the time this article was being written, I was pleased to learn that the licensure subcommittee of the Board of Health had recently voted against the amended proposal. They did approve the Technical Committee recommendations for statutory limits on the practice of ABA. The Psychologists and the LMHPs reportedly remain opposed to the proposal as well. It is important that we, and related organizations, including the Nebraska Regional Council of the American Academy of Child and Adolescent Psychiatry continue to monitor reports as they come out of the

Board of Health itself, and the final recommendations of the Director of Health and Human Services. We should continue to let it be known to those organizations and the legislature, what we consider to be an acceptable form of licensure for persons trained only in Applied Behavioral Analysis.

John Donaldson, M.D.

*P.S. - Just before this went to press – I received additional information from Dan Ullman, the President of the Nebraska Psychological Association, who told me the full Board of Health also rejected the amended ABA proposal. The psychologists are now recommending that Applied Behavioral Analysis become an added specialty available only to persons already trained and independently licensed in a mental health field. I had recommended such an approach in our early committee discussions and at that time it was not acceptable to the proponent. The psychologists remain concerned the proponent might ask one or more legislatures to sponsor the amended ABA proposal in spite of its rejection in the 407 process. Therefore, we will still need to carefully monitor the new legislative bills as they are introduced in early 2011.*