PITTA BISHOP & DEL GIORNO LLC

120 BROADWAY, 28th FLOOR, NEW YORK, NEW YORK 10271 111 WASHINGTON AVENUE, ALBANY, NY 12210 25 HYATT STREET, SUITE 202, STATEN ISLAND, NEW YORK 10301 TELEPHONE: 518-449-3320

Testimony on behalf of the National Association for the Advancement of Psychoanalysis (NAAP) to the Joint Legislative Fiscal Committees on 2021-2022 Executive Mental Health Budget

Thank you for the opportunity to present testimony to the Senate Finance Committee and the Assembly Ways Committee on the 2021-2022 Executive Budget in relation to Mental Health Services in New York State. We also want to thank Assembly Mental Health Chair M. of A. Aileen Gunther for her leadership and welcome the new Senate Mental Health Chair Senator Samra Brouk.

The National Association for the Advancement of Psychoanalysis (NAAP) represents New York State licensed psychoanalysts (LPs), as well as the State Department of Education-regulated Psychoanalytic Training Institutes where LP candidates are educated and trained. As of January 2020, there are approximately 800 LPs practicing in New York State and 25 licensure-qualifying programs. Psychoanalysts provide services in private practice and a recent NAAP survey found its memberships are also counseling patients in mental health agencies, addiction service providers, outpatient hospital settings, and academic settings including the Institute's Article 31 clinics.

COVID-19 had a devastating effect on society's collective mental health and led to a dramatic increase in the demand for behavioral health services. It has also compromised mental health providers' ability to deliver these life-saving services. We need to stop this downward spiral as New York cannot recover and move forward without addressing mental health needs.

With respect to the 2021-2022 Executive Budget, NAAP puts forth the following recommendations:

Telehealth Services

We support the FY21-22 executive proposals to maximize the transition to telehealth, including the telephonic delivery of care and allowing individuals to receive care where they are located. NAAP suggests that the Legislature consider building upon the Governor's proposal to ensure that telehealth be covered at the same rate as in-person services. Telehealth requires technological investments with ongoing costs and as COVID mitigation efforts progress, there will be a need for a hybrid model, accommodating both in person and remote appointments.

Workforce Issues

Exemption Issue

As described by the many mental health service providers across the state, there are workforce shortages in the mental hygiene professions across New York State. The shortages contribute to higher costs to voluntary nonprofit agencies and impede access to care. With the June 2020 expiration of the exemption to the scope of practice for practitioners licensed under Art 163 of the Education Law (Part Y of Chapter of the Laws of 2018), coupled with the effects of COVID-19, this shortage will soon become even more pressing.

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Mental health provider associations, providers and clinical practice associations have developed a solution that does not include another exemption extension, but instead addresses the differences in the scopes of practice of mental health service providers and seeks to make the necessary education and clinical changes to meet the standards to authorize diagnosis. The legislative solution will amend education law, in relation to requirements for licensure of certain mental health practitioners and provide those licensed mental health practitioners to give diagnosis. This modernization has been NAAP's long-term goal and we greatly appreciate the groups' support and affirmation of the need for Article 163 professionals as mental health service providers in New York State.

Modernization of Scope

Under the modernization of scope proposal, the Master level educational, clinical training and licensing standards for licensed mental health counselors, licensed marriage and family therapists and licensed psychoanalysts would be amended to equal those included in the licensed clinical social work law. With these amendments, there will be no discrepancy in the preparation of the various licensed practitioners.

With respect to the LPs, this change would require the statutory requirement of an equivalent number of education hours in clinical instruction, as well as an increase the number of direct clinical experience hours to 2,000. NAAP and its member training institutes support these changes.

The modernization of the scope of practice, removal of outdated statutory references, and authorization of a standard set of preparatory activities for licensed practitioners will alleviate workforce challenges at voluntary nonprofit agencies and ease access to care barriers.

We urge the Legislature to advance this workforce training and support initiative to address workforce shortages and mental health access challenges immediately as part of the negotiated budget agreement.

Thank you for the opportunity to present testimony to the Committees and stand ready to discuss our proposals more fully.

Respectfully submitted on behalf of the National Association for the Advancement of Psychoanalysis,

Pitta Bishop & Del Giorno LLC