

Maryland State Board of Examiners of Psychologists Open Board Meeting Minutes – January 17, 2025

The 723rd Open Meeting of the Maryland Board of Examiners of Psychologists was called to order at 9:00 a.m. by President Chairperson Brenda L. Terry-Leonard, Ph.D.

Board Members Present

Stephen Bono, Ph.D.
LaKeita Denne Carter, Psy.D.
Li Ying Kathy Diao, MA, Public Member
Trent Evans, Ph.D.
Kimberly A. Sanschagrin, J.D., Ph.D.
Sybil Smith-Gray, Ph.D.
Zeno St. Cyr. II, MPH Public Member

Board Member Absent

Shelley M McDermott, Ph.D., Vice-President

Staff

Lorraine Smith, MA, MPH, Executive Director
Brett Felter AAG, Board Counsel
Tamika Davis, Licensing Coordinator, Deputy Director
Patricia Morris English, MS, Investigator
Nathan Robinson, Database Specialist

Public

Deborah Williams, MPA

The Board meeting was held via teleconference.

A. Minutes

Minutes of the Open Meeting held on November 8, 2024, were reviewed. A motion was made, seconded, and a vote was called to accept the minutes: For- 7: Abstention – 1

B. Announcements

The list of registrants for January and February Jurisprudence exams was reviewed. **A motion was made, seconded, and unanimously carried to approve the list and others who may register later.**

Ms. Smith announced that the 2025 license/registration renewal cycle began on January 6 and will end on March 31, 2025. The original continuing education requirements outlined in COMAR regulations 10.36.02 are in effect. Implicit Bias Training and background checks are only required for those newly licensed/registered.

The 2025 Legislative Session opened on January 8 and will end on April 7, 2025. The Board did not submit any legislation but will need to respond to legislation that may impact the Board.

Dr. Terry-Leonard and Ms. Smith attended the Association of State and Provincial Psychology Boards Annual Meeting in October 2024. Dr. Terry-Leonard report is below.

Meeting: Association of State and Provincial Psychology Board's 64th Annual Meeting
Title: "Evolving Landscapes: The Past, Present, and Future of Psychology Regulation"
Date: October 30 – November 3, 2024
Location: Dallas, Texas

Attendee: Brenda Terry-Leonard, Ph.D.
Chair
Maryland Board of Examiners of Psychologists

Sessions Attended:

- 1) 10/30/24 – Jurisdictional and Individual Member Discussion with the ASPPB Board
- 2) 10/31/24 – General Session
- 3) 10/31/24 – *Session 1* – Keynote: "The Role of AI in Mental Health Care: Opportunities, Challenges, and Regulatory Considerations"
- 4) 10/31/24 – *Session 2* – "Scenarios related to AI potential Complaints (round tables)"
- 5) 11/01/24 – *Session 3* – "Program Equivalency – Application Review"
- 6) 11/01/24 – *Session 4* – "Master's Licensure Presentation"
- 7) 11/01/24 – *Session 5* – "Rubbing Elbows with Legislative Representatives"
- 8) 11/01/24 – *Session 6* – "PSYPACT"
- 9) 11/02/24 – *Session 7* – "As a Licensing Board Member... Which Hat do I Wear Today?"
- 10) 11/02/24 – *Session 8* – Optional (non-attended)
- 11) 11/03/24 – *Session 9* – "Success Stories/Bringing to Your Attention"

10/30/24

Jurisdictional and Individual Member Discussion with the ASPPB Board

- A) Michelle Paul, PhD, ASPPB president, provided an update on the EPPP. It was noted that some jurisdictions adopted Part II of the EPPP early on. The EPPP is evolving to an assessment that evaluates both knowledge and skills. President Paul stated that assessing knowledge is insufficient and noted the importance of measuring real-world skills. Dr. Paul indicated that the ASPPB does not want to pursue a two-part exam. Instead, the EPPP will take a new direction with the ASPPB Board's focus and resources devoted to a "reimagined" assessment/exam that will encompass both knowledge and skills, which was framed as a "unified tool." The goal of the integrated assessment/exam is 1) to ensure clients/patients receive competent care and 2) that the exam is a fair, reliable, and valid means to evaluate competency. "Four clear steps" will be taken in preparation for creating the "unified tool."
1. Call for a working group with board members representation in December 2024 to begin work in mid-January 2025
 2. Establish board sub-committees
 3. Hold quarterly town hall meetings (virtually) with members to hear from the working group and for members to provide input/feedback.
 4. Form a job task analysis group to include diverse stakeholders and create a survey focusing on "What does a psychologist need to know and know how to do?"

B) The Texas State Board of Examiners of Psychologists submitted proposed amendments to Article IV of the ASPPB Bylaws to be presented for adoption at the Annual Meeting of membership. Please see the attached statement submitted by Darrel Spinks, Executive Director of the Texas Behavioral Health Executive Council. Jennifer Semko, General Counsel (background in disputes and litigation), outlined concerns with the proposed amendments submitted by the Texas Board, which are as follows.

- 1) Some terms were not defined, unclear words, missing word

- 2) Substantive content is highly unusual; Contains operational mandates; Would give membership operational and strategic role; Injects operational mandates in governance documents; Only ASPPB Board can make substantive policy decisions
- 3) ASPPB is incorporated in Alabama and proposed amendments conflicts with Alabama law; Proposed amendments conflicts with existing operational structure and role of governance
- 4) Risk of the amendments – jeopardizes the security and validity of the exam; Interferes with the actual operation of the exam; May have a difficult time with the adjustments and updates of the exam; Interferes with the ability to ensure psychometric validity
- 5) Could affect portability and mobility – inconsistent standards and practices
- 6) Out of order – Procedurally improper; Places mission in the hands of individual members; Bylaws are not the avenue to redirect corporate structure; Role of the ASPPB Board is clear and the role of members is clearly defined under law and bylaws; Proper avenue is to elect a new Board not amend the bylaws

The author of the proposed amendments addressed the concerns indicating that the proposed amendments give the membership a voice (e.g., regarding the EPPP) and that the “operational authority has gone too far”. It was further indicated that the ASPPB Board had “considered” and “told” the membership and that the changes drive the decisions back to the membership.

Adrian Stratton, Professional Parliamentarian, was present for voting; The proposed bylaws change was voted on. 12 in favor, 29 against, 1 abstention. Article IV of the ASPPB bylaws will not be amended.

10/31/24

CEO Report; Marianne Burnetti-Atwell, PsyD, ASPPB Chief Executive Officer

- A) *Communication & Engagement Office* will 1) have more touchpoints and closer collaboration with constituents (e.g., jurisdictional boards), 2) generate richer content for member use, 3) increase ASPPB’s own clarity about those matters on which the association should serve the membership
- B) *Long Range Planning Committee (LRPC)* 1) reset/redefine ASPPB’s role with APA/CPA in particular with regulations regarding education, examination, and experience, 2) design a sound structure and stewardship to bring information back to the jurisdictional boards, 3) taking a lead on a “uniform Psychology Act”
- C) *CEO Jurisdictional Visits* – To build relationships; Visits to 66 jurisdictions over the life of the strategic plan
- D) *Governance* – The association’s management system guided the ASPPB in examining its structure and practices to ensure optimal functions and meaning for members
- E) *Legislative Affairs* – ASPPB developed a framework for legislative positions to track bills
- F) *Finance & Audit* – Determined to have a clean audit and in a financially favorable position
- G) *Coming in 2025* – 1) Incorporate member insights around diversity, 2) Report card for members to gauge ASPPB progress regarding the strategic plan, 3) Explore ways to engage greater attendance a ASPPB meetings by members

Session 1 – Keynote: “The Role of AI in Mental Health Care: Opportunities, Challenges, and Regulatory Considerations”

- *AI is integrated into daily life* (e.g., online shopping, social media, streaming services, facial recognition, captioning, language translation apps, autocorrect, predictive text, voice assistants, navigation apps, fraud detection, smart home devices), *but it is not a healthcare tool; It is seen in physical medicine* (e.g., consumer health apps, wearables, analysis of medical imaging, surgical robots, etc...)
- *Public Attitude* – 60% uncomfortable with AI used in their healthcare, but this varies across age range and demographics (e.g., MH professionals generally slow to adopt AI – considering user well-being, clinician workload, therapeutic relationship; but healthcare students had a positive view of AI but low knowledge and limited skills working with AI); Many think that AI can reduce provider mistakes and bias
- *Opportunities* – Administration (e.g., documenting, scheduling), Early Detection (e.g., EHR data/predictive modeling), Treatment (e.g., personalized medicine, treatment planning), Training (e.g., simulated patients)
- *Challenges* – AI reflects the bias of the people who make them (e.g., data bias/algorithmic bias); Privacy & security acceptance by the public and providers; Integrating into existing systems/workflow; Implication on workforce/job changes

- *How to Regulate AI* – Protect human decision-making not replacing it (e.g., treatment teams make the decisions); Ensure systems are safe before deployment; Consider how algorithms were developed; Know what is a responsible-use case; AI deployed equitably; Continue testing and monitoring implications on workforce (e.g., putting people out of work)
- *Legal Landscape* – No comprehensive legislature to date; White House has established an Executive Order on AI; Blueprint for AI Bill of Rights (e.g., safe and effective systems, algorithmic discrimination protections, data privacy, notice and explanation, human alternatives consideration, and fallbacks)
- *Regulatory Mechanisms* – FDA, FTC, HHS: Office of Civil Rights, HHS: The Office of National Coordinator for Health Information Transparency
- *State Level* – In 2024, 45 states introduced AI bills

APA is forming a work group focusing on the ethical use of AI.

Session 2 – “Scenarios related to AI potential Complaints (round tables)” – Discussion among meeting participants

11/01/24

Session 3 – “Program Equivalency – Application Review”

- Shift from course-driven to competency driven (e.g., sample issues include residency, curriculum, and distance education)
- Guidebook outlines the standards (Please see attached)
- *Residency Standard* – 1) ensures student development and socialization (e.g., students working closely with professors, supervisors, and other students), 2) ensure educators properly evaluate students’ knowledge, skills, emotional stability and well-being for professional fitness
- *Curriculum* – Consider how to assess equivalence of the curriculum from a non-accredited program (e.g., use multiple resources especially for APA assessments; see attached guidebook)
- *Distance Education* – Programs delivered primarily or fully via distance are not accreditable by APA

Session 4 – “Master’s Licensure Presentation”

- What is the profession recommending for the title and scope of practice in the various jurisdictions?
- Alabama has licensed at the Master’s level since 1998 with a title of Psychological Technician; Limited Master’s level practice (e.g., administer and interpret some tests, conduct initial interviews, provide didactic psychoeducational services)
- In Minnesota Master level practitioners were licensed as psychologist from 1991 – 2003/2004 and then repealed
- Consider necessary regulatory changes are on the horizon to answer education and workforce shifts; Psychologists, therapists, and counselors prepare for practice in differing ways and have unique and different approaches to care; psychologists’ work is informed in inherently deeper ways than the providers of allied fields; The psychology community are psychology professionals
- At the Master’s level, reimbursement differs; Some services are not reimbursed (e.g., neuropsychological testing)

Session 5 – “Rubbing Elbows with Legislative Representatives”

- When bringing forth a bill, consider what is the problem you’re trying to solve
- Statement of the problem must be clear; Consider how you’re asking, who you’re asking, and who are the impacted stakeholders
- Public safety and consumer protection is the goal of a bill

Session 6 – “PSYPACT”

- Interstate Compact – Contract between the jurisdictions/Legislative process
- All jurisdictions must enact the same legislation
- 42 states have enacted PSYPACT as of 7/1/24
- 14,412 APIT holders as of 10/4/2024
- 850 TAP holders as of 10/4/2024

- Reportedly, PSYPACT (www.psypact.org) is now a government agency (www.psypact.gov)
- PSYPACT is working on compiling for states who is practicing in the specific states

11/02/24

Session 7 – “As a Licensing Board Member...Which Hat do I Wear Today?”

- Primary goal of the jurisdictional licensing board is to protect the health and safety of the public (e.g., regulatory for the community’s interest)
- Associations focus on advances to the profession (e.g., the guild’s interest)
- Consider when you respond to inquiries from the public or other professionals that it may give the appearance that you are speaking for the jurisdictional board
- Membership on the jurisdictional board is as a public official

APA Updates

- Center for Medicaid and Medicare Services; Psychologists can 1) bill for consultation to other health professionals (e.g., integrated professional care), 2) bill for safety planning in 20-minute increments up to 2 hours
- Digital Mental Health Treatment (e.g., manualized treatments becoming digitized); FDA will demand a high quality of evidence to determine that these interventions are safe (e.g., what it means to use digital services therapeutically); Must have a license to prescribe digital therapeutics

11/03/24

Session 9 – “Success Stories/Bringing to Your Attention”

- *In Virginia* – Appears that licensure for Master’s level providers seems to have grown out of provider shortage and move to increase the behavioral health workforce; Insurance companies seem in favor and ready to reimburse for behavioral healthcare services at the Master’s level; Virginia will have Master’s level licensure as a “psychological practitioner”; Regulation will state that the Master’s level clinician must be supervised
- *In Virginia* – Development and utilization of a sanctioned reference worksheet to determine penalty; Reference worksheet includes points scaled to the infraction
- *Prescription Authority* – Training programs will have to apply to APA to be designated training for prescriptive privileges

Dr. Terry-Leonard asked for volunteers to serve on the 2025 legislative session committee. The committee will consist of Drs. Terry-Leonard, Sanschagrin, Evans, and Mr. St. Cyr, II.

C. Committee Updates

Licensure–The committee will meet in January.

Legislation/Regulation – The committee will meet in January.

Disciplinary – The committee’s electronic complaint form is available on the Board’s website. Complaints can be completed and submitted electronically.

Public Relations – The committee will meet in January. The committee needs a new chair. No updates can be provided at this time and will meet later.

D. Public Comment

Deborah Williams, Jr Representee, of MPA, asked if the Board could notify the public in advance of all scheduling interruptions to the Jurisprudence exam.

Administrative Session/Adjournment

A motion was made, seconded, and unanimously carried to enter closed session to discuss disciplinary matters and to consult with Counsel. The open meeting was closed at 9:42 a.m. unless recused those attending the open session remained for the Administrative session.