Advancing Professional Psychology in Iowa:
IPA and Advocacy

By Erin Cannella and Chi Yeoung

In May of this year, Iowa became the fourth state in the nation to allow properly trained psychologists to prescribe psychotropic medication (RxP). This was a momentous achievement over ten years in the making. In 2004, state officials established a task force to study the issue, which eventually became a standing committee on which Iowa Psychological Association (IPA) members Dr. Elizabeth Lonning and Dr. Brenda Payne served (Schultes, 2016). Although legislative work on this issue started in 2004, IPA's commitment to this issue extends to 1996 when IPA's advocacy committee affirmed its support for the American Psychological Association's (APA) RxP efforts (IPA Committees in Action, 1996). IPA's role in advocating for RxP is unsurprising as it aligns with the organization's mission to advance psychology as a profession (Demorest, 1999). This work extends far into IPA's history.

Since its inception to the present day, IPA has advocated for professional psychology in different ways. As early as 1978, the organization engaged the services of lobbyists to provide legislative support (Hutzell & Jennings, 1993). Although IPA stopped retaining a lobbyist in 1997 in an effort to reduce cost and focus on grassroots work, lobbyists were rehired in 1999 in recognition of the importance of their work (Keen & Lonning, 1999; Pottebaum, 1997). Additionally, in 1993, IPA hosted its first Legislative Day in Des Moines allowing psychologists to meet with lawmakers and present them with important issues (Bartsch, 1993). The advocacy work by IPA has always been in service of Iowans to ensure affordable high quality psychological care is available. The purpose of this article is to provide a broad overview IPA's advocacy history to help readers understand how IPA has shaped the practice of professional psychology in Iowa today.

EARLY ADVOCACY

In 1949 when IPA was created, the practice of professional psychology in the United States was mostly unregulated with only Connecticut, Virginia, Kentucky, and Ohio having legislation defining a "psychologist" (Carlson, 1978). In its third year of business, IPA members suggested that the certification and licensure be an important issue to consider in the future (Demorest, 1999). However, the prospect of codifying psychology caused concerns among some practicing psychologists who feared being left out, chief among this group were master's level practitioners (Demorest, 1999). Although a master's degree was then seen as a practice-oriented degree, by the 1950s APA had endorsed the doctorate as the terminal degree for independent practice psychologists (McPherson et al, 2000). This created concerns that certification and licensure would privilege doctoral clinicians at the expense of master's level practitioners. Legisla-

tion would not arrive for many more years and as Iowa legislature continued to eschew licensure laws, IPA created a voluntary certification process in 1963 for psychologists to help provide some professional accountability (Demorest, 1999).

By the 1970s, APA was putting pressure on IPA to start advocating for legislative action that would regulate psychology as a profession in Iowa (Bibber, n.d.). Recognizing the importance of this issue, IPA took a two-pronged approach by hiring a lobbyist and providing education to the public (Demorest, 1999). This action was controversial because it required raising dues to support the lobbying efforts (Demorest, 1999). Nonetheless the efforts of IPA were successful and in 1974 the legislature made an amendment to an existing licensing bill regulating the term "psychologist" (Demorest, 1999).

After the passage of the licensure law the next advocacy issue was convincing insurance companies to adequately reimburse psychologists for their work. During the 1980's "Freedom of Choice" laws were proliferating throughout the United States. These laws allowed patients to directly choose any provider they wanted and required insurance companies to pay out claims (Sales, 2013). Iowa did not have such laws in place, which effectively limited the ability for psychologist to receive third-party payments. During the early years of 1980s IPA supported a Freedom of Choice bill for Iowa that would expand the potential for psychologists to receive third party reimbursements (Hutzell & Jenning, 1993).

Insurance companies worried that if psychologists succeeded in this legislation a precedent would be set for other healthcare professionals. To avoid this Pandora's box, insurance companies sought to work with IPA; if IPA agreed to allow companies to choose whom they would reimburse (also known as a permissive option), they would support reimbursement for psychologists (Hutzell & Jenning, 1993). To avoid a protracted and expensive legal fight and to start off the relationship with insurance companies on favorable footing, Hutzell and Jenning (1993) wrote that IPA agreed to support a permissive option. In 1984, Senate File 414 was passed which allowed psychologists to be reimbursed for their services (The Iowa Legislature, 1984). However, the deal IPA made with insurance companies had some repercussions. Insurance companies decided that only psychologists identified as a "Health Service Provider" would be eligible for reimbursement. Under this designation a psychologist would be a doctoral level professional (Hutzell & Jenning, 1993). In the final bill, an amendment was made in the licensure laws requiring a doctoral degree and a one year of post-doctoral training (The Iowa Legislature, 1984.). This effectively meant independent master's level practitioners would be precluded from third party reimbursement.

RECENT ADVOCACY

The major advocacy issues in the 1990's and early 2000's focused on hospital privileges and mental health parity. These were issues that further embedded psychologists in the healthcare field, particularly in rural areas. In 1993 Senate File 287 was passed which amended Iowa's hospital privilege laws to include licensed psychologists (The Iowa Legislature, 1993). This allowed psychologists to admit, treat, and discharge patients in their care. IPA championed hospital privileges as a way to expand mental healthcare in rural areas and improve continuity of care (Iowa Psychologists Continue to Seek Hospital Privileges..., 1993). 1993 also saw IPA's first Legislative Day during which the hospital privileges were a large focus of

the meeting (Bartsch, 1993). Participants were given an overview of the issue and an opportunity was provided to talk to legislators. After the passage of the Senate File 287, IPA sought to help members establish ways to help psychologists interested in pursuing privileges (Johnson, 1993).

Mental health parity was a big focus in the new millennium with IPA working with other mental health organizations to advocate that legislators pass a bill (Pottebaum, 2000). IPA was in favor of a broad-based mental health parity bill that would treat reimbursements for mental health conditions equally with physical illnesses (Pottebaum, 2000). During the Legislative Day in 2000, IPA encouraged members to contact elected officials to offer talking points, and members responded favorably (Aquino, 2000). Mental heath parity was passed in 2006, however, IPA did not achieve its full mission of broad based parity. In the final bill that was passed only biologically based mental illnesses were included and only Schizophrenia, Bipolar Disorders, Major Depressive Disorders, Schizoaffective Disorders, Obsessive-Compulsive Disorders, Pervasive Developmental Disorders, and Autistic Disorders would have parity (The Iowa Legislature, 2006).

FUNDING ADVOCACY

Although advancing professional psychology through advocacy has been a core value of IPA since its inception (Cannella & Yeung, 2016), how this work is funded has historically been controversial (Journal Digest, 1993). The membership of IPA has always included both practitioners and academic psychologists across different subfields. In the early years of the organization, both groups paid the same amount of dues, and money from these fees was allocated to supporting legislative efforts.

As advocacy became more complex additional funds were needed. This was particularly acute in the 1970's to 1980's when certification and licensure was a major issue. In response, the executive committee increased dues to sustain IPA's continued legislative efforts (Demorest, 1999). These increases caused significant dissent among academic psychologists, school psychologists, and master's level practitioners, in part because they did not believe in this movement or felt these efforts did not represent their professional interests (Demorest, 1999). In protest, many opponents decided to forgo their IPA membership (Demorest, 1999).

In 1981, a group of IPA members who saw the benefits of advocacy and the negative impact of dues increases on membership numbers sought to independently help finance IPA's work by forming the Iowa Association for the Advancement of Psychology (IAAP; Hutzell & Jenning, 1993). Allan Demorest, Herb Roth, and Pat Sullivan were the founding members of IAAP who worked to fundraise money from other psychologists specifically to support IPA's advocacy work. IAAP was immensely successful in raising money from Iowa psychologists, and money from their efforts comprised a majority of the budget of IPA's legislative counsel (Hutzell & Jennings, 1993).

As the 1980's came to an end, significant organizational changes occurred within IPA that changed how advocacy was funded (Hutzell & Jennings, 1993). Specific divisions tailored to the needs of practitioners (Division 1), academics (Division 2), and students (Division 3) were created in 1988, 1989, and 1990

respectively (Cannella & Yeung, 2016). Within this structure, funding for advocacy work was exclusively paid through the dues collected from Division 1 members (Anderson, 1999). However, the decision to join a division was wholly voluntary, and in 1999 only 50 percent of all licensed IPA members were a part of Division 1 (Anderson, 1999). As legislative success benefited all licensed psychologists and future psychologists, there were feelings within the organization that the burden of funding legislative advocacy was not equitably distributed among all members. To review this matter a Division Revision Task Force was assembled, and the recommendation of the task force was to increase dues for everyone and use money from the general membership dues to once again pay for advocacy (Anderson, 1999). The results of this tasks force spurred a restructuring of the whole organization and the eventual dissolution of the division system (Cannella & Yeung, 2016).

With the restructuring of IPA, IAAP was also disbanded and a new advocacy funding mechanism was needed (Demorest, 1999). During this time the question about the necessity of Divisions arose and even Division 1 members were divided; this ambivalence ultimately led the Division 1 leadership recommending the executive board vote on the dissolution of the divisions (VanSpeybroeck, 2000). The results were in favor of dissolution and the creation of a new funding mechanism that continues to the present day (Ortega, 2000). Currently, full membership dues vary depending on whether one is an academic or a practitioner, however 115 dollars of all dues collected from full members goes toward advocacy (Iowa Psychological Association, 2015). This amount can be waived for members if members successfully recruit a new full member into IPA (Iowa Psychological Association (2016).

CONCLUSION

IPA and its members' advocacy have had an indelible mark on Iowa psychology. It has helped ensure Iowans receive high quality care through licensure laws and that is affordable through its work with third party reimbursement. Although disagreements regarding advocacy have created some difficulties, advocacy work continues to be a vital part of IPA's mission. The most pressing issue today continues to be RxP. According to Dr. Elizabeth Lonning, although RxP has been "passed but (sic) it's not active yet because it has to go through the administrative rules process which will include the Board of Medicine. So, because of this, the RxP issue is still an important advocacy issue until it is all in place in a satisfactory manner and accessibility to care has increased." If history is any indication, the hard work of IPA and its members will help ensure more Iowans have access to psychological services when in need.

Editor's Note: References for this article are available at www.iowapsychology.org.