

problems and disorders. It is fantastic to call this a bill to "regulate." It is to eliminate any meaningful regulation.

Another equally blatant provision is the "grandfather clause" of this bill which should be renamed a "youth clause." Instead of requiring greater clinical experience of one who will be exempted from an examination to determine his competence, this bill requires less experience for those licensed immediately than for those who also have to take the examination to be licensed in future years. This is an obvious self-serving provision for existing members of the proponent groups, and not an attempt to protect the public from inexperienced practitioners.

Even the part of the bill which seems to regulate psychologists by referring to their role when clients' problems fall outside of the boundaries of their own competence (Section 4), is an attempt to mislead the Congress. The Code of Ethics of the American Psychological Association requires that "provision be made for the diagnosis and treatment of relevant medical problems and for referral to or consultation with other specialists." In the bill which this Subcommittee is being asked to approve, the mandatory language of the Code of Ethics has been reduced to an expression of hope: "The psychologist who engages in practice is expected to assist his client in obtaining professional help" and he "should" (not must) refer to medical practitioners. Then, too, the definition of medical problems as being beyond the scope of the psychologists' competence is deliberately changed in this bill to physical problems. In our understanding, the words "medical problems" in this context, including as they do "psychiatric problems" is much superior to the text now before the Congress, though it falls short of what we would recommend as a solution to the considerations we are raising.

Our purpose is to make certain that the psychologists' own Code of Ethics prevail over this watered-down bill, and to insure that the standards of medical practice presently existing in the District of Columbia are not lost to the public. The Code of Ethics says that there must be medical supervision of psychologists when dealing with medical, including psychiatric, illnesses. Our Healing Arts Practice Act insures that the trained physician has this clinical responsibility. The medical profession has long dealt with psychologists on a professional level and we welcome licensing of this growing and important profession. But in enacting a bill which is applicable equally to psychologists dealing with individual disorders and others who never have clinical functions, this Congress should not eliminate the medical supervision and responsibility which members of the public rely on when they are sick and seeking help.

It is interesting to note that the Healing Arts Practice Act, itself, recognizes that persons with skills other than in medicine and surgery may work with diseased and disordered individuals. Title 2, section 111 of the D.C. Code provides for any group, such as the psychologists, practicing a healing art without drugs, to apply for licensure under the Healing Arts Practice Act.¹ So far as we know, the psychologists have never attempted to invoke this authority.

¹ 45 Stat. 1327, approved Feb. 27, 1929.