

Senate bill, S. 1864, using that bill as a vehicle, that we might consider them in the order in which they would go into the bill, followed by any comments that you have. I think it is of concern to the committee to see whether or not we may be able to reach some general agreements or some modification of the positions. Again, I am not necessarily setting myself up—and I am sure the committee is not—as a peace-maker between the psychiatrists and the psychologists, but frankly it is my understanding that every one agrees there is no need for legislation in this field. To the extent that there is that need, this committee would like to be of service to the District of Columbia by bringing this about.

Do you have any comments in sequence there so that we can discuss these amendments individually?

If you want to make some general comments on the amendments please go ahead.

Dr. CUMMINGS. Thank you every much. I am happy to be here and happy to hear you say what you said, because that is precisely how we approached the task of arriving at our opinions on the proposed changes to the bill.

In other words, we took S. 1864, without judging it in any way, as the first model, then held the psychiatric proposals up against that and they were, in fact, written into that framework. Then we make our comments to both of these. So when I use the word “original” from time to time I will be referring to Senate Bill 1864.

Mr. SISK. That is the bill that we have before us for the sake of discussion right now, and the one we have attempted to use to try these various amendments on for size and have attached them thereto. Your prepared comments will be included in the record in the Appendix, following the amendments. (See p. 154.)

SECTION 3. DEFINITIONS

Mr. SISK. If you want to start out with their first proposed amendment, which we show on page 3, starting at line 7, as a new subsection (E) of Section 3, and make such comments as you would, you may go right ahead.

(E) For purposes of this Act, references herein to “the practice of counseling and psychotherapy” mean the offering by an individual of services involving the application of the principles and techniques of counseling and psychotherapy, individually and in groups, to individuals with personal complaints and/or symptoms.

Dr. CUMMINGS. Thank you, sir. In Sections 1 and 2 there are no differences, and of course no comment.

Section 3, as you have pointed out, is the first place at which there are potential differences of opinion. I think we do have a difference here. Let me say first what the Psychiatric proposal has done. They have replaced Section 3(E)—which in Senate 1864 was a medical disclaimer statement—they have replaced it with a definition of counseling and psychotherapy.

I must make a statement here because this will recur throughout our observations on the proposed amendments, and therefore I think will