

- Florida Ethics, Laws, and Rules:
Telehealth, Legislative Affairs Updates,
and Ethics
- *Presenters:*
- *Carolyn Stimel, PhD, ABPP*
- *Liz Campbell, PhD*
- *Christiane Blanco-Oilar, PsyD, ABPP*

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Florida Ethics, Laws and Rules: Ethics

Christiane Blanco-Oilar, Ph.D., ABPP

Florida Psychological Association CONVENTION

SEPTEMBER 2020

What is Ethics?

- A judgment of what is right/wrong?
- Philosophical study of morality
- Are morals and ethics different?
 - Morals: What people believe is right/wrong or good/bad
 - Ethics: What society OUGHT to hold as normative. What moral ideals are better and why?
 - Applied ethics is the result of normative ethics and meta ethics (what is the meaning and logic of justifying moral decisions?) that a profession holds true

Ethics and the Law

- At times ethics and law collide (example of Tarasoff cases)
- Differently interpretations of law, laws changing despite ethical and moral arguments
- Need to continuously assess validity of a profession's endorsement of what is ethical vs unethical
- Per 2010 Amendment: **Introduction and Applicability**
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~ Under no circumstances may this standard be used to justify or defend violating human rights.

APA Code of Conduct

- Principle A: Beneficence and Nonmaleficence
- Principle B: Fidelity and Responsibility
- Principle C: Integrity
- Principle D: Justice
- Principle E: Respect for People's Rights and Dignity

APA Standards

<https://www.apa.org/ethics/code>

- 1. Resolving Ethical Issues
- 2. Competence
- 3. Human Relations
- 4. Privacy and Confidentiality
- 5. Advertising and Other Public Statements
- 6. Record Keeping and Fees
- 7. Education and Training

APA Standards

- 8. Research and Publication
- 9. Assessment
- 10. Therapy
- Amendments in 2010 and 2016: (b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

Ethical Decision-Making Tree

- Ethical decisions are not made in a vacuum
 - Personal stress
 - Administrative responsibilities
 - Laws
 - Political context
 - Cultural values
 - Family pressures
 - Hence, useful to have a system to guide our thoughts

Ethical Decision-Making Tree

1. Take a deep breath....and **PAUSE**. Identify the ethical dilemma and consider your initial response. If able to take time to think before issuing response, take a pause.
2. Review all available information
3. Identify possible actions- CONSULT with colleagues here
4. Consult Ethics Code
5. Assess Foundational ethical issues

Ethical Decision-Making Tree

- 6. Identify the legal concerns- consult an attorney as needed
- 7. Reassess options and identify a plan
- 8. Implement the plan and document the decision-making process, consultations had, implementation plan, and process of such plan
- 9. Reflect on outcome of your decision

Vignette (adapted from Kitchener, 2000)

- A new client is seeking services for anxiety and depression; during initial phone consultation, and later on also during intake, asks repeatedly about privacy and confidentiality, seeking assurances from you that what is discussed in session is confidential.
- As sessions progress, client reveals the source of his anxiety and depression is related to the death of his mother one year ago. He tells you his mother suffered from Alzheimer's and also severe COPD. Your client had been the main caretaker for her and his father for the past 6 years prior to her death. He revealed mother was suffering greatly and that, out of compassion for her, he gave her an excess of sleeping pills. Her death was never questioned by medical personnel.

Vignette (continued)

- Client then tells you he is currently caring for his aging father with COPD and other health issues, but no dementia. He reports his father's health has rapidly declined and now requires total care. Client tells you a recent conversation he had with his dad during which his dad stated: "your mom passed so peacefully, I can only hope for a similar passing." Your client shares he feels terribly guilty about his mother but strongly believes he "did the right thing" and would like therapy to help him work through the guilt, sadness, and grief. He also is very concerned about authorities finding out about his role in his mother's passing and seeks your reassurance about complete confidentiality.

Let's get to work together

- Using the Decision-Making Tree, please join me in an assessment of each step by raising your hand (in person or virtually) and offering your thoughts

APA Ethics Committee Task Force Updates

- **Beneficence**- several commenters suggested that beneficence and maleficence should be combined for the sake of brevity. The ECTF elected to maintain the differentiation after careful consideration. The importance of highlighting the Hippocrates Oath to “do no harm” as a separate guiding principle was considered. Task Force also leaned on literature review and running the principles by an assessment of what defines an ethical principle as one (5 characteristics) was applied. The ECTF did decide to write both principles together, but still in a differentiated way.
- **Pro Bono** Commenters had noted that this sentence in the principles places undue pressure for psychologists engage in pro bono work or face being unethical. ECTF elected to maintain this sentence given the aspirational nature of the principles, rather than this being any type of enforceable mandate, which it has never been.

Updates cont.

- **Human and Civil Rights** Many commenters questioned the use of “natural environment” as a term under this principle. ECFT elected to maintain this term as it is applicable to environmental psychologists, psychologists who focus on climate, those who work in Zoo environments, and many other psychologists.
 - Several commenters questioned the definition of human rights for psychologists. ECFT considered that the definition of human rights is universal as a basic premise and quoted the Bill of Human Rights. The committee stated that human rights are deeply applicable to psychology. One change that was made, in order to avoid distractors of definition, was: *the access to mental health as a human right*, rather than the original: *equitable access to mental health as a human right*.
- **Practice of Psychology** Commenters noted the code seems to be written almost exclusively for practicing psychologists. The Taskforce asserted they were careful at every step to think of psychology broadly and noted that this is the code that has the largest portions addressing standards for research.
- Chair and members of the ECTF addressed audience questions and comments:

APA Ethics Committee Task Force Updates

- One audience member asked about the applicability of these codes for Master's level practitioners and task force noted this has not yet been considered.
- An audience member representing public sector voiced concerns about difficulties that may be faced in light of policy changes affecting public sectors in the USA.
- An audience member representing APA CEMA asserted that the code's definition of civil rights needs to be expanded per the CEMA recommendations, especially in light of the current systematic move to limit the rights of brown and black people in the USA.
- Another audience member implored the committee to take into account inequalities under assessment standards, especially for linguistic minorities, as well as test security with AI developments.
- ECFT noted there is a possibility that the Task Force will hold a session like today, in the future, once the comments are integrated into the Standards. Also possible is the ECTF may consider another round of open comments (for 6 months only) after the next draft is finalized. A meeting and a townhall will be held at APA Convention in Denver this year for those who attend.
- Website: apa.org/ethics/task-force , where meeting minutes for all task force meetings can be found.

References

- American Psychological Association. (2017) Ethical Principles of Psychologists and Code of Conduct. [HTTPS://apa.org/ethics/code](https://apa.org/ethics/code).
- Koocher, G.P., & Keith-Spiegel, P. (2016). *Ethics in Psychology and the Mental Health Professions: Standards and Cases* (4th ed.). Oxford University Press.
- Kitchener, S. K. (2000). *Foundations of Ethical Practice, Research, and Teaching in Psychology*. Lawrence Erlbaum Associates, Publishers.

Florida Laws and Rules for TELEPSYCHOLOGY Practice

September 2025

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FPA Director of Professional Affairs

DISCLOSURE

- carolyn#@flapsych.com
- FPA phone 850 656 2222
- This presentation is done as part of my position with FPA.
- There are no conflicts of interest.

Finding what you need

Statutes: Chapter 490 and Chapter 456

- Florida Online Sunshine for Legislation
 - www.leg.state.fl.us
- Administrative Rules: Florida Administrative Code
 - Department 64B19 Board of Psychology
- All can also be found by looking at Board of Psychology website
 - Floridapsychology.gov/resources

For THOSE LICENSED ELSEWHERE

- 2019 Legislation which allows someone licensed with similar scope of practice in another state to apply for Telehealth Certification to practice telehealth only

Longstanding exception which allows folks licensed elsewhere to practice in Florida

FS 490.014

1. Such services are performed for no more than 5 days in any month and no more than 15 days in any calendar year; and
2. Such nonresident is licensed or certified by a state or territory of the United States, or by a foreign country or province, the standards of which were, at the date of his or her licensure or certification, equivalent to or higher than the requirements of this chapter in the opinion of the department or, in the case of psychologists, in the opinion of the board.

PSYPACT Passage

- PSYPACT was passed in 2023 as a result of FPA finding sponsors and intensive lobbying .
- The Basics:
 - Two certifications possible
 - **Authority to Practice Interjurisdictional Telepsychology (APIT)** means: a licensed psychologist's Authority to Practice Telepsychology, within the limits authorized under this Compact, in another Compact State. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.
 - **“Temporary Authorization to Practice (TAP)** means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice,

Other important requirements

- Must obtain an E Passport from ASPPB
 - Requirements recently changed
- Must declare a Home State
- Must submit CE documentation every renewal
- 43 states have enacted
- Must be physically in your home state to provide telepsychology

RECOMMENDATIONS

- Take a CE course on the basics of telehealth
- Review consent forms to attend to telehealth issues
- Think about what you would do in an emergency with a patient online

Telehealth Registration FS 456.27

- Also seems to apply in part to PsyPact practice
- “A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.”

Organization

- Florida Board of Psychology is housed under the Florida Department of Health. The BOP is supposed to have five psychologist members and two consumer members. They only regulate licensed psychologists.
- A separate Unlicensed Practice unit under the Department of Health handles those issues.

Release of Records

(6) Any health care practitioner licensed by the department or a board within the department who makes a physical or mental examination of, or administers treatment or dispenses legend drugs to, any person shall, upon request of such person or the person's legal representative, furnish, in a timely manner, without delays for legal review, copies of all reports and records relating to such examination or treatment, including X rays and insurance information. However, when a patient's psychiatric, chapter 490 psychological, or chapter 491 psychotherapeutic records are requested by the patient or the patient's legal representative, the health care practitioner may provide a report of examination and treatment in lieu of copies of records. Upon a patient's written request, complete copies of the patient's psychiatric records shall be provided directly to a subsequent treating psychiatrist. The furnishing of such report or copies shall not be conditioned upon payment of a fee for services rendered

FS 456.057

However, such records may be furnished without written authorization under the following circumstances:

1. To any person, firm, or corporation that has procured or furnished such care or treatment with the patient's consent.
2. When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, in which case copies of the medical records shall be furnished to both the defendant and the plaintiff.
3. In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to the patient or the patient's legal representative by the party seeking such records.

4. For statistical and scientific research, provided the information is abstracted in such a way as to protect the identity of the patient or provided written permission is received from the patient or the patient's legal representative.

5. To a regional poison control center for purposes of treating a poison episode under evaluation, case management of poison cases, or compliance with data collection and reporting requirements of s. 395.1027 and the professional organization that certifies poison control centers in accordance with federal law.

6. To the Department of Children and Families, its agent, or its contracted entity, for the purpose of investigations of or services for cases of abuse, neglect, or exploitation of children or vulnerable adults.

Family Therapy

(b) When the patient or client agrees to the waiver, in writing, or when more than one person in a family is receiving therapy, when each family member agrees to the waiver, in writing;

Duty to warn

(c) When a patient or client has communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat, and the psychologist communicates the information to the potential victim. A disclosure of confidential communications by a psychologist when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against the psychologist.

(2) Such privilege must be waived, and the psychologist shall disclose patient or client communications to the extent necessary to communicate the threat to a law enforcement agency, if a patient or client has communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat. A law enforcement agency that receives notification of a specific threat under this subsection must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A psychologist's disclosure of confidential communications when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against the psychologist.

490.0149 specialties

- Protected terms are “certified psychology specialist,” “board-certified psychology specialist,” or “psychology diplomate”
- Must be from a Board recognized by the Board of Psychology

Exemptions to the licensure Law

(e) Is not a resident of the state but offers services in this state, provided:

1. Such services are performed for no more than 5 days in any month and no more than 15 days in any calendar year; and
2. Such nonresident is licensed or certified by a state or territory of the United States, or by a foreign country or province, the standards of which were, at the date of his or her licensure or certification, equivalent to or higher than the requirements of this chapter in the opinion of the department or, in the case of psychologists, in the opinion of the board.

Rules of Interest

- 64B19.16.003 Definition of Sexual Misconduct
 - : If you have to ask the question,

64B19-17.003 Advertising.

The following rules pertain to the requirement in Section 490.012(2), F.S., that licensees must include the words “licensed psychologist” on all professional advertisements:

- (1) A professional advertisement is any medium used to solicit clients, such as a listing in the yellow pages of a telephone book or an announcement of the availability of services in the newspaper or on the radio or television.
- (2) Business cards and stationery are not professional advertisements.
- (3) A listing in the white pages of a telephone book is not a professional advertisement unless the listing is distinguishable from the listings of non-licensees.
- (4) A professional advertisement must include the words “licensed psychologist” regardless of whether the licensee paid for the advertisement or not.

(5) A psychologist must include the words “licensed psychologist” on all advertisements in which the psychologist’s name appears, even if the name appears as part of a professional association or any other entity providing psychological services.

(6) The Board recognizes that in some instances, a psychologist may not be aware of the fact that a yellow page listing exists for the psychologist. For that reason, the Board will not prosecute the psychologist unless the listing was paid for by the psychologist or by anyone other than the yellow page company. Upon receipt of information that a yellow page listing exists, however, the psychologist must either prevent a future listing from occurring or pay for the insertion of the words “licensed psychologist” in the listing.

Practice Parameters 64B19-18

- Use of title “sex therapist, doing juvenile sex offender therapy, practicing hypnosis.

Use of Test Instruments

64B19-18.004 Use of Test Instruments.

(1) The Board finds that the inappropriate use of test instruments is harmful to consumers. The Board finds further that a need exists to set out the minimum standard of professional practice maintained and required of psychologists who use test instruments in the psychologist's practice of psychology.

(2) A psychologist who uses test instruments in the psychologist's practice of psychology:

(a) Must consider whether research supports the underlying presumptions which govern the interpretive statements which would be made by the test instrument as a result of its completion by any service user;

(b) Must be able to justify the selection of any particular test instrument and the method that instrument is administered for the particular service user who takes the test at the instruction of the psychologist;

(c) Must integrate and reconcile the interpretive statements made by the test instrument based on group norms, with the psychologist's independent professional knowledge, evaluation and assessment of the individual who takes the test;

(d) Must specify in the test report the name of each person who assisted the psychologist in the administration of the test, and the role which that person played in the administration of the test.

(3) A psychologist who uses test instruments may not release test data, such as test protocols, test questions, assessment-related notes, or written answer sheets, except (1) to a licensed psychologist or school psychologist licensed pursuant to Chapter 490, F.S., or Florida certified, or (2) after complying with the procedures set forth in Rule 64B19-19.005, F.A.C., and obtaining an order from a court or other tribunal of competent jurisdiction, or (3) when the release of the material is otherwise required by law. When raw test data is released pursuant to this paragraph, the psychologist shall certify to the service user or the service user's designee that all raw test data from those test instruments have been provided. Psychologists are expected to make all reasonable efforts to maintain the integrity of the test protocols, modalities and instruments when releasing information as provided herein.

(4) In performing the functions listed at subsection (2) of this rule, the psychologist must meet with the test subject face-to-face in a clinical setting unless the psychologist has delegated the work to a psychological intern, psychological trainee or psychological resident in a doctoral psychology program approved by the American Psychological Association.

FL REQUIREMENTS FOR ONLINE ASSESSMENT

(5) The face-to-face requirement of subsection (4) may be satisfied via Synchronous Online Video Communication Technology (“videoconferencing”) only if all of the following circumstances exist:

- (a) The administration occurs via HIPPA compliant videoconferencing platform;
- (b) Immediately prior to administration of the test instrument the psychologist independently verifies the service user’s, or the service user’s guardian’s if applicable, identification via a government issued picture identification;
- (c) Immediately prior to administration of the test instrument the psychologist independently verifies the service user is in a quiet setting free of distractions;
- (d) The psychologist documents the rationale for test administration via videoconferencing in the service user’s records; and
- (e) The psychologist provides the service user with a disclosure informing the service user that the test instrument administration via videoconferencing could have unknown impacts on the acceptance of and/or weight given to resulting evaluations and/or assessment by third parties.

Don't do it!!!!!!

64B19-18.007 Requirements for Forensic Psychological Evaluations of Minors for the Purpose of Dissolution of Marriage, Support, or Time-Sharing Action.

(1) It is a conflict of interest for a psychologist who has treated a minor or any of the adults involved in a dissolution of marriage, support, or time-sharing action as defined by Chapter 61, F.S., to perform a forensic evaluation for the purpose of recommending a time-sharing schedule and parenting plan. Consequently, a psychologist who treats a minor or any of the adults involved in a dissolution of marriage, support, or time-sharing action as defined by Chapter 61, F.S., may not also perform a forensic evaluation for the purposes of recommending a time-sharing schedule or parenting plan. So long as confidentiality is not violated, a psychologist may provide a court, or a mental health professional performing a forensic evaluation, with factual information about the minor derived from treatment, but shall not state an opinion about time-sharing schedules and parenting plans.

(2) The psychologist who serves as an evaluator shall not also serve as guardian ad litem, mediator, therapist or parenting coordinator regarding the children in the instant case. The psychologist who has had a prior role as guardian ad litem, mediator, therapist or parenting coordinator shall not serve as an evaluator for the children in the instant case.

Supervision across jurisdictions

- As near as I can tell, PSYPACT does not want interjurisdictional supervision.

New/Revised rule of Florida Board of Psychology

(c) “Supervisor.” A supervisor is either a licensed Florida psychologist in good standing with the Board, a psychologist practicing in Florida under an E-passport pursuant to the Psychology Interjurisdictional Compact pursuant to section 490.0075, F.S., a telehealth provider registered in Florida pursuant to section 456.47, F.S., or a doctoral-level psychologist licensed in good standing in another state or United States territory or Canada providing supervision for licensure in that state or territory. However, where the psychology resident or post-doctoral fellow is on active duty with the armed services of the United States, employed full time by the United States as a civilian psychology resident or post-doctoral fellow to provide services to the armed services or to a veterans administration facility, or employed full time with the United States Federal Bureau of Prisons, the supervisor may be a doctoral-level psychologist licensed in good standing in any state or territory, regardless of where the supervision is conducted.

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- A supervisor may provide post-doctoral supervision to a resident or fellow who is providing services at a location other than the supervising psychologist's premises. However, the supervisor must be licensed in the State or territory where the resident or fellow is providing services and the resident or fellow may not engage in the independent, private practice rendering of psychological services if there is not a separate psychologist actually rendering psychological services on the premises where the resident or fellow is providing services. If an out-of-state telehealth provider registered under section 456.47, F.S., or a psychologist practicing in Florida under an E-passport under section 490.0075, F.S., is serving as a supervisor via remote supervision to a resident or fellow providing services in Florida, there must be an additional Florida licensed psychologist immediately accessible and available to the resident or fellow in case of emergency.

Q & A

Florida Legislative Affairs Training

Liz Campbell, Ph.D.

FPA LAPPB Chair

September 14, 2024

Overview

- What is LAPPB?
- Florida Legislative Processes
- Legislative Accomplishments & Setbacks
- 2025 Legislative Priorities
- 2025 Legislative Session
- Looking toward 2026 Legislative Session
- Effective Advocacy

LAPPB

- Legislative Affairs and Public Policy Board:
 - FPA Leadership
 - LAPPB Delegates
 - Key Psychologists
 - FPA Members

LAPPB

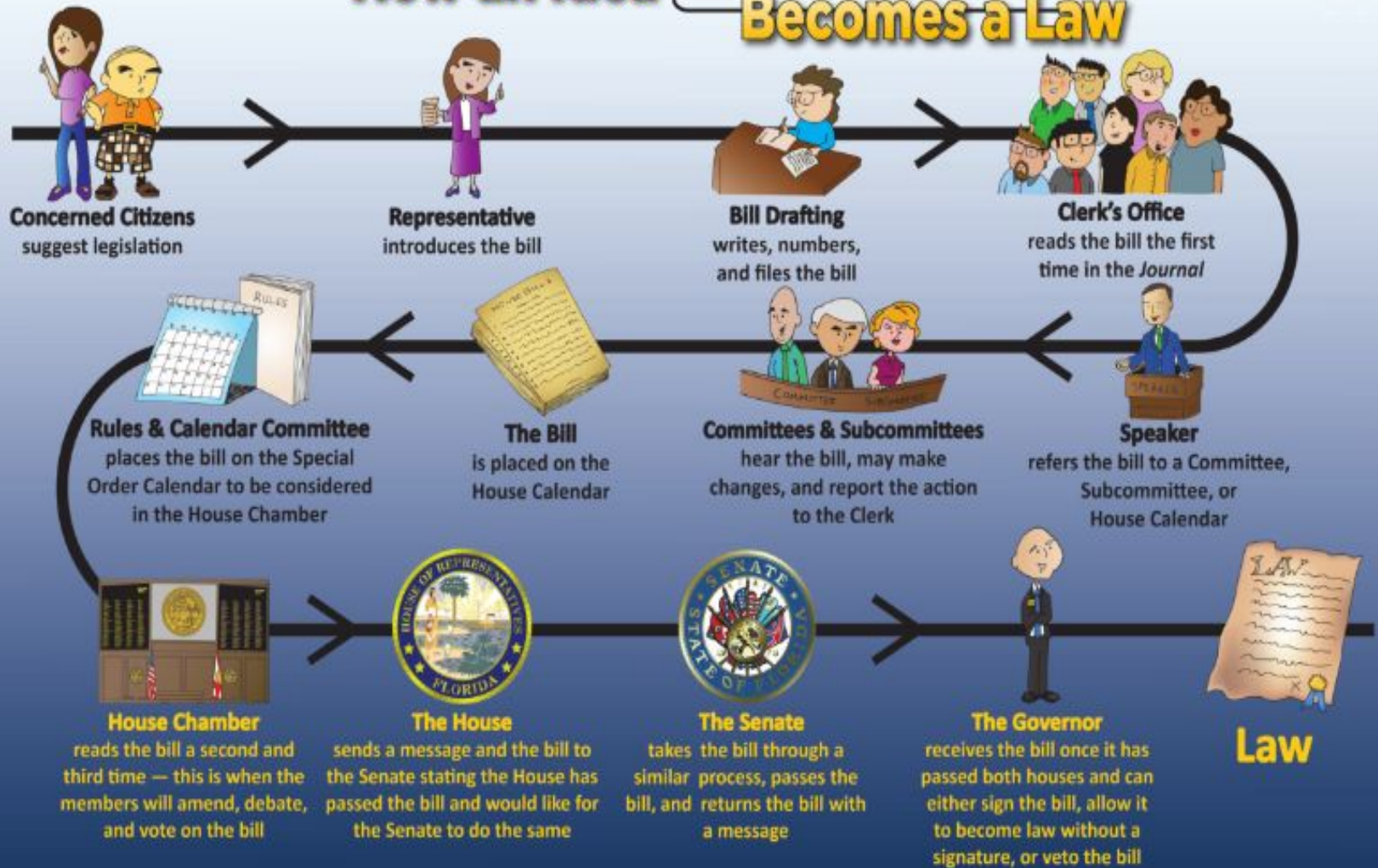
- LAPPB Mission:

To protect and advance the **scope of practice** for Florida psychologists and to ensure that laws and policies promote **quality mental health services** in the state of Florida.

LAPPB Leadership

- **FPA LAPPB Chair:** Dr. Liz Campbell
- **FPA Executive Director:** Deborah Foote, MPA
- **FPA DPA:** Dr. Carolyn Stimel
- **Lobbyist:** Darrick McGhee
 - Johnson & Blanton
 - “Relationship is everything”

How an Idea Becomes a Law



Florida Legislative Process

- Committee weeks- 2 months prior to session
- Legislative session- 60-day session. Post-election year starts in March; election year, starts in January
- Short session means bills must simultaneously move through both chambers
- Committee chair decides which bills have hearings
- Bills typically have 3 committee hearings in each chamber before going to the floor of each chamber
- Lobbying is constant to get/keep bills moving
- Bills sent to Governor must be acted upon by July 1 (new state fiscal year)

FPA Legislative Accomplishments

- 1956 to 1978
 - Psychological practices act in effect in various forms. **Licensure!**

- 1978
 - With automatic **sunset of Chapter 490** in 1978, non-statutory certification was established

FPA Legislative Accomplishments

- 1981
 - Psychological Services Act successfully passed. **Licensure again!**
- 1983 to 1987
 - Legislation includes coverage of psychologists as **mental health providers**, requires consideration for hospital privileges, and protects and revamps Chapter 490

FPA Legislative Accomplishments

- 1990 to 1992
 - Exemptions to licensing statute curtailed, title “Psychologist” protected, and psychology “**Practice Act**” passed
- 1998
 - **Right to practice in hospitals** with full privileges affirmed (Reiff v. Northeast Florida State Hospital)

FPA Legislative Accomplishments

- 2003
 - **Good Faith Protection Bill** protects court-appointed psychologists, and FPA negotiates with Board of Psychology for custody evaluation & juvenile sex offender therapy rules
- 2005
 - **Stigmatizing Mental Illness**- Psychologists testified opposite Scientologists to oppose attacks on mental health profession and to oppose misleading disclaimers

FPA Legislative Accomplishments

- 2008
 - Psychologists included in “**Window of Opportunity Act**” for treatment of Autism Spectrum Disorders, recognition as **expert witnesses** protected, & OPPAGA study authorized to examine need for psychologists to prescribe
- 2011
 - “**Docs vs. Glocks**” amended to allow providers to inquire re: firearms ownership if relevant to medical care or safety

FPA Legislative Accomplishments

- 2013
 - SB 1420 amended, regarding competency evaluations, in order to **remove excessive requirements** placed on psychological evaluators
- 2014
 - Helped to pass SB 256, making forensic behavioral health evaluations filed with the court **confidential** and exempt from public records disclosure requirements

FPA Legislative Accomplishments

- 2016-17
 - FPA Healthcare Committee (Dr. Michael Smith) and FPA members testified before the **Telehealth Advisory Council** for inclusion of psychologists and “telehealth” terminology
- 2023
 - Passage of **PSYPACT**
- 2024
 - Passage of reforms to the **Baker Act**

FPA Legislative Accomplishments

- 2025
 - Passage of legislation **reducing the private insurance lookback period** from 30 to 12 months- effective 1/1/2026
 - Additional reforms to the **Baker Act**

2025 Legislative Priorities

- Prescription Privileges for Psychologists (RxP)
 - Current Senate Health Policy Committee Chair opposes scope expansion- will be unable to pass until Chair leaves post or is termed out.
 - First opportunity likely 2030
- Decreasing Private Insurance Lookback from 30 to 12 months **PASSED**

2026 Legislative Priorities

- LAPPB delegates reached out to their Region to solicit ideas (July)
- Annual Meeting of LAPPB held to set priorities (August)
- Priorities: none for 2026
- Rep. Hunschofsky is introducing a bill to ban mental health practitioners from using AI for mental health diagnosis and treatment. Waiting to see language.

Pre-Session Legislative Activities

- FPA Lobby Day- Tentative for November 4th
- Educational materials developed

FPA Lobbying Activities

- Executive Director attends all committee hearings on priorities and other relevant legislation. Lobbyist is back-up.
- DPA tracks and analyzes legislation filed
- Subject matter experts are brought to committee hearings when needed
- Action alerts are issued by Executive Director when needed-sent to all members
- Behind the scenes lobbying of key legislators done by Lobbyist

FPA and Social Justice Legislation

- FPA has not been engaged in any legislative efforts other than its legislative priorities
- FPA does not submit testimony or weigh in on social issues before the legislature
- FPA has a Social Justice Committee that hears concerns from members and follows a documented process for publishing position statements which includes approval by the Board of Directors
- Upon request, FPA will provide evidence-based research to allies engaged in social justice advocacy

Key Legislators: Senate

- Senate President, Senate Majority (Republican) Leader, Senate Minority (Democratic) Leader
- Senate Committee Chairs that our legislation likely will be assigned to
- Senate Sponsors of FPA Legislation

Key Legislators: House

- House Speaker, House Majority (Republican) Leader, House Minority (Democratic) Leader, future House Speaker
- House Committee Chairs that our legislation will likely be assign to
- House Sponsors of FPA Legislation

Effective Advocacy Strategies

- Establish personal & professional relationships with legislators
- Get to know the legislative assistants
- Be a resource for the legislators – ask how you can help them
- Advocate for their constituents
- Understand the legislative process
- Be ready to make contact on short notice
- Help with campaigns
- Don't be a pest
- Have fun!

Effective Advocacy Communication

- Be brief, courteous & patient
- Be accurate & speak plainly
- Be prepared – know bill number, sponsor
- Use personal examples
- It's OK to say “I don't know” and “I'll find out for you”

Effective Relationship Building

- Being a good listener (therapist?)
- Inviting representatives to your events
- Testifying before committee
- Handling resistance
- Providing resources (e.g. Distressed Constituents Brochure; not gifts)

The Psychologists of Florida Political Action Committee

- Collaborate with FPA and Lobbyist to strategically identify campaigns worthy of a contribution
- In 2023, contributed \$40,000 to key legislator campaigns or PACs
 - Hand delivered checks (optimally by FPA member constituent) so can also discuss priorities
- 2026 contributions will be determined in November

The Psychologists of Florida Political Action Committee Members

- Dr. Justin D'Arienzo- Chair
- Dr. Larry Kubiak- Vice Chair
- Deborah Foote*, Sec/'Treas
- Carolyn Stimel*
- Dr. Liz Campbell*
- Dr. Angela Canto
- Dr. Randi Mackintosh
- Dr. Judi Steinman

* ED is required by PAC Bylaws to serve as Sec/'Treas and does all financial reporting to state. DPA and LAPPB chair are required PAC members.

Federal Advocacy Coordinators

- Dr. Liz Campbell
- Dr. Kristi Van Sickle

Questions?

THANK YOU!

Evaluation Forms

You can fill out the evaluation form using the app. Look for the evaluation form link at the bottom of each session.
(preferred)

OR

You can fill out the evaluation sheet by hand and give it to a staff member or the moderator of the session.

You need to fill this form out to receive full credit for the session. Thank you!