

Approved 4-2-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./p.m. on March 27, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

- Bill Wolff, Legislative Research
- Norman Furse, Revisor's Office
- Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

- Ronald R. Hein, Kansas Association of Marriage and Family Therapy
- Senator Lana Oleen
- John P. Murray, Ph.D., Human Development and Family Studies, KSU
- Tony Jurich, Ph.D., Department of Marriage and Family Therapy, K.S.U.
- Stuart M. Frager, Ph.D., Psychology Department, Topeka State Hospital
- Daniel Lord, Ph.D., Marriage and Family Graduate Program, Friends University
- Richard Morrissey, Division of Health, Department of Health and Environment
- John Yeats, Kansas/Nebraska Convention of Southern Baptists
- David Rodeheffer, Kansas Psychological Association
- Richard G. Gannon, Board of Healing Arts
- R. E. Duncan, Kansas Occupational Therapy Association
- Chip Wheelen, Kansas Medical Society

Chairman Ehrlich called the meeting to order at 10:00 a.m.

HB 2017 - Registration of marriage and family therapists.

Ron Hein, Kansas Association of Marriage and Family Therapy, submitted written testimony and appeared in support of HB 2017. Mr. Hein stated the bill provides for the registration of marriage and family therapists and resulted from an interim study conducted last summer. He stated amendments were placed on the bill but some were inadvertently left off by the interim committee, and submitted a balloon of the bill showing proposed amendments relating to educational requirements on page 2 of the bill. (Attachment 1)

Senator Lana Oleen appeared in support of HB 2017. Senator Oleen introduced John P. Murray, Ph.D., K.S.U. Dr. Murray submitted written testimony and stated he strongly supported this proposed legislation because it would enhance the mental health services available to the citizens of Kansas. He stated the bill would also assure the quality of these mental health services and be consistently outstanding and attuned to the diverse needs of the citizens. Copies of written testimony from Candyce S. Russell, Ph.D., Marriage and Family Therapy Program at K.S.U. were distributed. Written testimony from Senator Oleen was also submitted after the meeting. (Attachments 2 and 3 and 4)

Tony Jurich, Ph.D., K.S.U., appeared in support of HB 2017. Dr. Jurich stressed counselling was necessary in the area of abused and neglected children, national disasters and chemical dependency.

Stuart M. Frager, Ph.D., T.S.H., submitted written testimony and appeared before the committee. Dr. Frager stated he supports the concept of the bill, but brought attention to the lack of grandfathering in the bill. He submitted a balloon of HB 2017 showing proposed amendments on page 2 of the bill. (Attachment 5)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m.~~p.m.~~ on March 27, 1991

Daniel Lord, Ph.D., Friends University, submitted written testimony and appeared in support of HB 2017. Dr. Lord stated there is no professional title guaranteeing the public a specific mental health practitioner is adequately trained to present oneself as a marriage and family therapist. Registration of marriage and family therapists would assist the public by establishing such minimum standards for professional providers that utilize the title of marriage and family therapist. (Attachment 6)

Richard Morrissey, Department of Health and Environment, submitted written testimony and appeared before the committee. Mr. Morrissey expressed his views regarding credentialing, the formal recognition of professional competence through registration, licensure, or other statutory means. He also stated the technical committee of the Department of Health and Environment recommended registration of marriage and family therapists, and the Secretary recommended enacting legislation similar to the Minnesota Client Protection System that would provide the public protection from sexual exploitation by psychotherapists. (Attachment 7)

John Yeats, representing the Kansas/Nebraska Convention of Southern Baptists, submitted written testimony and stated he is not so much opposed to HB 2017 but suggested an amendment on page 3, line 3, "or organized ministry," be added. His concern is the state may find itself in violation of First amendment rights by defining the parameters of a church's or religious groups ministry. (Attachment 8) Kansas Catholic Conference and non-clergy counseling were discussed. Staff Wolff pointed out this bill is for the registration of a profession, and for protection of the title these people use. He also stated nothing in the bill restricts other people from providing marriage and family therapy if they don't use the word "registered" in their title. Staff Furse pointed out language on page 4 of the bill that would exempt certain individuals that counsel others.

Dr. David Rodeheffer, Kansas Psychological Association, submitted written testimony and appeared before the committee. Dr. Rodeheffer stated his concerns have centered on lack of a clear definition of the educational and training requirements of registered marriage and family therapists. He proposed amendments to the bill regarding educational requirements and technical changes in section 13 and 14 of the bill. (Attachment 9)

HB 2168 - Grounds for discipline and denial of licensure.

Richard Gannon, Board of Healing Arts, submitted written testimony and appeared before the committee with suggested changes to HB 2168 and distributed a balloon of the bill showing suggested amendments. (Attachment 10)

Tuck Duncan, Kansas Occupational Therapy Association, submitted written testimony and appeared in support of HB 2168. Mr. Duncan suggested two sections of the bill relating to Occupational Therapists and Respiratory Therapists be identical. The section relating to R.T.'s sets a definite time for temporary registration, and request was made regarding the provision relating to O.T.'s be modified to parallel the provisions relating to R.T.'s. (Attachment 11)

Chip Wheelen, Kansas Medical Society, submitted written testimony and a balloon of the bill showing proposed amendments. Mr. Wheelen stated Section 3 of HB 2168 was amended in the House that addressed his concerns, but the K.M.S. now has problems with wording in Section 2 regarding changes in language concerning drug screening or other examination of a licensee. (Attachment 12)

The Chairman announced written testimony on HB 2017 was also submitted by Chip Wheelen, Kansas Medical Society (Attachment 13), and HB 2168 by Harold Riehm, Kansas Association of Osteopathic Medicine. (Attachment 14)

The meeting was adjourned at 11:04 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3/27/91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Wesley C Jones

KAMFT

Juli Hair

KAMFT

William A. McKay

KAMFT

Wayne C. Witches, Shawnee

KAMFT

Daniel R. Lord

Friends University, Wichita

John P. Murovic

Kansas State University

Paul Martin

San Epulietis, Topeka

Walter Dunbar - Topeka

KS. Occupational Therapy Ass.

Richard S. Sawyer

Off of Planning Arts

LAROLD E. RIEM

KAOM

Chip Wheelen, Topeka

KS Medical Soc.

Hugh Frager, Topeka

Marriage and Family Therapist

City Split, Manhattan

KA MFT

Ken Baker

Assoc of Prof. Psychologists

David C Podolfer Topeka

KS Psychological Association

Mary Ann Gabel

BSRB

Cathy Rooney

KDHE

Richard Morrissey

KDHE

Joseph Koon

KDHE

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-27-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

[Handwritten signature]

CPA/K+NCSTB

Herb B. Bentone

KADACA

Blank lined area for Name and Address.

Blank lined area for Organization.

HEIN AND EBERT, CHTD.

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Ronald R. Hein

William F. Ebert

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SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
TESTIMONY RE: HB 2017
PRESENTED BY RONALD R. HEIN ON BEHALF OF
KANSAS ASSOCIATION OF MARRIAGE AND FAMILY THERAPY
March 27, 1991

Mr. Chairman, members of the committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Association for Marriage and Family Therapy (KAMFT).

HB 2017 provides for the registration of marriage and family therapists, and results from an interim study conducted this last summer. At that time, SB 257 had passed this committee, and passed the Senate on a 40-0 vote, but was held by the House for interim study. HB 2017 is substantially equivalent to SB 257.

Since this committee has already held two hearings on this bill, and since some of the members of the committee also heard the bill a third time at the interim study, we will give only brief summarizing statements.

The National Institute of Mental Health recognizes five separate and distinct professions of persons trained to provide psychotherapy: psychiatry, social work, marriage and family therapy, psychology, and nursing. Although there are similarities in terms of curricula, delivery styles, and methodology, there also are differences between each profession. Psychiatry is the only psychotherapy profession wherein medication may be prescribed by the professional. Other than that obvious difference, the distinctions between the separate professions are more subtle.

In Kansas, four of these professionals are recognized: psychiatrists, social workers, psychologists, and nurses. Kansas also credentials professional counselors. Marriage and family therapists are not currently recognized by Kansas statute. HB 2017 would provide for registration of marriage and family therapists.

However, there is one issue that needs to be addressed as a result of House Committee amendments that were placed on the bill. When the bill was heard at interim study, there was an outstanding request by Kansas State to make modifications to Section 4 dealing with the educational requirements for obtaining registration. Inadvertently, those amendments were not placed on the bill by the interim committee, although Rep. Ellen Samuelson, maker of the motion to approve the interim committee bill, thought that they were included. Nevertheless, the House Committee wanted to add some specificity to the educational requirements, and although we worked closely with the subcommittee that drafted the amendments in Section 4 of the bill, the committee amendments inadvertently threw up a road block for some of the best trained and most experienced practitioners in the state.

The problem results because the House Committee amendments set out a specific course curriculum, which is the current training program at Kansas State University, and the current hourly requirements by the American Association for Marriage and Family Therapy in order to obtain certification. However, numerous members of the KAMFT received their degrees in a related field, such as psychology or social work, and subsequently obtained additional training at a time when the course curriculum would have been different than what it is today. The requirements were no less educational, but nonetheless, may not be interpreted by the Board of Behavioral Sciences to be "equivalent to" the hours that have been inserted by the House Committee.

Therefore, we have two proposed solutions to this problem. One would be for the committee to express legislative intent that the equivalency determination by the Board shall be a substantial equivalency, and shall not be used to restrict qualified individuals from being registered because their degree was obtained or training received at a time or where the curriculum was not stated in terms of semester hours. The other solution would be to make amendments to the bill as are provided in the balloon attached to my testimony, which amendments we believe would give more clear intent to the Board of Behavioral Sciences that such persons should not be excluded.

I understand that Dr. Stuart Frager will also be appearing this morning, and he is proposing another way of solving the problem. KAMFT does not oppose his solution, in the event that his proposed amendment does not present any concern to the committee. However, if his amendment jeopardizes the bill in any way, we would propose the problem be solved through the expression of legislative intent or a minor amendment to the bill as we have suggested.

I would be happy to yield for any questions.

Thank you, Mr. Chairman.

1 experience in marriage and family therapy satisfactory to the board;

2 (3) (A) has completed a master's or doctoral degree from a mar-
3 riage and family therapy program, in an educational institution with
4 standards consistent with those of the state universities of Kansas,
5 approved by the board; or (B) has completed a master's or doctoral
6 degree from an educational institution in a related field for which
7 the course work is considered by the board to be equivalent to that
8 provided in clause (3)(A) of this paragraph ~~and consists of a minimum~~
9 ~~of nine semester hours in human development, nine semester hours~~
10 ~~in theories of marriage and family functioning, nine semester hours~~
11 ~~of marital and family assessment and therapy, three semester hours~~
12 ~~in professional studies and three semester hours in research;~~ or (C) —
13 completed a master's or doctoral degree from an educational insti-
14 tution in a related field with additional ~~work from an educational~~
15 ~~program~~ in marriage and family therapy approved by the board ~~and~~
16 ~~such degree program and additional work includes the course work~~
17 ~~requirements provided in clause (3)(B) of this paragraph, and~~

and which consists of a minimum of nine semester hours in human development, nine semester hours in theories of marriage and family functioning, nine semester hours of marital and family assessment and therapy, three semester hours in professional studies and three semester hours in research

18 (4) has passed an examination approved by the board.
19 (b) Each applicant shall pay an application fee and examination
20 fee established by the board under section 11.

—has training, education, and experience ;

21 New Sec. 5. Prior to July 1, 1993, a registration shall be issued
22 to an applicant without examination if the board is satisfied that the
23 applicant meets the requirements of paragraphs (1) to (3), inclusive,
24 of subsection (a) of section 4.

25 New Sec. 6. The board shall issue a registration to an individual
26 who is currently registered, certified or licensed to practice marriage
27 and family therapy in another jurisdiction if the board determines
28 that the standards for registration, certification or licensure to prac-
29 tice marriage and family therapy in the other jurisdiction are at least
30 equivalent to or exceed the requirements of the marriage and family
31 therapists registration act and rules and regulations of the board. An
32 applicant for a registration under this section shall pay an application
33 fee established by the board under section 11.

34 New Sec. 7. (a) An applicant who meets the requirements for
35 registration pursuant to this act, has paid the registration fee provided
36 for by section 11 and has otherwise complied with the provisions of
37 this act shall be registered by the board.

38 (b) Registrations issued pursuant to this act shall expire 24 months
39 from the date of issuance unless revoked prior to that time. A reg-
40 istration may be renewed upon application and payment of the fee
41 provided for by section 11. The application for renewal shall be
42 accompanied by evidence satisfactory to the board that the applicant
43 has completed during the previous 24 months the continuing edu-

601

LANA OLEEN
SENATOR, 22ND DISTRICT
RILEY AND GEARY COUNTIES



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
CHAIRMAN: GOVERNMENTAL ORGANIZATION
VICE-CHAIRMAN: CONFIRMATIONS
LABOR, INDUSTRY AND SMALL
BUSINESS
MEMBER: ASSESSMENT AND TAXATION
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CULTURAL RESOURCES

LEGISLATIVE HOTLINE
1-800-432-3924

TESTIMONY ON HB 2017

SENATE PUBLIC HEALTH & WELFARE

March 27, 1991

Chairman Ehrlich & Members of the Committee:

Thank you for the opportunity to appear before you today in support of HB 2017 which provides for the registration of marriage and family therapists.

As you are aware, Kansas State University lies within the senatorial district I represent. I would like to share some information with you about the bill at issue.

Kansas State University has one of the premier institutions in the nation in the area of marriage and family therapy. KSU is one of the few institutions in the United State offering both a masters and a doctoral level degree in marriage and family therapy. HB 2017 is substantially the same as last year's SB 257, which passed the Senate 40-0.

It is my pleasure today to introduce Dr. John Murray, Professor and Department Head of Human Development and Family Studies at Kansas State University. Following Dr. Murray will be Tony Jurich, who is the Chairman of the Department of Marriage and Family Therapy at Kansas State University. Attached to my testimony is a copy of a newspaper article which appeared in the Topeka Capital Journal, about Dr. Jurich. I think that you will find his credentials extremely impressive. They also speak to why it is so important to pass legislation that credentials marriage and family therapists who have the educational background and training, while insuring that untrained and incompetent individuals are no longer permitted to hold themselves out as being marriage and family therapists to Kansas families in our state.

Thank you for your consideration of HB 2017 which passed the House 97-25.

Senator Lana Oleen

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Senate P H&W
Attachment #2
3-27-91

Family discipline systems can contribute to youths' drug abuse

Systems which are too strict, too lax both dangerous

By VICKIE GRIFFITH HAWVER
The Capital-Journal

Nearly half of the drug-taking population grew up in families where parents abdicated their responsibilities.

And most of the remainder of the chemically dependent population are from authoritarian households.

So says Tony Jurich, chairman of the Department of Marriage and Family Therapy at Kansas State University. Jurich, who is among speakers at an upcoming chemical-abuse conference in Topeka, said, "Extremes in disciplines contribute very much to drug taking."

Jurich will speak at "Meeting the Needs of Children from Chemically Abusive Families" Wednesday through Friday at the Villages Inc. National Youth Care Training Center. The Villages provides family-style homes for abused and neglected children and trains nearly 1,000 youth-care professionals from across the country each year.

Jurich, a nationally recognized expert on family dynamics and chemical abuse, will provide the program on Thursday. Among his topics is how to cope with adolescents who have



Tony Jurich

been or are chemically dependent. Families can contribute to spurring a youth to drug abuse through their discipline system, he said.

Parents who don't discipline their children "make an orphan of the kid," he said. "You create a vacuum in the family. Then the adolescent has to make up his own rules, from who knows where or from the mass media."

An adolescent's own rules could well include using drugs, Jurich said.

At the other extreme, ultra-strict families impose so many rigid rules on children that kids don't learn how to make decisions for themselves, he said. These kids, too, may turn to drugs.

"What families can do is, don't be laissez-faire, but don't be authoritarian either," Jurich said. "Strive for authoritative or democratic discipline."

An authoritative parent says "I pay the rent and you will do what I say, but I will explain why to you," Jurich said. "If a kid asks why a rule exists and you can't say why, you need to look at that rule."

In a democratic disciplinary system, adolescents are involved in the family's rule-making.

"It is absolutely amazing how many parents insist on making up all the rules themselves, yet we live in a participatory democracy," Jurich said. "We learned with our Bill of Rights that if people have a say in making the rules, they follow them better."

TESTIMONY:
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
MARCH 27, 1991

John P. Murray, Ph.D.
Department Head
Human Development and Family Studies
Kansas State University

Thank you for giving me the opportunity to comment on the proposed legislation to register Marriage and Family Therapists in Kansas.

I strongly support this legislation because it will enhance the mental health services available to the citizens of Kansas and assure that the quality of these mental health services is consistently outstanding and attuned to the diverse needs of our citizens.

As Head of the Department of Human Development and Family Studies at K-State, I can attest to the superb qualifications of our faculty and graduate students in Marriage and Family Therapy. As a mental health professional who was trained as a Psychologist, I can assure you that there is a clear and growing need for diverse professional specializations to address the various components of healthy individual and family development. Dr. Candyce Russell, the Vera Mowery McAninch Distinguished Professor of Human Development and Family Studies and Director of Marriage and Family Therapy at K-State has very clearly outlined the basic concerns and special skills addressed by Marriage and Family Therapists. I have attached a copy of her written testimony and convey her apologies for being unable to attend the hearing this morning. Dr. Anthony Jurich, Professor and Director of Clinical Training in Marriage and Family Therapy at K-State, is here to speak to the issues raised in Dr. Russell's testimony.

In brief, the issues are relatively straightforward:

1. Marriage and Family Therapists provide a different set of skills in the assessment and treatment of emotional distress than that offered by their colleagues in the other helping professions;
2. Marriage and Family Therapists focus on the connections among family members and the relationships within a family system as opposed to the more individual focus of other helping professions;
3. The training provided to Marriage and Family Therapists at Kansas institutions such as the Menninger Foundation, Friends University, Wichita State University and Kansas State University is outstanding; and, finally,
4. It is important to credential Marriage and Family Therapists in Kansas because this is the only way to assure the availability and quality of these special mental health services to the citizens of Kansas.

Thank you for your consideration of these comments. Dr. Jurich and I would be delighted to answer any questions.

Senate P H&W
Attachment # 3
3-27-91

TESTIMONY TO SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
MARCH 27, 1991

Candyce S. Russell, Ph.D.

I appreciate the opportunity to give testimony today on the proposed legislation to credential marriage and family therapists. In my role as Director of the Accredited Marriage and Family Therapy Program at K-State, I am aware of the number of people we train who look to other states for employment once they realize Kansas has no mechanism for credentialing their profession. What this means is that, even though our graduates meet rigorous standards of training, the public has no way of identifying them as specialists in treating relationships. As a result, the State of Kansas is losing some of its best trained persons.

The work of marriage and family therapists is distinct from other helping professions in that we focus particularly upon the connections among family members which may lead to relationship dissatisfaction or which may unknowingly function to maintain symptoms within an individual family member. Family therapists also assist families in responding to the stress that severe chronic disorders create, such as Alzheimer's Disease or other organic disorders. We typically get referrals from physicians, school counselors, clergy and SRS. In turn, we frequently refer to psychologists for testing and psychological evaluations of individuals within a family and to psychiatrists for differential diagnosis and recommendations regarding the usefulness of medication. Other referrals might include drug and alcohol counselors or psychoeducation specialists. Each of these professionals focuses on the functioning of the individual whereas a marriage and family therapist focuses on the functioning of relationships. Marriage and Family Therapists are recognized by The National Institute of Mental Health and The Department of Education as providers of mental health care along with psychiatrists, psychologists, social workers and psychiatric nurses.

Standards of training for marriage and family therapists are well established and reflect the profession's focus upon relationship systems. Areas of study include foundations in family systems theory, models of assessment and treatment of marital and family systems, courses in human development and family studies, professional ethics, research and supervised clinical practice. Please note that the supervised clinical experience of marriage and family therapists provides for live and videotaped supervision. The standard curriculum, which is attached to my testimony, provides the foundation for credentialing laws in twenty one states. Eleven of these states use a national examination in marriage and family therapy prepared by New York's Professional Examination Service as part of their credentialing process (see attached article).

Educational institutions in Kansas are producing a large number of well trained marriage and family therapists. Programs exist at Kansas State, Friends University, Wichita State and the Menninger Foundation. Applications for entrance into these programs increase each year. If Kansas fails to provide for the credentialing of their profession, large numbers of these persons will leave Kansas in favor of employment in one of the growing number of states which do credential marriage and family therapists. Clearly this "brain drain" is harmful to the citizens of Kansas..

During the first year—

MFT Standard Examination For Licensure Going Well

What's happening with the standard examination for marital and family therapy licensure/certification candidates?

It moved right along and fared rather well in its first year, according to a recent report prepared by New York's Professional Examination Service for the Association of Marital and Family Therapy Regulatory Boards, the sponsoring organization. The report, officially for "the Marital and Family Therapy Examination Program," covers the period from February 1989 to May 1990.

First Administrations Given

The examination was administered twice during the report period, on December 8, 1989, to a total of 83 candidates from seven licensing/certifying states (Colorado, Connecticut, Georgia, Nevada, Rhode Island, South Carolina, and Utah); and on May 11, 1990 to 112 candidates from eight states (Colorado, Georgia, Minnesota, Nevada, New Jersey, South Carolina, Tennessee, and Utah). Other AMFTRB member states under contract with PES for use of the examination during that period were Washington and Wyoming. Those and other states are expected to use the examination as part of their credentialing processes under state laws.

Validation Survey Conducted

A study to determine if the role delineation

in the examination for the professional practice of MFT accurately reflected the work-related activities of MFTs in practice was held during the year. PES conducted a validation survey under the coordination of Carl Johnson, MA (GA), president of the AMFTRB. Random samples of practitioners were taken from nine of the 10 AMFTRB's member states that were actively licensing MFTs in February, 1989. Two hundred licensed MFTs from California were also randomly selected for the survey and their responses separately analyzed.

The examination stood up well under the validation study. Responses indicated that more time is spent by practitioners performing tasks related to the practice domain labeled "conducting course of treatment" than to other domains (joining/assessment/diagnosis; designing treatment; establishing and maintaining appropriate networks; assessing outcome; and maintaining professional standards).

Development of the Examination

The examination advisory committee to PES and the AMFTRB consisted of Johnson, William Doherty, PhD (MN); Celia Falicov, PhD (CA); Judith Landau-Stanton, MD (NY); William Nichols, EdD (FL); and Robert Stahmann, PhD (UT).

A technical method known as an Angoff

procedure was used to establish a passing score for the examination. Members of the Angoff passing score committee were Jerome Adams, PhD (RI); Bruce Burkland, MA (WY); Shirley Emerson, PhD (NV); Edmond Halderman, EdD (NJ); Robert E. Lee, PhD (MI); Barbara Lynch, MS (CT); and James Rentz, DMin (SC).

The original items for the item pool used by PES were submitted during four item-writing workshops held during the report period. Those items subsequently were reviewed by subject matter experts for accuracy and validity and acceptable items retained.

Serving as item writers were:

New York (May 1989): Robert Garfield, MD (PA); Randy Gerson, PhD (GA); Jill Harkaway, EdD (MA); Anthony Heath, PhD (IL); Jeri Hepworth, PhD (CT); Marion Lindblad-Goldberg, PhD (PA); Susan McDaniel, PhD (NY); Augustus Napier, PhD (GA); and Beatrice Wood, PhD (PA).

San Francisco (June 1989): David Baptiste, PhD (NM); David Berenson, MD (CA); James Bray, PhD (TX); Carlfred Broderick, PhD (CA); Lee Combrinck-Graham, MD (IL); James Harper, PhD (UT); Mary Hays, PhD (MN); Anthony Jurich, PhD (KS); Mary Moline, PhD (CA); and Rodney Shapiro, PhD (CA).

San Diego (January 1990): George Sargent, PhD; Phillip Ellis, PhD; Felise Levine, PhD; Roy Resnikoff, MD (CA); Lisa Ross, PhD (CA); and Christie Turner, MSW, all from California.

Chicago (February 1990): Cheryl Ramage, PhD; Brent Atkinson, PhD; and Jane Peller, MSW, all from Illinois.

The Current Status of States

Of the 21 states currently licensing/certifying MFTs by statute, only two—Oklahoma and Maine—do not belong to the AMFTRB. Oklahoma had not yet appointed its board at press time, and Maine also still had practical issues to resolve.

Four states—Arizona, Florida, Massachusetts, and Oregon—are in the process of negotiating with the AMFTRB for use of the examination. California and North Carolina have been using their own state examinations. Michigan's statute does not call for use of a written examination as part of its credentialing procedures. □

Marital and Family Therapy Standard Curriculum

Areas of Study	Minimum No. Required Courses	Semester Hours	Quarter Hours
I THEORETICAL FOUNDATIONS OF MARITAL AND FAMILY THERAPY	1-3	3-9	4-12
II ASSESSMENT AND TREATMENT IN MARITAL AND FAMILY THERAPY	4-5	12-15	16-20
III HUMAN DEVELOPMENT AND FAMILY STUDIES	2-4	6-12	8-16
IV ETHICS AND PROFESSIONAL STUDIES	1	3	4
V RESEARCH	1	3	4
VI SUPERVISED CLINICAL PRACTICE	12 successive months	9	12
VII ELECTIVE	1	3	4
TOTAL		<u>45</u>	<u>60</u>

Testimony
Senate Health and Public Welfare Committee
March 27, 1991

House Bill 2017

Mr. Chairman, members of the Senate Public Health and Welfare Committee, I am Stuart M. Frager, Ph.D., a marriage and family therapist and supervisor. Registration of marriage and family therapists will give recognition to the contribution this discipline makes to our society. However I would like to bring your attention to a problem area within HB 2017, the lack of grandfathering. There are those of us in Kansas who attained our graduate degrees at a time when the educational requirements in this bill were unattainable as they were not offered and indeed there really was no specific education and training available in family and marital therapy. The net result of the specifics of this bill without the grandfathering clause is to disenfranchise many of the senior marriage and family therapists and teachers in the state of Kansas, the very individuals who are providing, and will continue to provide, supervision and training to new marriage and family therapists. In my own case I have 20 years of experience in marital and family therapy, have taught seminars and supervise interns in a nationally accredited psychology internship program and hold a supervisory certificate from a national association that certifies marriage and family therapists and supervisors. For myself and many others there would be no way to demonstrate equivalency to the semester educational requirements without enrolling in a university program. When I, and others like me, were in graduate school these courses were not being taught and were therefore not available. I have a great many continuing education hours in marriage and family therapy but as many of these occurred years ago the documentation required would not be attainable.

Therefore, for those of us in this situation I would like to propose the grandfathering clause, New Section 4(A)(3)(D), attached as a balloon. I believe this would allow many of the senior marriage and family therapists in Kansas who came through before the standardized programs were available to maintain their status as marriage and family therapists, while still protecting the designation. As this amendment is targeted to a group of Kansans who are already practicing in this state it is expected that the two year window would allow time for the Board to devise rules and regulations and for this group to process their applications. Thank you for your consideration.

Stuart M. Frager, Ph.D.
Psychology Department
Topeka State Hospital
Topeka, Kansas 66606
Telephone: (913) 296-4413

1 experience in marriage and family therapy satisfactory to the board;
 2 (3) (A) has completed a master's or doctoral degree from a mar-
 3 riage and family therapy program, in an educational institution with
 4 standards consistent with those of the state universities of Kansas,
 5 approved by the board; or (B) has completed a master's or doctoral
 6 degree from an educational institution in a related field for which
 7 the course work is considered by the board to be equivalent to that
 8 provided in clause (3)(A) of this paragraph and consists of a minimum
 9 of nine semester hours in human development, nine semester hours
 10 in theories of marriage and family functioning, nine semester hours
 11 of marital and family assessment and therapy, three semester hours
 12 in professional studies and three semester hours in research; or (C)
 13 completed a master's or doctoral degree from an educational insti-
 14 tution in a related field with additional work from an educational
 15 program in marriage and family therapy approved by the board and
 16 such degree program and additional work includes the course work
 17 requirements provided in clause (3)(B) of this paragraph; and

18 (4) has passed an examination approved by the board.

19 (b) Each applicant shall pay an application fee and examination
 20 fee established by the board under section 11.

21 New Sec. 5. Prior to July 1, 1993, a registration shall be issued
 22 to an applicant without examination if the board is satisfied that the
 23 applicant meets the requirements of paragraphs (1) to (3), inclusive,
 24 of subsection (a) of section 4.

25 New Sec. 6. The board shall issue a registration to an individual
 26 who is currently registered, certified or licensed to practice marriage
 27 and family therapy in another jurisdiction if the board determines
 28 that the standards for registration, certification or licensure to prac-
 29 tice marriage and family therapy in the other jurisdiction are at least
 30 equivalent to or exceed the requirements of the marriage and family
 31 therapists registration act and rules and regulations of the board. An
 32 applicant for a registration under this section shall pay an application
 33 fee established by the board under section 11.

34 New Sec. 7. (a) An applicant who meets the requirements for
 35 registration pursuant to this act, has paid the registration fee provided
 36 for by section 11 and has otherwise complied with the provisions of
 37 this act shall be registered by the board.

38 (b) Registrations issued pursuant to this act shall expire 24 months
 39 from the date of issuance unless revoked prior to that time. A reg-
 40 istration may be renewed upon application and payment of the fee
 41 provided for by section 11. The application for renewal shall be
 42 accompanied by evidence satisfactory to the board that the applicant
 43 has completed during the previous 24 months the continuing edu-

or (D) has completed a master's or doctoral degree in a related field and has practiced marriage and family therapy for five years. The provisions of New Section 4(A)(3)(D) will expire on July 1, 1993.

5-2

TO: Senate Public Health and Welfare
Committee
FROM: Daniel Lord, Ph.D., Marriage & Family
Graduate Program Coordinator,
Friends University, Wichita, KS
RE: Support for Registration of Marriage
and Family Therapists, HB 2017
DATE: March 27, 1991



2100 University
Wichita, KS 67213
(316) 261-5800

Thank you for this opportunity to speak in favor of registration for marriage and family therapists. Formerly, I represent the Marriage and Family Graduate Program of Friends University. This is our fifth year of offering master's level education and training in marriage and family therapy. We are now in our second year of a three year candidacy process leading toward full accreditation by the American Association for Marriage and Family Therapy which will make us one of approximately 38 such programs in the United States.

Our graduates currently work in settings such as church staffs, alcohol and drug treatment programs, employee assistance programs, in practices with licensed psychologists, and in private practices of their own. Among mental health professions, they are unique in at least three important aspects. One, they are required to have mastered the body of literature and research specifically related to the relationship complexes of marriage and family functioning. Two, they are required to have undergone closely supervised clinical training applying this body of knowledge specifically to therapy with couples and family systems. And three, they remain independent of the third party reimbursement system currently in such crisis over rapid escalation of psychiatric hospitalization and costs.

In Kansas today, these three characteristics are required only of persons seeking graduate education and training toward certification in the profession of marriage and family therapy.

This, then, is why I ask for your support of HB 2017. Currently there is no professional title guaranteeing the public that a specific mental health practitioner is adequately trained to present oneself as a marriage and family therapist. As you know, anyone can claim such a professional designation. As a result, a person seeking help with marriage or family problems has no professional provider to turn to for whom minimum standards of education and clinical training are required specific to marriage and family therapy. This situation crosses the lines of the various mental health disciplines as well as licensure.

Registration of marriage and family therapists would assist the public by establishing such minimum standards for professional providers utilizing the title of marriage and family therapist.

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This situation also represents other important developments. While the research literature specific to marriage and family functioning has been steadily developing over the past fifty years, it has been only in the past two decades that graduate training in the profession has become more widely available. Many of the seminal thinkers and most of our senior supervisors of marriage and family therapy were trained in related mental health fields, in postgraduate institutes, and beyond that largely by experience. Their clinical and professional experience has contributed and continues to contribute a great deal to the more systematic and responsible training of marriage and family therapists today.

At the same time, the public has become more sophisticated in its understanding of the mental health field. More persons are aware that "psychotherapy" is not a generic treatment. More are requesting marital therapy and wish to work with both spouses in the treatment. More are aware that a therapist's knowledge and training can have either beneficial or adverse effects on the relationships most important to them. And more are increasingly hesitant to utilize health insurance when informed that to do so requires that a psychiatric diagnosis be given an individual and so recorded on their medical record. Again, the result is that the public is more attentive to professional title and the expertise it is intended to promise again making registration of marriage and family therapists significant.

Before I finish, I also want to say just a word outside my formal role with Friends. I am an ordained United Methodist clergyman. I have had 19 years of involvement in parish ministry coinciding with my training and practice as a marriage and family therapist. This has offered me a quite broad exposure to persons in distress. What I have witnessed is that relationship pain is far more prevalent than mental disorder. Far too often, I have ended up seeing people who first sought help for a relationship problem who were diagnosed and treated for individual mental disorders. It's my belief that in the course of such treatment, marriage relationships and family development were too often and too easily harmed by practitioners offering treatment without benefit of adequate training in marriage and family therapy or without professionals so trained and designated with whom to consult or refer.

We are living in an age of multidisciplinary mental health care. I think it is quite exciting. I believe it can be quite positive for the public. Registration of marriage and family therapists is an important step in clarifying and enhancing these services for those who will need them most--and who will need them at times when they are most dependent on state regulation to have ensured minimum standards of education and training for professionals identified with specific services.

Again, I urge your support of HB 2017.

Thank you.



State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

Acting
Stanley C. Grant, Ph.D., Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

Reply to: _____

FAX (913) 296-6231

TESTIMONY PRESENTED TO

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

by

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill 2017

In the 1970s the Kansas Legislature was confronted with numerous requests from health care occupations to be licensed by the state. The Legislature felt that it needed a mechanism to review all pertinent information in order to determine whether the benefits to society outweighed the societal costs of licensing a certain group. Hence, the credentialing review program was established in 1980 through KSA 65-5001 et seq. The statutes placed the responsibility of administering the program with the Kansas Department of Health and Environment.

"Credentialing" is defined as the formal recognition of professional competence through registration, licensure, or other statutory means. The reasons occupations seek credentialing regulations often include a desire to upgrade the status of the occupation, limit those who can practice in a certain field, enhance earning potential, or obtain third-party reimbursement. At the same time, credentialing can have a negative and/or positive impact on the public. For example, it can provide the public some protection against untrained practitioners through assuring an entry level of competency of practitioners and/or increasing the cost of health care. A primary theme of the review process is to determine whether the unregulated occupation creates a harmful situation to the public and whether credentialing would address the situation.

The credentialing review process begins when a health care occupational group seeking to be credentialed by the State of Kansas submits an application to the Secretary of Health and Environment. The application is taken through an extensive review process involving a technical committee and the Secretary.

The technical committee and Secretary must find that the information gathered during the hearings and in the application documented that the nine criteria (KSA 65-5006) are met and that a need for credentialing exists before a recommendation for credentialing can be made. The nine criteria pertain to various issues on whether a need for protection from the unregulated occupation exists and what effects credentialing of the occupation would have on the public. If the criteria are found met and a need for credentialing exists, the Secretary must apply the criteria specified in KSA 65-5007 to

Senate P H&W
Attachment #7

Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
(913) 296-1343

James Power, P.E.
Director of Environment
(913) 296-1535

Lorne Phillips, Ph.D.
Director of Information
Systems
(913) 296-1415

Roger Carlson, Ph.D. 3-27-91
Director of the Kansas Health
and Environment Laboratory
(913) 296-1619

determine the appropriate level of credentialing (licensure, registration, and/or other statutory means) to protect the public from the documented harm.

The Kansas Association of Marriage and Family Therapy submitted a credentialing application to the Department in 1987. A seven-member technical committee consisting of three currently credentialed health care personnel and four consumers conducted three public meetings and two public hearings to review this application. The end product of the review process was a final report by the Secretary of Health and Environment issued to the legislature on June 9, 1988.

In summary, the final report by the Secretary to the Legislature concluded that all of the statutory criteria were met. However, there was no need to license or register marriage and family therapists in order to protect the public from the documented harm. Therefore, a recommendation was made that the application be denied. The rationale for the decision is found in the attached final report.

It was found that the only documented case of harm was due to sexual exploitation of clients by psychotherapists. The technical committee noted that regulations in the form of credentialing would not reduce the problem of sexual exploitation. In addition, harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public through setting minimum standards of education and training in order to practice. Therefore, credentialing would not address the issue of harm in this instance. Hence, the Secretary did not recommend registering marriage and family therapists to protect the public from sexual exploitation.

Some type of action is needed to address the problem of sexual exploitation of clients. Documentation revealed that sexual exploitation is a very real and widespread problem, but not for marriage and family therapists alone. National studies show that five to seven percent of male psychiatrists, PhD psychologists, and physicians reported having had sexual intercourse with clients while clients were in treatment. Double that number have had erotic contact with clients. Complaints by Kansans to the Attorney General's office about noncredentialed therapists and complaints to the Board of Behavioral Sciences and the Board of Healing Arts about credentialed therapists reveal that the problem is here at home as well. All of the major health professions have declared that sexual intimacy (intercourse or erotic contact) with a client is unethical and is classified as "sexual exploitation." Studies show that 90 percent of the clients involved sexually with therapists sustain some type of damage - ranging from personality negatively affected (34 percent), hospitalization (11 percent), and suicide (one percent).

The Secretary, in the final report, recommended that legislation modeled after initiatives taken in Minnesota be considered to combat the problem of sexual exploitation. The recommended legislative initiative package included: (1) changing the criminal law to make it unlawful for a mental health provider to sexually exploit a client; (2) changing the civil law to

allow victims of sexual exploitation to sue for damages received due to incidents; (3) requiring mental health providers to distribute to clients prior to treatment educational material which includes a statement that sexual intimacy is never appropriate and should be reported; and (4) establishing a regulatory body to oversee the unlicensed/unregistered mental health provider.

Submitted by: Richard Morrissey, Deputy Director
Division of Health
Kansas Department of Health and Environment
March 27, 1991

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

EXECUTIVE SUMMARY OF THE FINAL REPORT

MARRIAGE AND FAMILY THERAPISTS' CREDENTIALING APPLICATION

The Secretary of Health and Environment Recommendations to the Legislature:

I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.

The technical committee found that the only documented case of potential harm was due to sexual exploitation of clients by psychotherapists. Research studies show that sexual exploitation by psychotherapists do occur and that 90 percent of the clients who are sexually exploited sustained some type of damage. The technical committee noted that regulating marriage and family therapists would not reduce the problem of sexual exploitation. I agree with the findings and the conclusion made by the technical committee. However, I conclude that since regulation would not reduce the incidence of sexual exploitation, there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: 1) Changing the criminal and civil laws to include the therapists-client sexual relationship; 2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment; and 3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions such as title protection for certain occupational groups is needed.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FINAL REPORT TO THE LEGISLATURE
FROM THE SECRETARY
ON THE APPLICATION FOR CREDENTIALING OF
MARRIAGE AND FAMILY THERAPISTS

The Kansas Association of Marriage and Family Therapy (KAMFT) submitted an application to the Kansas Department of Health and Environment to be reviewed through the credentialing review process consistent with the criteria established by the 1986 legislature. KAMFT seeks licensure by the State of Kansas for individuals providing marriage and family therapy. The applicant desires to restrict who can practice marriage and family therapy and what titles can be used by those licensed. The titles the applicant desires to safeguard are: marriage and family therapist, marriage and family counselor, marriage therapist or counselor, and family therapist or counselor.

The definition of scope of practice of marriage and family therapy recognized by the technical committee and Secretary is:

The assessment and treatment of cognitive, affective, or behavioral problems within the context of marital and family systems.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq) by a technical committee and the Secretary of Health and Environment. The purpose of the review process is to provide the legislature with a thorough analysis of the application and to make recommendations on whether there is a need for credentialing and, if so, what level or levels of credentialing is appropriate. The legislature is not bound by these recommendations. Attached is a copy of the technical committee's report.

The technical committee found that the criteria set out by KSA 65-5006 have been met. I concur with the technical committee's findings and conclusions about the criteria. In summary, the technical committee found:

- The applicant has met Criterion I by demonstrating that the unethical psychotherapist, which would include marriage and family therapists, who sexually exploits a client can harm the client. "The potential for such harm is recognizable and not remote." However, regulating marriage and family therapists would not eliminate or reduce the problem.

Research studies were presented that depicted the percentage of mental health practitioners, specifically 10 percent of the psychologists and/or psychiatrists, who have reported engaging in sexual contact or intercourse with clients. Other studies showed that 90 percent of those clients who had been sexually involved with therapists sustained some type of damage, including

personality negatively affected (34 percent), hospitalization (11 percent), and suicide (one percent). The potential for such harm appears not to be remote as illustrated by the complaints against unregulated therapists that were filed with the Kansas Attorney General's office. However, regulation would not eliminate the problem as shown by actions taken by the regulatory board for licensed mental health practitioners nor would regulation reduce the problem.

- The applicant has met Criterion II by demonstrating that "marriage and family therapists require specialized skills and training" and that these skills and training can be "acquired through a formal period of advanced study or training" from an accredited program and that continuing education is available to acquire new information regarding the practice.

Evidence was presented that showed the body of knowledge is identifiable (e.g., human development, marital and family treatment models) to the skills needed to counsel clients within the context of the systems theory. The advanced formal study and training to meet minimum entry level standards to practice can be acquired from an accredited bachelor's degree program in marriage and family therapy.

- The applicant has met Criterion III by demonstrating that "the occupation does not perform, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services."

Evidence showed that members of the Kansas Association of Marriage and Family Therapy work in a variety of settings that are not under the direction of other health care personnel or inpatient facilities. For example, 29 percent of the marriage and family therapists were in private practice, 14 percent worked for a private social service agency, 10 percent were university faculty, and nine percent worked in hospitals.

- The applicant has met Criterion IV by rationalizing that "the client is not effectively protected from harm by private certification of members of the occupation or by means other than state credentialing."

Evidence showed that certification by the American Association of Marriage and Family Therapy would provide some protection to the public through the established educational/training standards and code of ethics adhered to by the members; however, membership and certification is voluntary. Another form of protection is through the

regulation of marriage and family therapists who are licensed in another mental health occupation, but only an estimated 31 percent of marriage and family therapists are licensed in either social work or psychology. Not all individuals practicing marriage and family therapy are under one of these jurisdictions.

- The applicant has met Criterion V by showing that "the effect of credentialing the occupation on the cost of health care to the public is minimal."

Licensure does not guarantee third-party reimbursement; therefore, licensure would not necessarily increase fees, salaries, or wages of marriage and family therapists. Studies by the U.S. Office of Personnel Management showed that increasing competition does extend the pool of reimbursement providers. It does not subsequently lead to greater utilization of services; there is a substitution of service delivery. In addition, it appears that marriage and family therapists' fees are generally lower than psychologists.

- The applicant has met Criterion VI by illustrating that credentialing of the occupation probably would not limit the availability of marriage and family therapists practicing in Kansas.

Approximately 60 percent of the Kansas graduates in marriage and family therapy leave the state for more promising employment. Presently, many facilities cannot afford to hire marriage and family therapists because insurance companies will not pay for services. Licensure may actually increase the number of marriage and family therapists practicing in Kansas.

- The applicant has met Criterion VII since it agreed to change the definition of the scope of practice. Due to this change, "the scope of practice is identifiable."

The applicant originally defined marital and family therapy as "the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective or behavioral, within the context of marital and family systems." From the information provided, it appears that marriage and family therapists do not have the training in the application of the DSM-III classifications of mental disorders. Rather marriage and family therapists are trained to recognize problems (e.g., life cycle changes) that are not necessarily attributed to mental disorders. The technical committee concurred that if the applicant group agreed to change the definition of the scope of practice to "the assessment and treatment of cognitive, affective, or behavioral problems within the context of

marital and family systems," then the criterion would be met. The applicant spokesperson told staff that the applicant could live with the suggested changes to the definition of the scope of practice.

- The applicant has met Criterion VIII by manifesting supportive information that "the effects of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal."

Numerous letters from nonregulated and regulated occupations that provide family counseling, such as ministers/pastors, judges, attorneys, and court service personnel, supported credentialing efforts of marriage and family therapists. No information was provided predicting a negative affect on nonregulated occupations if marriage and family therapists are credentialed. It appears that the effects of credentialing would be minimal on all of the credentialed mental health occupations since they are excluded from most of the requirements of the proposed legislation.

- The applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupation and are identifiable."

The Commission on Accreditation for Marriage and Family Therapy Education is the accrediting agency recognized by the Department of Health and Human Services. Kansas State University has the only accredited program in Kansas at this time.

Since the applicant agreed to change its scope of practice, then all of the criteria have been found met.

The only documented case of potential harm presented by the applicant that met the requirements of Criterion I was due to sexual exploitation of clients by psychotherapists. The following options were considered by the technical committee as means to protect the public from sexual exploitation. These options are listed from the least restrictive form of regulation to the most restrictive form of regulation. In addition to looking at alternative forms of regulation of marriage and family therapists, the technical committee considered the Minnesota Client Protection System.

Alternative Forms of Credentialing

- 1 Changing the criminal and civil laws to include the client-therapist sexual relationship. (This is a part of the Minnesota Client Protection System.)

- 2 Mandating that marriage and family therapists distribute to clients prior to treatment educational information referred to as a "client bill of rights." (This is a part of the Minnesota Client Protection System.) The statement lists such information as the therapist's training, education, theoretical approach, unethical actions, and complaint systems.
- 3 Creating a title protection law that recognizes the American Association of Marriage and Family Therapy's educational/training standards and allows only those individuals who are registered with the association or who are registry eligible to call themselves the various titles used by marriage and family therapists. This measure provides state recognition of the occupation without the use of a state regulatory agency as an enforcement body. The enforcement system would be the local court system.
- 4 Creating a registration law which provides for state recognition of the occupation and title protection. Specifically, those with special education/training and who are registered can call themselves the titles used by marriage and family therapists. The enforcement body would be a state regulatory board.
- 5 Creating a licensure law which provides state recognition of the occupation, title protection, and protection of the defined scope of practice (i.e., only those licensed can practice).

The Minnesota Client Protection System includes: (1) changing the criminal and civil laws to include the client-therapist sexual relationship; (2) requiring all psychotherapists to distribute educational material to a client prior to treatment (referred to as a "client bill of rights"); and (3) establishing a Board of Unlicensed Mental Health Service Providers. In regard to the board, all mental health providers who are not required to be licensed must file certain information with the board in order to practice. The client protection system was specifically designed to deal with moral and ethical issues involving psychotherapists and clients. For detailed information about the various credentialing alternatives and the Minnesota Client Protection System, refer to the final report and recommendations of the technical committee, pages 19 through 25.

The technical committee concluded that regulation would most likely not eliminate nor reduce sexual exploitation of clients by marriage and family therapists. However, the technical committee felt that providing victims of sexual misconduct by a marriage and family therapist a recourse other than the current court system was needed. Therefore, the technical committee found that a need for credentialing exists.

After applying the criteria set by KSA 65-5007, the technical committee concluded:

- Licensure would be too restrictive in that the state would be limiting marriage and family counseling to one certain therapy

approach. The functions of marriage and family therapy (i.e., systems approach) is used by other counseling occupations. Protecting the scope of practice (i.e., who can use the systems approach) was not necessary to protect the public.

- Protection from unethical acts can more likely be achieved from those who have been properly trained and have had an ethics course than from those persons who are not properly trained. Therefore, registration could protect the public and provide a recourse mechanism to victims of sexual assault.
- Several committee members supported title protection over registration if another recourse system, such as changing criminal or civil laws, or establishing a board of unlicensed mental health providers were enacted. The committee agreed that mandating educational material known as a "client bill of rights" would be a preventive tool.

The technical committee recommended:

- Registration as the appropriate level of credentialing in order to identify for the public appropriately trained marriage and family therapists and to provide victims of sexual exploitation a recourse mechanism against unethical marriage and family therapists.
- The registration law should include a provision mandating that marriage and family therapists, prior to treatment, provide clients with educational materials referred to as a "client bill of rights."
- Further consideration of the Minnesota Client Protection System should be made since the documentation provided in the review shows that sexual exploitation is not remote and can be committed by members of all psychotherapy professions whether the occupation is licensed or not.

Secretary's Conclusions and Recommendations

- 1 I concur with the technical committee that all statutory criteria are met. However, I disagree with the technical committee's conclusion that there is a need to credential marriage and family therapists in order to protect the public from the documented harm. Therefore, I recommend that the application be denied since protection of the public can be improved without credentialing the occupation.
- 2 I conclude that since regulation would not reduce the incidence of sexual exploitation there is no need to credential marriage and family therapists. It appears that harm caused by sexual exploitation is not generated by a lack of specialized training but from ethical or moral failures. Credentialing protects the public

by setting minimum standards of education and training in order to practice. Therefore, credentialing in this case would not address the issue of harm.

- 3 I recommend that the legislature consider enacting legislation similar to the Minnesota Client Protection System to offer the public protection from sexual exploitation by psychotherapists. The Minnesota Client Protection System involves: (1) changing the criminal and civil laws to include the therapist-client sexual relationship, (2) requiring all psychotherapists to distribute a "client bill of rights" to clients prior to treatment, and (3) establishing a board of unlicensed mental health service providers. This system was specifically designed to combat unethical and immoral issues involving psychotherapists and clients. These measures offer protection to the client from sexual exploitation by making the act illegal, providing victims court recourse, educating the public about unethical acts, making available to the public information about the training and certification of unlicensed practitioners, and providing recourse to victims through board sanctions of unlicensed practitioners. The unlicensed mental health service providers' board will be able to gather information about marriage and family therapists and other unlicensed mental health providers that is currently not available. This information will formalize state monitoring of the issues while providing a mechanism for determining if other possible actions, such as title protection for certain occupational groups, are needed.



COMMITTEE on PUBLIC AFFAIRS

*Kansas-Nebraska Convention of Southern Baptists
5410 West Seventh Street, Topeka, Kansas 66606
"...seeking God's answer to today's moral issues..."*

SENATOR EHRlich & PUBLIC HEALTH & WELFARE COMMITTEE

*Dr. Jimmy Cobb,
Chairman
Charles Hawley
Bette Elder
James Hamilton
John Yeats
Ron Elliott
Dave Stillie*

Reference to HB2017, Registration of Marriage and
Family Therapists

CONFeree - JOHN YEATS

Legislative Liaison - Committee on Public Affairs,
Kansas/Nebraska Convention of
Southern Baptists; Pastor of
Shawnee Heights Baptist Church,
Topeka, Kansas

Many Kansas marriages are in deep trouble today and some are wisely seeking help from qualified individuals to restore relational dysfunction.

Our concern today is not so much with opposing HB2017, but with a word of caution and a proposal.

Our caution centers around the potential challenge of a church or religious group who has a ministry to people with dysfunctional marriages. If this said ministry succeeds and chooses to advertise in the yellow pages, the category would be "Marriage and Family Counselors." By the ministry's representation as marriage and family counselors, would this be the same as therapists?

It is interesting that many are currently celebrating the anniversary of the Bill of Rights. Our concern is that the state may find itself in violation of 1st amendment rights by defining the parameters of a church's or religious group's ministry. Many churches would choose to have registered (board certified) therapists on their counseling staff. However, there are other churches who reject some of the prevailing philosophical strategies employed by the secular therapist and state institutions which train the would-be "Registered Therapists."

The proposal:

Page 4 line 34 currently reads: "... priest, minister, or clergy person of any religious denomination or sect unless such person is a registered marriage and family therapists."

The proposed change would read: "... priest, minister, clergy person, or organized ministry of any religious denomination or sect unless such person(s) is a registered marriage and family therapist."

John Yeats
(913) 266-5600

Senate P H&W
Attachment #8
3-27-91

PROGRAMS & SERVICES-See
Advertising Agencies & Counselors; Sales
Promotion Service; Telemarketing Services

**Marriage & Family
Counselors**

Baumann Carol 5847 SW 29-----273-7292
Bellows-Blakely Karen
522 SW Washburn Av-----234-6844
BELOHLAVEK & WADE
ALLIED FAMILY MEDICINE & COUNSEL
INDIVIDUAL • GROUP • COUPLES
GENERAL • SEX THERAPY
1115 S W 10-----233-8268
Cain Brent 5847 SW 29-----273-7292
Catholic Social Service
Individual & Family Counseling
306 SW Van Buren-----233-6300

**CHARTER COUNSELING CENTER OF
LAWRENCE**

Outpatient Counseling For
Children, Adolescents & Adults
• Individual & Family Therapy
• Emotional & Behavioral Problems
• Depression & Stress
• Eating Disorders
Day & Evening Appointments
3210 Mesa Way Lawrence-----841-6000

CHRISTIAN COUNSELING SERVICES

Individual • Marital • Career • Family
Carroll Ohlde, PhD, M. Div.
Psychologist - Minister
1716 SW Gage Blvd-----272-0703

CIVIC CENTER COUNSELING CLINIC

Individual • Marriage
Divorce Adjustment Therapies
No Fee For Initial Consultation
R. DON STRONG, Ph.D.
* See Display Ad This Classification
510 SW 14-----232-8625

Clinical Practice Associates
2933 SW Woodside Dr-----271-0855
COMMUNITY SERVICE OFFICE-
MENNINGER 234 S Kansas Av-----232-7214

CONFIDENTIAL PROFESSIONAL SERVICES
BRENDA J. ALEXANDER - MSW
MARITAL THERAPY • MEDIATION • DIVORCE
SEE LISTING UNDER PSYCHOTHERAPY
4121 SW Twilight Dr-----273-8852

Cross Point Ministries Inc
3124 SW 29-----272-0004

DEBADO CUCA R MSW
INDIVIDUAL & FAMILY CRISIS STRESS
DEPRESSION
ADULT ADOLESCENT MARRIAGE
FAMILY COUNSELING
3600 SW Burlingame-----357-6142

DeK Verla W 5847 SW 29-----273-7292
Eberhart-Wright Alice
3600 SW Burlingame Rd-----267-0156
**FAMILY SERVICE & GUIDANCE
CENTER OF TOPEKA INC**
Outpatient Services
2914 SW Plass Ct-----267-0038
First Church Of The Nazarene
1001 SW Buchanan-----232-3316
Heyde Sherry 5847 SW 29-----273-7292
Hill Sara MSW 325 Frazier-----273-7500
Hunter-Levy Kathleen LMHT
4125 SW Gage Center-----273-5610
Jan Sarah K 5049 SW 28-----271-0858
Lynchings & Emergency-----271-7141
Jan Sarah K 5049 SW 28-----271-0858
Lynchings & Emergency-----271-7141

273-7292
273-7292
273-7500
273-5610
271-0858
271-7141
271-0858
271-7141

ROBERTSON SOCIAL SERVICES
INDIVIDUAL • MARITAL • FAMILY
TSAV HOLLAND MINISTER
CARROLL OHLDE PH.D.
1716 SW Gage Blvd-----272-0703

Marquardt Allan H 2115 W 10-----233-3326
Maxfield Richard B
1208 SW Tyler-----234-1010

MCKAMY ELIZABETH H
LSCSW
Family • Individual • Group
Midlife Crisis • Grief • Chronic Illness • ACOA
3600 SW Burlingame Rd-----267-0156

MCNEER C CONRAD REV
MARRIAGE & FAMILY THERAPIST
FELLOW, AMERICAN ASSOCIATION
OF PASTORAL COUNSELORS
3600 SW Burlingame Rd-----267-0150

MENNINGER
MARRIAGE AND
FAMILY COUNSELING
Menninger
MENNINGER
5800 SW 6-----273-7500

**METROPOLITAN CLINIC OF
COUNSELING OF KANSAS INC-MCC**
820 SE Quincy-----232-6383
Mills Carrol 1822 SW High Av-----232-5286
Moseley Jack 5847 SW 29-----273-7292
Potter Greg 3601 SW 29-----273-1661

POWELL & ASSOC
Individual • Marriage • Family
Children • Group • Adoptions • Sex
Counseling • Stress Mgt. • Divorce
Psych. Eval
Career Counseling • Evening Appts • Insurance
5847 SW 29-----273-7282

Procter Robert L
PhD Licensed In Kansas
Clinical Psychologist
1001 SW Garfield Av-----235-2793

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KANSAS PSYCHOLOGICAL ASSOCIATION

TESTIMONY ON HB 2017

March 27, 1991

I am Dr. David Rodeheffer and am here representing the Kansas Psychological Association, its president, Dr. Bruce Nystrom and its Board of Governors. We would like to thank you for this opportunity to comment on HB 2017, a registration act for marriage and family therapists.

Over the history of this legislation, our concerns have centered on a lack of a clear definition of the educational and training requirements of registered marriage and family therapists. Previous versions of this bill have left these decisions up to the Behavioral Science Regulatory Board; we have strongly opposed such an approach. We are pleased to see that the bill that was passed out of the House has spelled out specific education and training requirements. We understand that these requirements essentially parallel those of the American Association of Marriage and Family Therapists (AAMFT) and in that vein would deem these to be adequate.

Based on these proposed education and training requirements, we feel that a definitional change is in order for "marriage and family therapy." New Section 1 (b) defines marriage and family therapy as "the assessment and treatment of cognitive, affective or behavioral problems within the context of marital and family systems." We would like to propose a change to the definition: "Marriage and family therapy means the assessment and treatment of marital and family systems." This change would delete references to the assessment and treatment of cognitive, affective or behavioral problems. We find nothing in the educational requirements listed in the bill that would indicate that persons registered under this act would be prepared to assess cognitive, affective or behavioral problems. Specific requirements include: 9 semester hours in human development; 9 semester hours in theories of marriage and family functioning, 9 semester hours of marital and family assessment and therapy, 3 semester hours in professional studies and 3 semester hours in research. This proposed change in the definition of scope of practice, we feel is more in line with the type and breadth of training that registered and marriage and family therapists would be required to have.

A second concern that we have with the bill, as passed by the House, is the restriction of the title "marriage and family therapist" as well as the title "registered marriage and family therapist." There are numerous professionals who employ marriage and family therapy as a primary or secondary treatment technique. Most of these individuals are already licensed under their own professional licensing statutes, e.g., psychologists, social workers, and psychiatrists. If the title "marriage and family therapist" is restricted to those registered under this act,

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these professionals would be required to register themselves under this act as well as their discipline's act if they wanted to publicize themselves as marriage and family therapists. We feel that this unduly and unnecessarily restricts the use of a title that reflects a treatment technique. Restricting only the use of the title "registered marriage and family therapist" alone accomplishes the protection of the public by informing them that this person has met registration requirements.

A third concern is that there is no specification of the amount of continuing education requirements for maintaining registration. This unfortunately is left up to the BSRB to decide. We would recommend that some specifications be made as to the number of continuing education hours to be obtained. This is consistent with other registration and licensing statutes.

Finally, I would like to suggest some technical changes relative to section 13 and 14. The title "registered masters level psychologist" should be added to the list of professionals referred to in those sections. I have made notations of this in the accompanying balloon.

I want to thank you again for the opportunity to testify on this legislation on behalf of the Kansas Psychological Association. I would be glad to answer any questions now or in the future.

[As Amended by House Committee of the Whole]

As Amended by House Committee

Session of 1991

HOUSE BILL No. 2017

By Special Committee on Public Health and Welfare

Re Proposal No. 30

12-28

13 AN ACT providing for the registration of registered marriage and
14 family therapists; granting powers to and imposing certain duties
15 upon the behavioral sciences regulatory board; declaring certain
16 acts to be unlawful and providing penalties for violations; amend-
17 ing K.S.A. 1990 Supp. [38-1522 and] [38-1514 and] 74-7507 and
18 repealing the existing section [sections].
19

20 *Be it enacted by the Legislature of the State of Kansas:*

21 New Section 1. Sections 1 through 12, and amendments thereto,
22 shall be known and may be cited as the marriage and family therapists
23 registration act.

24 New Sec. 2. As used in the marriage and family therapists reg-
25 istration act:

26 (a) "Board" means the behavioral sciences regulatory board cre-
27 ated under K.S.A. 74-7501 and amendments thereto.

28 (b) "Marriage and family therapy" means the assessment and
29 treatment of ~~cognitive, affective or behavioral problems within the~~
30 ~~context of~~ marital and family systems.

31 (c) "Registered marriage and family therapist" means a person
32 who engages in the practice of marriage and family therapy and is
33 registered under this act.

34 New Sec. 3. (a) On and after July 1, 1992, no person shall rep-
35 resent that such person is a registered marriage and family therapist
36 ~~or a marriage and family therapist~~ without having first obtained a
37 registration as a registered marriage and family therapist under the
38 marriage and family therapist registration act.

39 (b) Violation of this section is a class B misdemeanor.

40 New Sec. 4. (a) An applicant for registration as a registered mar-
41 riage and family therapist shall furnish evidence that the applicant:

42 (1) Has attained the age of majority;

43 (2) has at least 500 client contact hours of supervised postgraduate

9-3

1 read as follows: 38-1522.(a) When any of the following persons has
2 reason to suspect that a child has been injured as a result of
3 physical, mental or emotional abuse or neglect or sexual abuse, the
4 person shall report the matter promptly as provided in subsection
5 (c) or (e): Persons licensed to practice the healing arts or dentistry;
6 persons licensed to practice optometry; persons engaged in post-
7 graduate training programs approved by the state board of healing
8 arts; licensed psychologists; licensed professional or practical nurses
9 examining, attending or treating a child under the age of 18; teach-
10 ers, school administrators or other employees of a school which the
11 child is attending; chief administrative officers of medical care fa-
12 cilities; *registered marriage and family therapists*; persons licensed
13 by the secretary of health and environment to provide child care
14 services or the employees of persons so licensed at the place where
15 the child care services are being provided to the child; licensed
16 social workers; firefighters; emergency medical services personnel;
17 mediators appointed under K.S.A. 23-602 and amendments thereto;
18 and law enforcement officers. The report may be made orally and
19 shall be followed by a written report if requested. When the sus-
20 picion is the result of medical examination or treatment of a child
21 by a member of the staff of a medical care facility or similar
22 institution, that staff member shall immediately notify the super-
23 intendent, manager or other person in charge of the institution who
24 shall make a written report forthwith. Every written report shall
25 contain, if known, the names and addresses of the child and the
26 child's parents or other persons responsible for the child's care,
27 the child's age, the nature and extent of the child's injury (including
28 any evidence of previous injuries) and any other information that
29 the maker of the report believes might be helpful in establishing
30 the cause of the injuries and the identity of the persons responsible
31 for the injuries.

32 [(b) Any other person who has reason to suspect that a child
33 has been injured as a result of physical, mental or emotional abuse
34 or neglect or sexual abuse may report the matter as provided in
35 subsection (c) or (e).

36 [(c) Except as provided by subsection (e), reports made pursuant
37 to this section shall be made to the state department of social and
38 rehabilitation services. When the department is not open for busi-
39 ness, the reports shall be made to the appropriate law enforcement
40 agency. On the next day that the state department of social and
41 rehabilitation services is open for business, the law enforcement
42 agency shall report to the department any report received and any
43 investigation initiated pursuant to subsection (a) of K.S.A. 38-1524

registered masters level psychologist;

b-6

1 officer of the school which the child attends or attended to provide
2 to the court information that is readily available which the school
3 officials believe would properly indicate the educational needs of
4 the child. The order may direct that, if the resources of the school
5 permit, the school conduct an educational needs assessment of the
6 child and send a report of the assessment to the court. The edu-
7 cational needs assessment may include a meeting involving any of
8 the following: The child's parents, the child's teachers, the school
9 psychologist, a school special services representative, a represent-
10 ative of the secretary, the child's C.A.S.A., the child's foster parents
11 or legal guardian, a court services officer, and other persons that
12 the chief administrative officer of the school or the officer's designee
13 considers appropriate.

14 [(b) *Of parent or custodian.* (1) *Physical, psychological or emo-*
15 *tional.* During proceedings under this code, the court may order
16 an examination, evaluation and report of the physical, mental or
17 emotional status or needs of a parent or any other relative being
18 considered as one to whom the court may grant custody. Written
19 reports and other materials relating to the examination and eval-
20 uation may be considered by the court but, if requested by any
21 interested party in attendance, the court shall require the person
22 preparing the report or other material to appear and testify.

23 [(2) *Parenting skills.* At any dispositional hearing, the court may
24 receive and consider written reports from any physician or qualified
25 person concerning the parenting skills or ability to provide for the
26 physical, mental or emotional needs and future development of a
27 child by a parent or other relative being considered for custody.
28 If requested by any interested party in attendance at the disposi-
29 tional hearing, the court shall require the person preparing the
30 report to appear and testify.

31 [(c) *Confidentiality of reports.* (1) *Reports of court ordered ex-*
32 *amination or evaluation.* No confidential relationship of physician
33 and patient, psychologist and client or social worker and client shall
34 arise from an examination or evaluation ordered by the court.

35 [(2) *Report from private physician, psychologist or therapist.*
36 When any interested party to proceedings under this code wishes
37 the court to have the benefit of information or opinion from a
38 physician, psychologist, ~~registered marriage and family therapist~~ or
39 social worker with whom there is a confidential relationship, the
40 interested party may waive the confidential relationship but restrict
41 the information to be furnished or testimony to be given to those
42 matters material to the issues before the court. If requested, the
43 court may make an *in camera* examination of the proposed witness

registered masters level psychologist,

State of Kansas

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Kansas State Board of
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Board of Healing Arts

MEMORANDUM

To: Senate Committee on Public Health & Welfare
From: Richard G. Gannon, Executive Director
Re: Testimony on HB 2168
Date: March 27, 1991

Thank you for the opportunity to appear before you today and provide testimony in support of HB 2168. The bill amends several statutes under the Healing Arts Act and serves as a kind of omnibus bill for both some rather minor changes as well as major changes to the Act.

Section 1 of the bill amends the statute which regulates the renewal of licenses under the Healing Arts Act - medical doctors, osteopathic doctors and chiropractic doctors. At lines 14 and 15 on page two, reference to not entering an Order of Revocation if a license is renewed within 30 days of the date of expiration is deleted. The new language in lines 15 and 18 simply specifies that the license will not be cancelled during this 30 day period if it has not been previously renewed.

Section 2 of the bill makes three changes to the statute that sets forth the grounds for revocation or other disciplinary action

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against a license to practice one of the three branches of the healing arts. The new language at lines 13 and 14 on page three would make these same grounds applicable to denial of an application for license or for reinstatement of a license. I should note that this bill would also repeal K.S.A. 65-2805 which presently reads as follows:

"The board may refuse to grant a license to any person, otherwise qualified, upon any of the grounds for which a license may be revoked under the provisions hereinafter contained."

License is defined at present for all statutes under the Healing Arts Act in K.S.A. 65-2802 as "a license to practice the healing arts granted under this act". Also of note are the amendments made to K.S.A. 65-2844 which deal with reinstatement of a license made by 1991 HB 2141 which passed the House by a vote of 124 to 0 and which was recommended favorable for passage by the committee last week with only a technical amendment.

At lines 33 through 36 on page three, two sections which presently constitute grounds for disciplinary action are to be deleted. These deal with the failure to pay annual renewal fees and the completion of post-graduate work. It is felt that K.S.A. 1990 Supp. 65-2809(a) adequately provides for payment of annual renewal fees. Section (b) of that same statute also imposes the requirement that a program of continuing education be

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satisfactorily completed. Therefore, under the provisions of K.S.A. 65-2809, the Board has the ability to cancel a license if the licensee fails to renew. Including failure to pay renewal fees and take post-graduate work as grounds for discipline seems somewhat contradictory and certainly confusing.

The third amendment to K.S.A. 1990 Supp. 65-2836 is set forth on page four of the bill. The present language regarding the procedure to require submission to mental or physical examinations or drug screens was enacted by the 1989 Legislature. The Board disagrees with the amendments made by the House. We have worked with the professional associations to develop acceptable language. The Kansas Medical Society, in its testimony, will be submitting a balloon amendment. I would ask that this balloon be made part of the bill.

Section 3 of the bill makes amendments to K.S.A. 1990 Supp. 65-2837 which defines "unprofessional conduct". Lines 25 through 27 on page eight and line 5 on page nine deal with accuracy of patient records. It is not felt that any of the existing grounds for disciplinary action under K.S.A. 1990 Supp. 65-2836 or the present definitions of unprofessional conduct adequately address this issue. At lines 34 and 35 on page eight, minor amendments are made in the requirement that patient records be transferred

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upon the request of the patient. The term physician is not defined in the Healing Arts Act and Attorney General Opinion No. 87-42 has raised questions as to whether this term is proper for utilization by chiropractic licensees. Therefore, the changes made at lines 34 and 35 on page eight are intended to clearly require that all three branches of licensees under the Healing Arts Act are required to so transfer patient records.

On page nine, the terms "licensee" and "license" are defined for purposes of determining grounds for disciplinary action. The Board presently issues temporary permits under K.S.A. 65-2811 and special permits under K.S.A. 65-2811a. Neither of the statutes which authorize the issuance of temporary or special permits specify grounds for which the Board may take disciplinary action against those permits. By including these types of credentialing within the definition of license and licensee for purposes of discipline, the Board clearly would be given the ability to take disciplinary action against holders of these types of credentialing which are not "licenses" as that term is presently understood.

Section 4 of the bill simply adds drug screens to K.S.A. 65-2842. It is felt that this was inadvertently omitted when the 1989 amendments were made to K.S.A. 65-2836(k).

Sections 5 and 6 of the bill would authorize the Board to issue temporary registrations to occupational therapists, occupational therapy assistants and respiratory therapists prior to passage of the Board approved registration examination. Similar provisions already exist of physicians' assistants and physical therapists. These changes enhance the likelihood that these people will, upon graduation, remain in Kansas. The Board feels the language in Sections 5 and 6 should be identical for both occupational therapy and respiratory therapy. The language in Section 6 is preferred by the Board. Therefore, a balloon amendment is attached for changes to Section 5.

Therefore, I would also like to take this opportunity to request that the Committee consider amending HB 2168 by inserting language which would result in the repeal of K.S.A. 65-2830 and K.S.A. 65-2853. The repeal of these two statutes was included in a bill draft which was not submitted to the Legislature for introduction. K.S.A. 65-2830 presently provides as follows:

"65-2830. The examination under this act shall be given and graded by members of the Board who hold a license in the branch of the healing arts in which the applicant seeks to be licensed."

K.S.A. 65-2853 provides as follows:

"65-2853. Any applicant whose application is rejected shall be allowed the return of his fee except ten dollars (\$10) thereof, which shall be retained by the board."

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It is felt that these statutes are both now outdated and should no longer remain within the Healing Arts Act. The Board presently administers uniformly accepted national examinations for licensure as well as accepts certain examinations administered by other testing agencies as being acceptable for licensure. The days when the Board prepared, administered and graded these examinations have long since past. Similarly, K.S.A. 65-2853 would seem to no longer have a rational basis. The rejection of an application for license will, in almost every instance, result in more staff time and administrative proceedings than an application which is fully complete and is approved. Therefore, there would not seem to be a basis for returning the application fee due to the denial of the license whether that be for lack of statutory qualifications for past conduct of the individual, or for present unfitness.

In conclusion, the Board is very supportive of HB 2168 and asks for your favorable consideration of it with the amendments proposed by both the Board and the Kansas Medical Society. If you have any questions, I would be happy to respond.

LTB:lw

1 ~~except for examination,~~ and who pays to the board the temporary
 2 registration fee as required under K.S.A. 1986 1990 Supp. 65-5409
 3 and amendments thereto. Such temporary registration shall expire
 4 ~~on the date the board acts on the application for registration~~
 5 ~~shall be in effect until the date the results of the examination become~~
 6 ~~available, but no more than one such temporary registration shall~~
 7 ~~be permitted to any one person without the majority approval of~~
 8 ~~the members of the board.~~

or who meets all of the requirements for registration

shall expire

one year from the date of issue or on the date that the board approves the application for registration, whichever occurs first. No

9 Sec. 6. K.S.A. 1990 Supp. 65-5508 is hereby amended to read
 10 as follows: 65-5508. (a) The board shall waive the examination,
 11 education and experience requirements and grant registration to
 12 any person who applies for registration on or before July 1, 1987,
 13 who pays the application fee and who was registered or certified
 14 immediately prior to the effective date of this act as a respiratory
 15 therapist or respiratory therapy technician by the national board
 16 for respiratory care or who has been employed as a respiratory
 17 therapist for the purpose of providing respiratory therapy for at
 18 least two years within the three-year period immediately prior to
 19 the effective date of this act.

20 (b) The board may waive the examination, education or expe-
 21 rience requirements and grant registration to any applicant who
 22 presents proof of current licensure or registration as a respiratory
 23 therapist in another state, the District of Columbia or territory of
 24 the United States which requires standards for licensure or reg-
 25 istration determined by the board to be equivalent to or exceed
 26 the requirements for registration under this act.

27 (c) At the time of making an application under this section, the
 28 applicant shall pay to the board the application fee as required
 29 under K.S.A. 1986 1990 Supp. 65-5509 and amendments thereto.

30 (d) The board may issue a special permit to a student enrolled
 31 in an approved school of respiratory therapy who applies for such
 32 special permit on a form provided by the board and who pays to
 33 the board the special permit fee as required under K.S.A. 1986
 34 1990 Supp. 65-5509 and amendments thereto. The special permit
 35 shall authorize a student who is enrolled in an approved school of
 36 respiratory therapy and who holds such special permit to practice
 37 respiratory therapy under the supervision of a registered respi-
 38 ratory therapist. Such special permit shall expire on the date that
 39 the student graduates from an approved school of respiratory ther-
 40 apy or otherwise ceases to be enrolled in an approved school of
 41 respiratory therapy.

42 (e) The board may issue a temporary registration to an applicant
 43 for registration as a respiratory therapist who applies for temporary

10-7



KANSAS OCCUPATIONAL THERAPY ASSOCIATION

March 27, 1991

To: Senate Committee on Public Health and Welfare

From: R.E. "Tuck" Duncan
Kansas Occupational Therapy Association

On behalf of the Kansas Occupational Therapy Association please be advised that we support HB 2168. The House Committee amended the bill to provide for temporary registration for Occupational Therapists at our request [and for Respiratory Therapists].

The necessity for this modification came to KOTA's attention during the session and the amendment was supported by the Board of Healing Arts. This amendment was necessary in order to provide statutory authority so the Board of Healing Arts may issue temporary registrations, as has been its practice, during the interim before an O.T. examination is given. A recent review of the interpretation of the law by the Board determined that the issuance of a temporary registration during the interim may not be statutorily allowed. The examination is only given twice a year in January and July. Exam results are issued six to eight weeks thereafter. Currently 130-140 persons each year are affected. There are openings in the field in need of these graduates awaiting their examination inasmuch as there is a shortage of occupational therapists in Kansas. O.T. graduates, who have completed all other requirements, need to have issued their temporary registration, like many other professionals, until they can submit to the examination and before permanent registration, otherwise they might not be allowed to accept available positions.

We do suggest, however, that the two sections relating to O.T.s and R.T.s be identical. Since the section relating to R.T.s sets a definite time for temporary registration, we suggest the provision relating to O.T.s be modified to parallel the provisions relating to R.T.s.

Thank you for your attention to and consideration of this matter.

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Attachment #11
3-27-91



KANSAS MEDICAL SOCIETY

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Kansas WATS 800-332-0156 FAX 913-235-5114

March 27, 1991

TO: Senate Public Health and Welfare Committee
FROM: Kansas Medical Society *Chip Wheeler*
SUBJECT: House Bill 2168; Healing Arts Act Amendments

Thank you for this opportunity to express our general support for the provisions of HB 2168. When hearings were conducted in the House Committee, we opposed the bill primarily because of language that was contained in section 3 (page 8, line 26). We testified that there may be instances when patient records are inaccurately recorded, and then it is later discovered through quality assurance or otherwise, that the records were inaccurate. Then, those records can be corrected. The original language of section 3 would have made this type of correction unlawful and would have subjected licensees to an unreasonable burden. The House Committee amended HB 2168 to make section 3 acceptable.

Section 2 of the bill was also amended by the House Committee (page 4, lines 12-17). These changes in the procedures whereby a drug screen or other examination of a licensee may be required could perhaps be unworkable in practice. The House Committee language would require a majority vote of the entire Board of Healing Arts to require such examinations and drug screens. We believe that there may be instances when immediate response to a situation is needed. For example, if a representative of the impaired physicians' program of the Kansas Medical Society were to suspect the use of narcotic substances by a licensee, we would request a drug screen of that physician. In order to respond in a reasonable timeframe, it may be necessary to utilize a decisionmaking group smaller than the entire Board of Healing Arts. Attached to this statement is a balloon amendment which would allow a three-member peer review committee of licensees in the same profession to examine the available information and determine whether a drug screen or an examination should be required of a licensee. This language would also allow another committee consisting of the two elected officers of the Board and the Executive Director of the Board to make the same type of decisions. We believe these amendments are needed in order for the Board to deal effectively with suspected impairment of a licensee.

We respectfully request that you adopt our suggested amendments prior to recommending HB 2168 for passage. Thank you for your consideration.

CW/cb

Attachment

Senate P H&W
Attachment #12
3-27-91

1 the healing arts for which the licensee is licensed with reasonable
 2 skill and safety to patients by reason of illness, alcoholism, excessive
 3 use of drugs, controlled substances, chemical or any other type of
 4 material or as a result of any mental or physical condition. In de-
 5 termining whether or not such inability exists, the board, upon
 6 reasonable suspicion of such inability, shall have authority to compel
 7 a licensee to submit to mental or physical examination or drug screen,
 8 or any combination thereof, by such persons as the board may
 9 designate. To determine whether reasonable suspicion of such in-
 10 ability exists, the investigative information shall be presented to a
 11 ~~review committee established pursuant to K.S.A. 65-2840c and~~
 12 ~~amendments thereto~~ *the board as a whole or to a person or an*
 13 ~~entity approved by the board and the~~ determination shall be made
 14 by a majority vote of the ~~review committee~~ *board as a whole or*
 15 *the person or entity approved by the board.* Information sub-
 16 mitted to the ~~review committee~~ and its ~~board as a whole or the~~
 17 ~~person or an entity approved by the board~~ and all reports, findings
 18 and other records shall be confidential and not subject to discovery
 19 by or release to any person or entity. The licensee shall submit to
 20 the board a release of information authorizing the board to obtain
 21 a report of such examination or drug screen, or both. A person
 22 affected by this subsection shall be offered, at reasonable intervals,
 23 an opportunity to demonstrate that such person can resume the
 24 competent practice of the healing arts with reasonable skill and safety
 25 to patients. For the purpose of this subsection, every person licensed
 26 to practice the healing arts and who shall accept the privilege to
 27 practice the healing arts in this state by so practicing or by the
 28 making and filing of an annual renewal to practice the healing arts
 29 in this state shall be deemed to have consented to submit to a mental
 30 or physical examination or a drug screen, or any combination
 31 thereof, when directed in writing by the board and further to have
 32 waived all objections to the admissibility of the testimony, drug
 33 screen or examination report of the person conducting such exam-
 34 ination or drug screen, or both, at any proceeding or hearing before
 35 the board on the ground that such testimony or examination or drug
 36 screen report constitutes a privileged communication. In any pro-
 37 ceeding by the board pursuant to the provisions of this subsection,
 38 the record of such board proceedings involving the mental and phys-
 39 ical examination or drug screen, or any combination thereof, shall
 40 not be used in any other administrative or judicial proceeding.

(, to a review committee of professional peers of the licensee established pursuant to K.S.A. 65-2840c and amendments thereto,

(a committee consisting of the officers of the board elected pursuant to K.S.A. 1990 Supp. 65-2818 and amendments thereto and the executive director appointed pursuant to K.S.A. 1990 Supp. 65-2878 and amendments thereto. The

(entity which reviewed the investigative information.

(a review committee of peers or a committee of the officers and executive director of the board

12-2

41 (H) (j) The licensee has had a license to practice the healing arts
 42 revoked, suspended or limited, has been censured or has had other
 43 disciplinary action taken, or an application for a license denied, by



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

March 27, 1991

TO: Senate Public Health and Welfare Committee
FROM: Kansas Medical Society *Chyp Wheller*
SUBJECT: House Bill 2017, Registration of Marriage and Family Therapists

The Kansas Medical Society wishes to express its support of the concept of registration of marriage and family therapists.

The question of credentialing this category of practitioners was referred to the Kansas Psychiatric Society when an application for licensure was considered by the Credentialing Committee of the Kansas Department of Health and Environment. After review by the KPS, it was concluded that the practice engaged in by marriage and family therapists does not pose sufficient potential harm to the public to warrant licensure. For that reason and others, the application for licensure was opposed at that time.

The KPS report was relayed to the Legislative Committee of the Kansas Medical Society at which time it was pointed out that primary care physicians are oftentimes confronted with patients who are suffering the consequences of dysfunctional family situations. Because such patients are not mentally ill, medical treatment by a psychiatrist or other physician is not indicated. Instead, the patient (or family) should be referred to a professional who specializes in marriage and family counseling. If the title "marriage and family therapist" (MFT) is legally protected by a registration requirement, a referring physician can be assured that the MFT has met minimum standards to become registered and can be disciplined if he or she engages in any form of unprofessional conduct. It is for this reason that our Legislative Committee endorsed registration. We do, however, continue to oppose licensure of this group.

Thank you for considering our comments on this subject.

CW/cb



Senate P H&W
Attachment #13
3-27-91

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

March 27, 1991

1260 S.W. Topeka
Topeka, Kansas 66612
(913) 234-5563

To:  Chairman Ehrlich and Members, Senate Public Health Committee
From:  Harold Riehm, Kansas Association of Osteopathic Medicine
Subject: Suggested Amendments to H.B. 2168 - Support of KMS Suggested
Amendments

In our testimony before the House Public Health Committee, KAOM raised questions and suggested amendments to Sec. 2, New Sub-Section (i) the sub-section dealing with the process for determining a reasonable suspicion of inability to practice of a licensee of the Board of Healing Arts. We wanted to make sure there was adequate due process in the performance of such a function, yet that it not be subject to extraordinary delay.

We question the changes made by the House Committee in attempting to reach that end.

The Kansas Medical Society has prepared amendments to the House version of HB 2168. We have talked with representatives of KMS and the Board of Healing Arts, and are in agreement with them in support of these amendments.

With these amendments, we support passage of HB 2168.

Thank you for this opportunity to present our views on H.B. 2168.

Senate P H&W
Attachment #14
3-27-91