

Approved: 3-24-95  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 10, 1995 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department  
Bill Wolff, Legislative Research Department  
Norman Furse, Revisor of Statutes  
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Mary Ann Gabel, BSRB  
Vern Holsteen, National Association of Social Workers  
Lloyd A. Stone, Kansas Mental Health Counselors Association, Emporia  
Joyce Vancrum, counselor, Overland Park  
Dr. Joyce Reger, President, Kansas Counseling Association  
Barbara Buck, President, Kansas School Counselor Association  
Pat Grimwood, President, Kansas Mental Health Counselors Association, Salina  
Sheila Orth, Seward County Community College, Liberal  
Dan Lord, Kansas Association of Marriage and Family Therapy  
Steve Asbury, Kansas Academy of Physician Assistants  
Marvis Lary, Wichita State University PA Program Director  
Jack Bell, Kansas Academy of Physician Assistants  
Richard Morrissey, KDHE

Others attending: See attached list

**Action on Minutes**

Senator Walker made a motion to approve the minutes of February 20, 21, 22, 23 and 24, 1995, seconded by Senator Papay. The motion carried.

**Hearing on SB 366 - Alcohol and other drug abuse counselors registration act amendments and SB 367 - Fees collected by the behavioral sciences regulatory board**

Mary Ann Gabel, BSRB, briefed the Committee on **SB 366 and 367** (which were originally **SB 53 and SB 85** that passed out of Committee February 8, 1995, but defeated on the Senate floor February 15, 1995) and submitted written testimony in support of the two bills as well as information on fees. (Attachment 1) Written testimony in support of **SB 366** was received from Richard B. Ellis, School of Applied Studies, Washburn University, (Attachment 2), and from Vern Holsteen, National Association of Social Workers, in support of **SB 367**, (Attachment 3). Mr. Holsteen commented his organization is in support of the regulatory board functions and any increase in fees deemed financially necessary at this time. During Committee discussion it was suggested that more information be provided other members of the Senate on the breakdown and justification of fees before the bill reaches the Senate floor. Ms. Gable also noted there is one African-American member serving on the seven member regulatory board appointed by the governor. Senator Walker made a motion the Committee recommend **SB 366 and 367** favorably for passage, seconded by Senator Papay. The motion carried.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on March 10, 1995.

**Hearing on: Sub SB 306 - Professional counselor credentialing changed from registration to licensure**

Lloyd Stone, KMHCA, testified before the Committee in support of **SB 306** as noted in his written testimony. (Attachment 4) In answer to a member's question why mental health counselors would go out-of-state to practice when they can practice in Kansas, Dr. Stone commented that part of the reason they don't practice in Kansas is because they are not credentialed and it is difficult to find a position.

The following conferees spoke in support of **SB 306** as noted in their written testimony: Joyce Vancrum, (Attachment 5); Dr. Joyce Reger, (Attachment 6); Barbara Buck, (Attachment 7); Pat Grimwood, (Attachment 8); and Sheila Orth, (Attachment 9).

Dan Lord, Kansas Association of Marriage and Family Therapy, noted he had not seen the substitute bill and suggested an interim committee study the credentialing process.

The Chair noted that because of the lack of time and all opponents of the bill were not heard, the hearing on **SB 306** would continue Monday, March 13, 1995.

Steve Asbury, P.A. and member of Kansas Academy of Physician Assistants, distributed a packet (Attachment 10) that gave an overview of the Physician Assistant Program. Mr. Asbury introduced Marvis Lary, WSU P.A. program director, who briefed the Committee on P.A. education and Jack Bell, P.A., briefed the Committee on his experience as a physician assistant. During Committee discussion it was noted P.A.s have been and are a significant factor in providing access to primary care such as in rural areas and the EACH/ RPCH program. It was also pointed out that the average salary of a P.A. starts at approximately \$45,000 per year.

Richard Morrissey, KDHE, commented he would provide an update of the EACH/ RPCH program to Committee members.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 13, 1995.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
GUEST LIST

DATE: 3-10-95

NAME	REPRESENTING
Theresa Lamy	Kansas Academy of PAs
Steve Asbury	"
Jack Bell	"
Tom Bell	Ks. Hosp. Assn.
Dan Aoud	KS Assoc. for Marriage & Family Therapy
Richard Muma	KANSAS Academy of Physicians ASSISTANTS
Jim Spring	KANSAS ATHLETIC TRAINERS SOCIETY
Harold Riehl	KADAY
Tom Hitchcock	Bd. Pharmacy
Janya Dorrey	Baker University School of Nursing
Tiffany McLaughlin	Baker University School of Nursing
WALTER LANDIS	CHRISTIAN SCIENCE JOURNAL PUBLICATION FOR KS
WILLIAM AUBOTT Ph.D.	Ks. Psychological Assoc.
Gary L Robbink	Ks optometric ASSN
ELLIS POTTER OD	CITIZEN
Jeanne Klopferstein	"
TERRY CARNEY	"
Upps S. McLean	Ks. Couns. Assoc.
Gene Johnson	KS Alcohol Counselors





STATE OF KANSAS

MARY ANN GABEL, MPA, Executive Director



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GERALD K. GENTRY, Ph.D.

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THELMA JOHNSON SIMMONS, LMSW  
KATHLEEN W. WADDELL, LCSW

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712 S Kansas Avenue  
Topeka, KS 66603-3817  
913/296-3240 — FAX 913/296-3112

LICENSED PROFESSIONALS:

Psychologists  
Social Workers

REGISTERED PROFESSIONALS:

Masters Level Psychologists  
Professional Counselors  
Marriage and Family  
Therapists  
Alcohol and Other Drug  
Abuse Counselors

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

SB 366 and SB 367

FRIDAY, MARCH 10, 1995

CHAIRPERSON SENATOR SANDY PRAEGER, VICE-CHAIRPERSON AUDREY LANGWORTHY AND  
COMMITTEE MEMBERS:

I am Mary Ann Gabel, Executive Director of the Behavioral Sciences Regulatory Board. I am appearing before you today on behalf of the board to first thank you for agreeing to rehear the board's fee increase bill, which has been reintroduced as SB 367, and to rehear the registered alcohol and other drug abuse counselor's bill, which has been reintroduced as SB 366.

Because I am aware that your time is limited, I will refrain from giving a lengthy oral testimony and ask that you refer to the attached materials, which provide information about the Behavioral Sciences Regulatory Board, its mission and its urgent need to have the ability to increase credentialing fees; particularly, in those programs that are currently not self-supporting.

I have also attached to this testimony, copies of correspondence the board has received from various professional associations and/or individuals. The correspondence supports the board's legislative requests.

Senate Public Health & Welfare  
Date: 3-10-95  
Attachment No. 1

Testimony Before the SPHWC  
SB 336 and SB 337  
Friday, March 10, 1995  
Page 2

Accompanying me today is Cheryl Kinderknecht, Credentialing Specialist with the board and Mr. V.L. Holsteen, who is a licensed clinical social worker and who is representing NASW-Kansas Chapter. Mr. Holsteen will present NASW's support on SB 367.

Also accompanying us today is Mr. Rick Ellis, faculty member in the School of Applied Sciences, Washburn University. Mr. Ellis represents the group of Kansas educators with whom the board has been working in attempting to implement the alcohol and other drug abuse counselor registration act. Mr. Ellis will briefly explain the educational requirement amendments in SB 366 that are necessary to enable non-grandparenting applicants to qualify for registration as alcohol and other drug abuse counselors.

I thank you again for your time and I ask for your continued support of these bills. Ms. Kinderknecht and I will be happy to respond to your questions.

MAG/slf

Attachments

[950309/TESTIMON/SB366T/#1]

SB 366 AND SB 367 FACT SHEET

The Behavioral Sciences Regulatory Board's statutory mission is to protect consumers of services provided by the behavioral sciences professions. To this end, the legislature has charged this board with the responsibility to credential, to monitor the behavior of, and when appropriate, to impose sanctions on individuals within the six behavioral sciences professional groups, who currently total approximately 6,000. These behavioral sciences professionals include licensed social workers, licensed psychologists, registered masters level psychologists, registered professional counselors, registered marriage and family therapists, and registered alcohol and other drug abuse counselors.

The board's operation: (1) does not receive revenue from the state general fund. In fact, 20% of all credentialing fees the board receives are deposited directly in the state general fund. Last year the Behavioral Sciences Regulatory Board contributed a total of \$92,998 to the state general fund; (2) is fully self-supported; and (3) is funded solely by 80% of the fees it assesses and collects.

The board does not take its request lightly and fully realizes that the proposed statutory fee increases in both SB 366 and SB 367 may appear to be significant; however, it is important to note the following:

- 1) all fees cover a two-year credentialing period. This means that each credentialing fee the board receives from one of its regulated persons must sustain the maintenance of that person's credential for two years. For example, a licensed baccalaureate social worker pays a \$90 renewal fee, 20% of which is deposited in the state general fund. This fee now leaves the board with \$72 to maintain the licensee over the 24-month period, which is the

equivalent of \$36 per year or \$3 per month. By the same token, a registered masters level psychologist or professional counselor who pays a \$100 renewal fee is the equivalent of \$40 per year or \$3.33 per month. One long distance phone call from the board of- fice can readily use one-to-three months of the fee and concur- rently, one piece of correspondence that the board generates can easily use six-to-twelve months of the fee by factoring in salaries and wages, postage, stationery supplies, etc.;

- 2) the current application fee is applicable to both processing the application and issuing the original two-year license or registra- tion. The conservative estimated \$75 (which nets \$60) cost in- curred to process any application further reduces the available revenue that must be spread over the subsequent 24-month period. [See No. 1] Therefore, renewal fees collected from credentialed persons further subsidize each new applicant;
  
- 3) fees for licensed psychologists have not been reviewed or in- creased for four years and have only increased twice since 1980. The national average for psychology credentialing fees in states with like numbers of credentialed psychologists is \$234. The na- tional average is 80% greater than the current psychology licen- sure fee and is 33.7% greater than the proposed licensure fee;

- 4) fees for registered professional counselors have not been reviewed since these fees were established in 1987 and the \$100 fee is at statutory limitation;
  
- 5) fees for registered masters level psychologists have not been reviewed since these fees were established in 1989. The \$100 new registration and renewal fees are at statutory limitation and cannot be increased, even though this program is significantly under financed and heavily subsidized. The national average is 134% greater than the current psychology registration fee and is 33.7% greater than the proposed registration fee; [See No. 3 for the national average of credentialing fees]
  
- 6) fees for registered marriage and family therapists were established in 1993, which occurred prior to the costs to administer the program were fully known to the board. The fee the board established at that time was based on anticipated registration applications from persons who indicated to the board in writing that they intended to seek this credential. Only slightly over 50% of the anticipated registration applications were actually received in the board office. This means that \$42,000 in anticipated revenue has not been realized;

- 7) fees for registered alcohol and other drug abuse counselors cannot be established at a level necessary to support the projected costs to administer their program. Because of the statutory wording problems in the educational requirements, the anticipated \$80,000 in revenue has not been realized;
- 8) the board has provided a service to process between 50-150 applications monthly for single program providers and approved providers of social work continuing education activities with no reimbursement or compensation. The fee fund can no longer support this cost intensive, gratuitous service. SB 367 contains language to authorize the board to assess a fee to recapture costs to provide this service; and finally and most importantly,
- 9) all credentialing programs, with the exception of social work licensure, are no longer self-supporting and are currently being subsidized by social work licensure renewal fees.

Should these bills pass, the board will propose the following fee increases in applicable regulations:

Credentialed Prof. Group	Present Fee	Proposed Fee	Increase
Licensed Social Workers:			
LBSW	\$ 90	\$ 90	\$ 0
LMSW	95	95	0
LSCSW	100	100	0
Social Work Application	0	75	75 <sup>1</sup>
Social Work Licensure Exam	125	150	25 <sup>2</sup>
Lic. Psy. New & Renewal	130	175	45
Lic. Psy. Application	0	75	75 <sup>1</sup>
RMLPs New & Renewal	100	175	75
RMLP Application	0	75	75 <sup>1</sup>
Reg. Prof. Coun. New & Renewal	100	150	50
Reg. Prof. Coun. Application	0	75	75 <sup>1</sup>
RMFT New & Renewal	100	150	50
RMFT Application	0	75	75 <sup>1</sup>
RAODAC New & Renewal	0	150	0 <sup>3</sup>
RAODAC Application	0	75	75 <sup>1</sup>

- 1 A new (and separate) fee for all applications will be proposed at \$75, which is a \$75 increase among all credentialing programs.
- 2 The cost to the board to purchase the national social work examination has recently increased from \$90 to \$110 per candidate. The current \$125 exam fee nets the board \$100, which will create a \$10 deficit for each social work examination candidate. The board is currently amending the social work regulation on fees to amend the examination fee to \$150 to cover this increased cost; however, this fee will now be at statutory limitation without the possibility of a future increase should that again become necessary.
- 3 Registered Alcohol & Other Drug Abuse Counselor fee has not yet been established and it is for this reason that the increase is shown as \$0.



N A S W

National Association of Social Workers

95 FEB 21 PM 12:19

B.S.R.B.

KANSAS CHAPTER

February 17, 1995

Ms. Maryanne Gabel  
Executive Secretary  
Behavioral Sciences Regulatory Board  
712 S. Kansas Ave.  
Topeka, Ks. 66603-3817

RE: Senate Bill 85

Dear Ms. Gabel,

I am writing on behalf of over 1800 members of the Kansas Chapter of the National Association of Social Workers in support of S.B. 85. Our Executive Board was fully aware and supportive of this measure to raise the statutory limits of what the Behavioral Sciences Regulatory Board can charge for licensing and credentialing activities across all the professional disciplines it represents.

Although this bill increases the fees for applications for social workers, we understand that it allows BSRB to raise fees in disciplines that are not currently cost effective. With 4800 licensed social workers in the state, our fees currently go to support other profession's credentialing activities that do not charge enough to support the board's budget.

I understand that there were several calls (3) against SB 85. I assure you that Kansas Chapter, NASW is fully behind this legislation.

Sincerely,

Tamara J. Hawk, LSCSW  
Pres-Elect, Kansas Chapter, NASW  
200 Southwind Pl. # 101  
Manhattan, Ks. 66502  
(913)539-7789

1-8





MEMO

**TO:** Mary Ann Gabels  
Executive Director of BSRB

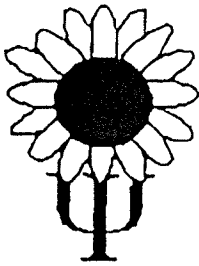
**FROM:** Nancy Hermreck, President of KASSW  
(Kansas Association of School Social Workers)

**RE:** Pending Licensure Fee Increase

As a representative of our organization, I would like to state that we will not oppose a requested fee increase as needed for Social Work licensure.

For further information please feel free to call me at (913) 780-7024.

Post-It™ Fax Note	7671	Date	2/27/95	# of pages	1
To	MARY Ann Gabels	From	Nancy Hermreck		
Co./Dept.	BSRB	Co.	KASSW		
Phone #		Phone #	780-7024		
Fax #	1-913-296-3112	Fax #	780-8209		



*Kansas Association of Masters in Psychology*

*P.O. Box 713, Pittsburg, Kansas 66762*

February 27, 1995

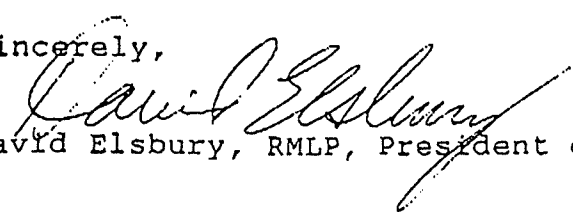
Mary Ann Gabel, Executive Director  
Behavioral Sciences Regulatory Board  
712 S. Kansas Avenue  
Topeka, Kansas 66603-3817

Dear Executive Director:

The Board of Directors for KAMP would like to express support for an increase in professional fees to support the proper regulation of Registered Masters Level Psychologists and other regulated groups. In review of Senate Bill 85, it is hoped that the proposed increases are not enacted by the Board all at once. This threefold increase for first time applicants for Registered Masters Level Psychologist would be a hardship. Nevertheless, we would not stand against the bill. Professional fees for practicing credentials are not considered to be taxes.

Furthermore, we believe that the Legislature should bear some of the cost of regulating professional groups. This is based on the reasoning that the primary purpose of the Board is to protect the public from unethical or unqualified mental health providers. This being the case, the population of Kansas is the sole beneficiary and should participate in shouldering the cost of regulation.

Sincerely,

  
David Elsbury, RMLP, President of KAMP

SB85LT



# KANSAS ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

KANSAS STATE UNIVERSITY • 303 JUSTIN HALL • MANHATTAN, KANSAS 66506 • (913) 552-6507  
A Division of the American Association for Marriage and Family Therapy

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February 20, 1995

Cheryl Kinderknecht  
Behavioral Sciences Regulatory Board  
712 S. Kansas  
Topeka, KS 66603-3817

Dear Ms. Kinderknecht:

I have spoken with Dan Lord, President of the Kansas Association for Marriage and Family Therapy regarding the proposed fee increase for Registered Marriage and Family Therapists (RMFTs) and other professionals under your credentialing authority. I also discussed the proposed application fee for RMFTs. Dan and I believe that efficient, timely processing of applications, renewals, and complaints is very important. Therefore, we can say with some confidence the KAMFT board would likely maintain a neutral position on the proposed increases. We could not take a supportive position without official board action and our next board meeting is scheduled for March 2nd.

We would ask that you consider another change. We believe that fees for LMSWs and LSCSWs need to be raised to match the proposed fees for RMLPs, Registered Professional Counselors, RMFTs, and Registered Alcohol and Drug Counselors. We believe fees should reflect the level of credentialing, benefit to the professional, and an attempt to maintain parity among the professional disciplines, rather than whether the particular professional group covers their costs with a particular fee. We think independent practitioners (licensed psychologists and LSCSWs in particular) recognize a substantially greater benefit from their licensing than the other professionals and perhaps this should be reflected in a higher (but reasonable) fee. It seems questionable to charge the same fee for master's level psychologists as doctoral level psychologists, or LBSWs the same fee as LSCSWs. The data from your phone surveys support the case for such differential fees. These are simply suggestions and have no bearing on our neutral position on the proposed increases for RMFTs.

Sincerely,

Chuck Romig, PhD  
Past-President and Board Member  
Kansas Association for Marriage and Family Therapy  
6800 Farmview  
Wichita, KS  
67206

316-651-0638 home  
316-689-3326 work



95 FEB 28 AM 11:24

B.S.R.B.

## KANSAS PSYCHOLOGICAL ASSOCIATION

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February 24, 1995

Mary Ann Gabel  
Behavioral Sciences Regulatory Board  
712 S Kansas Avenue  
Topeka, KS 66603-3817

Dear Ms. Gabel:

On behalf of the Kansas Psychological Association, I am writing to indicate that our association position regarding SB-85 is one of having no opposition to it. We understand that regulation, like everything, has experienced rising costs and thus there is a need for increasing your revenues. Within our association are several former board members and several have expressed that they are personally prepared to offer testimony in support of SB-85.

Sincerely,

David C. Rodeheffer, Ph.D.  
Chair, Legislative Committee

rst

February 23, 1995

MaryAnn Gabel  
Executive Director  
Behavioral Sciences Regulatory Board  
712 S. Kansas Avenue  
Topeka, Kansas 66603-3817

Dear Ms. Gabel,

I am writing this letter to express support for the proposed increase in fees for licensure. I understand that even with the increase in rates, fees in Kansas will still be lower than equivalent fees in other states. I believe that the services provided by the Behavioral Sciences Board are vital in protecting the interests of the public and the reputation of mental health professionals in Kansas. Raising fees will insure that these services can continue to be provided. It amazes me that such a reasonable proposal can be rejected by legislators without any debate or input from mental health professionals.

Sincerely,



Julie A. Phillips, Ph.D.

Kansas Licensed Psychologist

14425 College Blvd.

Lenexa, K.S. 66215

(913) 469-1100

JAMES RYABIK, ED.D.  
Kansas Licensed Psychologist  
5619 Perry Avenue  
Merriam, KS 66203

February 24, 1995

Mary Ann Gabel, Executive Director  
Behavioral Sciences Regulatory Board  
712 S. Kansas Avenue  
Topeka, KS 66603-3817

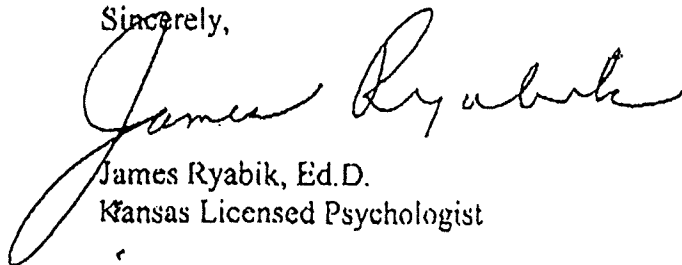
Dear Ms. Gabel:

As a past member of the Behavioral Sciences Regulatory Board, I would like to endorse the support of an increase in fees charge to professionals by the Behavioral Sciences Regulatory Board. I am very much aware of the cost of operating a board with extensive clerical time, investigations, and reviews on professionals are being conducted.

I would also like to inform you that at the Kansas Association of Professional Psychologists Board Meeting on February 19, the KAPP Board was also supportive of a fee increase.

If I am able to be of further assistance in this matter, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "James Ryabik". The signature is written in dark ink and is positioned above the typed name and title.

James Ryabik, Ed.D.  
Kansas Licensed Psychologist

JR/eb

William L. Albott, Ph.D.  
Licensed Psychologist

95 FEB 24 PM 3:39

B.S.R.B.

Albott and Associates  
Mental Health Services  
909 SW 10th  
Topeka, KS 66604  
(913) 234-4743

February 24, 1995

Mary Ann Gabel  
Behavioral Sciences Regulatory Board  
712 S Kansas Avenue  
Topeka, KS 66603-3817

Dear Ms. Gabel:

I am writing you to indicate my personal support of SB 85 wherein you proposed an increase in fees for those regulated by the BSRB. I am prepared to testify - if that is needed - in support of this bill. I am also aware that other former board members are also prepared to offer their support, wither in written or oral testimony.

Please let me know when and if my input is needed.

Sincerely,

William L. Albott, Ph.D.  
Licensed Psychologist - KS

rst

Post-It™ brand fax transmittal memo 7671 # of pages > 1

To	Mary Ann	From	Bill Albott
Co.	BSRB	Co.	
Dept.		Phone #	234-4743
Fax #	296-3112	Fax #	234-5768

Original w/ signature will be mailed

## BSRB FACT SHEET - RAODAC PROGRAM

### BACKGROUND HISTORY - ALCOHOL AND OTHER DRUG ABUSE COUNSELOR REGISTRATION ACT

In 1992 the Kansas Legislature passed the alcohol and other drug abuse counselor registration act, which the board references as "RAODAC".

The registration act contains requirements one must satisfy to qualify for registration. Included in these requirements are education, experience and examination [K.S.A. 65-6602].

Educational requirements include "a bachelors degree, a masters degree or a doctors degree in a social-services or health-related field which includes 18 [discrete] academic credit hours of coursework in the following care work functions of an alcohol and other drug abuse counselor as follows:

- Three credit hours of screening and intake;
- three credit hours of orientation and assessment;
- three credit hours of treatment planning and counseling;
- three credit hours of case management and crisis intervention;
- three credit hours of client education and referral; and
- three credit hours of reports and recordkeeping and consultation."

The board was unable to commence work on establishing an advisory committee, drafting and adopting rules and regulations, application procedures, etc., because in the prior year, the 1991 Kansas Legislature had passed the marriage and family therapy registration act (RMFT), without providing for any additional staff increase. The RMFT Advisory Committee and the board's existing staff--a staff that was already responsible for four other credentialing programs--were trying to do the vast amounts of work necessary to implement the marriage and family therapy registration act for over 700 persons who had indicated to the board in writing that they intended to seek this registration.

At the pleading of staff, the board reluctantly placed the RAODAC program on hold in August 1993; however, the board office continued to document and add to its mailing list the names of persons who indicated, and continue to indicate, their intent to apply for registration as alcohol and other drug abuse counselors. To date, the board office has accumulated 1,048 names and addresses of persons who are waiting for the board to mail RAODAC applications.

In the early spring of 1994, the RAODAC Advisory Committee and board staff resumed work in earnest on drafting the RAODAC rules and regulations, which is a prerequisite to the registration process. The advisory committee, at the board's suggestion, invited educators from representative alcohol and other drug abuse counselor academic programs throughout Kansas (e.g., Dodge City Community College, Kansas City Kansas Community College, Kansas Newman College, Kansas Wesleyan University and Washburn University) to assist the advisory committee in drafting the regulation on educational requirements. These educators, who represented the 13 Kansas colleges/universities offering addiction curriculum for college credit, informed the advisory committee during the October 24, 1994 meeting that the statutorily defined requisite coursework does not exist in any Kansas academic program and in their view, neither regulations could be written to define the coursework, nor would any Kansas graduate be able to qualify educationally for registration. The educators explained that the statute delineates "discrete" courses, while the coursework



in the addiction programs is designed to incorporate competencies in these areas. For example, there is not a specific or discrete course on "reports and recordkeeping"; however, reports and recordkeeping techniques, training and education are incorporated in a three-hour course at Dodge City Community College entitled "Procedures in Assessment, Planning, and Case Management", which also incorporates learning components of assessment, planning-case management and ethics/confidentiality. In other words, a three-hour course covers several overlapping areas. Thus it becomes difficult, if not impossible, for the board to identify: (1) if the coursework as specified by statute has occurred (i.e., through an integrative approach diffused throughout the curriculum); and (2) if it has occurred, whether there has been the equivalent of three academic credit hours, as specified by statute, devoted to this particular topic.

At the close of the October meeting, the advisory committee asked the educators to again review the statutory requirements and invited them to return to the November 1994 meeting with recommendations on requisite coursework that represents the collective alcohol and other drug abuse counseling educational programs in Kansas. The educators returned to the November 1994 meeting with recommendations.

The RAODAC statutes also establish a \$100 maximum fee to cover a two-year registration period. By the time the 20% direct deposit to the state general fund is deducted, this will leave \$80 to cover a two-year period--\$40 per year or \$3.33 per month.

#### REQUEST FOR LEGISLATIVE RELIEF IN 1995 SESSION

On January 12 I appeared before the Senate Public Health and Welfare Committee and requested that legislation be introduced to correct the language in the registration act. Additional amendments were needed to address other problems that were discovered after the bill was passed, including statutory fee limitations. Prior to initiating any legislative amendments, I consulted with the Kansas Alcoholism and Drug Addiction Counselors Association (KADACA) to ensure that the board's efforts to correct the problems created by the statutory wording, which would assist their members and other alcohol and other drug abuse counselors, would be supported by the association. I received KADACA's supporting statement in Dalyn Schmitt's November 25, 1994 correspondence, which was reaffirmed in her February 7, 1995 correspondence to Senator Praeger [see attached KADACA correspondence].

SB 53 was introduced, at the board's request, by the Senate Public Health and Welfare Committee. During the two committee hearings, no one appeared to oppose the bill. Compromise language regarding the wording of educational requirements was reached to satisfy the committee, KADACA, and the board, and the bill passed out of committee on a unanimous vote. All who were involved in this effort were stunned when the bill was defeated on the floor of Senate on February 15.

In order to attempt to correct the problem, I sought another vehicle (SB 259 in Senator Vidricksen's committee on transportation) to use to amend in the defeated SB 53. I have since learned that the proponents of SB 259 were concerned for their own bill and did not want any amendments.

#### PRESENT DILEMMA

Since the bill's defeat, I have conferred with Camille Nohe, Assistant Attorney General and general counsel assigned to the board, regarding our dilemma and whether the board can implement the registration act. Ms. Nohe indicates that the board can implement the registration act as written. She further indicates, however, the reality is that it appears no one may be able to qualify for registration. Therefore, the board will be mailing over 1,000 applications to and collecting non-refundable application fees from persons who the board now has prior knowledge, will in all likelihood, not qualify for registration. The board will then be placed in the position of having to deny the vast majority, if not all, of the applicants because they will fail to satisfy the statutory requirements specific to education. The board is concerned as to how it can in good conscience undertake this registration program in the absence of statute amendments. The board is also mindful that the legislature expects, as well it should, that the laws it passes will be implemented. The proponents of this credentialing program likewise expect that the credential for which they lobbied will be realized without further delay.

The current problems we are facing with the RAODAC program has further negatively impacted on the board's fee fund because of the lack of significant anticipated revenue to offset both realized and projected expenses. It has caused a "domino" effect in the board's fee fund and budget, which I will address in the fact sheet on SB 85—Fee Limitation Increases.

#### EDUCATIONAL PROGRAM DOCUMENTS

I am enclosing documents that we have received from the various Kansas educational institutions, as well as from Graceland College in Independence, Missouri. These documents contain course descriptions and required coursework for programs in alcohol and drug abuse counseling. When you review these materials, I believe you will see that none of the programs contain the requisite coursework as delineated in the statute.

#### PROPOSED SOLUTION

The board respectfully requests that new legislation, in the form of SB 53, be introduced through your committee to attempt once again to address the statutory credentialing problems that have been identified by the board and others.

I have spoken with Dalyn Schmitt, president of KADACA, who indicates that KADACA has been somewhat hesitant to attempt to "resurrect" this legislation because it is the "board's" bill; however, Ms. Schmitt assures me that KADACA's support will continue in any attempt the board makes to correct the current problem.

Also, either my staff or I have spoken with several of the educators, all of whom have expressed their disappointment with the credentialing act, not only because of the defeat of SB 53, but also because they were never initially contacted by the proponents of this credentialing program when the legislation was being considered in the 1992 session so that the potential problems we are now facing could have been avoided. If the board is able to have legislation reintroduced, the educators have assured me that they are more than willing to send a representative or representatives to testify in support of proposed statutory amendments to correct the problems, including providing for sufficient fees to fund the program.

[950223/TESTIMONY/SB53A/#1]

95 FEB 23 PM 2: 12

B.S.R.B.

***Current Listings  
of  
Colleges/Universities  
offering  
Addiction  
Curriculum  
for  
College Credit***

Kansas Department of  
Social and Rehabilitation  
Services/Alcohol and  
Drug Abuse Services

1-20

## CURRICULUM COMPONENTS

	Credit Hours
Addictions I	3
Introduction to Counseling	3
Introduction to Group Counseling	3
Assessment, Planning-Case Management	1
Client Record Management	1
Ethics/Confidentiality	1
Pharmacology	1
Multicultural Aspects	2
Medical High Risk Issues	1
	—
	16
Field Experience	2
	—
Totals	18

(-g)

## Introduction

This catalog is provided by funding from the Kansas Department of Social and Rehabilitation Services/Alcohol and Drug Abuse Services (SRS/ADAS). It was compiled by the Assisting Communities to Strengthen Drug Abuse Services Project (ACTS), which is coordinated by Mainstream, Inc. This catalog has been developed to provide counselors-in-training with approved college courses and credit hours available to complete at least 18 hours of post-secondary academic credit. At the time of compilation, this catalog contained the most recently available information.

Please direct questions and comments to:

ACTS Project  
Mainstream, Inc.  
P.O. Box 47054  
Topeka, Kansas 66647  
(913) 266-6433



## Current Listing of Colleges/Universities Offering Addiction Curriculum For College Credit

### COLLEGE/UNIVERSITY

Course Title	Dept. No.	Credit Hour	Curriculum Component
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### BETHANY COLLEGE

Counseling	PY340	(3) hrs ===	Ethics/Confidentiality
Basic Counseling	SW202	(3) hrs ===	Introduction to Counseling

### BUTLER COUNTY COMMUNITY COLLEGE

Substance Abuse Counseling	BS115	(3) hrs ===	Addictions I
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### DODGE CITY COMMUNITY COLLEGE

Introduction to Alcohol and Other Drug Abuse	AD100	(3) hrs ===	Addictions I
Introduction to Counseling	AD101	(3) hrs ===	Introduction to Counseling
Introduction to Group Counseling	AD200	(3) hrs ===	Introduction to Group Counseling
Procedures in Assmnt/Planning Case Management	AD201	(3) hrs ===	Assessment/Planning/ Case Management
Counseling Special Populations for Addictions	AD203	(3) hrs ===	Multicultural Aspects
Field Practicum	AD103	(3) hrs ===	Field Experience
Field Practicum II	AD204	(3) hrs ===	Field Experience
The Family Recovery Process	AD202	(3) hrs ===	
Community Prevention & Awareness	AD102	(3) hrs ===	

### DONNELLY COLLEGE

Introduction to Addictions		(3) hrs ===	Addictions I
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### EMPORIA STATE UNIVERSITY

Drug and Alcohol Abuse	PY540/RE670	(3) hrs each (Undergrad)	Addictions I
Helping Relationships in Counseling	RE510 CE810/CE610 CE615/CE865	(3) hrs (Undgrd) (1-3) hrs (Grad)	Introduction to Counseling

(Continued on Page 4)

**EMPORIA STATE UNIVERSITY (continued)**

Seminar in Rehabilitation	RE635	(3) hrs (Undgrd)	Introduction to
	RE828/CE850	(3) hrs (Grad)	Group Counseling
Case Management in Rehabilitation	RE503/RE641	(2-3) hrs	Assessment/Planning/
	RE690/CE615	(Und/Grad)	Case Management
	CE815		
Case Management in Rehabilitation	RE503/RE641	(2-3) hrs	Client Record
		(Und/Grad)	Management
Utilization of Community Resources	RE503/RE641	(1-3) hrs	Ethics/Confidentiality
	RE720/CE865	(Und/Grad)	
	CE810/CE805		
Principals of Psychiatric Rehabilitation	RE670/RE491	(3) hrs	Pharmacology
	RE830/RE833	(Und/Grad)	
Race & Ethnic Relations	RE492/CE710	(2-3) hrs	Multicultural Aspects
	SO370/RE832	(Und/Grad)	
Medical Aspects of Disabilities	RE491/CE710	(2-3) hrs	Medical High Risk
	RE720/RE830	(Und/Grad)	
	RE835		
Internship	RE537/RE837	(6-12) hrs (Grad)	Field Experience
	CE900		
	CE875	(3) hrs (Grad)	Supervision of Internships

NOTE: "It should be noted that it is not possible for individuals to take the designated undergraduate classes at Emporia State University unless they are classified at least as junior level students."

**FORT HAYS STATE UNIVERSITY**

The Helping Relationship	ACES831	(3) hrs ===	Introduction to Counseling
Counseling Skills	ACES837	(3) hrs ===	Introduction to Counseling
Group Counseling	ACES838	(3) hrs ===	Introduction to Group Counseling
Appraisal of Individuals	ACES834	(3) hrs ===	Assessment
Social and Cultural Foundations	ACES840	(3) hrs ===	Multicultural Aspects of Counseling
The Helping Relationship	ACES831	(3) hrs ===	Multicultural Aspects
Practicum in Education: Substance Abuse Counseling		(3) hrs ===	Field Experience

(Continued on Page 5)



**FORT HAYS STATE UNIVERSITY (continued)**

Seminar in Education: Substance Abuse Counseling I	ACES875	(3) hrs =====	Addictions I
Seminar in Education: Substance Abuse Counseling II	ACES876	(4) hrs =====	Planning/Case Management/ Pharmacology Client Record Management/ Medical High Risk
The Helping Relationship	ACES831	(3) hrs =====	Ethics

NOTE: "The above Fort Hays State University courses are Graduate Level."

**KANSAS CITY KANSAS COMMUNITY COLLEGE**

Introduction to Addictions	AC101	(3) hrs =====	Addictions I
Counseling the Alcohol & Drug Abuser I	AC105	(3) hrs =====	Introduction to Counseling
Special Topics: Pharmacology, HIV/Medical Risk, Ethics	AC110	(3) hrs =====	Medical High Risk/ Pharmacology
Counseling the Alcohol & Drug Absr II	AC206	(3) hrs =====	Introduction to Counseling
Counseling the Alcohol & Drug Absr III	AC207	(3) hrs =====	Introduction to Counseling
Addiction Cnslng with Special Populations	AC208	(3) hrs =====	Multicultural Aspects
Group Dynamics & Addictions I	AC201	(3) hrs =====	Introduction to Group Counseling
Group Dynamics & Addictions II	AC211	(3) hrs =====	Introduction to Group Counseling
Client Management Procedures	AC220	(3) hrs =====	Client Record Management
Field Practicum I	AC250	(3) hrs =====	Field Experience
Field Practicum II	AC251	(3) hrs =====	Field Experience
Ethics	PH205	(3) hrs =====	Ethics/Confidentiality
Special Problems in Psychology	PS295-02	(3) hrs with prerequisites and instructor consent	

**KANSAS NEWMAN COLLEGE**

Introduction to Addictions Studies	AC103	(3) hrs =====	Addictions I
Minority Studies	AC203	(3) hrs =====	Multicultural Aspects
Practicum I	AC323	(3) hrs =====	Field Experience

(Continued on Page 6)

**KANSAS NEWMAN COLLEGE (continued)**

Practicum II	AC333	(3) hrs =====	Field Experience
Abnormal Psychology	AC353	(3) hrs =====	
Counseling with Individuals I	AC373	(3) hrs =====	Introduction to Counseling
Counseling with Families I	AC383	(3) hrs =====	Introduction to Group Counseling
Counseling with Individuals II	AC393	(3) hrs =====	Introduction to Counseling
Counseling with Families II	AC453	(3) hrs =====	Introduction to Group Counseling
Group Processes I	AC413	(3) hrs =====	Introduction to Group Counseling
Group Processes II	AC423	(3) hrs =====	Introduction to Group Counseling
Biopsychopharmacology	AC433	(3) hrs =====	Pharmacology
Theories of Therapy	AC443	(3) hrs =====	
Practicum III	AC463	(3) hrs =====	Field Experience
Practicum IV	AC473	(3) hrs =====	Field Experience
Ethics for Human Services	AC401	(1) hr =====	Ethics
Case Management	AC411	(1) hr =====	Assessment/Planning/ Case Management
Recordkeeping	AC431	(1) hr =====	Client Record Management
Minority Addictions	AC441	(1) hr =====	Multicultural Aspects
Adolescent Addiction	AC451	(1) hr =====	
Geriatric Addiction	AC421	(1) hr =====	
General Psychology	PSY113	(3) hrs =====	
Development Psychology	PSY203	(3) hrs =====	
Psychology of Personality	PSY343	(3) hrs =====	
Principals of Sociology	SOC103	(3) hrs =====	
Sociology of the Family	SOC313	(3) hrs =====	
Deviant Behavior	SOC323	(3) hrs =====	
Juvenile Delinquency	SOC333	(3) hrs =====	
Criminology	SOC373	(3) hrs =====	

NOTE: "Kansas Newman offers a Bachelors of Science Degree and an Associate Arts Degree in Addiction Counseling."

**KANSAS WESLEYAN UNIVERSITY**

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Psychopharmacology	PSYC485	(1) hr =====	Pharmacology
Medical High Risk Issues in Counseling	PSYC485	(1) hr =====	Medical High Risk Issues
Multicultural Aspects of Counseling	PSYC485	(2) hr =====	Multicultural Aspects

**LABETTE COMMUNITY COLLEGE**

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Alcohol and Drug Abuse (Prevention)	1854	(1) hr =====	1/3 of Addictions I
Pharmacology	5289	(1) hr =====	Pharmacology
Introduction to Social Work	2282	(3) hrs =====	Multicultural Aspects

**ST. MARY COLLEGE**

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Introduction to Addictions	HS325	(3) hrs =====	Addictions I
Methods of Practice I	HS550	(3) hrs =====	Introduction to Counseling
Methods of Practice II	HS551	(3) hrs =====	Introduction to Group Counseling
Field Practicum I	HS591	(3) hrs =====	Field Experience

**UNIVERSITY OF KANSAS**

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Counseling Theory & Techniques	CPSY742	(3) hrs =====	Introduction to Counseling
Counseling Psychology & Individual/Group Assessment	CPSY830	(3) hrs =====	Assessment/Planning/ Case Management
Legal/Ethical/Professional Issues in Counseling	CPSY880	(3) hrs =====	Ethics/Confidentiality
Theory of Group Counseling	CPSY844	(3) hrs =====	Introduction to Group Counseling

**WASHBURN UNIVERSITY**

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Biological/Psychological/Social Aspects of Chemical Dependency	HS211	(3) hrs =====	Addictions I
Advanced Methods of Counseling	HS311	(3) hrs =====	Introduction to Counseling
Introduction to Group Counseling	HS320	(3) hrs =====	Introduction to Group Counseling

(Continued on Page 8)

**WASHBURN UNIVERSITY (continued)**

Intervention & Treatment Strategies	HS212	(3) hrs =====	Assessment/Planning/ Confidentiality Client Record Management/ Ethics
Introduction to Addictions	HS210	(3) hrs =====	Pharmacology/ Multicultural Aspects
Family & Community Issues	HS315	(3) hrs =====	Medical High Risk Issues
Field Experience	HS280/HS281 HS380/HS381	(6) hrs each	Field Experience

NOTE: "Washburn University offers both a Bachelors Degree in Human Services with focus upon addictions as well as offering a Certificate in Addictions Study."

ACTS

P.O. Box 47054 • Topeka, Kansas 66647

1-29



**WASHBURN UNIVERSITY**  
School of Applied Studies

March 10, 1995

TO: Senator Sandy Praeger and Committee Members

Testimony Re: SB 53

The current legislation regarding the voluntary registration of alcohol and drug abuse counselors does not appropriately address the educational needs of persons choosing to practice in this field. Currently the law requires that the educational standards merely include eighteen credit hours in twelve specific categories. Although these specific skills are necessary for the provision of treatment, they do not represent the scope of the training needed to provide the best treatment the alcoholic and addict needs. In addition to the limiting nature of the legislation, there exists a restriction on the institutions of higher education in the provision of course work. The current legislation specifically limits the curriculum to only the twelve topic areas listed, thereby leaving no allowance to add course work that might reflect the ongoing research in the field of alcohol and drug abuse treatment.

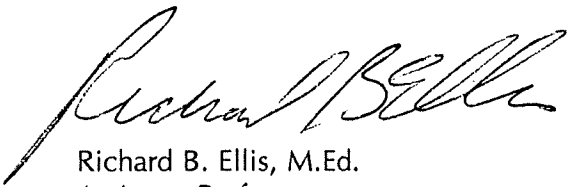
At the time that this bill was introduced to the legislature, the institutions of higher education in Kansas were not consulted on the educational needs of alcohol and drug abuse counselors. It was only at the request of the Behavioral Sciences Regulatory Board that a group of educators became involved in the writing of the regulations. At that time we expressed our concern regarding the educational requirements. All of the educators involved expressed the concern that none of the colleges or universities in Kansas teach this limited curriculum and that none would change their curriculum due to the limited scope of this law.

Senate Public Health & Welfare  
Date *3-10-95*  
Attachment No. *2*

It is our recommendation that the current law be amended as stated in SB 53, which would allow the colleges and universities to provide a curriculum that meets the needs of the alcohol and drug abuse counselor with the broadest scope and flexibility of the changing research in this field.

Thank you for considering this request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard B. Ellis".

Richard B. Ellis, M.Ed.  
Assistant Professor  
Department of Human Services  
Washburn University  
Topeka, Kansas



DATE: March 10, 1995

TO: Senator Sandy Praeger, Chairperson, and Committee Members of the Public Health and Welfare Committee

RE: SB 367

FROM: Kansas Chapter of the National Association of Social Workers

I am Verd Holsteen, representing the nearly 1800 members of the Kansas Chapter of the National Association of Social Workers at the request of it's Executive Board.

Thank you for giving K-NASW an opportunity to speak to the importance of SB 367.

K-NASW understands that the purpose of this bill is to authorize an increase in the statutory limits of credentialing and application fees in all six professions currently regulated by the Behavioral Sciences Regulatory Board.

Although at this time BSRB does not intend to increase social work fees, K-NASW believes strongly in the importance of the regulatory board functions and would support any increase they deem financially necessary. However, we also believe that each profession should be cost effective in supporting the credentialing activity of their own profession. The committee has information that indicates that fees paid by 4800 licensed social workers make up the greatest share of the budget.

Fees for 482 licensed psychologists have not been increased for four years and have only increased twice since 1980.

Registered Masters Level Psychologist fees have not been reviewed since 1989.

Registered professional counselor fees have not been reviewed or increased since they were established in 1987.

BSRB has been authorized to provide credentialing activities for registered marriage and family counselors, and fees were established before the costs to administer the program were fully known.

The board has also incurred expense increases in investigation and adjudication of complaints.

K-NASW understands that without legislative authorization to increase fees, and with the extra burden of large budget cuts, the Behavioral Sciences Regulatory Board will not continue to be financially solvent by the end of this fiscal year and that drastic staff reductions will occur that may make it impossible to continue to provide these functions.

Senate Public Health & Welfare  
Date 3-10-95  
Attachment No. 3





*K-NASW believes that the Behavioral Sciences Regulatory Board provides a vital function in ensuring standards, verifying expertise, training and education, and protecting the public interest. We have historically supported their efforts and believe that the management of professional credentialing should continue to occur within the confines of government regulation and a neutral party. We encourage you to vote for passage of this bill.*

3-2

TESTIMONY BEFORE THE SENATE PUBLIC HEALTH & WELFARE COMMITTEE

By  
Lloyd A. Stone

Senator Praeger, members of the Public Health and Welfare Committee, my name is Lloyd Stone and I am from Emporia. I am here as a member of the Kansas Mental Health Counselors Association as well as chair of their Professional Counselor Licensure Committee. Specifically, I am here to speak in favor of Senate Bill 306 which this committee agreed to introduce on February 2, 1995. I greatly appreciate the opportunity to appear before you.

As you are aware, Senate Bill 78, which provided for the Registration of Professional Counselors, was passed in 1987. While this legislation served to recognize private practicing counselors as health care providers, and was certainly a step in the right direction toward protection of the public, it does not satisfy the need that exists. I would like to briefly outline some of the reasons why the legislation we are proposing is needed.

1. The primary purpose for this or any regulatory action is, protection of the public. Registration protects only the **title** of professional counselor. Therefore, so long as persons call themselves something else, they can still **practice** counseling and not have to be registered. This provides little protection to the citizens who avail themselves of private practice counseling.
2. Licensure not only protects the **title** of counselor, but it also protects the **practice**. This provides true protection for the public as well as giving status to counselors who have obtained the license. Further,

Senate Public Health & Welfare

Date: 3-10-95

Attachment No. 4

persons engaging in private practice counseling would be required to be licensed. As you know, Registration is voluntary.

3. Not having licensed counselors in Kansas results in an economic loss for the state. For example, counselors who have been trained in Kansas are going across the border into Missouri, Oklahoma, and in some instances Nebraska where they can become licensed professional counselors. Kansas residents are crossing the border in order to avail themselves of licensed practitioners. Availability of licensed professional counselors would not only help to keep our Kansas trained counselors in the state but would help to keep **Kansas dollars** being spent for this important care in **Kansas**. One counseling practitioner who lives in Kansas but practices in Missouri where she can be licensed, told me that over one-half of her clients drive across the border from Kansas to see her. I have received similar information from several others which indicates this may be more widespread than even I first believed.
4. In some regions of our state, persons in need of counseling are required to drive an inordinate amount of miles to find a qualified and licensed practitioner. Licensure of professional counselors would enhance the availability of counseling for people in sparsely populated areas.

5. Having a list of Licensed Professional Counselors would aid the public in choosing a practitioner and would serve as a resource to medical personnel, school counselors, and others in the making of referrals to qualified professionals. As you may hear in other testimony, the Kansas School Counselors Association has passed a resolution of support for the passage of this legislation. They believe it will greatly enhance their ability to better serve the children and adolescents of Kansas.

There are other reasons why professional counselor licensure is needed, such as having consistent qualifications for private practitioners, and assuring consistent continuing education requirements. However, the primary reason is for the protection of the public. Licensure of professional counselors helps to confirm for the public that the person they are seeing meets high standards by nature of training, and that the counselor is bound to abide by ethical standards.

The requirements outlined in the proposed bill are equal to or above requirements of the 40 other states that have a counselor credentialing law. This will assure that although Kansas may not be the first to pass such legislation, that we do abide by high standards.

The bill contains a licensure without examination (grandparenting) clause which will allow practicing counselors who can qualify by nature of training and experience to become licensed. The clause would be in effect for approximately six

months after the legislation goes into effect. By inclusion of the licensure without examination clause the bill would not exclude qualified persons who are currently engaged in the practice of counseling. The bill would, however, put out of business those persons who are not professionally trained and are currently practicing and holding themselves out to be counselors. It is also important to note that this legislation will not adversely affect any related professionals such as clinical psychologists and social workers, ministers, and persons who are employed in public agencies and institutions as counselors.

Finally, due to the fee structure contained in this legislation, there would be no cost to the state of Kansas. Administrative costs would be covered by the licensure and renewal fees paid by the applicants.

In conclusion, I respectfully request that this committee respond favorably to this legislation and deliver it to the Senate chamber with a recommendation for passage.

Thank you very much for your attention to this matter.

## TESTIMONY OF JOYCE VANCNUM ON SB 306

I am Joyce Vancrum from Overland Park. My husband, Bob has served in the legislature for the last 15 years. I have helped him, served as past president of Legislative Wives, co-chaired the Kansas Legislative Cookbook and been very active in community affairs. I love the state of Kansas but I cannot work in Kansas.

I hold a master's degree in counseling and guidance, have passed a national board exam and I am receiving supervision from a Ph.D. I will be licensed in the state of Missouri after 3000 supervised client contact hours and recommendations from other licensed professional counselors. However, I want to practice in Kansas. Licensure of counselors is not a new concept -- 41 other states license professional counselors including all of our bordering states.

Licensing professional counselors will increase accessibility of mental health services and reduce the cost. In this era of managed care, making health care more affordable for Kansas should be priority. I respectfully ask for your support of SB 306. Thank You.

Senate Public Health & Welfare  
Date: 3-10-95  
Attachment No. 5

Senator Pragher and members of the Senate Committee on Public Health and Welfare:

My name is Dr. Joyce Reger and I am the current president of the Kansas Counseling Association. I am here this morning to testify on behalf of Senate Bill 306.

The Kansas Counseling Association has over 600 members including school counselors, college and vocational counselors, counselor educators, and mental health counselors. Counselors are employed in a variety of public and private settings.

In January of this year, the Executive Council of Kansas Counseling Association adopted a resolution to support efforts toward the state licensure of professional counselors. The rationale stated a need to regulate the practice of Professional Counseling for the following reasons:

1. Protection of the public would occur regarding the practice of Professional Counseling
2. Private counseling practitioners would have consistent qualifications
3. Kansas citizens who wish to avail themselves of counseling services would have a list of credentialed providers from which to choose.
4. Sparsely populated areas of the state would be more likely to have professional counseling services available to them for meeting health care needs.
5. Licensed Professional Counselors would gain recognition as health care providers, similar to other professionals such as Psychologists and Social Workers.
6. The availability of Licensed Professional Counselors would help reduce health care costs.
7. Improvement of professional counseling services would result through consistent continuing education requirements.
8. Listings of Licensed Professional Counselors would assist school counselors, medical personnel, and others in making appropriate referrals to qualified professionals.

Senate Public Health and Welfare  
Date: 3-10-95  
Attachment No 6

March 10, 1995

Senator Praeger and Members of the Public Health and Welfare Committee:

I would like to thank you for the opportunity to speak with you today regarding Professional Counselor Licensure. My name is Barbara Buck. I am a school counselor and presently serve as the President of the Kansas School Counselor Association. As a school counselor, I support licensure for professional counselors.

In the course of any given day, the school counselor must deal with a variety of issues and situations. This often necessitates the referral of students or their families to other agencies or counselors. It is important to me to know that the referrals I make are to credentialed providers with consistent qualifications. This is sometimes difficult, especially in rural areas where local counseling services may be limited and fluid. Professional Counselor Licensure would assist school counselors in the identification of appropriate referral sources and would increase the likelihood that professional counseling services would be available to children and families locally.

Thank you for your consideration of this important issue.

Senate Public Health and Welfare  
Date: 3-10-95  
Attachment No 7



## TESTIMONY

March 10, 1995

Senator Praeger and members of the Public Health and Welfare Committee, my name is Pat Grimwood. I am the President of the Kansas Mental Health Counselors Association and a Registered Professional Counselor practicing in Salina. I appreciate the opportunity to speak in support of Senate Bill 306.

For the past 19 years I have worked for a non-profit counseling agency that employs counselors, social workers, marriage & family therapists, and psychologists. The goal of this professional group has been to serve our clients' needs by maintaining high quality and standards.

When a person experiences a crisis, such as loss of employment, marital infidelity, or death of a loved one, they are quite often in an extremely vulnerable state. They need support, understanding, caring --- someone to listen and help them. In this circumstance they may decide to seek professional counseling. They trust the person they see to be skilled in the practice of counseling. They assume they will be treated professionally and ethically. Often they are. Sometimes they are not. If they are not, the trauma of the crisis becomes significantly compounded by the betrayal they experience. The result can be crippling. By providing for the licensure of counselors, the State can assist this person. With qualifications standardized and continuing education mandatory, the public would be better protected when selecting a counselor. They would have a group of licensed practitioners from which to choose.

Counselor licensure would also increase the availability of services to the public by providing a list of qualified practitioners to whom clients could be referred. During 1994, the agency for which I work had clients from nearly 80 towns and cities. Clients from 40 of these towns spent at least two hours, and some more than three hours, on the road in order to obtain professional counseling

Senate Public Health & Welfare  
Date: 3-10-95  
Attachment No. 8

services. Their need for help is high when they take time off from work and spend extra money to drive a long distance in all sorts of weather. Yet there are those who, although needing help, cannot get time off from work, do not have the money for gas, or perhaps do not have a reliable means of transportation. I recently had a young couple, ages 20 and 19, who had been given custody of the husband's four- and three-year old children who had been abused. They very much needed to help the children and themselves, but after a few sessions terminated therapy. Both parents were employed doing shift work for a manufacturer. They each worked a different eight hour shift and the strain of driving 45 minutes each way for counseling was more than they thought they could handle. We searched for an appropriate referral closer to home, but were not successful. A source of licensed counselors would have increased the opportunity for a referral.

Life has become extremely complex. People are struggling, but they are willing to seek help. Licensing counselors would make qualified help more available.

Thank you. I hope you will vote in favor of this bill.

**Thank you Senator Praeger and members of the Senate Committee on Public Health and Welfare for allowing me to testify about the licensure of professional counselors in the state of Kansas. I am Sheila Orth from Liberal, Kansas. I am a counselor working at Seward County Community College.**

**There is a need for this legislation in Kansas, especially in western Kansas because we have limited resources within the counseling profession in this area of the state.**

**We have limited opportunities to find qualified licensed professionals to provide counseling services to the public in a timely manner. Currently, the Southwest Guidance Center in Liberal services 4 counties, Seward, Haskell, Meade and Stevens. The Guidance Center has only 6 licensed mental health providers who are licensed social workers or psychologists to handle an ongoing yearly caseload of between 500 – 600 clients. They have 5 bachelor degreed case managers to assist, however this is a case load of approximately 30 to 60 clients weekly with a wait list of 2 weeks to a month.**

**This legislation would provide a professional standard and ethics to**

**the professional counselors and allow the public to find individual providers with a specific educational background, credentials and competencies.**

**We need people like myself who have at least a Master's degree in counseling, who already reside in Western Kansas, who are part of the community, who can provide a safe, qualified environment where clients can receive reliable, consistent help and guidance.**

**This is what you can guarantee the people of Kansas by passing this professional counselor licensure legislation.**

**BRIEFING**  
**ON**  
**PHYSICIAN ASSISTANTS**

Buff - **Overview of Physician Assistant Program**  
Green - General Information for Prospective Student  
Qualifications for Physician Assistant Program  
**Curriculum**  
Yellow - **Survey**  
Blue - **Map**

Senate Public Health & Welfare  
Date: *3-10-95*  
Attachment No. *10*



## OVERVIEW OF PHYSICIAN ASSISTANT PROGRAM

Wichita State University

WSU Department of Physician Assistant offers a four year course of study which leads to a Bachelor of Science degree. The course of study is divided into two parts: a 60 semester hour pre-professional curriculum and an 81 semester hour professional curriculum.

The pre-professional curriculum includes requirements for general education as well as prescribed courses in the natural sciences. An overall and prerequisite GPA of 3.0\4.0 in the preprofessional coursework is required. Once applicants have met the minimal requirements, emphasis in selection is placed on academic performance, previous health care experience (strongly preferred), motivation, and a service orientation. Kansas residents are given priority. A class of 45 will be selected annually.

The professional curriculum is divided into two phases: a junior/ didactic phase and a senior/clinical phase. Each phase lasts twelve months. The didactic year includes the basic sciences (anatomy, pharmacology, physiology, pathophysiology, medical laboratory) and courses in assessment and management of medical problems affecting various body systems. Components of the didactic year include behavioral problems, radiology, clinical skills, ethics, social and legal issues.

The senior/clinical year is a series of clinical rotations in a variety of medical settings primarily in Kansas. Students are required to complete rotations in family practice, acute care, inpatient medicine and internal medicine or surgery. A number of medical and surgical specialties are available for electives. Students complete eight rotations of 5-8 weeks each. All students are required to complete a minimum of three rotations outside the city of Wichita with at least three rotations in a rural or urban underserved community.

The philosophy of the WSU Physician Assistant Department is to prepare students to function as generalists. It is the intent of the department that the education and training provided will prepare and encourage students to provide primary care in areas where the need is greatest. Service and clinical activity in underserved areas and to underserved populations are emphasized. All students are involved in activities with underserved populations such as minorities and older adults.



## **PHYSICIAN ASSISTANT PROGRAM**

### **GENERAL INFORMATION FOR THE PROSPECTIVE STUDENT**

All critical clinical skills necessary to practice medicine as a physician assistant effectively and safely are incorporated into the Program curriculum. Published requirements to complete the program reflect those clinical skills. The student has to meet all graduation requirements to be eligible for a degree.

To be successful in the program, the following information should be of importance to prospective students:

- 1) Ability to maintain a grade point average of 2.0 or higher,
- 2) Demonstrate minimal competence in all major course objectives which include, but are not necessarily limited to:
  - a) utilizes appropriate oral and written communication,
  - b) establishes and maintains appropriate relationship with patients, families and other health care professionals conducive to providing quality medical care and services,
  - c) performs a comprehensive physical examination on patients in various settings, ie, ER, hospital, clinic, etc.,
  - d) demonstrates ability to assist effectively in surgery and perform various surgical procedures,
  - e) demonstrates ability to perform clinical skills such as intubation, bladder catheterization, suturing, cast application, CPR, ACLS and others,
  - f) demonstrates personal and professional qualities such as appropriate initiative, good judgement, flexibility, self-confidence, resourcefulness and tact,
  - g) demonstrates ethical and professional abilities,
  - h) demonstrates administrative skills including time management, appropriate utilization of supportive personnel and knowledge of reimbursement systems,
  - i) demonstrates ability to adapt rapidly and appropriately to new clinical settings,
- 3) Ability to handle the stresses of an intensive academic and clinical training program.
- 4) Ability to apply universal precautions when indicated.



**QUALIFICATIONS FOR APPLICATION  
TO  
PHYSICIAN ASSISTANT PROGRAM**

1. A minimum of 60 credit hours of college coursework including all university and departmental prerequisites must be completed prior to beginning the program.
2. Candidates must be within 12 credit hours of completing prerequisite coursework AT THE TIME OF APPLICATION
3. GPA requirements (on a 4.0 scale) apply to both the overall and prerequisite coursework. For those with baccalaureate or graduate degrees, the last 60 hours of undergraduate coursework will be computed as the overall GPA. The following GPA minimums must be met:
  - \* Kansas resident or enrollment in a Kansas institution of higher education: 3.0 or higher.
  - \* Applicants who reside in a state without an existing PA program: 3.0 or higher
  - \* Applicants who reside in a state which has a PA program: 3.25 or higher
4. Health care experience (direct patient care) is strongly preferred, but not required.
5. Kansas residents are given preference



# PHYSICIAN ASSISTANT PROGRAM CURRICULUM

## FIRST/JUNIOR YEAR

### Fall

HS	Clinical Anatomy (6)
HS	Clinical Physiology (3)
HS	Applied Clinical Pharmacology I (3)
PA	*Assessment and Management of the Integument (1)
PA	*Assessment and Management of the Ophthalmic and Otorhinolaryngological Problems (3)
PA	Medical History and Physical Examination (4)
MedT	Clinical Laboratory Services (3)

### Spring

HS	Clinical Pathophysiology (3)
HS	Applied Clinical Pharmacology II (3)
PA	*Assessment and Management of the Cardiopulmonary System (3)
PA	*Assessment and Management of the Gastrointestinal System (3)
PA	*Assessment and Management of the Obstetrics and Gynecology (3)
PA	*Assessment and Management of the Endocrine System (1)
PA	*Assessment and Management of the Renal and Genito Urinary System (3)

### Summer

PA	*Assessment and Management of the Neuro-and Musculoskeletal System(3)
PA	Clinical Skills (3)
PA	Clinical Conference I (1)

## SECOND/SENIOR YEAR

### Fall

PA	Clinical Rotation I (3)
PA	Clinical Rotation II (3)
PA	Clinical Rotation III (3)
PA	Clinical Rotation IV (3)

### Spring

PA	Clinical Rotation V (3)
PA	Clinical Rotation VI (3)
PA	Clinical Rotation VII (3)
PA	Clinical Conference II (3)

### Summer

PA	Clinical Preceptorship- 8 weeks (6)
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\* Pharmacology specific to these areas is included in course study



# **PHYSICIAN ASSISTANT SURVEY**

## Miscellaneous Information

### **SURVEY INFORMATION**

Total surveys mailed - 281

Number returned with no forwarding address - 37 (approximately 7%)

Number of surveys returned (completed) - 140 (approximately 50%)

Number not responding - 104 (approximately 43% of total sent)

Of the 140 completed surveys returned --- 81 are KAPA members (58%)

48 are not KAPA members (34%)

11 are not practicing or not in Kansas (8%)

**Total usable surveys - 129** for questions pertaining to DEA registration and **126** for type and location of practice. The three not used for type and location of practice were practicing outside the State of Kansas; therefore were not related to the information we were trying to ascertain. These three were reflective of PAs registered in Kansas, as it pertains to DEA Registration.

### **SURVEY QUESTIONS**

Question 1 - See Map

Questions 2 through 6 - Type of practice, population, and clinical visits - pages 2 and 3,

Questions 7 through 10 - Those requesting information (furnishing of names to legislators, a copy of the map and survey results, other information, and names and addresses of legislators) have been compiled for my use and is not included in the following.

Question 11 - Membership in KAPA. This information is reflected above and in questions 1 through 6.

All completed surveys will be forwarded to KAPA .

### **COLUMNS/PERCENTAGES**

The first column is reflective of ALL surveys (126 or 129), the second column is KAPA members only (79 or 81), and the third column is nonmembers (47 or 48). All numbers are percentages unless otherwise noted.

### **SURVEY ANALYSIS**

An analysis of this survey and the potential use is the final portion of this report.

# PHYSICIAN ASSISTANT SURVEY RESULTS

Page 2

## #1 - LOCATION OF PRACTICE (town)

See enclosed map.

## #2 - TYPE OF PRIMARY PRACTICE

(Based on 126 completed surveys)

Reflects the types of primary practice of those surveyed. To insure accuracy, categories were expanded if under "type of practice", more than one category was selected. This gives a clearer picture of the PA settings around the state. In retrospect, I would have included a question to clarify the type of group practice (family, specialty, etc.)

	<u>ALL SURVEYS</u>	<u>MEMBERS ONLY</u>	<u>NONMEMBERS ONLY</u>
Clinic	37%	37%	39%
Hospital	9%	4%	19%
Group	23%	25%	19%
Other	6%	8%	4%
Clin/Hosp	17%	18%	15%
Clin/Other	1%	1%	-----
Clin/Group	1%	-----	2%
Group/Other	1%	1%	-----
Clin/Hosp/Group	3%	4%	2%
Clin/Hosp/Other	1%	1%	-----
Clin/Clin/Other	1%	1%	-----
Totals	100%	100%	100%

## #3 - POPULATION OF PRIMARY PRACTICE AREA

(Based on 126 completed surveys)

	<u>ALL SURVEYS</u>	<u>MEMBERS ONLY</u>	<u>NONMEMBERS ONLY</u>
(Thousands)			
Under 10	44%	47%	40%
10 - 20	10%	11%	9%
20 - 30	2%	1%	4%
30 - 40	6%	4%	9%
40 - 50	5%	4%	6%
Over 50	<u>33%</u>	<u>33%</u>	<u>32%</u>
Total	100%	100%	100%

IF URBAN, ARE YOU A "MEDICALLY UNDERSERVED" AREA - The results tallied for this topic were not reflective of the information we desired, so this data was not used. Not all urban areas gave this this information, while a number of rural areas did.

10-7



# PHYSICIAN ASSISTANT SURVEY RESULTS

Page 3

## OTHER CLINICAL SITES VISITED (Not Including Primary Location)

(Based on 126 surveys)

Figures noted are actual numbers, not percentages.

	<u>ALL SURVEYS</u>	<u>MEMBERS ONLY</u>	<u>NONMEMBERS ONLY</u>
(Thousands)			
Under 10	65	49	16
10 - 20	5	5	--
20 - 30	3	3	--
30 - 40	3	3	--
40 - 50	4	3	1
Over 50	1	1	--
Totals	81	64	17

## #4 - WOULD DEA REGISTRATION BE ADVANTAGEOUS TO YOUR PRACTICE

(Results based on 129 completed surveys)

	<u>ALL SURVEYS</u>	<u>MEMBERS ONLY</u>	<u>NONMEMBERS ONLY</u>
YES	64%	72%	50%
NO	25%	22%	31%
UNDECIDED	<u>11%</u>	<u>6%</u>	<u>19%</u>
Totals	100%	100%	100%

## #5 - FAVOR OR OPPOSE DEA REGISTRATION

(Results based on 129 completed surveys)

	<u>ALL SURVEYS</u>	<u>MEMBERS ONLY</u>	<u>NONMEMBERS ONLY</u>
FAVOR	81%	81%	81%
OPPOSE	7%	9%	4%
UNDECIDED	<u>12%</u>	<u>10%</u>	<u>15%</u>
Totals	100%	100%	100%

10-8

# PHYSICIAN ASSISTANT SURVEY RESULTS

Page 4

**#6 - COMMENTS REGARDING PA PROFESSION, ETC.**  
(numbers at end represent number of times an issue was mentioned)

## MEMBERS

Kansas is good state to practice in - 4.

**Should be able to sign for samples by pharmacy reps - 11.**

Compared to other states, Kansas has been progressive in its treatment of PA - 2

Changes could be made to further benefit the PAs ability to serve the patient population.

Although I am in an urban area, I provide a much needed specialty care to rural areas.

PAs need more recognition for their contribution to increasing access to health care in rural areas - 2 .

Certification with the State of Kansas should not be tied to whether or not you are working. Once certified, it should be permanent.

**Should have active/inactive status in State of Kansas.**

Kansas has gradually improved its treatment of PAs.

DEA Registration/improved prescriptive practices in Kansas. What a better way to keep track of who is writing control drugs 13.

Public education on role of PA - 4.

No changes are needed at this point.

**In areas of 20,000 or less, a physician should be allowed to oversee three PAs rather than present two.**

Reduce barriers to practice in Kansas. Rural Kansas desperately needs primary care providers.

PA profession very rewarding.

Legislation needs to be relaxed on PAs working without the physical presence of their supervising physician whether it is urban or underserved areas.

**Would like to see consistency in our ability, as legally defined, to sign required physical exams - 8.**

Medicare reimbursement for office/surgical - 4.

PA profession has a great future in Kansas. Health care reform has great potential for PAs.

PA profession has had relatively good treatment in the past. Future depends on maintaining a high level of professionalism and credibility with the legislature.

Medical assistants recognized to give injection under PA order - doctor on premises.

License PAs.



# PHYSICIAN ASSISTANT SURVEY RESULTS

Page 5

Need uniform resolution to medicaid care provision.

**Lobby legislature and/or Kansas High-school Activities Association to allow PAs to sign high-school physicals.**

Kansas still has too much desire to control PAs.

Allow PA reimbursement in those areas which are not designated rural health areas.

**Change KBHA registration of PAs to every two years to coincide with national certification. Annual re-registration seems like a lot of extra paperwork and cost.**

Equal reimbursement all across the board for PAs.

Need a seat on the Board of Healing Arts - 2.

Offer tax advantages to physicians who hire PAs.

PAs could easily fill many jobs in State government, currently held by older physicians, who have NO rules requirement them to keep up their medical knowledge. Get a list of these and encourage senior PAs to apply.

State consideration of school loan repayment for PAs service in a medically underserved area after graduation.

**PAs need to be brought together more often to discuss significant issues that can and do affect us.**

**A network of PAs need to be established for various types of support.**

Better communication with PAs regarding legislation and when to lobby and support certain bills.

**KAPA needs to develop a position on health care policy, reimbursement and prescribing issues so that all Kansas PAs are speaking with one voice - 3**

KAPA lobbyist should attend all board meetings.

READ REMARKS FROM LEROY SHUGART, MCPHERSON.

## NONMEMBER COMMENTS

Urban service to rural areas is unappreciated at this point. We do provide a valuable service to rural areas, even though my address is Wichita.

State rules and regs should be inclusive to meeting rural needs.

If Kansas is serious about health care reforms, it should adopt a position that will broaden and enhance the clinical practice privileges of mid-level practitioners because we are in the primary care setting (at least most of us).

PAs are cost effective.

The physician protocol status could be lessened. Dual restriction is not needed. PLEASE READ SURVEY FROM STEVEN GREENE, KANSAS CITY, KANSAS.



## PHYSICIAN ASSISTANT SURVEY RESULTS

Page 6

PAs would be better educated, better accepted, and better utilized if WSUs PA program was affiliated with KU Med Center. (From a Wichita PA).

**More public education about PAs in Eastern Kansas. Seems to be poor response with some pharmacies regarding PAs.**

Kansas Lawmakers recognize the contribution PAs have made to the people of Kansas. I feel the legislators have supported us in the past. Please make sure they are aware of PAs in the future.

PA profession is gaining strength in Kansas, but small town/rural PAs have different problems than urban PAs.

I feel PAs becoming better accepted though not necessarily well understood by public. Have proven to be cost effective and efficient in providing quality care within existing regulations and should remain as we have historically been -- under general supervision of responsible, designated physician. I feel we have increasing roles to play in upcoming health plan changes. We should be increasingly utilized, especially in primary care areas.

Would like to sign for samples again.

Emphasize PA profession's intent to remain dependent practitioners to distinguish ourselves from the current nurse practitioner move for independence.

PAs getting negative treatment from nurse practitioners -- recently heard from some NP programs that they make a distinction of being better than PAs. Why can't we all focus on our service to communities rather than bickering around about who is better than whom. Thank goodness I have not heard bickering from the PA profession about this -- yet.

PA profession will show its significance and importance in the medical profession during this era of health care reform. Unfortunately the VA Medical Centers are behind the times in regard to PA right and responsibilities and salary. At least the state of Kansas grants PAs prescriptive rights.

NONMEMBER COMMENTS, Continued ...

Prescribing controlled substances - READ CHERIE LYNN FINCH, KINGMAN, KS.

**Laws need to be updated on things like nursing home PAs, school athletic PAs, etc.**

Improve prescriptive practices.

Kansas easy to work in, Board of Healing Arts easy to work with, and prescriptive laws are adequate.

I have just moved here from California where PAs are not as respected or represented. All things for PAs seem better here in Kansas.

A wider public education program is needed in the Kansas City Area.

Hold our ground legislatively - PA laws are advantageous right now regarding PA practice. READ RICHARD CLAUSING, WICHITA, KANSAS.



Locations of practicing **PHYSICIAN ASSISTANTS**, as gathered from survey by Kansas Academy of Physician Assistants  
 281 surveys mailed, with 140 completed surveys returned.

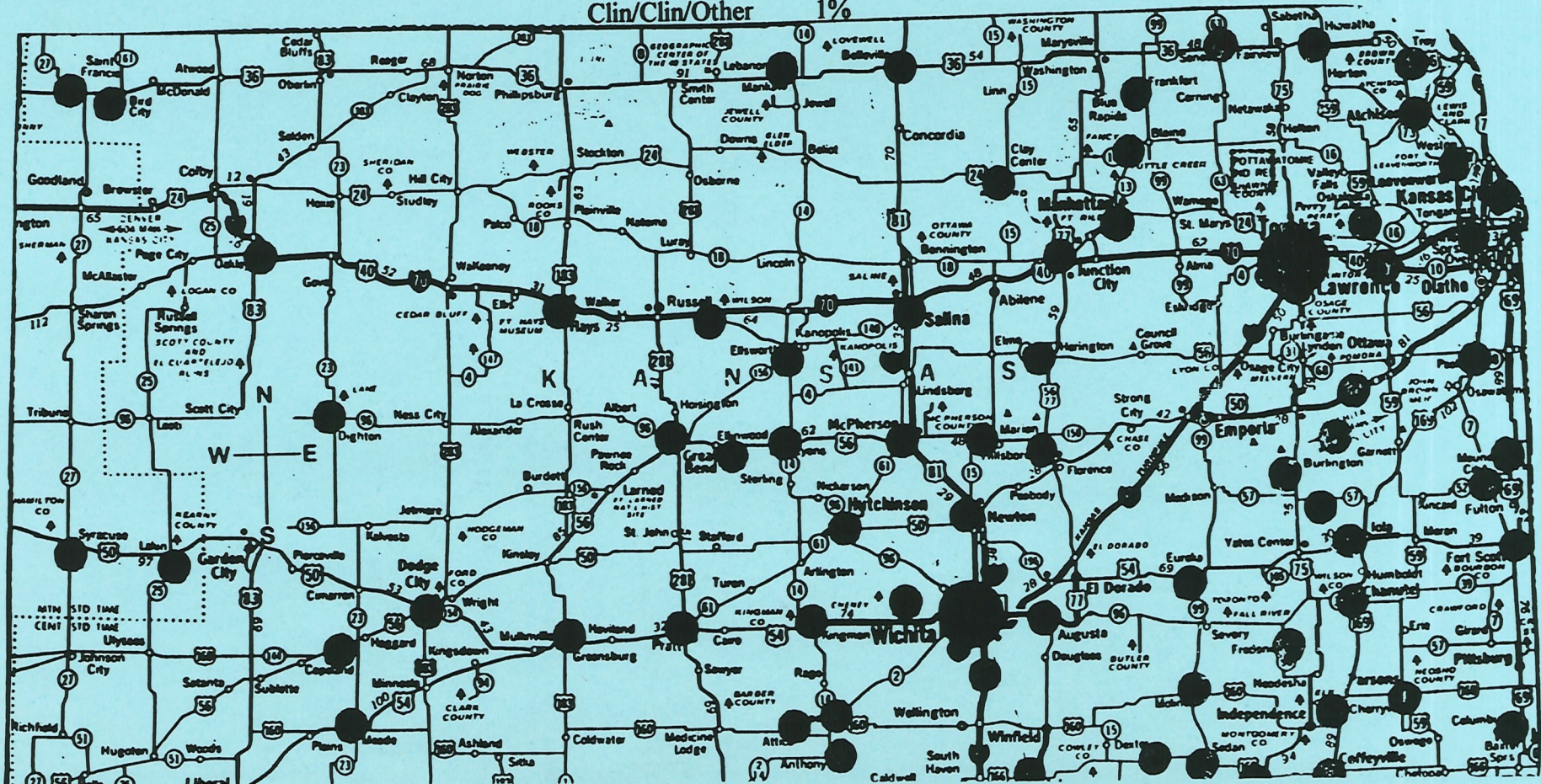
**Population of Primary Practice Areas**

**Type of Primary Practice**

**Other Clinical Sites Visited**  
 (Not including primary location)

Figures noted are actual numbers, not percentages

Under 10,000	44%	Clinic	37%	Under 10,000	65
10,001 - 20,000	10%	Hospital	9%	10,001 - 20,000	5
20,001 - 30,000	2%	Group	23%	20,001 - 30,000	3
30,001 - 40,000	6%	Other	6%	30,001 - 40,000	3
40,001 - 50,000	5%	Clin/Hosp	17%	40,001 - 50,000	4
Over 50,001	33%	Clin/Other	1%	Over 50,001	1
		Clin/Group	1%		
		Group/Other	1%	Total number of clinical visits	81
		Clin/Hosp/Group	3%		
		Clin/Hosp/Other	1%		
		Clin/Clin/Other	1%		



10-12