

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 29, 1996 in Room 423-S of the State Capitol.

All members were present except: Representative Yoh

Committee staff present: Norman Furse, Revision of Statutes  
Bill Wolff, Legislative Research Department  
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Jerry Slaughter, Kansas Medical Society  
Joann Wiley, Silver Hair Legislature  
Ron Hein, Mental Health Credentialing Coalition  
Lloyd Stone, Mental Health Credentialing Coalition  
David Elsbury, M.S., RMLP  
Jessie Skillen  
Dan Lord, PH.D. , Mental Health Credentialing Coalition  
Dr. Bruce Cappel, President Elect of Kansas Psychology Assoc.  
Dr. Jack Martin, Director of Labette County Mental Center

Others attending: See Guest List: see Attachment 1.

The minutes of the meetings on January 23 and 24, 1996 were approved.

Chairperson Mayans opened the meeting stating there is a bill introduction by Jerry Slaughter, Kansas Medical Society. Jerry Slaughter introduced a bill concerning credentialing; change in scope of practice or level or credentialing (see Attachment 2). Representative O'Connor questioned what the bill concerned. Mr. Slaughter responded that it has to deal with scope of practice changes. On motion of Representative Morrison, seconded by Representative Kirk, the committee accepted the bill for introduction.

Joann Riley, representing The Silver Hair Legislature, discussed **SHR 1203** and **SHR 1205** (see Attachment 3). Norman Furse, Revisor, questioned whether this was an introduction or resolution. Ms. Riley responded by stating that they would like that these resolutions be introduced into records and incorporated in any of the bills that the committee would be working on.

**HB 2692 - Licensing; master level psychologists, marriage and family therapists, and professional psychologists**

Chairperson Mayans opened the hearing on **HB 2692** to the proponents.

Ron Hein provided testimony in support of **HB 2692** (see Attachment 4). Mr. Hein stated that this would create a big turf battle at the beginning but that it would lessen turf battles in the future. He stated that the current process does not eliminate turf battles but just passes it from legislative to executive branches. He commented on several other issues of the bill.

Lloyd Stone, Mental Health Credentialing Coalition, provided testimony in support of **HB 2692** (see Attachment 5). Mr Stone, submitted and read a written testimony of Sheila Orth, Kansas Counseling Association president (see Attachment 6).

David Alsbury, Kansas Association of Masters in Psychology President, deals with the practice of psychology at masters level psychologists. He presented testimony in support of **HB 2692** (see Attachment 7).

Jessie Skillen, a retired R. N., testified in support and urged passage of **HB 2692** (see Attachment 8).

Dan Lord, PH.D., Mental Health Credentialing Coalition, provided testimony in support of **HB 2692**. He discussed three basic principles in favor of the bill (see Attachment 9).

The following written testimony was submitted to the committee supporting **HB 2692**:

Mitchel A. Woltersdorf Ph.D.,P.A. (see Attachment 10),

Dr. Edward R. Butler, Kansas Association for Counselor Education and Supervision, (see Attachment 11),  
E. W. Rakestraw, R.M.L.P., Chief Executive Officer, Family Service and Guidance Center of Topeka (see Attachment 12),

Larry R. Dreiling, President Kansas School Counselor Association (Attachment 13).

The hearing was opened for questions to the proponents.

Chairperson Mayans raised a question concerning the structure of the Board of Directors and the power it would have. Mr. Hein's response was that all those present at the beginning meetings would know that this could not happen because the three groups concerned, agreed on a willingness to sit down at the table and work together.

There were a number of concerns about religious exclusions, and concerns if school teachers, school counselors, or camp counselors would be excluded from this bill. Mr. Furse stated that it would be difficult to deal with exclusionary language. Mr. Furse stated that Missouri legislature has 26 specific exclusions in a bill similar to **HB 2692**.

The hearing was opened to the opponents.

Bruce Michael Cappo, PH.D. President Elect of Kansas Psychology Association, testified against **HB 2692** (see Attachment 14)

Dr. Jack Martin, Director of Labette County Mental Center, testified against **HB 2692**. He stated that expanding scope of practice means more people are going to have psychiatric problems (see Attachment 15).

The hearing was opened for questions to the opponents.

There were several questions raised by committee members concerning education requirements and age requirements.

Chairperson Mayans asked Mary Ann Gable to speak on behalf of B.S.R.B. She commented on **HB 2692** and stressed there needs to be clarification of the definition of counseling.

The hearing was closed on **HB 2692**.

Chairperson Mayans thanked the conferees for attending and testifying.

The meeting was adjourned at 3:20 p.m.

The next meeting is scheduled for January 30, 1996.

# House Health & Human Services COMMITTEE GUEST LIST

DATE January 29, 1996

NAME	REPRESENTING
Wesley C. Jones, PhD	KAMFT
Wesley Gordon	KS Medical Society
Harri Ann Brown	KHA
Carol Dellinger	Ks mental Health Counselors Assn
Glenn A. Stone	KM HCA
Gary Haulmark	KPA
Susan Linn	KPA
John Peterson	Ks Assn of Prof Psychologists
Tina Brown	John Peterson Assoc.
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Jessie Skillen	Consumer
David Elstun	Kansas Assoc. of Masters in Psychology
Bryce C. Linder	Kansas Assoc. of Masters in Psychology
Daniel R. Rowd	KS Assoc. for Marriage & Family Therapy
Ron Hein	KS mental Health Credentialing Coalition
Deanna York	Clinical ?
BRUCE (MICHAEL) CARPO	KPA, KAPP

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1-29-96  
Attn #1

BILL NO. \_\_\_\_\_

AN ACT concerning the Kansas act on credentialing; change in scope of practice or level of credentialing; procedure and criteria for review of applications; scope advisory committee; health care credentialing committee; amending K.S.A. 65-5008 and repealing the existing section.

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

Section 1. K.S.A. 65-5008 is hereby amended to read as follows: 65-5008. (a) The secretary shall periodically schedule for review the credentialing status of health care personnel who are credentialed pursuant to existing laws. The procedures to be followed, the criteria to be applied and the reports to be submitted for credentialing applications filed pursuant to K.S.A. 65-5002 sections 2 through 8, and amendments thereto, shall apply to credentialing reviews conducted pursuant to this section subsection (a).

(b) Applications by health care personnel seeking a change in their scope of practice or level of credentialing may be submitted and, if submitted, shall be considered in accordance with sections 2 through 8, and amendments thereto.

New Sec. 2. (a) As used in sections 2 through 8, and amendments thereto:

(1) "Change in level of credentialing" means a change in the level of formal recognition of professional or technical competence through the process of registration, licensure or other statutory regulation.

(2) "Scope advisory committee" means the advisory committee appointed pursuant to this act to review applications for scope of practice changes or level of credentialing changes.

(3) "Scope of practice" means the services and procedures a health care provider is authorized by statute to perform.

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(4) "Secretary" means the secretary of health and environment.

(b) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 3. (a) Health care personnel seeking a change in their scope of practice or level of credentialing may submit an application to the secretary on forms approved by the secretary. An application fee of \$750 shall accompany the application. The secretary shall not accept such application unless it is accompanied by the application fee and letters from the chairpersons of the committee on public health and welfare of the senate and the committee on health and human services of the house of representatives requesting that such review be performed. Such application must be signed by 50 or more Kansas resident proponents of changing the scope of practice or level of credentialing of the health care occupation or profession seeking the change. The application fee established under this subsection shall apply to every group of health care personnel that submits to the secretary an application for change in its scope of practice or level of credentialing on or after the effective date of this act.

(b) The secretary shall remit all moneys received from fees under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.

(c) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 4. (a) A scope advisory committee shall be created by the secretary to review groups of health care personnel who seek a change in their scope of practice or level of credentialing. All applications for changes in the scope of practice or level of credentialing shall be referred to the scope advisory committee for review in accordance with the provisions of this act and rules and regulations adopted by the secretary.

The scope advisory committee shall be comprised of nine persons, including two persons licensed to practice medicine and surgery, one of whom shall be licensed to engage in the practice of osteopathic medicine and surgery, a chiropractor, a dentist, a pharmacist, a registered nurse, an optometrist, an individual licensed or registered by the behavioral sciences regulatory board and an individual representing the group seeking a change in scope of practice or level of credentialing whose service on the scope advisory committee shall be limited to the review of such application. Members shall be appointed by the secretary for a term of three years. Of the members first appointed to the scope advisory committee, two shall be appointed for terms of one year, two shall be appointed for two years, and three shall be appointed for three years. Thereafter, members shall be appointed for terms of three years and until their successors are appointed. The chair of the committee shall be designated by the secretary. A vacancy on the scope advisory committee shall be filled by appointment by the secretary within 90 days after such vacancy for the remainder of the unexpired term of the vacant position.

(b) Members of the scope advisory committee shall meet and review any application for change in scope of practice or level of credentialing assigned to them by the secretary. Within 60 days after receipt of a completed application, the scope advisory committee shall conduct hearings and shall otherwise investigate the application, and such hearings and investigation shall be concluded no later than 180 days after receipt of a completed application.

(c) The scope advisory committee shall obtain evidence and testimony from persons in support of the application and from people opposed to the application, but such testimony shall not be limited to such persons. All interested persons shall have an opportunity to give testimony and present evidence subject to such reasonable conditions as may be established by the scope advisory committee in the conduct of the hearing and subject to

applicable rules and regulations established under this act. Notice of all meetings of the scope advisory committee shall be published in the Kansas register at least 30 days prior to the day of the meeting. The notice shall state the time and place of the meeting.

(d) The scope advisory committee shall make findings in an objective, unbiased manner, based on the questions established in section 6 and amendments thereto. Applicants shall have the burden of bringing forth evidence upon which findings may be made regarding the scope of practice or level of credentialing change sought by the applicant. The scope advisory committee shall detail its findings in a report and shall submit such report to the chairpersons of the committee on public health and welfare of the senate and the committee on health and human services of the house of representatives prior to January 15 each year.

(e) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 5. (a) The secretary shall create a standing health care credentialing committee to advise the scope advisory committee during the review process. The standing committee may include representatives from health care licensing boards, educational institutions administering health occupations programs, health care providers, or any other representatives the secretary deems appropriate. Any member of the standing committee may be called upon to provide such member's expertise to the scope advisory committee when the scope advisory committee believes it would be of assistance in fact-finding or in reaching a conclusion as to an application for change in the scope of practice or level of credentialing.

(b) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 6. (a) The scope advisory committee appointed pursuant to new section 4 and amendments thereto shall consider the following questions in considering each application for change in scope of practice or level of credentialing:

(1) Has there been a significant change in the education and training of the applicant group which justifies expansion of the scope of practice or level of credentialing and is the applicant group seeking the change adequately prepared through education and training to safely perform the services sought;

(2) is the desired change in scope of practice or level of credentialing controversial or in some doubt due to a recent court ruling or attorney general opinion;

(3) how would the proposed change in scope of practice or level of credentialing affect the cost, quality, safety or use, availability or access to the service or technology;

(4) have there been advancements in technology or practice which the applicant seeks to utilize, but there is some question whether the use of the technology or services the applicant wishes to provide is authorized under the applicant's current scope of practice or level of credentialing;

(5) what impact would the proposed change in scope of practice or level of credentialing have on existing credentialed groups;

(6) would the desired expansion of scope of practice or level of credentialing result in a duplication of services; and

(7) how would the proposed change in scope of practice or level of credentialing affect the public health, safety and welfare; and

(8) What is the scope of practice or level of credentialing of the applicant group in other states?

(b) All findings and conclusions of the scope advisory committee which relate to the level or levels of credentialing of a particular group of health care personnel shall be consistent with subsection (a) of K.S.A. 65-5007 and amendments thereto.

(c) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 7. (a) Records of the scope advisory committee meetings, adoption of rules and regulations and compensation of scope advisory committee members appointed pursuant to section 4



and amendments thereto shall be governed by the provisions of K.S.A. 65-5009 and amendments thereto.

(b) This section shall be part of and supplemental to the Kansas act on credentialing.

New Sec. 8. (a) Sections 2 through 8, and amendments thereto, shall expire on July 1, 2000.

(b) This section shall be part of and supplemental to the Kansas act on credentialing.

Sec. 9. K.S.A. 65-5008 is hereby repealed.

Sec. 10. This act shall take effect and be in force from and after its publication in the statute book.



# Kansas Silver-Haired Legislature, Inc.

*Health + Human Services Committee*  
*Mayans - chair*

*Introductions 1/29/96*

*S+H Resolution 1203*  
*" 1205*

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SPEAKER PRO TEM

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P.O. Box 54  
Moscow, KS 67952

FLOOR LEADER

David Stallard  
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*Joann Wiley, Speaker*

*H+HS Comm*  
*1-29-96*  
*Attn # 3*

SUMMARY OF SHL RESOLUTION NO. 1203

**Brief**

**SHL Resolution No. 1203** encourages the Kansas Legislature to address the continuing problems in health care, particularly the increasing cost of provider health care and the availability of provider services.

Further, the Resolution asks the Kansas Legislature to enact legislation that places an annual cap of 5 percent on increases in the cost of prescriptions, drugs, and other medications; health aids and treatments; and provider health care services.

## SILVER HAired LEGISLATURE RESOLUTION NO. 1203

By PSA 2, 3 and 9

1 A RESOLUTION recognizing the escalating costs of health care in  
2 Kansas and requesting the Kansas legislature to address the  
3 increasing costs of health care, especially in the areas of  
4 prescription drugs and other medications, health aids and  
5 treatments and provider health care arrangements.

6 WHEREAS, The costs of health care continues to escalate in  
7 the state of Kansas, especially in the areas of prescription  
8 drugs and other medications, health aids and treatments; and  
9 WHEREAS, A concern is being expressed that certain persons  
10 are currently unable to or shall be unable to in the future  
11 acquire the necessary life-sustaining medication or treatment  
12 because of the severe financial constraints created by the  
13 spiraling costs of such health care: Now, therefore,

14 Be it resolved by the Silver Haired Legislature of the State  
15 of Kansas: That the Kansas Legislature be encouraged to address  
16 the continuing problems in health care, especially the increasing  
17 costs of provider health care and the availability of willing  
18 provider services; and

19 Be it further resolved: That the Kansas Legislature consider  
20 enacting legislation requiring a manufacturer of prescription  
21 drugs to offer such drugs to every wholesaler or retailer with  
22 all rights and privileges offered or accorded by the manufacturer  
23 to the most favored wholesaler or retailer of such drugs.

## Summary of SHL Resolution No. 1205

### Brief

SHL Resolution No. 1205 urges the Kansas Legislature to remove the 300 percent of SSI cap on Medicaid eligibility for long term care services in order to allow all Kansas families to utilize the federal spousal impoverishment provisions (division of assets) to qualify for medical assistance without the need to resort to an income trust.

### Background

K.A.R. 30-6-53(d)(1)(B) limits eligibility for participation in the Medical Assistance program for payment of long term care services to persons with a monthly income not greater than 300 percent of the federal supplemental security income (SSI) program. Persons with incomes greater than 300 percent of SSI may not use the federal spousal impoverishment provisions to divide their income. The resolution cites this amount as currently being \$1,374 per month. A "Miller" Income Trust is a means to shelter a portion of monthly income in order to meet income guidelines for Medicaid. The resolution cites as reasons for this policy change the cost of long term care and the costs and complications of establishing and maintaining an income trust.

With estimated FY 1996 expenditures of \$370.6 million, the Long Term Care budget is the second largest cost center in the budget of the Department of Social and Rehabilitation Services (the most expensive cost center is Medical Assistance, with estimated FY 1996 expenditures of \$474.5 million). The federal government currently finances approximately 57.6 percent of the Long Term Care budget. Proposed reforms on the federal level, however, may reduce the availability of federal resources in future years. A fiscal note presented by the Department of Social and Rehabilitation Services to the 1994 Kansas Legislature estimated that elimination of the 300 percent cap would result in an additional 422 persons becoming eligible for state financed long term care services, at an annual cost of \$2,886,480.

## SILVER HAired LEGISLATURE RESOLUTION NO. 1205

By PSA 1, 3, 4, 6 and 10

1 A RESOLUTION encouraging the Kansas Legislature to remove the  
2 300% cap on Medicaid eligibility and to allow all Kansas  
3 families who are eligible for division of assets under  
4 federal Spousal Impoverishment provisions to divide  
5 resources and income for purposes of determining medical  
6 assistance eligibility.

7 WHEREAS, The costs of long-term care for chronically impaired  
8 persons are more than many older Kansans can afford; and

9 WHEREAS, The current state regulations prohibit older Kansans  
10 who need long-term care and who have monthly income of greater  
11 than 300% of SSI from using the Spousal Impoverishment (division  
12 of assets) provisions to qualify for medical assistance without  
13 using an income trust; and

14 WHEREAS, Currently 300% of SSI is \$1,374 per month, and  
15 long-term care costs in Kansas range from \$1,400 to \$3,200 per  
16 month; and

17 WHEREAS, The costs of establishing and maintaining an income  
18 trust reduce the amount of moneys that nursing facility residents  
19 can contribute toward their care and therefore increase the  
20 amount of Medicaid contributions for the nursing facility care;  
21 and

22 WHEREAS, Establishing an income trust is a complicated legal  
23 maneuver that may present a barrier for otherwise eligible older  
24 Kansans to the receipt of Medicaid benefits; and

25 WHEREAS, Division of a couple's resources and income for  
26 purposes of determining eligibility for medical assistance would  
27 safeguard a means of support for the healthy spouse while  
28 assuring needed medical care for the impaired spouse; and

29 WHEREAS, The 1987 Silver Haired Legislature passed a  
30 resolution encouraging the Kansas Legislature to adopt division  
31 of assets by a vote of 115 to 0 and, furthermore, the 1994 Silver  
32 Haired Legislature voted unanimously to eliminate the cap on  
33 eligibility for medicaid assistance: Now, therefore,

34 Be it resolved by the Silver Haired Legislature of the State  
35 of Kansas: That the Kansas Legislature be encouraged to remove  
36 the 300% cap on Medicaid eligibility and to allow all Kansas  
37 families who are eligible for division of assets under federal  
38 Spousal Impoverishment provisions to divide resources and income  
39 for purposes of determining medical assistance eligibility.

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HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

TESTIMONY RE: HB 2692

Presented by Ronald R. Hein

on behalf of

MENTAL HEALTH CREDENTIALING COALITION

January 29, 1996

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition (MHCC). The Coalition is comprised of three organizations and their members--Kansas Association for Marriage and Family Therapy (KAMFT), Kansas Association of Masters Level Psychologists (KAMP), and the Kansas Counseling Association/Kansas Mental Health Counselors Association (KCA/KMHCA).

In the 1995 Legislative Session, the Senate Public Health and Welfare Committee introduced legislation to require health care professionals who desire changes in scope of practice to be submitted to the Credentialing Technical Committee of the Kansas Department of Health and Environment. Subsequently the Interim Public Health and Welfare Committee reviewed the credentialing issue this summer.

The introduction of that legislation, and comments from numerous legislators has demonstrated the concern that the legislature has with the so-called "turf battles" between health care and other professional groups.

Those groups who have been through the credentialing process are well aware that process does not eliminate turf battles. It simply moves the battle out of the legislature and into the executive branch of government initially, and then ultimately the turf battle continues before the legislature (after everyone has spent thousands of dollars and a couple of years fighting before the Credentialing Committee).

The Mental Health Credentialing Coalition believes that it is time to look at new alternatives for credentialing which will not create and encourage adversarial relationships.

HB 2692 recognizes that with the exception of psychiatrists, all the mental health professionals with masters or higher degrees are regulated by the Behavioral Sciences Regulatory Board (BSRB). This bill would change registration to licensure with regards to the three mental health professions which are currently registered, but makes no changes in their scope of practice. The bill also provides for an equal number of

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representatives of all the licensed groups on the Behavioral Sciences Regulatory Board itself, so that all masters level or higher professions will be "at the same table", and so that there is no disparity of strength between any of the professions. Lastly, the bill provides that changes in scope of practice shall be submitted to the Behavioral Sciences Regulatory Board for review and recommendation prior to being brought to the Kansas Legislature.

The bill does not provide for any changes in scope of practice of any of the professions, nor does it make any changes with regards to insurance or health care reimbursement laws.

We believe this legislation will result in fewer turf battles between mental health professionals. By being at the same table, and having a dialog and communication between the professions, we believe that there will come a greater understanding and awareness by and between the respective professions. With regards to credentialing, this mechanism for resolving scope of practice and other issues will lead to more collaboration. The end result will be the ability to focus on a comprehensive mental health care delivery system that recognizes differences and distinctions of individual professional groups, and less time and resources being spent on turf protection.

The Kansas Medical Society is currently preparing new legislation in the area of credentialing. Without getting into specifics of that legislation, we feel that the Behavioral Sciences Regulatory Board when structured for equal representation of all the behavioral sciences groups would be the most appropriate body to make any recommendations regarding mental health professionals. We will be prepared to address the KMS proposal when it is heard.

Today, we are talking about licensing three professions which require at least a master's level degree.

The three groups before you have all been through the technical committee process. All three met all criteria for credentialing set up by the technical committee. However, all three groups received differing treatment when it came to the recommendation and subsequent action by the Legislature. The professional counselors were approved for licensing by the technical committee, but were reduced to registration by the Legislature. The master's level psychologists were approved for registration and approved for registration by the Legislature. The marriage and family therapists, who met all the statutory criteria for credentialing, were recommended not to receive credentialing by the Secretary, but were approved for registration by the Legislature.



Three similar groups, all three met the statutory criteria for credentialing, all three received a different recommendation from the Secretary of KDHE. Ironically, for each group, there was a different person serving as Secretary of KDHE.

Today there is a hodge podge of statutes that show no consistency with regards to licensure or registration. The Board of Nursing licenses mental health technicians who are required to have only a high school diploma and pass a training course. Baccalaureate level social workers are licensed. Physical therapy assistants are certified while physical therapists are registered. Doctoral level MFT's who are trained to diagnose and treat are only registered in Kansas.

It is time to bring some common sense to the credentialing issue as it relates to mental health. It is time to stop the turf battles, to eliminate the turf protection by licensed groups who seek superiority over other equally qualified groups. It is time to bring everybody to the same table and to create a dialogue. The result will be a greater understanding of each other, and ultimately better public policy with regards to delivery of mental health services in the state of Kansas.

Jerry Slaughter, with the Kansas Medical Society, has suggested that HB 2692 should not permit the Behavioral Sciences Regulatory Board to recommend scope of practice changes that might conflict with other professional groups not regulated by the BSRB. I would propose an amendment to HB 2692 that would prohibit any proposed scope of practice changes that would permit acts which are exclusively the purview of some professional group which is not under the control of the BSRB.

I have also been advised by Norm Furse that additional exclusions for the three groups should be inserted to insure that the act does not prohibit other lawful practices. I have agreed to those, and would prefer the exclusion language used in the social workers act. This would insure that this act does not threaten any other professional group acting within the scope of their profession.

Keith Landis has expressed a desire to have an exclusion already in the MFT and Counselors law repeated in the MLP law. We have no objection to that amendment either.

For all of these recommended amendments, we can either work with the revisor or submit our own wording, whichever the Chairman desires.

We urge passage of HB 2692. Thank you very much for permitting me to testify, and I will be happy to yield to questions.

# **Model Act for State Licensure of Psychologists**

**Adopted February 1987**

**American Psychological Association  
Washington, DC**

4-4

The Board shall, from time to time, establish reasonable fees for the issuance and renewal of licenses and its other services. Fees shall be set so as to defray the cost of administering the provisions of this Act, including applications, examinations, enforcement, and the cost of maintaining the Board.

It is important to have within the Act a statement that a member of the Board shall not be civilly liable for any act performed in good faith and within the scope of duties of the Board. It should be noted that such a statement does not pertain to any criminal charges brought against a member of the Board.

A member of the Board or any employee or agent of the Board shall not be held civilly liable for any act performed in good faith and within the scope of the duties of the Board.

#### D. Requirements for Licensure

This recommendation includes significant changes from the 1967 guidelines. It should be noted that terms such as *department of psychology* and *PhD* are explicitly excluded from the recommended wording.

There is a core of basic theory, principles, and accumulated knowledge that all professional psychologists should possess. Each practitioner must also master the specific skills and knowledge appropriate for the competent performance of psychological practice. The language of the model requires the Board to specify its criteria for acceptable professional education in psychology. In this regard, the Board will be guided by national standards.

This revision states that by 1995 all applicants for licensure must minimally be graduates of a regionally accredited institution of higher education and must have completed a training program accredited by the American Psychological Association. Where no accreditation exists, the applicant will be required to meet standards developed by the Board. These standards will be based on recognized standards for the area of competence. The law recognizes that new doctoral programs may be developed in newly or already recognized specialties of professional psychology. In such instances, the law affords those programs an eight-year period in which to achieve accreditation, during which the graduates of those programs may sit for licensure.

##### 1. Educational Requirements

The Act recognizes the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

Applicants for licensure shall possess a doctoral degree in psychology from an institution of higher education. The degree shall be obtained from a recognized program of graduate study in psychology as defined by the rules and regulations of the Board.

By 1995 applicants for licensure shall have completed a doctoral program in psychology that is accredited by the American Psychological Association (APA). In areas where no accreditation exists, applicants for licensure shall have completed a doctoral

program in psychology that meets recognized acceptable professional standards as determined by the Board. When a new specialty of professional psychology is recognized as being within the accreditation scope of the APA, doctoral programs within that specialty will be afforded a transition period of eight years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. The same principle applies as well to new doctoral programs of specialties previously recognized within the scope of APA accreditation.

Applicants trained in institutions outside the United States shall meet requirements established by the Board.

##### 2. Experience Requirements

APA recommends that legislation requires one year of supervised experience subsequent to the granting of the doctorate. In rules and regulations, the Board must define acceptable supervised experience at the predoctoral and postdoctoral levels as well as mechanisms for evaluation of this experience. Psychologists are required to limit their practice to their demonstrated areas of professional competence. Experience should be compatible with training.

For admission to the licensure examination, applicants shall demonstrate that they have completed two years of supervised professional experience, one year of which shall be postdoctoral. The criteria for appropriate supervision shall be in accordance with regulations to be promulgated by the Board. Postdoctoral experience shall be compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice. Applicants shall be required to show evidence of good character, that is, that they have not been convicted of a criminal offense that bears directly on the fitness of the individual to be licensed.

##### 3. Examinations

APA recommends that the Act specify the requirements for examination and the conditions under which the Board is authorized to waive examination. All examinations serve the purpose of verifying that a candidate for licensure has acquired a basic core of knowledge in the discipline of psychology and can apply that knowledge to the problems confronted in the practice of psychology. Boards should clearly specify the conditions under which the endorsement of another license will be granted. The Board shall administer examinations to qualified applicants on at least an annual basis. The Board shall determine the subject matter and scope of the examination and shall require a written, and may require an oral examination of each candidate for licensure. The Board at its discretion, according to rules and regulations promulgated by the Board, may waive said examination of candidates for licensure.

##### 4. Prior Credentials

APA recommends that the Act provide for continued licensure of persons already licensed as a psychologist at the time of enactment of a new law.

**KMHCA**

# KANSAS MENTAL HEALTH COUNSELORS ASSOCIATION

*A Division of the Kansas Counseling Association*

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**LEGISLATIVE LIAISON**

Lloyd Stone  
1719 Hammand Dr.  
Emporia, KS 66801  
(H) 316-343-2432  
(O) 316-341-5220

## TESTIMONY ON HB 2692

### HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

Representative Mayans, members of the Health and Human Services Committee, my name is Lloyd Stone. I am from Emporia and I am here as a member of the Kansas Mental Health Counselors Association (KMCA) as well as chair of their Professional Counselor Licensure Committee. KMCA is a member of the Mental Health Credentialing Coalition (MHCC) which also includes the Kansas Association for Marriage and Family Therapy, and the Kansas Association of Masters Level Psychologists. The coalition was formed to enhance cooperation between these three groups as well as other mental health providers, and to introduce legislation that would provide for licensure of professional counselors, marriage and family therapists, and masters level psychologists, who are all currently registered. All three of these groups went through the "technical committee" process where they were recognized as health care providers. Ultimately legislation was passed which provided for them to become registered. While registration was certainly a step in the right direction, it does not satisfy the need that exists. As you know, registration protects only the title of a profession,

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therefore it is voluntary and so long as one does not call themselves by a particular title, they can practice. Needless to say, currently there are people engaging in private practice who call themselves something else in order to legally practice counseling. Therefore, voluntary registration, which we currently have, provides little protection to the citizens who will go to these practitioners for service. Licensure, as this bill calls for, would provide practice protection as well as title protection and thereby protect the public by making it a misdemeanor to practice counseling when not licensed, regardless of what they call themselves.

As it pertains to counseling, not having licensed counselors results in an economic loss for the state. Since counselors are licensed in all surrounding states, not only are those who have been educated in Kansas crossing the borders to practice, but Kansas residents are crossing the border in order to avail themselves of licensed practitioners. Availability of licensed professionals would not only help to keep our Kansas trained practitioners in the state but would help to keep Kansas dollars being spent for mental health care in Kansas.

There are several other reasons why this legislation is needed, protection of the public and economic loss are only two. Others will speak to additional reasons. However, one other reason I would like to call to your

attention is the need for these services in remote areas of our state. With the passage of this legislation, service to these areas would be enhanced.

The masters level and above mental health professionals have come together to form the Mental Health Credentialing Coalition in order to propose legislation they believe is for the good of the people of Kansas. The Kansas Mental Health Counselors Association supports this coalition and HB 2692.

I thank you for the opportunity to be here and I respectfully request your support of HB 2692.

I would be glad to respond to questions or refer them to appropriate members of our coalition.



January 4, 1996

To Whom It May Concern:

This is to confirm that the Kansas Counseling Association wishes to lend its unqualified support for licensure for professional counselors in the state of Kansas. The Kansas Counseling Association is comprised of mental health, marriage and family, private agency, post-secondary, elementary, middle school and high school, career, specialists in group work, adult development counselors and counselor educators across the state of Kansas.

We are pleased that the Mental Health Credentialing Coalition (MHCC) has been formed to join professional counselors, masters level psychologists and marriage and family therapists in an effort to work together to improve the delivery of mental health care to the public and increase communication and awareness among the various mental health providers. This cooperation has been long overdue and we support the role of professional counselors in this group.

We believe this legislation will be an important vehicle for the elimination of turf battles among mental health professionals and will provide a credentialing commission that would have the expertise to look at scopes of practice in the area of mental health.

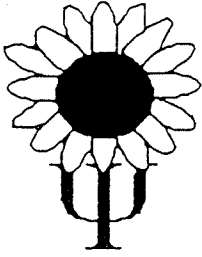
Thank you for your anticipated support in this matter.

Sincerely,

Sheila Orth  
professional counselor  
Kansas Counseling Association president

SEWARD COUNTY COMMUNITY COLLEGE, 1801 NORTH KANSAS, LIBERAL, KANSAS 67901  
(316) 629-2714 - OFFICE

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Attn. # 6



*Kansas Association of Masters in Psychology*

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

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES  
TESTIMONY RE: HOUSE BILL No. 2692  
Presented by David Elsbury, RMLP on behalf of  
Kansas Association of Masters in Psychology  
January 29, 1996

Mr. Chairman, Members of the Committee:

My name is David Elsbury and I am President of the Kansas Association of Masters in Psychology or KAMP. KAMP is a chapter of the Northamerican Association of Masters in Psychology. It's membership is comprised of persons who share an interest in the practice of psychology at the masters degree level.

As president of KAMP and a practicing Registered Masters Level Psychologist I urge this committee to approve House Bill 2692 because it will help to ensure the availability of psychological services provided by masters-level pschyologists to the citizens of Kansas.

In the mid 1980's masters-level psychologists were given registration by the Legislature. It represented a compromise between this group and doctoral-level psychologists and was one with which neither was totally satisfied but both were able to accept. The doctoral-level psychologists were assured of retaining their dominance in the private sector and the masters-level psychologists were finally accorded statutory legitimacy and assured of an employment environment that valued their competency. More importantly, community mental health centers and state hospitals could now afford to hire a trained professional to provide psychological services to the public sector, thus benefiting the vast majority of the citizens of Kansas.

Unfortunately, this equilibrium lasted only a short while. Several events have served to disrupt this balance. The managed care movement gained momentum in the early 1990's, particularly in the metropolitan areas. In direct conflict with the statutes and legislative intent which created Registered Masters Level Psychologists (or RMLP's), many insurance companies and managed care groups, (often dominated by doctoral-level psychologists), have begun to refuse reimbursement for services provided by Registered Masters Level Psychologists. These refusals to pay for services provided by RMLP's are particularly problematic because they have been taken against the very public-sector providers that the legislature intended to serve -- that is,

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the Community Mental Health Centers of Kansas. The refusal to reimburse mental health centers for the services provided by their RMLP's has been explained by the insurance companies and managed care groups on the basis that RMLP's are not "licensed" and therefore they are not competent to provide psychological services. HB 2692 would remove this obstacle to reimbursement and help insure that the citizens of Kansas will continue to have access to psychological services at their local mental health centers. To allow the insurance companies and managed care providers to continue to defy Kansas statutes and the legislative intent with regard to the legitimacy of RMLP's would have serious ramifications to the provision of psychological services to Kansans in rural areas and those who have no health insurance or rely on Medicaid. Also, if the State of Kansas was to have to pay for the services of doctoral-level psychologists from Medicaid funds, those monies would not go as far, serving fewer Kansans.

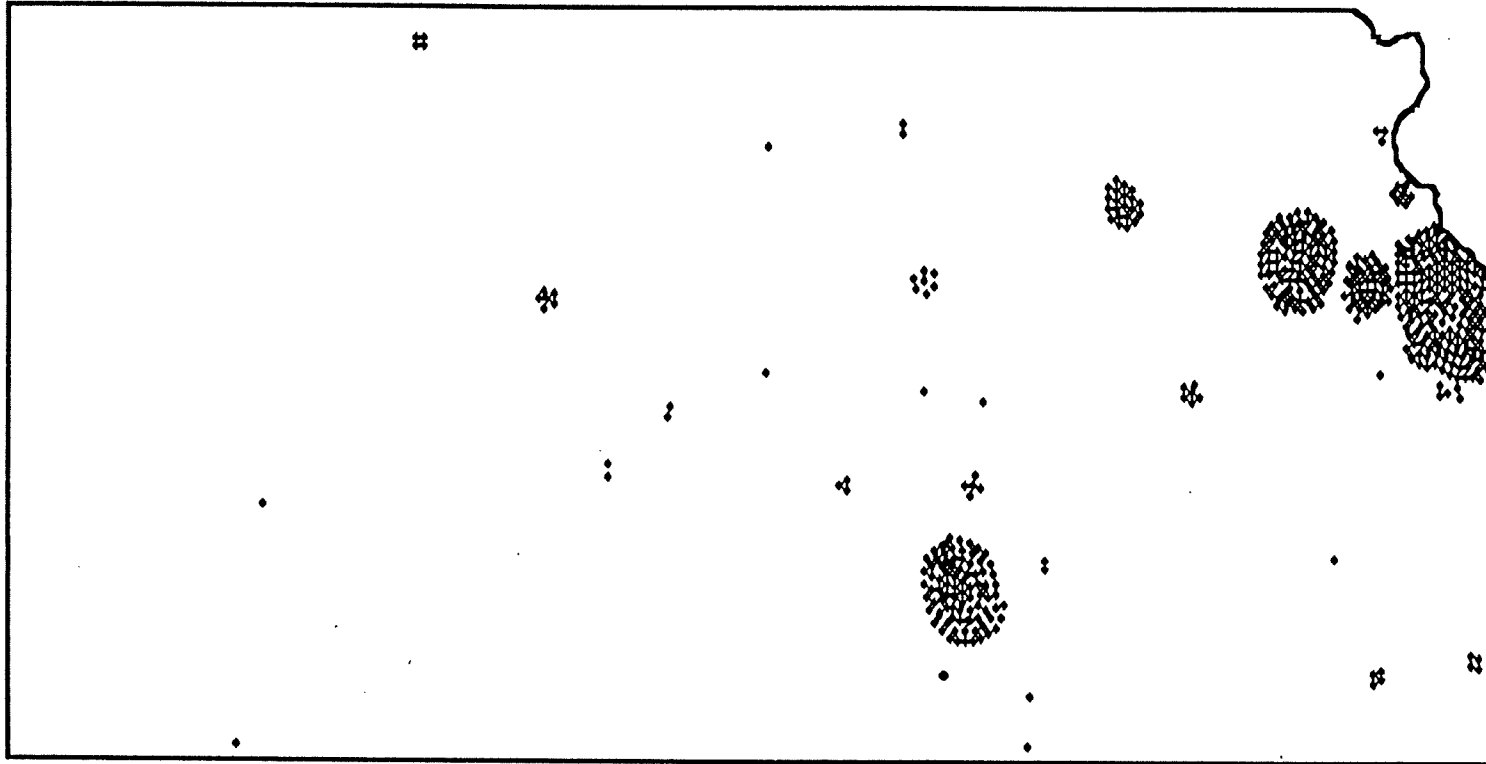
Registered Masters Level Psychologists are concerned for the mental health needs of Kansans in the rural parts of our state and those who cannot afford the psychological services of the private sector, doctoral-level psychologists. A large portion of people in Kansas reside in rural areas where 70% of the over 350 Registered Masters Level Psychologists work. Persons in these areas would have to travel many miles and sometimes hours to see a doctoral-level psychologist, because only approximately 20% of the doctoral-level psychologists in Kansas serve a rural constituency. In some areas none even exist. (Attached is a map of Kansas which illustrates the distribution of RMLP's versus Licensed doctoral-level psychologists.) The persons who might not be served if the services provided by masters-level psychologists are not reimbursed include persons of all ages, children, families, and the elderly or disabled.

What we are proposing in this bill is not out of the ordinary. In fact, 26 states in the United States have some type of statutory recognition for masters-level psychologists. Of those, four license for independent practice, fifteen other states license masters-level psychologists and two certify them. Four of the twenty-six license school psychologists at the masters level. We believe that our training and experience prepare us to practice with the same level of professionalism as social workers educated at the masters level with whom we often work side by side in the community mental health system.

The proposals in HB 2692 are offered to provide solutions to these problems and improve the credentialing of masters-level psychologists, marriage and family therapists, and professional counselors. The bill does not change the scope of practice of any of these groups but allows them to operate on a level playing field in the changing health-care marketplace and the Behavioral Sciences Regulatory Board so that future developments or changes can be discussed and agreed upon before a bill is presented to the Legislature. HB 2692 will help to insure that masters-level mental health professionals can continue to serve the mental health needs of the citizens of Kansas.

# Distribution of Doctoral Psychologists

(n=442)

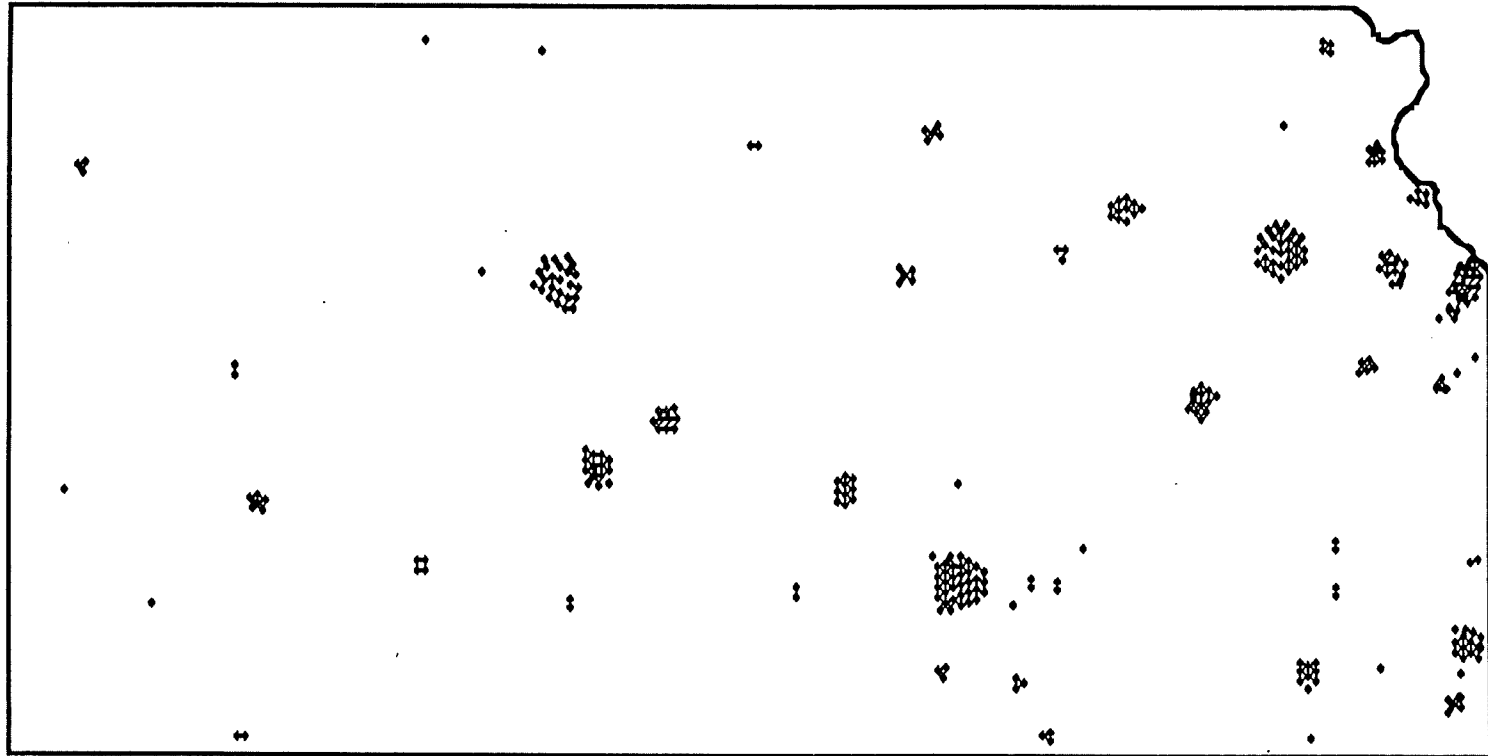


State of Kansas

# Distribution of Registered Masters Level Psychologists

(n=308)

7-1



## State of Kansas

My name is Jessie Skillen. I'm a retired R.N. with 26 years of full time nursing. My career experience includes 3-1/2 years as Medical Assistant in a Neuro-Psychiatric clinic, 6 months private duty in Louisiana, 18 months with the American Red Cross Blood Donor program, 8 months in EKG at Wesley Hospital, 16 months R.N. supervisor (float) in the Allen County Hospital, 19 years in Intermediate Care facilities as Director of Nursing, 8 Years as R.N. Consultant at six Intermediate Care facilities, presenting inservices on a variety of subjects.

I am currently active in Council on Aging, SCHICK (Certified Insurance Counselor for Seniors), President of the Norwich Care Center, Inc. board of directors, (trying to establish a nursing home in Norwich), and member of the Kingman Community Hospital Board.

We are struggling to establish and maintain quality health care for rural areas. It is obvious that locally available and prompt mental health care encourages preventive measures, reducing hospitalization and debilitating illness that can result in the necessity of nursing home care.

Just knowing that competent professional help is near is encouragement to elderly and disabled persons to remain in their homes. Mental health problems in the elderly cause

H<sup>2</sup> H.S. Comm.  
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self isolation, deficient nutrition, physical fatigue to the degree of immobilization and insomnia. Depression or disorientation may cause a person to neglect personal hygiene and fail to take prescribed medication. Weakness can result in falls and injuries and lead to hospitalization and nursing facility placement.

In our rural area, we have access to a Masters Level Social Worker one day a week who may be unavailable for even that much time because of other duties. We have two Masters Level Psychologists in our Horizons Mental Health Clinic. The R.M.L.P.'s are the providers who are readily available for many senior citizens in rural areas. We should be encouraging professionalism for these mental health providers.

We are all aware of the necessity to control hospital and nursing facility expenses. Appropriate and timely mental health treatment can help hold costs down. As a former director of nursing in a nursing home, I wish I had time to tell you about people who came to be admitted who were frail, frightened, and withdrawn. After a few weeks, many were happy, rehabilitated people.

As a resident in a rural area, I encourage you to pass H.B. 2692.

**House Health and Human Services Committee**  
**Testimony regarding HB 2692**  
**Presented by Daniel Lord, Ph.D.**  
**President, Kansas Association for Marriage and Family Therapy**  
**January 29, 1996**

Mr. Chairman, Members of the Committee:

Thank you for receiving my testimony. My name is Dan Lord. I direct the Marriage and Family Graduate Program of Friends University at Wichita, KS. and hold a registration as a marriage and family therapist (MFT) in Kansas. I am also serving my professional association in the voluntary and elected role of president for the Kansas Association for Marriage and Family Therapy. Members of this association are MFTs, social workers, psychologists, and counselors.

I am one of several persons who have helped to refine the credentialing concepts before you in HB 2692. As Mr. Hein has described, these ideas originally took shape in response to Senate action last spring. Since then, I have had more conversations than I care to remember about credentialing with persons from every mental health profession and leaders in numerous service delivery systems. Each conversation has taught me much and reaffirmed my conviction that this bill is a useful and constructive step for the whole of mental health service delivery in Kansas.

This bill is presenting several basic concepts for you to consider. The first is that state regulation should first and foremost be for the protection of the general public from fraudulent practice. Especially in the field of mental health services, people depend on state regulation to assure that the persons from whom they seek help meet clear standards of training and education. Once Kansas utilized licensing for psychologists and social workers over twenty years ago, the state set licensing as the standard credential for our public to rely on. However, the state has refused to use this credential in the mental health area for qualified professions seeking credentialing after 1974. The result is a two tier regulatory system that has converted licensing into a credential for protecting professional turf and economic advantage. Meanwhile, the public has no protection from unqualified persons claiming to offer professional counseling or marriage and family therapy services. By use of registration rather than licensure, the state has made it legal for anyone to offer these services regardless of qualifications.

The second principle guiding this legislation is that peer professions should be allowed fair participation in the mental health delivery system in Kansas through an equal level of credentialing. And, likewise, consumers should have access to a continuum of care through the services of peer mental health professions. By using the word "peer," I am referring to professions who represent a national identity, with defined bodies of theory, practice, and research, supported by separate professional associations, with specific ethical standards, entered through accredited graduate level education and training, and credentialed in states throughout the country. Marriage and family therapy meets all of the above criteria. In the area of mental health services, it is surely a peer mental health profession in spite of the fact that the Kansas statute does not use these specific words. In fact, all the states joining Kansas recognize this fact through licensure of marriage and family therapists (MFTs). This includes, Colorado, Oklahoma, Missouri and Nebraska. Kansas alone sits as an island credentialing one masters level profession through licensure and all the rest through registration.

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(House HHS Committee, Dan Lord, Page 2)

A third principle in this bill is that peer mental health professions should share a commitment to work together with a primary focus on creating the best possible system of service delivery for the consumer. The focus here is benefit for the consumer, not for the professional. Our current regulatory structure in Kansas promotes the very opposite. Two of the five peer mental health professions are licensed. Those two professions are represented on the Behavioral Sciences Regulatory Board, the other three are not. If any of the three registered groups attempt to change their credentialing status, the two licensed professions oppose. The structure of the state credentialing process encourages an adversarial stance which guarantees more attention to turf battles than to consumer benefit. Our legislation corrects this problem by creating equal representation of credentialed professions on the BSRB and empowering this body to work out the credentialing issues of these groups at the same table rather than in hearings such as this.

These three principles have lead us to the three steps of this bill. One is equal credentialing for peer mental health professions. Two is equal representation of all five credentialed professions on the BSRB. And three is use of the BSRB in service to the legislature as a "technical review" committee for future credentialing concerns of these regulated professions.

In closing, I want to quote from testimony given by the social workers as recorded in the Interim Committee Report to the 1974 Kansas Legislature when social workers sought licensure.

"One note often echoed was that licensing is a step towards assuming greater responsibility by the profession as to the qualifications, actions, and behavior of its members. Licensing, it was frequently noted, can insure that both the agencies involved and the public are aware of the educational level and preparation of the individual social workers in whom a commitment of trust is being invested....

It was noted that social workers are closely associated with people in distress and that regulation is necessary to insure that those people who find themselves in this position have qualified people available to help them....

One item stressed was that most social workers recognized that social services can and must use a wide range of personnel with different knowledge and skills acquired through education and experience....

The Committee feels that the licensing proposal as it has evolved offers a step toward the assumption of greater responsibility by the social work profession for the qualifications and behavior of its members, and, in addition, would provide the public with adequate assurances that the services offered by a particular practitioner and that practitioner's ability are based upon adequate levels of training and experience."

We who drafted this bill affirm this central idea of professions "assuming greater responsibility" for our behavior toward one another and toward the citizens who look to us for advancements in mental health services. Passage of this bill is a crucial step in restoring this emphasis to the regulatory structure for mental health professions in Kansas.

Thank you for your attention. I will be glad to respond to questions.



## KANSAS ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

KANSAS STATE UNIVERSITY • 303 JUSTIN HALL • MANHATTAN, KANSAS 66506 • (913) 532-6307  
A Division of the American Association for Marriage and Family Therapy

### KAMFT BOARD

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January 11, 1996

Rep. Carlos Mayans, Chair  
House of Representatives  
Health and Human Services Committee  
Topeka, KS 66612

Dear Rep. Mayans:

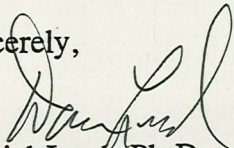
I am writing on behalf of the Board of Directors for the Kansas Association for Marriage and Family Therapy in support of HB 2692. As represented by this board, our professional organization is a multidisciplinary group of persons trained in the practice of marriage and family therapy. Masters and doctoral level persons in the professions of psychology, social work, professional counseling, as well as the specific discipline of marriage and family therapy, comprise our membership.

By unanimous action of our Board of Directors, we endorse this legislation as a most positive step in promoting a fair and collaborative structure for regulating peer mental health professions in Kansas. HB 2692 creates a structure that reestablishes licensure as a credential for public protection rather than profession protection. It creates one level of credentialing among peer mental health disciplines, correcting the uneven playing field cobbled together over the past 30 years of regulatory politics. It empowers the Behavioral Sciences Regulatory Board to function as a structure through which all equally credentialed mental health professions may work together at the same table in guiding the credentialing decisions of the coming years.

We recognize that this bill does not create any changes in the current practice of any of the mental disciplines involved. Rather, it creates public protection of commonly recognized professions and a process for replacing current turf battles with collaborative format of discussion among peers regarding future regulatory matters.

Again, on behalf of our Board of Directors, I urge you to approve this legislation and the regulatory concepts it represents. If we can be of service to your committee in providing more information regarding this issue, please contact me.

Sincerely,



Daniel Lord, Ph.D.



ED METHODIST

# Youthville

January 29, 1996

Representative Carlos Mayans,  
Chairman  
House Health and Human  
Services Committee  
State Capitol, Room 426S  
Topeka, KS 66612

Dear Representative Mayans:

As a licensed social worker in Kansas working for a private family service agency, I am very much in favor of legislative support for HB 2692. All well-trained master's level health professionals (psychologists, social workers, marriage and family therapists, and registered counselors) should have equal access to employment, through equal treatment in the regulatory process.

Currently, master's level social workers have a huge advantage over the other professions, because of the licensing provision. As a person who is in a position to hire many master's level professionals, especially in western Kansas, I can attest to the fact that there aren't enough social workers around to fill the jobs. We have had to begin recruiting out of state. Also, as a believer in the multi-disciplinary team concept, I think clients are better served by people with varying areas of expertise working in collaboration with one another.

I am particularly bothered by the fact that MFT's cannot get registered until two years of experience post-master's and there has yet to be one test scheduled for that purpose during the five years following passage of the legislation, although I

**Newton Campus**  
900 West Broadway  
P.O. Box 210  
Newton, Kansas 67114  
(316) 283-1950  
Fax (316) 283-9540

*Newton • Dodge City • Wichita • Emporia • Salina • Fort Scott*

9-4

January 29, 1996

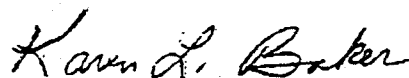
RE: HB 2692

Page Two

understand from the BSRB that there may be one scheduled for this May. Social workers on the other hand, can be fully licensed at the master's level immediately upon graduation.

Please feel free to call me if additional information would be helpful. I trust you will give thoughtful consideration to supporting the passage of HB 2692 this session.

Sincerely,



Karen L. Baker, LSCSW  
Vice President of Program Development

KLB:clc

UNITED METHODIST





Mitchel A. Woltersdorf Ph.D., P.A.

Clinical Neuropsychologist

Diplomate, Board Certified Forensic Examiner

*Specializing in Neuropsychology, Medical Psychology, and Clinical Psychology*

West Wichita Office(Main)

Wesley Rehab Hospital

8338 West 13th St.

Wichita, KS 67212

316-729-1223

East Wichita Office

Via Christi-Lourdes

1151 N. Rock Road

Wichita, KS 67206

January 26, 1996

Rep. Carlos Mayans, Chairman  
House Health & Human Services Committee  
State Capitol, Room 426S  
Topeka, KS 66612

Dear Representative Mayans,

I am writing in support of the legislation drafted by the Mental Health Credentialing Coalition and presented as HB 2692. I view the concepts set forth in this bill as sound and reasonable for promoting a positive approach to mental health services in Kansas. If possible, please accept this letter as testimony for your committee in lieu of my attendance since I am unable to leave my practice with such short notice.

I am a licensed psychologist practicing in Wichita. Before coming to Kansas, I practiced in the state of Washington where marriage and family therapists were more integrated into the mental health system. I can attest to the quality of the clinical training received by the MFT at the masters level. As Kansas law inhibits the participation of professionals such as marriage and family therapists, it inhibits more efficient and effective mental health services.

I am also aware that some of my colleagues may disagree with my stance. This is a time of rapid change in the entire health care field causing much concern about professional security. However, I personally believe that fair competition and quality of services should be the guiding forces in shaping our new health care delivery systems. Certainly there is more than enough need for help in our communities to support the best of all the mental health disciplines.

If this law is passed, I look forward to working with these masters level professionals as worthwhile providers in the changing scene of mental health services.

Sincerely,

H → HS Comm.  
1-29-96  
attn. # 10



# KANSAS ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

*A Division of the Kansas Counseling Association*

**PRESIDENT**

Dr. Edward R. Butler  
CE/RP, Campus Box 4036  
Emporia State University  
Emporia, KS 66801  
Phone: 316-341-5220  
FAX: 316-341-5785  
butlered@esumail.emporia.edu

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gprice@statl.cc.ukans.edu

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hawesdea@esumail.emporia.edu

**PAST-PRESIDENT**

Dr. Donald Moritz  
15099 N. 77  
Kansas City, KS 66112  
Phone: 913-299-6340

TO: TO WHOM IT MAY CONCERN

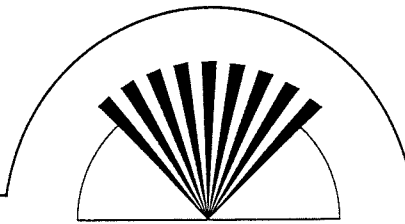
FROM: Dr. Edward R. Butler *ERB*  
President

DATE: January 8, 1996

This letter is to confirm that the Kansas Association for Counselor Education and Supervision (KACES) wishes to lend it's unqualified support of legislation which would provide for the licensure of professional counselors. This association has a long tradition of being supportive of efforts to improve the credentialing of counselors, be they private practitioners, school or other institutional counselors. We are pleased that the Mental Health Credentialing Coalition has been established and we stand ready to assist the MHCC in its efforts.

KACES membership is comprised of counselor educators from all six state universities and of counselor supervisors at all levels. If any of our membership can provide information or other means of support in the effort to gain Professional Counselor Licensure, feel free to let me know.

*H → HS Comm.  
1-29-96  
Attn. #11*



Family Service & Guidance Center

TO: Carlos Mayans, Chairman, Health and Human Services Committee of the Kansas House of Representatives

FR: E.W.(Dub) Rakestraw, R.M.L.P., Chief Executive Officer, Family Service and Guidance Center of Topeka

DT: 29, January 1996

RE: H.B. 2692

Chairman Mayans, and the honorable members of the House Health and Human Services Committee, thank you, for this opportunity to provide testimony.

While scheduling conflicts prevent me from appearing, personally, I hope you will give serious consideration of my written commentary.

I wish to speak in favor of HB 2692. As the CEO of a licensed community mental health center, I employ approximately 37 professional mental health clinicians who are under the licensing or registration jurisdiction of the Behavioral Sciences Regulatory Board.

There are two major points of the proposed legislation I particularly wish to support. First, increasingly, I experience third-party payers of mental health services restricting coverage of services to those who are "licensed". Invariably this means that some of the very best (i.e., most effective) clinicians on my staff are unable to serve those who have health insurance policies with such restrictions. I have 15 registered master level psychologists on staff who, while they may be just as effective in the outcome of services as the licensed specialist clinical social workers or licensed psychologists on my staff, are unable to deliver services to those whose health insurance covers "licensed" clinicians but not those who are "registered". In terms of the services they perform or the results they achieve, they are indistinguishable from those on staff who are "licensed". Consumer satisfaction and outcome data support this factually.

Secondly, the vast majority of those professionals who are under the regulation of the Behavioral Sciences Regulatory Board, do not have representation on the Board itself. The composition of the Board has not kept pace with the legal recognition you, the Kansas Legislature, have provided to a broad range of service providers. Having one's profession regulated by a Board on which one doesn't have representation simply doesn't make sense. It is time the legislature assures those who are regulated by the Behavioral Sciences Regulatory Board have representation on the Board.

I urge you to favorably accept HB2692 and recommend it for passage.

Thank you for your time and consideration

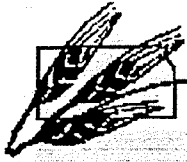
E.W.(Dub) Rakestraw, RMLP  
CEO, Family Service and  
Guidance Center of Topeka.

HHS Comm.  
1-29-96  
Att. # 12

Outpatient Services & Administration:  
325 SW Frazier  
Topeka, KS 66606-1963  
(913) 232-5005  
FAX 232-0160

Community Based Services:  
2055 SW Clay St.  
Topeka, KS 66604-3090  
(913) 234-5663  
FAX 234-4853

Special Services:  
2029 SW Western Ave.  
Topeka, KS 66604-3054  
(913) 232-4411  
FAX 232-4098



Kansas  
**School Counselor**  
Association

January 24, 1996

To Whom It May Concern:

This is to confirm that I on behalf of the Kansas School Counselor Association wish to lend its unqualified support for licensure for professional counselors in the state of Kansas. The Kansas School Counselor Association is comprised of nearly 400 elementary, middle school, high school and post secondary professional school counselors across the state of Kansas.

I am pleased that the Mental Health Credentialing Coalition (MHCC) has been formed to join professional counselors, masters level psychologists and marriage and family therapists in an effort to work together to improve the delivery of mental health care to the public. This endeavor will increase communication and awareness among the various mental health providers. This cooperation has been long overdue and school counselors support their role in this group.

This legislation will be an important vehicle for protection of our publics, elimination of turf battles among mental health professionals, and would provide a credentialing commission that would have the expertise to look at scopes of practice in the area of mental health.

Sincerely,

Larry R. Dreiling, President  
Kansas School Counselor Association

HHS Comm.  
1-29-96  
Attn #13

## HOUSE BILL 2692

DATE: January 29, 1996

TO: Members of the House Health and Human Services Committee

FROM: Bruce Michael Cappel, Ph.D.  
Kansas Psychological Association, President-Elect  
Kansas Association of Professional Psychologists, Past-President  
& Current Board Member At Large  
Licensed Psychologist

7315 Frontage Road, Suite 110  
Shawnee Mission, Kansas 66204-1658  
913-677-3553 (voice) 913-677-3282 (fax) cappel@sky.net (email)

### Background:

This bill changes the statutory language of several different acts involving several different groups of practitioners. Such practitioners are currently "REGISTERED" and would be "LICENSED" under the proposed changes of this bill. The bill also proposes changes to the structure of the Behavioral Sciences Regulatory Board (BSRB).

### Effects of the proposed legislation:

This proposal circumvents the credentialing process currently in place by the legislature. There is no reason to bypass this process which all such groups must go through and which the above groups have gone through in the past. The purpose of the credentialing process in place now is to make recommendations based on training in order to best protect the public. Each group should be encouraged to formally submit a proposal to this committee and then approach the legislature with any changes to their practice acts. **Circumventing the currently in place credentialing process is inefficient and poses additional risk to the public.**

According to the American Psychological Association, only two states currently allow masters level psychologists independent licensure. Vermont may be the only state to do so soon as West Virginia has a bill pending to make a doctoral degree necessary for licensure. **Even though one can technically be licensed and not able to diagnose or practice independently, "LICENSED" means "ABILITY TO DIAGNOSE AND TREAT INDEPENDENTLY" in the mind of the public and protection of the public is the primary purpose of practice acts.** To provide non-independent practitioners with a "LICENSE" runs a high risk of misrepresentation and potentially deceives the public.

Proposed changes to the BSRB would further inhibit the efficiency of this Board. The BSRB has approached the legislature recently with the difficulties they are experiencing in keeping up with their current workload. **The proposed changes would further dilute the ability of this Board to handle business by reducing personnel in key areas.**

Additionally, this proposal would have different groups managing each other when they have very different capabilities. **Those with fewer capabilities would be making decisions regarding those with greater capabilities under current practice acts.** That is, groups without the ability to diagnose would be making decisions regarding those who do have such ability. Additionally, RMLPs who must function under the direction of licensed psychologists or other professionals would be making decisions regarding licensed psychologists and others.

Thank You for your consideration of these issues.

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AM #14

# Labette Center for Mental Health Services, Inc.

"Help for Today, Hope for Tomorrow"

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Response to House Bill 2692  
House Health and Human Services Committee  
by  
Jack W. Martin, Ph.D.

Good afternoon, my name is Dr. Jack Martin. I am a licensed psychologist and immediate past president of the Kansas Psychological Association. Today I appear in my primary role, that of an administrator of a licensed community mental health center, Labette Center for Mental Health Services.

As the administrator of a mental health center, I also am a board member of the Association of Community Mental Health Centers of Kansas and serve on the professional standards committee of that association.

First, let me speak to the concerns regarding this proposed legislation as a center director, responsible for the delivery of quality and effective mental health services to Labette County residents. Selecting and hiring good therapists is a major concern for all 30 mental health center directors in Kansas. During the past couple of years I have heard the center directors comment that recruitment and hiring of qualified mental health providers--psychologists and social workers specifically--has become much less of a problem as there are seemingly more available applicants responding to our job advertisements, or simply sending in their vita or resumes seeking employment. This has helped hold down the cost of providing services because we are able to fill therapist positions with quality providers without entering into bidding wars with other agencies. It has made it comfortable for me, as an administrator, to know I can select the best qualified candidate for positions for psychologists and social workers whose training meets the traditional, as well as the current, needs of therapists.

My experience has been that master's level therapists need more supervision, professional guidance and continuing educational growth than the doctoral-level people I have hired. And with each new group credentialed comes new problems for supervision. The proposed bill HB2692 does little, if anything, to assure that the quality of services that will be provided at Labette Center for Mental Health will be improved or better because of it. In fact, my job and responsibility would be easier if standards are increased, if all wanting to provide psychological services were educated and trained by psychologists in a department of psychology, if all wanting to practice clinical social work were educated and trained in a school of social work, and we all left the medical needs to physicians and psychiatrists in mental health.

There are so many groups credentialed to do some sort of assessing of and talking to people about their mental health problems that for all to make a living the cost of mental health will have to go up. I'd like to share a comment a very good psychiatrist and friend of mine made: "If you want to have psychiatric problems in your community, than move a psychiatrist to town." Although this comment was made somewhat with tongue-in-cheek, there is

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some truth in it. When you credential more provider groups or expand the scope of practice of existing provider groups, there will have to be more people with problems identified and more services provided for the various providers to make a living. History seems to support this occurrence. In Parsons, we have seen some consolidation of like-denomination churches while the mental health center expands services to meet demands for services.

Another comment made to me in 1979 by a car dealer that's worth repeating was his response to my comment that the new economy car models were expensive when he said "if you want economy, you have to pay for it." I think this generalizes to a lot of situations, including mental health. We may economize on the services we provide, but the lack of effectiveness of these services will require more services to deal with the need and will drive up the cost in the long run.

It makes little difference to me whether you credential some provider as being registered or licensed, a rose is a rose. It may make some difference to the public, who as consumers may think they are getting more when nothing in HB2692 addresses increased skills or effectiveness of services and better outcomes.

In HB2692 it seems apparent that three relatively unrelated groups jointly are seeking to improve their status with a future hope that as licensed providers they will be able to increase their independence and scope of practice. They see their best chance of doing this is by doing an end run around the credentialing structure set up by the State, and through gaining control of the Behavioral Science Regulatory Board (BSRB). If you let them, this is what will happen, and I personally think it would be harmful to the mental health system in Kansas, it would be harmful to the private practitioners of mental health, and thus, it would be harmful to the citizens of Kansas.

There are problems with credentialing in Kansas such as the unlicensed assistant used by the private-practice psychologist in some practices. However, nothing in HB2692 addresses the changes that need to be dealt with. The BSRB is currently having to deal with more than is possible under their current budget. Concerned committees to address needed changes and make recommendations should be much less self-serving. My opinion is that we have allowed credentialing to become the focus of provider groups and have not dealt with what is needed for the consumers. I think a doctoral-level requirement for independent practice is the best assurance of qualified providers in all provider group credentialing, and that quality assurance needs to be foremost in any standard the State sets for credentialing of mental health providers.

Thank you, and I will be happy to respond to any questions.