Approved: February 10, 1998

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 February 5, 1998 in Room 423-S-of the State Capitol.

All members were present.

Committee staff present: Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Ronald Hein, Legislative Counsel, Mental Health Credentialing Coalition
Dan Lord, Ph.D.
Jay Mann, Licensed Master's Level Psychologist and Director of Community Based Services for the Wichita Child Guidance Center
Gary Price, President, Kansas Mental Health Counselors Association
Charles Wheelen, Executive Director, Kansas Psychiatric Society
Ann Wieck, Dean, University of Kansas School of Social Welfare
Dr. David Hill, National Association of Social Workers
Dr. Richard Diller, National Association of Social Workers
Cynthia Schendel, Clinical Social Worker, Overland Park
Sky Westerlund, Executive Director, Kanas Chapter, National Association of Social Workers

Others attending: See Guest List (Attachment 1)

The minutes of the meetings held on January 27 and 29, 1998 were distributed for review and, by policy, will be approved as read if no changes are reported to the Chairperson by 5:00 p.m., February 5.

Chairperson Mayans opened the hearing on **HB 2630** (concerning behavioral science regulatory board; relating to qualified mental health professionals). Ronald Hein, Legislative Counsel for the Mental Health Credentialing Coalition, testified in support of the bill which will qualify licensed marriage and family therapists and licensed professional counselors to diagnose mental disorders. The bill increases post graduate work supervision requirements for licensed masters level psychologists and authorizes them to have a private and independent psychology practice. Also, the bill increased from one to two years the amount of time a master's level psychologist's temporary permit is in effect. The Behavioral Science Regulatory Board would adopt rules and regulations to implement the provisions of the bill. Mr. Hein stated the coalition believes the bill will eliminate turf battles among the various mental health professionals. (See testimony, Attachment 2.)

Dan Lord, Ph. D., testified in support of the bill, stating that the Kansas laws have been compromised by unequal and inconsistent regulation of mental health professionals. He believes **HB 2630** corrects these problems. (See Attachment 3.)

Jay Mann, a Licensed Master's Level Psychologist and Director of Community Based Services for Wichita Child Guidance Center (he also serves on the Behavioral Sciences Regulatory Board), urged the committee to approve **HB 2630**, stating that he believes the standards established by the bill will provide the necessary consumer protection, while guaranteeing that the mental health needs of Kansans are met in an efficient and cost effective manner. (See Attachment 4.)

Gary Price, President, Kansas Mental Health Counselors Association, urged support of **HB 2630**, by listing five reasons to do so. He also noted that written testimonies of Kansas Counseling Association officers Randy Burwell (Past President) and Julie Elson (President) are attached to his testimony (see Attachment 5).

Some questions were directed to Dr. Lord by Representative Morrison about the changes in education and the differences between master's level psychologists and Ph.D.'s, wondering why study for the doctorate? Dr. Lord answered it may have more to do with careers than with practices. Various questions were raised concerning the other educational differences between the professionals; but Dr. Lord stated Kansas has the most severe standards for determining who can be a practitioner in mental health compared to other states.

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

Chairperson Mayans then asked the opponents to the bill to speak. Charles Wheelen, Executive Director, Kansas Psychiatric Society, expressed extreme concern about sections one and two which appears to equate the training and expertise of professional counselors and marriage and family therapists with that of clinical psychologists and licensed specialist clinical social workers. He said there are inherent differences and such comparisons are invalid. Also, several of the proposed changes are objectionable, especially the delegation of government functions (i.e., the reference to diagnostic manuals) and should be reviewed by the committee. Mr. Wheelen also presented a draft substitute for **HB 2630** which requires insurance policies to cover costs of services by the four professions being discussed. (See Attachment6.)

Ann Wieck, Dean, University of Kansas School of Social Welfare, raised questions about **HB 2630**, focusing on the provision that permits licensed marriage and family therapists and licensed professional counselors to diagnose mental disorders. She expressed concerns about provisions on educational standards which affect the professions as well as educational institutions; and also the unequal requirements to diagnose mental illness. She stated standards must be comparable across the groups allowed to diagnose mental illnesses and that comparability is lacking in **HB 2630**. (See Attachment7.)

Dr. David Hill, a member of National Association of Social Workers testified that before **HB 2630** is enacted, an in-depth review of the professional standards for each of the groups involved should be undertaken to determine if this legislation meets the needs of the professionals and provide the level of service needed for our citizens.

Cynthia Schendel, a Clinical Social Worker in Overland Park, testified that she does not believe the bill protects the public. In theory, she stated she has no objection to other professionals providing the same services as clinical social workers, but the professionals licensed to perform the services must have similar levels of education, training and competency. She asked the committee to exercise caution in deciding this bill. (See testimony, Attachment8.)

Sky Westerlund, Executive Director for the Kansas Chapter, National Association of Social Workers, testified in opposition to **HB 2630** because of the differences in registration and licensure for qualification and the differences in determining educational professional competency for master's level psychologists, marriage and family therapists, and counselors. The Association offered two actions: (1) all three professions should submit to the technical credentialing process to verify they meet the criteria for licensure; and (2) the three professions should organize a nationally recognized accreditation standard for their respective educational programs. (See testimony, Attachment9.)

The Chairperson noted that written testimony, in opposition to **HB 2630**, has been received from:
Tamara Hawk, Social Worker, Manhattan (Attachment 10)
Brenda Hanger, Social Worker, Manhattan (Attachment 11)

Representative Storm asked Dr. Hill if, in his judgment, it is necessary to diagnose mental illness before any of these practitioners can treat them? Dr. Hill answered that he sees some patients in his practice who don't have a mental illness. Dr. Storm wondered if broadening the powers for diagnosis of mental illness might increase the insurance claims for coverage. Dr. Hill responded that might be a possibility. Representative Haley asked Dr. Diller for his comments concerning quality of care and access to treatment. What is the standard for determining what is over- and under-supply for a county? Dr. Diller responded that the rule of thumb is 70 per 100,000 for an adequate number of mental health professionals.

Chairperson Mayans noted that the Kansas Psychiatric Society opposed a similar bill in 1993 when a compromise was reached, saying that similar language to that in the 1993 legislation is found in sections 1, 2, 4 and 5 of **HB 2630**. Mr. Wheelen responded they opposed it when the language was compromised, and they recognized the Legislature was going to pass it. He stated he believed the Legislature should strictly identify any delegation of authority, especially with reference to a special document or manual.

The Chairperson asked Mr. Wheelen if the same requirements set out in the 1993 legislation are found in this bill; Mr. Wheelen said they are not. They are equivalent but not the same. Mr. Wheelen indicated, with reference to the insurance issue, that broadening the power to diagnose mental illness has suttle ramifications for insurance coverage.

Chairperson Mayans then closed the hearing on **HB 2630**. He indicated that several questions remain with respect to the bill, so he is appointing a Subcommittee on Mental Health Professionals, as follows: Chairperson, Representative Phyllis Gilmore; Representative Jerry Henry; and Representative Becky Hutchins. He noted the Subcommittee will meet on Monday, February 9, and Thursday, February 12, in the 5th Floor West Lounge. He also requested that the Subcommittee report back to the full committee next week.

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

The meeting was adjourned at 3:05 p.m.

The next meeting is scheduled for February 10, 1998.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST
FEBRUARY 5, 1998

NAME	REPRESENTING
RICHARD DILLER	KANSAS PSYCHOLOGICAL ASSOCIATION
YeVonne Kimmitt	" " "
Jackie Hein	MHCC
Ron Hein	MHCC
Daniel Lord	KAMFT
Jay Mann	KAMP
[illegible]	KFA [illegible]
David Elsbury	KAMP
Cliff McQuillen	KAMP
Rich Guthrie	Health Midwest
Susan Anderson	MHCC
DB Waller	Via Christi Health System
[illegible]	Constituent
Victoria Johnson	Constituent
Marilyn Brown	KAMFT
Sky Westerlund	KNASW
Brenda Smith	KAMFT
Whitney Damron	KS Psychological Assn.
Carolyn [illegible]	KDHE

HOUSE HHS COMMITTEE
Attachment 1-1
2-5-98

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES GUEST LIST FEBRUARY 5, 1998

NAME	REPRESENTING
David O. Hill	Kansas Psych Assoc.
Keith R Landis	Christian Science Comm on Publication for KS
Kathy Markham	Governor's Office
Meg Draper	KMS
Chip Wheelen	KS Psychiatric Society

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Stephen P. Weir
Susan Baker Anderson

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
TESTIMONY RE: HB 2630
Presented by Ronald R. Hein
on behalf of
MENTAL HEALTH CREDENTIALING COALITION
February 5, 1998

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).

HB 2630 is a continuation of the efforts begun in 1996 to insure that the laws of this state treat peer mental health professionals equally. The four categories of peer mental health professionals are: licensed marriage and family therapist (LMFT), licensed specialist clinical social worker (LSCSW), licensed masters level psychologist (LMLP), and licensed professional counselor (LPC).

The MHCC believes the only way to eliminate the turf battles which have traditionally taken place in the mental health field is to insure that the legislature mandates minimum educational and competency levels for all mental health professionals, and then authorizes those professionals to practice their profession on a level playing field. We strongly believe the result will be more protection for consumers, more consumer awareness of the alternatives of mental health treatment, a more efficient mental health delivery system, and greater cooperation among mental health professionals.

In this way, the mental health professionals can stop bickering amongst themselves, and concentrate on delivering mental health services to a public badly in need of those services.

Sections 1 and 2 of the bill make it clear in the statutes that licensed professional counselors (LPC's) and licensed marriage and family therapists (LMFT's) may diagnose mental disorders classified in the diagnostic manuals which are accepted within their profession (DSM-IV). This language is modeled exactly after legislation approved by the legislature in 1994 for licensed specialist clinical social workers (LSCSW's). As was done with the LSCSW's law, the bill provides at Sections 4 and 5 that the applicant for licensure shall demonstrate to the Behavioral Sciences Regulatory Board (BSRB) that the applicant is competent in the diagnosis of mental disorders.

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Attachment 2-1
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The introduction to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) itself states that it is to be used by many mental health practitioners:

> "DSM-IV is used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). It is used by psychiatrists, other physicians, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals."

Exhibit 1 demonstrates the inequity in current statutory treatment with regards to diagnosis using the DSM-IV. HB 2630 is designed to eliminate that inequity.

The bill at Section 3(j) adds licensed professional counselors and licensed marriage and family therapists to the qualified mental health professional (QMHP) definition in Kansas statutes, given the fact that they have equal qualifications and training to LSCSW's, and superior qualifications and trainings to other recognized QMHP's such as psychiatric nurses and licensed master social workers. The QMHP definition would require them to work under the direction of a physician or psychologist.

Exhibit 2 shows the disparity in the Kansas statutes regarding the treatment of mental health professionals under the QMHP definition.

In Section 6, the bill provides for masters level psychologists to engage in independent practice, so they will be treated the same as their peer professionals. Currently, LPC's, LMFT's, and LSCSW's are permitted to engage in independent practice.

Exhibit 3 shows the disparity in treatment by Kansas statutes of peer professionals with regards to independent practice.

HB 2630 also provides at Sections 7 and 8 for an increase in the hours of supervised clinical experience that a master's level psychologist must obtain for licensure and for appropriate extensions of the time period that an LMLP can be temporarily licensed by the BSRB after graduation from an approved program in order to obtain such supervised clinical experience. This is also part of the continuing effort by the MHCC to upgrade the educational requirements, clinical experience requirements, and competency of these peer mental health professionals.

The MHCC would request that the committee approve HB 2630 for passage.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

DIAGNOSIS WITH DSM-IV

EXHIBIT 1

8-3

	Masters Social Worker	Specialist Clinical Social Worker	Professional Counselor	Marriage and Family Therapist	Masters Level Psychologist	Psychologist
Ph.D.			No	No		Yes
M.A. + 4,000 hours postgraduate supervised experience		Yes	No	No	Yes	
M.A. + 2,000 hours postgraduate supervised experience					Yes*	
M.A.	Yes					

*Current law; HB 2630 increases postgraduate supervised experience from 2,000 hours to 4,000 hours.

QMHP

EXHIBIT 2

	NURSE	MSW	LMLP	LSCSW	PC	MFT	PSYCHOLOGIST
	Psychiatric Nurse	Master Social Worker	Masters Level Psychologist	Specialist Clinical Social Worker	Professional Counselor	Marriage and Family Therapist	Psychologist
Ph.D.					NO	NO	**YES (No Direction)**
MA + 4,000 Hours*			**YES (With Direction)**	**YES (With Direction)**	NO	NO	
MA + 2,000 Hours*			**YES** ** **(With Direction)**				
M.A.		**YES (With Direction)**					
B.A.	**YES (With Direction)**						
H.S.							

* Hours of supervised postgraduate experience
**HB 2630 increases post graduate supervised experience requirement to 4,000 hours.

2-7

EXHIBIT 3

INDEPENDENT PRACTICE

	Masters Level Psychologist	Specialist Clinical Social Worker	Professional Counselor	Marriage and Family Therapist	Psychologist
Ph.D.			Yes	Yes	Yes
MA + 4,000 Hours Post Graduate Supervised Experience	No*	Yes	Yes	Yes	

* HB 2630 increases post graduate supervised experience required to 4,000 hours.

House Health and Human Services Committee
Testimony on HB 2630
By Daniel Lord, Ph.D., LMFT
Thursday, February 5, 1998

Mr. Chairman and Members of the Committee:

My name is Dan Lord. For the past eight years, I have directed the Masters of Science in Family Therapy degree at Friends University in Wichita, KS. Since July of 1996, I have served as the MFT Representative on the Behavioral Sciences Regulatory Board. I am also a past president of the Kansas Association for Marriage and Family Therapy. In case you are not familiar with the Marriage and Family Therapy profession, I should mention at least three things briefly—first, it is easier to call it MFT; second, it is recognized nationally as one of the five core mental health disciplines; and third, it includes persons with degrees in social work, counseling, psychology, even medicine, as well as in marriage and family therapy—MFT—itself.

Two years ago, I testified before this committee as convenor of the Mental Health Credentialing Coalition. At that time, this coalition presented to you its guiding principle that fair and equal regulation of peer mental health professions in Kansas is best for consumers and professionals alike. HB 2630 is based on this same principle. The bill identifies three areas of inconsistent regulation that affect clinicians and the clients they serve throughout the state. Mr. Hein has introduced them to you. These statutory differences are not about education or training or qualifications of the professions involved. They have come about over the course of our state's past 30 years of piecing together regulation of the behavioral sciences in the climate of professional turf battles instead of professional cooperation. In any case, they have fueled the turf battles even more and hampered our mental health services delivery system. They need to be changed.

The first inconsistency is with the professions designated by statute as Qualified Mental Health Professionals—or "QMHP". This statute essentially determines who can conduct certain services within the community mental health centers all across our state. At the time the current statute was written, it included those practitioners who were licensed and most commonly employed in the community mental health centers. If this same bill were to be written in this 1998 legislative session, there would be no reason for the Licensed Marriage and Family Therapist or the Licensed Professional Counselor not to be included as well. Adding these two professions to the QMHP statutes updates this older legislation and makes more clinicians available to meet the personnel needs of our community mental health centers in urban and rural areas alike.

Independent practice, on the other hand, is not an issue of timing but rather one of professional turf. Of the masters level peer professions, all but one are allowed independent practice. This inconsistency primarily concerns the profession of psychology and the long standing belief of doctoral level psychology that no mental health professional with masters training only, should be allowed the same privileges of practice as the Ph.D. psychologist. This type of division simply doesn't exist in MFT, Professional Counseling, or Social Work.

Masters and doctoral level clinicians in these professions work side by side throughout the country. It seems obvious to us that the well trained clinician with a Masters of Clinical Psychology should be regulated in a manner equal with the other peer mental health professions licensed in our state.

Authorization to use the standard mental health diagnostic manual, called the DSM-IV, exposes the third area of unequal and inconsistent regulation in our current laws. Diagnosing mental disorders described in this manual is an important aspect of accepted practice in this entire service area. The diagnostic labels determined by using this classification system make up the common language of mental health and healthcare practitioners around the world. However, it has long been a common practice for different professions to use a variety of terms to describe this professional task, a fact that is reflected in our own Kansas statutes today. The gray area created by this problem of terminology has proven to be a tremendous breeding ground for professional misinformation and turf wars. In 1994, the legislature removed this gray area for the profession of social work through legislation that authorized certain licensed social workers to diagnose mental disorders by use of the diagnostic manuals accepted with their profession. This bill accepts this solution and applies it to the MFT and Professional Counseling professions as well.

The issue here is not one of training or preparation or ability to diagnose. Actually, HB 2630 follows the lead of the 1994 social work bill to require that all MFTs and Professional Counselors licensed in Kansas demonstrate competence in diagnosing mental disorders, through coursework and examination. Beyond this fact, though, Dr. Rick Miller, who directs the MFT program at Kansas State University, has prepared a Facts Sheet describing our profession's use of this shared classification system, which is attached to my testimony for your review. From this information, I only want to highlight that (a) even the authors of the manual indicate that the DSM is designed for use by a broad range of health and mental health professions; that (b) accredited MFT graduate programs like ours in Kansas are required by our accrediting body to teach diagnosing through use of the DSM; and that (c) for the past two decades, MFT practitioners have been recognized as capable of diagnosing mental disorders on the national level by the federal insurance program, CHAMPUS.

In Kansas, like the rest of the nation, the front line of mental health services is carried by masters prepared practitioners. The managed health care revolution has verified that these masters trained professionals are able to offer effective, quality services at lower costs. However, in Kansas, our laws have been compromised by unequal and inconsistent regulation of these peer mental health professions needed by our public. HB 2630 corrects these problems right where they have been created, in Kansas statutes. The bill simply allows the peer mental health professions licensed by the state to offer the services for which they have been trained. It allows rural areas and the state's community mental health centers to have equal access to all four of these professions as Qualified Mental Health Professionals. It allows the professions to devote their energies where they should be, toward working together for a more effective mental health delivery system on behalf of the public they serve.

I encourage you to pass this bill. Thank you for allowing me to present my testimony. I'll be glad to respond to questions.

DIAGNOSIS AND THE MFT PROFESSION

A FACTS SHEET

• "DSM-IV is used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). It is used by psychiatrists, other physicians, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals." From the Introduction to the DSM-IV (APA, 1994, pg xv).

• The national accrediting body for MFT requires that the curriculum in MFT programs include training on "major mental health assessment methods and instruments". (Standard 320.04) The DSM-IV is taught in 91% of MFT programs across the country (Denton, Patterson, & Van Meir, 1997).

• The two accredited MFT programs in Kansas, Friends University and Kansas State University, have both taught diagnosing mental disorders using the DSM for many years. Friends has taught it since 1986; this content is included in their course on Psychopathology. K-State has taught the DSM since 1990 in a course on Family and Individual Assessment, and it will begin requiring an additional course on psychopathology in Fall, 1998.

• CHAMPUS, the federal insurance system for military families, has required that MFT's submit a DSM diagnosis with each case plan since the later 1970's. For many years, a physician was required to supervise these CHAMPUS cases, but since the early 1990's, MFT's have been authorized to diagnose and treat mental disorders without supervision.

• The National MFT Exam, which Kansas MFT's are required to take, requires an understanding of psychopathology and mental disorders.

• The first DSM was published in 1952, and the latest edition, DSM-IV, was published in 1994. While developing the DSM-IV, the Task Force of the DSM-IV sought input from over 60 organizations interested in mental health, including the American Association for Marriage and Family Therapy

• A number of prominent family therapists served as advisors to the Task Force that developed the DSM-IV, including Lyman Wynne, Terry Trepper, Mark Ginsburg, and David Olsen. (APA, 1994, pg 862).

References

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th edition). Washington, D.C.: Author.

Denton, W.H., Patterson, J.E., & Van Meir, E.S. (1997). Use of the DSM in marriage and family therapy programs: Current practices and attitudes. Journal of Marital and Family Therapy, 23, 81-86.

GRADUATE COURSEWORK REQUIRED IN SELECTED CLINICAL TOPICS

	Masters Social Worker	Specialist Clinical Social Worker	Professional Counselor	Marriage and Family Therapist	Masters Level Psychologist
Clinical Assessment	"administration emphasis" NO	NO-current ("admin emphasis") ---------------------- YES after 1/1/99	YES	YES	YES
Practice of Therapy	NO	NO-current ("admin emphasis" ---------------------- YES after 1/1/99	YES	YES	YES
Psychopathology/ Diagnosis of Mental Disorders	NO	NO-current ("admin emphasis") ---------------------- YES after 1/1/99	NO - K.U. ---------------------- YES - E.S.U.	YES	YES
Clinical Practicum	NO	NO-current ("admin emphasis") ---------------------- YES after 1/1/99	YES	YES	YES

Compiled from program information published by K.U., K.S.U., E.S.U., Ft. Hays State University and Friends University.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
TESTIMONY RE: HB 2630

Presented by Jay M. Mann, LMLP, LMFT
on behalf of
Kansas Association of Masters in Psychology (KAMP)

February 5, 1998

Mr. Chairman, Members of the Committee:

My name is Jay Mann, and I am a Licensed Master's Level Psychologist, Director of Community Based Services for Wichita Child Guidance Center, and the representative to the Behavioral Sciences Regulatory Board for masters level psychologists.

I am here today to urge the Committee to approve HB 2630. As others have or will also testify today, HB 2630 would permit delivery of mental health services by masters level psychologists on an independent practice basis. The proposed bill clearly sets forth the educational and experiential requirements for qualification for independent practice, and I believe that the standards established will provide the necessary consumer protection, while guaranteeing that the mental health needs of the citizens of this State are met in the most efficient and cost-effective manner possible.

I have worked as a mental health care provider in the community mental health system of this state for the past fourteen years. In that time, I have observed that most mental health issues arise from stress and trauma, such as abuse, neglect, familial instability, lack of enrichment, and other environmental factors. The high divorce rate, escalating number of abuse and neglect reports, and discipline and drop out problems reported by our schools suggest that these children and their families, now and in the future, will be in need of expanded mental health services. The effect of not addressing these mental health needs in a timely and effective manner is that our already overburdened social services, courts, and correctional facilities will, sooner or later, be forced to deal with these children and their families. The effect of not addressing these mental health needs in a timely and effective manner is that children and families that might have been salvaged by needed intervention will disintegrate, and will most probably go on to repeat and expand the cycle in years to come. We must understand that the turf wars that most certainly exist in the mental health profession are between the factions of the mental health profession, and those turf wars must end in order to fight the real war of familial dysfunction and societal ills that hinder or prevent the people of this state from achieving a quality of life they might otherwise enjoy.

HB 2630 would further the ability to provide mental health care by allowing masters level psychologists to practice independently. At the present time, eighty-four percent of all licensed Ph.D. psychologists in this state work in just seven counties (Riley, Shawnee, Leavenworth, Douglas, Johnson, Wyandotte, and Sedgwick). That means that only seventy-two Ph.D. psychologists are serving the remaining ninety-five counties. There are currently four hundred fifty-five masters level psychologists in this state. Forty percent of the LMLP's work in the same seven counties previously identified. However, sixty percent of the LMLP's, or two hundred seventy-three, are serving the

citizens of the remaining ninety-five counties. This bill would provide greater service availability, particularly to those in the more rural areas of our state, and would allow all mental health consumers to have a broader choice, while guaranteeing that everyone in the group of mental health professionals from whom they choose is well-qualified.

Thank you for allowing me to present my testimony today. I would be happy to answer any questions.

KANSAS MENTAL HEALTH COUNSELORS ASSOCIATION

A Division of the Kansas Counseling Association

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February 5, 1998

Mr. Chairman and Members of the Committee:

I am Gary Price, President of the Kansas Mental Health Counselors Association, member of the executive committee of the Kansas Counselors Association which has a membership of over 600 counselors, immediate past president of Kansas Counselor Educators and Supervisors, and I am on the advisory committee to the Behavioral Sciences Regulatory Board for Licensed Professional Counselors. Also, I am a professor in the Department of Psychology and Educational Research, and I teach in the Counseling Psychology program at the University of Kansas. I have been involved with counseling and training counselors for over 30 years.

I urge your support of HB 2630 because of five major reasons.

1. HB 2630 would help to formalize and clarify the responsibilities that many professional counselors already have as a part of their practice. One of the responsibilities for LPCs is the area of assessment. Many of our masters level students currently receive training and supervision in this area. Diagnosis of mental disorders would further clarify what many counselors in independent practice already do. Professional counselors are in a "catch 22." The current law implies that counselors are not competent to diagnose, yet must diagnose in order to refer. As a part of my work at the University of Kansas I teach practicum. Students at their practicum sites are often asked to make a diagnosis based on the DSM-IV (Diagnostic Statistical Manual) criteria and categories. This bill would require Masters level students throughout the state in mental health programs to take coursework and/or receive supervision in the area(s) of psychopathology, psychodiagnosis and/or clinical interviewing in order to get licensed.

2. This bill is important in that it would level the playing field for all Masters level mental health providers in the state of Kansas. It would allow Masters level providers to diagnose mental health disorders. The state regulatory board would oversee their training and licensure requirements. This bill would insure that the profession determine those able to be licensed. It would also allow referral sources, employers and consumers to know that individuals who are licensed have a common and carefully designed training experience as well as a common supervision experience to become licensed. Currently, more than ½ of the 44 states and providences that license counselors permit licensed counselors to diagnose and/or treat.

3. HB 2630 would ensure that Kansas's law treats all mental health professionals with peer qualifications equally with regard to their ability to practice their mental health profession. This bill would provide equal regulation and opportunity for Masters level providers. This should help reduce turf battles and hopefully allow professionals to devote their energy in providing mental health services to the Kansas public.

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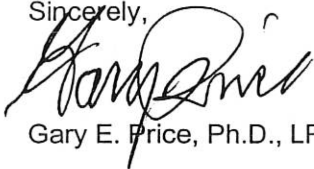
4. Sections 1-2 and 4-5 of HB 2630 appear exactly as the social work legislation that was approved in 1994 for Masters level social workers to be able to diagnosis mental disorders. In summary, this legislation would ensure that mental health professionals with equal qualifications are able to use the diagnostic manuals within their limits of professional training and competence.

5. HB 2630 would provide an increase of qualified mental health care providers in rural or underserved areas of the state. It would give the public more choices and access regarding the type of mental health professionals available to them.

Thus, it would provide the greatest availability of mental health care to all citizens of Kansas. We ask that you support this bill. We appreciate this opportunity to be able to provide testimony on behalf of the Mental Health Coalition and Professional Counselors in Kansas. Thank you. I would be happy to answer any questions?

Sincerely,



Gary E. Price, Ph.D., LPC

January 30, 1998

Dear Health and Human Services Committee Members,

The purpose of this letter is to encourage your support of House Bill 2630. The bill will equal the playing field among the masters' level providers in the state of Kansas by removing the current location and supervision restrictions that currently are in effect. The bill will also better establish uniformity in the practice of diagnosing and treating mental disorders in our state and provide clarity in recognizing the training, supervision, and work experience required for licensure by Licensed Professional Counselors, Licensed Marriage and Family Therapists and Licensed Masters Level Psychologists.

It is imperative that quality mental health care services be delivered by qualified counseling professionals in every region of our state--and especially in the rural and undeserved areas of Kansas. The approval of House Bill 2630 will be a significant step in addressing this important issue that will help ensure equal access for all Kansans to quality mental health services. With the passage of this bill, the Kansas Behavioral Science Regulatory Board would maintain their current role in determining the qualifications of mental health practitioners and safeguarding the public interests of our citizenry.

Again, I urge you to support House Bill 2630. It's adoption will create a win-win situation for both the qualified mental health counseling professionals and the Kansas citizens that will be accessing professional mental health services throughout our state.

If I can provide additional information about this important mental health matter, please feel free to contact me. My work number is 316-365-4725. My home telephone number is 316-365-5734.

Sincerely,

Randy Burwell

Randy Burwell, Past President
Kansas Counseling Association

"A Branch of the American Counseling Association"

January 30, 1998

RE: House Bill #2630

Dear Sirs:

As President of Kansas Counseling Association, for the year 1997-98, I am very interested in House Bill # 2630, which is the Mental Health Credentialing Coalition 1998 Bill. I am aware of the various issues that are involved in this bill, and wish to express on behalf of the 600 plus counselors in the KCA membership how hopeful we are in the approval of this bill.

KCA membership certainly supports professional licensure, professional standards, and the deliverability of quality mental health care to those who wish to participate in these services. KCA strongly believes in a strong and united association. It is time for KCA to put our vast potential and skill to work, to rightfully take our place among other human service professions, and to stand and be accountable for the advancement of the counseling profession. It is time for Mental Health Professionals to be recognized for their skills, expertise, and training, to ably diagnose mental disorders, and to competently serve their publics and their clients under the guidance of, and in accordance with the Behavioral Science Regulatory Board.

With all due respect, I urge you to consider the various provisions of House Bill # 2630, and to weigh the services that this bill offers against the need and availability of services required by the Kansas public. This bill, if approved, will certainly do much to enhance the quality of life and the restitution of healthy lifestyles within and without the counseling community. I thank you for your time and effort in the recognition of this very important bill.

Professionally,

Juli Elson
President
Kansas Counseling Association

"A Branch of the American Counseling Association"

Kansas Psychiatric Society

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Testimony
to the
House Health and Human Services Committee
by Charles Wheelen
February 5, 1998

Thank you for the opportunity to express our opposition to HB2630. Because the bill deals with three different mental health professions, and creates new laws as well as amending existing laws, our reasons for objecting differ, depending on the section of the bill.

We are extremely concerned about the language contained in new sections 1 and 2. We believe that any person who exhibits symptoms of a mental disorder deserves the benefit of a differential medical diagnosis. This allows the physician to rule out other possible causes of the symptoms before concluding that the patient has a mental disorder. Then, the physician may prescribe appropriate medication or other treatment. The physician may also refer the patient to a therapist who has clinical training in a mental health specialty.

Sections 1 and 2 of HB2630 appear to equate the training and expertise of (1) professional counselors and (2) marriage and family therapists, with the training and expertise of clinical psychologists and licensed specialist clinical social workers. We believe that because the training programs of these first two professions are inherently different from the other two, such comparisons are invalid.

In addition, the references in sections 1 and 2 to "diagnostic manuals commonly used as a part of the licensee's accepted practice" are vague. If enacted, such language would create a questionable delegation of authority to unspecified, non-governmental entities. We would encourage the Committee to request an Attorney General's Opinion or a Revisor's analysis as to whether there is any case law which provides guidance in regard to delegation of governmental or regulatory authority. We believe the Legislature should be more specific when delegating such authority.

(continued)

Furthermore, we think that sections 1 and 2 constitute a departure from the Kansas Act on Credentialing. This is the law which created a fact-finding process administered by the Department of Health and Environment to determine appropriate levels of credentialing and scope of practice for health care personnel. Under the Act a technical committee considers several criteria prior to making recommendations to the Secretary of Health and Environment, who in turn makes a recommendation to the Legislature. Section 65-5008 of the Act indicates that "the secretary shall periodically schedule for review the credentialing status of health care personnel who are credentialed pursuant to existing laws." To the best of our knowledge, no such reviews of professional counselors or marriage and family therapists have been conducted nor is there any evidence of a compelling reason to expand the scope of practice previously established under provisions of the Act on Credentialing.

Section 3 of HB2630 does not appear to expand any profession's scope of practice. Instead, it would expand the list of professions that may be employed by community mental health centers for purposes of determining whether a person should be admitted to a state psychiatric hospital. It is important to note that qualified mental health professionals must be "under the direction of a physician or psychologist who is employed by, or under contract with, a participating mental health center." For this reason, we would not object to section 3 if it can be documented that community mental health centers have experienced a shortage of eligible personnel to serve as qualified mental health professionals.

We do, however, object strenuously to section 5 of the bill. The question regarding independent, private practice by masters level psychologists was considered by the 1997 Legislature and was resolved in HB2129. Previously, masters level psychologists could provide patient care only if employed by a government agency or a contractor of a government agency. HB2129 was amended substantially in the Senate Public Health and Welfare Committee to allow masters level psychologists to engage in private practice. All restrictions were repealed. But an important provision was retained which stipulates that masters level psychologists in private practice must be under the direction of a physician or a clinical psychologist. This requirement provides oversight needed to reasonably assure that appropriate standards of care are maintained for Kansans who seek mental health services. The House eventually adopted a conference committee report containing the Senate amendment and the bill became law. There is no reason to further consider this issue.

Thank you for considering our testimony. We respectfully request that you reject HB2630.

Draft Substitute for HB2630
by C. Wheelen

Be it enacted by the Legislature of the State of Kansas

New Section 1. Notwithstanding any provision of an individual or group policy or contract of health and accident insurance, delivered within the state, whenever such policy or contract provides for reimbursement for any service within the lawful scope of practice of (1) a licensed professional counselor or (2) a professional counselor licensed by temporary permit pursuant to K.S.A. 65-5804, the insured, or any other person covered by the policy or contract shall be allowed and entitled to reimbursement for such service.

New Sec. 2. Notwithstanding any provision of an individual or group policy or contract of health and accident insurance, delivered within the state, whenever such policy or contract provides for reimbursement for any service within the lawful scope of practice of (1) a licensed marriage and family therapist or (2) a marriage and family therapist licensed by temporary permit pursuant to K.S.A. 65-6405, the insured, or any other person covered by the policy or contract shall be allowed and entitled to reimbursement for such service.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

Kansas House of Representative
Health and Human Services Committee

Testimony re. HB 2630

Presented by Ann Weick, Dean
University of Kansas
School of Social Welfare

February 5, 1998

I am here today to raise questions about HB 2630. I do not come to present an institutional position but rather to bring the perspective of an educational program preparing social workers for professional practice.

My comments will focus on the portions of the bill which would permit licensed marriage and family therapists and licensed professional counselors to diagnose mental disorders. I will not comment on the portion related to licensed masters level psychologists since that appears to be an issue best handled within their profession.

My concerns center on two issues.

1. National accreditation of professional education creates standards of quality.

Occupational groups identifying themselves as professions are accredited by independent accrediting bodies. The purpose of accreditation is to establish consistent national standards for students' educational preparation. The ultimate goal of accreditation is to protect clients by insuring the adequate preparation of those who offer professional services.

Accreditation safeguards clients by establishing a clearly identified curriculum, which includes specific content areas to be mastered by all students, and requiring a code of ethics governing professional behavior.

In social work education, for example, the Council on Social Work Education is the national accrediting body for all social work programs at the undergraduate and graduate levels. Through its national standards, it establishes requirements for curriculum, among other things. Social work students graduating from any Master of Social Work Program in the country must show competency in identified course work and complete 1320 hours of supervised field practicum during a two year program. At the successful completion of their course of study, they are granted an MSW degree and, in Kansas and many other states, can sit for a national examination to be eligible licensing as an LMSW.

The process of determining whether social work programs meet the specified national standards is very rigorous. The School submits extensive documentation to show that its curriculum meets the standards. A three day site visit by an accredition is

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used to determine whether there is sufficient evidence that the program is delivering what it claims to deliver in its educational program. Making a judgment about whether a university program offers the educational quality necessary for preparing competent practitioners is a complex process.

Unless the curriculum of Kansas programs in Marriage and Family Therapy and Professional Counseling are universally accredited by national standards for graduate education, BSRB will be placed in the unfortunate position of acting, in effect, as an accrediting body for these programs. HB 2630 makes the Behavioral Sciences Regulatory Board (BSRB) responsible for determining whether students in Marriage and Family Therapy and Professional Counseling have completed courses of study meeting the criteria set forth in the bill. BSRB is not an educational entity, nor should its board members be expected to determine educational standards or content appropriate to educational institutions in Kansas. How will a board comprised of public citizens and two representatives from each licensed group have the time, expertise and resources to determine whether the curriculum of an educational program meets these requirements?

2. Requirements to diagnose mental illness should be comparable.

Licensed Specialist Clinical Social Workers (LSCSW) have the authority to diagnose mental disorders in the state of Kansas. In order to do so, they must have:

- completed an MSW degree from an accredited graduate school of social work,
- taken course work in psychopathology and ethics, and
- completed two years of post-graduate clinical practice, which includes 100 hours of post-masters supervision by an LSCSW and 4000 hours of direct service practice.

In examining the requirements for Licensed Marriage and Family Therapists (LMFT) and Licensed Professional Counselors (LPC) listed in HB 2630, it appears that there are some significant differences between the educational and professional preparation required by statute for LSCSWs and for LMFTs and LPCs.

- There is no mention of the requirement that members of either group must graduate from an accredited program. Hence, it is not clear whether national accreditation is required for their educational programs.
- It appears that the requirement for supervision is placed within the masters level of education, rather than post-masters. The same appears to be true for supervision, which is required during master's practicum but not after.
- There are provisions for the granting of temporary permits for license for up to four years to individuals who are completing requirements for licensing. This raises questions about how competence can be assured prior to meeting statutory requirements.

In examining the comparability between LMFT/LPCs and LSCSWs, one could conclude that their preparation is more like the Licensed MSW than the Licensed Clinical Social Worker. Graduates of our MSW program have 60 hours of course work and over 1300 clock hours of supervised field practicum. If this bill is passed, there would be grounds

for the social work profession to claim that Licensed MSW graduates should also have the authority to diagnose. Their educational background is more like those included in this bill, if those programs were also nationally accredited.

However, we would not favor this direction. We believe that the authority to diagnose mental illness requires a level of sophistication and experience that we do not provide at the first level of graduate social work practice. Instead, the requirements currently in place for Licensed Specialist Clinical Social Workers offer the standards which assure that diagnosis will be competently applied.

Ultimately the issue is one of quality assurance. State regulations protect the public trust. If standards for competency are important in protecting consumers, particularly a vulnerable group such as those with mental illness, then those standards must be comparable across groups allowed to diagnose mental illnesses. We do not see that comparability in HB 2630.

Cynthia A. Schendel, LSCSW

Individual & Relationship Therapy
Adults, Children & Adolescents

My name is Cynthia Schendel and I am a Clinical Social Worker in Overland Park, KS. I have been in private practice for about 7 1/2 years. It would have been very difficult to build a viable practice without the ability to diagnose mental disorders, a prerequisite for receiving third partypayments. This is what these newly licensed professionals are seeking with this bill -- the ability to practice independently. Now in theory I have no objection to other professionals providing the same service I do, there seem to be plenty of clients to go around. But the public has a right to expect that professionals licensed to perform the same services will have very similar levels of education, training and competency. I do not believe this bill protects the public by assuring such uniformity, and should therefore be rejected.

Points:

- All LSCSW's must have an MSW -- no other degree has ever been accepted, even during grandfathering. This is one of the reasons Missouri LSCSW's cannot be reciprocally licensed in KS. It assures that all Clinical Social Workers have had a rigorous education accredited by the very stringent CSWE process.
- Their licensing statute grandfathered LPC's and LMFT's with related degrees, watering down the meaning of those credentials. Also, I would urge the committee to look at what educational accreditation agencies exist in these other fields. I don't believe LPC's and LMFT's have been around long enough to have developed as stringent a process as is used by CSWE -- if there is any at all.
- Following graduation with a Master's degree, Social Workers must be fully licensed to practice while gaining their post-graduate experience. This includes a written exam which assures a minimum level of knowledge at that point. LPC's and LMFT's, if this bill is passed, would only have to apply for a temporary permit with no exam required, only proof of graduation. This does not assure that they are starting at a basic level of competency when they begin working towards full licensure. It also brings into question whether the licensure exam they will take will actually be more equivalent to the Master's level exam taken by LMSW's rather than the Clinical Specialist exam we take to gain the privilege of diagnosis.
- Probably the most important difference between the only Masters-level profession currently licensed to diagnose mental disorders -- Social Work -- and those seeking that privilege here today is the amount of actual client contact required during the post graduate supervised experience. The latest regs from the BSRB require 50% for Social Workers -- that's 2000 of the 4000 hours, **twice that required by this bill for LPC's and LMFT's.** LMLP's would have no required number of client hours at all. Most practitioners would tell you that the hands-on experience of actually sitting across from a client and learning to do therapy, diagnosing real mental disorders in real people is far and away the most valuable training they had. To have the right to practice independently should certainly require more than 25% of total practice spent

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in this activity.

- LMFT's practice in the arena of marital and family problems -- there are no diagnoses of marriages or families in the DSM IV, so I don't see how their education or experience could qualify them to diagnose mental disorder in individuals.
- Finally, the fact that these three professions bypassed the State's credentialing process and became licensed by statute is another indication that they may not be equivalent to the profession of Social Work. I would urge the committee to require that all three go through the credentialing process to verify their appropriateness for licensure before adding any privileges.

In closing, I know several practitioners from each of these professions, and for the most part I respect their abilities and their professionalism. I believe the time will likely come when we will all be on the same level and the public can safely choose between us with some assurance of parity. But it takes time to build a profession -- Social Work is 100 years old -- and I would ask the committee to exercise caution in deciding to allow such a giant step so early in the process.

Thank you for your time and attention.

NASW

National Association of Social Workers

KANSAS CHAPTER

February 5, 1998

Testimony presented to the Health and Human Services Committee
Chairman Mayans, Representatives Morrison, Cook, Geringer, Gilmore, Horst, Hutchins, P. Long, Powell, Shultz, Henry, Flaharty, Haley, Showalter, Storm, Wells, Welshimer

Subject: HB 2630

Thank you Chairman Mayans for the chance to address the Committee. My name is Sky Westerlund. I am a social worker and the Executive Director for the Kansas Chapter, National Association of Social Workers (KNASW).

I would like to begin my brief testimony by re-affirming that KNASW supports appropriate credentialing for all professions with all the privileges and responsibilities that go with each particular level of credential. Social workers work side by side with many different professionals in different capacities and who have various levels of credentials. We value these professional working relationships now and into the future.

Social workers have been credentialed at the level of licensure since 1975. A license is the highest credential for professions of the behavioral sciences. Of the social work licensure, there are 3 levels of expertise. These are the bachelors, masters, and the post-graduate specialist levels. The three levels of social work license sequentially represents broader responsibilities and a wider scope of practice. For example, a bachelors level social worker (LBSW) may perform child abuse investigations and foster care placements but cannot engage in clinical therapy. A masters level social worker (LMSW) may supervise an LBSW and is permitted to engage in clinical therapy, including diagnosis, under very particular circumstances and strict supervision by either a clinical social worker, a Ph.D psychologist, or a physician. Finally, a social worker who has earned the licensed specialist clinical credential (LSCSW) may engage in private practice and clinical social work, including diagnosis and psychotherapy. There are currently over five thousand (5000) social workers in Kansas.

Clearly, there is a difference between licenses of social workers. The differences exist for reasons of competency and protecting the public.

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There are two reasons KNASW opposes HB 2630.

The first reason is that, until 1996, the three professionals, masters level psychologists, marriage and family therapists, and counselors, were credentialed at the registered level. This is the level of credentialing the respective professions met through the stringent technical process in place. In 1996 the credential of licensure was achieved, not with the established credentialing process, but rather through only a change of statute. KNASW supports credentialing which is the process that determines who is qualified to do what and by which the public is best protected.

The second reason KNASW opposes HB 2630 has to do with educational professional competency. Professional competency is determined, in part, by graduation from an accredited educational program. This involves an independent, nationally recognized entity that evaluates the educational programs throughout the country. Such a process of accreditation should include on-site visits, a self-evaluation of each school's program and curriculum, and a renewal process at least every seven years. This is what is required for every social work school, department, or program that wants to achieve and maintain accreditation. The bill suggests that the responsibility of determining professional competency would largely fall to the Behavioral Sciences Regulatory Board (BSRB), which does not at this time have the capacity to provide thorough review of educational programs across the state and nation. Such a burden on BSRB would likely require additional state revenue funds for the operations and significant expansion in staff for this time-consuming task.

KNASW suggest two actions that, if met, would unquestionable indicate the full achievement of professional competency and equivalency between the various behavioral sciences professionals.

One, the three professions, masters level psychology, marriage and family therapy, and professional counselors, should submit to the technical credentialing process to verify that they do each indeed meet the criteria for the top level of legal regulation--licensure.

Second, each of the three professions should organize and work to institute a nationally recognized accreditation standard and implementation for their respective professional educational programs. This step would assure uniform standards of education for graduates of such programs.

I want to stress again that KNASW supports high standards of practice and credentialing at appropriate levels for all professionals to assure professional accountability, competency, and integrity, so that the public trust, and clients rights and well-being, are protected and strengthened. KNASW asks you to adopt and follow through the two suggestions presented before considering a positive vote for HB 2630. Thank you.

Date: February 5, 1998

To: House Committee on Health and Human Services
Rep. Carlos Mayans, Chairperson; Rep. Morrison, Vice-Chairperson
Reps. Cook, Geringer, Gilmore, Horst, Hutchins, Powell, and Shultz.
Rep. Henry, Ranking Minority Member
Reps. Flaharty, Haley, Showalter, Storm, Wells, and Weishimer.

FROM: Tamara J. Hawk, LSCSW
200 Southwind Pl. # 101
Manhattan, KS. 66503
785-539-7789
tamihawk@flinthills.com

RE: HB 2630 relating to qualified mental health professionals; diagnosing of mental disorders and amendments.

Chairman Mayans and Representatives of this committee:

Introduction:
I am a clinical social worker in private practice in Manhattan for the past nine years. I am also practicing as a supervisor for MSW's seeking their credentials for the LSCSW level, and have, in the past supervised MFT's (1991-1996) working on advancing their clinical expertise. I am active in KNASW, Professional Standards committee, worked actively with BSRB for many years. As a private practicitioner, I have been involved in ongoing education, training and regular supervision for the past 9 years.

Purpose:
It is my understanding that **HB 2630** increases the autonomy and scope of practice of LPC's, LMFT's and LMLP's, enabling them to diagnose mental disorders and work in unsupervised private practice.

Position Statement:
I have testified on these bills in your committee many times over the years. My position has been consistent regarding standards for mental health professionals:
I support the increased regulation and standards of all mental health services. Licensure is there for one reason: to regulate practice standards and maintain them at an adequate minimum level to ensure public protection, accountability and recourse. ***Licensure does not exist for the luxury of the professional.***

Concerns and Suggested Modifications for HB 2630:
I preface these concerns with the note that in the last three years, standards regulating the private practice of clinical social work have been raised. As of January 1, 1998, with the implementation of KARs for ***SB 120, Clinical social workers have to meet more requirements for educational classes, practice setting during supervision, structure of supervision, frequency and duration, than in the past.***

The Kansas Chapter, National Association of Social Workers ***sponsored SB 120*** *legislation to further ensure regulation of professional standards and* ***increase public protection.*** *By defining the parameters that meet the specific criteria for clinical supervision, LSCSW's have a more standardized training component that requires a dedicated long term effort to reach the level of private practice.*

Concern: Wording of Bill:

Review page 3-4, lines 35--43, re: definition of "qualified mental health professional." *Clarify that* ***"qualified" refers to those "qualified to begin" supervision*** *for independent practice. Clarify that this in* ***no way alters previously existing social work statutes for independent practice****. This section defines "qualified mental health professionals" as " employed by a participating mental health centers under the direction of a physician or psychologist." LSCSW's are not required to work under these restrictions. This is unclear.*

Page 4, Lines 7-9 *should reflect the existing regulations and laws regarding the licensed specialist clinical social workers independent practice.*

Page 5, Lines17-18 *should be amended to state* ***"4,000 supervised hours of paid full time employment as a professional counselor....."***

Page 5, Line 37: *at end of sentence, insert* ***"equal to the requirements of the Licensed Specialist Clinical Social Worker."***

Page 6, Line 39-40: *This should be amended to clarify that the two years of practice experience must be obtained in a* ***full time employment setting,*** *clinically appropriate for the practice of marriage and family therapy,* ***post-graduation.***

Page 7, Line 8: *This section should be either moved to note that the graduate degree must be obtained before the clinical hours for licensure are accumulated and/or the graduate requirement needs to be labeled as a* ***"pre-requisite"*** *met before any other licensing requirements.*

Page 7, Line 19: remove the wording beginning with "in a related field *with additional work from an educational program in marriage and family therapy approved by the board and such degree program and additional work includes the course work requirements provided in clause (3)(B)."* ***This is not consistent with a solidly defined body of knowledge or a professional graduate course of study.***

Page 9, Line 43: *Is it 2,000 or 4,000 hers. of post grad work experience?*

Concern: Definition of equity among professions:

Compare the differences: ***LSCSW requires an MSW degree with clinical hrs, coursework, practicum, supervision in a 72 hr. program. The applicant for an LSCSW must THEN have completed the 2 yrs. of postgraduate employment and supervision requirements. The wording in this bill does not clarify that the 4,000 practice hours must be accumulated after graduation, in a full time employment setting.***

The LPC, LMLP, and LMFT ***have written this bill to mix the graduate studies with the clinical experience. They should be separate and accumulative.***

The mental health professionals sponsoring this bill have continually stated that they want "professional equity" to practice, equal to that of the LSCSW. ***Yet they present you with a bill that requires less of them.*** *HB 2630 sets the standard for education, training, supervision and licensure at a lower level for these groups. Social workers have a specific license under which they train for the LSCSW (the LMSW) and advanced licensure levels verifying that those criteria have been met. This bill, as written, would not differentiate between the newly graduated professional and one who has completed advanced supervision.*

Solution: ***To accomplish this equity, LPC's, LMLP's and LMFT's should required to:***

Have equitable coursework across professions equal to the LSCSW requirement for psychopathology or diagnosis related education.

Because LMLP, LMFT, and LPC professionals have not previously had diagnosis within their scope of practice, require all supervisors to complete a course in psychopathology prior to contracting for supervision at this level.

Graduating PC's, MFT's, and MLP's be required to pass a nationally certified licensure exam before being employed in a professional capacity, in a defined clinical setting (equal to definitions in social work statutes).

LPC's, LMFT's, and LMLP' s, after receiving their professional degrees, practice only in the same limited clinical practice settings which have been defined in the social work statutes as meeting the criteria for advanced training settings.

LPC's, LMFT's, and LMLP's be required to practice 4,000 hours, a minimum of two years, of full time employment, under the same supervision requirements regulating LSCSW's, under the supervision of their own professionals who have met the criteria for private practice or have nationally certified credentials as approved supervisors. These supervision contracts would be subject to the same strict criteria established by SB 120 Rules and Regulations for LSCSW's.

That after completing the required supervision, LPC's, LMFT's and

LMLP's be required to pass another nationally accredited exam for advanced standing licensure for private and independent practice that verifies competence on issues of evaluation, diagnosis, treatment, practice standards and ethics, in the same way that LSCSW's must pass an advanced level exam.

Because of the significant cost impact of this legislation to the BSRB, the greater share of their budget income still comes from the licensed social workers in Kansas. Require application fee and license fee increases that cover the cost incurred by these professions to be paid by the professional groups that are benefitting from this legislation, not social workers. (Please review the numbers on this item and consider the tremendous increase in work involved in accrediting curriculums and cycling these license changes.)

It is a privilege to be licensed to provide mental health services in independent practice. I urge you to make standards high and rigorous. When standards are lowered, the public citizen gets hurt first, the dollars to support licensure regulation increase to cover larger numbers of ethics complaints and discouragement and cynicism creep into the general public about the possibility of getting appropriate mental health care.

	A	B	C	D	E	F	G	H
1			LSCSW	LPC		LMLP	LMFT	
2								
3	Grad degree		MSW	MS COUN		MS PSYCH	MS/PHD MFT	
4	Clinical focus		72 hrs.	60 hrs.		72 hrs.		
5	Practicum		1500 hrs	500hrs.		750 hrs.		
6								
7	License req. to		LMSW	Temp Permit		Temp 2 yr.	Exam LMFT	
8	begin Clinical		exam	NO exam		exam 60%	only	
9	training		passed			$200		
10								
11	Fees		App $	app. $150		app/renew		
12		License Fee $		2 yrs		$100		
13								
14	Clin.Setting Defined		detailed	no		no	no	
15	Defined							
16								
17	Opp. for DX		detailed	no		no	no	
18	ethics,		yes	yes		yes	yes	
19								
20	Supervision Required							
21	In Private Prac?		Requirement					
22			met for LSCSW					
23								
24	Client Diversity		Yes	unspecified		unspecified	unspecified	
25								
26	Hrs/ Yrs.		4,000/ 2yr	4,000/2yr		4,000 hrs	4,000/ 2yr.	
27	supervised		6 yr. max	NO MAX			No MAX yrs	
28								
29	Client contact		Min. 2,000	min. 1,000 hrs.		2,000 hrs.	min. 1,000 hrs.	
30								
31	Meeting Required		100	100		NONE	100	
32	Clinical					NONE		
33	Admin		by facility	100		NONE	100	
34								
35	Frequency		Weekly	NONE		NONE	NONE	
36			one hr. sess	4 hrs. month			4 hr. month	
37			per 20 hrs	NO RATIO			No Ratio	
38			client					
39			contact					
40	PHD Waiver?		NO	YES			Yes	
41								
42								
43	# in Groups		3 maximum	NO LIMIT		NO LIMIT	NO LIMIT	
44								
45	Indiv vs.Group		50-50 split	50-50		50-50	50-50	
46	hours		group supe					
47			max 50 hrs.					
48								
49	Supervisor		yes					
50	Requirements							
51	supervisory agreement?							
52	written summary?							
53	goals and objectives?							
54	contact log?							
55								

	A	B	C	D	E	F	G	H
56	Post Supervision		Yes/LSCSW\NO			LMLP 60%		
57	Exam?							
58								
59	Psychopath		yes	NO				
60	course							
61								
62								
63	Title Restrictions?		yes	yes				
64								
65	Ind. Practice Restrictions?							
66			NO			YES		
67								
68								
69								
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BRENDA S. HANGER, LSCSW
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Manhattan, KS 66502
(913) 776-3141

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

REP. CARLOS MAYANS
REPS. COOK, GERINGER, GILMORE, HORST, HUTCHINS, P. LONG POWELL, SHULTZ, HENRY, FLAHARTY, HALEY, SHOWALTER, STORM, WELLS, AND WELSHIMER

RE: HB 2630 RELATING TO QUALIFIED MENTAL HEALTH PROFESSIONALS

DEAR COMMITTEE MEMBERS:

I VERY MUCH APPRECIATE THIS OPPORTUNITY TO EXPRESS MY VIEWS ON THIS VERY IMPORTANT AMENDMENT WHICH IS COMING BEFORE YOU.

I WANT TO BE VERY CLEAR THAT I AM NOT OPPOSING THE IDEA THAT MENTAL HEALTH PROFESSIONALS BE LICENSED. INDEED, IT IS THIS LICENSE VENUE THAT PROTECTS THE PUBLIC. HOWEVER, WHEN THE GENERAL PUBLIC SEES THAT ONE IS LICENSED, CERTAIN IDEAS ARE ASSUMED BY THAT PERSON. THE GENERAL PUBLIC IS UNDER THE IMPRESSION THAT LICENSES ARE EQUAL. THAT IS NOT ACCURATE AND THAT IS WHAT I HAVE CONCERNS WITH REGARDING THIS AMENDMENT.

I WOULD SEE IT AS CRITICAL THAT TO ENSURE PUBLIC PROTECTION THAT PRACTICE STANDARDS BE EQUAL FOR ALL MENTAL HEALTH PROFESSIONALS. OTHERWISE, WE RISK HAVING UNDEREDUCATED, UNDERTRAINED PEOPLE WORKING IN AN AREA THAT INDIVIDUALS COULD BE THEIR MOST VULNERABLE.

I RESPECTFULLY REQUEST THAT THE COMMITTEE ON HEALTH AND HUMAN SERVICES TABLE THIS BILL AT THIS TIME IN ORDER TO BE ABLE TO GAIN MORE INFORMATION AS TO HOW A UNIFIED STANDARD OF PRACTICE COULD BE ACHIEVED.

THANK YOU.

RESPECTFULLY,

Brenda S. Hanger, LSCSW

HOUSE HHS COMMITTEE
Attachment 11
2-5-98