Approved: February 23, 1999
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m.on February 8 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: April Holman, Kansas Legislative Research Department
Darrell McNeil, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Ron Hein, Legislative Counsel for the Mental Health Credentialing Coalition
Dan Lord
Sky Westerland, National Association of Social Workers

Others Attending: See Attached Sheet

The Chairman opened the hearing on **HB 2032 - Establishing a uniform fee structure for mental health providers under the behavioral sciences regulatory board.**

April Holman, Kansas Legislative Research Department, gave a briefing on the Task Force on Providers of Mental Health Services Report which recommended **HB 2032**. In addition to a broad study of issues surrounding providers of mental health services, the Task Force focused on the following specific topics: 1. Medicare reimbursement for mental health services provided by certain master level providers. 2. Definition of terms used in statutes and regulations relating to providers of mental health services. 3. Fee issues of fee uniformity for Behavioral Sciences Regulatory Board (BSRB) licensees. 4. Temporary licensure for BSRB licensees. 5. Tuition reimbursement parity for professions licensed by the BSRB. 6. Education requirements for BSRB licensees. 7. Continuing education requirements for BSRB licensees. 8. Diagnosis and treatment of mental disorders. 9. Independent practice authority for BSRB licensees.

A key component of the Task Force's recommendations is the proposed credentialing structure which would establish a clinical specialist designation for the masters level professions licensed by the BSRB. Under the proposed credentialing structure, Licensed Psychologists (LPs) and individuals with the clinical specialist license would be authorized to diagnose and treat mental disorders independently. All other masters level professions licensed by the BSRB would be authorized to diagnose and treat mental disorders only under the direction of an LP, licensed physician or surgeon, or an individual licensed or, during the transition period, licensable, as a clinical specialist. The Task Force recommended the introduction of three bills during the 1999 Legislative Session. The issued addressed by the bills include fee uniformity for BSRB licensees, temporary licensure for BSRB licensees, and the clinical specialist proposal. (See Attachment #1)

Dan Lord, Behavioral Science Board, testified as a proponent to **HB 2032.** (See Attachment #2)

Sky Westerland, Kansas National Association of Social Workers, testified in opposition to **HB 2032** as it would likely have a negative impact on the more than 5000 social workers licensed to practice in Kansas. The concern is that **HB 2032** creates a ceiling fee which could potentially double the social work's current license fee. The current fee is $100 and the current ceiling is $150.00. **HB 2032** ceiling fee is raised to $200. We are requesting that social workers be excluded from this bill. (See Attachment #3)

There was discussion and questions arose which could not be answered; therefore, the Chairman suspended the hearing until February 10 and see if there is anyone available to answer the questions.

The Chairperson opened the hearing on **HB 2033 - Temporary Licensure of mental health service providers.**

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 8, 1999.

April Holman, Kansas Legislative Research Department, briefed the committee on **HB 2033**, stating the change is changing "temporary permit" to "temporary licensure".

Ron Hein, legislative counsel for the Mental Health Credentialing Coalition, testified as a proponent, stating the MHCC believes that all mental health professionals should take a more collaborative approach in the treatment of mental health services. The various mental health providers, rather than battling between themselves, should be working together to jointly battle the mental health problems that plague our society. Establishing competency standards for all mental healthcare providers, the public and consumers would be adequately protected. The legislature should provide authority in the statutes that allows all peer mental health professionals the ability to provide mental health services to the extent of their education, training, and competency. Granting psychologists the same ability to obtain temporary licenses as is provided for other providers just makes sense, and would eliminate the game playing. (See Attachment #4)

Dan Lord, Behavioral Science Board, testified as a proponent to **HB 2033.**

The Chairman closed the hearing on **HB 2033.**

The Chairman stated the committee would try to work **HB 2032 and HB 2033** if Mary Ann Gabel is present on February 9.

The Chairman stated the schedule is now full and would have to work in haste to have hearings, work the bills and pass them out of committee.

The meeting adjourned at 3:00 p.m. and the next meeting will be February 9.

HEALTH AND HUMAN SERVICES

Date: February 8, 1999

Susan Linn	Ks Psych. Assoc.
Sky Westerlund	KNASW
DeAnn Hord	BSRB
Ron Hein	Mental Health Credentialing Coalition
Elaine Schwartz	SRS/MHDD
Stacy Soldan	Hein & Weir Chtd

HHS 2-8-11 Att #1

COMPARISON OF LICENSING REQUIREMENTS OF PROFESSIONS REGULATED BY THE BSRB

	Psychologists	Masters Level Psychologists	Social Workers	Prof. Counselors	Marriage & Family Counselors	Alcohol & Other Drug Addiction Coun.
Statutory Licensing Fee Caps	**K.S.A. 74-5310/ 74-5311** Application - $150 Original license - $200 Examination - $350 License renewal - $200	**K.S.A. 74-5366/ 74-5367** Application - $200 New license - $200 License renewal - $200	**K.S.A. 65-6314** Application - $150 Reinstatement - $150 License renewal - $150 Examination - $200	**K.S.A. 65-5808** Application - $100 Lic. & renewal - $150 Examination - $175	**K.S.A. 65-6411** Application - $150 Lic. & renewal - $175 Examination - $275	**K.S.A. 65-6603** Application - $100
Actual Licensing Fees (Established by Rules & Regs.)	**K.A.R. 102-1-13** Application - $75 Original license - $175 Examination - $325 License renewal - $200 Spec. endorsement - $130	**K.A.R. 102-4-2** Application - $75 New license - $175 License renewal - $175 Examination - $325 Reinstatement - $325	**K.A.R. 102-2-3** Application - $100 Reinstatement - $100 License renewal - $100 Examination - $150	**K.A.R. 102-3-2** Application - $75 Lic. & renewal - $150 Examination - $150 Spec. Endorsement - $150	**K.A.R. 102-5-2** Application - $75 Lic. & renewal - $150 Examination - $260	**K.A.R. 102-6-2** Application - $100 Examination - $100 Reg. renewal - $100

TASK FORCE ON PROVIDERS OF MENTAL HEALTH SERVICES

CONCLUSIONS AND RECOMMENDATIONS

The Task Force is proud of the many accomplishments which it has achieved during the 1998 interim. In addition to a broad study of issues surrounding providers of mental health services, the Task Force focused on the following specific topics:

- medicare reimbursement for mental health services provided by certain masters level providers;
- definition of terms used in statutes and regulations relating to providers of mental health services;
- fee issues and fee uniformity for Behavioral Sciences Regulatory Board (BSRB) licensees;
- temporary licensure for BSRB licensees;
- tuition reimbursement parity for professions licensed by the BSRB;
- education requirements for BSRB licensees;
- continuing education requirements for BSRB licensees;
- diagnosis and treatment of mental disorders; and
- independent practice authority for BSRB licensees.

A key component of the Task Force's recommendations is the proposed credentialing structure which would establish a clinical specialist designation for the masters level professions licensed by the BSRB. Under the proposed credentialing structure, Licensed Psychologists (LPs) and individuals with the clinical specialist license would be authorized to diagnose and treat mental disorders independently. All other masters level professions licensed by the BSRB would be authorized to diagnose and treat mental disorders only under the direction of an LP, licensed physician or surgeon, or an individual licensed or, during the transition period, licensable, as a clinical specialist.

The Task Force recommends the introduction of three bills during the 1999 Legislative Session. The issues addressed by the bills include fee uniformity for BSRB licensees, temporary licensure for BSRB licensees, and the clinical specialist proposal.

BACKGROUND

The concept of a task force to study issues surrounding credentialing and other concerns regarding professionals regulated by the Behavioral Sciences Regulatory Board (BSRB) originated in discussion of H.B. 2630 during the 1998 Legislative Session. In its original form, H.B. 2630 allowed licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs) as well as individuals licensed by temporary permit in either of the above areas to diagnose mental disorders which are classified in the diagnostic manuals commonly used as a part of the licensee's accepted practice. During the legislative process, the provision allowing LPCs and LMFTs to diagnose mental disorders was dropped from the bill. Instead, a subcommittee appointed to look at the issues raised by the bill recommended that a task force be created to study the issue of who should have authority to diagnose mental disorders and a number of other issues relating to the professions licensed and regulated by the Board, as well as the Board's

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administrative functions. H.C.R. 5042 was subsequently passed, creating the Task Force on Providers of Mental Health Services.

H.C.R. 5042

H.C.R. 5042 established the Task Force on Providers of Mental Health Services to study the laws and rules and regulations relating to the providing of treatment for persons with mental disorders and related issues. Included in the 1998 Legislature's charge to the Task Force were the following items:

- study the laws and rules and regulations relating to the providing of treatment for persons with mental disorders;
- review specifically the scope of practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, and licensed masters level psychologists;
- review the various acts administered by the BSRB to determine if consolidation of statutes is possible;
- review qualifications of providers of mental health services and recommend minimum qualifications needed in order for a mental health licensee to be permitted to diagnose mental disorders;
- recommend minimum standards for mental health providers to practice in an independent setting;
- review the statutory and administrative definitions of "direction" and "supervision";
- review ways of fostering interdisciplinary cooperation; and
- study referral patterns among providers and multi-disciplinary approaches to delivering mental health services and such other matters relating thereto as the Task Force deems appropriate.

The Task Force was composed of 13 members. Of these members, the statute designated that six be appointed by the Legislature and seven by the Governor. The Governor's appointees were to represent the following categories: one medical doctor specializing in psychiatry, one licensed psychologist, one licensed social worker, one licensed professional counselor, one licensed marriage and family therapist, one licensed masters level psychologist, and one representative of a managed care organization. Of the Governor's appointees, two appointees licensed by the BSRB were required to be engaged in teaching persons in the profession in which they were licensed and one appointee was to be a representative of a community mental health center.

By statute, the Task Force is required to prepare and submit an interim report and recommendations to the 1999 Legislature and to the Governor and submit a final report and recommendations to the 2000 Legislature and to the Governor.

Because the Task Force is a statutorily prescribed committee, it set its own agenda for meetings scheduled during the 1998 interim. The Task Force was authorized by the Legislative Coordinating Council to meet ten days. It met in July, August, September, October, November and December of 1998.

Committee Activities

Medicare Reimbursement. According to testimony given to the Task Force by a representative of the Association of Community Mental Health Centers of Kansas, Community Mental Health Centers (CMHCs) had been receiving Medicare reimbursement for mental health services performed by licensed masters level psychologists (LMLPs) and licensed masters social workers (LMSWs) for several years prior to November 1997. This was possible through the interpretation at that time of a Health Care Financing Administration (HCFA) regulation allowing for reimbursement for services "incident to" the mental health services performed by a licensed psychologist or licensed specialist clinical social worker.

In November 1997, a letter was sent by the Medicare intermediary for Kansas to all Medicare services providers in the state indicating that use of the "incident to" clause to provide reimbursement for psychotherapy services performed by

masters level providers was no longer acceptable. According to a representative of Blue Cross/Blue Shield of Kansas, the Medicare intermediary sent the letter out in response to a directive from HCFA.

As a result of the HCFA directive, Kansas CMHCs expect to lose approximately $1,000,000 in Medicare reimbursements, annually.

The Task Force looked at this issue at the August meeting. Staff briefed the Task Force on the current status of the HCFA regulations, noting that HCFA requires that a clinical psychologist hold a doctoral degree in psychology, is licensed in independent practice in the state in which he or she practices, and has two years supervised clinical experience. Likewise HCFA requires that a clinical social worker hold a masters's or doctoral degree in social work, is licensed or certified in the state in which the services are performed, and has two years supervised clinical social work experience.

Representatives of the Association of Community Mental Health Centers of Kansas and Blue Cross/Blue Shield of Kansas, the Medicare intermediary for Kansas, testified at the public hearing on this issue.

Definitions. A variety of undefined terms related to mental health services appear in the Kansas statutes and administrative regulations. Testimony heard by the Task Force indicated that this poses a problem for mental health service providers in attempting to interpret and follow the law.

The source of the most definitional confusion is the use of the terms "mental disorder," "mental illness," and "psychological disorder." Of these terms, only "mental illness" is defined in statute. However, in 1987 the Attorney General gave an opinion based on the appearance of the various terms in several statutes establishing scope of practice which determined that the only professionals licensed by the BSRB who are authorized to diagnose and treat mental disorders are psychologists. This was later modified by statute to include LSCSWs and LMSWs under certain circumstances.

Two other problematic terms contained in the mental health service provider credentialing statutes are "supervision" and "direction." While several statutes refer to post-graduate experience which is under "supervision," only the masters level psychologists are limited to practice only under the "direction" of a person licensed to practice medicine and surgery or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of psychological disorders.

At the August meeting of the Task Force, the Revisor of Statutes presented testimony regarding statutory definitions of mental health terms. He explained to the Task Force how credentialing bills are written, saying that the scope of practice for the profession appears near the beginning of the act and then the act sets out limitations and exclusions to that scope. He also examined "direction" and "supervision" using dictionary definitions to make the comparison. After an exercise in which he asked members to keep track of key words appearing in the various definitions, the Revisor surmised that direction is the closer of the relationships.

At the September meeting, the Revisor gave a comparison of terms and usage found in the BSRB Act, Healing Arts Act, and the Kansas statutes in general. The Task Force also held a public hearing on the topic of definitions.

Representatives of the Mental Health Credentialing Coalition (MHCC), HealthNet, the Kansas Psychological Association (KPA), and the Kansas Psychiatric Society testified at the public hearing. All parties advocated the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Society in defining terms.

In addition to use of the DSM in defining mental disorders, Ron Hein, representing the MHCC, advocated consistency and uniformity

wherever possible, using the term "mental disorder" consistently throughout the statutes.

Susan Linn, of KPA, also proposed a definition of "direction" providing for oversight of the practice of masters level psychologists which involves regular face to face consultation between the director and the LMLP. Under the proposed definition, the director would be responsible for the quality of the work performed by the LMLP and should therefore regularly review the performance of the LMLP, providing co-signature of work products as appropriate and providing documentation of the frequency and content of direction as required.

Fee Issues/Uniformity. In view of the widely varying licensing fees for the various disciplines regulated by the BSRB, the Task Force studied the possibility of a cost neutral fee structure for the BSRB as opposed to the "cost center" approach that is currently used. To this end, at the September meeting the Chair asked staff to develop a cost-neutral fee based on the current level of BSRB receipts. The Chair also requested that the BSRB present their own proposal for cost-neutral fees.

Although a public hearing was also held on the issue of BSRB fees, no conferees appeared to testify.

At the October meeting, the BSRB recommended two possible options for fee restructuring. Both recommendations began with recognition of three categories of licensees which were set by the level of education required for licensure and the corresponding level of income. These groups were:

- Bachelor Degree (Licensed Baccalaureate Social Worker and Registered Alcohol and Other Drug Addiction Counselors)
- Masters Degree (LMSW, Licensed Specialist Clinical Social Worker (LSCSW), LMLP, LMFT, and LPC)
- Doctoral Degree (Licensed Psychologists)

The first option involved standardizing the fee within each educational level. Under this option, all bachelors level licensees would pay the same fee for each item, as would all masters level and doctoral level licensees.

The second option took this structure one step further by combining the application and initial licensure fees. This would result in a reduction of paperwork and processing time for the BSRB as well as a reduction in fees for the applicant.

Also at the October meeting, staff from the Revisor of Statute's office presented bill draft 9rs0028 which would set consistent fee caps across all BSRB disciplines. Included in the final bill draft were caps of $200 for original licensure and $450 for examination. The fees in the draft were set from the highest for each category currently in statute.

Temporary Licensure. The law currently provides temporary authority to practice to the various professions regulated by the BSRB. In the psychologist and social work statutes, the term "temporary licensure" is used, while the masters level psychologist, professional counselor, and marriage and family therapist statutes use the term "temporary permit." Although there are similarities in each of the statutes, they are not uniform in their treatment of temporary authority to practice. While the psychologist statute provides temporary licensure for a limited time to a nonresident psychologist who could be licensed in the state and who is temporarily employed to come into the state to render psychological services, others allow temporary licensure for individuals awaiting examination results. Still other statutes allow temporary permits for individuals who are engaging in required postgraduate supervised experience. Testimony presented to the Task Force indicated that this is problematic for mental health service providers and their employers and that it would be beneficial to develop a level of uniformity in the statutes providing temporary authority to practice.

The Revisor of Statutes briefed the Task Force regarding this issue at the September meet-

ing. A public hearing was also held at the September meeting, at which time a representative of the MHCC urged the Task Force to recommend legislation establishing a consistent system of temporary licensure for all of the disciplines regulated by the BSRB. No other conferees testified at the public hearing.

At the October meeting, staff from the office of the Revisor of Statutes presented bill draft 9rs0045 which would adopt the term "temporary license" for each of the professions licensed by the BSRB. It would also provide for temporary licensure in each discipline for individuals who are either waiting to pass the required national examination or completing their postgraduate supervised work experience.

Tuition Reimbursement Parity for Professions Licensed by the BSRB. The National Health Service Corps (NHSC) provides loan repayment opportunities to clinicians who commit to practicing in medically underserved areas. The qualifying mental health professions are doctoral clinical psychologist, clinical social worker, psychiatric nurse specialist, and marriage and family therapist.

An individual must have reached the terminal degree for the profession (as determined by the federal government) in order to meet the eligibility requirements for this program. The terminal degree for clinical psychologist is the doctoral degree. The other three professions are required to have only a masters degree. In addition to the educational requirements, individuals must complete two years of post-graduate supervised clinical experience and must be licensable in the state in which they wish to be placed.

There are several factors in determining the terminal degree for each profession. One is the ability to practice independently. An individual must commit to practicing in an outpatient, primary care situation and must be able to receive third-party billing.

The Department of Health and Human Services is beginning the process of reviewing and updating their regulations and guidelines. The national and regional offices of the NHSC are involved in this process. The new regulations are not expected to be available for at least one year.

In addition to the federal repayment program, many states are involved in a combined federal/state loan repayment program. This program requires the state to match the federal funds and is generally administered through the state's health agency. The requirements for participation are identical to those of the federal program, but there is more flexibility in the location of service. Kansas does not currently participate in this program.

Task Force member, Dwight Young, brought this issue to the attention of the Task Force at the September meeting. He had received information from a masters level psychologist indicating that federal funds are available for repayment of educational expenses for some mental health service providers, while they are not available for others. One theory that was given for this disparity was the authority of the qualifying providers to engage in independent practice in Kansas. The chair asked staff to provide further information about the program and program requirements for the October meeting.

At the October meeting, staff reported that the mental health professionals who qualify for participation in the program are licensed psychologists, LSCSWs, psychiatric nurse specialists, and LMFTs. Staff also noted that upon further research, she found that authority to engage in independent practice was not a pivotal factor in determining if an individual qualifies for program participation, although it does play a role in determining the terminal degree for participating professionals.

Education Requirements of BSRB Licensees. In keeping with the Task Force's charge to review the qualifications of providers of mental health services and recommend minimum qualifications needed in order for a mental health licensee to be permitted to diagnose mental disorders, the Task Force studied the educational requirements for BSRB licensees.

The educational requirements for licensure by the BSRB were established at different times and at differing degrees of specificity. The psychologist and social worker statutes were the first to be passed. They do not specify required courses or even a minimum amount of credit hours to be contained in the educational degree. In contrast, the LMLP, LPC, and LMFT statutes, which were passed more recently, contain a great deal of specificity in courses required and minimum hours.

At the October meeting, staff presented a chart comparing the educational requirements for the various disciplines licensed by the BSRB. Also in October, individuals representing various nationally accredited programs training mental health professionals at Kansas universities testified as to the educational requirements at their institutions. Included in the conferees were representatives of the Marriage and Family Therapy Program at Kansas State University (KSU), the Mental Health Counseling Program at Emporia State University (ESU), the Clinical Psychology (Masters Level) Program at Pittsburg State University (PSU), and the Social Work Program at Washburn University (WU). Written testimony was also received by the Task Force regarding the Clinical Psychology (PhD Level) at the University of Kansas (KU).

Testimony from the school indicated that the KSU Marriage and Family Therapy program consists of at least 48 hours and takes at least two years to complete, while the ESU Mental Health Counseling program consists of 60 hours and also takes at least two years to complete. The PSU Clinical Psychology (Masters) program consists of 67 hours and takes at least two and one-half years to complete. The WU Graduate Social Work program consists of 65 hours (increased to 70 hours in the 1999-2000 academic year). The standard duration of this program is two years, but advanced standing may be awarded to qualifying students, effectively eliminating the first year of study. The KU Clinical Psychology (PhD) program consists of 102 semester hours taking an average of six years to complete.

BSRB disciplines whose academic programs currently require courses in diagnosis of mental disorders or psychopathology are psychology, masters level psychology, specialist clinical social work, and marriage and family therapy. However, all of the programs represented offer courses on diagnosis of mental disorders on at least an elective basis.

A public hearing on the issue of educational requirements for BSRB licensees was held at the October meeting with an emphasis on minimum educational standards for diagnosis and treatment of mental disorders. Conferees included representatives of the Kansas Chapter of the National Association of Social Workers, KPA, and the MHCC.

Committee discussion centered around the similarities and dissimilarities of the programs, and the levels of preparedness of the various professions to diagnose and treat mental disorders.

Continuing Education Requirements for BSRB Licensees. The Legislature recently passed legislation effectively standardizing the amount of continuing education hours required for the Masters level professions licensed by the BSRB. LMLPs, LMSWs, LSCSWs, LPCs, and LMFTs are required to complete 60 hours of continuing education per two-year licensing cycle. Licensed psychologists must complete 100 hours of continuing education per two-year licensing cycle.

Under the current law, licensees are not specifically required to participate in continuing education pertaining to diagnosis and treatment of mental disorders.

At the October meeting, staff briefed the Task Force on continuing education requirements and a public hearing was scheduled. The public hearing was subsequently canceled because no conferees came forth to testify.

Task Force member, Dwight Young, introduced a proposal at the November meeting regarding continuing education. The proposal required that all providers have three clock hours of diagnosis of mental disorders based on the

DSM approved by the Board as part of the biannual continuing education hours necessary for license renewal.

The proposal maintained the current requirement of three hours of ethics and also noted that cross discipline mental health provider ethics presentations should count toward the requirements.

Also included in the proposal were provisions directing the BSRB to instruct the various advisory committees to develop a uniform continuing education structure to apply to all providers, and to review the 100-hour LP continuing education requirement in view of the standardized 60 hours now being proposed for other disciplines to see if it should be maintained or modified.

Diagnosis and Treatment of Mental Disorders. A central issue studied by the Task Force involved the authority to diagnose and treat mental disorders. Currently, the only disciplines licensed by the BSRB with express statutory authority to diagnose mental disorders are LSCSWs and LMSWs (under certain circumstances). In addition, the Attorney General issued an opinion in 1987 stating that PhD psychologists have implied authority to diagnose mental disorders.

Testimony in August from Assistant Attorney General, Camille Nohe indicated that LMLPs may have similar authority to the PhD Psychologists because they fall under the same scope of practice definition. However, no in-depth research or official opinion has been given on the authority of LMLPs to diagnose mental disorders.

At the October meeting, the Task Force held a public hearing on diagnosis and treatment of mental disorders. Included in the list of conferees testifying on this issue were representatives of the KPA, the Kansas Psychiatric Society, and the MHCC.

Also at the October meeting the Chairman of the BSRB brought a proposal to the Task Force for extending the authority to diagnose and treat mental disorders. This proposal was further developed at the November meeting.

The BSRB proposal addressed the issue of authority to diagnose and treat mental disorders by creating a new designation of "clinical specialist" which could be obtained in conjunction with any of the masters level professions. In order to receive the clinical specialist designation, the professional would be required to demonstrate competence in diagnosis and treatment through coursework, experience, or other means established by the Board.

Independent Practice for BSRB Licensees. Under the current system, the only professions licensed by the BSRB with the express statutory authority to engage in independent practice are LSCSWs.

LPCs are given statutory authority to engage in private practice but there has been disagreement between some authorities as to whether this is the same as independent practice.

Under the BSRB proposal, clinical specialists would be authorized to practice independently, while those who did not choose to obtain the clinical specialist designation would be required to practice under direction if performing clinical services.

CONCLUSIONS AND RECOMMENDATIONS

Medicare Reimbursement. The Task Force was concerned by the impact of the HCFA directive and subsequent change in Medicare reimbursement on Kansas CMHCs. Because HCFA is a federal agency and outside of the jurisdiction of the Task Force, the Chair chose to send a letter to the members of the Kansas Congressional Delegation asking them to inquire into the matter. Specifically, the Chair's letter asked if HCFA Region VII was the only region to receive the "incident to" directive and if HCFA protocol permits the singling out of one region for a directive.

Definitions. The Task Force concluded that although it is not necessary or beneficial to define

every term used in statute, it is important that there be consistency in the terms used in the various credentialing statutes for mental health service providers. To this end, they emphasized consistency of terms in all statutes recommended by the Task Force. They also recommended legislation to define "mental disorder" using the DSM edition approved by the board.

Fee Issues/Uniformity. The Task Force stressed the value of simplifying the BSRB fee structure. They recommended introduction of legislation to standardize the caps on BSRB licensing fees and encouraged the agency to adopt their proposed fee restructuring recommendations.

Temporary Licensure. The Task Force recommended legislation which would adopt the term "temporary license" for each of the professions licensed by the BSRB. It would also provide for temporary licensure in each discipline for individuals in the following circumstances:

- those who are waiting to pass the required national examination;
- those completing their postgraduate supervised work experience; and
- those licensed by another state and waiting for licensure in Kansas.

Tuition Reimbursement Parity for Professions Licensed by the BSRB. The Task Force took no action on this issue, determining that state action would not have a significant impact on the program requirements of this federal program.

Education Requirements of BSRB Licensees. The Task Force endorsed the education component of the BSRB Proposed Credentialing Structure.

Under the proposal, educational requirements for general licensure would remain the same for LPs, LMSWs, LMFTs, and LPCs. However, the minimum credit hours required for the LMLP educational requirement for licensure would be increased to 60 credit hours.

In addition to meeting the education requirements for general licensure, an applicant for licensure as a clinical specialist would also need to complete a core clinical curriculum. This would consist of 15 transcripted credit hours within or outside the graduate degree, supporting diagnosis, and treatment of mental disorders with use of the DSM, through identifiable study in the following content areas: psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches, and professional ethics.

Under the BSRB proposal, applicants for the clinical specialist designation would also be required to complete a graduate level supervised professional experience including psychotherapy and assessment of individuals, couples, families, or groups; integrating diagnosis and treatment of mental disorders with the use of the DSM, with at least 350 hours of direct client contact or additional postgraduate supervised experience, as determined by the board.

The Task Force addressed concerns voiced by the director of the PSU Clinical Psychology (Masters level) Program about those students already in the educational "pipeline" by agreeing that the new licensing requirements shall apply to all persons applying for general licensure beginning January 1, 2000, with the exception of graduate education requirements which will be effective after July 1, 2003.

Continuing Education Requirements for BSRB Licensees. The Task Force endorsed the concept of continuing education specific to diagnosis and treatment of mental disorders contained in Mr. Young's proposal. However, the Task Force recommends that the number of hours required be adjusted upward to six continuing education units per biennial licensing period. The Task Force also recommends that the requirement include treatment of mental disorders as well as diagnosis.

In summary, the Task Force makes the following recommendations regarding continuing education:

- All providers shall be required to have six clock hours of diagnosis and treatment of mental disorders based on the DSM approved by the Board as part of the biannual education hours required for license renewal.
- The three hours of ethics as it relates to the providing of mental health care with cross discipline mental health provider ethics presentations counting toward the requirements.
- The Board shall instruct representation of the various advisory committees to develop a uniform continued education structure to apply to all providers. Such structure shall recognize a broad base of educational experiences and offer as much flexibility as is reasonable to assure the goal of continued education. It should consider that, in a professional practice setting, education in computerization and business functions is essential.
- The Board shall review the 100-hours LP continuing education requirement in view of the standardized 60 hours now being proposed for the other disciplines to see if it should be maintained or modified.

The Task Force does not recommend that the six continuing education hours in diagnosis and treatment of mental disorders be required for Baccalaureate Social Workers (BSWs) and flags the issue of BSW authority to engage in psychotherapy for study during the 1999 interim.

Diagnosis and Treatment of Mental Disorders. The Task Force endorses the BSRB's Proposed Credentialing Structure as it relates to diagnosis and treatment of mental disorders. As such, the Task Force recommends a two-tiered licensing system for the BSRB masters level professions including the creation of a new clinical specialist level of licensure.

Under the new licensing system, persons choosing to obtain the clinical specialist designation would be authorized to diagnose and treat mental disorders. They would be required to practice within the education, training, and experience of their profession.

In order to qualify for the clinical specialist license, the applicant would meet the following requirements:

- completion of transcripted credit in a core clinical curriculum;
- completion of a graduate level clinical practicum/internship;
- submission of a Professional Practice Plan approved by the board, describing practice setting, and providing direction and/or supervision; and
- completion of 4,000 hours of postgraduate supervised professional experience including:
    - 150 hours of supervision, and
    - 1,500 hours of direct client contact conducting psychotherapy with individuals, couples, families, or groups, EXCEPT that marriage and family therapists and professional counselors who have received a doctoral degree will only be required to complete 2,000 hours of postgraduate supervised professional experience including 75 hours of supervision and 750 hours of direct client contact.
- endorsement of postgraduate supervisor(s);
- completion of 60 continuing education hours; and
- completion of professions national examination.

The Task Force recommends the following transition to the clinical specialist credentialing model. Beginning January 1, 2000, persons credentialed as an LMLP, LPC, or LMFT on or before December 31, 1999, shall apply for the "clinical specialist" license by providing demonstration of competence to diagnose and treat mental disorders through at least two of the following areas acceptable to the BSRB.

- graduate coursework, <u>OR</u>
    - national clinical examination
- three years of clinical practice in a community mental health center or its contracted affiliate or state mental hospital, or
    - three years of clinical practice in other settings with demonstrated experience in diagnosing or treating mental disorders, or
- attestation from one professional licensed to

diagnose or treat mental disorders in independent practice or licensed to practice medicine and surgery.

Independent Practice for BSRB Licensees. The Task Force endorses use of the BSRB proposal for credentialing structure in the area of independent practice for masters level professions licensed by the BSRB. Under the proposal, clinical specialists would be authorized to practice independently, while those who did not choose to obtain the clinical specialist designation would be required to practice under direction if performing clinical services.

Proposed Credentialing Structure
based upon

- Social Work Profession's Current Credentialing Model
- Uniform Use of an Advanced Clinical Licensing Level, and
- Improved Clinical Education and Training Requirements

Overview

Requirements for General Licensure as an LMSW, LMFT, LPC, and LMLP

- Meriting the public trust as currently required (two attestations)
- Graduate degree as currently required with exception of LMLP (increased to 60 credit hours)
- Recommendation of graduate program practicum/internship supervisor(s)
- Completion of national examination as currently required
- Commencement of continuing education requirements upon licensure

Requirements for Clinical Specialist Level

- Completion of transcripted credit in a core clinical curriculum
- Completion of a graduated level clinical practicum/internship
- Professional Practice Plan approved by the board describing practice setting and person(s)
- Completion of 4,000 hours of postgraduate supervised professional experience, including:
  - 150 hours of supervision, and
  - 1,500 hours of direct client contact conducting psychotherapy with individuals, couples, families, or groups, EXCEPT that marriage and family therapists and professional counselors who have received a doctoral degree will only be required to complete 2,000 hours of postgraduate supervised professional experience including 75 hours of supervision and 750 hours of direct client contact.
- Postgraduate supervisor(s) endorsement
- Completion of 60 continuing education hours
- Completion of profession's national clinical examination where applicable.

Requirements For General Licensure

	LMSW	LMFT	LPC	LMLP
Minimum Age	UNCHANGED (Must be 21 years of age)			
Meriting public trust	UNCHANGED (Attestations from two currently licensed professionals)			
Qualifying graduate degree	UNCHANGED (Degree requirements as currently approved by the board)			**INCREASED** (60 credit hours minimum after July 1, 2003)
Supervised Practicum/internship	UNCHANGED (Current variety among professions maintained)			
Practicum supervisor's endorsement	UNCHANGED (Requires recommendations for licensure from practicum supervisor(s))			
National Exam	(Examination as currently approved by the board and/or set by statute. Note: LMLPs pass score for psychology exam set at 60 percent.)			

Requirements for Licensure as a Clinical Specialist

	LSCSW	**LCSMFT**	**LCSPC**	**LCSMLP**
Current license	Current license in good standing, or eligible for licensure in good standing.			
Core clinical curriculum	15 transcripted credit hours within or outside graduate degree, supporting diagnosis and treatment of mental disorders with use of the American Psychiatric Society's diagnostic and statistical manual, through identifiable study in the following content areas: psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches, and professional ethics.			
Graduate level supervised clinical practicum	Supervised professional experience including psychotherapy and assessment with individuals, couples, families, or groups; integrating diagnosis and treatment of mental disorders with use of the American Psychiatric Society's diagnostic and statistical manual with at least 350 hours of direct client contact or additional postgraduate supervised experience as determined by the board.			
Professional Practice Plan	Describes practice setting, job description, and person(s) supplying supervision for professional activity.			

Postgraduate supervised professional experience	2 years minimum, completed under Professional Practice Plan approved by the board; 4,000 hours of supervised professional experience; inclusive of at least 150 hours of supervision and at least 1,500 hours of direct client contact conducting psychotherapy and assessment with individuals, couples, families, or groups; integrating diagnosis and treatment of mental disorders with use of the American Psychiatric Society's diagnostic and statistical manual; supervision to include at least 100 hours with one or two supervisees and no more than 50 hours with a group of three to six supervisees.
Recommendation of postgraduate supervisor(s)	Recommendation of applicant for clinical designation by postgraduate supervisor(s) and verification of completion of supervised postgraduate professional experience requirements
60 continuing education contact hours	60 continuing education hours (per two-year renewal cycle), complying with required number of hours related to (1) the diagnosis and treatment of mental disorders and (2) professional ethics
National Clinical Examination	Clinical examinations and pass points as currently approved by the board with the exception of the LMLP, whose pass point would be raised to 70 percent to match doctoral psychologists

Proposal for Transition to Clinical Specialist Credentialing Model

For Transition to General Licensing Requirements for New Applicants

New licensing requirements shall apply to all persons applying for general licensure beginning January 1, 2000, with the exception of graduate degree requirements which would be effective after July 1, 2003.

For Persons Completing Licensing Requirements under Temporary Permit

Beginning January 1, 2000, the LMLP, LPC, and LMFT practicing by Temporary Permit as of December 31, 1999, in order to complete licensing requirements of the present acts shall:

- Remain subject to completing the Supervised Training Plan on file with the board
- Remain subject to completing the licensure requirements effective at the time of being licensed by temporary permit
- Be designated as licensed, rather than "licensed by temporary permit"
- Be designated as "Temporary Licensed" if national exam not passed
- Apply for licensure at the clinical specialist level upon completing all licensing requirements effective at the time of being licensed by temporary permit, except for LMLPs who must pass the psychology exam at a pass point of 70 percent

For Persons Completing Clinical Specialist Training as LMSW

Beginning January 1, 2000, persons credentialed as LMSWs who declare the intention to begin supervised training for the clinical specialist shall meet the new requirements. LMSWs who have provided the board an acceptable training plan for clinical specialist on or before December 31, 1999, shall complete the requirements in effect on that date.

For Transition to Clinical Specialist License for Persons Credentialed as and LMLP, LPC, or LMFT

Beginning January 1, 2000, persons licensed or registered as an LMLP, LPC, or LMFT on or before the effective date of the act, shall apply for

the "clinical specialist" license by providing demonstration of competence to diagnose and treat mental disorders through at least two of the following areas acceptable to the BSRB:

- Graduate coursework, <u>OR</u>
  - National clinical examination
- Three years of clinical practice in a community mental health center or its contracted affiliate or state mental hospital, or
  - three years of clinical practice in other settings with demonstrated experience in diagnosing or treating mental disorders, or
- Attestation from one professional licensed to diagnose or treat mental disorders in independent practice or licensed to practice medicine and surgery.

Issues Identified for Study During the 1999 Interim

- Consistency where possible in statutes providing mental health provider-client privilege
- Availability of "inactive license" status for out-of-state licensees
- Authority of Baccalaureate Social workers to engage in psychotherapy
- Status of Registered Alcohol and Other Drug Addiction Counselors
- Qualifications for conducting psychological assessments
- Consistency in insurance laws relative to reimbursement for mental health services
- Effectiveness of referral patterns among providers and multi-disciplinary approaches to delivering mental health services and such other matters relative thereto as the Task Force deems appropriate

NASW
National Association of Social Workers
KANSAS CHAPTER

February 8, 1999

HB 2032 Testimony
KNASW Opposition to HB 2032

HB 2032, if passed as it is, would likely have a negative impact on the more than 5000 social workers licensed to practice in Kansas.

Five professions are licensed and regulated under Behavioral Sciences Regulatory Board (BSRB). Licensing fees exist to cover the administrative tasks associated with issuing licenses as well as paying for the servicing of licensees and regulatory functions such as investigations and voluntary board support.

KNASW Concerns:

HB 2032 creates a ceiling fee which could potentially double the social work's current license fee. (Current fee is $100. Current ceiling is $150.00. HB 2032 ceiling fee raised to $200.00)

HB 2032 adds a new origination fee for social workers, set at a ceiling of $200.00. The current costs of obtaining a license is $200.00 ($100.00 for license and $110.00 for competency examination). This new origination license fee could potentially double the cost to $410.00.

HB 2032 increases the examination fee ceiling to $450.00. The current social work examination fee ceiling is $200.00. Passage of HB 2032 could potentially more than double the fee a social worker could pay for their competency examination.

HB 2032 also increases the renewal license fee from the current $100.00 to a potential of $200.00. Licenses are renewed every two years.

Adding it all up, HB 2032 could potentially increase the cost of a social work license from the current $200.00 to $850.00 and to double renewal fees from the current $100.00 to $200.00. The cost of being a social worker could substantially increase and this would likely create a large financial disincentive for future recruitment and retention of social workers in the state. Current social workers may not be able to afford the potential increase of renewing their license, thus also potentially losing social workers.

In addition, social workers are licensed at three levels of licensure (bachelor, master, post-masters). HB 2032 would require origination fees, license fees, and examination fees at all three levels. (other BSRB regulated professions are not licensed on three levels)

The BSRB regulates over 7200 professionals. Over 5200 of these professionals are social workers. Social work fees already subsidize the other professions. For example, in December, social workers brought in $8910.00 in revenue from applications compared to $1045.00 from the four other groups combined.

KNASW asks you to exclude social workers from any modifications to BSRB licensing fee structures.

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Ronald R. Hein
Stephen P. Weir

HOUSE HEALTH AND HUMAN SERVICES
TESTIMONY RE: HB 2033
Presented by Ronald R. Hein
on behalf of
MENTAL HEALTH CREDENTIALING COALITION
February 8, 1999

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition. The Coalition is comprised of the members of the Kansas Association for Marriage and Family Therapy, Kansas Association of Masters Level Psychologists, and the Kansas Counseling Association/Kansas Mental Health Counselors Association.

The Kansas Association for Marriage and Family Therapy (KAMFT) is a private, not-for-profit trade association of mental health professionals interested in marriage and family therapy. The association's membership is comprised of marriage and family therapists, masters level social workers, licensed clinical specialist social workers, professional counselors, masters level psychologists, psychologists, and psychiatrists who have joined the KAMFT because of their interest in marriage and family therapy. In order to belong to the KAMFT, they must have met the education and training requirements to be clinical members of the American Association for Marriage and Family Therapy, which is a private certifying professional entity based in Washington, D.C.

The Kansas Mental Health Counselors Association (KCA/KMHCA) is comprised primarily of licensed professional counselors, and is a part of the Kansas Counseling Association which is a private, not-for-profit trade association including counselors such as school, vocational, and rehabilitation counselors.

The Kansas Association of Masters in Psychology (KAMP) is a private, not-for-profit trade association comprised of licensed masters level psychologists.

The MHCC was formed with the objective of developing a more collaborative approach to solving some of the problems facing mental health professionals. Members of the MHCC had witnessed the concerns expressed by the legislature because of the many turf battles which the legislature was asked to resolve . These turf disputes involved many groups, including healthcare organizations.

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The MHCC believes that all mental health professionals should take a more collaborative approach in the treatment of mental health services. We believe that the various mental health providers, rather than battling between themselves, should be working together to jointly battle the mental health problems that plague our society. In seeking its broad, comprehensive objective, the MHCC has advocated for legislation requiring certain standards of competency for all mental health professionals including minimum educational and clinical experience requirements. The MHCC has also advocated that the Kansas statutes should treat all peer mental health professionals equally with regards to their ability to practice their professions.

The MHCC believes that, by establishing competency standards for all mental healthcare providers, the public and consumers will be adequately protected. The legislature should provide authority in the statutes that allows all peer mental health professionals the ability to provide mental health services to the extent of their education, training, and competency. The MHCC further believes that the legislature should not set arbitrary barriers to the delivery of mental health services by these peer mental health professionals, and certainly not barriers that are enacted to protect one provider from another, or one profession from another. Once there is adequate protection for the public established by the educational, competency, or experience requirements, there should not be any barriers to market entry established by Kansas law.

Under existing law, all of the mental health providers licensed by the Board of Behavioral Sciences have legislation authorizing temporary licenses to practice except Psychologists. In the past, when psychologists have moved into the state, or when other circumstances have warranted, they have been unable to get temporary licenses to practice. As a result numerous ways around the statute have been utilized to permit these psychologists to practice in this state. Granting Psychologists the same ability to obtain temporary licenses as is provided for other providers just makes sense, and will eliminate the game playing.

With regards to masters level psychologists, specifically Section 7 of the bill (K.S.A. 74-5367(a)(2)), the MHCC supports the amendment to delete the words "current employment" and inserting in lieu thereof "completion of licensing exam". This is primarily a technical amendment which was recommended by the BSRB. The law was amended in 1997 to eliminate current employment as a requirement for MLP's, but this section was not corrected at the time.

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