

Approved: February 21, 2012

## MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on January 24, 2012 in Room 546-S of the Capitol.

All members were present.

### Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Renaee Jefferies, Office of the Revisor of Statutes  
Iraida Orr, Kansas Legislative Research Department  
Melissa Calderwood, Kansas Legislative Research Department  
Katherine McBride, Office of the Revisor of Statutes  
Bobbi Mariani, Legislative Research Department

### Conferees appearing before the Committee:

Tom Hawk, Behavioral Sciences Regulatory Board  
Ron Hein, Mental Health Credentialing Coalition  
Sarah Hansen, Executive Director, Kansas Association of Addiction Professionals  
Sky Westerlund, KS Chapter of Social Workers  
Deborah Stidham, Licensed Clinical Addiction Counselor

### Others attending:

See attached list

### Introduction of Bills

Chiquita C. Coggs, Executive Director, KS Board of Cosmetology, requested legislation relating to licensure and renewal by changing the annual renewal from June 30<sup>th</sup> to coincide with the date of issuance. *Moved by Senator Steineger, seconded by Senator Kelsey. Motion passed.*

Legislation was requested by Debra Billingsley, Kansas Board of Pharmacy, for the following: Board of Pharmacy; relating to licensure of pharmacists and registration of pharmacist interns (12rs1696); controlled substances; schedules IV and V (12rs1698); prescription monitoring program (12rs1495); and electronic prescription (12rs1807). *Moved by Senator Huntington, seconded by Senator Kelsey. Motion passed.*

The Chair opened the hearing on **SB 290—Addictions counselor licensure act**. Staff said this would amend the Addictions Counselor Licensure Act to require applicants for licensure as an addictions counselor to provide evidence of having a minimum number of semester hours of coursework from a college or university on substance use disorders as approved by the Behavioral Sciences Regulatory Board. Applicants would also have to bring satisfaction to the Board as being one who merits the public trust. In addition, applicants would be required to

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on January 24, 2012 in Room 546-S of the Capitol.

provide proof that they have completed at least two years of postgraduate supervised professional experience in accordance with a clinical supervision plan approved by the Board. The bill would clarify the scope of practice for professionals currently licensed in Kansas as a psychologist, specialist clinical social worker, clinical professional counselor, clinical psychotherapist or clinical marriage and family therapist who are also seeking licensure as an addictions counselor. They would be required to provide to the Board an attestation from a professional licensed to diagnose and treat mental disorders or substance use disorders in independent practice, or licensed to practice medicine and surgery, which states that the applicant is competent to diagnose and treat substance use disorders.

The bill would clarify that individuals seeking licensure to practice clinical addictions counseling in Kansas and are currently registered, certified, or licensed to practice in another jurisdiction would be required to provide proof of continuous registration, certification, or licensure to practice clinical addiction counseling during the five years immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the Board.

The Chair recognized Dr. Tom Hawk, Executive Director of the Behavioral Sciences Regulatory Board (BSRB). Dr. Hawk reiterated that there are three major changes to the original Addiction Counselor statutes that were passed by the legislature in HB 2182 (SB 6 and HB 2577). These were removing the requirement for currently BSRB clinically licensed professionals to undertake a two year supervision period before being licensed as a LCAC; instead using an attestation from a professional licensed to diagnose and treat substance use disorders in independent practice stating that the applicant is competent to diagnose and treat substance use disorders; separates LBSW as a related field if licensed under BSRB allowing BSRB to set a minimum number of semester hours of coursework on substance use disorders as approved by the Board, to differentiate social work as a related field; and removes the word "psychologist" in what is now new section (E). Since psychologists already have the professional rights to diagnose and treat at the clinical level, this group did not want to be included as an exception for the LAC requirements (Attachment #1).

Senator Brungardt asked for a clarification of LAC and Dr. Hawk responded that it was the equivalent of a bachelor's degree and holders of that degree were able to practice at a treatment facility licensed by SRS.

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on January 24, 2012 in Room 546-S of the Capitol.

Ron Hein, legislative counsel for the Mental Health Credentialing Coalition (MHCC) fully supports the proposed legislation. BSRB called for the creation of a body to address the concerns raised by respective stakeholders and through this process this legislation was created. The primary goal was to establish a mechanism by which mental health providers licensed by the BSRB with the scope of practice that includes the ability to diagnose and treat mental disorders set out in the DSM-IV-TR, not see their scopes of practice restricted by the licensed addictions counselors licensure act, which specifically exempted all other BSRB licensed mental health practitioners with the scope of practice authorization to diagnose and treat all mental disorders. SRS during this time frame indicated that Medicaid would not reimburse to then BSRB licensed practitioners to receive Medicaid specifically for work that is within their scope of practice, but relating to treatment of addictions counseling. SRS was thus requiring that such persons be licensed as LCACs in order to diagnose and treat addictions disorders, or as LACs, in order to be able to treat addictions disorders. When the SRS threatened the inability to receive Medicaid reimbursement, it became more clear to these BSRB mental health practitioners that both Medicaid and other insurance companies in the future could require the LCAC or LAC designation in order to receive the reimbursement. A mechanism for achieving a pathway to dual licensure was needed for individuals who wanted to proceed with their practice regarding addictions counseling and a compromise was reached with the Kansas Association of Addictions Professionals (KAAP) (Attachment #2).

Sarah M. Hansen, Executive Director, Kansas Association of Addiction Professionals added that their association is comprised of nearly 500 addiction treatment and prevention professionals and treatment program providers from across the state of Kansas, all of whom support the proposed bill. They are pleased with the work of the Compromise Committee the respects the decision of the Behavioral Sciences Regulatory Board to move forward with the three proposed changes (Attachment #3).

Testimony was presented by Sky Westerlund, National Association of Social Workers. She said the practice of social work is inclusive across many fields of interest including adoptions, addictions, child welfare, corrections, hospitals and health, hospice and palliative care, mental health, community based prevention, schools, veterans and military, and more.

The implementation of the new Addictions Practice Act has encountered challenges and as implementation continues, other wrinkles may develop. Social workers at all three levels of expertise are authorized to offer counseling to individuals, families and groups. Many social workers choose to dedicate their social work career to working in the field of addictions. However, in order to call themselves an addictions counselor, they must be licensed as an addictions counselor or clinical addictions counselor. The current language resulted in

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on January 24, 2012 in Room 546-S of the Capitol.

requiring these already licensed professionals to go back to school and obtain redundant supervision for the title of addictions counselor. This legislation corrects this problem. It represents a compromise worked out between the long time licensed professions under the BSRB and the newly licensed addictions counselors, meeting the needs of both (Attachment #4).

Deborah Stidham, a licensed clinical addiction counselor, was a member of the Compromise Committee, and is a proponent of these changes. These changes represent hours of discussion among the various interest groups and some of the changes are technical and designed to ensure that the statute is clearly written and in alignment with other statutes that govern the behavioral sciences (Attachment #5).

Written testimony in support of this legislation was also presented by Gary Haulmark , SRS (Attachment #6), Whitney Damron on behalf of the Kansas Psychological Association (Attachment #7) , and Dr. Grant Edwards, Responsive Centers for Psychology & Learning (Attachment #8).

There being no further testimony, the hearing on **SB 290** was closed.

Senator Kelly asked if Mr. Haulmark would entertain questions from the committee. She inquired about the Medicaid reimbursement for addiction services. When asked why all those who could provide services are not approved to do so by SRS, he responded that they can in fact approve those eligible to bill Medicaid in their treatment facilities according to statute.

Chairman Schmidt said that this was an ongoing discussion around this issue that was not complete and asked Mr. Haulmark if he could return to the committee in a couple of weeks to discuss the outcome of these discussions.

Asking for clarification of language on **SB 290**, Senator Huntington asked about Page 5, line 21, stating that the definition of “public trust” would be somewhat subjective. Mr. Hawk responded by stating that the mission of the BSRB is public trust . Prior to this if a consumer had a problem there was no recourse. Now the application is reviewed by a committee chaired by Barbara Burke who reviews all applications and makes recommendations to the BSRB. If it is deemed that the individual did not meet public trust either thru a violation of the code of ethics, a misdemeanor or felony, the Board may reject the application or the applicant may be placed on a two year supervision by the BSRB.

Upon a request to revisit Senator Kelsey’s statement from the previous day, he asked the committee for some direction. Senator Haley asked that his named be added to the declaration issued by Senator Kelsey. Consensus was that the legislation had no power except not to fund

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on February 24, 2012, in Room 546-S of the Capitol.

Medicaid. The Chair said that she was pleased that the Committee was able to provide a public forum for this issue.

The next meeting is scheduled for January 25, 2012 with a reminder that the meeting will be held in the Docking Building, Room 784.

The meeting adjourned at 2:30 p.m.