



Kansas Association of Addiction Professionals

Kansas Association of Addiction Professionals
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Senate Public Health and Welfare Committee

Testimony in Opposition to Senate Bill 217

March 7, 2013

Chairwoman Pilcher-Cook and Members of the Committee,

I am Dulcinea Rakestraw, Vice President of Treatment Services for Preferred Family Healthcare and Chair of the Kansas Association of Addiction Professionals (KAAP), the state's largest trade association devoted solely to substance use disorder treatment providers and prevention programs from across Kansas. I am appearing today to provide comments on Senate Bill 217 as it relates to the substance use disorder (SUD) services. I am both a licensed social worker and licensed addiction counselor as are many in our field.

We have spent years hearing the arguments of the Kansas Chapter of the National Association of Social Workers (KNASW) and now they will take your time with Senate Bill 217. I wanted to provide responses to the usual concerns expressed by the social workers association.

1. There is a ban against social workers providing SUD treatment in state licensed facilities
 - The Kansas Department on Aging and Disability Services (KDADS) (and the Department of Social and Rehabilitation Services before) has defended the public SUD treatment system by ensuring that everyone providing SUD treatment and using public dollars has demonstrated expertise in SUD. Kansas taxpayers deserve nothing less than careful management of State and Federal dollars.
2. Social workers have comprehensive education so they can do anything in the behavioral health field.
 - Not good policy. KDADS and the KanCare Medicaid managed care system has a financial and medical obligation to ensure that only area-specific expertise is funded to ensure that dollars go to the most appropriate provider. That is why KanCare only pays licensed SUD professionals to provide SUD services. In the field of substance abuse, that requires specialized education, experience, and recognition of working in the SUD field. Possession of a social worker degree alone does not mean you are an expert in SUD. SUD treatment providers employ many, many social workers but they all require those social workers to have training, education, and experience in SUD. In no professional SUD program with any standards would they allow a social worker to

provide SUD treatment without the kind of preparation and licensure currently required in Kansas.

4. KNASW is fighting a KDADS policy regarding practice in facilities.

- True, because KDADS has the programmatic and financial responsibility to ensure that Kansans who receive publically funded treatment receive the most appropriate and cost-beneficial treatment. KDADS and KanCare could possibly pay any social worker that wanted to provide SUD services but the costs would skyrocket, care coordination would be non-existent, and the State would have no assurance that the social worker treatment provider had any education or experience in addressing SUD issues.

5. KNASW claims they would need a “Second License” to practice.

- True, because the State through KDADS licensened facility policy and the Behavioral Sciences Regulator Board (BSRB) have determined that is in the best interests of consumers and funders. BSRB made it very easy for social workers to demonstrate expertise and pass a national test to provide SUD services. The social workers association agreed to it and then changed their minds. Senate Bill 217 exists today because the social worker association changed its mind and decided to break the agreement BSRB had reached among all the professions.

6. KNASW states they are not saying LAC and LCAC cannot practice. They are just saying anyone licensed by BSRB can all do the same thing

- They may say it, but Senate Bill 217 violates the agreement BSRB negotiated among all the licensed professions, and the impact of Senate Bill 217 is to nullify and render useless the substance abuse treatment license the Kansas Legislature established. The social worker association is asking this committee to reject two years of laws the Legislature passed, the rules and regulations of KDADS, and the agreement among BSRB professionals.
- Why?

7. KNASW is complaining about “career options” and “ability to practice”

- This bill is about expanding access to funding not consumers. The social workers association position talks about “career options” and “ability to practice” and Senate Bill 217 expressed their desire to get greater and privileged access to the funding streams contrary to the State’s expressed interests. They do not talk about consumers, the new emphasis on care coordination, and treating new people. There is no great demand for more providers. There is, however, great pressure of practioners to find more clients with a funding source. KNASW does not want the citizens of Kansas who do not have a Medicaid funding source. The current SUD providers in Kansas, represented by KAAP, lose millions of dollars in uncompensated care because we treat everyone in need. The supporters of Senate Bill 217 do not, they will not in the future, and this bill if passed will only make matters worse by creaming off Medicaid clients while leaving the rest of us to deal with those that are left behind.

My organization opposed Senate Bill 217 and I would be happy to stand for questions at the appropriate time.