Approved: March 24, 2011

MINUTES OF THE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Landwehr at 1:30 p.m. on March 10, 2011 in Room 784 of the Docking State Office Building.

All members were present except:
Representative Owen Donohoe - excused
Representative Bob Bethell - excused
Representative Valdenia Winn - excused

Committee staff present:
Norm Furse, Office of the Revisor of Statutes
Katherine McBride, Office of the Revisor of Statutes
Martha Dorsey, Kansas Legislative Research Department
Dorothy Noblit, Kansas Legislative Research Department
Jay Hall, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:
Sarah Hansen, Executive Director, Kansas Association of Addiction Professionals (Attachment 1)
Les Sperling, CEO, Central Kansas Foundation (Attachment 2)

Others attending:
See attached list.

SB 100 – Addictions counselor licensure act.

Chairperson Landwehr opened the hearing on **SB 100.**

Sarah Hansen, Executive Director, Kansas Association of Addiction Professionals (KAAP), presented testimony in support of the bill. (Attachment 1) The KAAP is comprised of nearly 500 addiction treatment and prevention professionals and treatment program providers from across the state of Kansas.

Last legislative session, the legislature passed 2010 HB 2577 – Enacting the Addictions Counselor licensure act which moved addition counselors from "credentialed" counselors to that of licensed professionals. The bill created two levels of licensure for addiction counselors and moved oversight responsibilities to the Behavioral Sciences Regulatory Board which oversees other behavioral health professionals. During the process of drafting regulations, counselors, educators and stakeholders identified aspects of the bill that would be detrimental to the workforce and essentially create barriers to patients attempting to access addiction treatment. **SB 100** proposes technical revisions and a couple of critical issues we believe address these workforce issues and assure those who are qualified through education, experience and previous credentialing are swept in and licensed via grandfathering. These amendments are necessary because the law takes effect July 1, 2011 and failure to make these changes will severely limit the ability to access services for individuals in need.

She then reviewed the fifteen proposed changes and the reasons for which they were being requested.

1. Proposed change: Section 2 (b), strike "case management"

Rationale for change: In conversation with the Attorney General's office, this would eliminate any confusion or create an unnecessary requirement for all case managers to become licensed addiction counselors. Case managers are paraprofessionals and are credentialed as such for a specific scope of work.

2. Proposed change: Section 2 (b) and Section 2 (d), amend "limited to the diagnosis and treatment of substance use disorders" to "Additionally, at the clinical level of licensure, addiction counseling includes independent practice and the diagnosis and treatment of substance use disorders."

Rationale for change: This would eliminate any confusion related to the scope of practice of an addiction counselor. The word "limited" implies the counselor will only be allowed to diagnose and treat substance

use disorders versus perform all tasks outlined in the definition of addiction counseling.

3. Proposed change: Section 2 (c), amend "such person shall engage in the practice of addiction counseling only in a state-licensed or certified alcohol or other drug treatment program" to "a licensed addiction counselor may engage in the practice of addiction counseling only in a state licensed or certified alcohol and other drug treatment program unless otherwise exempt for licensure in KSA 59-29b46a and amendments thereto."

Rationale for change: This would allow counselors to practice in exempted facilities such as correctional facilities and other programs. This change was suggested by SRS.

4. Proposed change: Section 4 (a)(2)(B), strike "diagnosis and treatment of"

Rationale for change: By eliminating the wording "diagnosis and treatment", baccalaureate degree programs can provide other substance use disorder coursework that is not specific to diagnosing or treating substance use disorders yet relevant to addiction counseling in general. This would include critical instruction in patient charting/documentation, ethics, multicultural aspects of counseling, co-occurring disorders, etc.

5. Proposed change: Section 4 (a)(2)(c) , all references to "work" changed to "course work"

Rational for change: This is a technical amendment requested under the Attorney General's consultation.

6a. Proposed change; Section 4 (b) (1)(A)(iii), change "and" to "or" and **6b.** New Section 4 (b) (1)(A) (iii), insert after New Section 4 (b)(1)(A)(iv) words to the effect, "has completed a masters' degree in a related field, and"

Rationale for change: This change is necessary to assure that individuals who grandfather as Licensed Addiction Counselors have the opportunity to earn licensure as a Licensed Clinical Addictions Counselor (LCAC) without securing a second master's degree specifically in addiction counseling. Without this change the field is likely to have a workforce shortage in Licensed Clinical Addiction Counselors. The applicant still must furnish evidence of competency in practice through completion of postgraduate supervised practice which, does not compromise the value of consumer protection.

7. Proposed change: Section 4 (b)(2), strike "who has been actively engaged in the practice of addiction counseling," and replace with "who was registered in Kansas as an…"

Rationale for change: The is a requirement for those individuals wishing to grandfather as an addictions Counselor (LAC). The removal of this requirement is paramount to the workforce and will affect newly credentialed counselors (new to the field and students), program administrators, clinical supervisors and administrators of addiction programs. The most profound effect will be upon students who worked to complete the requirements to become an AAPS Credentialed Counselor by July 1, 2011. These individuals, who have demonstrated competence to practice in the profession and have been awarded the AAPS Credential, would be stripped of the ability to practice thus, affecting the workforce in the hundreds.

8. Proposed change: Section 4 (b)(3), amend "as a mental health" to "as a mental health practitioner"

Rationale for change: This is a technical oversight in which the document should have read mental health practitioner.

9. Proposed change: Section 4 (b) (3), strike "who has been actively engaged in the practice of addiction counseling," and replace with "who was registered in Kansas as an…"

Rationale for change: This is a requirement for those individuals wishing to grandfather as licensed clinical addictions Counselor (LCAC). This change is requested under similar rationale as number seven

(7). The removal of this requirement is critical to the workforce. Many mental health practitioners work within mental health centers, hospitals and within private practice. As allowed in their scope of practice, they may be treating individuals with substance use disorders and other diagnosis or, may be providing supervision of other clinicians and thus not "actively engaged in the practice of addiction counseling." We are concerned that these practitioners will not be allowed to grandfather. Again, these individuals, who have demonstrated competence to practice in the profession, would be stripped of the ability to practice as an LCAC.

10. Proposed change: Section 4 (b)(4), "Any person who was credentialed by the department of social and rehabilitation services as an alcohol and drug counselor and has been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than four years and holds a masters degree in a related field and whose last registration or credential in Kansas prior to the effective date of this act was not suspended or revoked, upon application to the board, payment of fees and completion of applicable continuing education requirements, shall be licensed as a clinical addiction counselor and may engage in the independent practice of addiction counseling and is authorized to diagnose and treat substance use disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations."

Rationale for the change: Due to federal changes which were unforeseen during the passage of the original 2010 HB 2577, this addition has now become critical to assure the proper amount of clinical counselors exist to serve clients across the state of Kansas and to assure those qualified and competent are allowed to practice. The state has begun to enforce additional federal requirements which mandate programs to have a clinician eligible to diagnose and treat within their program. This individual must "sign off" on every substance use disorder diagnosis of every client served in Kansas. Today, there are 300 persons likely to qualify to become licensed clinical addiction counselors via grandfathering (with the current language). There are over 400 substance use disorder programs in the entire state. In this assessment, we believe there are not enough clinical persons to provide supervision and diagnostic "sign off" in the current system. This added grandfathering provision would allow additional qualified persons to grandfather as licensed clinical addiction counselors. This language was created through compromise with the Kansas Chapter of the National Association of Social Workers. We believe this amended language would address some of the workforce shortage issues in Kansas, assuring those with proven experience in substance use disorder treatment be grandfathered and maintain the consumer confidence.

11. Proposed change (same as Number 3): Section 4 (b)(5), amend "a licensed addiction counselor may engage in the practice of addiction counseling only within a state-licensed or certified alcohol or other drug treatment program" to "a licensed addiction counselor may engage in the practice of addiction counseling only in a state licensed or certified alcohol and other drug treatment program unless otherwise exempt for licensure under subsection (m) of KSA 59-29b46 and amendments thereto."

Rationale for change: This would allow counselors to practice in exempted facilities.

12. Proposed change: Section 7 (a)(1), change last "and" to "or"

Rationale for change: This is a technical clean up related to counselors in other jurisdictions trying to become licensed in Kansas. This impacts the workforce practicing on the state boundaries.

13. Proposed change: Section 8 (b), amend "As part of such continuing education, the applicant shall complete not less than six continuing education hours related to diagnosis and treatment of substance use disorders and not less than three continuing education hours of professional ethics" to read, "As part of such continuing education, the clinical addiction counselor applicant shall complete not less than six continuing education hours related to diagnosis and treatment of substance use disorders. Both the clinical addiction counselor applicant and the addiction counselor applicant shall complete not less than three continuing education hours of professional ethics."

Rationale for the change: In the original draft of the bill, LAC's were to have the ability to diagnose and treat substance use disorders. As such, the continuing education required for both LAC's and LCAC's

included education in diagnosis of substance use disorders. In the final bill signed into law, LAC's do not have the authority to diagnosis and thus, should not be required to receive ongoing education on diagnosis.

14. Proposed change: Section 9, amend "after a hearing" to "after the opportunity for a hearing"

Rationale for change: This change is a request of the BSRB to assure the process aligns well with other disciplines.

15. Proposed change: Section 10 (b) and New Section 10 (d), amend current language at the end of both sections stating "or other professions licensed by the behavioral sciences regulatory board."

Rationale for change: This was an oversight as not all disciplines were listed.

Les Sperling, CEO, Central Kansas Foundation, presented testimony in support of the bill. (Attachment 2) The Central Kansas Foundation has been providing quality substance use disorder prevention and treatment services since 1967. With five locations across central and western Kansas, they provide direct clinical services to over 1,200 Kansans annually and reach many more with their prevention services.

By far, the most critical short and long term threat to maintaining quality substance use disorder treatment capacity in Kansas is the difficulty all providers face in recruiting and retaining qualified staff whose clinical credentials meet the requirements of the federal government, managed care entities, and commercial insurance companies. The changes to the Addiction Counselor Licensure Act included in this bill will increase the qualified workforce of addiction counselors licensed at the clinical level. Adding these Licensed Clinical Addiction Counselors to the employment pool will greatly increase our ability to meet ever increasing federal mandates and ensure that Kansans seeking help with alcohol and drug problems receive the quality of treatment and supervision they deserve.

Rob Siedlecki, Secretary, Kansas Social and Rehabilitation Services, presented written testimony only in support of the bill. (Attachment 3) During the 2010 legislative session, SRS provided testimony in support of the addiction counselor licensure bill, which made addictions counseling a licensed profession regulated by the Behavioral Sciences Regulatory Board (BSRB). This important legislation aligned the profession with social workers, marriage and family therapists, psychologists and licensed professional counselors. SRS supports **SB 100** and the proposed amendments to that act as outlined in the bill.

The addictions counselor licensure act was a substantial piece of legislation that not only raised the minimum requirements for those working in the field of addictions but also increased the level of professionalism and established greater accountability for those working with some of our most vulnerable citizens. Like many professions, the addictions field has gradually raised the minimum requirements over time to assure that the workforce possessed an adequate level of education and competency. Every time the minimum requirements were raised, "grandfathering" provisions were included that recognized the experience and competency of those already working in the field. This process of incremental change along with the ability to transition the workforce, has proven to be a highly effective one. As a result, the addiction field is well prepared to successfully transition from certification standards to those required for licensure.

However, as regulations were drafted and upon closer scrutiny of the law, it became clear that some minor changes in the language were needed. One change that this bill corrects is to remove the restriction of grandfathering to only those who have been "actively engaged" in the practice of addiction counseling during the prior three years. This language excludes from grandfathering those individuals who have just completed their education and those in the field, who have been serving more recently in supervisory or administrative roles.

An important component to the addiction counselor act was the creation of a new level of license: the licensed clinical addiction counselor. This license is needed to assure that the capacity for these

clinicians, with the appropriate experience and training in substance use disorder diagnosis and treatment, exists in our workforce. However, the educational requirements for this license will take time to incorporate into our institutions of higher learning. As a result, there is an even greater need to allow some of our current workforce, those who already possess the needed training and experience, to transition into this level of licensure. Specifically, the bill allows those with a Master's degree in a related field who also possess a current counselor credential, plus four years experience, to grandfather in as a Licensed Clinical Addiction Counselor. SRS supports these important changes to the current law as identified in the bill. As the Wellstone-Domenici Mental Health Parity and Addictions Equity Act is implemented across private and public health plans, the demand for licensed addiction counselors will become paramount.

Sandra Dixon, LMSW, Director of Addiction Services, DCCCA, Inc., presented written testimony only in support of the bill. (Attachment 4) DCCCA has provided quality substance use disorder treatment services for over 35 years. Their statewide network includes six addiction treatment locations, two in Wichita, two in Lawrence, one serving Wyandotte and Johnson Counties, and one in Pittsburg. They offer a continuum of specialized services for men, pregnant women, women with dependent children, and adolescents. They employ within their organization over 60 addiction professionals and serve more than 1,600 Kansans annually.

A qualified workforce is critical to DCCCA's success, but more importantly, the success of their customers. The working relationship a treatment client develops with his or her Addiction Counselor often dictates that client's ability to effectively engage in treatment and develop the skills necessary to maintain long term recovery. The education and experience required of those who apply to be a Licensed Addiction Counselor or Licensed Clinical Addiction Counselor under the proposed legislation ensures a level of competence necessary to meet the diverse needs of our client population.

They believe the licensure of Addiction Counselors is important and supported 2010 HB 2577 last session. In preparing DCCCA employees for transition to licensure, they identified several components which would ease the transition to licensure and assure the workforce is not negatively impacted. **SB 100** offers several beneficial changes especially for those Counselors attempting to transition.

Sky Westerlund, Kansas Chapter, National Association of Social Workers (KNASW), presented neutral written testimony only on the bill. (Attachment 5) Last year, KNASW opposed 2010 HB 2577 (addictions licensure bill) because one of the provisions lowered long-standing professional standards by permitting bachelor trained persons to diagnose individuals with substance use disorders. Social Workers and other behavioral health providers are not permitted to diagnose clients with only a bachelor degree education. This committee agreed with our concern and that language was struck out of the bill. With that change, KNASW became neutral on 2010 HB 2577. The legislation passed.

This year, the Kansas Association of Addiction Professionals (KAAP) was seeking something similar. They wanted to have persons with a bachelor degree or less be grandfathered into independent clinical licensure. Independent clinical licensure is the highest level of licensure possible because it authorizes the licensee to diagnose clients with no supervision required. Persons with a bachelor degree or less do not have the necessary educational and training foundation to perform diagnosis of any mental health problem, including substance use disorders. We expressed our opposition and the Senate Public Health and Welfare committee supported our concerns. KNASW agreed to a compromise with the KAAP which struck the problematic language out of **SB 100** while still maintaining the option of master's trained persons to grandfather into independent clinical licensure.

With the language modified {Sec. 2. (b) (4) [on page 4]}, we are neutral on the remaining components in the bill.

The minutes of the Health and Human Services Committee at 1:30 p.m. on March 10, 2011, in Room 784 of the Docking State Office Building.

Adverse Consequences of Inadequately Trained Persons Performing Diagnosis

1. No other behavioral health provider is permitted to diagnose and treat clients with a bachelor education or less. The training and skills at this level are simply inadequate.

2. Additionally, no other behavioral health provider has been grandfathered into independent clinical licensure with anything less than a master's degree education.

3. Diagnosis and treatment is serious business. This authority, in the wrong hands, could lead to an incorrect diagnosis and a permanent scar on an individual's health care record.

4. The standard of care for diagnosis decisions rests with highly educated and trained masters or doctoral clinicians and physicians for the purpose of protecting the public.

5. If individuals with a bachelor degree or less were permitted to diagnose, the flood gates would be opened for similarly educated health care workers to demand the same authority.

KNASW commends this committee for your insight and wisdom last year denying bachelor trained people the authority to diagnose. We ask that you preserve the same for this year.

There was no testimony submitted in opposition to the bill.

The Chair gave committee members an opportunity to ask questions and when all questions had been addressed, the hearing was closed.

HR 6011 – Supporting attorney general's legal challenge of Obamacare.

The Chair proceeded to work **HR 6011**.

Representative Flaharty stated it seemed to her this resolution is a political statement in support of a political agenda. Anyone has the right to send a letter to the Attorney General stating their opinion on what has been done. However, she does not believe it is appropriate to spend the time and money on a House Resolution to make a political statement. Therefore, she would have trouble supporting this resolution.

Representative Ward presented and reviewed a substitute resolution with the committee. (Attachment 6)

Following his presentation, the Chair opened the meeting to discussion of the substitute resolution.

Representative Mah indicated she was uncomfortable with the unsubstantiated claims in **HR 6011** and she appreciated that Representative Ward put together something that is documented and she thinks is a better approach to the whole issue. She supports his amendment.

Representative Denning commented that what has been done is good work but it shows the underlying problem with the whole health care reform that has not addressed a single item on how to control health care costs. Having somebody pay somebody else's health care premium to make it affordable for them is not the solution. It just compounds the problem. Until we address the escalating costs of health care, this isn't going to solve anything. The three major cost drivers which were supposed to save money have already been disproved.

Representative Bollier reminded the committee that the Affordable Care Act was never intended to completely solve the problem. It was intended as a starting point and then to move forward with identifying ways to contain health care costs and there is much work to be done. She was disappointed in the original language of **HR 6011** because she felt it was very inflammatory. She would prefer that

everyone work together toward reducing health care costs.

Representative Crum asked several questions concerning what the federal government would be paying for Medicaid and indicated he has a significant concern over the Medicaid expansion provision of the Affordable Care Act. He sees the Affordable Care Act as a very serious budgeting problem for the federal government.

Representative Mast shared her concern and questions about where the cost of health care premiums are going as a result of the Affordable Care Act. As Representative Denning mentioned, she indicated it was necessary today to reduce the proposed budget for Human Services and it was the result of the federal government reducing its percentage of payment.

Representative Mosier asked Representative Ward what he sees as happening to benefits. He responded he sees benefits as being added, rather than being taken off of the list. Benefits are a policy decision and the level of benefits will continue to come up.

Representative Denning commented on a positive note in that since Kansas will be an innovator state, we'll be one of the first states to get our health insurance exchange up and running and there are potential benefits to being an early innovator.

Representative Mah commented she appreciated the debate today on the resolution. She believes private health care is not sustainable and the federal law is a start toward resolving the issue. She supports Representative Ward's amendment.

Representative Ward made a motion to amend **HR 6011** with the proposed substitute resolution. The motion was seconded by Representative Mah. The motion failed.

Representative Ward indicated he appreciated the debate and then made a motion to table **HR 6011**. He commented we have already passed out of this committee the constitutional amendment that would allow Kansas to opt out so if you oppose health care reform, you've already had a vote showing that. The motion was seconded by Representative Flaharty. Chairperson Landwehr indicated this is a non-debatable motion, so a Yes vote means the bill is tabled and it goes nowhere. A No vote means the bill is still alive to be discussed and amended. The No's appeared to have it. Division was requested showing 7 votes Yes and 8 votes No. The motion failed.

Chairperson Landwehr made a motion to amend **HR 6011** to remove the term "Obamacare" from the language of the resolution and to replace it with "Patient Protection and Affordable Care Act". Representative Hermanson seconded the motion. The motion carried.

Representative Otto made a motion to pass out **HR 6011** as amended. The motion was seconded by Representative Hermanson. The motion carried.

The next meeting is scheduled for March 14, 2011.

The meeting was adjourned at 2:30 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-10-11

NAME	REPRESENTING
LES SPERLING	KAAP
Phyllis Gilmore	BKB
Leslie Allen	IC
JEFF COOGER	IIA
Michelle Bettles	Cap. Strategies
Claudia Larkin	Mirror, Inc.
David Bauer	Kearney & Assoc.
Melissa Ward	Hein Law Firm

Please use black ink

Since 1974
KAAP
Kansas Association of Addiction Professionals

Kansas Association of Addiction Professionals

107 SW 6th Ave, Ste. 200
Topeka, KS 66603
785-235-2400

March 10, 2011

House Health and Human Services Committee
Senate Bill 100: Addiction Counselor Licensure Act

Sarah M. Hansen, Executive Director

Kansas Association of Addiction Professionals

For Additional Information Contact: Stuart Little, Association Lobbyist, Little Government Relations, LLC, 800 SW Jackson St, Ste 914, Topeka KS 66612, (785) 845-7265 or Sarah Hansen, Association Executive Director, (785) 235-2400.

Health & Human Services
Date: 3-10-11
Attachment: 1

Since 1974
KAAP
Kansas Association of Addiction Professionals

Kansas Association of Addiction Professionals
107 SW 6th Ave, Ste. 200
Topeka, KS 66603
785-235-2400

March 10, 2011

Chairwoman Landwehr and members of the committee:

I thank you for the opportunity to provide testimony today related to the Addiction Counselor Licensure Act. My name is Sarah Hansen, Executive Director of the Kansas Association of Addiction Professionals. Our association is comprised of nearly 500 addiction treatment and prevention professionals and treatment program providers from across the state of Kansas. We appear today to issue our support of the proposed bill.

Last legislative session, the legislature passed HB 2577 which moved addiction counselors from "credentialed" counselors to that of licensed professionals. The bill created two levels of licensure for addiction counselors and moved oversight responsibilities to the Behavioral Sciences Regulatory Board which oversees other behavioral health professionals. During the process of drafting regulations, counselors, educators and stakeholders identified aspects of the bill that would be detrimental to the workforce and essentially create barriers to patients attempting to access addiction treatment. Senate Bill 100 proposes technical revisions and a couple of critical issues we believe address these workforce issues and assure those who are qualified through education, experience and previous credentialing are swept in and licensed via grandfathering. These amendments are necessary because the law takes effect July 1, 2011 and failure to make these changes will severely limit the ability to access services for individuals in need.

I will outline these proposed changes and the reasons for which we request your support for Senate Bill 100.

1. Proposed change: Section 2 (b), strike "case management"
Rationale for change: In conversation with the Attorney General's office, this would eliminate any confusion or create an unnecessary requirement for all case managers to become licensed addiction counselors. Case managers are paraprofessionals and are credentialed as such for a specific scope of work.

2. Proposed change: Section 2 (b) and Section 2 (d), amend "limited to the diagnosis and treatment of substance use disorders" to "Additionally, at the clinical level of licensure, addiction counseling includes independent practice and the diagnosis and treatment of substance use disorders."
Rationale for change: This would eliminate any confusion related to the scope of practice of an addiction counselor. The word "limited" implies the counselor will only be allowed to diagnose and treat substance use disorders versus perform all tasks outlined in the definition of addiction counseling.

3. Proposed change: Section 2 (c), amend "such person shall engage in the practice of addiction counseling only in a state-licensed or certified alcohol or other drug treatment program" to "a licensed addiction counselor may engage in the practice of addiction counseling only in a state licensed or certified alcohol and other drug treatment program unless otherwise exempt for licensure in KSA 59-29b46a and amendments thereto."
Rationale for change: This would allow counselors to practice in exempted facilities such as correctional facilities and other programs. This change was suggested by SRS.

4. Proposed change: Section 4 (a)(2)(B), strike "diagnosis and treatment of"
Rationale for change: By eliminating the wording "diagnosis and treatment", baccalaureate degree programs can provide other substance use disorder coursework that is not specific to diagnosing or treating substance use disorders yet relevant to addiction counseling in general. This would include critical instruction in patient charting/ documentation, ethics, multicultural aspects of counseling, co-occurring disorders, etc.

5. Proposed change: Section 4 (a)(2)(c) , all references to "work" changed to "course work"
Rational for change: This is a technical amendment requested under the Attorney General's consultation.

6a. Proposed change; Section 4 (b) (1)(A)(iii), change "and" to "or" and **6b.** New Section 4 (b) (1)(A)(iii), insert after New Section 4 (b)(1)(A)(iv) words to the effect, "has completed a masters' degree in a related field, and"
Rationale for change: This change is necessary to assure that individuals who grandfather as Licensed Addiction Counselors have the opportunity to earn licensure as a Licensed Clinical Addictions Counselor (LCAC) without securing a second master's degree specifically in addiction counseling. Without this change the field is likely to have a workforce shortage in Licensed Clinical Addiction Counselors. The applicant still must furnish evidence of competency in practice through completion of postgraduate supervised practice which, does not compromise the value of consumer protection.

7. Proposed change: Section 4 (b)(2), strike "who has been actively engaged in the practice of addiction counseling," and replace with "who was registered in Kansas as an..."
Rationale for change: The is a requirement for those individuals wishing to grandfather as an addictions Counselor (LAC). The removal of this requirement is paramount to the workforce and will affect newly credentialed counselors (new to the field and students), program administrators, clinical supervisors and administrators of addiction programs. The most profound effect will be upon students who worked to complete the requirements to become an AAPS Credentialed Counselor by July 1, 2011. These individuals, who have demonstrated competence to practice in the profession and have been awarded the AAPS Credential, would be stripped of the ability to practice thus, affecting the workforce in the hundreds.

8. Proposed change: Section 4 (b)(3), amend "as a mental health" to "as a mental health practitioner"
Rationale for change: This is a technical oversight in which the document should have read mental health practitioner.

9. Proposed change: Section 4 (b) (3), strike "who has been actively engaged in the practice of addiction counseling," and replace with "who was registered in Kansas as an..."
Rationale for change: This is a requirement for those individuals wishing to grandfather as licensed clinical addictions Counselor (LCAC). This change is requested under similar rationale as number seven (7). The removal of this requirement is critical to the workforce. Many mental health practitioners work within mental health centers, hospitals and within private practice. As allowed in their scope of practice, they may be treating individuals with substance use disorders and other diagnosis or, may be providing supervision of other clinicians and thus not "actively engaged in the practice of addition counseling." We are concerned that these practitioners will not be allowed to grandfather. Again, these individuals, who have demonstrated competence to practice in the profession, would be stripped of the ability to practice as an LCAC.

10. Proposed change: Section 4 (b)(4), "Any person who was credentialed by the department of social and rehabilitation services as an alcohol and drug counselor and has been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than four years and holds a masters degree in a related field and whose last registration or credential in Kansas prior to the effective date of this act was not suspended or revoked, upon application to the board, payment of fees and completion of applicable continuing education requirements, shall be licensed as a clinical addiction counselor and may engage in the independent practice of addiction counseling and is authorized to diagnose and treat substance use disorders specified in the edition of the

diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations."
Rationale for the change: Due to federal changes which were unforeseen during the passage of the original HB 2577, this addition has now become critical to assure the proper amount of clinical counselors exist to serve clients across the state of Kansas and to assure those qualified and competent are allowed to practice. The state has begun to enforce additional federal requirements which mandate programs to have a clinician eligible to diagnose and treat within their program. This individual must "sign off" on every substance use disorder diagnosis of every client served in Kansas. Today, there are 300 persons likely to qualify to become licensed clinical addiction counselors via grandfathering (with the current language). There are over 400 substance use disorder programs in the entire state. In this assessment, we believe there are not enough clinical persons to provide supervision and diagnostic "sign off" in the current system. This added grandfathering provision would allow additional qualified persons to grandfather as licensed clinical addiction counselors. This language was created through compromise with the Kansas Chapter of the National Association of Social Workers. We believe this amended language would address some of the workforce shortage issues in Kansas, assuring those with proven experience in substance use disorder treatment be grandfathered and maintain the consumer confidence.

11. Proposed change (same as Number 3): Section 4 (b)(5), amend "a licensed addiction counselor may engage in the practice of addiction counseling only within a state-licensed or certified alcohol or other drug treatment program" to "a licensed addiction counselor may engage in the practice of addiction counseling only in a state licensed or certified alcohol and other drug treatment program unless otherwise exempt for licensure under subsection (m) of KSA 59-29b46 and amendments thereto."
Rationale for change: This would allow counselors to practice in exempted facilities.

12. Proposed change: Section 7 (a)(1), change last "and" to "or"
Rationale for change: This is a technical clean up related to counselors in other jurisdictions trying to become licensed in Kansas. This impacts the workforce practicing on the state boundaries.

13. Proposed change: Section 8 (b), amend "As part of such continuing education, the applicant shall complete not less than six continuing education hours related to diagnosis and treatment of substance use disorders and not less than three continuing education hours of professional ethics" to read, "As part of such continuing education, the clinical addiction counselor applicant shall complete not less than six continuing education hours related to diagnosis and treatment of substance use disorders. Both the clinical addiction counselor applicant and the addiction counselor applicant shall complete not less than three continuing education hours of professional ethics."
Rationale for the change: In the original draft of the bill, LAC's were to have the ability to diagnose and treat substance use disorders. As such, the continuing education required for both LAC's and LCAC's included education in diagnosis of substance use disorders. In the final bill signed into law, LAC's do not have the authority to diagnosis and thus, should not be required to receive ongoing education on diagnosis.

14. Proposed change: Section 9, amend "after a hearing" to "after the opportunity for a hearing"
Rationale for change: This change is a request of the BSRB to assure the process aligns well with other disciplines.

15. Proposed change: Section 10 (b) and New Section 10 (d), amend current language at the end of both sections stating "or other professions licensed by the behavioral sciences regulatory board."
Rationale for change: This was an oversight as not all disciplines were listed.

Again, thank you for the opportunity to provide testimony. I hope that you will support the proposed changes within SB 100 and favorable pass the bill out of committee. I will stand for questions at the appropriate time.

CENTRAL KANSAS FOUNDATION

SALINA, KS
1805 S. Ohio Street
P. O. Box 2117
Salina, KS 67402-2117
(785) 825-6224
Fax: (785) 825-7595
www.c-k-f.org
E-mail – ckf@c-k-f.org

JUNCTION CITY, KS
839 N. Eisenhower
Junction City, KS 66441
(785) 762-3700
Fax: (785) 762-3704

ABILENE, KS
306 Cedar
Abilene, KS 67410
(785) 263-7388
Fax: (785) 263-4313

McPHERSON, KS
107 W. Marlin
McPherson, KS 67460
(620) 241-5550
Fax: (620) 241-5554

PREVENTION SERVICES

REGIONAL PREVENTION CENTER

TOBACCO USE PREVENTION PROGRAM

SALINA AREA PREVENTION PARTNERSHIP

1805 S. Ohio
Salina, KS 67401
(785) 825-6224
Fax: (785) 825-7595

FUNDED IN PART BY MEMBERSHIPS, CONTRIBUTIONS, UNITED WAY, SRS, AAPS, SALINA AND SALINE COUNTY LIQUOR TAX FUNDS

Kansas House of Representatives
Health and Human Services Committee

March 10, 2011

Senate Bill 100: Addictions Counselor Licensure

Les Sperling, CEO

Central Kansas Foundation

Health & Human Services
Date: 3-10-11
Attachment: 2

March 10, 2011

Kansas House of Representatives
Health and Human Services Committee

Senate Bill 100: Addiction Counselor Licensure

Chairwoman Landwehr and committee members:

I want to thank you for the opportunity to provide testimony today in support of the proposed enhancements to the Addiction Counselor Licensure Act. My name is Les Sperling and I am the CEO of the Central Kansas Foundation. The Central Kansas Foundation has been providing quality substance use disorder prevention and treatment services since 1967. With five locations across central and western Kansas, we provide direct clinical services to over 1200 Kansans annually and reach many more with our prevention efforts.

During these difficult economic times, adjusting to funding cuts and increased operating costs consume a great deal of our administrative energy. But by far, the most critical short and long term threat to maintaining quality substance use disorder treatment capacity in Kansas is the difficulty all providers face in recruiting and retaining qualified staff whose clinical credentials meet the requirements of the federal government, managed care entities, and commercial insurance companies.

The changes to the Addiction Counselor Licensure Act included in SB 100 will increase the qualified workforce of addiction counselors licensed at the clinical level. Adding these Licensed Clinical Addiction Counselors to our employment pool will greatly increase our ability to meet ever increasing federal mandates and ensure that Kansans seeking help with alcohol and drug problems receive the quality of treatment and supervision that they deserve.

Thank you for your time and I am happy to stand for questions.

Rob Siedlecki, Acting Secretary

House Health and Human Services Committee

March 10, 2011

SRS in Support of SB100 – Addictions Counselor Licensure Act

Disability & Behavioral Health Services

Ray Dalton, Deputy Secretary

For Additional Information Contact:
Gary Haulmark, Director of Legislative Affairs
Docking State Office Building, 6th Floor North
(785) 296-3271

Health & Human Services
Date: 3-10-11
Attachment: 3

House Health & Human Services Committee

March 10, 2011

SRS in Support of SB 100 – Addictions Counselor Licensure Act

During the 2010 legislative session, SRS provided testimony in support of the addiction counselor licensure bill, which made addictions counseling a licensed profession regulated by the Behavioral Sciences Regulatory Board (BSRB). This important legislation aligned the profession with social workers, marriage and family therapists, psychologists and licensed professional counselors. SRS supports SB 100 and the proposed amendments to that act as outlined in the bill.

The addictions counselor licensure act was a substantial piece of legislation that not only raised the minimum requirements for those working in the field of addictions but also increased the level of professionalism and established greater accountability for those working with some of our most vulnerable citizens. Like many professions, the addictions field has gradually raised the minimum requirements over time to assure that the workforce possessed an adequate level of education and competency. Every time the minimum requirements were raised, "grandfathering" provisions were included that recognized the experience and competency of those already working in the field. This process of incremental change along with the ability to transition the workforce, has proven to be a highly effective one. As a result, the addiction field is well prepared to successfully transition from certification standards to those required for licensure.

However, as regulations were drafted and upon closer scrutiny of the law, it became clear that some minor changes in the language were needed. One change that SB 100 corrects is to remove the restriction of grandfathering to only those who have been "actively engaged" in the practice of addiction counseling during the prior three years. This language excludes from grandfathering those individuals who have just completed their education and those in the field, who have been serving more recently in supervisory or administrative roles.

An important component to the addiction counselor act was the creation of a new level of license: the licensed clinical addiction counselor. This license is needed to assure that the capacity for these clinicians, with the appropriate experience and training in substance use disorder diagnosis and treatment, exists in our workforce. However, the educational requirements for this license will take time to incorporate into our institutions of higher learning. As a result, there is an even greater need to allow some of our current

workforce, those who already possess the needed training and experience, to transition into this level of licensure. Specifically, SB 100 allows those with a Master's degree in a related field who also possess a current counselor credential, plus four years experience, to grandfather in as a Licensed Clinical Addiction Counselor. SRS supports these important changes to the current law as identified in SB 100. As the Wellstone-Domenici Mental Health Parity and Addictions Equity Act is implemented across private and public health plans, the demand for licensed addiction counselors will become paramount.

Kansas House of Representatives
Health and Human Services Committee
March 10, 2011

Senate Bill 100: Addiction Counselor Licensure Act

Chairwoman Landwehr and Committee Members:

Thank you for the opportunity to provide written testimony related to the Addiction Counselor Licensure Act. My name is Sandra Dixon, Director of Addiction Services, for DCCCA, Inc. DCCCA has provided quality substance use disorder treatment services for over 35 years. Our statewide network includes six addiction treatment locations, two in Wichita, two in Lawrence, one serving Wyandotte and Johnson Counties, and one in Pittsburg. We offer a continuum of specialized services for men, pregnant women, women with dependent children, and adolescents. Within our organization, we employ over 60 addiction professionals and serve more than 1,600 Kansans annually.

A qualified workforce is critical to DCCCA's success, but more importantly, the success of our customers. The working relationship a treatment client develops with his or her Addiction Counselor often dictates that client's ability to effectively engage in treatment and develop the skills necessary to maintain long term recovery. The education and experience required of those who apply to be a Licensed Addiction Counselor or Licensed Clinical Addiction Counselor under the proposed legislation ensures a level of competence necessary to meet the diverse needs of our client population.

We believe that licensure of Addiction Counselors is important and supported HB 2577 last session. In preparing DCCCA employees for transition to licensure, we identified several components which would ease the transition to licensure and assure the workforce is not negatively impacted. Senate Bill 100 offers several beneficial changes especially for those Counselors attempting to transition.

Once again, thank you for your consideration of our testimony.

Contact: Sandra Dixon LMSW
Director of Addiction Services
DCCCA, Inc.

Health & Human Services
Date: 3-10-11
Attachment: 4

SB 100 Testimony

March 10, 2011
House Health and Human Services
Presented by Sky Westerlund, LMSW

Last year, KNASW opposed HB 2577 (addictions licensure bill) because one of the provisions lowered long-standing professional standards by permitting bachelor trained persons to diagnose individuals with substance use disorders. Social Workers and other behavioral health providers are not permitted to diagnose clients with only a bachelor degree education. This committee agreed with our concern and that language was struck out of the bill. With that change, KNASW became neutral on HB 2577. The legislation passed.

This year, the Kansas Association of Addiction Professionals (KAAP) was seeking something similar. They wanted to have persons with a bachelor degree or less be grandfathered into independent clinical licensure. Independent clinical licensure is the highest level of licensure possible because it authorizes the licensee to diagnose clients with no supervision required. Persons with a bachelor degree or less do not have the necessary educational and training foundation to perform diagnosis of any mental health problem, including substance use disorders. We expressed our opposition and the Senate Public Health and Welfare committee supported our concerns. KNASW agreed to a compromise with the KAAP which struck the problematic language out of SB 100 while still maintaining the option of master's trained persons to grandfather into independent clinical licensure.

With the language modified {Sec. 2. (b) (4) [on page 4]}, we are neutral on the remaining components in SB 100.

Adverse Consequences of Inadequately Trained Persons Performing Diagnosis

1. No other behavioral health provider is permitted to diagnose and treat clients with a bachelor education or less. The training and skills at this level are simply inadequate.
2. Additionally, no other behavioral health provider has been grandfathered into independent clinical licensure with anything less than a master's degree education.
3. Diagnosis and treatment is serious business. This authority, in the wrong hands, could lead to an incorrect diagnosis and a permanent scar on an individual's health care record.
4. The standard of care for diagnosis decisions rests with highly educated and trained masters or doctoral clinicians and physicians for the purpose of protecting the public.
5. If individuals with a bachelor degree or less were permitted to diagnose, the flood gates would be opened for similarly educated health care workers to demand the same authority.

KNASW commends this committee for your insight and wisdom last year denying bachelor trained people the authority to diagnose. We ask that you preserve the same for this year.

Jayhawk Towers, 700 SW Jackson Street, Suite 801, Topeka, KS 66603-3
(785) 354-4804 • FAX: (785) 354-1456 • sky@knasw.com • www.kna

SUBSTITUTE FOR HOUSE RESOLUTION NO. 6011

By

A RESOLUTION expressing the Kansas House of Representatives' disappointment in the Kansas Attorney General Derek Schmidt for the state's legal challenge to the Patient Protection and Affordable Care Act.

WHEREAS, There are 347,000 Kansans who are uninsured and many thousands of Kansans that are underinsured. While underinsured Kansans have some form of health insurance, they lack the financial protection needed to cover out-of-pocket medical care expenses (source: Kansas Health Policy Institute); and

WHEREAS, Health insurance premiums continue to rise faster than the national rate of inflation. Between 1999 and 2009 the annual cost of family health care insurance has risen 131% and the annual cost of single coverage is up 120%. In each of the 10 years between 1999 and 2009, insurance increases have outpaced inflation, sometimes by as much as 11 percentage points (source: Kaiser Family Foundation). The vast majority of those increases are related to utilization and the cost of health care services (source: spokesperson for Blue Cross Blue Shield of Kansas, the largest health insurance carrier of Kansas); and

WHEREAS, About half of the bankruptcy filings in the United States are due to medical expenses (source: Health Affairs Journal, 2005); and

WHEREAS, Medicaid is the largest source of health coverage for children, covering one in three children nationwide. Medicaid covers maternity, prenatal care and one in three births for low income women insuring healthy mothers and babies. Medicaid covers eight million Americans with physical and mental disabilities. Medicaid covers nearly nine million low-income elderly Americans also eligible for Medicare (source: Kaiser Family Foundation). There are currently 380,000 Kansans served by Medicaid (source: Kansas Health Policy Authority); and

Health & Human Services
Date: 3-10-11
Attachment: 6

WHEREAS, The Patient Protection and Affordable Care Act was passed by huge majorities in both the United States House of Representatives and United States Senate and signed into law by the President of the United States, Barack Obama on March 30, 2010; and

WHEREAS, The Patient Protection and Affordable Care Act prohibits the denial of health care insurance to those Kansans with pre-existing medical conditions; and

WHEREAS, The Patient Protection and Affordable Care Act bans annual and lifetime caps on health care benefits, prohibiting insurance carriers from refusing to pay valid claims when medical expenses reach certain arbitrary caps; and

WHEREAS, Current Medicare Part D recipients have a coverage gap whereby beneficiaries pay 25% of their prescription drug costs until total expenses hit $2,830. Elderly Kansans are thus responsible for the full cost of the next $3,610 worth of prescription drugs. After the total annual prescription drug costs hit $6,440, the government picks up 95% of the tab for the rest of the year. The Patient Protection and Affordable Care Act eliminates the Medicare Part D, prescription drug benefit coverage gap for elderly Kansans; and

WHEREAS, The Patient Protection and Affordable Care Act limits the out-of-pocket medical expenses, such as deductibles, co-payments and co-insurance, that Kansans must pay. These caps limit how much insured Kansans will have to pay out of their own pockets to have access to medical care, approximately $5,950 for individuals and $11,900 for families. Based upon the national census and health care spending data of 156,200 people under the age of 65, families are likely to exceed these caps in 2011. Kansas families will exceed these caps by an estimated $232 million a year between 2011 and 2014; and

WHEREAS, The Patient Protection and Affordable Care Act will save Kansas taxpayers approximately $206 million between 2014 and 2019 through changes in Medicaid insurance for children (source: Kansas Health Policy Authority analysis by actuarial consultants Schramm-Raleigh).

Medicaid will be available to all adults earning 133% or less under federal poverty guidelines or about $15,000 a year for individuals or about $24,000 for a family of three. It is estimated that Kansas Medicaid enrollment will increase by 42% or 143,400 additional Kansans covered. It is estimated Kansas will experience a 1.7% growth in medicaid spending equaling approximately $16 million a year over 10 years (source: Kaiser Family Foundation); and

WHEREAS, The Patient Protection and Affordable Care Act provides tax credits to Kansas families with income between 133% and 400% of federal poverty. It is estimated that more than 260,000 Kansans will benefit from these new tax credits for a total of $1 billion in health care benefits; and

WHEREAS, The Patient Protection and Affordable Care Act exempts all Kansas small businesses employing fewer than 50 employees from any potential penalties under the act. It is estimated that 52,000 of the 62,000 employers in Kansas have fewer than 20 employees. The act also provides for a tax credit to employers with 25 or fewer employees to help purchase employee health care insurance. It is estimated 50,600 small Kansas employers will be eligible for this credit in 2011; and

WHEREAS, The Patient Protection and Affordable Care Act provides for the creation in each state of a health care insurance exchange or marketplace, where people not covered through their employer would shop for health insurance at competitive rates; and

WHEREAS, The Patient Protection and Affordable Care Act prohibits the continued use by uninsured individuals of emergency rooms as a health care delivery system and passing the costs on all other health care consumers in form of higher health care costs; and

WHEREAS, The Patient Protection and Affordable care act has been challenged in numerous federal courts on constitutional grounds. It is expected that the United States Supreme Court will ultimately rule on the constitutionality of this act. To date, there have been three district court decisions

finding the act constitutional and only two district courts finding it unconstitutional; and

WHEREAS, Kansans demand solutions to the continuing problems of high and ever increasing health care costs and the limited availability of health care insurance coverage in time of need: Now, therefore,

Be it resolved by the House of Representatives of the State of Kansas: That the Patient Protection and Affordable Care Act is a comprehensive effort to increase health care insurance coverage and reduce health care costs through the free market system; and

Be it further resolved: That the Kansas House of Representatives wishes to express its extreme disappointment in the Kansas Attorney General for using the federal courts to deny Kansans the benefits of greater health care coverage and lower health care costs as set out in the Patient Protection and Affordable Care Act; and

Be it further resolved: That the Chief Clerk of the House of Representatives be directed to provide an enrolled copy of this resolution to Attorney General Derek Schmidt.