

## MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on February 9, 2011, in Room 546-S of the Capitol.

All members were present.

## Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Melissa Calderwood, Kansas Legislative Research Department  
Iraida Orr, Kansas Legislative Research Department  
Carolyn Long, Committee Assistant

## Conferees appearing before the Committee:

Mary Lou Davis, Executive Director, Board of Cosmetology  
Bill Hancock, The Superior Company  
Sarah M. Hansen, Executive Director, Kansas Association of Addiction Professionals  
Les Sperling, CEO, Central Kansas Foundation  
Sky Westerlund, Kansas Chapter, National Association of Social Workers

## Others attending:

See attached list.

The hearing on **SB 92—State Board of Cosmetology Licensing Requirements** was opened by the Chair. This proposed legislation would require a person applying for an apprentice license prior to commencement of instruction to pay the apprentice fee of \$15. A school would be prohibited from providing instruction unless the person is licensed as an apprentice or could prove the person has applied for a license. The Board would not issue an apprentice license to a person convicted of a felony, unless the applicant is able to demonstrate to the Board's satisfaction that they have been sufficiently rehabilitated.

Mary Lou Davis, Executive Director, Kansas Board of Cosmetology, reminded the committee that the Board has regulatory responsibility for cosmetology schools and the apprentices/students attending these schools. The proposed legislation is a revision to current law specific to apprentice/student licensing. She said the board requests the inclusion of language regarding apprentice definition to include "any person engaged in a course of instruction and practice." They also request that a license must be obtained prior to the commencement of instruction and practice. If an applicant has been convicted of a felony the Board must approve that the applicant has demonstrated to the Board's satisfaction sufficient rehabilitation (Attachment #1).

Senator Kelsey requested a definition for the term "felony" as it applies in this legislation and how it was handled. Ms. Davis replied that a non-person felony received a panel review and a person felony would go to the whole Board.

Bill Hancock, representing The Superior Company, spoke in opposition to the legislation. He stated that additional provisions are unnecessary given the extensive history of success under the present statutory scheme but supports the insertion of the phrase "course of instruction and practice" (Attachment #2).

There being no further discussion, the hearing on **SB 92** was closed.

The Chair called for final action on **SB 90—Behavioral sciences board**. After reviewing the definitions requested by the committee, staff introduced a balloon amendment to clear up issues presented during the hearing. Senator Brungardt moved to accept the proposed amendments, seconded by Senator Huntington. Motion carried. Senator Brungardt moved, Senator Kelly seconded, to recommend SB 90 as amended, favorably for passage. Motion carried.

## CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 p.m. On February 9, 2011, in Room 546-S of the Capitol.

The Chair opened the hearing on **SB 100—Addictions Counselor Licensure Act**. Bill explanation by staff noted the proposed legislation would amend the current licensure act to clarify that addiction counseling includes independent practice and diagnosis and treatment of substance use disorders only at the clinical level of licensure. The bill would allow any person to be licensed as a clinical addiction counselor if the person has been credentialed by SRS as an alcohol and drug counselor, been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than ten years, and credentialed by the Kansas Association of Addiction Professionals as an Alcohol and Other Drug Abuse Counselor Level II or III in Kansas prior to the effective date of this legislation or holds a master's degree in a related field and whose last registration had not been suspended or revoked.

Sarah M. Hansen, Executive Director, Kansas Association of Addiction Professionals, testified in support of this legislation (Attachment #3). The bill proposes some technical revisions and a few critical issues they believe address workforce issues and assure those who are qualified through education, experience, and previous credentialing to be swept in and licensed via grandfathering.

Representing the Central Kansas Foundation, Les Sperling supported the bill. He said there are approximately 200 clinicians who would be eligible for a clinical license in this bill who have met the most rigorous national standards of testing, education, and experience and are imminently qualified to diagnose and treat persons with substance use disorders. Adding these individuals would greatly increase their ability to meet the ever increasing federal mandates and ensure that Kansans seeking help with problems receive the treatment and supervision they deserve (Attachment #4).

Written testimony in support of this legislation was submitted by Sandra Dixon, Director of Addiction Services with DCCA, Inc. (Attachment #5), and Ray Dalton, Deputy Secretary of Disability and Behavioral Health Services, SRS (Attachment #6).

Sky Westerlund, Kansas Chapter of the National Association of Social Workers, spoke in opposition to this bill because it would grandfather persons without a bachelor degree and would permit them to diagnose and treat people with substance use disorders with no supervision required (Attachment #7).

There being no further testimony the hearing on **SB 100** was closed.

The meeting adjourned at 2:40 p.m. The next meeting is scheduled for February 10, 2011.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: Wednesday, February 9, 2011

NAME	REPRESENTING
BOB ANDERSON	SUPERIOR Co.
Darin Canklin	Superior Co.
BILL HAWCOCK	SUPERIOR Co.
Nancy Smeath	Superior Co.
KES SPENCER	CKF
Camilla Nhn	AG of BC
Catherine Bender	Washburn Univ- MSN student
Mr Davis	KBOC
Phyllis Gilmour	BSRB
Leslie Allen	BSRB
Mary Ellen Guler	Public Consulting
John	NCHC CDC
High Kelt	Capitol Strategies
DEREK HEW	HEW LAW FIRM
Robin Clements	PERCA inc.



Senate Committee on Public Health and Welfare  
Wednesday, February 9, 2011

Testimony by Mary Lou Davis, Executive Director

Madam Chair and Members of the Committee:

The Kansas Board of Cosmetology has regulatory responsibility for cosmetology schools and the apprentices/students attending these schools. This proposed legislation, Senate Bill 92 is a revision to current law specific to apprentice/student licensing.

Thirty-four schools and over 2400 apprentices/students are currently licensed by the Board. To clarify the school's responsibility and to safeguard the students attaining cosmetology profession training, this legislation clarifies the apprentice/student licensure procedure.

Several issues became prevalent regarding the schools responsibility and the apprentice/student's understanding and appreciation for the apprentice/student licensure law. Therefore the Board took several proactive steps and later resorted to disciplinary action.

The Board's initial intent was to clarify the statute through regulation. However, legal counsel advised a statute revision was necessary. This statutory revision was recently approved by the Board.

Senate Bill 92 addresses:

1. Apprentice definition (KSA 65-1901): The current definition includes the phrase, "learning the practice of cosmetology, nail technology, esthetics or electrolysis." A legal argument was made that an apprentice/student did not need a license until such time the apprentice/student advanced to the "practice/clinic" floor.

Training for cosmetology profession students involves both theory instruction and practice experience. Before an apprentice may advance to the "practice/clinic" floor to "practice" providing a cosmetology profession service for the general public, the student must attain a required number of clock hours. The required number of hours varies per profession and is established by regulation. (For a cosmetology apprentice they must complete 1500 clock hours to make application for practitioner licensure. Before a cosmetology student may advance to the "practice/clinic" floor the student must have attained 320 clock hours. At that point it is assumed the apprentice/student has sufficient knowledge (including infection control) to begin providing consumer services.)

The practice/clinic floor is supervised at all times by a licensed instructor.

Senate Bill 92 language is inclusive whereby the apprentice definition includes the following language, "*any person engaged in a course of instruction and practice.....*" Language throughout the revised legislation references "*instruction and practice.*"

2. Apprentice/student licensure application (KSA 65-1912). Current law states an apprentice/student must make application for an apprentice license "not more than 15 days after the person's enrollment in the school."

The dilemma began when students failed to submit the application and fee as required by law. Schools also admitted they failed to timely submit the application and fee on behalf of students. Proactive efforts were made by the Board but the unlicensed apprentice issue continued.

Therefore the Board was placed in the position of whether or not the clock hours attained prior to the submission of the application should be credited. And should the clock hours only be credited for those hours attained prior to "practice" or were "practice" clock hours also impacted?

Revised language to KSA 65-1912 states "*A person shall apply for an apprentice license prior to the commencement of instruction and practice and shall pay the fee required pursuant to KSA 65-1904, and amendments thereto. No school shall provide instruction unless the person is licensed as an apprentice or the board has provided written verification to the school that the person has applied for an apprentice license.*"

On the issue of recognizing attained hours, KSA 65-1912 also states "*the board shall not consider hours completed prior to licensure as an apprentice or prior to board written verification that a person has applied for an apprentice license.*"

In recent past, the U.S. Department of Education made inquiry and suggested the Board impose a requirement whereby Kansas schools submit monthly reports regarding students and the number of clock hours each student attained in the immediate past month. The Board believes the apprentice licensure process provides the necessary regulatory oversight to counter issues other states have experienced regarding fraudulent training documentation.

3. Felony conviction (KSA 65-1908). Like most licensing agencies, the Board has a statutory responsibility to review an applicant file whereby the applicant has been convicted of a felony. The law states the Board may condition, limit or refuse to issue a license for conviction of a felony.

The law specifies the individual must "demonstrate to the board's satisfaction that such person has been sufficiently rehabilitated to warrant the public trust." The Board's felony review panel meets monthly to timely review those applications whereby the applicant denotes he/she has been convicted of a felony.

The issue arises when the apprentice/student submits the apprentice application and begins attending school and accrues training hours prior to the Board review. Should the

Board deny the application due to the apprentice/student's inability to "demonstrate" being sufficiently rehabilitated," the apprentice/student will have in vain invested time and tuition/fees in training that may not lead to eventual licensure.

KSA 65-1912 is revised specific to the felony issue. The revision states, "***If an applicant has been convicted of a felony, the board shall not issue an apprentice license or provide written verification of an apprentice application unless the applicant is able to demonstrate to the board's satisfaction that such applicant has been sufficiently rehabilitated to warrant the public trust.***"

4. Apprentice licensure fee (\$15). There is no change to the apprentice licensure fee, therefore there is no adverse fiscal impact to the apprentice/student or the Kansas Board of Cosmetology.

Obviously the Board is charged with safeguarding the well-being of Kansas students as the Board has had regulatory oversight of schools for decades. (KSA 65-1903) Statute states schools may be licensed "upon proper and sufficient showing of competency of the applicant and assurance of compliance by the applicant with the requirements of this act, all reasonable rules and regulations adopted by the board for the proper conduct of the school." Furthermore this statute states each licensed school "shall remain under the constant supervision of the board" and outlines instructor licensure requirements, student-instructor ratio and specifies the number of curriculum clock hours for each cosmetology profession.

The Board requests your favorable action regarding SB 92.

# B Street DESIGN

SCHOOL OF INTERNATIONAL HAIR STYLING

Chairman Schmidt and members of the Senate Public Health and Welfare Committee:

My name is Bill Hancock and I presently reside in Wichita, Kansas. I am an owner and officer of The Superior Co., also known as B Street Design. Superior is estimated to be the largest single provider of cosmetology educational services in the State of Kansas, with schools presently operating in Topeka, Wichita, Kansas City, and Manhattan. At present, Superior employs approximately 40 individuals and trains approximately 320 cosmetologists each and every year. Today, I appear on behalf of myself, my company, my students and the employees of Superior to stand in opposition to Senate Bill 92.

At present, individuals who wish to practice cosmetology in an educational setting are required to apply for and receive an apprentice license from the Kansas State Board of Cosmetology. To accomplish this task, K.S.A. 65-1912 provides that each individual is required by law to submit an application for apprentice licensure to the Board no later than fifteen (15) days after enrollment. This statute contemplates that a student may start attending educational classes while the application for apprentice licensure is pending before the Board. When an apprentice commences school, he or she is required to complete no less than 320 hours of classroom instruction encompassing approximately 8-12 weeks of classroom study and receive an apprentice license, prior to providing cosmetology services to natural persons in a supervised educational setting. This initial 320 hour period of supervised classroom study or "book learning" affords the Board ample opportunity to consider the merits of the application pursuant to K.S.A. 65-1908, without concern that the student would endanger public health or welfare. If the application is approved, the Board has traditionally permitted those hours of classroom instruction accumulated prior to the issuance of an apprentice license to count towards the mandated hours of study necessary to qualify for professional licensure. It is once again important to emphasize that until such time as an actual apprentice license is issued, the student is limited to supervised classroom study and is prohibited from providing services to natural persons in furtherance of their education.

The timing of the application submission, evidenced by the fifteen day period described in K.S.A. 65-1912, was formulated and adopted by the legislature in 1983 with the support and advocacy of the Board. The fact that this system has remained constant for the preceding 28 years is a testament to its virtue and its practicality. The system works because it balances the interests of the students who wish to proceed expeditiously with their education, and the interests of the public who are protected from professional services rendered by individuals who are determined to be unqualified for licensure pursuant to K.S.A. 65-1908.

Recently, the Board has attempted to take a different tact in applying the law to apprentice applicants who have a prior felony conviction. K.S.A. 65-1908 presently provides in relevant part that the Board may refuse to issue a license where an individual has been convicted of a felony, unless the individual proves to the Board's satisfaction that he or she is sufficiently rehabilitated so as to warrant the public trust. The Board has recently determined that applicants

who have a prior felony conviction should be prohibited from undertaking classroom instruction until such time as the Board has convened a hearing and made a determination as to whether the apprentice license is to be issued. The Board attempted to enforce this new policy through an administrative proceeding filed against Superior. At that time the Board admitted this was not an issue of public safety, but was instead an attempt by the Board to insure that felony applicants who are not otherwise sufficiently rehabilitated do not waste their time attending classes that might otherwise count for naught should the Board deny the application. Fortunately, after a full hearing on the matter, the Administrative Hearing Officer vacated the Board's charges and determined that the law did not prohibit an applicant from participating in classroom studies prior to receipt of an apprentice license. SB 92 as proposed constitutes the Board's renewed effort to reverse 28 years of sound law by promulgating statutes consistent with its current agenda relative to apprentice licensure. In contrast, we respectfully submit that SB92 is a detriment to all students without regard to qualifications or background.

As proposed, SB 92 would repeal the present statutory provision that permits the filing of an apprentice license application not more than 15 days after enrollment, and supplant it with a provision that requires that all applications for apprentice licensure to be submitted prior to enrollment. The Board further proposes that schools be prohibited from providing classroom instruction to an individual prior to the school's receipt of an apprentice license or receipt from the Board of a "verification" confirming that an application for apprentice licensure has been filed. Regardless of the circumstance, it is clear that the ability of an individual to start cosmetology school will be delayed and that such delays will be subject to the Board's discretion as to when the verification is to be issued. In this profession, a delay of this nature can be a detriment to a student and a factor in an applicant's decision to pursue a career in cosmetology. This provision would apply to all students not just those who have been previously convicted of a felony.

SB 92 is also of concern in that it would unreasonably punish individuals who have a felony conviction but are otherwise sufficiently rehabilitated to warrant the public trust. At present, the law permits such an individual to attend supervised educational classes relative to the science and profession of cosmetology without an apprentice license, but prohibits the applicant from providing professional services to the public until such time as the apprentice license is issued. If the application for apprentice licensure is thereafter approved following a Board hearing, the applicant is given credit for educational coursework completed to date, similar in fashion to applicants who do not have a prior felony conviction. This is a reasonable and rational result given that an individual who is sufficiently rehabilitated so as to warrant the public trust is as a matter of law no different from any other applicant.

SB 92 would set this process aside and mandate that applicants for apprentice licensure who have previously been convicted of a felony would be prohibited from undertaking classroom studies until such time as the Board conducts a hearing to determine whether or not the individual is sufficiently rehabilitated so as to warrant the public trust. This hearing process can often take a month or more, thus leaving a considerable window of time in which the student's education is delayed. We firmly believe that all students should be eligible to attend supervised classroom studies pending a hearing on their application for apprentice licensure. If the application is granted, we similarly believe that students should receive credit for those classroom studies on par with all other students.



Individuals who have made mistakes in their lives in the form of felony convictions, have the ability to become productive members of society if they are afforded a timely opportunity to do so. Many of these individuals have made a decision to pursue education in large part based on the encouragement of probation officers who strongly advocate both education and employment. Indeed even the Board has appropriately recognized cosmetology school attendance and performance as an ongoing factor in determining whether an individual is sufficiently rehabilitated so as to warrant the public trust. Applicants who are told that they will have to wait for a significant period of time before they are permitted to attend classes may lose their confidence and motivation to go to school and/or may be forced by circumstance be it economic or otherwise to move on without the opportunity to pursue their goal of becoming a licensed cosmetologist. Accordingly, we strongly believe that such individuals should be afforded the opportunity to continue to function under the present system.

Before closing it is appropriate to address the Board's stated concern that individuals who have felony convictions may be attending school for naught in the event that their application for apprentice licensure is denied. We believe strongly that this is an issue that should be addressed by the adult student who chooses to pursue his or her education in this manner and the school, rather than one that is governed and dictated by the Board of Cosmetology. Each adult student should be permitted the opportunity to expedite their professional cosmetology education under the present system of government provided that the public is not placed at risk. We believe that the current system adequately accommodates the interests of all concerned.

We would acknowledge that SB 92 contains useful language to the extent that it attempts to insert a degree of consistency by insertion of the phrase "course of instruction and practice" throughout the act. However, additional provisions are unnecessary given the extensive history of success under the present statutory scheme. If SB92 is proposed for passage, we would respectfully request that the Committee give consideration to the following amendments:

- (1) Delete the proposed amendment to K.S.A. 65-1912(a) and permit current law to stand on the issue of when an apprentice application is to be filed with the Board, and when a school may provide instruction;
- (2) Delete the proposed amendment to K.S.A. 65-1912(d) thus permitting applicants to receive classroom instruction prior to receipt of an apprentice license and to receive credit for such hours unless the application is otherwise denied;
- (3) Delete proposed new section K.S.A. 65-1912(e).

Alternatively, at a minimum we would request that if the proposed section (e) of K.S.A. 65-1912 is to be adopted by this Committee, that the Committee adopt the proposed amendments summarized in items (1) and (2) above, thus refraining from sanctioning those individual applicants who do not otherwise have a prior felony conviction. Finally, if the Board's motive is truly to protect the interests of students who have been convicted of a felony, then the committee may wish to address that issue directly by mandating that schools disclose the terms of K.S.A. 65-1908 to all students prior to enrollment. Such an amendment would insure that each adult student is aware of the possibility that the Board may deny their application for apprentice licensure.

We would respectfully urge the committee to decline support for SB 92 or in the alternative to consider the amendments proposed herein. Thank you for your time and effort in this endeavor. I am available to answer any questions that the Committee might have at this time.



**Kansas Association of Addiction Professionals**

**Kansas Association of Addiction Professionals**

**107 SW 6th Ave, Ste. 200**

**Topeka, KS 66603**

**785-235-2400**

**Senate Public Health and Welfare Committee**

**February 9, 2011**

**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,  
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Kansas Association of Addiction Professionals

## Kansas Association of Addiction Professionals

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February 9, 2011

Senate Public Health and Welfare Committee

Senate Bill 100: Addiction Counselor Licensure Act

Chairwoman Schmidt 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 large 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 some technical revisions and a few 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:** There 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 credentialed counselor and has been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than ten years by providing demonstration acceptable to the board of competence to perform the duties of a licensed clinical addiction counselor and was credentialed by the Kansas association of addiction professionals as an alcohol and other drug abuse counselor level II or III in Kansas at any time prior to the effective date of this act, or 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 re-

voked, 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, theoretically, 170-200 persons to grandfather as licensed clinical addiction counselors. We believe this added language would address workforce shortage issues in Kansas, assure those with proven experience and competence in substance use disorder treatment be grandfathered and maintain the consumer confidence and public safety.

**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."

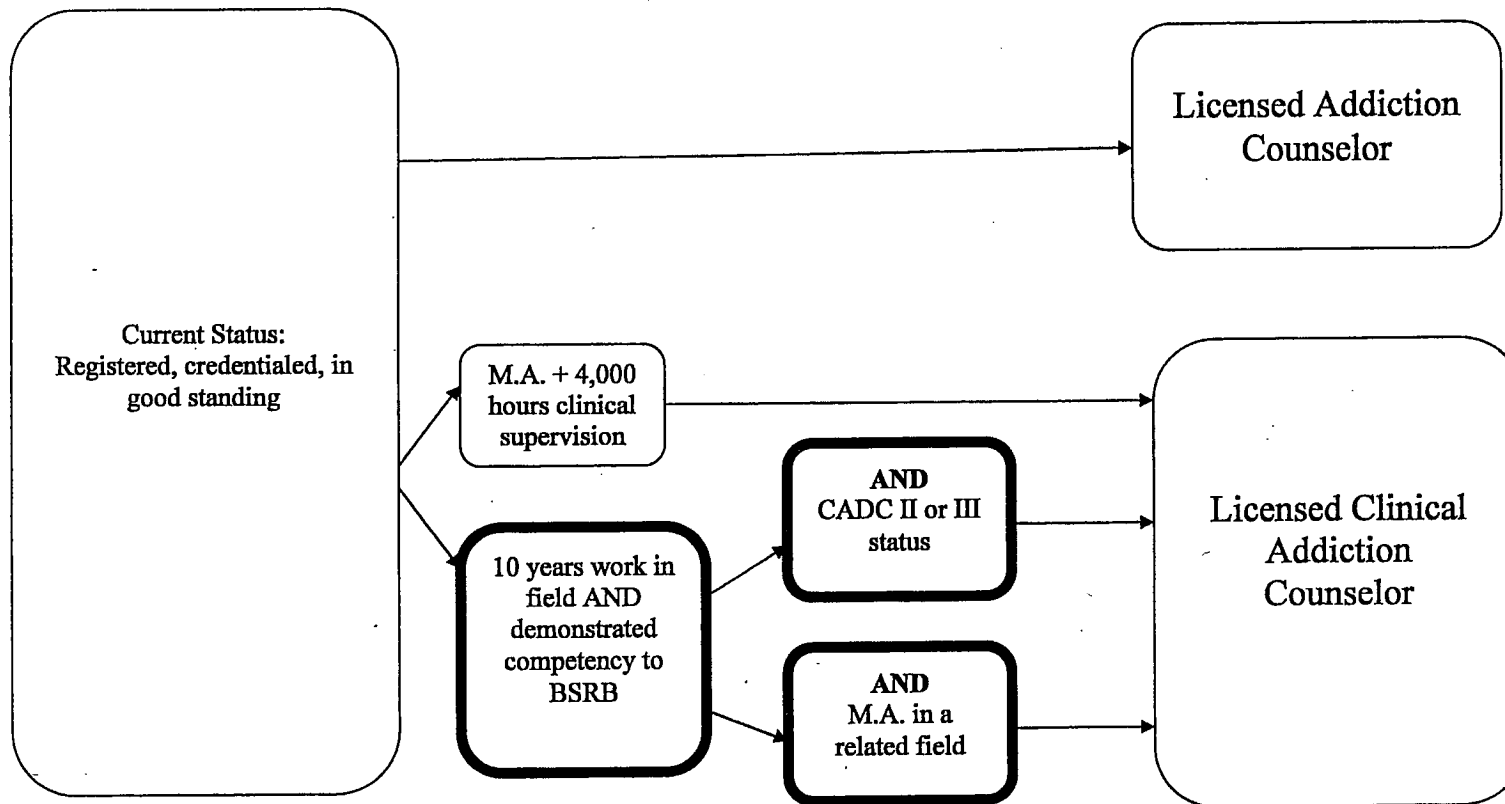
**Rationale for change:** This was an oversight as not all disciplines were listed.

Again, thank you for the opportunity to provide testimony. I will stand for questions at the appropriate time.

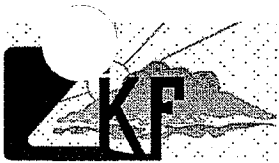
Addiction Counselors Current Status

Transition via Grandfathering

Addiction Counselor Status  
Under HB 2577 and SB 100



Proposed changes in SB 100 in **BOLD** boxes



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Salina Area United Way

**Senate Health and Public Welfare Committee**

**February 9, 2011**

**Senate Bill 100: Addictions Counselor Licensure**

**Les Sperling, CEO**

**Central Kansas Foundation**

Senate Public Health & Welfare  
Date 2-9-2011  
Attachment 4



February 9, 2011

Senate Health and Public Welfare Committee

Senate Bill 100: Addiction Counselor Licensure

Chairwoman Schmidt 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.

I would like to speak specifically to the proposed change which addresses the appropriate grandfathering of Certified Alcohol and Drug Counselors Level II and III as Licensed Clinical Addiction Counselors.

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 my agency's capacity to serve is the difficulty we experience in recruiting and retaining qualified staff that are licensed at the clinical level.

The approximately 200 clinicians who would be eligible for a clinical license in this bill have met the most rigorous national standards of testing, education, and experience and are imminently qualified to diagnose and treat persons with substance use disorders. 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.



February 9, 2011

Senate Public Health and Welfare Committee

Senate Bill 100: Addiction Counselor Licensure Act

Chairwoman Schmidt and members of the committee:

I thank you for the opportunity to provide written testimony today related to the Addiction Counselor Licensure Act. My name is Sandra Dixon, Director of Addiction Services, with DCCCA, Inc. DCCCA, Inc. has provided quality substance abuse treatment services for over 35 years. Our statewide network offers six addiction treatment locations, in urban and rural communities, to accommodate the unique needs of our customers. Within our organization, we employ over 60 addiction professionals. Today, we offer written testimony to issue our support of the proposed bill.

We believe that licensure of addiction counselors is important and supported HB 2577 last session. In preparing our employees for transition to licensure, we have identified several components which would ease the transition to licensure and assure the workforce is not negatively impacted. The proposed SB 100 offers several beneficial changes especially for those counselors attempting to transition.

We believe the broadening of the grandfathering provisions for licensed clinical addiction counselors is critical and should be supported in its current form. As stated in section 4 (b)(4), these individuals have been credentialed by the Department of Social and Rehabilitation Services as an alcohol and drug credentialed counselor (AAPS Credentialed) and has been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than ten years. They have not only provided quality services for customers for ten years but, endured voluntary credentialing issued by the Kansas association of addiction professionals (CADC II or CADC III) or completed master's programs in mental health counseling, psychology or other related fields with the sole intent to better themselves as professionals. These individuals have proven competence in the profession. I myself am a licensed master social worker and have been for over 25 years. I would argue that these individuals, who have been practicing addiction counseling for 10 years and have gone through the rigors of national testing and certification, are far more qualified than I to diagnose and treat substance use disorders as they have invested their professional careers to addiction counseling. For your convenience, I have attached the eligibility criteria for the Kansas Association of Addiction Professionals' alcohol and other drug abuse counselor credential (CADC II and III). We believe this additional language would address workforce shortages in Kansas and assure those with proven experience and competence in substance use disorder treatment be grandfathered.

Again, thank you for the opportunity to provide written testimony.



**\*Extracted from the KAAP Certification Commission Policy Manual which articulates eligibility requirements for alcohol and other drug abuse counselor credential (CADC II and III)**

**CADC II – Counselor must meet the following requirements:**

1. Documentation of successful completion of CADC I requirements (including a passing score on the National Certification Examination for Addiction Counselors (NCAC I), documentation of an associates or bachelor degree, and documentation of the applicants current AAPS Certification), and
2. Documentation of three years of paid, supervised work experience in a recognized substance abuse treatment and rehabilitation program with job duties assisting clients in the recovery process; and
3. Documentation of 500 hours of practicum in a recognized substance abuse treatment facility, and
4. Complete 40 clock hours of documented and approved continuing education oriented to the enhancement of an addiction counselor's practice, values, ethics, skills, or knowledge during each two year renewal period, and
5. Read the KAAP Code of Ethics, and sign the statement on the Application affirming adherence to this code and,
6. Read and sign Merit of Public Trust statement, and
7. Completed application, and
8. Non refundable application fee, and
9. Approval by the KAAP Certification Commission

**CADC III – Counselors must meet the following requirements:**

1. Documentation of successful completion of CADC II requirements; and
2. Documentation of current certification as a Registered Alcohol and Other Drug Abuse Counselor (RAODAC), and
3. Documentation of successful completion of the National Certification Examination for Addiction Counselors (NCAC II), and
4. Documentation of 500 hours of practicum; and
5. Have five (5) years of employment in the addiction field; and
6. Hold a master's degree in a health-related field, and
7. Complete 40 clock hours of documented and approved continuing education oriented to the enhancement of an addiction counselor's practice, values, ethics, skills, or knowledge during each two year renewal period (see tab 4, continuing education); and
8. Read the KAAP Code of Ethics, and sign the statement on the application affirming
9. adherence to this code, and
10. Read and sign Merit of Public Trust statement, and
11. Completed application, and
12. Non refundable application fee, and
13. Approval by the KAAP Certification Commission

**Rob Siedlecki, Acting Secretary**

**Senate Public Health & Welfare Committee**

**February 9, 2011**

**SRS in Support of SB 100 –**

**Addictions Counselor Licensure Act – and  
Proposed Amendments**

**Disability & Behavioral Health Services**

**Ray Dalton, Deputy Secretary**

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

Senate Public Health & Welfare  
Date 2-9-2011  
Attachment 6

# Senate Public Health & Welfare Committee

February 9, 2011

## **SRS in Support of SB 100 - Addictions Counselor Licensure Act - and Proposed Amendments**

Dear Chairperson Schmidt and members of the Committee:

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. For example, as compromises were struck during the legislative process, the new law inadvertently restricted the "grandfathering" provision beyond what was initially intended. This restriction in the language requires an individual to not only have possessed one of the required credentials but to also have "actively engaged" in the practice of addiction counseling within the prior three years. This language unjustly excludes from grandfathering those individuals who have just completed their education and those in the field who have been serving in supervisory or administrative roles. The addiction counselor act also created 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. 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. 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 clinical addiction counselors will become paramount.

Kansas Chapter  
National Association of Social Workers  
*...promoting and protecting the practice of Social Work in Kansas...*

**Testimony Opposing SB 100**

**February 9, 2011**

**Senate Public Health and Welfare**

Presented by Sky Westerlund, LMSW\_\_

Last year, KNASW opposed HB 2577 (licensure addictions 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 and treat clients with only a bachelor degree education. The House Health and Human Services committee agreed with our concern and that language was struck out of the bill. With this provision, KNASW became neutral on the bill. The legislation passed.

Today, you are being asked by the Kansas Association of Addiction Professionals (KAAP) to bring back what was denied last year. SB 100 would grandfather persons, **without** a bachelor degree, into the independent clinical level of licensure that would permit them to diagnose and treat people with substance use disorders with *no supervision required*. Specifically, this provision is the new language found in Sec. 2. (b) (4) [on page 4] where it lists the association's credential of an "alcohol and other drug abuse counselor level II." Currently, individuals can have this credential with only an associate's degree. The state certification (AAPS), an association's credential (CADC II) and ten years experience does not add up to the minimum qualifications necessary for the authority to be diagnosing persons with a substance use disorder.

**Adverse Consequences**

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. Historically, the standard of care for diagnosis and treatment decisions rests with highly educated and trained masters or doctoral clinicians and physicians for the purpose of protecting the public.
5. If you permit individuals with a bachelor degree or less to diagnose and treat, you will have opened the flood gates for similarly educated health care workers to demand the

Senate Public Health & Welfare  
Date 2-9-2011  
Attachment 7



## Kansas Association of Addiction Professionals Certification for Addiction Counselors (CADC) Applicant Handbook and Application

### **CERTIFICATION**

The Kansas Association of Addiction Professionals supports the concept of voluntary certification by competency evaluation of addiction counselors. Certification focuses specifically on the individual and is an indication of current level of knowledge in addictions counseling. By certifying individuals as addiction counselors, the KAAP Certification Commission assumes no responsibility for the integrity or work performance of any state recognized certificant.

### **OBJECTIVES OF CERTIFICATION**

To promote competency in addictions counseling by:

1. Promoting the formal recognition of the professionalism of addiction counselors.
2. Providing a national standard of requisite knowledge in addiction counseling.
3. Recognizing formally those individuals who meet the standards established by the KAAP Certification Commission.
4. Encouraging continued professional growth in substance use disorder counseling for the purpose of improving the quality of care to addicted persons.
5. Establishing, measuring, and monitoring the level of knowledge required for certification in substance use disorder counseling.
6. Assisting employers, labor unions, government entities, health care providers, educators, and other practitioners, as well as the public, in identifying qualified addiction counselors.

### **ADMINISTRATION**

The certification program is sponsored by the Kansas Association of Addition Professionals. Questions concerning eligibility criteria should be addressed to: **KAAP, 107 SW 6th Avenue, Ste 200, Topeka KS 66603**

The Certification Examinations for Addiction Counselors are administered for the NCC by the Professional Testing Corporation (PTC). Questions concerning the examinations should be referred to PTC at the following address: **Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com)**

The Certification Examinations for Addiction Counselors Level I and Level II are offered to support the following credentialing processes:

1. Initial certification at the state and National level as either CADC and National Certified Addiction Counselor (NCAC) Level I or Level II.
2. Upgrade of National certification from CADC and NCAC Level I to CADC and NCAC Level II.
3. Initial certification at the state level in selected states and similar other certification organizations.

### **ELIGIBILITY REQUIREMENTS**

There are three levels of CADC certifications available for candidates who meet the following eligibility requirements. Candidates who wish to test must show evidence of meeting all criteria, with exception to item 4, prior to applying for testing. Applicants who have completed the exam need to show evidence of exam completion with a passing score.

#### **A. CADC I – Applicants must meet the following criteria:**

1. Documentation of an associates or bachelor degree, and
2. Documentation of the applicants current AAPS Credential. After August 1, 2011, applicant must have obtained licensure through the Behavioral Sciences Regulatory Board as a Licensed Addiction Counselor (LAC), and
3. Each certificant shall complete 60 clock hours of documented and approved continuing education oriented to the enhancement of an addiction counselor's practice, values, ethics, skills, or knowledge during each two year renewal period (see tab 4, continuing education); and
4. Documentation of a passing score on a KAAP-approved national test (NCAC I), and
5. Read the KAAP Code of Ethics, and sign the statement on the Application affirming adherence to this code, and
6. Read and sign Merit of Public Trust statement, and
7. Completed application, and
8. Non refundable application fee, and
9. Approval by the KAAP Certification Commission

#### **B. CADC II – Counselor must meet the following requirements:**

1. Documentation of successful completion of CADC I requirements, and
2. Documentation of three years of paid, supervised work experience in a recognized substance abuse treatment and rehabilitation program with job duties assisting clients in the recovery process; and
3. Documentation of 500 hours of practicum in a recognized substance abuse treatment facility, and
4. Each certificant shall complete 60 clock hours of documented and approved continuing education oriented to the enhancement of an addiction counselor's practice, values, ethics, skills, or knowledge during each two year renewal period (see tab 4, continuing education); and



5. Read the KAAP Code of Ethics, and sign the statement on the Application affirming adherence to this code and,
6. Read and sign Merit of Public Trust statement, and
7. Completed application, and
8. Non refundable application fee, and
9. Approval by the KAAP Certification Commission

**C. CADC III – Counselors must meet the following requirements:**

1. Documentation of successful completion of CADC II requirements; and
2. Documentation of current certification as a Registered Alcohol and Other Drug Abuse Counselor (RAODAC). After August 1, 2011 individuals must provide evidence of licensure with the Behavioral Sciences Regulatory Board (BSRB) as a Licensed Addiction Counselor (LAC) or Licensed Clinical Addiction Counselor (LCAC); and
3. Documentation of successful completion of the KAAP-approved national test; NCAC II, and
4. Documentation of 500 hours of practicum; and
5. Have five (5) years of employment in the addiction field; and
6. Hold a master's degree in a health-related field, and
7. Each certificant shall complete 60 clock hours of documented and approved continuing education oriented to the enhancement of an addiction counselor's practice, values, ethics, skills, or knowledge during each two year renewal period (see tab 4, continuing education); and
8. Read the KAAP Code of Ethics, and sign the statement on the Application affirming adherence to this code, and
9. Read and sign Merit of Public Trust statement, and
10. Completed application, and
11. Non refundable application fee, and
12. Approval by the KAAP Certification Commission

**RECERTIFICATION OF CADC.** Initial credentialing under the CADC program is valid for a period of two years from the date of certification issue. After two years, the candidate will be required to re-certify. To do so, he or she must submit a completed application form for re-certification at least 30 days prior to the expiration of the individuals certificate.

**CADC RECIPROCITY.** All out of state applicants must complete an application demonstrating eligibility for the CADC. The application shall follow requirements listed in the KAAP Certification Policy Manual, Section C; CADC Eligibility.

**ATTAINMENT OF CERTIFICATION.** The Certification Administrator or other program staff will initially review each application for completeness and eligibility, and then take the following steps:

1. Candidates for initial certification, whose portfolios indicate the requirements are met, will be provided the appropriate information by the testing company to participate in the examination. Those applicants whose applications are deemed incomplete will be notified.
2. Subsequent to the examination, unsuccessful candidates will be sent a letter from the Commission indicating the administrative procedures required to re-test. Successful candidates will then be processed for CADC certification as indicated below. The Certification Administrator or other program staff will similarly review re-certification applications.
3. The names of applicants whose applications are deemed by staff to be complete and who have passed the written examination and are otherwise eligible for certification will be placed on a list for distribution to all Commission members. Re-certification candidates will be compiled in a similar list.
4. The lists will be reviewed by the Commission to ensure that all candidates presented for credentialing or re-certification are appropriate.
5. The Commission approves certification candidates in three ways depending upon the circumstances.
  - By vote in biennial meetings.
  - By vote during conference calls.
  - By written ballot provided with the list being considered and returned to and filed by the Certification Administrator.
6. Applications deemed eligible by staff and voted on by the Commission will be notified as such. Those deemed ineligible will receive a letter explaining reasons for ineligibility, sent by the Certification Administrator requesting additional information. Those deemed by staff to have any questionable item as to eligibility will be referred to the Appeals Committee for resolution.

**CERTIFICATION FEES**

Fees are established for KAAP members and non-members. Fees are NOT refundable. You must be a member in good standing to receive the member discount on initial certification or recertification fees. The following fees are effective January 1, 2011.

**Application for CADC certification:**

KAAP Members.....	\$120.00
Non-KAAP Members.....	\$ 240.00

**Renewal of CADC certification:**

KAAP Members.....	\$ 10.00
Non-KAAP Members.....	\$ 200.00

\*Replacement of a CADC certificate: \$20.00

\*\*Each applicant for credential reinstatement after the date of its expiration shall pay, in addition to the renewal fee, the penalty fee/reinstatement fee: \$100.00