

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462

Phone: (785) 273-1441

Fax: (785) 273-9243

Ronald R. Hein

Attorney-at-Law

Email: rhein@heinlaw.com

www.heinlaw.com

**Testimony re: SB 290 Addictions Counselor Licensure Act Compromise
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of the
Mental Health Credentialing Coalition
March 6, 2012**

Madame Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition (MHCC). The Coalition is comprised of the members of the Kansas Association for Marriage and Family Therapy, the Kansas Association of Masters in Psychology, and the Kansas Mental Health Counselors Association.

The MHCC respectfully requests that this committee approve SB 290, as it has been submitted by the Behavioral Sciences Regularly Board (BSRB). Former Rep. Tom Hawk, now Executive Director of the BSRB, in response to concerns raised by the Joint Committee on Administrative Rules and Regulations and in direct response to testimony that was presented to the BSRB regarding their rules and regulations process as the result of the enactment of the licensed addictions counselors (LACs) legislation, called for the creation of a body to address the concerns raised by the respective stakeholders.

The process established by the BSRB brought all the stakeholders to the table, and as a result of genuine, sincere, and dedicated efforts by the members of the so-called “compromise committee”, SB 290 was created, which represents a compromise between the respective stakeholders. The MHCC was represented by Dr. Dan Lord, Licensed Clinical Marriage and Family Therapist at Friends University in Wichita, on that compromise committee.

The primary goal of the MHCC was to establish a mechanism by which mental health providers licensed by the BSRB with the scope of practice that includes the ability to diagnose and treat mental disorders set out in the DSM-IV-TR, not see their scopes of practice restricted by the licensed addictions counselors licensure act, which specifically exempted all other BSRB licensed mental health practitioners with the scope of practice authorization to diagnose and treat all mental disorders. Unfortunately, SRS during this time frame indicated that Medicaid would not be reimbursable to then BSRB licensed practitioners to receive Medicaid specifically for work that is within their scope of practice, but specifically relating to treatment of addictions counseling. SRS was thus requiring that such persons be licensed as LCACs, in order to diagnose and treat

addictions disorders, or as LACs, in order to be able to treat addictions disorders.

Prior to that time, all such BSRB licensed mental health practitioners were fully capable of diagnosing and treating addictions disorders, which are clearly within the listing and scope of disorders set out in the DSM-IV-TR.

The compromise agreed to by our providers was that, although all our providers were permitted under the addictions counselor licensure act to be grandfathered in as LACs or CLACs, many of the BSRB licensed mental health providers did not seek such grandfathering due to the fact that the LAC licensure act specifically exempted them from any of the provisions of the act, and they were of the understanding that their scope of practice would not be damaged in any way. When the SRS threatened the inability to receive Medicaid reimbursement, it became more clear to these BSRB mental health practitioners that both Medicaid and other insurance companies in the future could require the LCAC or LAC designation in order to receive the reimbursement. Thus, we were desirous of having some mechanism for achieving a pathway to dual licensure for those individuals who wanted to proceed with the continuation of their practice regarding addictions counseling. The process that was established in the original LAC licensure act was deemed to be too onerous, and a compromise was reached with the Kansas Association of Addictions Professionals (KAAP).

We very much appreciate the other stakeholders, including KAAP coming to the table and agreeing to reconcile these differences in an amicable way, and as a result, the MHCC strongly supports the enactment of SB 290.

I have also been requested by Sky Westerlund, Executive Director of the Kansas National Association of Social Workers (KNASW) to express their support for SB 290 as well, although I also believe that KNASW has provided written testimony.

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