

Testimony re: SB 217
Definition of Qualified Provider Offering Treatment for Substance Use Disorder
Senate Public Health and Welfare Committee
Presented by Daniel Lord, Ph.D., LCMFT
on behalf of
Mental Health Credentialing Coalition
February 11, 2008

Madam Chairwoman, Members of the Committee:

I am Dr. Dan Lord. I wish to provide this testimony today on behalf of the Mental Health Credentialing Coalition, which 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. I am the current Past-President of the Kansas Association for Marriage and Family Therapy (KAMFT), a Licensed Clinical Marriage and Family Therapist (LCMFT), and a Professor of Marriage and Family Therapy at Friends University in Wichita. My career has included serving two terms on the Kansas Behavioral Sciences Regulatory Board during Gov. Bill Graves' administration, and also four years as President-Elect and President of the national regulatory body, the Association of Marital and Family Therapy Regulatory Boards.

My testimony today is in regards to your consideration of SB 217, which addresses the definition of qualified provider for the delivery of services to persons with substance use disorders within state licensed facilities, reimbursed through Medicaid. Specifically, this bill defines the qualified provider as the professional licensed by the Kansas Behavioral Sciences Regulatory Board, which includes the licensees within our respective professions of marriage and family therapy, professional counseling, and masters level psychology. While diagnosing and treating substance use disorders is within the existing scope of practice of licensees of all three of our professions, the Kansas Department of Aging and Disability currently disregards this fact and instead requires a second license in addiction counseling for such reimbursement. We believe this decision functionally invalidates the established scope of practice for our licensees regarding treatment of this specific mental disorder within these important service provider contexts. This bill corrects this unnecessary infringement and its negative consequences both on our licensees and the public we serve.

The need for this bill arises as a specific outcome of the Addiction Counselor's licensing act passed in 2011. Our professions supported this bill because of the much needed increase in provider standards that it brought to the addiction counseling field. It was also clearly stated in the bill that it would not limit the existing scope of practice of any BSRB licensee. The current problem comes from implementation of the addiction counseling licensure specifically within the former SRS and now the Department of Aging and Disability Services, who oversees Medicaid reimbursement for addiction treatment. As this specific group transitioned its existing regulations to recognize the new bachelor and masters level licensure of addiction counselors, it made the decision to name this specific professional licensee as the exclusive provider for its reimbursement of substance use disorder treatment.

Since the 2012 Legislative Session, our professions joined our peers in Kansas NASW and the Kansas Psychological Association in attempting meaningful dialog with personnel in the Kansas Department of Aging and Disabilities regarding this decision. Our effort was to seek a

collaborative solution to determining provider qualifications that met concerns from KDADS while also properly acknowledging our existing licensures and scopes of practice as included in the original Addiction Counselor licensing act. The dialog was not successful and the original position of the agency remained unchanged. The result is that the independent licensees of our professions remain authorized to provide clinical supervision of the Licensed Addiction Counselor while at the same time excluded from being service providers in the state licensed facility. To become a qualified provider, this same independent licensee must complete the additional licensure as an addiction counselor, simply in order to be reimbursed for delivering services already within our existing scopes of practice.

We ask your support of SB 217. We believe this bill corrects a decision finalized since the 2012 Legislative Session that adversely affects our state's ability to provide treatment for persons with substance use disorders, and creates an unnecessary burden for our professions' licensees.

Thank you for your careful consideration.

Daniel Lord, Ph.D.