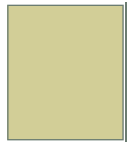


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2/15/2017

HB 2149

House Health and Human Services

I recently learned of an effort to substantially improve the functioning of the BSRB. I served as a public member on the BSRB from 2010-2012 and believe that the proposed change will result in decision making that better serves the public. I support HB 2149.

As currently configured, the BSRB is charged with overseeing the licenses of a diverse group of mental health providers. These groups differ in terms of history, identity, training, proficiencies, areas of practice, and theoretical approaches. It is easy, and a grave mistake, to believe that the groups of licensees are interchangeable simply because they all deal with the mental health of human beings. To be sure, there are areas of common concern (ethical practice), but even these common areas require attention to issues that differ between the disciplines.

As the Board expands to cover more licensees, the number of representative to the Board increase and the work of the Board expands. When not pressed for time, representatives can educate other Board members about the unique needs of their group. Better yet, it can be suggested that the representatives of a group that will be principally impacted by a decision set the tone for discussion with their preferences for a decision. This is a volunteer Board comprised of busy professionals who experience very real time constraints. And when the agenda is full, attention to differences and preferences can be compromised.

Regrettably, I was witness to just such a situation in 2010. An individual with a felony record that included murder came before the Board, seeking a social work license. The individual remained in the board room seated with Camille Nohe to witness the discussion. The presence of the applicant led to a more restrained discussion, but it was clear that the social work representative board members were opposed to the licensure of this individual. However, representatives from psychology, marriage and family therapy, clinical psychotherapy, and the public substituted their collective judgement for that of social work and issued the license with conditions.

Social work was denied their right to refuse a license to someone whom they believed did not merit the public trust. It is hard to imagine another circumstance in which one group of licensees would be allowed to override the judgement of another. Should nurses (or veterinarians) be allowed to decide who is allowed to practice as a physician? Fitness for duty should be determined by peers and not the cousins of peers.

There is nothing that compels Board members to consider the preferences of another group of licensees. Any one of those groups can have decisions made for them by members of other groups. Representatives of different groups are placed in the position of having to vigorously advocate on behalf of their discipline.

The professionals who serve on this Board are underappreciated and hard-working. They are tasked with overseeing an ever expanding group of licensees. I believe that they try their best to reach well-reasoned decisions. I also believe that better decisions can be reached by homogenous Boards that coordinate when necessary.

Thank you,

Patricia A. Bartell, PhD