2017 SENATE HUMAN SERVICES

SB 2042

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
1/11/2017
Job Number 26779

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A BILL relating to references to mental health professionals.

Minutes: 3 Attachments

Chair Lee: Opened the hearing on SB 2042; All Senators were present.

Michael Johnson, Legislative Council: Introduced the bill (1:00-13:05)

Senator Anderson: Page 17 line 14 of the bill, addiction counselor, not the same as tier 1 professional, other places licensed addiction counselor used. Is that an oversight?

Michael Johnson: Will have to look into that as an oversight. Will check on mention.

Senator Anderson: There are 4 tiers of professionals, was intent to include or exclude interns?

Chair Lee: Dr. McLean will provide more information on the process. He worked with the creation of the tiers.

Senator Piepkorn: Can we go over the tiers?

Chair Lee: That will be coming up. Any questions for Mr. Johnson?

Dr. McLean, Department of Human Services: (16:45) Department of Health and Department of Human Services tasked with reviewing the definition of mental health professionals as pertains to DHS administration and oversight. Professional boards, licensing boards, and advocates. Many definitions: qualified, minimal help personnel, minimal professional. System inclusive with scope of practice. Simplify for future additions, for new scope or professions using tiered system.

Recommend change on page 5, Section 3 Line 27, should be 1a mental health professional, to be congruent with remaining bill mentions.

Chair Lee: Instructed the intern to look into the recommended changes.

Dr. McLean: Others involved in review didn't want to change statute because of supervision. If judge wants to hear testimony. The last year psychiatry residence intern were added by request of judges, so that more experts available for judges and clients.

Chair Lee: Explained definitions and tiers. All professions involved in the development.

Dr. McLean: (21:27-25:45) begins on page 14, line 19, ends page 15, line 12.

Chair Lee: The intent is to not be restrictive, but to bring more people in.

Dr. McLean: Other agendas: what about reimbursement, 3rd party payers. Not my task or interest. Did what task with by interim committee.

Senator Larsen: Page 10, Section 14, line 11. What about tier 3, school psychologists?

Dr. McLean: Expert witness is a specific notation. School psychologist can testify on the testing. They don't have training to talk about crime, competency, etc. Crimes and civil commitments are tested differently from a school psychologist. School psychologists are included in the definition.

Senator Larsen: Nurse practitioner, where do they fit into the definition?

Dr. McLean: Depends on what she testifies to. Might be certification specific, right now she is tier 1b. Able to evaluate mental health, treat mental health, mental status assessment, etc. Doesn't have training in forensic evaluations as a psychiatrist or clinical psychologist. Down the road additional certifications for new practitioners, could move up and down the tiers. Could just say, include in the tier being added to. Depends on what evaluating, physical to medical, general psychiatric; many are primary psychiatric providers. Forensic evaluation of mental health, the experts would be the 1a group.

Chair Lee: Tier 1a: Just clinical psychologists and psychiatrist.

Senator Heckaman: I'm impressed with the work, will the definitions have to be put in scope of practices for all involved people, change criminal definitions.

Dr. McLean: By including licensing boards and associations, in agreement that the scope of practice fits tiers. There is going to be some fixing of those statutes.

Senator Anderson: Page 18, line 21, 1b only can do it. Tier 1a can't do it?

Dr. McLean: Too restrictive? Psychiatrists are physicians. I may find myself in testimony reminding the judge of that, but language is still true.

Chair Lee: Any further questions? Further neutral testimony?

Pam Sagness, Department of Human Services: (33:30) Have some comments regarding Section 1, Chapter 5 relating to alcohol. Couple issues to address regarding language. Detoxification in North Dakota is a licensed service. The Behavioral Health Division, oversees the licensing of detox. Line 15 and 16 state the jail can hold someone for detox, jails are not licensed to provide or are they trained for detoxification. Currently none in North Dakota licensed to provide detoxification services.

Chair Lee: Should we not have that language included, or as they are licensed?

Pam Sagness: We didn't issue an amendment at this point, a decision and discuss needs to occur. If someone is going to be held in the jail, will there need to be a process of assessment? So if detox is needed, they would be transferred. Certainly beyond the recommendation I can make today, but should be noted that jails are not detoxification centers, not licensed or trained. Collaborate with Department of Corrections, Department of Human Services, and local jail administrators. They don't want to be in that business.

Line 17, a licensed addiction counselor of a detoxification center. Only two social detox centers that aren't within the public human service centers, are run through city level public health. Neither employee a licensed addiction counselor. The issue here is; how is a licensed addiction counselor holding someone for 72 hours in a social detox program, when they don't have proper staff. Furthermore, my concern is that this section bypasses commitment. It bypasses the section that protects and offers rights to individuals who are going to be held. To say there's going to be a 72 hour hold, what does that mean? Our current administrative code doesn't allow for physical restraint or to lock someone in a room. What does that mean that they can have a 72 hour hold and this is in chapter 5, the alcohol chapter and doesn't in any way reference to the commitment.

Chair Lee: Is there not a 72-hour involuntary hold maximum for other circumstances. Individuals taken to the VA or psychiatric floor of local hospitals, with an involuntary hold, and they're never held for 72 hours. But isn't 72 the max.

Pam Sagness: That would be following the individuals who have the ability to sign that type of paperwork and assess an individual and insure their rights, where this is an entirely different setting. The social detox programs are at a community level. Another concern is medical detox; a higher level of care is voluntary, unless through commitment. Social detox programs aren't voluntary. So individual taken to local detox center, where no professional health beyond a registered nurse and be held there for 72 hours. With no protection of client rights.

Chair Lee: The whole section really needs to be synced with current statute as far as client rights.

Senator Clemens: In reference to someone that's intoxicated being taken to a jail. Danger to himself, if the jail is removed, where is the dangerous person to go?

Pam Sagness: That is the issue, can't be deleted, depends on terminology. Holding because intoxicated, when going into detox. Illness becomes worse. Training to analyze withdrawal

systems, clear guidance when to seek medical attention. Deaths have occurred because of detoxing in a correctional facility.

Chair Lee: The jails don't want them. Years ago were put into state hospital, but now we put them into jail. Do you wish to make any recommendations as to how we meld this with the current statute, or as for assistance? What leadership role do you want to help in integrating to current statute about citizens' rights?

Pam Sagness: Willing to assist in crafting language to make sure individuals are protected. Licensing is also considered, so people aren't practicing outside limits of training.

Senator Piepkorn: What's your main concern? People dying in jail without proper supervision?

Pam Sagness: If jails are going to be detox centers, we need to train them, if they aren't then we need to be clear about when they need to transfer for further medical service.

Senator Piepkorn: Smaller cities don't often have that option.

Pam Sagness: 72 hours is a long time. 22 yr. old thrown into detox, no access to services. It's a concern, need to be education. If it is an officer who is committing, has a belief that they are committing them to a program. 2 providers, city run programs without licensed addiction counselors.

Chair Lee: We don't have detox centers everywhere, Cass and Burleigh counties have screening, yes. But they can't always get into a treatment center. It's a challenge finding a place to put them.

Senator Kreun: Mentions peoples home, you get to drop them off at home, nobody there to watch them. Chasing our tail if we're worried about one, not the other.

Pam Sagness: Working with law enforcement training and guidance warning signs, hospital or ER. Which are discussions we are having right now. They are uncomfortable.

Dr. McLean: So much discussion about opioids, address alcohol abuse, and tobacco, etc. Regarding the 72 hour hold question. In Chapter 5 there is mention of 72 hours. Civil commitment for mental health typical 24 hr. hold. When we're talking about civil commitment, why are we talking about civil commitment in a chapter about alcohol.

Cheryl Rising, Legislative Liaison for North Dakota Nurse Practitioner Association: (50:00-52:00) presented testimony in support of SB 2042 (Please see attachment #1). Handed out testimony #2.

Chair Lee: Further testimony in favor? Testimony opposing 2042? Received an email to go from one tier to another, that is not an unchanging or likely thing to end. Explanations provided become relevant.

Courtney Cobalt, North Dakota Medical Association: I just wanted to state for the record that the North Dakota Medical Association is in support of this bill.
Received attachment #3 in support of SB 2042.

Chair Lee: Closed public hearing on SB 2042.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
1/17/2017
Job Number 27005

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals.

Minutes: 1 Attachment

Chair J. Lee: Brought meeting to order. All members were present.
Senator Anderson: The only concern I remember was Ms. Sagness talking about jails not having authorized detoxification. She thought we needed to change that, so page 1 lines 15-17, where it says "to a jail for purposes of detoxification", "a licensed addiction counselor (LAC) of a detoxification center".
Chair J. Lee: She said only two detoxification centers in North Dakota are not in the public system, and they don't have LACs.
Senator Anderson: It was her feeling that we needed to change that, I don't know exactly how she thought we should change that. On page 5, line 27 we had 'b' instead of 'a'. Then on page 17, line 14 we hard back that it would be a non-substantive change. History would show that we need to put it in there. "Health professional or a licensed addiction counselor." They used licensed everywhere else.
Senator Clemens: I have a hard time with the idea that leaving someone at home is a better idea than leaving them at a jail.
Chair J. Lee: It depends on the situation, the jail is not a detoxification center, and there may be someone at home. It's an option. I would have a hard time deleting home, we don't have enough detox centers.
V-Chair Larsen: That's not new code, that's always been there, we changed it from person to individual. They've always been able to take them home.
Senator Clemens: I understand that you have to take them someplace, hopefully there's someone at home to take care of them, if not, he's going to be on his own.
V-Chair Larsen: It's up to the discretion of the arresting officer.
Senator Kreun: (5:45-10:30) Told a story about permanent housing project.
Chair J. Lee: Told a story about a wet house in Fargo (10:35-11:10)
Senator Anderson: Maybe we should call Ms. Sagness and see what she wanted. Page 1, line 15. We just say 'individual constitutes danger to that individual or others, to a jail." Because jail isn't licensed as a detoxification center. On line 17 Senator Heckaman and I talked a bit, we thought that Ms. Sagness's concern line 18, where they can be held for up

to 72 hours, and 72 hours requires commitment. So maybe just changing that to 24 hours would satisfy the situation.

Senator Anderson: We are trying to satisfy your concerns: page 1 line 15, 'individual constitutes danger to that individual or others, to a jail." So it doesn't say for purposes of detoxification, because you said they weren't licensed. On the next 2 lines "a 1b mental health professional as defined by section 25.01.01 of a local hospital or a licensed addiction counselor of a detoxification center may hold that individual for treatment up to 24 hours.

Ms. Sagness: The issue is that there aren't LACs, in those detoxification centers. So we were looking to propose language to remove the section that follows local hospital but to line out "or a licensed addiction counselor of a detoxification center."

Senator Anderson: Is the 72 hours still a problem?

Ms. Sagness: This bypasses commitment law. So it is up to the committee to make a decision on this. It bypasses the protections that are available in a commitment.

Chair J. Lee: Well it says up to 72 hours, so they don't have to keep them that long.

Senator Anderson: We're going to line out the language that says "or a licensed addiction counselor of a detoxification center"

V-Chair Larsen: On line 18 do we need to line out treatment too?

Ms. Sagness: Treatment can be medical treatment.

Chair J. Lee: (16:45-17:00) read proposed amendment. How do you feel about that?

Ms. Sagness: That solves the issues we had in regard to the licensing of jails and their function in regard to detox, and also the removal of the licensed addition counselor in a detox center. I can't speak to how a medical provider may feel about holding someone in a medical facility.

Senator Kreun: Altru refuses to take them from law enforcement.

Chair J. Lee: There aren't enough crisis beds in the state.

Senator Heckaman: It says "may" and "up to 72", they can have them for half an hour if they want to.

Chair J. Lee: The next line says intoxicated individual may not be held in jail for more than 72 hours and the reason is there isn't' any treatment there anyway. We're not talking about someone sleeping off a night of drinking.

Senator Heckaman: How may detox centers do we have in the state?

Ms. Sagness: There are two that are not in the public behavioral health system. Those are in Fargo and Grand Forks, they are run by the city and public health in collaboration with partners. We license those facilities neither of those facilities have an on-staff licensed addiction counselor. They do connect with local providers for services. There are other social detox programs. Those are facilitated through the human service centers and are typically referred to as CRUs (crisis residential units). There are no holds that are occurring in those social detox programs at this time. If an individual is dropped off by law enforcement, and they want to leave, they leave. If there is still concern about safety of the individual, then they look at commitment procedures.

Chair J. Lee: This is a change from that, is that a good thing or a bad thing in your opinion? It's different from commitment proceedings or we would have to initiate commitment proceedings to keep them for that stretch of time, and this doesn't parallel the system in place, if that's working, do we want to have this an alternative or replacement?

Ms. Sagness: This is an identified area for revision, the capacity isn't in place to address the issues, no-one has offered to amend it. This is a section of concern, especially with some recent deaths in our jails and the need for community based services. Historically there

weren't standalone social detox programs, like grand Forks and Fargo, because the jail would serve the purpose of "detox". Which they're not trained for.

V-Chair Larsen: Isn't that the situation in Ward county, someone was not taken to detox, and they ended up dying in jail?

Ms. Sagness: I can't speak to Ward county. I can tell you of the frustrations I've heard from jail administrators, law enforcement officers bring the individual to jail, because of this statute, which says here's your options: If you can't them home, they take them to the hospital, and they're told they're medically cleared, and sometimes that's referenced as a drive by clearance, and there isn't a detoxification program in the community, or that program is full, the only option left is jail. If individuals are going to be housed in the jail; then jails need to be trained in how to respond to an intoxicated individual. Withdrawal happens over time, so when an individual comes in intoxicated, they're not sick at first. There is a need for ongoing assessment. We have secured funding to train jails in North Dakota in regard to this assessment. It will protect them in having a tool that can guide them when someone needs to be referred back to medical care. We've been working with local communities to try to address this issue. Law enforcement feels that this has become their determination of the illness of someone. They are not trained to determine whether someone is a risk of intoxication or detoxification. It's matter of building capacity of the system to better address our needs.

Senator Clemens: The detoxification, that's a lengthy process, that can go from a week to several weeks, right?

Ms. Sagness: Depending on substance and person, detoxification can last many days. There are individuals in the state hospital that we've treated for 7 days still experiencing withdrawal symptoms. I have met with staff from Department of Corrections and Rehabilitation, including Director Bertsch, regarding the need to imbed this information in the curriculum for correctional officers. We're looking for sustainable option.

Chair J. Lee: We want to change section 1, recognizing our limited resources of detox centers, page 5 line 27 "tier 1a mental professional", page 17 line 14 "or LAC" to be consistent. Pushback from the LMFTs from Dr. McLean. (25:30-26:15) **Please see attachment #1** He said we might move it forward with tiers, if we find it's hamstringing or creating angst, we can revisit in 2 years.

Senator Heckaman: What was mentioned on page 26 line 23, Ms. Sagness?

Ms. Sagness I can't recall what was the point. This was referencing another section of code, when a decision

Chair J. Lee: Does everyone understand the amendments. If nothing further, we'll let Ian put those together and revisit tomorrow.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
1/24/2017
Job Number 27320

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals.

Minutes: No Attachments

Chair J. Lee: Opened SB 2042 for committee discussion.

Senator Anderson: I have the language that Pam suggested. She suggested on Line 15 to say "or others to a jail" and then cross out "for purposes of detoxification". That satisfied her there. On Line 17, "of a hospital", and we cross out "licensed addiction counselor of a detoxification center". And add "a hospital may hold that person". I left up the 72 hours and there was some question about that because of the issue of whether you had to commit them to hold them for 72 hours. I don't have a clear answer as to whether we should change that to 24 or whatever.

Chair J. Lee: That's in current statute, the 72. That is not new.

Senator Anderson: That was her suggestion to clean that up. On page 5 we have to correct the 1b to 1a on line 27.

Chair J. Lee: On Page 17, line 14, we add "or licensed addiction counselor".

Senator Anderson: Moved Amendments.

V-Chair Larsen: Seconded.

A Roll Call Vote Was Taken: 7 yeas, 0 nays, 0 absent.

Motion carried.

Senator Larsen: Moved a Do Pass As Amended.

Senator Heckaman: Seconded.

A Roll Call Vote Was Taken: 7 yeas, 0 nays, 0 absent.

Motion carried.

Chair J. Lee will carry the bill.

CM
1/25/17

17.0228.03001
Title.04000

Adopted by the Human Services Committee

January 24, 2017

PROPOSED AMENDMENTS TO SENATE BILL NO. 2042

Page 1, line 17, overstrike "or a licensed addiction counselor of a detoxification center"

Page 5, line 27, replace "1b" with "1a"

Page 17, line 14, replace "an" with "a licensed"

Renumber accordingly

Date: 1/24 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2042

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0228.03001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Anderson Seconded By Sen Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1/24 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2042

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0228.03001

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Larsen Seconded By Sen Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2042: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2042 was placed on the Sixth order on the calendar.

Page 1, line 17, overstrike "or a licensed addiction counselor of a detoxification center"

Page 5, line 27, replace "1b" with "1a"

Page 17, line 14, replace "an" with "a licensed"

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2042

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2042
2/13/2017
28302

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to references to mental health professionals.

Minutes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

Chairman Weisz: Called the committee to order.

Attendance taken.

Opened the hearing on SB 2042

Rep. Hogan
Senator Lee was going to come and do this bill, but she is not here. This is again one of the 6 bills that came out of the interim committee and it has to do with workforce issues and definition of mental health professionals. You all are well aware the workforce challenges are significant and I would have to commend Dr. A. McLean because he led the efforts to integrate all of the various categories so that in every section of law where we reference addiction counselor may do this or nurse practitioner may do this they have created a tiered system. It was done in collaboration with the various boards. Many states are looking at this so that there is comparability. Every scope of practice gets to define their own scope of service. Dr. McLean can answer the technical questions much better than I can. It is a complicated bill, but people worked very hard to make this a new model with a universal definition of mental health professional.

Chairman Weisz: Are there any questions for Rep. Hogan? Seeing none, thank you.
Further testimony in support of SB 2042?

Don Larson, Assoc. of Marriage and Family Therapists
Introduce Shauna Erickson.

Shauna Erickson, LMFT, Pres. Of ND Association for Marriage and Family Therapy
(Attachment 1)
3:41

Representative Schneider: Can you tell me why this is important?

S. Erickson: In my current job, I am required to have a master's degree and we feel that it is important that we are consistent in what we do and that we can work most closely one to one. .

Representative P. Anderson: You said you had 34 licensed in the state.

S. Erickson: We have 34 in the association of licensed marriage and family therapists. As far as how many there are across the state, I don't have that information. He said 48.

Representative P. Anderson: How many do you think we need in the state for the demand?

S. Erickson: A lot more than we have. The specialty that I do in treating a child. If I am sitting with a 4- year old right now and parents bring their kids and tell me that their child has and problem and they need help to fix it. Without an LMFT background and training, I would not be able to work with that family and also address the child's problems with ADHD or depression or whatever.

Vice Chairman Rohr: Is ND the only state that has a master's program in this profession?

S. Erickson: No it is not. Actually the ND just recently changed to a PHD program, but there are master's programs all around the country for marriage and family therapists. With a PHD in marriage and family therapy you are more apt to be in education, whereas with a master's degree it is considered terminal, so that is as far as they get with the clinical piece with this degree.

Vice Chairman Rohr: So is your service reimbursed through third party payers?

Erickson: Yes, it is. For most insurance plans I can bill for both individual or family therapy services. There are a few insurance companies in our state that will not reimburse for me to see someone for individual services, even though I have more education and clinical contact than some of the other professions that do get reimburse.

Vice Chairman Rohr: So in your profession do you have to take a certification exam? If so, what is required to maintain that certification?

S. Erickson: You have to pass a national exam to get your license in which you are tested on diagnostic and other areas of theory and intervention. After you complete the 2015 post graduate direct client contact hours you have to stand in front of our licensure board for an ethics exam and then there are continuing education requirements every 2 years thereafter in regard to clinical practice and ethics in ND.

Chairman Weisz: You say you want to be in the 2A tier instead of the 2 B tier, but currently within the bill there is no difference, so why are you concerned now? Is that because you are afraid that going forward that may get separated out in definition? What is in the bill doesn't make any difference because any tier 2 is allowed to do the same thing.

S. Erickson: Absolutely going forward I am concerned about it, but I am also concerned now because of how someone with my education and requirements are to the 2A and perhaps not the other 2B mental health providers.

Chairman Weisz: Further questions from the committee? If not, is there further testimony in support of SB 2042?

SenatorJudy Lee
(Attachment 2)

Chairman Weisz: No not really.

Chairman Weisz: Are there any questions for Senator Lee?

Representative P. Anderson: Did everyone on your legislative management committee agree on this?

Rep. Lee: Yes they did. We accepted the recommendation as it was brought to us. There was a tremendous amount of discussion among all of the professionals who are represented. They did a lot of work to come together on this. There was a little compromise here and there. Senator Armstrong came to me this am and he has concerns because he thinks it is in the wrong section of statute. It is in the criminal section of statute and not civil.

Representative McWilliams: Running through the tiers, it mentions under tier 2 B, it lists a registered nurse. Does that mean a registered nurse can practice as a mental health professional?

Senator Lee: Yes, certain categories can. They can be a psychiatric nurse.

Chairman Weisz: Further questions? Thank you. Is there further testimony in support?

Dr. Andrew McLean, Medical Director for the Dept. of Human Services
I don't know if there will be time for neutral testimony, but I just want to say that we support this. Our group was tasked with coming together with various boards and licensing groups from various stake holders. Most of those stake holders only included clinical, but also Protection and Advocacy and numerous other advocates. It is not perfect, but when you get together with this many individuals and this many groups it actually was a very good process. There were concerns that we anticipated coming up, so as you can imagine there were various groups jockeying to move up, to have other groups move down, etc. Our agenda was to look at what the impact was going to be within our department, but also particularly on the individual served. So what is the impact of taking away the rights of a particular individuals, so we started there. That is why we started with tier 1 where the people that had the most training that would impact people's independence and then we moved down from there. In terms of 2A and 2B I would agree that there is not much difference. Part of the concern in terms of different agendas was about reimbursement. That was not our agenda at all. Our agenda was to look at where does it make sense within the century code to have these tiers in terms of

impact in people's individual independence. That is where we landed even though we knew there were going to be other discussions about other agendas.

Chairman Weisz: You have 4 tiers set up, but in the bill I don't even see mention of tier 3 and 4. So I am guessing you are setting up criteria for future.

Dr. Mclean: That is exactly correct. Everybody and their cousin was wanting to join the club and so we wanted to recognize the individuals in tier 4 would have some mental health professional activity. If someone was a psychiatric technician they would be obligated to do reporting, etc. We wanted to say yes we recognize you. The same with tier 3 yes, we recognize you, but in terms of the impact on law in testimony the higher tiers were going to have more impact there.

Chairman Weisz: You heard the suggestion that we move mental health professionals into tier 2A. Is that a concern?

Dr. McLain: There is a difference in training hours and a difference between in person and not in person. Part of the impact down the road will be reimbursement, but again that was not our agenda. The other thing that is coming up. The social workers are wanting to have another change in their definitions which will impact this. If that goes through that will make the tier 2 much broader and we may not have these definitions. To us coming out of that group, the delineation between A and B made sense, because B was not specific to a particular practice. I have absolutely no doubt about the capabilities of LMFTs. The majority of LMFTs that I know could do this work in a higher tier have other training and other degrees. The question comes down to does the LMFT training of itself warrant a higher tier.

Chairman Weisz: questions from the committee?

Pam Sagness: Dept. of Human Services.
We have one amendment we would like to ask for that we just noticed. On page 1 line 15 and 16 it states "to a jail for purposes of detoxification" it should end with to the jail. Jails are not detox providers and they cannot provide that service. There just seemed to be a miscommunication between the previous hearing and this one.

Chairman Weisz: Ok

P Sagness: That is our current law, but jails are not licensed and cannot provide that service and they are not interested in becoming that provider.

Representative Porter: It talks about the law officer being able to take the intoxicated person home. Is that correct in today's world where they are not able to sign away medical treatment and it doesn't say they are turned over to someone. It just says to take them home. That doesn't appear to me to be current practice.

P. Sagness: This is current statute and the meetings I have had has brought up concerns about this area. We are in discussion of providing training for law enforcement so they would

know when someone should go where. There are assessment tools that can be utilized, but this is current law.

Representative Porter: You made changes to it. That is not current practice. Wasn't that discussed in your work group?

P. Sagness: This is not a DHS bill. We made recommendations during the senate hearings because of some of our concerns regarding this. That is why we were pointing out that detoxification should not be occurring in jails, because they are not licensed.

Representative Porter: On line 21 it talks about within hearing distance of the jailer. It doesn't talk about technology like audio feeds into the command center of the jail or anything like that. Those are current technologies. Was that not part of your discussions in your work group either?

P. Sagness: The work group was about the classification of the tiers. I believe that it was not discussed that this would open up this section. We have new recommendations to make some corrections, but I don't know that recommendations from the department would address all issues.

Representative P. Anderson: Should we concerned about reimbursement with the tier system?

P. Sagness: The goal of this work group first and foremost was the individuals that would be served. I think that the primary discussion was recognizing that the scope of work is still under the authority of the boards. Although there is this tiered system, what individuals are able to do is to identify the scope of work by the licensing boards. That was an important part of the independence of those boards. I think it was a consideration that it didn't affect their scope of work.

Chairman Weisz: Further questions from the committee?
Further testimony in support.

Cheryl Rising, Family Nurse Practitioner.
(Attachment 3)

Chairman Weisz: Are there any questions from the committee? Seeing none. Is there further testimony in support?
Written testimony of people that could not be present.

Jessica Stellberg-Filbert, MS, LMFT
(Attachment 4)

Marsha Werner, MA
(Attachment 5)

Garah M. Hammack, MS, LAMFT
(Attachment 6)

Winnie Austin, LMFT
(Attachment 7)

Heather Guttormson, MS, LMFT
(Attachment 8)

Mallary Schaefer Anderson, LMFT
(Attachment 9)

Emily Coler Hanson, MFT
(Attachment 10)

Dr. Barb Stanton, MFT
(Attachment 11)

Is there any testimony in opposition to SB 2042?

Representative Porter: Rep. Hogan, section 1 was opened up only to add another practitioner inside of it and it was not looked at as far as technology and current language and current things that may or may not happen in a jail?

Rep. Hogan: That was exactly what happened. We went through the code and found all the references to mental health professionals and we didn't really look at the substance of the code. We just looked at the definition of mental health and changed it. I think if you went through in detail you will find that there may be other areas. I think your points were very well made, because this bill has some very old language in this bill that needs to be updated. The next bill has a lot of old language and we have not done a very good job of housekeeping. I think it is something we really need to do. Some of it could be done in this bill, but it was not the intention of the bill in general.

Representative Porter: Going into section 2 where you guys had to have the discussion about mental health professional that gets placed into the criminal code. It makes no sense for it to be there.

Rep. Hogan: I think the reason it was put in there is because in criminal code there are many references to mental health professionals and I suspect that the writers just found those first. There are sections that reference criminal code and so mental health professionals are often doing mental health evaluations for the court and I think that is how it happened.

Dr. McLean: We took every reference within administrative code and century code and that had mental health professional, mental health technician, mental health personnel and took those and then looked at each of those definitions and make that into tiers. There were sometimes where we did recommend changes, but once we changed that language and set up the tiers, then legislative council took it over and then came up with the product.

Representative Porter: Then I hope that your explanation on page 2 line 14 is that someone at the legislative council thought that it needed to have a different definition. What happens now is that when you make the change that is in there and by taking out the "is not limited to" somebody walking down the street with a baseball bat with barbed wire on it has just clubbed somebody and now that is not a dangerous weapon.

Dr. McLean: We had nothing to do with this.

Chairman Weisz: Further questions from the committee? Seeing none, we will close the hearing on SB 2042.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2042
3/1/2017
28558

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepke

Explanation or reason for introduction of bill/resolution:

Relating to references to mental health professionals.

Minutes: 1

Chairman Weisz: Opened discussion on SB 2042

Representative Devlin:
(Attachment 1)

Chairman Weisz: So you are moving the LMFTs to Tier 2A. Their requirements were pretty much the same. Ok committee we have the amendments in front of us.

Representative Devlin: Move the amendment on SB 2042

Representative Schneider: Seconded

Chairman Weisz: Discussion on the amendments? Seeing none.
Voice vote to accept the amendments.
Motion carried unanimously to accept the amendment.

Representative Porter: I have a couple of different conversation pieces for us. One page 1, line 21, I think the way I read that it is somewhat antiquated language in today's world of technology and the ability to monitor someone from a central control station in a jail. I think that we should find language to change that, so it is fitting to the current technology of having a camera and a microphone system set up on someone so that they can be in a central control station so the jailer doesn't have to be there.

Chairman Weisz: I think you could just say "constantly monitored and medical services are provided if the need is indicated"

Representative Porter: I think our Chairman had the best language by saying "constantly monitored". That covers all scenarios so that the jail and jailer can figure out what works for their facility.

Representative Porter: I would move then on line 21 that after the word "constantly" we strike the words "present within hearing distance" and insert "monitoring" and medical services are provided if the need is indicated".
Representative Porter: I would make that a motion.

Representative Seibel: Seconded

Chairman Weisz: Questions?

Vice Chairman Rohr: Does this mean that there will have to be rules written to define what that means?

Representative Porter: No, but I think the jails will have to have policies in place that fit the state law. If the jail decides that they don't have the technology to remotely monitor the intoxicated person, then they have to do what they are currently doing. If they have the technology to do it from a central post, then they can adjust their procedures and policies to fit that.

Chairman Weisz: Further discussion?

Representative Devlin: I am not sure the language is as clear as you want it to be. Maybe on line 20 if you maybe replace jailer with the individual or something, so that you ended up with "the intoxicated individual may not be placed in jail unless the individual is constantly monitored and medical services are provided if the need is indicated"

Representative Porter: I would suggest that we take both versions be taken to LC and see which one they want us to use.

Representative Skroch: Does it have to be a professional or can it be family member that is monitoring them?

Chairman Weisz: They are in the jail in detox, so probably it won't be someone else.

Representative Devlin: I was just getting to the fact that it would not necessarily be the Jailer that is doing the monitoring. It could be someone else in the prison system or whatever. That was my problem with it. That is why if we get to the "individual is always monitored". That is what I was trying to get to. I will leave it up to LC

Representative McWilliams: What are jailers doing now? Are they following the law?

Chairman Weisz: Yes, they have to be following the law. They could be in a whole lot of hot water if they were not. Every jail would be different, but they have to be following the law.

Chairman Weisz: Are there any questions on the amendment?
We will vote on the amendment.
Vote to adopt the amendment was unanimous

Chairman Weisz: Ok do we have any more amendments?

Representative Porter: I so happen to have a couple more. On page 2 I want to ask the committee on what they did when they opened up the whole section of code, then L C sometimes takes it upon themselves to do some interesting things. In this section it was brought to my attention that the language in sub 6 in section 2 is not language that we want to put into the criminal code. Dangerous weapon is a crime within itself or an elevator of certain crimes. Limiting it by saying that it includes and then listing those things, you are taking away the ability to say a dangerous weapon could also be a baseball bat if it is used to swing at a person. It could also be a golf club if it is used to attack a person. If you change this, it ties into page 3 line 28 should go back to the way it was. Those two pieces according to the prosecuting attorneys should be reverted back to the way it is originally in the law without these grammar changes.

Chairman Weisz: So you want to remove the overstrike on line 14 on page 2 and eliminate the underlined and then line 28 page 3.

Representative Porter: Yes, that is correct. That would be my motion.

Chairman Weisz: Ok you heard the motion, is there a second?

Representative P. Anderson: Second

Chairman Weisz: so does everyone understand that we are just going back to the original language?

Vice Chairman Rohr: So you don't think that they intended to make that change? Why would they do that?

Representative Porter: I didn't talk to LC, so I don't know what their intent was, but I know that what it turned out to be is not what we want.

Chairman Weisz: When you list things you cannot use other things that are not in here it would not be considered a dangerous weapon. The language of "not limited" means it could be that crow bar or baseball bat. Discussion on the amendment?

Chairman Weisz: we will vote on this amendment

Voice vote to accept the amendment.
Motion carried unanimously.

Chairman Weisz: Ok, are there any further amendment? It is a long bill, but it is relatively simple from the standpoint of what it did.

Representative Seibel: We want to be sure this is in the civil and not the criminal code.

Representative Porter: Should we hold this until we get the language from LC.

Chairman Weisz: Yes, we can hold on to it and see what kind of language they come up with.

Closed.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2042
3/27/2017
29718

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to references to mental health professionals

Minutes:

Chairman Weisz: called the committee to order and opened the discussion on SB 2042. If you recall, there was a lot of discussion on Tier 2 A and 2B. I am sure you got email on that.

Representative Porter: We already acted on the amendments we put on this bill, right?

Chairman Weisz: Yes, we have three amendments that we added to this bill. We adopted Representative Devlin amendment, then on line 21 after the word constantly we strike the words, "present within hearing distance" and insert "monitoring and medical services are provided if the need is indicated" and then the 3rd one we removed the overstrike on line 14 page 2 and we eliminate the underline and remove the overstrike on line 28 page 3.
The main disagreement that we adopted is found on page 14 where we are defining the tiers.

Representative Damschen: Did we change the line above jailer?

Chairman Weisz: We decided it was not necessary to do that.

Chairman Weisz: Are there any further amendments on this bill?

Representative Porter: I move a do pass as amended on SB 2042.

Representative Schneider: I will second

Chairman Weisz: Ok we have a motion and second on the floor for a do pass as amended. Is there any further discussion? Seeing none, the clerk will call the roll for a do pass on SB 2042

Roll call vote taken: Yes 12 No 1 Absent 1
Motion carried. Do I have a volunteer to carry this one?
Representative Kiefert, thank you.

17.0228.04001
Title.

Prepared by the Legislative Council staff for
Representative Devlin
February 14, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2042

Page 14, line 29, replace "or" with an underscored comma

Page 14, line 30, after "43-47" insert ", or a licensed marriage and family therapist licensed under chapter 43-53"

Page 15, line 1, remove "a licensed marriage and family therapist"

Page 15, line 2, remove "licensed under chapter 43-53,"

Page 15, line 3, remove the underscored comma

Renumber accordingly

3/27/17 DO

17.0228.04002
Title.05000

Adopted by the Human Services Committee

March 27, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2042

Page 1, line 15, overstrike "for purposes of"

Page 1, line 16, overstrike "detoxification"

Page 1, line 21, overstrike "present within hearing distance" and insert immediately thereafter "monitoring the individual"

Page 3, line 28, after "~~16.~~" insert "15."

Page 3, line 28, remove the overstrike over ""~~Includes" should be read as if the phrase "but is not limited to" were also set forth.~~"

Page 3, line 29, replace "15." with "16."

Page 4, line 1, replace "16." with "17."

Page 4, line 2, replace "17." with "18."

Page 4, line 5, replace "18." with "19."

Page 4, line 7, replace "19." with "20."

Page 4, line 9, replace "20." with "21."

Page 4, line 13, replace "21." with "22."

Page 4, line 14, replace "22." with "23."

Page 4, line 19, replace "23." with "24."

Page 4, line 23, replace "24." with "25."

Page 4, line 28, replace "25." with "26."

Page 5, line 5, replace "26." with "27."

Page 5, line 9, replace "27." with "28."

Page 5, line 11, replace "28." with "29."

Page 5, line 13, replace "29." with "30."

Page 5, line 20, replace "30." with "31."

Page 14, line 29, replace "or" with an underscored comma

Page 14, line 30, after "43-47" insert ", or a licensed marriage and family therapist licensed under chapter 43-53"

Page 15, line 1, remove "a licensed marriage and family therapist"

Page 15, line 2, remove "licensed under chapter 43-53,"

Page 15, line 3, remove the underscored comma

Renumber accordingly

Date: 3-1-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2042

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0328.04001

Recommendation: ☑ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Devlin Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Unanimous voice vote

If the vote is on an amendment, briefly indicate intent:

Date: 3-1-17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2042

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☑ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Porter Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Unanimous voice vote

If the vote is on an amendment, briefly indicate intent: On line 21 after the word "constantly" we strike the words "present within hearing distance" and insert monitoring and medical services are provided if the need is indicated"

Date: 3-1-17
Roll Call Vote #: 3

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2042

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☑ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Porter Seconded By Rep. P. Anderson

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Unanimously approved voice vote

If the vote is on an amendment, briefly indicate intent:
Remove the overstrike on line 14 page 2 and Eliminate the underline & Remove the overstrike on line 28 page 3

Date: 3/27/17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2042

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☑ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Porter Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	absent				
Rep. D. Anderson		✓			
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 12 No 1

Absent 1

Floor Assignment Rep. Kiefert

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2042, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2042 was placed on the Sixth order on the calendar.

Page 1, line 15, overstrike "for purposes of"

Page 1, line 16, overstrike "detoxification"

Page 1, line 21, overstrike "present within hearing distance" and insert immediately thereafter "monitoring the individual"

Page 3, line 28, after "~~16.~~" insert "15."

Page 3, line 28, remove the overstrike over "~~"Includes" should be read as if the phrase "but is not limited to" were also set forth.~~"

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Page 14, line 29, replace "or" with an underscored comma

Page 14, line 30, after "43-47" insert ", or a licensed marriage and family therapist licensed under chapter 43-53"

Page 15, line 1, remove "a licensed marriage and family therapist"

Page 15, line 2, remove "licensed under chapter 43-53,"

Page 15, line 3, remove the underscored comma

Renumber accordingly

2017 CONFERENCE COMMITTEE

SB 2042

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
4/11/2017
Job Number 30052

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals revision.

Minutes: 4 attachments

Chair J. Lee: Brought the conference committee hearing on SB 2042 to order, all members were present: Senator Lee, Senator Anderson, Senator Heckaman; Representative Porter, Representative Westlind, and Representative Pam Anderson (came in late).

Representative Porter: The area of a concern is the elevation of the Licensed Marriage and Family Therapists from 2b to 2a. We fixed the section with the dangerous weapons stuff; we went through the educations and board of each of the 2b and 2a providers and felt that LMFT had the educational qualifications to be at the 2a level. One of the compelling items was from the standpoint of the lack of providers across the state, the shortages that we heard throughout the interim on providers and then the wall system that's been put up around each area of practice. As we looked at it, we though the way to get more people the best treatment possible, was to open it up to everyone we thought was qualified. That's what the amendment presents.

Chair J. Lee: We have information from several parties, Garah Hammack supports as passed by House (**please see attachment #1**), NDAMFT Shauna Erickson (**please see attachment #2**), chart to compare the two (**please see attachment #3**), comparing the education, and we have a letter from Dr. Mclean, who I know worked hard on making sure that we had a good group of people representing all of these professions who are working on the various tiers. There have been lots of things done to streamline that process of being able to move through the licensure process. Read through dr. McLean's letter (4:05-6:00) (**please see attachment #4**)

Senator Anderson: One of the observations I have about this issue is the process in the interim, where we had 40 different representatives on this committee looking at how to redo status, in my opinion we are ill equipped to redo their work. I asked Dr. McLean about what would be the process is someone had an issue like this if we stuck with interim group's wishes. In the absence of another interim group or study where everybody agrees on the level these people should be in it's difficult for us to make these decisions on an ad hoc basis,

we don't have all the information. It's my understanding that these individuals are being paid now, that there isn't much additional that they could do based on the elevation of their tier; their own practice act limits the kind of things they can do. I'd like to hear additional information about what additional individuals they could work with or additional opportunities if moved to a different tier.

Representative Westlind: We had a lot of positive testimony for elevating people from 2b to 2a.

Chair J. Lee: Primarily from LMFTs? I'd be interested in seeing the information from other health professionals, I don't recall that we had anybody else testify other than LMFTs in our committee hearing. I do think Senator Anderson's question is a good one, who could they treat that they can't treat now?

Don Larson, Marriage and Family Therapist Association: Currently it wouldn't impact who they could treat the concern is going forward, their request to be moved up was based on trying to be in a tier with similar qualifications regarding master's degrees and levels of clinical training, so they'd be on par with folks of equal training, so it's more a concern of why did we set up the tier system in the first place, and where is it going than how will this impact us immediately.

Chair J. Lee: The reason for tiers is not naming everybody specifically, but rather indicating what the scopes of practice might be and the professionals that fit that.

Senator Heckaman: What was the conversation over interim of specifically placing these in one tier versus the other? Does it have to do mainly with their clinical hours?

Chair J. Lee: When he was going through this in the interim, the work of a LMFT has been considered to be relationship based, the work of the other counselors is diagnosis based. There now is a change in what the LMFT educational background is. That was the reason, it was relationships that they are trying to deal with that's what their training is about.

Pam Sagness, DHS: I was a participant in the group that met, this isn't based on education. You can have an individual with a higher degree for example school psychologists, they may have more education than a licensed addiction counselor, but that education is in a specific realm and not broad based across the whole population. In the discussion it wasn't specific only to comparing education levels, it was looking at the breadth and scope of the different service providers, so master's level addiction counselors, even though they have a masters can only provide service in the realm of addiction. For them to be a tier 2a, when we write administrative rule, they would still only able to provide guidance, diagnosis, and make decision regarding clients who have a diagnosis in addition, even though they have a master's degree. Their scope may be very deep in regard to addiction, but it isn't broad. The education or hours of training was not the only consideration.

Chair J. Lee: Can you comment on relationship vs diagnosis treatment?

Ms. Sagness: I am not an expert, but the discussion was that if were looking at the ability for someone to do commitment of an individual across the entire population. If you look at

administrative code, where we're changing the role to a 2 way professional, that would mean somebody who is ordering restraint in a treatment facility for children, or filing a commitment those are the area where the discussion was. Is the range across the entire population, where an LICSW is just to one sector.

Senator Anderson: The idea of who they can treat and what they get paid for; how do you look at that in the department as far as making them a different tier, how do you treat them when you do your administrative rules for a particular program?

Ms. Sagness: There's several areas; the intention was to maintain the authority within the boards. This group talked a lot about this group isn't identifying the scope of work for any of these professionals. That's up to the board that has the knowledge relating to these professionals. Payment is determined through Medicaid or BCBS we have participation from payers for this group. They are going to use their method of how they reimburse. This creates consistency in code. As a division that writes administrative rule, for the psychiatric facilities for example, we would have to identify by name who has the authority to order seclusion and restraint of a child. Historically, different groups would come forward and say include me in this chapter. We would use the tiers to clarify, however there will still be areas of code where we would specifically have to name an individual. For example, who gets to make the decision about detox or addiction? There are places where we still have to specifically identify one profession. The intent of these tiers does not diminish the role of the boards to establish that scope. Scopes can change.

Senator Anderson: In the rule where you wanted to capture the 2a group as being able to order commitment, what would you do with the Licensed Marriage and Family counselor, if they were in the 2a group?

Ms. Sagness: If there were a tier that includes a professional that we would not endorse for part for rule, we have to write exclusions, or name the professionals again. Makes the tier system moot.

Representative Porter: If we say in law that they're a 2a and the board says in administrative code that they can deal with these individuals and do these things, then you as an agency are going to follow those 2 inside of your reimbursement structure and rules?

Ms. Sagness: I can't speak to the reimbursement; we would follow code. As long as it was within this scope, and it is a requirement that fits that, that's how we would write code.

Chair J. Lee: But we're back to what the board says the scope is for that person, if that board said that they would not be doing seclusion and restraint of a child, then that would create the rub, if it wasn't the same as everybody else in 2a.

Ms. Sagness: I think the clarification is there are often a lot of details that are not specific to the scope of work. When we have to write administrative rules that guide programs at the level of operationalizing a program, we are left having to make interpretations based off that. Anything we can do to expand workforce. Education is not the only thing to consider.

Senator Anderson: What additional individuals would they be able to take care of and what additional reimbursement would they get based on the higher tier?

Dr. Andy McLean, Medical Director DHS: Our initial overview had nothing to do with reimbursement. We started with individuals and tiers, they made sense, we started from individual rights, who did we want to be able to potentially take away an individual's right, that was the highest threshold. We started with psychiatry and psychology, PhD trained, from there we did an overview of every mental health professional to try to have some consolidation. From there we step down, who has capability within the medical field to do these determinations, we landed on physicians, nurse practitioners, and physician's assistant to be in the same tier. We did a designation because we thought psychiatrists would be at a higher level for mental health professionals. The second tier, we looked at who has the broadest training the most education, but within their scope specifically sees individuals and can do an individual evaluation as part of their ongoing scope, versus who has a large breadth of training in particular areas which may be broader or narrower. LACs would be more narrow, they don't have the training of psychologists and psychiatrists, but within that particular scope they have training, we put them in 2b; they can only speak to an individual's addiction issues. Within 2b we also had licensed nurse and family therapists. Because of the particular scope of an individual psychopathy it was not in the context of systems, not in the context of family or couples. It was for the individual, do they have training? Absolutely. Do LACs have individual training? Absolutely. But for that particular scope, we were looking at licensed independent clinical social workers or licensed professional clinical counselors for 2a.

Representative Porter: From the House standpoint, we went through their education and board abilities and saw that the individual couple, whether it was a couple or an individual seeking treatment from LMFT, would have basically full service behavioral health. If that individual is setting with therapist and starts talking about harm to themselves or others, we felt they should have the capabilities within their scope of practice, they would have ability to use that information and have that person admitted. We were basing our decision on training and scope of practice and clientele they are working with inside of their practice and felt they should have that ability.

Dr. Mclean: Across the tiers there are many individuals that have adequate training to step in; an RN could do that, and LAC could do that under certain circumstances, so the argument would be we saw the training number of hours within LICSW and LPCC as being higher, and their specific training and specific scope is towards the individual. Many people who would be able to step in and say you require further evaluation; who does the evaluation is how we determine who is expert. It's within the tier system landed the experts, we went from tier 1a and on down.

Representative Porter: We had the full discussion on the number of hours, they were misleading. Each group of practitioners counts their hours differently. Inside of the independent clinical social worker, they say 3000 hours, inside of the licensed professional clinical counselors they say 3000 hours, those aren't necessarily patient contact hours, they are working under someone else hours. It could be charting; it could be research etc. When we looked at LMFTs, their 1500 hours was actually patient contact hours. We have a hard time using the hours as an argument that they couldn't do it. We looked at the broad picture

from the stand point of why not. Why are we building fences, when we have this behavioral health problem, we want people to get help and full service help. You manage the whole gamut not this one pocket of medicine. When I look at the hours, it's kind of apples and oranges.

Dr. Mclean: That was one of the concerns, it is apples and oranges, part of it is supervision and who is doing the supervision. What I can tell you is we had many stakeholders, when you have that there is the risk of people wanting to move around the ladder. Based on what is currently in Century Code for the commitment rules, and the tiered system the group came up with made the most sense in terms of transferring over to what is in place now. We knew there would be debate. We came at it from individual rights, and how can we best move a system over to look similar to what the current rules are, but make it make more sense.

Representative Porter: From the standpoint of the bigger umbrella, we know this is complicated. If I got to wave my magic wand everybody listed would be listed under one umbrella, the board of behavioral health. All these boards drives me crazy, having said that, the family nurse practitioner that has some coursework in behavioral health, not anything close to the four listed, have that tier 2a capability, but we keep hearing we want more people involved in the whole picture. We have elevated some who aren't as qualified as others. I don't have a problem having them elevated, but we've set that standard, but we're still trying to limit others inside this system. That's kind of where I get bound up in this process. The walls get built and we aren't worried about the patient.

Chair J. Lee: I am concerned about us intruding in the boards which are running this, it doesn't matter if they are all under one umbrella, or not. There would still be differences in the scopes of practice for a licensed addiction counselor and a licensed professional clinical counselor. So for us to get caught up in looking at the education hours, that is micromanaging, that's up to the boards to determine. If there has to be legislative change to the scope of practice, then they will bring that to us, but for us to make changes based on our perception of educational supervision is an intrusion to the rights of the boards who are regulating for the benefit of the citizens of the state not matter how we decide to make this decision.

Chair J. Lee: Closed the hearing.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
4/13/2017
Job Number 30114

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Marie Glum

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals revision.

Minutes: 1 attachment

Chair J. Lee: Brought the conference committee meeting to order, all members were present: Senator Lee, Senator Anderson, Senator Heckaman; Representative Porter, Representative Westlind, and Representative Anderson.

Chair J. Lee: We have been talking about adding Licensed Marriage and Family Therapists to tier 2a. One of the main concerns is about who can affect a person's rights, and the fact that we're talking about seclusion and commitment on the part of the folks who are on the 2a tier. I'm not that comfortable with moving them up to that level. By doing what we're talking about doing, we're throwing a bomb into all the work the interim did. We had asked all the boards to meet and work on updating their rules. They streamlined their rules, and made changes; we wanted for the boards to be the ones who updated their rules and made sure they had everything in place

Senator Anderson: Maybe we can ask if the House heard from the Board of Licensed Marriage and Family Therapists or if the all the testimony came from the Association.

Representative Porter: I don't know if I can answer that, I don't know who's on that board, we had a mixed barrage of testimony. Larry Giese is on the board, he was there.

Senator Anderson: In your remembrance, when he testified he felt it was within the scope of practice of the LMFT?

Representative Porter: Yes, that's where this sheet came from, referenced attachment #3 from the Minutes on April 11, Job Number 30052.

Chair J. Lee: Did you discuss seclusion and commitment that are the responsibilities that are in tier 2a?

Representative Porter: The topic we focused on was their training and capabilities and their scope of practice and convincing the House they were equal to the other 2a tiered licensed people. That's what we agreed to, short of the pediatric side, which they don't counsel, we thought they met the education requirements.

Senator Anderson: I think Ms. Sagness says it best; sometimes a particular individual training is specific, versus broad range training. We have PhDs in pharmacology that are not allowed to practice pharmacy because they specialize in one special area. That's kind of the consideration here, when Dr. McLean said it's not just the training, but what's involved in the training and what the scope of practice is.

Chair J. Lee: We now have copies of the letter (please see attachment #1) that I asked Dr. McLean for. Read from letter (6:50-9:30). I'm wondering if we might consider this possibility: I recognize that it throws a bomb in to the work that these boards did collaboratively in this task force. This tier system will apply in many places, it's something that is flexible and adaptable. We can list in tiers and it doesn't have to be listed individually. I would like to throw out the idea of putting it in place for this biennium and seeing it work for 2 years, and look at it next biennium. I really think that this reflects the work of many professionals, by moving someone in to an area where we're dealing with boards and messing up what they already did.

Representative Anderson: Do you know if North Dakota Association for Marriage and Family Therapy were involved?

Chair J. Lee: Yes, that's in the letter, and they testified in our hearing. They may have been the one who didn't concur.

Representative Anderson: I did ask Rep. Dobervich, who is a licensed social worker, she thought they should be in tier 2a, based on what Rep. Porter said. The core classes to get a masters in counseling are pretty much the same for everyone; the electives are specialized. She thought for commitment, I remember talking more about commitment than restraint.

Chair J. Lee: Well they're similar. For anyone who wasn't part of that discussion, that includes me, I am deferring to people whose opinions I respect, who worked with the Boards to try to figure out how we could make this work. They've put out a tremendous amount of work to be fair and to recognize what the responsibilities are to the individuals being served. The primary emphasis was the rights of the individual.

Representative Porter: Stated he wasn't on the interim committee, stated that he thought the bill was building walls, suggested that LPCCs should drop down a level, since their scope of practice doesn't involve commitment.

Chair J. Lee: What I think is important to note, this is tearing down fences. The work done has enhanced the opportunities for clinical supervision. Our goal was to ask them to build bridges between their professions, they are unique, I think that they did a good job of trying to figure out how to build crosswalks between the Boards. The reports that they gave indicated to us they had gone along ways to make it possible for someone to move from one career. They don't have to go all the way down to the beginning and start over.

Senator Anderson: We've done this before and I would like to hear from the Board, not just a member, review what we require them to do. That would make me more comfortable, that's the only piece I see is missing, I hate to override the work of the interim. I would like to hear them say official yes we think that this is within the scope of practice.

Pam Sagness, DHS: I was member of the group that met, I think what's important is that this isn't about education level; this was about writing administrative code that would not have to name every group in every section of code. I agree with what Rep. Porter said yesterday, about reimaging that way the Boards work so that is was about the minimum standard of here's the behavioral health, then there could be specialties; that would be fantastic; we're not there. When I review this bill there's no place where there's a differentiation between 2a and 2b. That's the conversation for the next biennium. When we rewrite the psychiatric residential treatment facility rules, right now they say LICSW, because they had to. When the difference between 2a and2b comes into play is in the future, everything in this bill only differentiates between level 1 and 2. That's not the question you asked but it's an important piece of the puzzle. My concern is the usefulness of tiers, if we have a group that can't work with children and yet I have to write psychiatric residential treatment facility rules for seclusion and restraint. I can't use the tiers, to write those rules, we will just use what we have to name individuals specifically. At this point in time, there is no authority given to 2a not given to 2b, and all of the scope of work is still in the Boards. This does not change anything in regard to scope of work. We wanted to leave the integrity of the Board to make the decision about scope of work.

Senator Heckaman: What is the benefit of having the tier system in code?

Ms. Sagness: This would allow us to go back to administrative code and instead of having all those individuals named, we could start implementing and bringing forward in administrative rule.

Chair J. Lee: And you wouldn't have to identify every profession individual. They can be moved around as scopes change. Can you answer the question about LPCCs that Rep. Porter asked?

Ms. Sagness: I wouldn't feel comfortable answering why LPCCs were differentiated. My role is in the utilization of the tiers and writing code. Dr. McLean was more involved.

Representative Anderson: I think it's interesting looking at this chart human rights, referenced attachment #2 from the minutes from April 11, Job Number 30052. Stated that the LFMT have twice as many hours in ethics.

Chair J. Lee: But we also have heard that the education is not as important as the scope of practice. A brain surgeon can't be an EMT, but has higher education. It isn't the education that is important here. This isn't even close to being adequate to what the discussions of the task force talked about.

Representative Porter: It almost seems like we're chasing our tail here. The Boards set the scope of practice, we're tiering them to make it easier for the Department to write

administrative code. That's the only reason for the tiered system. It has nothing to do with what the individual can do, that's set by the Board. We're making it easy for the individuals who write the code, so they don't have to list the individual practices inside of these, as each profession morphs and changes, they have to write the administrative code anyway.

Senator Anderson: If the administrative code says 2a, and my profession moves into 2a, I'm already included, we don't have to write new code. If my prof moves up to more criteria, then the only choice would be to add my profession to the administrative code.

Representative Porter: If we have a LPCC, by the virtue of their Board can't do restraints, but including them in the category of 2a because that's where we've put anybody who can do restraints, then we've already not done what we're intending to do. We're already saying putting them into something that their Board doesn't allow them to do, yet we're still calling them a 2a for the purpose of writing the code, I'm unclear on why we need this bill.

Senator Anderson: It's not my intention to defend the decisions made by the interim committee, but to defend the process.

Chair J. Lee: I don't see anything about seclusion and restraint on this chart, am I not seeing it? It seems that it isn't fair to say convenience writing code. All of these different practices are in zillions of places in statute. It is so easy to miss something, if we continue to make those kinds of updates and corrections, the efforts were intended to make it easier for everybody to find. I think there is a purpose to this bill. When there isn't anybody except the Licensed Marriage and Family Therapists who think it's a good idea to move to that lever, I have to listen to those other folks too. I don't have heartburn about implementing the plan, we are disrupting it if we move this around without giving it a try. I can't imagine why we wouldn't want to consider implementing this, get the rules in place, see if it works, and let the Boards apply to change it. I can't imagine anything but good. This enables them to find it all in one place. We will adjourn until next time.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
4/18/2017
Job Number 30191

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Marie J. Glenn

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals revision.

Minutes: 3 attachments

Chair J. Lee: Brought the conference committee meeting to order: all members were present: Senator Lee, Senator Anderson, Senator Heckaman; Representative Porter, Representative Westlind, and Representative Anderson.

Senator Anderson: I've done some research; I contacted Sally Tobin, Vice-Chair of the Board for the Licensed Marriage and Family Therapists, I asked her two questions from the back of this email (please see attachment #1) about treating individuals and commitment. The Marriage and Family Therapy practice act clearly says delivery of services to individuals. Nothing in their practice act would prevent them from doing commitment in these cases, the problem is in North Dakota Century Code 25-03.01 where it says mental health professionals, they aren't included in that, so they can't do commitment for the state. It happens that 25-03.01 is one is one of the sections we're intending to amend with this bill. So once that amendment occurs, it removes the barrier that says they can't do it. On the second page, it says individuals, couples, and so forth; below that the commission on accreditation on family therapy education where it clearly says 'and therapy for individuals'. It removes the two contentious items we had: no individuals and no commitment. That's because of our law, not because of their practice act. I copied 25-03.01, which talks about commitment procedures; under current law, that mental health professional can't do it because they aren't listed. Quite a few people are listed, it includes licensed addiction counselors, but not LMFT which is part of our putting them in a tier would correct. The last couple pages, this is administrative code, once the laws change, the agency can take care of that. These LFMT aren't included because the law excluded them; that's easily fixed. The last page talks about seclusion, and we talk about those individuals, they aren't included. It looks to me like there's not a lot of downside to including them in 2a tier. Their practice act allows it, it's other places in the code or administrative code where we say no; that's what were here to fix. I'm suggesting we eventually accede to the House amendments in that respect. I'm uncomfortable combining them all into 1 tier. Then we've got lots of nurses who may or may not have any exposure in mental health. I'm reluctant to put them in the same tier. This is better than combining the tiers into one level 2, we'd be better off to move them up, based on that.

Chair J. Lee: This is what you brought to us, that is what we're talking about doing. I'm much happier going back to what you've sent us in the first place. The Social Work Board asked for a provision that dealt with experience coming from other states. Rep. Weisz was informed this morning that the amendment is worse than the way it was. Amendments were being drafted for that, but I suggested that it be put in SB 2042 since it's still in conference committee. It kind of belongs there, he's asked Jenn Clark to do that, that's what we would present to you, acceding the House amendments, but further amending in order to be able to put in that section of the Social Workers Board that would allow them to do that.

Representative Porter: Thanked Senator Anderson for his research.

Chair J. Lee: I have some correspondence to hand out here. (please see attachments #2 and #3)

Representative Porter: Will the amendment be here this afternoon?

Chair J. Lee: Perhaps. This is a message from Prairie St. John's, I wanted us to clarify his message.

Chair J. Lee: Closed the Conference Committee meeting.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2042
4/18/2017
Job Number 30206

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to references to mental health professionals revision

Minutes: 1 attachment

Chair J. Lee: Brought the conference committee meeting to order. All members were present: Senator Lee, Senator Anderson, Senator Heckaman; Representative Porter, Representative Westlind, and Representative Anderson.

Representative Porter: (Please see attachment #1) There was a reciprocity item that was brought to the attention of a different committee; this is the identical language, however when the Board attorney from the Attorney General's Office looked at it, at the beginning of this amendment's underlined portion, it says 'or', originally it said 'and'. That was not the intent of the Board of Social Workers. This is a one-word change, and once this bill runs through the process, we need to make sure that 2033 is signed before this one to ensure this verbiage is changed.

Chair J. Lee: This was originally drafted for 1012, I suggested that we put it in here since we are talking about behavioral health professionals. We are fixing this because Jon Tyler from the AG's office said it was not good because of that 'or/and' thing. Jennifer Clark didn't have it ready for us right now, what we can do is adopt this change subject to our review.

Senator Anderson: I move accede and further amend.

Representative Porter: Second.

Chair J. Lee: The motion to further amend would put LMFT in 2a, but would leave the other professionals in 2b. We would add the paragraph from 2033, which would enable the Social Work Board to consider experience from other states when they license someone coming into practice from other states.

A roll call vote was taken.
Motion passes 6-0-0.

Sen. Lee and Rep. Porter will carry.
Chair J. Lee: Closed the meeting.

CR
4/19/17

17.0228.04004
Title.06000

Prepared by the Legislative Council staff for
Representative Weisz
April 18, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2042

That the Senate accede to the House amendments as printed on pages 1079 and 1080 of the Senate Journal and page 1230 of the House Journal and that Engrossed Senate Bill No. 2042 be further amended as follows:

Page 1, line 5, remove "and"

Page 1, line 5, after the third comma insert "and 43-41-07,"

Page 1, line 8, after "professionals" insert "and licensure of social workers"

Page 22, after line 3, insert:

"**SECTION 26. AMENDMENT.** Section 43-41-07 of the North Dakota Century Code as amended in section 2 of Senate Bill No. 2033, as approved by the sixty-fifth legislative assembly, is amended and reenacted as follows:

43-41-07. Qualification for licensure by an applicant licensed in another jurisdiction.

1. An applicant may be granted a license upon ~~satisfactory~~:

   a. Satisfactory proof to the board that the applicant is licensed in good standing under the laws of another jurisdiction that imposes substantially the same requirements as this chapter ~~and a board determination~~; or

   b. Determination of the board that at the time of application for licensure under this section the applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications or experience in the practice of social work which are substantially similar to the minimum requirements for licensure under this chapter.

2. The applicant shall pay the licensure fees specified by the board."

Renumber accordingly

Date: 4/11 - 4/18
Roll Call Vote #: _____

2017 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2042 as (re) engrossed

Senate Human Service Conference Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☐ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Senators	4/11	4/13	4/18	Yes	No	Representatives	4/11	4/13	4/18	Yes	No
Senator Lee	X	X	X			Representative Porter	X	X	X		
Senator Anderson	X	X	X			Representative Westlind	X	X	X		
Senator Heckaman	X	X	X			Representative P. Anderson	late	X	X		
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: _____ No: _____ Absent: _____

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Date: 4/18
Roll Call Vote #: 1

2017 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2042 as (re) engrossed

Senate Human Service Conference Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☒ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Sen. Anderson Seconded by: Rep. Porter

Senators	4/18			Yes	No	Representatives	4/18			Yes	No
Senator Lee	Y			Y		Representative Porter	Y			Y	
Senator Anderson	Y			Y		Representative Westlind	Y			Y	
Senator Heckaman	Y			Y		Representative P. Anderson	Y			Y	
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen. Lee House Carrier Sen. Porter

LC Number 17.0228 . 04004 of amendment

LC Number 05000 . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Amendment to put LMFTs in 2A; add language to enable Social Work Board to allow reciprocity.

Insert LC: 17.0228.04004
Senate Carrier: J. Lee
House Carrier: Porter

REPORT OF CONFERENCE COMMITTEE

SB 2042, as engrossed: Your conference committee (Sens. J. Lee, Anderson, Heckaman and Reps. Porter, Westlind, P. Anderson) recommends that the **SENATE ACCEDE** to the House amendments as printed on SJ pages 1079-1080, adopt further amendments as follows, and place SB 2042 on the Seventh order:

That the Senate accede to the House amendments as printed on pages 1079 and 1080 of the Senate Journal and page 1230 of the House Journal and that Engrossed Senate Bill No. 2042 be further amended as follows:

Page 1, line 5, remove "and"

Page 1, line 5, after the third comma insert "and 43-41-07,"

Page 1, line 8, after "professionals" insert "and licensure of social workers"

Page 22, after line 3, insert:

"**SECTION 26. AMENDMENT.** Section 43-41-07 of the North Dakota Century Code as amended in section 2 of Senate Bill No. 2033, as approved by the sixty-fifth legislative assembly, is amended and reenacted as follows:

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1. An applicant may be granted a license upon ~~satisfactory~~:

   a. Satisfactory proof to the board that the applicant is licensed in good standing under the laws of another jurisdiction that imposes substantially the same requirements as this chapter ~~and a board determination~~; or

   b. Determination of the board that at the time of application for licensure under this section the applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications or experience in the practice of social work which are substantially similar to the minimum requirements for licensure under this chapter.

2. The applicant shall pay the licensure fees specified by the board."

Renumber accordingly

Engrossed SB 2042 was placed on the Seventh order of business on the calendar.

2017 TESTIMONY

SB 2042

SB 2042
Attch
#1
1/4

NDNPA
NORTH DAKOTA
Nurse Practitioner Association

TESTIMONY TO:

SENATE HUMAN SERVICES COMMITTEE

65TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

Senate Bill 2042 1/11/2017

Madam Chairman Senator Lee and Committee Members:

I am Cheryl Rising, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am here to testify in support of Senate Bill 2042 relating to mental health professionals and a tiered system for the roles of health professionals which includes APRN's.

NDNPA supports the definitions on page 14, lines 21 through 25. In our rural state of ND, many communities have an Advance Practice Registered Nurse (APRN) providing care in our emergency rooms, hospitals and clinics. This new definition will allow the APRN to hold an individual for treatment up to 72 hours. This will help many of our communities to deliver timely health care to the individual in need.

This concludes my testimony and I entertain any questions.

Cheryl Rising, RN, MS, FNP-BC

701-527-2583

crisingnp@gmail.com

SB 2042
Attach #2
4/11

Board of Directors
College and University Nursing Education Administrators
ND Area Health Education Center
ND Association of Nurse Anesthetists
ND Board of Nursing
ND Chapter of National Association [redacted] Nursing Administration/Long Term [redacted]e
[redacted]D Nurses Association
ND Nurse Practitioner's Association
ND Organization of Nurse Executives
ND Public Health Association
Nursing Student Association of ND
ND Workforce Development
Public/Community Member
Sigma Theta Tau Chapters

Leadership Team
Agrisafe Network
Americans for Nonsmokers Rights
Association of Women's Health Obstetrics and Neonatal Nursing
Bismarck State College Nursing
Cankdeska Cikana Community College Next Steps
Concordia College Nursing
Dakota Nursing Program
Dickinson State University Nursing
Governors Committee on Aging
Honoring Choices North Dakota
Jamestown University Nursing
Lake Region State College Nursing
Mayville State University Nursing
[redacted]MN State Community and Technical [redacted]llege Nursing
[redacted]N State University Moorhead [redacted]lursing
Minot State University Sigma Delta
Minot State University Nursing
ND CAH Quality Network
ND Cancer Coalition
ND Developmental Disability Council
ND Association for Home Care
ND Center for Tobacco Prevention and Control Advisory Committee
ND Emergency Nurses Association
ND Hospice Organization
ND State College of Science Nursing
ND State University Nursing
ND State University Graduate Students
ND University System Articulation Comm
ND Women's Network
Sigma Theta Tau International Chapters
Sitting Bull College Nursing
State Associations of County and City Health Officials (SACCHOs)
Tobacco Free North Dakota
[redacted]nited Tribes Technical College [redacted]rsing
[redacted]niversity of Mary Nursing
University of North Dakota Nursing
Williston State College Nursing
Other Nursing Partners from Healthcare Organizations

NORTH DAKOTA CENTER FOR NURSING
A unified voice for nursing excellence.

Tiered System for Statutory References for Mental Health Professionals
Policy Brief for Bill #2042

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed to represent over 18,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration to guide ongoing development of a well-prepared and diverse nursing workforce to meet healthcare needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

Policy Recommendation: The North Dakota Center for Nursing supports Bill #2042

The Behavioral Health system in North Dakota has multiple challenges in delivering quality mental health and substance abuse services to all citizens. Nurses, the largest group of healthcare providers in the state, are in the unique position to help improve the delivery of behavioral healthcare.

Nurses serve in the front line of North Dakota's healthcare system and

This bill implements a new tier system to better clarify the roles of mental health professionals including Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) across multiple sections of Century Code. Many nurses including representatives of the North Dakota Board of Nursing, North Dakota Nurses Association, North Dakota Nurse Practitioner Association and the North Dakota Center for Nursing participated on the working group that developed the new system.

Tier 1) 1a: Psychiatrists/Psychologist (MD/DO, LP)
1b: Primary Care Providers (MD/DO/APRN/PA)

Tier 2) Independent Therapist Clinicians (LICSW/LPCC), LMFT, LAC, RN

Tier 3) LAPC, LCSW, LPC, Service Providers OT, VR, School Psychologists,

Tier 4) Direct Care Associates/Technicians

In particular, current Century Code allows a licensed physician of a local hospital or a licensed addiction counselor of a detoxification center to have the authority to hold a person for treatment up to seventy-two hours. In many rural areas, APRNs are the primary care provider on duty at the hospital and should be added to this list of those authorized for a public intoxication hold. (NDCC § 5-01-05.1. Public intoxication - Assistance - Medical care). This bill changes this to include any 1b mental health professional which will include APRNs.

Contact: Patricia Moulton, PhD
ND Center for Nursing
patricia.moulton@ndcenterfornursing.org

SB 2042
Attach
3
1/11

Shauna Erickson, LMFT, President
ND Association for Marriage and Family Therapy
Testimony on Senate Bill 2042
January 10, 2017

Testimony for:

Senate Bill 2042: Senate Human Services Committee

January 10, 2017

Madame Chair, and members of the Senate Human Service Committee, the North Dakota Association for Marriage and Family Therapy (NDAMFT) thanks you for the opportunity to submit testimony on Senate Bill 2042, which would create a tier system of mental health providers, among other changes. NDAMFT is testifying in support of Senate Bill 2042, with proposed changes to section 19.

NDAMFT represents the professional interests of Marriage and Family Therapists throughout North Dakota. As licensed Marriage and Family Therapists (LMFTs), members are able to diagnose and treat mental and emotional disorders. LMFTs provide quality mental healthcare to individuals, couples, and families. Marriage and Family Therapy is one of the five federally recognized core mental health professions, along with psychiatry, psychology, social work, and psychiatric nursing.

Section 19 of Senate Bill 2042 defines tiers of mental health professionals. Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. NDAMFT respectfully requests that the language be amended to include LMFTs on the same tier as licensed clinical social workers and licensed clinical counselors.

The Marriage and Family Therapy license allows LMFTs to practice at the same capacity as a licensed independent clinical social worker or a licensed professional clinical counselor. LMFTs have similar educational requirements as licensed independent clinical social workers and licensed professional clinical counselors, which typically requires a Master's degree and clinical experience. Approximately 30% of LMFTs hold doctorate degrees.

Shauna Erickson, LMFT, President
ND Association for Marriage and Family Therapy
Testimony on Senate Bill 2042
January 10, 2017

As the licensure requirements and qualifications for LMFTs are more closely aligned with licensed independent clinical social workers and licensed professional clinical counselors, placing LMFTs on the same 2a tier would ensure consistency between qualified mental health providers in our state.

Thank you for your time and attention. NDAMFT welcomes the opportunity to work with the committee to improve the bill language.

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Attach #1
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-----Original Message-----
From: Lee, Judy E.
Sent: Monday, January 16, 2017 3:57 PM
To: McLean, Andrew J.
Subject: SB 2042

Andy -
The representative of the licensed marriage and family therapists wants to be recognized as the same tier as licensed clinical social workers or licensed clinical counselors. That's 2a instead of 2b, I think. What are your thoughts? He said that LMFTs can practice at the same capacity as a licensed independent clinical social worker or a licensed professional clinical counselor.
I am quite comfortable with your work on the tiers, but I should respond to him.

Senator Judy Lee

Sen. Lee (Judy)

As you recall, the task at hand was the following:

"STATUTORY REFERENCES TO MENTAL HEALTH PROFESSIONALS – REPORT TO LEGISLATIVE MANAGEMENT. During the 2015-16 interim, the department of human services, in consultation with the state department of health and other stakeholders, shall study statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the department of human services to provide services or license facilities. In addition, the department of human services shall study statutory language and report recommended changes in alignment with the most current professional standard or with most current diagnostic and statistical manual."

We had input from many stakeholders, with frank discussion on tier placement, and as you can imagine, many wanting 1) to be included, 2) to be at a "higher tier" and 3) to not have others at the same tier as them, etc... We did continually discuss that the task was that noted above, and not to fulfill any particular profession's needs or agenda (and, by this we meant all of the professions!) And, clinical similarity or clinical "importance" of a profession does not necessarily correlate with the task of the workgroup.

There was feedback from LMFT representation, consistent with the opinion noted below. All had valid points, (including that in some states, they are indeed seen at the same level as independent clinical social workers or licensed professional counselors.) And, initially, LMFTs, LACs, RNs were considered at a lower tier and then we moved to tier 2 with a sublevel, to recognize that within their own scope they do indeed have particular/specific expertise as relates to the century code. I should add, that I know many LMFTs who have additional credentials/training which afford them to be able to do the work at higher levels as relates to the century code. And, we all agree that LMFTs provide a necessary and valuable service that many of us do not have the skills or ability to provide. Same with LACs, RNs, etc... However, as relates to the century code and the task above, the reason those professions were not moved to another tier was that their scope was specific to a particular area, and not as broad as pertains to diagnosis and evaluation of individuals within the context of the NDCC chapters. (LMFTs scope is

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specific to the individual in the context of the marriage or family system, and supervised training hours are less than that of LICSWs and LPCCs.)

Not saying this is right or wrong, nor that I have a dog in this fight, but it is where we landed given our request to review and report. And as noted, after all was said and done we anticipated this being debated by various groups...
Regards,
Andy

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Shauna Erickson, LMFT, President
ND Association for Marriage and Family Therapy
Testimony on Senate Bill 2042
February 13, 2017

Testimony for:

Senate Bill 2042: House Human Service Committee

February 13, 2017

Chairman Weisz and members of the House Human Service Committee, the North Dakota Association for Marriage and Family Therapy (NDAMFT) thanks you for the opportunity to submit testimony on Senate Bill 2042, which in section 19 would create a tier system of mental health providers, among other changes. NDAMFT is testifying in support of Senate Bill 2042, with proposed changes to section 19.

NDAMFT represents the professional interests of Marriage and Family Therapists throughout North Dakota. Per North Dakota Century Code, Licensed Marriage and Family therapists (LMFTs) are able to diagnose and treat mental and emotional disorders. LMFTs provide quality mental healthcare services to individuals, couples, and families. Marriage and Family Therapy is one of the five federally recognized core mental health professions, along with psychiatry, psychology, social work, and psychiatric nursing.

Section 19 of Senate Bill 2042 defines tiers of mental health professionals. Currently, tier 2a mental health providers are defined as licensed clinical social workers and licensed clinical counselors, while LMFTs are defined as a tier 2b mental health provider. NDAMFT respectfully requests that the language be amended to include LMFTs on the same tier as licensed clinical socials workers and licensed clinical counselors.

The Marriage and Family Therapy license allows LMFTs to practice at the same capacity as a licensed independent clinical social worker and a licensed professional clinical counselor. LMFTs have similar educational requirements as licensed independent clinical social workers and licensed professional clinical counselors, which typically requires a Master's degree and clinical experience. The Marriage and Family Therapy license also requires 1,500 post graduate direct client contact hours, 500 of which are with individual clients (as indicated on comparison chart). While the ND Century Code declares LMFTs are able to diagnose and treat individuals, some have felt that we should be in a lower tier because of a misconception that we only treat mental and emotional disorders in the context of couples and family systems. Diagnostically, when providing individual, couple, or family therapy services, LMFTs are still required to diagnose an "identified patient" in order to develop a plan for treatment, thus requiring diagnostic assessment competency.

Shauna Erickson, LMFT, President
ND Association for Marriage and Family Therapy
Testimony on Senate Bill 2042
February 13, 2017

As licensure requirements and qualifications for LMFTs are more closely aligned with licensed independent clinical social workers and licensed professional clinical counselors, placing LMFTs on the same 2a tier would ensure consistency between qualified mental health providers in our state.

Thank you for your time and attention. NDAMFT welcomes the opportunity to work with the committee to improve the language in section 19 of Bill 2042. There is written testimony from other North Dakota LMFTs in regard to support of this bill with amendment to section 19.

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Mental Health Profes[illegible]omparison Chart

	Licensed Marriage and Family Therapists	Licensed Independent Clinical Social Worker	Licensed Professional Clinical Counselors	Licensed Addiction Counselors
Minimum Education Required	Master's Degree N.D. Cent. Code § 43-53-06	Master's Degree N.D. Cent. Code § 43-41-04	Master's Degree North Dakota Admin. Code 97-02-01.1-01	Bachelor's Degree North Dakota Admin Code 4.5-02.1-01-03
Clinical Training Required	2 years (minimum 1,500 hours of clinical client contact including the assessment, diagnosis, and treatment of mental illness) post-Master's Experience N.D. Cent. Code § 43-53-06	3,000 Hours post-Master's Clinical Experience within 4 years[1] N.D. Cent. Code § 43-41-04	2 years (3,000 hours) post-Master's Clinical Experience; North Dakota Admin. Code 97-02-01.1-01	1,400 Hours North Dakota Admin Code 4.5-02.1-01-04
Minimum Hours of Clinical Client Contact	500 hours with individuals 500 hours with family groups 500 hours with couples (unmarried, married, and separating and divorcing) North Dakota Admin Code 111-02-02-03	Not Specified in Law	Not Specified in Law	Not Specified in Law
Minimum Supervision Hours	300 hours NDMFTLB Licensure Application Form	150 hours North Dakota Admin Code 75.5-02-03-04.1	100 hours North Dakota Admin Code 97-02-01.1-01	50 hours of supervision North Dakota Admin Code 4.5-02.1-03-01
Examination	Yes; Association for Marriage and Family Therapy Regulatory Boards National Examination and state examination conducted by the NDMFTLB North Dakota Admin Code 111-02-03-05	Yes, Examination approved by the Board North Dakota Admin Code 75.5-02-03-02	Yes, National Board for Certified Counseling's Clinical Mental Health Counseling Examination North Dakota Admin Code 97-02-01.1-01	Yes; Written examination approved by the Board North Dakota Admin Code 4.5-02.1-01-05
Able to diagnose and treat mental and emotional disorders?	Yes N.D. Cent. Code § 43-53-01	Yes North Dakota Admin Code 75.5-02-01-03	Yes North Dakota Admin Code 97-02-01.1-06	No, counseling or assessment of alcohol or controlled substance use N.D. Cent. Code § 43-45-01
Scope of Practice	Can provide services to individuals, couples, families, singly or in groups N.D. Cent. Code § 43-53-01	Can provide services to individuals, couples, and families N.D. Cent. Code § 43-41-01	Can provide services to individuals, couples, families, and groups N.D. Cent. Code § 43-47-01	Not Specified in Law
Continuing Education Requirements	30 hours every two years – 6 hours in Ethics North Dakota Admin Code 111-02-01-06	30 hours every two years – 2 hours in Ethics North Dakota Admin Code 75.5-02-03-07	30 hours every two years – 3 hours in Ethics North Dakota Admin Code 97-02-01-06	40 hours every two years North Dakota Admin Code 4.5-02.1-02-02
Can Practice Independently in Private Practice?	Yes	Yes	Yes	No; Must meet additional requirements which include additional clinical experience North Dakota Administrative Code 4.5-02.1-04-02

[1] The North Dakota Board of Social Work Examiners website notes the requirements are "3000 hours of supervised clinical social work practice" not clinical social work experience. The Board interprets "Clinical social work practice to mean the professional application of social work theory, knowledge, methods ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, and groups. North Dakota Administrative Code 75.5-02-01-03

(For Lee, Judy)

Scratch Pad for: SB 2042

Floor speech 1/30/17

SB 2042 came about as a result of an interim study that directed the Dept. of Human Services, in consultation with the Dept. of Health and other stakeholders, to study statutory references to mental health professionals to determine whether changes in the law might help to more fully utilize these professionals within their scopes of practice as it relates to the responsibilities of DHS to provide services or license facilities. In addition, DHS was to study statutory language and make recommendations in alignment with the most current professional standard or with most current diagnostic and statistical manual, the DSM.

Rather than give any profession the designation of "qualified mental health professional", the decision was to put all professionals, according to their scopes of practice, in tiers, recognizing that all professions in each tier may perform similar functions.

There were many meetings with input from many stakeholders and frank discussions on tier placement. 2042 is the final result of the work that was done by the group.

Please start with page 14 to see the tiers, and then the rest of the bill will make sense.

Tier 1 mental health professional means a tier 1a or tier 1b MHP. Tier 1a is a psychiatrist or psychologist. Tier 1b is a licensed physician, Physician's assistant, or advanced practice registered nurse.

Tier 2 means tier 2a or tier 2b MHP. Tier 2a is an independent clinician who is a licensed independent clinical social worker or licensed professional clinical counselor. Tier 2b is a licensed marriage and family therapist, addiction counselor, or registered nurse.

Tier 3 means licensed associated professional counselor, licensed certified social worker, licensed professional counselor, associate marriage and family therapist, occupational therapist, licensed practical nurse, behavior analyst, vocational rehabilitation counselor, school psychologist, or human relations counselor.

Tier 4 means a direct care associate or technician.

You will note differences in terminology, such as "individual" being substituted for "person" in Sec. 1. On line 16, note that the reference to licensed physician is replaced by tier 1b MHP. That means that APRNs and PAs are added as individuals who can hold an individual for treatment.

On page 3, other political subdivisions are added on lines 8 and 9, in addition to the state.

On page 5, lines 26 & 27, psychiatrist or psychologist are replaced by tier 1a mental health professional.

In several places throughout 2042, one will see a list of one or 2 professionals replaced by the appropriate tier number.

On pages 13 and 14, outdated definitions are replaced by current ones.

On page 19 lines 22-23 "a final year psychiatric resident physician not involved in the current diagnosis or treatment of the patient is added as an individual who can certified concerning involuntary treatment.

On page 21 lines 25-30 are deleted as language no longer needed.

On page 22 the various tiers are included as mandatory reporters concerning child abuse or neglect.

On page 26 the definition of "mentally deficient individual" is one which is connected to Section 32 on page 28 and updates the language.

Mr. President, there has been a great deal of work invested in bringing many sections of statute up to date with the tiered language, recognizing the capabilities of each professional in appropriate ways.

Att. 3
SB2042
1-13-17

NDNPA
NORTH DAKOTA
Nurse Practitioner Association

TESTIMONY TO:

HOUSE HUMAN SERVICES COMMITTEE

65TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

Senate Bill 2042 2/13/2017

Chairman Weisz and Committee Members:

I am Cheryl Rising, Family Nurse Practitioner (FNP) and Legislative Liaison for the North Dakota Nurse Practitioner Association (NDNPA). I am here to testify in support of Senate Bill 2042 relating to mental health professionals and a tiered system for the roles of health professionals which includes Advance Practice Registered Nurse (APRN).

NDNPA supports the definitions on page 14, lines 21 through 25. In our rural state of ND, many communities have an Advance Practice Registered Nurse (APRN) providing care in our emergency rooms, hospitals and clinics. This new definition will allow the APRN to perform at our full scope of practice. This will help many of our communities to deliver timely health care to the individual in need.

This concludes my testimony and I entertain any questions.

Cheryl Rising, RN, MS, FNP-BC

701-527-2583

crisingnp@gmail.com

Att. 4 Written Testimony only
SB 2042 2/13/17

New Horizons Therapy, LLC

Jessica Stellberg-Filbert, MS, LMFT
Licensed Marriage & Family Therapist
24 N. Main St., Suite F
Minot, ND 58703
(702) 738-2724

Letter in support of SB 2042 amendment

Chairman Weisz, and members of the House Human Service Committee,
I am a licensed Marriage and Family Therapist in North Dakota and your constituent. I have dedicated my life to provide mental health care to my clients. I ask for your support for an amendment to list licensed MFTs as tier 2a providers within Senate Bill 2042. Since Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier, it could significantly impact the practice of marriage and family therapy and potentially exclude them from providing services they are trained to provide and which are sorely needed in our communities.

Access to mental health services is often limited in North Dakota, especially in the more rural areas of the state. I moved my own practice from Las Vegas, NV to Minot, North Dakota almost two years ago and have been surprised by the extensive need for more providers and services. Oftentimes, local providers have waitlists of six to eight months. This is far from ideal, especially when we have clients with acute mental health needs.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. However, the marriage and family therapy license and more importantly their training and education ensures that LMFTs are qualified to practice at the same capacity as the other tier 2a professionals. Most other states and federal agencies, including the VA, recognize them as standing at the same level. According to the American Association of Marriage and Family Therapists (AAMFT) Marriage and Family Therapists are mental health professionals trained to diagnose and treat mental and emotional disorders as well as diverse forms of relational problems. This is mirrored in the North Dakota Century code. Marriage and Family Therapists work with the individual, couple or family to change behavioral patterns so that symptoms and relational problems can be resolved.

I graduated with a M.S. degree in Marriage and Family Therapy from a COAMFT approved graduate program at UNLV in 2008. The M.S. degree in Marriage and Family Therapy leads to state licensure as a MFT. Students are prepared to work with individuals, couples, families, and groups on mental health, behavioral, personal, and/or relational concerns in public, private, not-for-profit agencies, hospitals, and private practice. The master's degree prepares students for a profession as a marriage and family therapist as well as a mental health counselor by integrating components of MFT theories as well as mental health diagnoses.

In order to graduate from this program students have to complete 500 hours of supervised, clinical face-to-face client hours. Of these hours, 40% have to be completed with couples or families. This means that the rest of the hours are completed predominantly with individual clients with a broad spectrum of presenting problems and diagnoses. As a matter of fact, one of the greatest struggles for all students in my program was to be able to satisfy the 40% requirement as most clients present as individuals. I have recently begun supervising MFTs in training and continue to see the same pattern.

I am currently licensed in the state of North Dakota. The state board of marriage and family therapists requires therapists to complete at least 1500 hours of postgraduate, supervised clinical client contact hours. Of these 2000, at least 500 hours have to be completed in the treatment of individuals. In LMFTs educational requirements regarding diagnosis and treatment of mental illness and our clinical hour requirements are certainly equivalent to and on the same level as the other tier 2a professionals.

Since first being licensed in Nevada in February 2012 and continuing after moving to and being licensed in North Dakota in 2015, two thirds of my clients have been individuals with only one third of my client base

being couples and families. Through my training and experience, I am qualified to treat individuals presenting with diverse concerns. Among others, I treat mood disorders and anxiety disorders, PTSD, grief, personality disorders, sexual and relationship problems, stress management, work and career issues, and parenting and family issues.

Through the continuing education requirements many Marriage and Family Therapists seek out to further their training in specific areas as they encounter them in their practice. Throughout my work, trauma is a very common theme. I have worked with survivors of combat trauma, sexual trauma, childhood trauma, violent crimes, and accidents. I have sought out trauma specific training and have become certified to practice EMDR therapy independently. EMDR (Eye-movement Desensitization Reprocessing Therapy) is a well-researched psychotherapy approach accepted across mental health professions as a best practice that enables people to heal from the symptoms and emotional distress resulting from trauma. It is an approach that is only used in individual therapy. Currently there is one EMDR certified therapist beside myself in Minot, North Dakota. Her waitlist is at least 6 months long.

It is therefore my hope that you will agree that to limit LMFTs scope of practice in the proposed ways would mean to limit access to well-established treatment methods and options for many individuals in our communities. In the interest of your constituents, I ask you to please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042. Thank you for your time and attention to this matter.

Sincerely,

Jessica Stellberg-Filbert

AH. 5
SB 2042
2/13/17

Marsha Werner

[redacted] 58th St S • Fargo, ND 58104 • Phone: (360) 850-8588
E-Mail: marsha.m.werner@gmail.com

Date: Febuary 13, 2017
RE: Senate Bill 2042

Dear Chairman Weisz and members of the House Service Committee:

I am a recent graduate of the Marriage and Family Therapy program at Argosy University, Twin Cities, MN and am in the process of pursuing licensure to become a Marriage and Family Therapist (MFT). In order for students to have their master's degree conferred, they must successfully complete all necessary coursework and practicum hours. Within that curriculum, students learn how to diagnose and effectively treat individuals, families, couples, and groups.

After completing the minimum education requirement for the MFT license, graduates must successfully pass the National Marriage and Family Therapy Examination and additionally accumulate the minimum required clinical contact hours under a Board Approved Supervisor. Once fully licensed as an MFT, similar to other mental health professionals, MFTs are able to practice independently to treat those with mental or emotional disorders.

Placing MFTs on a tier 2b would place MFTs below their capability and capacity of their license and training. In doing so, [redacted]ld be a disservice to those needing treatment for mental health. Please support MFTs and support an amendment to section 19 that would include MFTs on tier 2a of SB 2042. Thank you for your attention to this matter.

Sincerely,

Marsha Werner, M.A.
Behavioral Modification Specialist

[redacted]

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SB2042
2/13/17

February 11, 2017

Letter in support of SB 2042 amendment

Chairman Robin Weisz,

Chairman Weisz, and members of the House Human Service Committee, as a Marriage and Family Therapist (MFT), and your constituent, dedicated to providing quality mental healthcare care to clients across North Dakota, I respectfully request that you support an amendment to licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals, families, and groups. Similar to the other 2a professionals, MFTs must complete coursework on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours, which includes at least 500 hours treating individuals with mental or emotional disorders. Once licensed MFTs are able to practice independently, with a majority of MFTs seeing individuals.

Placing MFTs on a 2b tier would limit duly licensed mental health professionals from practicing to the full extent of their training and license. Please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042.

I appreciate your consideration and the opportunity provided to reach out to you as my ND representative. I please urge you to support the amendment to licensed MFT as tier 2a providers within Senate Bill 2042.

Sincerely,

Garah M. Hammack

Garah M. Hammack, MS, LAMFT
Cell: (707) 330-8415
Minot, ND

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Att. 7 2/13/17
SB 2042

February 13th, 2017

Dear Chairman Robin Weisz & Members of the House Human Service Committee:

As a Licensed Marriage and Family Therapist (LMFT) in North Dakota who is dedicated to providing quality mental health services to the individuals of this great state, I urge you to support an amendment to licensed MFT's as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFT's on a lower tier. Currently, tier 2a mental health providers are defined as licensed clinical social workers (LCSW) or licensed clinical counselor (LPC), while LMFT's are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFT's to practice at the same capacity as the other 2a tier professionals. North Dakota Century Code provides that licensed MFT's are able to diagnose and treat mental and emotional disorders to individuals, families, and groups. Similar to other 2a professionals, MFT's must complete course work on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours; 500 of which treating individuals with mental or emotional disorders. I graduated from North Dakota State University which holds accreditation from the American Association of Marriage and Family Therapy. This accreditation ensures that students are held to high standards that compare to other mental health professionals in the state. Furthermore, North Dakota is lucky to have several students graduate each year that could continue to work within the state. We know that North Dakota is not in a place to lose any qualified mental health professionals. I have been lucky to work in the field since graduating in 2007. I have worked for 6 years as therapist on a multidisciplinary team serving individuals with serious mental illness and addiction issues. For the past two years I have worked with high risk sex offenders. My training as an MFT prepared me to provide quality mental health services over the years. I have worked alongside LCSW's and LPC's and have practiced in the same capacity. Please support MFTs and the high quality work they provide to the residents of North Dakota. Please support the amendment to section 19 to include MFT's on tier 2a of SB 2042.

Respectfully,

Winnie Austin, LMFT, License # ND-2015-049

winnieaaustin@gmail.com

701-200-4863

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Att. 8 2/13/17
SB 2042

In support of the bill with proposed amendment to section 19 to include MFTs to tier 2a

[redacted]ar Chairman Weisz and members of the House Human Service Committee,

I am a Licensed Marriage and Family Therapist (MFT) and business owner in private practice in the state of North Dakota. As someone who is dedicated to serving and providing quality mental health services to the citizens of North Dakota, I respectfully request that you support an amendment for Licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals which currently places licensed MFTs on a lower tier than other master's level mental health professionals which does not accurately reflect our education, training, or experience. This will create an obstacle for the citizens in North Dakota to access the desperately needed mental health services in North Dakota.

After graduating from the University of Wisconsin-Stout with a Masters of Science in Marriage and Family Therapy, I returned to the Red River Valley to provide mental health services in the state. I dedicated 12 years of service for the state of North Dakota. As a mental health clinician, I stood beside my colleagues from various mental health fields providing the best quality care for the citizens of North Dakota. As mental health professionals, we were required to provide appropriate diagnosis and intervention for each individual in our care. In addition, my position required me to provide evaluations for the court system as part of pre-sentence investigations. These evaluations provided the court diagnostic clarification, and treatment recommendations for individuals involved in the court system. Today, in private practice, I continue to coordinate services with my colleagues based upon accurate diagnosis and research based intervention. This experience is not unlike many MFTs.

As you all are aware, North Dakota is in dire need of quality mental health clinicians in our state. Before going into [redacted]ime private practice, I served as clinical director of a statewide program that was contracted with the state to provide mental health services for a criminal population. I was sought out by psychologists in the state to fill the role as clinical director and to clinically supervise Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Psychologists. We had a number of sites throughout the state and I was able to see firsthand how difficult it is to find licensed mental health clinicians.

Currently tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals, families, and groups. Similar to the other 2a professionals, MFTs must complete coursework on the diagnosis of mental illness and are required to have a minimum of 1500 clinical client contact hours, which includes at least 500 hours treating individuals with mental or emotional disorders. When fully licensed MFTs are able to practice independently, which includes providing diagnosis and treatment of individuals in our state. Placing MFTs on a 2b tier would limit duly licensed mental health professionals from practicing to the full extent of their training and license and will prevent them from providing quality mental health services to the citizens in our state. Please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042.

My experience is not unique for MFTs across our state and our nation. By amending this bill to include MFTs in the 2a tier of mental health providers you will accurately account for education and training and ensure that the citizens of the state of North Dakota will have access to all of the qualified mental health resources in our state.

[redacted]nk you for your service to the state and for considering this request.

Heather Guttormson, MS LMFT

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Att. 9 2/13/17
SB 2042

Testimony in support of SB 2042 amendment

Chairman Weisz, and members of the House Human Service Committee, as a Marriage and Family Therapist (MFT), and your constituent, dedicated to providing quality mental healthcare to clients across North Dakota, I respectfully request that you support an amendment to licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. Marriage and Family Therapists must complete a Master's program that educates them on human and child development which is comparable to the education that LICSW's and LPCC's receive. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals, families, and groups. Additionally, MFTs must complete coursework on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours, while LPCC's are required to have a minimum of 800 clinical contact hours after graduation. Among the required 1500 clinical contact hours for MFTs, at least 500 hours must involve treating individuals with mental or emotional disorders. Once licensed MFTs are able to practice independently, with a majority of MFTs seeing individuals.

Placing MFTs on a 2b tier would not only limit duly licensed mental health professionals from practicing to the full extent of their training and license but also limit the public's access to mental health services. The Behavioral Health Planning report of 2014 indicated the need for more mental health providers in the state. Currently, I serve numerous rural areas in the counties of Bottineau, Pierce, Towner, Rolette, and McHenry. I have heard from several other professionals and from families I have worked with about the struggle to access mental health services due to lack of providers in the area. If MFTs remain on tier 2b, the number of individuals able to access mental health services in the state becomes an even bigger struggle, especially in the rural areas. Thank you for your time and please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042.

Sincerely,

Mallary Schaefer Anderson, LMFT

Att. 10 2/13/17
SB 2042

Testimony for:

SB 2042: House Human Services Committee

February 13, 2017

Chairman Weisz and members of the House Human Services Committee,

I am Emily Coler Hanson. I am employed at Prairie St. John's as an outpatient therapist. I conduct diagnostic assessments, do individual and family therapy and provide consultation, collaboration and case management services for youth and their families. I am a graduate of NDSU and have been a practicing therapist in North Dakota for eight years. I am also an approved supervisor and help train new therapists in the profession.

As your constituent and an MFT in North Dakota, I respectfully request that you support an amendment to add licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier. This impacts client accessibility and my profession as a therapist.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as

tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals, families, and groups. Similar to the other 2a professionals, MFTs must complete coursework on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours, which includes at least 500 hours treating individuals with mental or emotional disorders. Once licensed MFTs are able to practice independently, with a majority of MFTs seeing individuals. The difference in licenses is not due to a lack of training or qualification to practice.

Placing MFTs on a 2b tier would limit duly licensed mental health professionals from practicing to the full extent of their training and license. It also limits the type of providers residents of North Dakota can see for mental health treatment. As there are high mental health needs in our state, these needs should not go unmet.

Please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042. Thank you for your consideration and support in this issue.

Thank you for your time in consideration of my testimony.

Att. 11 SB2042
2/13/17

Testimony for:

SB 2042: House Human Services Committee

February 13, 2017

Chairman Weisz and members of the House Human Services Committee,

I am Dr. Barb Stanton. I am employed at Prairie St. John's as an outpatient therapist. I conduct diagnostic assessments, do individual and family therapy and provide consultation, collaboration and case management. I respectfully request that you support an amendment to add licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier. This impacts client accessibility and my profession as a therapist.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals,

families, and groups. Similar to the other 2a professionals, MFTs must complete coursework on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours, which includes at least 500 hours treating individuals with mental or emotional disorders. Once licensed MFTs are able to practice independently, with a majority of MFTs seeing individuals. The difference in licenses is not due to a lack of training or qualification to practice.

Placing MFTs on a 2b tier would limit duly licensed mental health professionals from practicing to the full extent of their training and license. It also limits the access residents of North Dakota can have for mental health treatment. There are high mental health needs in our state, we must do what we can to support them.

Please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042. Thank you for support in this issue.

Thank you for your time in consideration of my testimony.

Chairman Weisz and members of the House Human Services Committee,

I write to you today to support a proposed amendment to SB 2042 that would move licensed marriage and family therapists from a tier 2b mental health professional to a tier 2a mental health professional.

Prairie St. John's is a fully-licensed and accredited 110-inpatient bed psychiatric facility offering services for children, adolescents and adults to address mental health issues, chemical dependency addiction or co-occurring disorders. Prairie offers a full psychiatric and addiction Continuum of Care. This Continuum of Care includes inpatient hospitalization, partial hospitalization (day treatment), residential treatment, intensive outpatient services and clinic services. While many patients are from the Fargo, ND and Moorhead, MN and surrounding areas, we also serve individuals and their families from throughout Minnesota, North Dakota and other states.

Marriage and family therapists are an integral part of our team. In our hospital MFTs complete assessments, individualized treatment planning, individualized safety planning, and therapy services for each patient we serve. For our outpatient work, we hire marriage and family therapists just as we would independent clinical social workers and professional clinical counselors to provide diagnostic assessments as well as individual and family therapy. Due to their education, training and licensure, I believe that marriage and family therapists should be recognized as a tier 2a mental health professional.

Thank you for your consideration,

Jeff Herman
CEO
Prairie St. Johns

Att. 1 SB 2042
3-1-17

17.0228.04001
Title.

Prepared by the Legislative Council staff for
Representative Devlin
February 14, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2042

Page 14, line 29, replace "or" with an underscored comma

Page 14, line 30, after "43-47" insert ", or a licensed marriage and family therapist licensed under chapter 43-53"

Page 15, line 1, remove "a licensed marriage and family therapist"

Page 15, line 2, remove "licensed under chapter 43-53,"

Page 15, line 3, remove the underscored comma

Renumber accordingly

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February 11, 2017

Letter in support of SB 2042 amendment

Chairman Robin Weisz,

Chairman Weisz, and members of the House Human Service Committee, as a Marriage and Family Therapist (MFT), and your constituent, dedicated to providing quality mental healthcare care to clients across North Dakota, I respectfully request that you support an amendment to licensed MFTs as tier 2a providers within Senate Bill 2042. Senate Bill 2042 would create a tier system of mental health professionals and currently places licensed MFTs on a lower tier.

Currently, tier 2a mental health providers are defined as licensed clinical social workers or licensed clinical counselors, while LMFTs are defined as tier 2b mental health providers. The Marriage and Family Therapy license allows MFTs to practice at the same capacity as the other tier 2a professionals. North Dakota Century Code provides that licensed MFTs are able to diagnose and treat mental and emotional disorders in individuals, families, and groups. Similar to the other 2a professionals, MFTs must complete coursework on the diagnosis of mental illness and are also required to have a minimum of 1500 clinical client contact hours, which includes at least 500 hours treating individuals with mental or emotional disorders. Once licensed MFTs are able to practice independently, with a majority of MFTs seeing individuals.

Placing MFTs on a 2b tier would limit duly licensed mental health professionals from practicing to the full extent of their training and license. Please support MFTs by supporting an amendment to section 19 to include MFTs on tier 2a of SB 2042.

I appreciate your consideration and the opportunity provided to reach out to you as my ND representative. I please urge you to support the amendment to licensed MFT as tier 2a providers within Senate Bill 2042.

Sincerely,

Garah M. Hammack

Garah M. Hammack, MS, LAMFT
Cell: (707) 330-8415
Minot, ND

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NORTH DAKOTA
Association for Marriage and Family Therapy

The Honorable Judy Lee
Chair
North Dakota Senate Committee on Human Services
State Capitol
600 East Boulevard
Bismarck, ND 58505

RE: Senate Bill 2042

Dear Senator Lee:

The North Dakota Association for Marriage and Family Therapy (NDAMFT) applauds your commitment to the citizens of North Dakota and wishes to express our support for Senate Bill 2042 as amended by the House of Representatives.

NDAMFT represents the professional interests of Marriage and Family Therapists throughout North Dakota. Using a systemic philosophy, licensed Marriage and Family Therapists (LMFTs) are able to diagnose and treat mental and emotional disorders in individuals, couples, and families per North Dakota statutes. Marriage and Family Therapy is one of the five federally recognized core mental health professions, along with psychiatry, psychology, social work, and psychiatric nursing.

Section 19 of Senate Bill 2042 creates tiers of mental health professionals for the purposes of involuntary commitment. As passed by the North Dakota House, tier 2a consists of the Masters level mental health providers: LMFTs, Licensed Independent Clinical Social Workers (LICSWs), and Licensed Professional Clinical Counselors (LPCCs). NDAMFT respectfully requests that you support keeping this tier intact with the three professions.

As outlined in this chart, the Marriage and Family Therapy license allows LMFTs to practice at the same capacity as a LICSW or a LPCC. LMFTs have similar educational requirements as licensed independent clinical social workers and licensed professional clinical counselors, which typically requires a Master's degree and clinical experience. Approximately 30% of LMFTs hold Doctoral degrees. The coursework includes extensive training on diagnosing mental illness, similar to other 2a professions. The MFT license also requires a minimum of 1,500 post graduate direct client contact hours with at least 500 hours of treating individuals (as indicated on chart). The client contact hours are hours spent providing services directly to the client, not the hours preparing paperwork as may be accepted as "experience" hours by other professions.

While LMFTs are able to treat families and groups, a majority of LMFTs treat individuals. A 2013 study of membership survey data obtained from the American Association for Marriage and Family Therapy and the California Association of Marriage and Family Therapists found that individual psychotherapy accounted for 64% of all services provided by MFTs. A 2017 survey of

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NORTH DAKOTA
Association for Marriage and Family Therapy

NDAMFT members found that individual therapy accounts for over 50% of an MFT's client base, with some North Dakota MFT individual client loads as high as 90%. When providing family or group therapy sessions, diagnostically, LMFTs are still required to diagnose an "identified patient", requiring diagnostic assessment competency.

The LMFT, LICSW, and LPCC licenses all enable the licensee holder to practice independently without additional requirements above the license. As the licensure requirements and qualifications for LMFTs are more closely aligned with LISCWs and LPCCs, keeping LMFTs on the same 2a tier would ensure consistency between qualified mental health providers in our state.

Thank you for your time and support on this issue.

Sincerely,

Shauna Erickson, LMFT
President
North Dakota Association for Marriage and Family Therapy

Mental Health Profession Comparison Chart				
	Licensed Marriage and Family Therapists	**Licensed Independent Clinical Social Worker**	**Licensed Professional Clinical Counselors**	**Licensed Addiction Counselors**
Minimum Education Required	Master's Degree N.D. Cent. Code § 43-53-06	Master's Degree N.D. Cent. Code § 43-41-04	Master's Degree North Dakota Admin. Code 97-02-01.1-01	Bachelor's Degree North Dakota Admin Code 4.5-02.1-01-03
Clinical Training Required	2 years (minimum 1,500 hours of clinical client contact including the assessment, diagnosis, and treatment of mental illness) post-Master's Experience N.D. Cent. Code § 43-53-06	3,000 Hours post-Master's Clinical Experience within 4 years[1] N.D. Cent. Code § 43-41-04	2 years (3,000 hours) post-Master's Clinical Experience; North Dakota Admin. Code 97-02-01.1-01	1,400 Hours North Dakota Admin Code 4.5-02.1-01-04
Minimum Hours of Clinical Client Contact	500 hours with individuals 500 hours with family groups 500 hours with couples (unmarried, married, and separating and divorcing) North Dakota Admin Code 111-02-02-03	Not Specified in Law	Not Specified in Law	Not Specified in Law
Minimum Supervision Hours	300 hours NDMFTLB Licensure Application Form	150 hours North Dakota Admin Code 75.5-02-03-04.1	100 hours North Dakota Admin Code 97-02-01.1-01	50 hours of supervision North Dakota Admin Code 4.5-02.1-03-01
Examination	Yes; Association for Marriage and Family Therapy Regulatory Boards National Examination and state examination conducted by the NDMFTLB North Dakota Admin Code 111-02-03-05	Yes, Examination approved by the Board North Dakota Admin Code 75.5-02-03-02	Yes, National Board for Certified Counseling's Clinical Mental Health Counseling Examination North Dakota Admin Code 97-02-01.1-01	Yes; Written examination approved by the Board North Dakota Admin Code 4.5-02.1-01-05
Able to diagnose and treat mental and emotional disorders?	Yes N.D. Cent. Code § 43-53-01	Yes North Dakota Admin Code 75.5-02-01-03	Yes North Dakota Admin Code 97-02-01.1-06	No, counseling or assessment of alcohol or controlled substance use N.D. Cent. Code § 43-45-01
Scope of Practice	Can provide services to individuals, couples, families, singly or in groups N.D. Cent. Code § 43-53-01	Can provide services to individuals, couples, and families N.D. Cent. Code § 43-41-01	Can provide services to individuals, couples, families, and groups N.D. Cent. Code § 43-47-01	Not Specified in Law
Continuing Education Requirements	30 hours every two years – 6 hours in Ethics North Dakota Admin Code 111-02-01-06	30 hours every two years – 2 hours in Ethics North Dakota Admin Code 75.5-02-03-07	30 hours every two years – 3 hours in Ethics North Dakota Admin Code 97-02-01-06	40 hours every two years North Dakota Admin Code 4.5-02.1-02-02
Can Practice Independently in Private Practice?	Yes	Yes	Yes	No; Must meet additional requirements which include additional clinical experience North Dakota Administrative Code 4.5-02.1-04-02

[1] The North Dakota Board of Social Work Examiners website notes the requirements are "3000 hours of supervised clinical social work practice" not clinical social work experience. The Board interprets "Clinical social work practice to mean the professional application of social work theory, knowledge, methods ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, and groups. North Dakota Administrative Code 75.5-02-01-03

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north dakota
department of
human services

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Doug Burgum, Governor
Christopher Jones, Executive Director

April 11, 2017

Senator Howard Anderson
2107 Seventh Street NW
Turtle Lake, ND 58575-9677

RE: SB 2042

Dear Senator Anderson:

I was the Chair of the Interim Committee work group tasked to study, pursuant to Section 1 of 2015 Senate Bill 2049, "statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the Department of Human Services to provide services or license facilities." As you are aware, the 2015 SB 2049 work lead to 2017 SB 2042.

In addition to the Department of Health and Department of Human Services, stakeholders included numerous professional boards and associations, including Counseling, Addiction Counseling, Licensed Marriage and Family Therapists, Medicine, Nursing, Psychology, Hospitals, Long Term Care, Health Insurance, Advocacy, and Higher Education. It should be noted, that there was significant cross-discipline licensure and training and majority (not unanimous) approval of recommendations among participants. Upon recent communication with the workgroup, that approval remains to this day. A major paradigm shift was the use of "tiers." The starting point for the placement of disciplines within these tiers was the impact on individual rights, pertaining to civil commitment code.

As previously noted, there was significant lobbying for varying disciplines to be raised to "higher" tiers, or for others to be in "lower" tiers. One of the areas of discussion pertained to the professions within Tier 2.

It was felt by the majority of the work group, and thus the group's recommendation that Tier 2 should be as follows:

Tier 2) Independent Clinicians

a.) Licensed Independent Clinical Social Workers and Licensed Professional Clinical Counselors.
b.) Licensed Marriage and Family Therapists, Licensed Addiction Counselors, and Registered Nurses.

I am aware that the ND Association for Marriage and Family Therapists continues to wish to be considered Tier 2a, and in fact, that is where the House version sits.

During the interim, our group thoroughly reviewed all concerns and made the decision for Tier 2b because of the context of training-LACs train specific to individuals, but in the context of addiction. LMFTs train primarily in the context of couples and family (i.e., systems). Most disciplines do have transdisciplinary training, but as we "move up" the tier system, it is within the context of breadth of training and scope as it relates first to individual needs. This includes assessment of individual pathology and the potential for loss of individual rights.

As an aside-while scope of practice and training, (and not necessarily training hours) were the primary drivers of the tier placement, it is important to make a clarification. Our LMFT colleagues have brought forth a Tier 2 comparison, but what was not listed in their synopsis were comparative training hours.

Profession	Licensed Marriage and Family Therapist	Licensed Independent Clinical Social Worker	Licensed Professional Clinical Counselor	Licensed Addiction Counselor
Training	2 years/ (1500-2000 hours) post-Masters experience (depending on program accreditation)	3000 hours post-masters experience	2 years/ (3000 hrs.) post-masters experience	1400 hrs.

The Interim Workgroup stands with our original recommendation:

"Tier 1 mental health professional" means a tier 1a or tier 1b mental health professional.

A tier **1a** mental health professional is a psychiatrist licensed under chapter 43 – 17 or a psychologist licensed under chapter 43 - 32.

A tier **1b** mental health professional is a licensed physician or a physician assistant licensed under chapter 43 - 17 or an advanced practice registered nurse licensed under chapter 43 - 12.

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"Tier 2 mental health professional" means a tier 2a or a tier 2b mental health professional.

A tier **2a** mental health professional is an independent clinician who is a licensed independent clinical social worker licensed under chapter 43 - 41 or a licensed professional clinical counselor licensed under chapter 43 - 47.

A tier **2b** mental health professional is a licensed marriage and family therapist licensed under chapter 43 - 53, an addiction counselor licensed under chapter 43 - 45, or a registered nurse licensed under chapter 43 - 12.

"Tier 3 mental health professional" means a licensed associate professional counselor licensed under chapter 43 - 47, a licensed certified social worker licensed under chapter 43 - 41, a licensed professional counselor licensed under chapter 43 - 47, an associate marriage and family therapist licensed under chapter 43 - 53, an occupational therapist licensed under chapter 43 - 40, a licensed practical nurse licensed under chapter 43 - 12 , a behavior analyst licensed or registered under chapter 43 - 32, a vocational rehabilitation counselor practicing under chapter 50 - 06.1, a school psychologist, or a human relations counselor.

"Tier 4 mental health professional" means a direct care associate or technician.

Thank you for your consideration,

Andrew J. McLean, MD, MPH
Medical Director, ND DHS
2624 9th Avenue S
Fargo, ND 58103-2350
Phone: 701-298-4520
Fax: 701-298-4400
ajmclean@nd.gov

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Relay ND TTY 1-800-366-6888

Doug Burgum, Governor
Christopher Jones, Executive Director

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Pg. 1

April 11, 2017

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078

RE: SB 2042

Dear Senator Lee:

I was the Chair of the Interim Committee work group tasked to study, pursuant to Section 1 of 2015 Senate Bill 2049, "statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the Department of Human Services to provide services or license facilities." As you are aware, the 2015 SB 2049 work lead to 2017 SB 2042.

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"Tier 4 mental health professional" means a direct care associate or technician.

Thank you for your consideration,

A McL

Andrew J. McLean, MD, MPH
Medical Director, ND DHS
2624 9th Avenue S
Fargo, ND 58103-2350
Phone: 701-298-4520
Fax: 701-298-4400
ajmclean@nd.gov

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Anderson, Jr., Howard C.

From: Tobin, Sally <Sally.Tobin@uhsinc.com>
Sent: Friday, April 14, 2017 2:17 PM
To: Anderson, Jr., Howard C.
Subject: FW: [External]Re: [External]LMFTs and SB 2042

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

Dear Senator Anderson,

Thank you for your questions. The first is an easier question to answer:

The Marriage and Family Therapy Practice Act describes marriage and family therapy as:

"Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

This is consistent with NDCC43-53-01 that includes individuals in their definition of marriage and family therapy. Yes, individual treatment to children is within the scope of practice based on NDCC and Board rules. We have LMFTs who see individual children in outpatient clinics, hospitals, private practice, and schools in North Dakota.

For the second question: There is nothing in 43-53 (Marriage and Family Therapy Practice Act), that would prohibit us from being able to provide commitment services to children or adults. Indeed the references to "diagnosis and treatment of mental disorder" and "application of psychotherapeutic and family system theories" (which include crises and involuntary treatment) would support their ability to provide such services. Unfortunately, NDCC 25-03.1 states that this can only be done by a "Mental Health Professional". Marriage and Family Therapists have not been included in that definition to date. Were the Century Code to be amended to include LMFTs, our practice rules would include this service.

is Amended by this Bill.

Please let me know if you have additional questions or if this doesn't adequately answer your questions. Thank you for the opportunity to respond.

Sally Tobin MSW, LICSW LMFT
MNFT Board Vice-Chair

From: Anderson, Jr., Howard C. [mailto:hcanderson@nd.gov]
Sent: Friday, April 14, 2017 10:24 AM
To: Tobin, Sally <Sally.Tobin@uhsinc.com>
Subject: [External]LMFTs and SB 2042

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Dear Ms. Tobin:

During the conference committee on SB 2042 there are two issues which have arisen and to which I would like the Board or the Board members, to speak.

Can the LMFT licensees provide services to individual children under your practice act?

Can the LMFT licensees provide commitment services for children and adults under your practice act?

This information from the Board, clearly about what your practice act or rules allows, will help us to resolve the issue before the conference committee.

You can call me at the cell phone number below.

Sincerely,

Howard

Howard C. Anderson Jr., R.Ph.
District 8 Senator
2701 7th St NW
Turtle Lake ND 58575-9667
Home 701-448-2235
Cell 701-861-9749
Senate 701-328-3373
E mail hcanderson@nd.gov
Committees: Human Services and Political Subdivisions
Real Work e mail: ndboph@btinet.net

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Marriage and Family Therapist Training Requirements and Competence in Assessment and Diagnosis of Mental Health and Behavioral Disorders

North Dakota Century Code

http://www.legis.nd.gov/cencode/t43c53.pdf?20150112163239

CHAPTER 43-53
MARRIAGE AND FAMILY THERAPY PRACTICE

43-53-01. Definitions.

5. "Marriage and family therapy" means the ***diagnosis and treatment of mental and emotional disorders***, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to ***individuals***, couples, and families ***for the purpose of treating such diagnosed nervous and mental disorders***.

North Dakota Administrative Code

http://www.legis.nd.gov/information/acdata/pdf/111-02-02.pdf?20141216113922

History: Effective July 1, 2010.
General Authority: NDCC 28-32-02, 43-53-05
Law Implemented: NDCC 43-53-06
111-02-02-02. Educational requirements - Determination of equivalent degree

Administrative Rule 111 2.a

a. Nine semester hours in human development covering human development, human behavior, personality theory, human sexuality, ***psychopathology including the diagnosis of mental illness, and behavior pathology***;

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Educational Guidelines

http://dx5br1z4f6n0k.cloudfront.net/imis15/Documents/COAMFTE/Version%2012/COAMFTE_Accreditation_Standards_Version_12.pdf (see page 23)

FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in ***traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues*** as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

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CHAPTER 25-03.1
COMMITMENT PROCEDURES

25-03.1-01. Legislative intent.

The provisions of this chapter are intended by the legislative assembly to:

1. Provide prompt evaluation and treatment of persons with serious mental disorders or chemical dependency.
2. Safeguard individual rights.
3. Provide continuity of care for persons with serious mental disorders or chemical dependency.
4. Encourage the full use of all existing agencies, professional personnel, and public funds to prevent duplication of services and unnecessary expenditures.
5. Encourage, whenever appropriate, that services be provided within the community.

25-03.1-02. Definitions.

In this chapter, unless the context requires otherwise:

1. "Advanced practice registered nurse" means an individual who is licensed as an advanced practice registered nurse under chapter 43-12.1 within the role of certified nurse practitioner or certified clinical nurse specialist, who has completed the requirements for a minimum of a master's degree in psychiatric and mental health nursing from an accredited program, and who is functioning within the scope of practice in one of the population foci as approved by the state board of nursing. This chapter does not expand the scope of practice of an advanced practice registered nurse beyond the scope of practice established by the state board of nursing.
2. "Alternative treatment order" means an involuntary outpatient order for a treatment program, other than hospitalization, which may include treatment with a prescribed medication.
3. "Chemically dependent person" or "person who is chemically dependent" means an individual with an illness or disorder characterized by a maladaptive pattern of usage of alcohol or drugs, or a combination thereof, resulting in social, occupational, psychological, or physical problems.
4. "Consent" means voluntary permission that is based upon full disclosure of facts necessary to make a decision and which is given by an individual who has the ability to understand those facts.
5. "Court" means, except when otherwise indicated, the district court serving the county in which the respondent resides.
6. "Department" means the department of human services.
7. "Director" means the director of a treatment facility or the director's designee.
8. "Expert examiner" means a licensed physician, physician assistant, psychiatrist, psychologist trained in a clinical program, advanced practice registered nurse, or licensed addiction counselor appointed by the court to examine the respondent and to provide an evaluation of whether the respondent is a person requiring treatment.
9. "Independent expert examiner" means a licensed physician, physician assistant, psychiatrist, psychologist trained in a clinical program, advanced practice registered nurse, or licensed addiction counselor, chosen at the request of the respondent to provide an independent evaluation of whether the respondent is a person requiring treatment.
10. "Magistrate" means the judge of the appropriate district or juvenile court or a judge assigned by the presiding judge of the judicial district.
11. "Mental health professional" means:
    a. A psychologist with at least a master's degree who has been either licensed or approved for exemption by the North Dakota board of psychology examiners.
    b. A social worker with a master's degree in social work from an accredited program.
    c. An advanced practice registered nurse.
    d. A registered nurse with a minimum of two years of psychiatric clinical experience under the supervision of an expert examiner.

e. A licensed addiction counselor.
f. A licensed professional counselor with a master's degree in counseling from an accredited program who has either successfully completed the advanced training beyond the master's degree as required by the national academy of mental health counselors or a minimum of two years of clinical experience in a mental health agency or setting under the supervision of a psychiatrist or psychologist.
g. A physician assistant.

12. "Mentally ill person" or "person who is mentally ill" means an individual with an organic, mental, or emotional disorder that substantially impairs the capacity to use self-control, judgment, and discretion in the conduct of personal affairs and social relations. The term does not include an individual with an intellectual disability of significantly subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior, although an individual who is intellectually disabled may also be a person who is mentally ill. Chemical dependency does not per se constitute mental illness, although a person who is chemically dependent may also be a person who is mentally ill.
13. "Person requiring treatment" means a person who is mentally ill or a person who is chemically dependent, and there is a reasonable expectation that if the individual is not treated for the mental illness or chemical dependency there exists a serious risk of harm to that individual, others, or property.
14. "Physician assistant" means an individual licensed to practice as a physician assistant under chapter 43-17, who is authorized by the North Dakota Board of Medicine to practice in the field of psychiatry, holds a certification in psychiatry approved by the board, and is practicing under the supervision of a psychiatrist licensed to practice medicine in this state. This chapter does not expand the scope of practice of a physician assistant beyond the scope of practice authorized by the North Dakota Board of Medicine.
15. "Private treatment facility" means any facility established under chapter 10-19.1 or 10-33 and licensed under chapter 23-16 or 50-31.
16. "Psychiatrist" means a licensed physician who has completed a residency program in psychiatry.
17. "Public treatment facility" means any treatment facility not falling under the definition of a private treatment facility.
18. "Qualified service organization" means a person that provides services to a treatment facility such as data processing, bill collecting, dosage preparation, laboratory analysis, or legal, medical, accounting, or other professional services, and which agrees that in dealing with patient records, it is bound by the confidentiality restrictions of this chapter, except as otherwise provided for by law.
19. "Respondent" means an individual subject to petition for involuntary treatment.
20. "Serious risk of harm" means a substantial likelihood of:
    a. Suicide, as manifested by suicidal threats, attempts, or significant depression relevant to suicidal potential;
    b. Killing or inflicting serious bodily harm on another individual or inflicting significant property damage, as manifested by acts or threats;
    c. Substantial deterioration in physical health or substantial injury, disease, or death based upon recent poor self-control or judgment in providing one's shelter, nutrition, or personal care; or
    d. Substantial deterioration in mental health which would predictably result in dangerousness to that individual, others, or property, based upon evidence of objective facts to establish the loss of cognitive or volitional control over the individual's thoughts or actions or based upon acts, threats, or patterns in the individual's treatment history, current condition, and other relevant factors, including the effect of the individual's mental condition on the individual's ability to consent.
21. "Superintendent" means the state hospital superintendent or the superintendent's designee.

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Anderson, Jr., Howard C.

From: Sagness, Pamela T.
Sent: Friday, April 14, 2017 8:39 AM
To: Anderson, Jr., Howard C.; Lee, Judy E.; Heckaman, Joan M.
Subject: RE: 2042

Good Morning,

Here are the sections from NDAC (Psychiatric Residential Treatment Facilities-PRTF) that reference the professions by name. These professions were listed in code prior to my oversight of the Behavioral Health Division – so not sure what process was used to identify these professions.

3. **Individual person-centered treatment plan.**

a. The facility shall develop and implement an individual person- that includes the child's input giving the child a voice and a planning and interventions used. The plan must be based interdisciplinary diagnostic assessment, which includes the role the goals and objectives of the therapeutic activities and tre developed by an interdisciplinary team. The plan provides a sch the therapeutic activities and treatment goals and objecti individuals responsible for providing services to children consi person-centered treatment plan. Clinical supervision for the individual per treatment plan must be accomplished by full-time or part-time employment o with a licensed physician who is a psychiatrist, a licensed psychologist independent clinical social worker, or a nurse who holds advanced psychiatric nursing. Clinical supervision must be documented by the clinic cosigning individual person-centered treatment plans and by entries in the regarding supervisory activity. The child, and the person who lawfully ma child's behalf, must be involved in all phases of developing and imple individual person-centered treatment plan. The child may be excluded fro excluding the child is determined to be in the best interest of the child and th the exclusion are documented in the child's plan

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3. Physical restraints.

   a. Physical restraints must be ordered by a psychiatrist or other absence of a physician by a licensed physician who is a ps psychologist, a licensed independent clinical social worker, or advanced licensure in psychiatric nursing. Staff authorized to o must be trained in the use of emergency interventions and a phys sign the order within forty-eight hours after the ordered physi

4. Seclusion. Seclusion must be ordered by the attending physician or physician by a licensed physician who is a psychiatrist, a licensed ps independent clinical social worker, or a nurse who holds advanced li nursing. Staff authorized to order seclusion must be trained in th interventions and a physician must review and sign the order within for ordered seclusion. Seclusion may be imposed only in emergency circur less intrusive alternatives have failed or have been deemed inappropri used with extreme caution, and only to ensure the immediate physical employee, or others. A child's bedroom may not be used for sec indicated, the facility shall ensure that:

Pamela Sagness, Director
Behavioral Health Division
Department of Human Services

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www.behavioralhealth.dhs.nd.gov

From: Anderson, Jr., Howard C.
Sent: Thursday, April 13, 2017 2:42 PM
To: Lee, Judy E.; Sagness, Pamela T.; Heckaman, Joan M.
Subject: RE: 2042

Pam,

I still would like to get that reference in the NDAC about the section we discussed where the LPCCs were out.

Thanks,

Howard

Howard C. Anderson Jr., R.Ph.
District 8 Senator

2042
#2
4/19

Lee, Judy E.

Subject: FW: 2042 LMFTs

From: Anderson, Maggie D.
Sent: Friday, April 14, 2017 11:46 AM
To: Sagness, Pamela T. <psagness@nd.gov>; Lee, Judy E. <jlee@nd.gov>
Subject: RE: 2042 LMFTs

I will confirm from a Medicaid reimbursement standpoint: ND Medicaid reimburses enrolled providers; within their scope of practice, for services that are covered by Medicaid.
My understanding is the Board continues to dictate scope, and we are not planning any changes to services covered by ND Medicaid, as a result of this bill.
Bottom line – I do not have concerns about 2042 impacting ND Medicaid reimbursement.
If Don Larson or Jeff Herman have a concern about ND Medicaid reimbursement related to 2042, I would be happy to discuss with them.
Maggie

From: Sagness, Pamela T.
Sent: Friday, April 14, 2017 11:34 AM
To: Lee, Judy E.; Anderson, Maggie D.
Subject: RE: 2042 LMFTs

Good Morning,

The tiers were not developed for payment and there is nothing in the bill or the administrative rules reviewed by the boards/associations in the interim that had anything to do with payment

Thanks,

Pam

Pamela Sagness, Director
Behavioral Health Division
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Lee, Judy E.

From: Herman, Jeff <Jeff.Herman@uhsinc.com>
Sent: Monday, April 17, 2017 2:38 PM
To: Lee, Judy E.
Subject: SB 2042

Good afternoon Senator Lee,

While I appreciate and support the request of the Licensed Marriage and Family Therapists, I wish to express my support for the overall work the legislature has done in standardizing the behavioral health professionals' role in North Dakota.

I believe passage of SB2042 is important in the development of quality care for persons who suffer from mental illness and substance use disorders.

Jeff

Jeffrey A. Herman, MBA, RN
Chief Executive Officer

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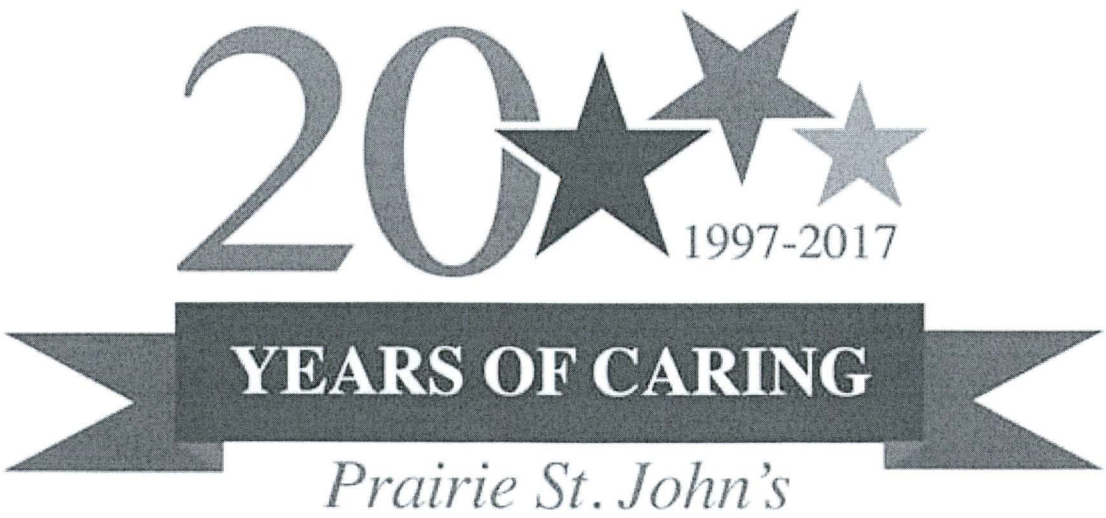

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PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1012

Page 1, line 7, after the first semicolon, insert "to amend and reenact section 43-41-07 of the North Dakota Century Code, relating to licensure requirements for social workers in North Dakota;"

Page 14, after line 9 insert:

"**SECTION 40. AMENDMENT.** Section 43-41-07 of the North Dakota Century Code is amended and reenacted as follows:

43-41-07. Qualification for licensure by an applicant licensed in another jurisdiction.

An applicant may be granted a license upon satisfactory proof to the board that the applicant is licensed in good standing under the laws of another jurisdiction that imposes substantially the same requirements as this chapter, or the board determines that at the time of application for licensure under this section the applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications or experience in the practice of social work which are substantially similar to the minimum requirements for licensure under this chapter. The applicant shall pay the licensure fees specified by the board."

Renumber accordingly