

1999 SENATE HUMAN SERVICES

SB 2213


1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO.SB2213

Senate Human Services Committee

Conference Committee

Hearing Date FEBRUARY 1, 1999

Tape Number	Side A	Side B	Meter #
1	X		3,917
2/8/99 2	X		2,100
Committee Clerk Signature			

Minutes:

The hearing on SB2213 was opened.

SENATOR DEMERS, sponsor of bill, introduced the bill. (written testimony).

SENATOR WATNE, sponsor of bill, explained the bill. (written testimony).

JOHN OLSON, ND Counseling Assoc. supports bill. Every time you intervene in mental illness it gets better. This is correcting statute. There are 400-500 counselors in ND. Introduced the President of the ND Counseling Assoc.

JOHN BARMAN, Chair, ND Counseling Assoc., supports bill with written testimony.

SENATOR LEE asked if you are prevented from seeking reimbursement at this time if it is not a mandate. Can you apply. MR. JARMON: We are not prevented from applying and that is an avenue, but the mandate touches on other points such as employment, such as other insurance companies who are not in state and they just tend to go by the law in that state. SENATOR LEE:

Is there another group coming along behind that will be here next year? Mr. JARMON answered that there are 3 main health providers who are not doctors. Psychologists, social workers and health services. I think a clear answer is no. SENATOR KILZER asked what the course of study. Mr. JARMON listed masters degrees, possibly doctorates, the core of curriculum has to do with understanding human personality, abnormal behavior, psychopathology, diagnosing and treatment planning that would respond theropudically with that. Human personality - counseling or psychology - two year supervised clinical setting.

CLAUDIA THOMPSON, Elementary school counselor, supports bill. I work with 700 students and their families on regular basis. I am amazed at the amount of difficulty families are experiencing. There are serious issues for young children to be dealing with today. They suffer from depression, anxiety, eating disorders, grief, etc. Parents are looking for prevention; they need the right to choose because some persons are so busy they cannot get into see them.

PAT STEIN, parent with child at risk, supports this bill with written testimony. SENATOR DEMURS: Do you feel that earlier intervention would have helped? Ms. STEIN replied: Yes, definitely.

MARACA FOSSE WALKER, Coordinator of career services at Valley City State University, supports bill with written testimony.

JANE HULL, MEd, LAC, LPCC. Minot, supports bill with written testimony. Also distributed the testimony of Dr. JOHN GAROFALO, Psychiatrist. SENATOR DEMERS: Are there a lot of people with dual licensures? Ms. HULL said yes, LAC and LPCC; MSW and LPCC.

DEBRA ELHARD, LPCC, Ellendale, supports bill with written testimony. I practice in Aberdeen, SD because I can get paid. SENATOR LEE: Is there any consistency effort

concerning consolidation of acronyms. MS. ELHARD said there was no serious effort.

SENATOR LEE: Titles should be same as education required.

BOB NIELSON, Pres. of the American Assoc. of State Counseling Boards, supports bill with written testimony. There is involvement at the National Convention with a model licensing law. The profession is trying to get together to conform. 14 committees are working on qualifications.

PAUL MILNER, ND Mental Health Counselors Assoc., supports bill with written testimony.

SENATOR THANE: Is there more stress due to farming economics in rural ND. MR. MILNER is frequently asked about helping farmers; there is a significant impact.

LOREN SAUER, professor of Counselors at NDSU; NDCA, supports bill. We can train quality of people for this field. It will not cost extra money. Easier access to people who need help is a must.

GAYLYNN BECKER, Western Counselors, supports bill (testimony attached). Need of people for choice.

LINDA BECKER, Western Counseling and Consulting, supports bill with written testimony.

TWYLA NIELSON, Certified Counselor, supports with written testimony.

Opposition to SB2213.

DAN ULMER, BC/BS opposes the bill. There is a need; counselors are people that really care. The reality check is that this is a mandate. Costs are not cheaper. They are working on how insurance can use vast array of energy in resources of community. The kind of counselor is one that really cares and they may only have an 8th grade education. It is a pilot project - risk intervention system. We are trying to figure out how we can work with the providers, hopefully

by July 1, where we look at folks who are experiencing \$5,000 worth of claims. The first \$5,000 is a massive number of people; then after the number of people drops, but the cost rises significantly. We don't think this mandate will go away; just adding another service provider doesn't really do a great deal for the system. SENATOR KILZER: Is there any opening for options? Mr. ULMER: Cafeteria plans choose options. These people are included in group plans. Mental health mandate does not affect individual policies; it only applies full insured group plans. SENATOR DEMERS: Do you foresee any cost savings? Balance is what prevention is worth. Mr. ULMER: No mandate is free or has cost us less. SENATOR DEMERS: Why are you unwilling to negotiate with persons. Mr. ULMER stated that insurance is built into the private sector; not the legislature.

TOM SMITH, Health Ins. in America, opposed mandates. Should be left up to contracts between individual and company. As an employer I have a group policy with BC/BS. We went to managed care plan. The contract for renewal in '98 was 20% increase. No prediction of what utilization is going to be. Mandates make self insured plans look more attractive. SENATOR THANE asked what was estimate of chiropractic mandate. Mr. ULMER answered about 12% increase in cost. SENATOR DEMERS: The Masters Psychologists level mandated and you will find that there was considerable cost savings.

The hearing was closed on SB2213.

Discussion continued on 2/8/99. Concerns were mandates. Need for these practitioners.

SENATOR DEMERS moved a DO PASS. SENATOR MUTZENBERGER seconded it.

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Senate Human Services Committee

Bill/Resolution Number SB2213

Hearing Date FEBRUARY 1, 1999

Discussion pursued. Outcomes of other plans to BC/BS or other insurance companies may save them money in long term. Roll call vote 5-1-0 carried. SENATOR DEMERS will carry the bill.

Date: 2/8/99
Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2213

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen DeMers Seconded By Sen Mutzenberger

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer		✓			
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 5 (yes) 1 (no)

Absent 0

Floor Assignment Sen DeMers

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

REPORT OF STANDING COMMITTEE (410)
February 9, 1999 7:22 a.m.

Module No: SR-26-2251
Carrier: DeMers
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2213: Human Services Committee (Sen. Thane, Chairman) recommends **DO PASS**
(5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2213 was placed on the
Eleventh order on the calendar.

1999 HOUSE HUMAN SERVICES

SB 2213


1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2213

House Human Services Committee

Conference Committee

Hearing Date March 9, 1999

Tape Number	Side A	Side B	Meter #
2	x		1.2-26.4
Committee Clerk Signature 			

Minutes:

COMMITTEE DISCUSSION

Rep. TODD PORTER reported that there is nothing in statutes or administrative notes to prevent self-referral. There was also a question as to if a student upon graduating from the 8th grade would be permitted to remain with the middle school counselor or would be forced to work with the counselor in the new school.

There was additional discussion concerning the problem of school system counselors, with a practice on the side using the public employee position to enhance the private business.

Rep. RALPH METCALF moved a DO PASS, seconded by Rep. CAROL NIEMEIER.

After committee discussion on the increased cost of mandating coverage and the insurance companies failure to meet the needs of consumers without mandates the vote was taken.

The motion PASS on roll call vote #2: 11 YES, 3 NO, 1 ABSENT.

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House Human Services Committee

Bill/Resolution Number 2213mar9

Hearing Date March 9, 1999

CARRIER: Rep. WANDA ROSE

COMMITTEE DISCUSSION on SB2213 closed.

Date: 3-9-99
 Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. SB 2213

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number ~~SB 2213~~

Action Taken Do Pass

Motion Made By Rep Metcalf Seconded By Rep Niemeier

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	✓		Bruce A. Eckre		
Robin Weisz - Vice Chairman		✓	Ralph Metcalf	✓	
William R. Devlin		✓	Carol A. Niemeier	✓	
Pat Galvin	✓		Wanda Rose	✓	
Dale L. Henegar	✓		Sally M. Sandvig	✓	
Roxanne Jensen	✓				
Amy N. Kliniske	✓				
Chet Pollert	✓				
Todd Porter	✓				
Blair Thoreson		✓			

Total Yes 11 No 3
 Absent 1

Floor Assignment Rep Rose

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

REPORT OF STANDING COMMITTEE (410)
March 9, 1999 1:36 p.m.

Module No: HR-42-4351
Carrier: Rose
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2213: Human Services Committee (Rep. Price, Chairman) recommends DO PASS
(11 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). SB 2213 was placed on the
Fourteenth order on the calendar.

1999 TESTIMONY

SB 2213

2213



**APPLICATION FOR
LICENSED PROFESSIONAL CLINICAL COUNSELOR (LPCC)**

(Please Print)

INSTRUCTIONS

1. Please provide the information requested (see additional information enclosed).
2. If more space is needed to provide additional information, please attach a separate sheet.
3. Mail completed application to the following address:

North Dakota Board of Counselor Examiners
PO Box 2735
Bismarck ND 58502-2735

FEES: Attach application fee of \$100.00. This application will be valid for one year from submission date. If licensure process is not completed, applicant may reapply.

A. GENERAL INFORMATION

SOCIAL SECURITY NUMBER	COUNSELOR LICENSE NUMBER
NAME (Last, First, Middle Initial)	TELEPHONE NUMBER Home: Work:
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)	E-MAIL ADDRESS

B. ANSWER THE FOLLOWING QUESTIONS (yes answers must be explained in an attached statement).

	YES	NO
1. Have you been convicted of a felony since receiving your current license? . . .	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you become dependent upon, evaluated for, and/or received treatment for drug or alcohol abuse since receiving your current license?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had a malpractice judgment issued against you since receiving your current license?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you become impaired from effectively providing counseling services since receiving your current license?	<input type="checkbox"/>	<input type="checkbox"/>

C. EDUCATIONAL EXPERIENCE

SIXTY (60) SEMESTER GRADUATE HOURS REQUIRED:

Up to twelve (12) equivalent semester graduate hours may be obtained through substitution of documented training and clinical experience in any of the coursework categories listed below. One semester hour of equivalent graduate credit will be granted for every fifteen (15) contact hours of participation in these coursework categories.

1. Total Semester Graduate Hours Earned in Counseling Degree Program and Additional Counseling Coursework/Training. _____

Have degree conferring institution send copy of all pertinent graduate transcripts directly to this board.

2. List All Coursework, Workshops or Other Training Submitted for Equivalent Graduate Credit in Addition To Graduate Hours Above.

Attach the certificates of participation, transcripts, or other written verification that documents your educational experiences.

1. ABNORMAL PSYCHOLOGY AND PSYCHOPATHOLOGY

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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2. HUMAN GROWTH AND DEVELOPMENT

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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3. PROFESSIONAL ORIENTATION AND ETHICS

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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4. CAREER DEVELOPMENT

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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5. RESEARCH AND EVALUATION

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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6. SOCIAL AND CULTURAL FOUNDATIONS

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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TOTAL EQUIVALENT SEMESTER GRADUATE HOURS _____

TOTAL SEMESTER GRADUATE HOURS _____

A MINIMUM OF FIFTEEN (15) CONTACT HOURS IN EACH OF THE THREE COURSEWORK CATEGORIES INDICATED BELOW MUST BE INCLUDED WITHIN THE SIXTY SEMESTER GRADUATE HOURS:

1. List All Coursework, Workshops or Other Training Experience Submitted to Satisfy Requirements in the Following Clinical Categories.

Attach the certificates of participation, transcripts, or other written verification that documents your educational experiences.

1. ABNORMAL PSYCHOLOGY AND PSYCHOPATHOLOGY

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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2. APPRAISAL AND DIAGNOSTIC EVALUATION

Course Title	Sponsoring Organization	Contact Hours	Date Taken
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3. CLINICAL COUNSELING SKILLS

Course Title	Sponsoring Organization	Contact Hours	Date Taken
--------------	-------------------------	---------------	------------

D. CLINICAL SUPERVISION AND LETTERS OF RECOMMENDATION

1. All Applicants Applying for the Licensed Professional Clinical Counselor (LPCC) License Must Have Completed 800 Hours of Clinical Training in Supervised Practica and /or Internships Relevant to the Practice of Clinical Counseling.
 These hours may be within the required sixty (60) graduate semester hours.
 Written verification must be provided by the clinical supervisor on the appropriate forms.
2. All Applicants Applying for the LPCC License Must Have Two Years (3000 Hours) of Supervised Clinical Counseling Work Experience including 100 hours of supervision.
 At least 60 of the required total of 100 hours must be individual, face-to-face supervision.
 Written verification must be provided by the clinical supervisor on the appropriate forms.
3. Letters of Recommendation Required.
 The clinical professional who provided direct supervision of clinical counseling work experience.
 Two additional professionals who are familiar with the applicant's clinical experience.

E. NATIONAL MENTAL HEALTH CLINICAL COUNSELING EXAMINATION (NCMHCE); A PASSING SCORE IS REQUIRED

1. I have completed this requirement..... Yes No
2. If yes, please include documentation of passing score on the NCMHCE.

F. DEMONSTRATION OF CLINICAL SKILLS

1. All Applicants Must Submit a Demonstration of Clinical Skills in a Videotaped Counseling Session of No Less Than Thirty (30) Minutes Duration.
 The videotape may involve either an individual or group setting.
 Consent forms signed by all videotaped clients must be included.

SUPERVISED CLINICAL COUNSELING EXPERIENCE

1. SUPERVISED PRACTICA AND INTERNSHIP:

SUPERVISOR'S NAME	TITLE
ADDRESS	DATES OF PRACTICA AND/OR INTERNSHIPS FROM _____ TO _____ HOURS OF FACE-TO-FACE SUPERVISION
INSTITUTION OR BUSINESS NAME & ADDRESS	DESCRIPTION OF SUPERVISION
DESCRIPTION OF YOUR PROFESSIONAL WORK EXPERIENCE DURING THE SUPERVISION	

2. POST-MASTERS SUPERVISED CLINICAL COUNSELING WORK EXPERIENCE:

SUPERVISOR'S NAME	TITLE
ADDRESS	DATES OF EMPLOYMENT FROM _____ TO _____
INSTITUTION OR BUSINESS NAME & ADDRESS	DESCRIPTION OF SUPERVISION
DESCRIPTION OF YOUR PROFESSIONAL WORK EXPERIENCE DURING THE SUPERVISION	

AFFIDAVIT

I swear that I am the person referred to in this application for a North Dakota Professional Clinical Counselor License, and that the foregoing statements and enclosures are true in every respect.

Further, I swear that I have adhered to the Code of Ethics adopted by the North Dakota Board of Counselor Examiners in my counseling practice. The Code of Ethics for licensed counselors in North Dakota is the code defined by the North Dakota Century Code.

Enclosed is the license fee of \$100 made payable to the North Dakota Board of Counselor Examiners. Send payment in the form of a money order, cashier's check or personal check. Do not send cash.

Applicants Signature

Date

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

DATE APPLICATION AND FEE RECEIVED	CONTINUING EDUCATION REQUIREMENT
YES ON PAGE 1, QUESTIONS	AFFIDAVIT SIGNED:
COMMENTS _____ _____	

TESTIMONY FOR SB 2213

Prepared by Senator Judy L. DeMers
District 18
February 1, 1999

Chairman Thane and Members of the Senate Human Services Committee. For the record, I am State Senator Judy L. DeMers. I represent District 18, consisting of part of Grand Forks and part of the Grand Forks Air Force Base. I appear this morning as the prime sponsor of SB 2213.

SB 2213 was introduced at the request of the North Dakota Counseling Association (NDCA). It is a straightforward bill which does only one thing. SB 2213 amends NDCC to require reimbursement of the licensed professional clinical counselor or LPCC for the provision of outpatient mental health services.

Mr. Chairman and Committee members, the LPCC is a speciality counseling license in clinical mental health offered by the North Dakota Board of Counselor Examiners. It requires additional graduate clinical education and supervised clinical training beyond the basic Licensed Professional Counselor (LPC) credential. While North Dakota has approximately 350 Licensed Professional Counselors, only 103 of them have met the advanced requirements to become Licensed Professional Clinical Counselors (masters or doctorate degree, passing a national examination in addition to the advanced clinical education and training). Of that total, it is estimated that 40 to 50 are in some type of private practice and probably will be interested in receiving health insurance reimbursement.

Mr. Chairman, there are a number of reasons that I could cite as to why this Committee should support SB 2213. Because others wish to testify in favor of this bill, however, I will hold my other comments for committee discussion.

Thank you.

Chairman Thane and Members of the Human Service Committee:

Senate Bill 2213 adds the licensed professional clinical counselor who is qualified in the clinical mental health counseling in this state to the list of providers covered for benefits for outpatient treatment for third party reimbursement.

Attached is information from NDCA that I believe outlines very well the reasons why this legislation is needed. I see it as a matter of fairness and providing choice for those who need their services.

On a national level, S. 1754 now includes them in federal law as core mental health professionals.

One of the counselors in Minot, a very dedicated individual, feels if such legislation is not passed in North Dakota, he has no choice but to leave our great state. Needless to say, we want to keep him.

About 10 years ago I lost my father. It was difficult. Two years later I was informed my mother needed surgery in California. I went to be with her thinking I'd be there about four days. She had cancer, they couldn't get it all, and I was told she had a short time to live. I took a leave of absence from my job as a Court Reporter for the Fifth Judicial District and cared for Mom for 4 ½ months, which included oxygen changes every 2 hours, 24 hours a day.

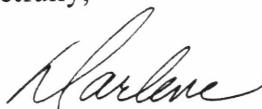
After two funerals, one in California and one in Minot with burial, I had to go to work the next day or lose my job.

They had saved a lot of tough court cases awaiting my return . . .
I was exhausted . . .
I had unresolved issues with my parents' deaths . . .
I needed a shoulder.

I visited with a wonderful LPCC who specialized in grief management. Just a few visits with her put me back on track. I will be forever grateful.

This is an outstanding, well-qualified group of professionals who deserve to be included in third party reimbursement and I strongly urge a DO PASS recommendation.

Respectfully,



Darlene Watne
Senator, Fifth District



*Affiliated with
The American Counseling Association*

**STATE AFFILIATED
ORGANIZATIONS**

ND Association of Addiction
& Offender Counselors

ND Association of
Admissions Counselors

ND Career Development
Association

ND College
Personnel Association

ND Employment
Counselors Association

ND Association of
Marriage & Family
Counselors

ND Mental Health
Counselors Association

ND School
Counselors Association

ND School Social
Workers Association

ND Association of
Student Financial
Aid Administrators

**FREEDOM-OF-CHOICE LEGISLATION
SEEKS THIRD-PARTY REIMBURSEMENT FOR
LICENSED PROFESSIONAL CLINICAL COUNSELORS**

NDCA will again introduce legislation in the North Dakota Legislature seeking to include Licensed Professional Clinical Counselors (LPCC's) as qualified mental health providers mandated to receive health insurance reimbursement for outpatient treatment.

The intent of this legislation is:

- 1. to increase consumer freedom-of-choice but not the utilization of health insurance benefits ... and*
- 2. to recognize the LPCC as the only qualified mental health professional not mandated for third-party reimbursement.*

- No New Funding Is Needed and No New Services Are Authorized.*

- The Issue Is Freedom-Of-Choice.*

Mental health needs in rural areas are increasing. North Dakotans should be able to choose their psychotherapist. It makes no sense to exclude a whole category of qualified clinical professionals from that choice.

- Clinical Counselors Are Well-Qualified.*

The LPCC is a specialty counseling license in clinical mental health which meets national standards. The LPCC is the equivalent of the LICSW (social work) license which is presently recognized for third-party reimbursement.

- Insurance Premiums Will Not Increase.*

Contrary to some fears, research shows that adding clinical counselors in other states increases choice - but not usage. Including new providers has not increased costs or premiums.

- Clinical Counselors Are Educated and Trained In North Dakota - They Should Be Fully Recognized To Practice Here.*

Of the 103 LPCC's in the state, about 40 - 50 are now in private practice and seeking eligibility. If not recognized here, LPCC's may be forced to move to other states offering reimbursement.

- Employment in Mental Health Positions Often Requires Eligibility For Third-Party Reimbursement. LPCC's are often not allowed to compete with LICSW's - even though their clinical qualifications are equivalent.*

NORTH DAKOTA COUNSELING ASSOCIATION

SEEKING HEALTH INSURANCE COVERAGE FOR OUTPATIENT MENTAL HEALTH TREATMENT PROVIDED BY LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCC)

OUR GOAL

The North Dakota Counseling Association (NDCA) is seeking to have Licensed Professional Clinical Counselors (LPCC) recognized as professional clinical providers who are mandated by state law to be reimbursed for outpatient mental health treatment. (NDCC 26.1-36.09)

SB - 2213

NDCA has introduced Senate Bill 2213 which adds Licensed Professional Clinical Counselors to the group of mental health professionals who are presently recognized to receive health insurance reimbursement.

CLINICAL QUALIFICATIONS

A Clinical Counseling Specialty License

The LPCC is the clinical mental health specialty license offered by the North Dakota Board of Counselor Examiners (NDBCE). It requires additional graduate clinical education and supervised clinical training beyond the basic Licensed Professional Counselor (LPC) credential. The LPC is a prerequisite for the LPCC. This specialty license meets or exceeds all the well-established national clinical standards of the National Board for Certified Counselors (NBCC). To qualify for the LPCC, counselors must also pass the National Clinical Mental Health Counseling Exam offered by the NBCC and submit a videotaped demonstration of their clinical counseling.

There are approximately 350 Licensed Professional Counselors (LPC) in North Dakota. Of these, 103 hold masters or doctorate degrees and have met the advanced clinical requirements to become Licensed Professional Clinical Counselors (LPCC). Among the LPCC's is the state, about 40 - 50 are involved in some form of private practice and would be most actively interested in health insurance reimbursement. Most of the remaining LPCC's are on the clinical staffs of agencies or institutions and may already qualify for third-party insurance reimbursement through medical supervision in their work settings.

The LPCC Is Equivalent To The LICSW

The Licensed Independent Clinical Social Worker (LICSW) is recognized by law for health insurance reimbursement in North Dakota.

The qualifications of the LPCC are equivalent to the LICSW in our state. In fact, the educational and supervised experience of the LPCC is more clinically focused in some areas than the LICSW. The graduate coursework of the LPCC demonstrates a more prominent diagnostic and therapeutic core curriculum.

+++ (An attached chart compares the requirements of the LPCC and LICSW.)

Clinical Counseling Is A Well-Established Mental Health Profession

- Over 80,000 professional counselors are licensed or certified in 45 states.
- At least 12 states now offer a clinical mental health counseling specialty license comparable to the LPCC:

South Dakota - Montana - Iowa - Illinois - Ohio - New Mexico
Virginia - Rhode Island - Maine - New Hampshire - Vermont -
and North Dakota.

- At least 17 other states have passed insurance reimbursement legislation recognizing licensed professional counselors (LPCC and some LPC) as eligible mental health providers.

(Actually in several states, the professional qualifications
for reimbursement read:

“any licensed or qualified mental health professional.”

CLINICAL EFFECTIVENESS

- Clinical counselors provide good outcomes that are cost-effective.

By definition, “counselors” are trained in the provision of counseling and therapy as well as the causes and treatment of mental illness. LPCC’s are required to have specific coursework and training in:

- psychopathology
- appraisal and diagnostic evaluation (including DSM-IV)
- clinical counseling skills.

Clinical counselors are specifically and thoroughly prepared as qualified and effective psychotherapy practitioners.

Counselors Compare Favorably On Practice Outcomes

Information compiled by the American Counseling Association (ACA) shows that clinical counselors treat disorders of similar severity to those treated by clinical social workers and clinical psychologists:

- In this 1997 study, 47 % of the clients treated by professional counselors were moderately or severely impaired to chronically and persistently mentally ill.
 - The percentage of similar severity of illnesses treated by psychologists is 47 % and 50 % for social workers.
 - Clinical counselors are also clinically involved in both individual and group therapy to children, adolescents and adults.

This compares favorably to services provided by social workers and psychologists.

- Duration of treatment comparisons show that 61 % of professional counselors complete treatment in under 10 sessions.

This compares to 45 % for social workers and 34 % for psychologists.

Clinical counselors are "clinically effective" mental health providers. Such clinical efficiency also translates to cost-effectiveness.

COST - EFFECTIVENESS

- In 1997, Blue Cross/Blue Shield of North Dakota opposed a similar bill, raising the fear that 'increases in the number of providers (is) one of the factors giving rise to medical cost inflation ...'

The Answer To That Is:

Medical expenses may rise only when adding new providers also means developing new client services.

SB - 2213

only seeks to include LPCC's as reimbursable providers in the well-established area of outpatient mental health treatment defined under this section of law.

There will be no new services or costs - though there may be an increase of healthy competition among mental health providers - which can serve to stabilize or lower fees.

Freedom-of-Choice For The Public

Including clinical counselors as reimburseable providers will give consumers a greater choice of mental health practitioners and actually broaden the coverage of mental health care across North Dakota.

This expansion of mental health service is especially important as the mental health needs of our rural areas is increasing.

A wide variety of research studies clearly demonstrates that adding clinical counselors to the provider pool does not increase mental health care useage or cost:

- Research by the Employee Benefit Research Institute indicates that increasing the types of mental health providers does not increase the costs of a health care plan (Custer - 1990).
- Allowing consumers a broader choice of mental health practitioners does not increase the use of services - it simply allows for alternatives (Frank - 1982). Including new clinical providers simply gives the public more options for care.
- The Texas Department of Insurance found that although allowed to charge additional premiums to cover any costs of adding mandated counseling services, 95 % of Texas insurers sruvey did not charge additional premiums for the benefit.

The effect of laws expanding consumer's choice of providers simply gives the public more options for mental health care.

Increasing the number of qualified providers does not increase demand or costs for mental health services.

Clinical Counselor Fees Are Competitive

• Clinical counselors continue to be very competitive when comparing the usual fee schedules of clinical mental health professionals.

In a 1995 survey of 1700 providers nationwide, Psychotherapy Finances reported the following average fees for individual psychotherapy:

Psychiatrist = \$ 120. Psychologists = \$ 95.

Clinical Social Workers = \$ 80. Clinical Counselors = \$ 80.

The same study also reports that professional counselors average a lower number of psychotherapy sessions per individual client.

The results of this study clearly suggest that clinical counselors are very cost-effective in terms of both their fees and their efficient use of therapy sessions.



NDCA Legislative Committee
John T. Jarman - Chair
1015 Reeves Drive - Grand Forks, ND 58201

February 1, 1999

Senate Human Services Committee

Testimony In Support Of SB-2213

*Affiliated with
The American Counseling Association*

**STATE AFFILIATED
ORGANIZATIONS**

ND Association of Addiction
& Offender Counselors

ND Association of
Admissions Counselors

ND Career Development
Association

ND College
Personnel Association

ND Employment
Counselors Association

ND Association of
Marriage & Family
Counselors

ND Mental Health
Counselors Association

ND School
Counselors Association

ND School Social
Workers Association

ND Association of
Student Financial
Aid Administrators

The North Dakota Counseling Association feels very strongly that this is a timely bill that will immediately benefit the public with increased access and choice regarding mental health treatment. It is also a fairness bill for clinical counselors who seek parity as well-qualified clinical mental health professionals.

NDCA has represented professional counseling for over 40 years in North Dakota. Presently, our membership includes approximately 500 counselors across the state who work in the particular counseling settings - reflected in the 10 affiliated organizations listed on our letterhead. Of these professional counselors, just over 100 hold the credential of the Licensed Professional Clinical Counselor (LPCC) - the clinical mental health specialty license in North Dakota.

Clinical counselors have been practicing in our state for several decades. Since the 1960's, there has been national clinical mental health certification to insure high professional standards. However, not until 1995, when the Legislature passed "counselor specialty licensing," did the North Dakota Board of Counselor Examiners have a clear, legal way of identifying qualified clinical counselors for the public.

Last session, when we brought a similar bill to include clinical counselors for third-party reimbursement, the only organized opposition came from Blue Cross/Blue Shield of North Dakota. The Blue Cross testimony concerned us because it seemed to reflect a lack of understanding and regard relative to the profession of clinical counseling. So, after that bill was narrowly defeated in the Senate, our association felt it had a responsibility to respond to Blue Cross and more adequately inform them about the qualifications and effectiveness of clinical counselors in our state.

We met with Blue Cross representatives in Fargo in December of last year. We presented clear, thorough responses to each of the concerns that they had raised in their testimony in 1997. It was a cordial and we felt, productive meeting. Certainly, it is our hope that given this comprehensive information about clinical counseling, Blue Cross will not feel the need to oppose our efforts this session.

The three main concerns offered in opposition to including LPCC's for reimbursement were: clinical qualifications, clinical effectiveness and the fear of higher insurance premiums. I believe you will find it helpful to have a brief summary of our responses:

Clinical Qualifications.

• The LPCC is a specialty license in clinical mental health which requires advanced graduate education and training beyond the basic Licensed Professional Counselor (LPC) credential - and meets national clinical counseling standards.

- The LPCC emphasizes a core of mental health coursework and is equivalent to the clinical social work license (LICSW) - which is presently recognized for third-party reimbursement in our state.

Clinical Effectiveness.

- By definition, LPCC's are trained in "counseling" and therapy with specific preparation in psychopathology, appraisal and diagnostic evaluation and therapeutic counseling skills.
- In a number of recent national studies also involving social workers and psychologists, clinical counselors compared most favorably on the outcomes of therapy - clearly demonstrating that they are "clinically effective" mental health providers.

Cost - Effectiveness.

- Insurance premiums will not increase - at least many studies show that they have not in other states which include clinical counselors for reimbursement. When the public has been given a broader choice of clinical professionals, the over-all use and cost of more expensive psychiatric/ hospital-based mental health treatment has actually decreased.
- Health costs do not rise because no new mental health services are being added. The outpatient services covered in this section of our law are established. It has been consistently shown that adding a new provider group (clinical counselors) does not increase demand for treatment. It simply substitutes services provided by clinical counselors for those previously offered by already eligible providers. It also encourages healthy competition among providers - serving to keep fees reasonable.
- National studies show that clinical counselors charge lower fees than psychiatrists and psychologists - thus contributing to lower health costs. Also, clinical counselors average fewer psychotherapy sessions per client - again helping to keep health costs down.

At least 17 other states have passed health insurance legislation recognizing professional counselors for third-party reimbursement. These include our regional neighbors: Montana, Wyoming, Nebraska and South Dakota. In many states the qualifications for reimbursement simply state: "any licensed or qualified mental health professional."

Finally, the "fairness" issue. Becoming eligible for mandated reimbursement is the only way that Licensed Professional Clinical Counselors can achieve professional parity:

- Employment in mental health positions often requires eligibility for third-party reimbursement. Although LPCC's are as qualified as LICSW's for clinical and hospital positions - LPCC's are often not even considered since they are not mandated providers.
- Clients naturally want to choose providers that are covered by their health insurance. Without third-party reimbursement, clinical counselors cannot effectively compete in private practice with other eligible mental health providers.. This approaches a restraint of trade issue.
- Clinical counselors are educated and trained in North Dakota; they should be fully recognized to practice in their state. It simply makes no sense to exclude a whole category of qualified clinical professionals from being recognized for reimbursement.

More choice ... better access to mental health care for the public - especially important in our rural areas.

Stable - and perhaps lower mental health costs. No need to raise insurance rates.

Fairness - parity for clinical counselors. LPCC's are the only qualified clinical mental health professionals not recognized for third-party reimbursement.

SB 2213

SEEKING HEALTH INSURANCE COVERAGE FOR
OUTPATIENT MENTAL HEALTH TREATMENT
PROVIDED BY
LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCC)

A Presentation To Blue Cross - Blue Shield of North Dakota
By the North Dakota Counseling Association

December 14, 1998

OUR GOAL

The North Dakota Counseling Association (NDCA) is seeking to have Licensed Professional Clinical Counselors (LPCC) recognized as professional clinical providers who are mandated by state law to be reimbursed for outpatient mental health treatment. (Under NDCC 26.1-36-09)

Aware that Blue Cross - Blue Shield of North Dakota (BCBSND) opposed similar efforts in 1997:

- NDCA asks that BCBSND reconsider the professional qualifications and clinical services of LPCC's as herein presented.
- Further, NDCA respectfully requests that BCBSND recognize the LPCC as a fully qualified clinical mental health credential in North Dakota and not oppose our association's efforts to secure legal recognition for third-party reimbursement.

CLINICAL QUALIFICATIONS

"Ultimately, decisions to provide coverage should be based on clinical efficacy, not statutory requirements."

George W. O'Neill, Ph.D. - BCBSND - February - 1997

NDCA agrees that "clinical efficacy" should be the basis of third-party recognition. We certainly invite BCBSND to review the clinical qualifications of the LPCC and include clinical counselors as eligible and reimbursable mental health providers. However, the legal mandate is still essential to provide a basis of LPCC recognition for out-of-state insurance companies covering in-state subscribers. Also, a mandate is necessary to qualify LPCC's for mental health staff positions in clinics, hospitals and agencies where third-party eligibility is required.

A Clinical Counseling Specialty License.

The LPCC is the clinical mental health specialty license offered by the North Dakota Board of Counselor Examiners (NDBCE). It requires additional graduate education and supervised clinical training beyond the basic Licensed Professional Counselor (LPC) credential - which is a prerequisite for the LPCC. This specialty license meets all the well-established clinical standards of the National Board for Certified Counselors (NBCC). To qualify for the clinical

license, counselors must also pass the National Clinical Mental Health Counseling Exam offered by the NBCC and submit a videotaped demonstration of their clinical counseling work. (A chart comparing the LPCC and LICSW qualifications is included (Resource 1.)).

There are approximately 350 Licensed Professional Counselors (LPC) in North Dakota. Of these, 103 hold masters or doctorate degrees and have met the advanced clinical standards to become Licensed Professional Clinical Counselors (LPCC). Among the LPCC's in the state, about 40 - 50 are involved in some form of private practice and would be actively interested in health insurance reimbursement. The remaining LPCC's are on the clinical staffs of institutions or agencies and may already be third-party eligible through their work settings.

The LPCC Is Equivalent To The LICSW.

The Licensed Independent Clinical Social Worker (LICSW) is recognized by law for health insurance reimbursement in North Dakota.

The LPCC meets or exceeds the qualifications for the LICSW credential in North Dakota. In fact, as the enclosed chart (Resource 1.) indicates, the educational and supervised experience of the LPCC is more clinically focused than those of the LICSW. Further, the attached comparison of graduate coursework (Resource 2.) at UND for the clinical counseling and social work degrees strongly demonstrates the more prominent diagnostic and therapeutic core of the counseling curriculum.

In comparing the standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP) and the Council on Social Work Education (CSWE), the "clinical efficacy" of professional counselors is underscored:

- Counselor education standards require coursework in "abnormal behavior and psychopathology." CACREP guidelines focus on DSM-IV assessment techniques and the therapeutic counseling relationship with individuals, families and groups. Clinical training and supervision for counselors requires individual and group therapy experiences with an emphasis on direct therapeutic service to clients.
- Social work standards requires more general attention to the "impact of social forces on individuals and social systems." The CSWE curriculum focuses more broadly on the coursework needed to "enhance the well-being of people and to help ameliorate conditions that affect people adversely." Assessment in the social work standards involves an "examination of client strengths and problems" with supervised clinical training emphasizing "practice skills to enhance the well-being of people."

While counselors and social workers are educated and trained in somewhat similar professional orientations, clinical counselors are more specifically prepared to provide personal psychodynamic therapy. The preparation of social workers appears to emphasize a more general interest in the well-being of people in relationship to the environmental conditions of society.

Clinical Counseling Is A Well-Established Profession.

Over 80,000 professional counselors are licensed or certified in 44 states. At least 12 states now offer a clinical mental health counseling specialty license comparable to the LPCC: South Dakota, Montana, Iowa, Illinois, New Mexico, Ohio, Virginia, Rhode Island, Maine, New Hampshire, Vermont and North Dakota. Although the counseling specialty licensing in our

state was recently approved in 1995, those who have qualified for the LPCC do meet all national clinical counseling standards established by the North Dakota Board of Counselor Examiners.

At least seventeen other states have passed insurance vendorship legislation recognizing licensed professional counselors as eligible mental health providers. These include such regional neighbors as: South Dakota, Montana, Wyoming, and Nebraska (Resource 3.). Actually, in several states the vendorship qualifications read: “any licensed (or qualified) mental health professional.” Many of these states recognize the basic LPC (Licensed Professional Counselor) for reimbursement while several specify the clinical or mental health specialty license.

A sampling of insurers which presently reimburse professional counselors for outpatient mental health treatment includes:

Mutual of Omaha ... Franklin Life Insurance ... Principal Mutual Life ... CIGNA

John Alden Life Insurance ... Liberty Life of Boston ... Provident Life and Accident ...

Blue Cross/Blue Shield insurance companies now provide reimbursement for clinical counselors in our region in at least: Montana, Wyoming, Idaho and Michigan.

North Dakota requires LPCC's to meet national clinical standards beyond those of the general LPC qualifications. NDCA simply seeks to have these well-qualified clinical mental health licensees included as reimbursable for the outpatient services already covered. The LPCC is the ONLY clinically qualified mental health professional in our state NOT recognized for third-party payment.

There are no other qualified groups waiting in the wings. Across the country, there are three non-medical professions which are generally recognized as qualified mental health providers: clinical psychologists, clinical social workers, and clinical counselors. These are the three established and practicing mental health professions in North Dakota. It is simply time to fully recognize the licensed professional clinical counselors of our state as “qualified mental health providers” eligible for third-party reimbursement.

CLINICAL EFFECTIVENESS

“Like most reimbursable providers, if indeed they provide cost-effective services with good outcomes, mental health counselors could eventually be reimbursed by the system.”
Rod Larson and Dan Ulmer - BCBSND - February - 1997

“Good outcomes” that are “cost-effective” is precisely what professional clinical counselors have to offer mental health treatment. By definition, “counselors” are trained in the provision of counseling and therapy as well as the etiology of mental illness. As indicated, LPCC's are required to have specific coursework and training in psychopathology, appraisal and diagnostic evaluation including the DSM-IV, and clinical counseling skills. Clinical counselors are specifically and thoroughly prepared as credible and effective psychotherapy practitioners.

Counselors Compare Most Favorably On Practice Outcomes.

Information compiled for the American Counseling Association (ACA) in 1997 shows the severity of illnesses treated by professional counselors compared to other mental health professionals (Resource 4.) This study reveals that 47 % of the clients treated by professional counselors are moderately or severely impaired to chronically and persistently mentally ill (DSM-IV). The percentage of similar severity of illnesses treated by psychologists is 47 % and 50 % for social workers. Clearly, professional counselors are practicing in the same clinical milieu as other qualified mental health professionals.

This ACA study also demonstrates that professional counselors are clinically involved as providers of individual and group therapy (Resource 5.), They also offer a good deal of direct clinical service to children and adolescents. This compares favorably to the type of services offered by psychologists and social workers. The "duration of treatment" comparisons indicate that 61 % of professional counselors complete treatment in under 10 sessions. This compares to 45 % for social workers, 34 % for psychologists and 31 % for psychiatrists. This further demonstrates that professional counselors are "clinically effective" mental health providers. Obviously, such clinical efficiency also translates to cost-effectiveness as health care providers survey costs related to length of treatment.

Clinical Counselors Supported As Competent Core Providers.

Research sponsored by the American Mental Health Counselors Association (AMHCA) offers the first empirical data observed across mental health disciplines pertaining to specific clinical judgement tasks. Ongoing since 1986, the research studies the ability "to synthesize information about clients and to form diagnoses and treatment plans widely recognized as central to competent mental health service delivery" (AMHCA).

The results have been provided in an article: "Cross-Disciplinary Study Demonstrates Mental Health Counselor Competence" by Janet Elizabeth Falvey, Ph.D. of the University of New Hampshire. The process involved gathering panels of experts from psychiaitry, social work, psychology, mental health counseling, marriage and family counseling and psychiatric nursing. These panels developed standardized cases which represented the two most common adult outpatient disorders - then developed criteria for case construction and treatment planning. Validation studies "demonstrate good content and discriminate validity" (Falvey).

The actual study involved psychologists, clinical social workers and clinical counselors and reveals these results:

- Participants who used DSM-IV diagnoses recorded significantly higher case review scores than did those not using formal diagnoses - across both clinical disorders.
- Clinical counselors recorded the highest case review scores among the three professions across both disorders - especially as compared to the social workers.
- Clinical counselors recorded higher treatment planning scores than social workers for both disorders and higher or comparable scores compared to psychologists on both disorders.

This research firmly "supports the recognition of certified mental health counselors as competent core providers of outpatient mental health services" (Falvey).

COST - EFFECTIVENESS

“Increases in the number of providers have been one of the factors giving rise to medical cost inflation ...

“The number of persons seeking services will increase.”

O’Neill - BCBSND - 1997

“Insurance companies will be mandated to pay for another layer of care.”

Larson and Ulmer - BCBSND - 1997

These concerns may be valid when adding new providers also means developing new client services. However, a multitude of studies clearly dispel fears that adding clinical counselors as providers of established mental health services will increase useage or costs. To the contrary, clinical counselors give consumers a broader choice of mental health practitioners and actually contribute to stable or reduced costs of resulting health care.

- Research by the Employee Benefit Research Insitute indicates that increasing the types of mental health providers does not, in fact, increase the costs of a health plan (Custer, 1990).
- Allowing consumers a broader choice of mental health practitioners does not increase the use of services - it simply allows for alternatives (Frank, 1982). Including new clinical providers simply gives the public more options for mental health care.
- Expanding insurance coverage of non-psychiatric mental health providers does not increase overall demand for mental health services. Instead, the effect of laws expanding consumers’ choice of providers is essentially to substitute care provided by professionals previously not included in the “provider pool” for those already elgible (Fairbank, 1989).
- Requiring insurers to reimburse for the services of licensed professional counselors does not significantly increase coverage costs. The Texas Department of Insurance found that although allowed to charge additional premiums to cover the costs of mandated counseling services, 95 % of Texas insurers surveyed did not charge an additional premium for the benefit. The effect of the legal mandate was simply to allow counselors to provide treatment that is already covered - resulting in no real additional expense (Texas Deptment of Insurance, 1992).

The research shows that increasing the “pool” of providers does not tend to increase the useage or subsequent cost of mental health services. This is especially true when the type of outpatient treatment which is covered remains the same. The distribution of those covered services is simply “spread out” among more providers - offering the public more choice and greater access. Even if increasing the number of elgible providers did increase the demand for mental health services, increasing the options for less expensive, non-psychiatric treatment has been shown to offset any increased useage of mental health benefits (Fairbank, 1989).

Clinical Counselor Fees Are Consistently Competitive.

Clinical counselors continue to be very competitive when comparing the usual and customary fee schedules of clinical mental health professionals. In a 1995 survey of 1700 providers nationwide, Psychotherapy Finances reports the following median fees for individual psychotherapy:

Psychiatrists - \$ 120. Psychologists - \$ 95.

Social Workers - \$ 80 Professional Counselors - \$ 80.

The relatively lower fees of professional counselors reflect the results of a similar national survey conducted by the same source in 1992. Further, the \$ 80. fee is consistent with clinical counselor rates in North Dakota - while those of psychiatrists and psychologists in our state tend to be somewhat higher than these national averages.

The same study also reports that professional counselors average a lower number of psychotherapy sessions per individual patient. The national averages of clinical sessions per patient for the same mental health professionals are:

Psychiatrists - 24 Psychologists - 20 Social Workers - 20 Professional Counselors - 16

The results of this study clearly suggest that clinical counselors are very cost effective in terms of both their fees schedules and their efficient use of psychotherapy sessions.

Expanding Mental Health Care Saves Medical Costs.

Numerous studies have also shown the cost-effectiveness of making sure that those in need of mental health care receive services:

- Undiagnosed and untreated mental health problems often result in general medical symptoms that need treatment - leading to unnecessary and costly medical care expenses.

The American Psychological Association (APA) offers a detailed analysis demonstrating that mental health intervention can result in decreased medical utilization - thus creating a "medical cost offset" (APA, 1994). Actually, a "total offset" can occur when general health care savings exceed the cost of the mental health treatment - effectively resulting in the treatment paying for itself.

This APA analysis highlights several factors contributing to the medical cost offset of providing mental health treatment:

- Mental health patients typically overutilize medical services. Many visits to primary care physicians are actually mental health related. Patients with mental illness are heavy users of medical services.
- Making outpatient mental health care available can offset the cost of expensive inpatient care. Studies show that inpatient admissions are reduced when the size and scope of outpatient care is increased (Armstrong and Took, 1993).
- Mental health care utilization is stable and predictable. Insurance companies are fearful that generous mental health coverage will result in adverse selection and excessive use of services. Decades of reserach, however, have shown that mental health costs are a small percentage of total health care expenditures - and that utilization of mental health services is predictable and stable.

It is obviously "cost-effective" to include clinical counselors in the "pool" of qualified mental health providers. Increased choice and access for consumers, increased competition among practitioners, earlier and more available mental health care can only serve to save health care dollars.

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LICENSE	EDUCATION	CLINICAL PRACTICE PRACTICA	SUPERVISED CLINICAL EXPERIENCE	EXAMINATION	DEMONSTRATED CLINICAL SKILL
<p>LICENSED INDEPENDENT CLINICAL SOCIAL WORKER (LCSW)</p>	<p>Masters or doctorate in social work from an accredited school of social work.</p> <p><u>Required clinical coursework:</u></p> <p>None designated.</p>	<p>One-year of clinical social work practice in graduate school.</p>	<p>Four years of full-time, post-Masters supervised clinical social work practice.</p> <p>Supervisors may be a LCSW, clinical psychologist or psychiatrist.</p>	<p>Passage of the clinical social work exam.</p>	<p>None required.</p>
				<p>CONTINUING EDUCATION</p> <p>Twenty (20) contact hours every two years.</p>	

LICENSE	EDUCATION	CLINICAL PRACTICE PRACTICA	SUPERVISED CLINICAL EXPERIENCE	EXAMINATION	DEMONSTRATED CLINICAL SKILL
<p>LICENSED PROFESSIONAL CLINICAL COUNSELOR (LPCC)</p>	<p>Masters (60 hours) or doctorate in counseling from an accredited school or college.</p> <p><u>Required clinical coursework:</u></p> <p>+ Abnormal psychology and psychopathology + Appraisal and diagnostic evaluation + Clinical counseling skills</p>	<p>Eight-hundred (800) hours of clinical training in supervised practica or internships in clinical counseling.</p> <p>(Equivalent to 25 hours per week for one academic year).</p>	<p>At least two years of post-Masters supervised clinical counseling practice beyond the prior two years of supervision required for the prerequisite LPC.</p> <p>Supervisors may be a LPCC, clinical psychologist or psychiatrist.</p>	<p>Passage of the national clinical mental health counselors exam (CMHCE).</p>	<p>Videotaped clinical counseling session of at least 30 minutes (individual or group clinical setting).</p>
				<p>CONTINUING EDUCATION</p> <p>Forty (40) contact hours every two years - ten (10) of which must be in clinical area</p>	

*Counseling and Social Work Curricula:
Comparison of Graduate Coursework at UND*

Counseling Coursework.

- "Human Development and Personality."* Focus on lifespan, emotional, social and interpersonal developmental issues. Both normal and dysfunctional patterns and research are studied.
- "Counseling Theories and Interventions."* Systematic study of counseling techniques and interventions. Theory, demonstration, and practice of theoretically based interventions.
- "Counseling Methods."* Intensive prepracticum experience in interpersonal skills conducted in simulated counseling interviews.
- "Counseling Methods Laboratory."* Supervised role-play counseling sessions with live observation and video-taped review and feedback.
- "Psychological Testing."* Principles of psychological measurement related to intellectual aptitudes, educational achievement, personality dynamics and career interests.
- "Group Dynamics."* Principles and practices of social and therapeutic groups. Involves extensive in-class group experiences.
- "Women's Psychological Development."* Trends in psychological theory pertaining to women.
- "Multicultural Counseling."* Counseling theory and intervention appropriate for American ethnic and non-ethnic minority clients.
- "Marriage and Family Counseling."* Major theories of marriage and family counseling and their associated interventions. Readings, lecture, demonstration and role-play utilized.
- "Counseling in Community Agencies."* Counseling practice and services in mental health and other community agencies. Examines diagnostic systems and intervention strategies as well as service populations, treatment needs, and ethical standards.
- "Counseling Practicum I. and II."* Skill development in supervised clinical settings - including both individual and group counseling experience.
- "Internship in Counseling."* Supervised professional practice in counseling assessment, consultation, teaching or research in an approved agency.

Social Work Coursework.

- "The Person in the Environment."* Understanding the impact of social, cultural, economic, physical and psychological forces on human behavior.
- "Social Work Practice I."* Use of the problem-solving with an emphasis on the helping process with individuals, families, groups and communities.
- "Social Work Practice II."* Introduction to work with families and to the family system as arena and resource for change. Focus is on intervention with families in developmental and transitional crises. (... continued)

"Practice Lab I and II." Development of social work skills in the use of the problem solving process - especially as related to and working with families.

"Families in a Contemporary Society." Focus on people as members of families, organizations, and communities. Attention given to the bio/psycho/social aspects of psychopathology.

"Social Policy and Families." Understanding the impact of social policies on families with particular reference to single parent families, teenage parents, and child welfare.

"Rural Community Systems." Examination of the policies and philosophy of the formal human service delivery system. Issues regarding community assessments, service delivery evaluation and self-help networks will be discussed.

"Advanced Social Work Research." Study of the various issues, ethics and methodologies utilized in conducting research and evaluating the effectiveness of programs.

"Social Work Organizations." Focus on the administrative skills, values and knowledge that clinical social workers require in order to practice in agencies as well as understanding policy issues.

"Social Welfare Policies and Issues." Nature and scope of social work focusing on its history, values, and ethics. The role, authority, and image of the social worker is presented.

"Field Instruction I and II." Practicum field experience. Developing effective problem-solving skills in relation to individuals, groups, family, the community and/or social service organizations.

States with Insurance Vendorship for Mental Health Counselors

State	Date Enacted ¹	License Required	Additional Requirements	Type of Mandate ²	Extra-territoriality ³
Arkansas	1991, 1995	LPC	willing to accept insurer's conditions	coverage	yes
California	1981	MFCC	physician referral if required by policy	coverage	yes
Florida	1992	LMHC	none	offering	no
Maine	1996	LCPC	none	offering	no
Massachusetts	1996	LMHC	none	coverage	yes
Mississippi	1992	LPC	none	coverage	no
Missouri	1993	LPC	none	offering	no
Montana	1987	LPC, LCC, LCPC	none	coverage	yes
Nebraska	1994	any licensed mental health provider	none	coverage	yes
Rhode Island	1994	LCMHC	none	coverage ⁴	yes
South Dakota	1987, 1994	any qualified mental health professional	none	coverage	yes
Texas	1989	LPC	none	coverage	yes
Utah	1986, 1994	any licensed health care provider	none	coverage	yes
Vermont	1976, 1988	any licensed or certified mental health professional	none	offering	no
Virginia	1987	LPC	none	coverage	no
Washington	1995 ⁵	every category of health care provider	none	coverage	yes
Wyoming	1971, 1987	any licensed health care professional	none	coverage	no

Compiled by Warren Throckmorton, PhD. Revised 8/96

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American Mental Health Counselors Association

¹ Two dates of enactment means vendorship is based on multiple statutes or different

² A mandated coverage law requires an insurer to reimburse a mental health professional when the policy includes benefits for mental health services which are within the professional's scope of practice. A mandated offering law only requires the insurer to offer to the employer the coverage for a benefit or a provider group and the employer has the option to refuse to include the benefit or provider group in the employee benefits plan.

³ Extraterritoriality refers to a requirement to reimburse a provider no matter where the insurance policy was written or delivered. If a law requires all policies, whether written in state or out of state, to reimburse, then the law provides for extraterritorial coverage. Some laws only regulate policies written in the state. This provision is often unclear in law and is subject to varying interpretations by insurers and providers.

⁴ Although insurers must reimburse all LCMHCs, Blue Cross/Blue Shield plans and HMOs do not have to reimburse all licensed providers, just those with whom they have a contract. BC/BS and HMOs can limit coverage to services provided in conjunction with a related medical illness.

⁵ Implementation of the law is being held up by the courts until at least 1997.

Severity of Illnesses Treated by Mental Health Professionals

<i>Discipline</i>	<i>Chronically and Persistently Mentally Ill</i>	<i>Moderate to Severely Impaired (DSM-IV)</i>	<i>Life, Stress and Coping Problems</i>
Professional Counselors	11%	36%	40%
Psychiatrists	29%	40%	30%
Psychologists	11%	36%	29%
Social Workers	9%	41%	35%
Marriage and Family Therapists	12%	36%	39%

Duration of Treatment

<i>Number of Sessions</i>	<i>All Therapists</i>	<i>Professional Counselors</i>	<i>Psychiatrists</i>	<i>Psychologists</i>	<i>Social Workers</i>	<i>Marriage and Family Therapists</i>
0-3 sessions	2.8%	9%	3%	4%	2%	1%
4-6 sessions	10%	18%	6%	7%	11%	5%
7-10 sessions	28%	34%	22%	23%	32%	33%
11-15 sessions	29%	17%	27%	22%	20%	32%
15+ sessions	34%	26%	37%	40%	34%	24%

Testimony on Senate Bill No. 2213

Human Services Committee

February 1, 1999/01/31

By Patricia J. Stein

(701) 221-9271

Mr. Chairman and members of the Human Services Committee:

My name is Patricia Stein and I am here to comment briefly in favor of Senate Bill # 2213.

I understand that this bill, when passed, will include licensed professional clinical counselors to receive 3rd party payments, and the addition of these professionals would not affect insurance rates as no new services are being added.

In my personal experiences, as a teacher and as the mother of a child at risk, there is not enough assistance available for counseling families with children who are at risk. The need for professional clinical counselors is growing every day in our cities, small towns and rural communities. Economic conditions make it necessary to find someone who can receive 3rd party payments. This is difficult enough in a large town, next to impossible in a rural area.

I am entrusting you, the members of this Committee, to pass this bill to assist not only the children at risk, but also the many people of all ages in our state in need of licensed professional clinical counseling.

Mr. Chairperson, this completes my testimony. I am pleased to answer any questions committee members may have. Thank you for your kind attention.

Marcia

I've always considered myself a very strong independent, in-control person. 2 1/2 years ago - after 24 years, 9 months of marriage - my husband walked out. Within three months time - from finding out there was someone else to an actual divorce - my life as I had known it came to a crashing halt.

My self-confidence was shot! No self esteem, depressed and 2 young teens wondering what had happened and what was going to happen. We were scared!

I knew enough to know that I needed help - I couldn't walk through this alone. Luckily, there was a licensed clinical counselor available for me right in Valley City. I needed someone in Valley City as some days driving the few blocks across town to work were almost too much for me - there was no way that I could drive to Fargo or Jamestown where there was access to a psychiatrist or a psychologist.

I needed someone right there. For almost two years I've seen my counselor - she's helped me ride the wild roller coaster ride of emotions that the person who was betrayed goes through. The months that I couldn't afford to see my counselor - I went it alone - waiting for the next month when I could afford to see her again.

I was dealing with so many issues: betrayal, loss of a spouse/companionship, feelings of self worth - - if you've never been through something like this - picture a Mack truck crushing into your heart and emotions! I wondered if I could survive! I worried about being strong enough for my children, I worried about the present, the future . . I worried.

I was lucky. I was able to find help right in my hometown - I had someone who cared . . . someone who guided me on this life journey . . . I still occasionally have a "check in" with my counselor; to make certain that I still have a proper perspective and to maintain a proper path - -

She's helped me look at the whole picture of my life - what I needed to do - what I shouldn't do - -

To compound my recovery, two months after my divorce, my 15 year old daughter - was hospitalized - depression - 3 different hospital visits in Fargo - a total of 6 weeks. there I was dealing with the effects of another parents actions - alone - my daughter was also lucky - she had good school counselors, teachers and administrators who cared and helped, but when her situation went beyond their area of expertise, referred me on to specialists for her. It was a long first year for my little family.

You know, I don't know what would have happened to me if I hadn't seen my counselor - I'm sure I would have survived, but because I saw her - I survived in a much better form - I'd guess as I keep going through this life journey that I'm a better parent, a better daughter & sister, a better friend and co-worker.

As we look at our rural state - I know there are people just like me in some very remote places - where access to certain professionals is a great distance, or a long wait or no choice - I wish I could have used my Blue Cross Blue Shield insurance for this.

Pass this bill - provide access to reasonably priced mental health care to all people - provide people the means to get help with problems, before the problems take over

someone's life or dramatically changes the quality of life.

Life is stressful! As a single parent, I deal with tough situations all the time - finances, parenting alone, loss of companionship, working 1 full time and 1 part time job - - I fully intend to make my mental health wellness a continued top priority in my overall wellness.

Please help me to do this for the people in our state who really need the help and need the insurance coverage.



Phone 701-838-2174

JOHN G. GAROFALO, M.D., P.C.

Psychiatry

400 Burdick Expressway East
Suite 300
Minot, North Dakota 58701



Fax 701-838-6837

January 25, 1999

56th Legislative Assembly of North Dakota

RE: Senate Bill #2213

To Whom It May Concern:

I have reviewed Section I Amendment of Bill #2213 and find that, indeed, the facts stated are substantiated by my personal experience. I have had the pleasure of working with several LPCCs. It is unfortunate that these individuals are not qualified to receive third party reimbursement. Were this the case, I would find it far easier to locate appropriate counseling help for my patients.

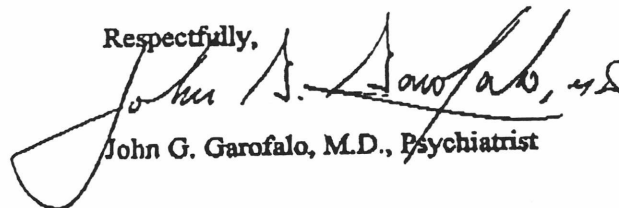
My particular specialty of neuropsychopharmacology leaves precious little time for counseling. There are, of course, some cases that are of such a complexity that they require higher levels of skill and education. These are either handled by myself or referred to appropriate personnel. A number of counseling cases, however, can be cared for by LPCC and, in fact, have done quite well in my past experience with the counselors I have utilized.

I could not agree more that the LPCC should be appropriately trained, tested and licensed. Having accomplished this prerequisite, however, I see no logic to their disenfranchisement from the third party reimbursement situation.

The growing mental health needs in our state have placed a burden upon our currently established third party reimbursement system. Indeed, the utilization of currently reimbursable health care professionals has, actually, resulted in the increased cost of mental health care delivery, in some instances. The utilization of the LPCC might well lower the total cost of clinical counseling services.

As always, one must be cautious of individuals, who would call themselves "counselors" or "therapists". It is specifically for this reason that the undersigned supports the utilization of the LPCC as they have, indeed, been appropriately educated, tested and licensed. Appropriately utilized, this mental health worker can prove to be a valuable adjunctive service for the delivery of mental health care in the state of North Dakota.

Respectfully,


John G. Garofalo, M.D., Psychiatrist

JG:kn

To the Senate Human Services Committee:
1-28-99

Re: SB 2213--Licensed Professional Clinical Counselor (LPCC)

My name is Jane Hull, MEd, LAC, LPCC. I live in and work in Minot, ND, where I am in private practice. My credentials are Licensed Addiction Counselor (LAC) and Licensed Professional Clinical Counselor (LPCC). I am in favor of this bill.

If you come to my office needing treatment for an addiction, I can treat you, and your group insurance is required to pay toward your bill at my facility, (LAC). If you come to my office needing treatment for depression, adjustment after a divorce or treatment of trauma from abuse, I can treat you, but it is not required that your group insurance pay toward your bill at my facility, (LPCC). You would be self pay. Some insurance companies voluntarily accept my LPCC credentials and would pay your bill, particularly those from out of state.

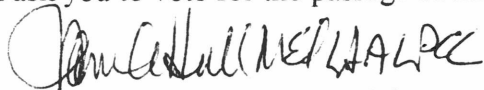
Blue Cross (which includes Medicare billing) specifically has repeatedly declined to accept my credentials for Mental Health, though I am on their provider list for Addiction Providers and have been for more than 15 years.

If I leave private practice this year, I will have difficulty obtaining employment in an agency, except in a hospital or Human Service Agency and then only in a day treatment program, because I am not 3rd party reimbursable in the mental health area. In their outpatient counseling program, I could not get reimbursement for individual appointments. This lack of reimbursement because of being excluded from the Mandate, has also affected LPCCs being reimburseable by Medicaid, who specifically, in a memo dated 6-26-98 to Psychiatrists, indicate that "Licensed Counselors," are not reimbursable because they "not . . . authorized by state law to provide psychological services" under their (the psychiatrist's) "personal supervision." (See attached)

This is not an equitable situation for LPCCs in North Dakota, many of whom have been trained at University Programs within this state.

My options would be to leave the State of North Dakota and move to a state where 3rd party reimbursement is not a problem for LPCCs or return to graduate school to get either a different credential, i.e., M.S.W. (Leading to an LCSW which would be reimburseable), or a higher credential, i.e., a PH.D. in Counseling Psychology. I am currently exploring the latter. Either way North Dakota would lose me, and frankly I would prefer to stay.

I ask you to vote for the passage of this bill.



Jane A. Hull MEd, LAC, LPCC

315 So. Main St., Ste. 307-A, Minot, ND 58701 701-838-4606



NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

STATE CAPITOL - JUDICIAL WING
600 E BOULEVARD AVE DEPT 325
BISMARCK NORTH DAKOTA 58505-0250



Carol K. Olson, Executive Director

Edward T. Schafer, Governor

MEMORANDUM

June 26, 1998

TO: Psychiatrists Participating in the North Dakota Medicaid Program

FROM: David J. Zentner, Director, Medical Services *DJ*

RE: Revised Update on Psychiatric Service Billings

This memorandum replaces the May 26, 1998 mailing and serves to clarify some questions which have been received by the department.

The department enrolls and reimburses psychiatrists for services furnished by the psychiatrist or under their personal supervision. When services are performed by a licensed non-physician medical professional, under the personal supervision of a psychiatrist, the services must be billed under the psychiatrist's provider number with the appropriate modifier. Services provided under the personal supervision of a psychiatrist are reimbursed at 75% of the physician fee schedule. Providers are subject to penalties if appropriate modifiers are not added to the CPT-4 codes for these services. The UPIN or Medicaid provider number of the psychiatrist must be entered in block 24K and the appropriate modifier in block 24D of the HCFA -1500 claim form with only one modifier allowed per detail line.

Individuals who are not licensed or authorized by state law to provide psychological services may not provide psychological services under the 'personal supervision' provision. Following is a clarification of the list of licensed non-physician medical professionals whose services the department has determined are reimburseable when working under the personal supervision of the psychiatrist, and the appropriate modifiers that must be used when billing under the provider number of that psychiatrist

May 1998 Classification

Clinical Social Worker AJ
 Licensed Counselor AJ
 Clinical Nurse Specialist AW or AY

June 1998 Classification

Licensed Clinical Social Worker AJ
 (not reimburseable) ---
 Clinical Nurse Specialist -
 Psychiatric Mental Health Nursing
 AW or AY
 Psychiatric Nurse Practitioner AK or AL

Note that only services provided by these non-physician professionals listed above under the June 1998 classifications are billable to North Dakota Medicaid as non-physician services under a supervising psychiatrist's UPIN or Medicaid provider number

GENERAL INFORMATION	(701) 328-2310	ECONOMIC ASSISTANCE	(701) 328-2332
FAX	(701) 328-2359	EXECUTIVE OFFICE	(701) 328-2538
TDD	1-800-366-6888	FIELD SERVICES	(701) 328-2310
		PROGRAM & POLICY	(701) 328-2310

and the appropriate modifier. Licensed psychologists must bill under their own Medicaid provider number in block 24K. Services provided by medical residents must be billed under the supervising physician's UPIN or Medicaid provider number without a modifier until the resident is licensed; then those services must be billed under the resident's own UPIN or provider number.

The terminology "under the personal supervision of a psychiatrist" means the supervision by a licensed doctor of medicine or osteopathy who orders, directs, requests, or reviews the services of a non-physician medical professional provided within the scope of their practice according to established regulation or rule, on a regular basis to ensure that appropriate, safe and effective treatment is provided to a patient in common to both the physician and non-physician medical professional. The supervising physician must be available for contact personally, or by telephone, radio or other electronic exchange.

It is not possible for the billing provider to hire and supervise a professional whose scope of practice is outside the provider's own scope of practice as authorized under state law, or whose professional qualifications exceed those of the supervising provider. The department determines whether the services provided by any non-physician medical professional are reimbursable by the department. If you have questions concerning the services of specific non-physician medical professionals, you can contact Pat Kramer, R.Ph. of this department at 701-328-4893.

Parameters relating to frequency of contact, number of cases, etc. that need to be considered are in the context of current, accepted medical practice.

The list of CPT-4 codes covered by Medicaid included with the May 26, 1998 memorandum remains unchanged; please retain that list. Payment is based on the lower of billed charges or the calculated fee and appropriate modifier. The calculated fee is derived from the relative value unit times the North Dakota Medicaid conversion factor of \$33.37. The relative value units can be found in the Federal Register or are obtainable from commercial sources. Please note that the units for codes 90846, 90847, 90887, and 96100 through 96117 have changed and are consistent with the psychological fee schedule effective May 1, 1998.

If you have any questions concerning this memorandum, call Provider Relations at 701-328-4030

Good Morning. I'm Deborah Elhard, a Licensed Professional Clinical Counselor in North Dakota, licensed and in private practice in Aberdeen, South Dakota, and reside in Ellendale, North Dakota with my family. We have lived in Ellendale since 1974 and I've been a resident of this state since 1969.

It is my request that this bill be passed for the following reasons:

1. Rural need & consumer choice
2. Business and Economic Development
3. Decreasing outmigration of professionals

First of all, rural communities in North Dakota are underserved in the area of mental health. Presently the more "fortunate" towns in rural areas are served by the area human service centers one day per week: many others have no services of this kind available.

In my home community two counselors from the human service center 65 miles away alternate. If continuity of care is sought, this means a client is seen only once every two weeks. For many cases, especially in the initial stages of counseling this is not sufficient. This also means no professional is available locally to deal with mental health emergencies. The only other choice for the consumer is to get in the car and drive 40 plus miles one way to access mental health services. This is costly and inconvenient to the consumer in both time and money. It is also costly to the community, for instance in additional time-off the job by the employee who has an appointment out of town.

Secondly, this bill is a means of addressing business and economic development in North Dakota. I commute 90 miles per day out of state to my private practice. Why? Because that is where I can earn a living. South Dakota laws allow the equivalent of LPCC's (called LPC-MH, QMHP) to be reimbursed by insurance companies and Medicaid. The majority of consumers prefer to tap into their insurance for reimbursement of health care, including mental health.

How much money has been put into business and economic development for North Dakota communities, both rural and urban? There are other well-trained licensed professional clinical counselors like myself who are businesses-in-waiting, readymade-waiting to be recognized as equals to social workers who are being reimbursed-waiting for unknown reasons as LPCC's have at least equal training.

One last reason I will address is the concern so often voiced about the outmigration of educated professionals from North Dakota. Our universities offer majors in the field of counseling. We are preparing students for what? To leave to serve consumers in other states, to establish businesses in other states - not because they want to, but because they too need to make a living.

So in the best interest of our residents and communities, I urge you to recommend a "do Pass" on Senate Bill 2213.

Testimony on Senate Bill 2213

I come to you as a concerned citizen of North Dakota and also as the President of the American Association of State Counseling Boards. In my capacity of President, I am familiar with what all the states in the United States have regarding counseling licensing, and what qualifications are necessary for providers to honor mental health services offered by the professional counselors of those states. The qualifications of the LPCC in North Dakota are at a par of superior to those in other states.

The consumers of mental health services in North Dakota deserve the choice regarding quality professional services. The education, experience and other professional criteria necessary to be licensed as a LPCC in North Dakota is equal to or stronger than other mental health providers already covered for these purposes. There are not enough quality mental health services available in North Dakota for the consumer, and this bill would simply offer the people of our state the options for services not before available to them.

For some regions of the state, these services would be lifesavers. Geographical distances would not have to be such a great issue, and emergency services would be available locally, where prior to the passing of this bill, hundreds of miles have separated the consumer from the provider.

I urge the committee to vote for the passing of this bill. It will offer the people of North Dakota quality mental health services not otherwise affordable.

Signed:


Robert C. Nielsen

Testimony on Senate Bill 2213

February 1, 1999

Senate Human Services Committee

Chairman and members of the Human Services Committee, my name is Paul Millner, I am past President of the North Dakota Mental Health Counselors Association. I am employed as Director of the St. Alexius Medical Center/Heartview Foundation Employee Assistance Program.

I would imagine that the 18-word amendment to Subsection 2 of Section 26.1-36-09 relating to outpatient mental health coverage might seem somewhat obscure as compared to the volumes of bills and legislation that you may have to act on this legislative period. However, the help and relief which this bill may offer may not be obscure to the thousands of people in North Dakota who may experience emotional and other mental disorders.

I have only testified before legislative committees on three other occasions. On these occasions, a number of questions were raised following my testimony. The single most important question I ever recall being asked was, "So how does this bill affect the people of North Dakota?" We have not reached the question and answer period yet; however, I am sure that all of you have this question as an underlying concern with all business which you conduct. Senate Bill 2213 is a bill which would have significant benefit to the people of North Dakota. I would like to address specific areas which I believe would benefit the people of North Dakota.

1. Freedom of Choice for the Public. Limiting insurance benefits for mental health care to certain providers limits the public's right to choose. People in North Dakota who seek mental health care should be able to choose their clinician. It does not make sense to exclude the clinical mental health counselors who have met the specialty mental health

licensing standards within our state. People of North Dakota have the right to choose among all qualified mental health providers.

2. Accessibility of Professional Care for the Public. North Dakota is considered to be a “Medically Underserved Area” for the calendar year 1999. Geographically, licensed professional clinical counselors tend to be the most widely distributed mental health providers in North Dakota. They are present not only in our larger communities but also in rural areas where mental health services are somewhat sparse. Clinical counselors are the professionals most available to provide mental health care in underserved areas of our state. This bill would immediately enhance the mental health care for Watford City, Bowman, Wishek, Hettinger, Forman, Rolla and Walhalla.
3. Reduction of Overall Health Care Costs. Greater access to mental health care yields positive reductions in health care utilization and costs. In my experience as Director of Employee Assistance Programs, insurance providers have indicated a substantial reduction in overall mental health costs as well as other related health care costs by having this level of service available to employees and their family members.

I believe that most, of not all, people in North Dakota have at one time or another been impacted by an emotional problem or mental disorder either experienced by themselves or a family member. No body is able to predict when such an event will occur in their lives. Having qualified licensed professional clinical counselors available to these people is what the passage of Senate Bill 2213 will provide.

I strongly appreciate your consideration and passage of this bill.

I would be happy to answer any questions.

Again, thank you for the opportunity to testify.

Testimony on Senate Bill No. 2213
Senate Human Services Committee
February 1, 1999
By Gaylynn Becker
222-3222
Western Counseling & Consulting

Chairman Russell Thane and members of the Senate Human Services Committee:

My name is Gaylynn Becker. I am a partner in Western Counseling & Consulting. I am a licensed professional clinical counselor in North Dakota. I am also a national certified counselor, a national certified career counselor and a national certified school counselor. I am here to speak in favor of Senate Bill No. 2213.

North Dakota citizens are denied freedom of choice in selecting a mental health provider for purposes of receiving health insurance reimbursement. At times it produces a big hardship on the family based on whom they select. This hardship can be removed by including licensed professional clinical counselors as providers of benefits for mental health treatment as provided for in Senate Bill No. 2213.

This bill provides for professional licensed clinical counselors to receive insurance payments for providing mental health outpatient treatment to citizens all over North Dakota. When a citizen can receive mental health services earlier, it can help the problems the family is experiencing from becoming worse. Often if a problem is not dealt with early enough; many additional problems are added to the situation. This bill will enable parents, children and others in receiving the mental health help that they need in a manner that will serve the citizenry of North Dakota.

Mr. Chairman and members of the committee, I sincerely hope that you give this bill the thoughtful consideration that this bill deserves and vote for a do pass on this bill. Thank you for your kind attention. I am available to answer any questions that you may have.

Testimony on Senate Bill No. 2213
Human Services Committee
January 1999
By Linda Becker of Western Counseling & Consulting
222-3222

Mr. Chairman and members of the Human Services Committee:

My name is Linda Becker. I am a school counselor and a counselor with Western Counseling & Consulting. I am a Licensed Professional Clinical Counselor in North Dakota and also a National Certified Counselor. I am here to speak in favor of SB 2213. I know that adding Licensed Professional Clinical Counselors (LPCC) to the list of those mental health professionals who can collect third party payments would benefit North Dakota citizens. There is a need for mental health services in North Dakota; children and adults do seek help for many reasons. Many people want, and for financial reasons, need the services to be covered by their insurance plan. Right now there are people waiting to see a mental health professional such as a psychologist or psychiatrist whose services will be covered by their insurance plan. They are waiting because in many cases an immediate appointment is not available. By adding LPCCs to the list of providers who can collect insurance payments, there would be more people to offer mental health services so waiting lists for appointments would not be as long.

In some cases a child who was receiving counseling services by a school counselor may want to continue services with that same counselor after leaving the school. This is an option when the school counselor is also a Licensed Professional Clinical Counselor. It would be a benefit to the child and the family if these services would be covered by the insurance company. The child would benefit by continuing to receive counseling services with the same counselor. I have had this request in my private counseling practice. Unfortunately, the parents had to pay for the counseling services on their own since the insurance company would not extend third party payments.

You have the opportunity to help provide more choices for people. This completes my testimony. I am willing to answer questions committee members may have. Thank You for your attention.

As a citizen and certified counselor in the State of North Dakota, I submit this letter as a request for you to vote in favor of Bill 2213. The passage of this bill will be the beginning of providing mental health services to all citizens of our state regardless of their geographical location. Presently, people in rural areas must travel to larger cities to receive mental health care when those services could be available within their hometown or a shorter traveling distance if a LPCC were able to provide those services with third party reimbursement.

It is my belief that well over one half of the Licensed Professional Clinical Counselors in the State of North Dakota are graduates of our University System. As a graduate of that System and the North Dakota State University Counselor Program, I can attest to the quality of the education that I have received. I believe that any student graduating from NDSU or UND is well trained as a counselor in mental health and is capable of providing services to our citizens. To deny our people this service because of a narrow sighted law regarding third party payment is an injustice.

Sincerely,



Twyla A. Nielsen

TESTIMONY FOR SB 2213

Prepared by: Senator Judy L. DeMers, District 18

Presented to: House Human Services Committee
Representative Clara Sue Price, Chairman

March 8, 1999

Chairman Price and Members of the House Human Services Committee. For the record, I am Senator Judy L. DeMers. I represent District 18, consisting of part of Grand Forks and part of the Grand Forks Air Force Base. I appear this morning as the prime sponsor of SB 2213.

SB 2213 was introduced at the request of the North Dakota Counseling Association (NDCA). It is a straightforward bill which does only one thing. SB 2213 amends NDCC to require reimbursement of the licensed professional clinical counselor or LPCC for the provision of outpatient mental health services.

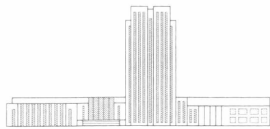
Madam Chairman and Committee members, the LPCC is a specialty counseling license in clinical mental health offered by the North Dakota Board of Counselor Examiners. It requires additional graduate clinical education and supervised clinical training beyond the basic Licensed Professional Counselor (LPC) credential. While North Dakota has approximately 350 Licensed Professional Counselors, only 103 of them have met the advanced requirements to become Licensed Professional Clinical Counselors (masters or doctorate degree, passing a national examination in addition to the advanced clinical education and training). Of that total, it is estimated that 40 to 50 are in some type of private practice and probably will be interested in receiving health insurance reimbursement.

Madam Chairman, I want to close by addressing the issue of mandates. SB 2213 does not mandate the provision of any new health care services. Consumers, under current law, are entitled to thirty hours of outpatient mental health services. This bill does add a new class of provider -- the LPCC -- as reimburseable. When licensed independent social workers were added as providers, no evidence of increased cost could be demonstrated. It really was a substitute phenomenon.

I, therefore, ask your favorable consideration of SB 2213.

Thank you.

mo demers 3.4.99



Senator Darlene Watne
District 5
520 28th Avenue SW
Minot, ND 58701-7065

NORTH DAKOTA SENATE

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360



COMMITTEES:
Judiciary,
Vice Chairman
Political Subdivisions

Chairman Price and Members of the Human Services Committee:

I am Darlene Watne, Senator for the 5th District, Minot.

Senate Bill 2213 adds the licensed professional clinical counselor who is qualified in the clinical mental health counseling in this state to the list of providers covered for benefits for outpatient treatment for third party reimbursement.

Attached is information from NDCA that I believe outlines very well the reasons why this legislation is needed. I see it as a matter of fairness and providing choice for those who need their services.

On a national level, S. 1754 now includes them in federal law as core mental health professionals.

One of the counselors in Minot, a very dedicated individual, feels if such legislation is not passed in North Dakota, he has no choice but to leave our great state. Needless to say, we want to keep him.

About 10 years ago I lost my father. It was difficult. Two years later I was informed my mother needed surgery in California. I went to be with her thinking I'd be there about four days. She had cancer, they couldn't get it all, and I was told she had a short time to live. I took a leave of absence from my job as a Court Reporter for the Fifth Judicial District and cared for Mom for 4 ½ months, which included oxygen changes every 2 hours, 24 hours a day.

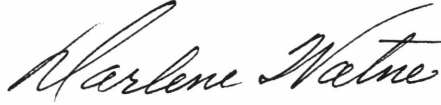
After two funerals, one in California and one in Minot with burial, I had to go to work the next day or lose my job.

They had saved a lot of tough court cases awaiting my return . . .
I was exhausted . . .
I had unresolved issues with my parents' deaths . . .
I needed a shoulder.

I visited with a wonderful LPCC who specialized in grief management. Just a few visits with her put me back on track. I will be forever grateful.

This is an outstanding, well-qualified group of professionals who deserve to be included in third party reimbursement and I strongly urge a DO PASS recommendation.

Respectfully,

A handwritten signature in cursive script that reads "Darlene Watne". The signature is fluid and elegant, with a prominent initial "D" and a long, sweeping underline.

Darlene Watne
Senator, Fifth District



MENTAL HEALTH ASSOCIATION IN NORTH DAKOTA

An Affiliate of the National Mental Health Association

North Dakota's
HELP-LINE
Connection
1-800-472-2911

Rose Stoller
Executive Director
PO Box 160
Bismarck, ND 58502-0160
Phone: 701-255-3692
Fax: 701-255-2411
E-mail: mchand@btigate.com

Regional Office
124 N. 8th St.
Fargo, ND 58102
Phone: 701-237-5871
Fax: 701-237-0562

PSYCHOSOCIAL CENTERS

FARGO SOCIAL CENTER
506 Roberts St.
Fargo, ND 58102
Phone: 701-293-7716
Fax: 701-293-7716

MOUNTAINBROOKE
112-114 N. 3rd St.
Grand Forks, ND
Phone: 701-746-4530
Fax: 701-775-8645

AFFILIATES

REGION I
Tri-County MHA
Williston

REGION II
Souris Valley MHA
Minot

REGION III
Lake Region MHA
Devils Lake

REGION IV
North Valley MHA
Grand Forks

REGION V
South Valley MHA
Fargo

REGION VI
South Central MHA
Jamestown

REGION VII
Missouri Valley MHA
Bismarck

REGION VIII
Southwest MHA
Wahpeton



MHAND Website
www.btigate.com/~mhand/

POSITION STATEMENT

The Mental Health Association in North Dakota supports SB 2213 which provides group insurance coverage for licensed professional clinical counselors providing outpatient mental health treatment.

The Mental Health Association in North Dakota is a nonprofit volunteer citizens organization affiliated with the National Mental Health Association. Our mission is:

- ❖ To improve the range, quantity, and quality of care and treatment services for persons with mental illnesses;
- ❖ To promote mental health for all persons;
- ❖ To remove the stigma associated with mental illness;
- ❖ To contribute to research into the prevention, treatment, and cure of mental illness.

Support of SB 2213 furthers our mission by enhancing availability of services to persons with mental health disorders. In a rural state like North Dakota, it may be prohibitive for residents to travel from their small communities to larger cities to access mental health services. This is discouraging to people and may cause them to postpone or even deny themselves treatment. The availability of accessible options, such as treatment by a licensed professional clinical counselor, increases the pool of helpers, ultimately resulting in appropriate, affordable, and timely help.

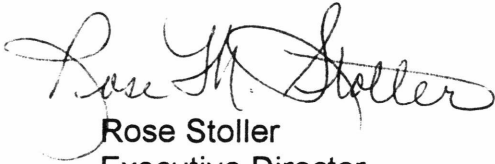
Studies conducted by the National Institute of Mental Health and the National Center for Mental Health Services concluded that one of every four American adults will suffer a serious mental health disorder during their lifetime. These studies also concluded that one of every five children and adolescents under the age of 18 may have a diagnosable mental disorder. The significance of having 20 percent of children and 25 percent of adults suffering, often in silence, from mental illnesses is measured not only in their own pain and suffering and family dysfunction but also in economic losses to this country of over \$250 billion annually.

These national studies have also concluded that only one of every five Americans suffering from a mental illness will seek treatment even though the success rate for treatment of these illnesses ranges from 75 to 90 percent.

Until as recently as 20 years ago, the treatment of mental illnesses resided only in the public sector. With the advent of mandated insurance coverage for the treatment of mental illnesses, the private sector medical profession and hospitals have entered the arena. This has reduced, to some extent, the burden of service delivery from the public sector. Studies conducted by Blue Cross/Blue Shield of North Dakota have indicated that a relatively steady 9 to 11 percent of their annual coverage dollars are spent for the treatment of mental illnesses.

This prevalence data indicates that we have many citizens in our state who remain unserved for their mental health disorders. Licensed professional clinical counselors are academically and practically prepared for this challenge and have demonstrated a willingness to work cooperatively with the Mental Health Association in North Dakota on public education campaigns which will assist people with receiving appropriate information and referral.

Sincerely,

A handwritten signature in black ink that reads "Rose M. Stoller". The signature is fluid and cursive, with the first name "Rose" being the most prominent.

Rose Stoller
Executive Director

Testimony SB 2213
March 8, 1999
Human Service Committee

Chair Price and members of the House, Human Service Committee:

My name is Marcia Foss Walker and I'm the Coordinator of Career Services at Valley City State University.

I've always considered myself a very strong, independent, in-control person. 2 ½ years ago – after 24 years, 9 months of marriage – my husband walked out. Within three months time – from finding out there was someone else to an actual divorce – my life as I had known it came to a crashing halt.

My self-confidence was shot! No self-esteem, depressed and two young teens wondering what had happened and what was going to happen. We were scared!

I knew enough to know that I needed help – I couldn't walk through this alone. Luckily, there was a licensed clinical counselor available for me right in Valley City. I needed someone in Valley City as some days driving the few blocks across town to work were almost too much for me – there was no way that I could drive to Fargo or Jamestown where there was access to a psychiatrist or a psychologist.

I needed someone right there. For almost two years I've seen my counselor – she's helped me ride the wild roller coaster ride of emotions that the person who was betrayed goes through. The months that I couldn't afford to see my counselor – I went it alone – waiting for the next month when I could afford to see her again.

I was dealing with so many issues: betrayal, loss of a spouse/companionship, feelings of self worth – if you've never been through something like this – picture a Mack truck crushing into your heart and emotions! I wondered if I could survive! I worried about being strong enough for my children, I worried about the present, the future . . . I worried.

I was lucky. I was able to find help right in my hometown – I had someone who cared . . . someone who guided me on this life journey . . . I still

occasionally have a 'check in' with my counselor; to make certain that I still have a proper perspective and to maintain a proper path –

She's helped me look at the whole picture of my life – what I needed to do – what I shouldn't do –

To compound my recovery, two months after my divorce, my 15 year old daughter was hospitalized – depression – 3 different hospital visits in Fargo – a total of 6 weeks – there I was dealing with the effects of another parents actions – alone – my daughter was also lucky – she had good school counselors, teachers and administrators who cared and helped, but when her situation went beyond their area of expertise, they referred me on to specialists for her. It was a long first year for my little family.

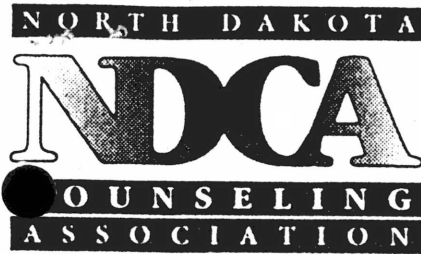
You know, I don't know what would have happened to me if I hadn't seen my counselor – I'm sure that I would have survived, but because I saw her – I survived in a much better form – I'd guess as I keep going through this life journey that I'm a better parent, a better daughter & sister, a better friend and co-worker.

As we look at our rural state – I know there are people just like me in some very remote places – where access to certain professionals is a great distance, or a long wait or no choice – I wish I could have used my Blue Cross Blue Shield Insurance for this service that I received.

Pass this bill – provide access to reasonably priced mental health care for all people – provide people the means to get help with problems, before the problems take over someone's life or dramatically changes the quality of life.

Life is stressful! As a single parent, I deal with tough situations all the time – finances, parenting alone, loss of companionship, working 1 full time and 1 part time job - - I fully intend to make my mental health wellness a continued top priority in my overall wellness.

Please help me to do this for the people in our state who really need the help and need the insurance coverage.



NDCA Legislative Committee
John T. Jarman - Chair
1015 Reeves Drive - Grand Forks, ND 58201

March 8, 1999

Affiliated with
The American Counseling Association

House Human Services Committee
Testimony In Support Of SB-2213

**STATE AFFILIATED
ORGANIZATIONS**

ND Association of Addiction
& Offender Counselors

ND Association of
Admissions Counselors

ND Career Development
Association

ND College
Personnel Association

ND Employment
Counselors Association

ND Association of
Marriage & Family
Counselors

ND Mental Health
Counselors Association

● School
Counselors Association

ND School Social
Workers Association

ND Association of
Student Financial
Aid Administrators

I am a licensed clinical counselor in private practice in Grand Forks. A native of the state - I was born in Carrington and raised on a farm near Larimore. Except for a few years of theological study in Chicago, I have been educated in North Dakota. I am a product of our state - and I have been investing in its people and future. For the past 20 years, I have been providing mental health counseling services in the Grand Forks area. In that time, the profession of counseling has grown significantly and developed a number of vital specialty areas - including clinical mental health counseling.

The North Dakota Counseling Association (NDCA) has been representing professional counselors for over 40 years. Presently our membership includes nearly 500 counselors who associate with the 10 affiliated organizations listed on our letterhead. However, just over 100 counselors hold the credential of Licensed Professional Clinical Counselor (LPCC) - the clinical mental health specialty license in North Dakota.

Our state association feels very strongly that this is a timely bill which will immediately benefit the public with increased choice in the selection of a psychotherapist. It will also provide better access to more mental health providers - especially for those living in rural areas. - In addition, we feel that this bill is about fairness for clinical counselors - who seek recognition and parity as well-qualified clinical mental health professionals.

Clinical counselors have been practicing in our state for several decades. However, not until 1995, when the Legislature passed "counselor specialty licensing," did the Board of Counselor Examiners have a clear, legal way of identifying qualified clinical counselors for the public.

++ Since Blue Cross - Blue Shield of North Dakota was the only organized opposition to a similar bill last session, our association met with them in December 1998. We wanted to help Blue Cross better understand the clinical counseling profession and try to answer their concerns. - Appreciating that some of you may have similar questions, let me briefly speak to the important areas of qualifications ... effectiveness ... and cost.

Clinical Qualifications.

• The LPCC is a specialty license in clinical mental health which requires advanced graduate education and training beyond the basic Licensed Professional Counselor (LPC) credential - and it meets national clinical counseling standards. In our state, all licensed counselors are LPC's. - Of these, only 103 have met the advanced clinical qualifications of the LPCC.

• The LPCC emphasizes a core of mental health coursework and is equivalent to the clinical social work license (LCSW) - which is presently recognized for third-party reimbursement in North Dakota. - [In material we sent you last week, you will find a chart clearly identifying these clinical counseling qualifications and comparing them to those for the social work license (LCSW).]
(... continued)

Clinical Effectiveness.

- By definition, LPCC's are trained in "counseling" and therapy with specific preparation in psychopathology, appraisal and diagnostic evaluation - including the DSM-IV diagnostic system - and therapeutic counseling skills.
- In a number of recent national studies also involving social workers and psychologists, clinical counselors compared very favorably on the outcomes of therapy - clearly demonstrating that they are "clinically effective" mental health providers. (These studies are also covered in the material we have sent you.)

++ SB-2213 can easily be misinterpreted as one which will increase "mandates" and therefore costs. This bill does NOT increase the outpatient benefits mandated by this section of the code. No new outpatient benefits are being introduced. - This bill simply includes the LPCC in the provider pool of qualified clinical professionals who are recognized to be reimbursed for outpatient treatment.

Cost - Effectiveness.

- Many studies show that insurance costs have NOT increased in other states which include clinical counselors for reimbursement. - Actually, when the public has been given a broader choice of clinical professionals, the over-all use and cost of more expensive psychiatric/medically-based mental health treatment has often decreased.
- Health costs will NOT rise because no new mental health services are being added. It has been consistently shown that adding a new provider group (clinical counselors) DOES NOT increase demand for treatment. It simply substitutes services provided by clinical counselors for those previously offered by already eligible providers. - This also encourages healthy competition among providers - and obviously this serves to keep fees more reasonable.
- National studies show that clinical counselors charge lower fees than psychiatrists and psychologists - thus contributing to lower health costs. - Also, clinical counselors average fewer psychotherapy sessions per client - again helping to keep health costs down.

++ At least 17 other states already have passed health insurance legislation recognizing professional counselors for third-party reimbursement. These include our regional neighbors: Montana, Wyoming, Nebraska and South Dakota. There is NO indication that the use or cost of health insurance benefits has increased in these states once clinical counselors were recognized for third-party reimbursement.

Finally, the "fairness" issue. Becoming eligible for third-party payment is the ONLY way that Licensed Professional Clinical Counselors can achieve professional parity in our state:

- Employment in mental health positions often requires eligibility for reimbursement. Although LPCC's are as qualified as LICSW's for clinic and hospital positions - in North Dakota, LPCC's are often not even considered since they are not recognized as reimbursable providers.
- Clients naturally want to choose providers who are covered by their health insurance. Without third-party reimbursement, clinical counselors cannot effectively compete in private practice with other eligible mental health providers. This approaches a restraint of trade issue.
- Clinical counselors are NOT about to flood the market with clients seeking insurance benefits. Most of the clients who have health insurance have chosen to secure psychotherapists who are eligible for reimbursement. This is part of the point: while recognized professionals develop long waiting lists - keeping North Dakota clients "on hold" for mental health care - clinical counselors are available to provide treatment - but not as eligible insurance providers.
- Clinical counselors are educated and trained in North Dakota; they should be fully recognized to practice in their own state. It simply makes no sense to exclude a whole category of qualified clinical professionals from being recognized for reimbursement.

March 8, 1999

RE: Testimony in support of SB-2213

Chairwoman Price and Members of the House Human Services Committee:

My name is Claudia Thompson, and I 'd like to express my views in support of SB-2213.

As an elementary school counselor in Bismarck, I work with nearly 700 children and their families. I have been in education for over 25 years, and never has my job been more challenging than it is right now. Increasingly, I see more young children suffering from serious emotional problems, such as depression, anxiety disorders, eating disorders, grief and loss issues, phobias, conduct disorders and so on. I am concerned and distressed by the number of them taking antidepressants and stimulant medications to deal with their symptoms. Unfortunately, the majority of them are not in therapy with a qualified mental health professional to help them understand and work on the underlying causes for their symptoms. One of the main reasons for this is the lack of qualified mental health professionals available through third party reimbursement.

Often parents come to my office to discuss their concerns; many times their families are in crisis and they are desperate for help. More often than not, however, help would have to wait.....for weeks, sometimes even months before they can get an appointment with a mental health professional, who is covered by their insurance companies. Unless you've "been there", it is difficult to comprehend their urgency.

North Dakota has one of the highest per capita suicide rates in the nation, and the age group that is growing the fastest is young people, as young as elementary school age. It is alarming to me and I am sure it is to you as well. We can do something about this! Most often, people commit suicide when they don't see another way to end their pain and misery. But, they are suffering from treatable illnesses, such as depression. Through therapy with the right person, many who have considered ending their lives have learned to cope and go on living productively...and happily.

There are other young people who suffer from behavioral disorders, such as oppositional defiance disorder and conduct disorder. Without the proper and timely interventions, many of them end up in legal trouble and spend a great deal of time in the judicial system. Not only wasting precious years in their lives, but also costing the taxpayers of this state a lot of money.

Historically, we are a society who spends billions of dollars each year in treatment and rehabilitation of both our physical and mental health needs. PREVENTION is where we can make a difference. There is research which shows that early intervention, working with a qualified professional to deal with symptoms of problems not only

works, but is cost effective! Most situations are improved before they become critical, life -threatening and definitely more costly!

I am asking you to view Senate Bill 2213 for the much needed services that it will provide to the people of North Dakota. As a Licensed Professional Clinical Counselor, I am well aware of my own areas of knowledge and expertise. We simply can not be all things to all people. Most LPCCs work in their own specialty areas, such as family, addiction, violence and abuse, depression, anxiety disorders, and so on. Some also prefer to work with certain age groups. Senate Bill 2213 is about freedom of choice for the consumer. Rather than having to go to someone you were referred to simply because of insurance reimbursement, this bill allows the consumer to choose the person that he/she thinks is best qualified to help with his/her needs.

Senate Bill 2213 is also about ending discrimination by the insurance companies against Licensed Professional Clinical Counselors. Licensed Professional Clinical Counselors are well qualified mental health professionals. It is a matter of fairness that LPCCs should be reimbursed in the same manner that Licensed Clinical Social Workers are reimbursed. LPCCs have tried to work this out independently with insurance companies, but we have not been able to reach an agreeable outcome. Therefore, it appears that the only way to accomplish this is through legislation.

Please don't consider SB-2213 "just another mandate." This bill will provide more mental health services to many in our state affected by the farm and oil industry economic crises, flood disaster, job-related pressures, and keeping up in the fast-paced world in which we live.

I hope that you will give careful consideration to giving SB-2213 a DO PASS recommendation. Thank you for your time.

Sincerely,

Claudia Thompson

Claudia Thompson, M.Ed., LPCC
Bismarck Public School Counselor

1230 North Parkview Drive
Bismarck, North Dakota 58501

Testimony on Senate Bill No. 2213
Human Services Committee
March 1999
By Linda Becker of Western Counseling & Consulting
222-3222

Chairperson and members of the Human Services Committee:

My name is Linda Becker. I am a school counselor and a counselor with Western Counseling & Consulting. I am a Licensed Professional Clinical Counselor in North Dakota and also a National Certified Counselor. I am here to speak in favor of SB 2213. I know that adding Licensed Professional Clinical Counselors (LPCC) to the list of those mental health professionals who can collect third party payments would benefit North Dakota citizens. There is a need for mental health services in North Dakota; children and adults do seek help for many reasons. Many people want, and for financial reasons, need the services to be covered by their insurance plan. Right now there are people waiting to see a mental health professional such as a psychologist, psychiatrist or, licensed social worker whose services will be covered by their insurance plan. They are waiting because in many cases an immediate appointment is not available. By adding LPCCs to the list of providers who can collect insurance payments, there would be more people to offer mental health services so waiting lists for appointments would not be as long.

In some cases a child who was receiving counseling services by a school counselor may want to continue services with that same counselor after leaving the school. This is an option when the school counselor is also a Licensed Professional Clinical Counselor. It would be a benefit to the child and the family if these services would be covered by the insurance company. The child would benefit by continuing to receive counseling services with the same counselor. I have had this request in my private counseling practice. Unfortunately, the parents had to pay for the counseling services on their own since the insurance company would not extend third party payments.

You have the opportunity to help provide more choices for people. This completes my testimony. I am willing to answer questions committee members may have. Thank You for your attention.

**Testimony on Senate Bill No. 2213
Human Services Committee**

March 8, 1999

By Patricia J. Stein

(701) 221-9271

Chairperson and members of the Human Services Committee:

My name is Patricia Stein and I am writing in favor of Senate Bill # 2213.

I understand that this bill, when passed, will include licensed professional clinical counselors to receive 3rd party payments, and the addition of these professionals would not affect insurance rates as no new services are being added.

In my personal experiences, as a teacher and as the mother of a child at risk, there is not enough assistance available for counseling families. The need for professional clinical counselors is growing every day in our cities, small towns and rural communities.

Economic conditions make it necessary to find someone who can receive 3rd party payments. This is difficult enough in a large town, next to impossible in a rural area.

I am also a Reader for the North Dakota Newspaper Association and read on a daily basis weekly and daily papers from all over North Dakota. I read every day of the need for counselors statewide.

I am entrusting you, the members of this Committee, to pass this bill to assist not only the children at risk, but also the many people of all ages in our state in need of licensed professional clinical counseling.

Mr. Chairperson, this completes my testimony. Thank you for your kind attention.

February 11, 1999

Dear Senator:

I am a licensed clinical psychologist practicing with a clinic in eastern North Dakota. I understand that a bill is before the senate (SB 2213) which stipulates third party reimbursement in North Dakota for licensed counselors (LPCC). I am writing to encourage full support for this bill. I encourage you to vote pass.

There are important reasons to pass this bill. Foremost is to provide better access to mental health services for persons who are mentally ill or who are otherwise in need of counseling. At the clinic I work with, access is one of our most difficult problems. LPCC therapists can work in a clinical setting if they are eligible for third party payment. Without payment it is economically unviable to hire them.


Second, LPCC therapists are well trained and must pass a national examination to become licensed. This process of education and examination with licensing is equivalent to masters of social work who are eligible for reimbursement through third party payers in North Dakota. Through my personal contact with several LPCC therapists over the years, I know that these individuals are competent, they have good ethics, and they know their limits.

Passing this bill will help our clinic. LPCC therapists offer good clinical services and concurrently allow the clinic to provide good services at a lower cost.

Last I wish to note that some of the objection to LPCC therapists being reimbursed by third party payers is motivated to protect clinical turf. This is not an acceptable reason to oppose this bill. It is incumbent upon us to act in the best interest of patients, and passing this bill will be in their best interest. Second, it is right to pass this bill out of respect for these therapists who have worked hard in their education and training and who have achieved licensure.

I appreciate your time and interest in this bill, and once again encourage you to vote pass.

Sincerely,



KENNETH CHRISTIANSON, Ph.D./sl

Gateway Counseling Center

Jane A. Hull MEd, LAC, LPCC

Licensed Addiction Counselor

Licensed Professional Clinical Counselor

Main Medical Building

315 S. Main St. Suite 307-A

Minot, ND 58701

(701) 838-4606

56th Legislative Assembly of North Dakota
Human Services Committee of the House
3-7-99

RE: Senate Bill 2213

To Whom It May Concern:

I live and work in Minot, North Dakota, where I have maintained a counseling practice for the last 12 years. My credentials are Licensed Addiction Counselor (LAC) and Licensed Professional Clinical Counselor (LPCC). I am in favor of this bill.

If you come to my office needing treatment for an addiction, I can treat you, and your group insurance is required to pay toward your bill at my facility, (LAC). If you come to my office needing treatment for depression, adjustment after a divorce, or treatment of trauma from abuse, or any other mental health counseling issue, I can treat you, but it is not required that your group insurance pay toward your bill at my facility, (LPCC). Some insurance companies voluntarily accept my LPCC credentials and would pay toward your bill, particularly those from out of state.

Blue Cross (which includes Medicare billing) specifically has repeatedly declined to accept my credentials for Mental Health, though I am on their provider list for Addiction Providers and have been for more than 15 years. The credentialing requirements for LPCC greatly outstrip the requirements for LAC.

If I leave private practice this year, I will have difficulty obtaining employment in an agency, except in a hospital or Human Service Agency and then only in a day treatment program because I am not 3rd party reimbursable in the mental health area. This lack of reimbursement because of being excluded from the Mandate, has also affected LPCCs being reimbursable by Medicaid, who specifically, in a memo dated 6-26-98 to Psychiatrists, indicate that "Licensed Counselors," are not reimbursable because they are "not authorized by state law to provide psychological services" under their (the psychiatrist's) "personal supervision." (See Attached)

This is not an equitable situation for LPCCs in North Dakota, many of whom have been trained at University Programs within this state.

My options are to leave the State of North Dakota and move to a state in which I am reimbursable or return to graduate school to get a higher degree. I am planning the latter. Either way North Dakota would lose me, and frankly I would prefer to stay.

I ask you to vote for the passage of this bill.

Jane A. Hull MEd, LAC, LPCC

Health Insurance Mandate:
Experimental Treatments

This bill will have only a minor impact on health insurance premiums.

Health Insurance Mandate:
Expanded Mental Health Services

This bill will have only a minor impact on health insurance premiums.

Health Insurance Mandate:
Nurse Practitioner Services

This bill will have only a minor impact on health insurance premiums.

The Narrow Focus on Mandates

Health Insurance Mandate:
Vision Care

This bill will have only a minor impact on health insurance premiums.



Health Insurance Mandate:
Nutritionist and Dietician Services

This bill will have only a minor impact on health insurance premiums.

Health Insurance Mandate:
In Vitro Fertilization

This bill will have only a minor impact on health insurance premiums.

Health Insurance Mandate:
Massage Treatments

This bill will have only a minor impact on health insurance premiums.

Health Insurance Mandate:
Acupuncture Treatments

This bill will have only a minor impact on health insurance premiums.