

2017 SENATE HUMAN SERVICES

SB 2088

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2088
1/4/2017
26540

- Subcommittee
 Conference Committee

Maria Johnson

Explanation or reason for introduction of bill/resolution:

Scope of practice for addiction counselors and the licensure authority of the board of addiction counseling examiners.

Minutes:

4 attachments

Chairman Lee: Opened the hearing on SB 2088, all members were present.

Senator Anderson: provided testimony (please see attachment #1) (0:50-3:00)

Kurt Snyder, Board Member for the North Dakota Board of Addiction Counseling Examiners: attached testimony (please see attachment #2) (4:25-12:15). Proposed new language melding 2040 and 2088. Please see attachment #3.

This alteration doesn't limit ourselves to a specific text. By eliminating reference to DSM, we don't fall victim to waterfall changes to DSM. A debate over whether board rule or explicit reference to DSM is better followed. Since the DSM is the standard, the board would reference it anyway.

The change to training hours proposed in attachment #2 could be performed out of state, with board approval.

The proposed Master's Equivalency level of addiction counsel was workshopped, deciding who would qualify, and how long the grandfather clause would be in effect. Concern over revoking private practice license (new language would require a Master's to own a practice), this wouldn't happen, but new students shouldn't expect to acquire a Master's Equivalency through time, they will need to go to school. Master's Equivalent is a separate connotation.

The cutoff date for gaining a Master's Equivalent was discussed. Four or six was recommended by the Chair, since the Legislative Assembly meets on the biennium.

The ND Board of Addiction Counseling Examiners will have a conference call during the week of the 9th to resolve when the Grandfather Clause would come into effect.

There are approximately 350 licensed addiction counselors in the state, the number who would be affected depends on the length of the Grandfather Clause.

The title Master's Addiction Counselors Equivalency Degree was invented by Mr. Snyder because it explained it best.

This new level of hierarchy is not meant to be used for administrative purposes, but to allow counselors broader scope of practice, provide more supervision for other people, open a private practice.

Are there statistics to back up the idea that better care is provided with a master's vs. a bachelor's? Mr. Snyder will look for statistics, but a better educational foundation makes for a broader prepared counselor. A master's level makes for the creation of a better professional.

Which agency is shouldering the burden for paying these 700 hours of training? Whichever agency hires them, private or state, at a lower level than a person with their degree. Is there a requirement to work for the agency that pays for their training? No, after the 700 hours unpaid training, the student and the agency enter an employee/employer relationship. This plan will allow for new graduates to enter the workforce in new and exciting ways, not just in big cities, but smaller ones, who need addiction counselors.

Senator Lee: That 1400 hours of unpaid training is a big burden for a student trying to manage rent and loans and groceries. This is an opportunity for that to be split up, as an advantage to the student.

Senator Kreun: That's not my concern, my concern is the state agencies, who will have to pay to train these students, who might then leave.

Senator Lee: They won't pay to train; the first 700 hours are unpaid. The second 700 hours of workforce experience will have a modest compensation.

Senator Anderson: The pharmacy industry changed their regulations so that all training is part of the internship, so that when they finish school, they are ready for licensure anywhere in the state. How many graduates are coming to your board now with a master's degree, and how many have a bachelor's? How do you see that transitioning?

Mr. Snyder: I could get that data for you, anecdotally I can tell you that University of Mary produces Master's counselors, other colleges still do bachelor's so most of them are bachelor level, a guess would be one out of four has a master's. However, we would work to encourage the master's track. That's the workforce we are looking to develop over time. Right now there is no real difference between a bachelor's and a master's other than the degree on the wall. Everybody is an LAC, there's no compensation difference. This bill would encourage more development of our professional group.

After graduation, during the 1400 unpaid training hours, the student doesn't qualify for student loans. The pharmacy industry made their internship part of the academic experience, there is an opportunity here to do something different.

Mr. Snyder: In private practice, there is not reimbursement, but in the public sector, they offer a stipend, and Miss Sagness could speak on this better than I, but there is a mechanism in place for reimbursement already, the difference would be instead of a stipend with no obligation to stay there once they've completed their stay, this would change it from a stipend they will then enter employee/employer relationship with the state, so it would change it, I believe, so that less would leave after their training. Because then they would be an employed person within the state agencies.

Barbara Andrist, Statewide Program Manager for the ND Center for Tobacco Control and Prevention Policy: Please see attachment #4 (47:50-50:41)

Bonny Staiger, North Dakota Psychological Association: Would like the committee to not remove the reference to the DSM from the bill. Is not in favor of the Master's Level Equivalency Degree. All mental health professions have certification standards, leaving it an equivalent puts it in the hands of future licensing board members.

Senator Lee: A different term can be created that applies to these individuals who have had experience, but you're not objecting to that idea, but your concern is with the title.

Ms. Staiger: It creates a segment of practitioners with a different level of credentials.

Ms. Staiger will meet with the Board of Addiction Counseling Examiners to discuss her concerns. She is aware of the need for access to counselors, but wants to make sure that everyone is properly credentialed, so the public knows what it's getting. Wants to make sure that this proposition is a Grandfather Clause and not an alternate way to get a master's. She was assured that that is the view of the committee.

The Committee discussed how many universities offer master's programs, and online master's programs.

Ms. Staiger closed with stating that NDPA wouldn't support a proposition that creates an infinite number of stair steps of credentials.

Kurt Snyder explained the Continuing Education Units(CEUs) required for LACs, and whether CEUs can be used towards obtaining a master's

Gambling addiction is listed in the DSM, so it is covered by insurance companies.

Jessica Thomasson, Lutheran Social Services of North Dakota: Historically, gambling has not been covered by insurance; but the changes to the DSM have been recent, so hopefully they are reflected in the insurance policies soon.

Barbara Andrist elaborated on the amendment to allow addiction counselors to treat nicotine addiction and others at the same time as substance abuse treatment, but it isn't mandatory. It allows the counselor to treat the whole patient, and is more efficient.

Chairman Lee: closed the hearing on 2088.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2088
1/18/2017
Job Number 27047

- Subcommittee
 Conference Committee

Committee Clerk Signature

Emmy Healy

Explanation or reason for introduction of bill/resolution:

Relating to the scope of practice for addiction counselors and the licensure authority of the board of addiction counseling examiners.

Minutes:

1 Attachment

Chair J. Lee: Opened the discussion on SB 2088.

Committee Discussion: Senator Anderson said the addiction counselor agreed with the language in SB 2033 so he wanted to move the language from SB 2033 into that section in SB 2088 so they are the same. There was some discussion on the language in SB 2040 and Senator Heckaman said she did not think the committee could commit any future writing or do anything by rule. The committee thought they could not say anything about a future addition but they may be able to if it was a rule. The committee directed the intern to check into the language and moved onto the next amendment (See Attachment #1).

In response to a question from Chair J. Lee, the committee clarified that the language had been changed to say "licensed clinical addiction counselor." They asked if the word "clinical" was supposed to be included.

(7:38) **Senator Heckaman:** I made a note on SB 2033 of the three levels: LAPC (Licensed Associate Professional Counselor), LPC (Licensed Professional Counselor), and LPCC (Licensed Professional Clinical Counselor). None of them names include the language in the amendment. I'm concerned we're adding the wrong terminology to get the right person.

Committee Discussion: The committee continued to discuss the language. Senator Anderson asked about education and the committee discussed education requirements.

Legislative council said "future" was acceptable if it has the language has been adopted by the board first.

Senator Piepkorn asked what happened to SB 2040. Senator Anderson said the intention was to kill SB 2040 once they get the information from SB 2040 into SB 2088. The committee discussed the small language differences between bills.

(17:10) **Jennifer Clark, Legislative Council:** To clarify, I pulled the language from the other bill but I pulled in the master's language that was not in the other bill.

Senator Anderson: In SB 2033, it addressed licensed addiction counselors in section 2 and we wanted that language in this bill and I think we have accomplished that. When we addressed the issue of the master's level that they wanted, it looks like you added a licensed clinical addiction counselor to the list of licenses for the addiction counselors. That language is also used in the board of counseling examiners. How do you envision that?

Chair J. Lee: We have never seen the term "licensed clinical addiction counselor."

Jennifer Clark: I got an email from Mr. Snyder that had the grandfather provision saying that we wanted to be able to address people who are not master's level but they are already in the training loop. So I thought he had identified LCAC (Licensed Addiction Clinical Counselor).

Committee Discussion: The committee considered the limited opportunity to license those who had the qualifications but did not have a master's degree.

Senator Anderson: Move to Adopt Amendment 17.0376.01001.

Senator Kreun: Seconded the motion.

Committee Discussion: V-Chair Larsen asked if out of state people who have been practicing and have 10,000 hours who come in the 2024 would be able to get the license. Chair J. Lee said she was unsure of how it applied to people from out of state. Senator Anderson said the bill says they can grant reciprocity based on similar criteria but after 2023, they have to have a master's degree.

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

Committee Discussion: The committee discussed whether to act on the bill or wait.

Senator Anderson: Moved Do Pass As Amended on SB 2088.

V-Chair Larsen: Seconded the motion.

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

Motion passed 7-0-0

Sen Anderson will carry the bill to the floor.

Chair J. Lee: Closed the discussion on SB 2088.

January 18, 2017

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1/18/17
1 of 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2088

Page 1, line 1, after "to" insert "create and enact a new section to chapter 43-45 of the North Dakota Century Code, relating to licensed clinical addiction counselors; and to"

Page 1, line 12, after "their" insert "the"

Page 1, line 12, remove the overstrike over "-use"

Page 1, line 12, remove the underscored colon

Page 1, line 13, remove "a. Use"

Page 1, line 13, overstrike "or abuse"

Page 1, line 14, remove "or"

Page 1, remove lines 15 through 17

Page 1, line 18, replace "by the substance use disorders, as provided under" with "the engagement in gambling; or the use of any harmful substance or engagement in any harmful behavior identified by the board by rule. A substance or behavior identified by the board by rule must appear comparable to disorders recognized by"

Page 1, line 19, replace "(5th edition, text revision," with an underscored comma

Page 1, line 20, replace "2010)" with "fifth edition, text revision (2013), or a future edition adopted by the board"

Page 2, line 28, after the first "counselor" insert ", licensed clinical addiction counselor,"

Page 4, replace lines 3 through 23 with:

"**SECTION 6. AMENDMENT.** Section 43-45-05.1 of the North Dakota Century Code is amended and reenacted as follows:

43-45-05.1. Initial licenses.

1. The board shall issue an initial license as an addiction counselor, licensed clinical addiction counselor, or masters addiction counselor to an applicant who has met all of the following requirements:
 - a. ~~Has successfully~~Successfully completed board-approved coursework, ~~approved by the board,~~ at an accredited college or university.
 - b. ~~Has successfully~~Successfully completed one or more oral or written examinations approved by the board for this purpose.
 - c. ~~Has successfully~~Successfully completed a clinical training program approved by the board or accumulated experience as established by the board by rule.
 - d. ~~Has satisfied~~Satisfied to the board that the applicant agrees to adhere to the code of professional conduct adopted by the board.

CA
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- 2. For the clinical training program or accumulated experience required for initial licensure, at least fifty percent of the required supervision must be provided by a supervising licensed addiction counselor, and the additional supervision may be with other professionals designated by the supervising addiction counselor and competent in the area of practice being supervised.
- 3. The board may grant reciprocity, on such terms and conditions as it may determine necessary, to an applicant for licensure who is in good standing as a licensed, approved, or certified addiction counselor, licensed clinical addiction counselor, or masters addiction counselor under the laws of another jurisdiction that imposes at least substantially the same requirements that are imposed under this chapter.
- ~~3.4.~~ An applicant who is denied If the board denies a licensure must be notified application, the board shall notify the applicant in writing of the reasons for denial and of the applicant's right to a hearing before the board, under chapter 28-32, if a hearing is requested within thirty days."

Page 4, line 27, after "counselor" insert ", a licensed clinical addiction counselor,"

Page 6, line 5, after "L.A.C." insert ", L.C.A.C.,"

Page 9, after line 2, insert:

"**SECTION 15.** A new section to chapter 43-45 of the North Dakota Century Code is created and enacted as follows:

Licensed clinical addiction counselor.

- 1. Under section 43-45-05.1, the board shall issue an initial license as a licensed clinical addiction counselor to a qualified applicant who:
 - a. Applies for licensure under this section before January 1, 2023;
 - b. On December 31, 2017, was licensed in this state for an addiction counselor; and
 - c. Completed ten thousand hours of full-time clinical experience as a licensed addiction counselor.
- 2. The scope of practice of a licensed clinical addiction counselor is the same as the scope of practice of a masters addiction counselor."

Renumber accordingly

Date: 4/18 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2088

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0376.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider

Motion Made By Sen Anderson Seconded By Sen Kreun

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

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Date: 1/18 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2088

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Sen Anderson Seconded By Sen Larsen

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

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen Anderson

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

REPORT OF STANDING COMMITTEE

SB 2088: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2088 was placed on the Sixth order on the calendar.

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Page 1, line 12, after "their" insert "the"

Page 1, line 12, remove the overstrike over "~~use~~"

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 - b. ~~Has successfully~~Successfully completed one or more oral or written examinations approved by the board for this purpose.
 - c. ~~Has successfully~~Successfully completed a clinical training program approved by the board or accumulated experience as established by the board by rule.
 - d. ~~Has satisfied~~Satisfied to the board that the applicant agrees to adhere to the code of professional conduct adopted by the board.

2. For the clinical training program or accumulated experience required for initial licensure, at least fifty percent of the required supervision must be provided by a supervising licensed addiction counselor, and the additional supervision may be with other professionals designated by the supervising addiction counselor and competent in the area of practice being supervised.
3. The board may grant reciprocity, on such terms and conditions as it may determine necessary, to an applicant for licensure who is in good standing as a licensed, approved, or certified addiction counselor, licensed clinical addiction counselor, or masters addiction counselor under the laws of another jurisdiction that imposes at least substantially the same requirements that are imposed under this chapter.
- ~~3.4.~~ An applicant who is denied ~~If the board denies a licensure must be notified~~ application, the board shall notify the applicant in writing of the reasons for denial and of the applicant's right to a hearing before the board, under chapter 28-32, if a hearing is requested within thirty days."

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2. The scope of practice of a licensed clinical addiction counselor is the same as the scope of practice of a masters addiction counselor."

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2088

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2088
3/8/2017
28874

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the scope of practice of addiction counselors and the licensures authority of the board of addiction counseling examiners.

Minutes:

1, 2, 3, 4

Chairman Weisz: Called the committee to order.
Attendance was taken.

Chairman Weisz: Opened the hearing on SB 2088.
Is there any testimony in support of SB 2088?

Sen. Howard C. Anderson Jr.
(Attachment 1)

Chairman Weisz: Questions from the committee?
Further Testimony in support of SB 2088?

Kurt Snyder, Board Member for ND Board of Addiction Counseling Examiners
(Attachment 2)

11:43

Chairman Weisz: Are there questions from the committee?

Vice Chairman Rohr: The scope of practice of a licensed clinical addictions counselor is the same as the scope of practice of a master's. So does the licensed clinical addiction counselor have a master's degree?

K. Snyder: No, the difference is not in the scope of practice, but that the master's degree or 10,000 hours of clinical experience allows them to do private practice.

Vice Chairman Rohr: Do they have a degree?

K. Snyder: They have a bachelor's degree.

Chairman Weisz: If think it is about time that you look at the work experience, because it has certainly been an issue before in this committee. How does the change in hours line up with other states? How does it compare. Does it fix the reciprocity issue?

K. Snyder: From my work with the national association the average clinical hours are 500, but they are followed by usually 1000 – 2000 hours of work experience prelicensure which would be pretty much a barrier. This moves us in the right direction. It is a little bit higher, but by allowing us to use that internship status for people to immediately join our workforce, they can be paid and get their required hours. Very similar although a little bit higher.

Representative Schneider: Do we gave an estimate of how many more addiction counselors we need in the state?

K. Snyder: I could come up with a number based upon empty positions, but I do know we have a very large prison that we need to build our services. This has more pieces to it as well. The 700 hours is in line with the licensed counselor as well, so now people that are doing masters in counseling or masters in addiction will look at the same required hours and possibly choose addiction verses the counseling. There is going to continue to be a need for growing this workforce. We have a large goal ahead of ourselves.

Representative Westlind: We visited about someone that wanted to come back to the state, but couldn't because of reciprocity. Would this help him?

K. Snyder: Yes, it would. He would be able to come back. Now instead of 1400 hours it would be 700 hours, so he might make it just based on that. However, if he did not make that 700 hours and it was different he would automatically be able to join our workforce in the interim role and work until he completed the required hours.

Chairman Weisz: Further questions from the committee? Seeing none, thank you.

Chairman Weisz: Is there further testimony in support of SB 2088?

Dr. Julijana Nevland, Chair of the ND Board of Addiction Counseling Examiners
(Attachment 3)

20:31

Chairman Weisz: Are there questions from the committee?

Chairman Weisz: Is there further testimony in support of SB 2088?

Barbara Andrist, Programs Manager for the ND Center for Tobacco Prevention
(Attachment 4)

Chairman Weisz: Are there any questions from the committee?

Is there further testimony in support of SB 2088?

Is there any testimony in opposition to SB 2088?

Closed

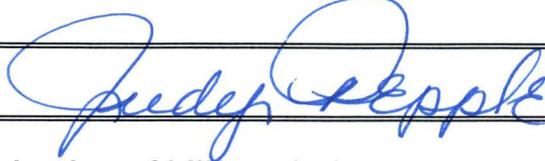
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2088
3/8/2017
28878

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to licensed clinical addiction counselors; relating to the scope of practice for addiction counselors and the licensure authority of the board of addiction counseling examiners.

Minutes:

Chairman Weisz: Opened the discussion on SB 2088.

Representative Skroch: Are we trying to match other states in with the 700 hours?

Chairman Weisz: Actually the testimony was that the average nation wide was 500 hours of clinical. Minnesota is 800 hours based on somebody's testimony. We were at 1400 hours and virtually no other state required that many. This will go a long ways and the provision to allow them to come and work until they have all of their hours. Before that wasn't happening. When you had 1400 hours of unpaid clinical it was almost impossible for folks.

Vice Chairman Rohr: I have never heard about whether we are trying to get more people into this field. Are people going into this profession? Are they doing something about that or just trying to get people from out of state to come?

Representative Seibel: Dr. Nevland said that many are not going into this field because of the 1400 hours. She felt this would help a lot.

Representative Westlind: I have a young cousin who couldn't come here because he couldn't afford to work 1400 hours without pay.

Chairman Weisz: Yes, that is a problem. We did allow them to borrow money for those hours.

Representative Porter: On page 9 the grandfathering they are trying to do in section 15. Why did it set it at 10,000 hours and did that encompass everyone they were trying to grandfather or what? The grandfather clause exceeds the training requirement of coming in new.

Chairman Weisz: There were some amendments offered that changed that on page 9 from 2017 to 2018 and 2023 to 2024. The 5 years or 10,000 hours is what they require now to practice on their own. This reflects that, so if you 5000 hours and a master's you don't need the 10,000 hours.

Representative Porter: So this a pathway for a non-master's to be able to practice on their own.

Chairman Weisz: Any other questions? We do have some amendments.

Representative Schneider: I make a motion for a do pass on the six amendments that we were given this morning as part of the testimony.

Representative Seibel: I second it.

Chairman Weisz: We have a motion and a second. Do we have any discussion on the amendments?

Chairman Weisz: Voice vote to accept the amendments.

Chairman Weisz: voice vote carried. Ok now we have an amended bill before us, are there any other amendments?

Representative Devlin: I think this should be lowered to 500 hours. If anything it has been more of a way to keep competition out than it is to provide better services. I think this language is too broad. I don't think I have ever seen language this broad. I am troubled with both of those things.

Chairman Weisz: Do you have a suggested amendment then?

Representative Devlin: No I was just planning on voting against the bill. I can see how you make the case for tobacco and nicotine, but how do you make the case for "other harmful substances". That could cover just about anything in the world that the board would think. I am troubled with it, but I don't have a fix for it at this point. I think 500 hours is what it should be. That is what it is nationwide.

Chairman Weisz: The 700 hours is administrative rule, it is not in the bill. If they come in with 700 hours can administrative rules change it to 500?

Representative Devlin: Any harmful substance or behavior identified by the board by rule. That could be just about anything.

Chairman Weisz: What is your concern about the broad definition?

Representative Devlin: I think the legislature instead of the rules committee should be making that decision about what those harmful behaviors are.

Representative P. Anderson: We had a bill in front of us that was talking about all of the new drugs. Maybe this is what they are getting at. The new addiction drugs that they don't even know about today that might be tomorrow. I am ok with this being this broad.

Chairman Weisz: Other discussion?

Representative Porter: Do you have language or a suggested amendment that kept it inside of the scope but not at the point where the definition of the word controlled. In other parts of the century code, controlled is usually a pharmaceutical term, not necessarily an abuse term. I am certainly willing to hear and see if there is other verbiage that would fit better.

Chairman Weisz: Representative Devlin, would it help to say instead of comparable that the substance or behavior identified by the board by rule must be recognized by the DSM manual? Instead of just appear comparable.

Representative Devlin: Yes, something to the effect that it must be specifically recognized. I have trouble with "harmful substance". I think it is too broad for a regulatory agency.

Representative Porter: then on line 18 and 19 we are setting the benchmark for the future saying they never have to come back to us. Or should we set it at the 2013 level and then if it changes they have to come back to us. We all know we don't like doing things in perpetuity. When things change, we want to know about it before our constituents call us and complain.

Representative Skroch: Would you be more comfortable with the words in the original draft on page 1 lines 15 – 20? It doesn't seem quite as broad.

Chairman Weisz: There is some different language in there too.

Representative Porter: They don't go into perpetuity in that one either.

Chairman Weisz: I do agree with Rep. Porter that the language on lines 18 and 19 should come out.

Chairman Weisz: Ok people think about this one and we will take it up later.
Closed the discussion on SB 2088.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2088
3/8/2017
28934

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to licensed clinical addiction counselors; relating to the scope of practice for addiction counselors and the licensure authority of the board of addiction counseling examiners.

Minutes:

1,

Chairman Weisz: Opened the discussion on SB 2088.

Representative Devlin: Here are the amendments. Part of my problem with this bill is that we are doing law changes for these groups in the definitions. I don't remember ever seeing that before. Each time we expand their ability to provide services to somebody, we probably decrease the ability of someone else to do it. This was done over the phone. Beginning in line 13 of page one, I struggle with the word "use" of tobacco or nicotine being an issue they should be dealing with. I don't have an issue with the "abuse". The first thing was we overstrike "use" Then when it gets to gambling I didn't want the fact that someone might go to the casino and spend \$12 and that would be engaging in gambling. We are adding the word "addictive" engagement in gambling. The we are removing the "or the use of any" and remove lines 15 – 18, because we are not going to go into any other substance abuse. I don't have a problem with "harmful substances". One of the other representatives pointed out to me afterwards that in New York sugar is a harmful substance and I think you can make that case for all kinds of things when you leave something that broad. They could come before administrative rules and eliminate scotch-a-roo bars because they are abuse. I just don't think if someone has a cigarette that they are abusing cigarettes.

Chairman Weisz: Ok, so regarding the abuse of tobacco, nicotine, alcohol. Then after we changed it to "addictive" engagement in gambling.

Representative Devlin: You have to have an addiction there.

Chairman Weisz: But it appears you have removed counseling for drugs.

Representative Devlin: Well then maybe you have to put harmful substance back in there. I don't have a problem with that.

Chairman Weisz: This amendment would take out controlled substances of any kind.

Representative Devlin: Controlled was out already.

Chairman Weisz: I don't think we want to take away the designer drugs.

Representative Devlin: My problem was "harmful substance".

Chairman Weisz: Ok we will not act on this one today.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2088
3/20/2017
29435

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the scope of practice of addiction counselors and the licensures authority of the board of addiction counseling examiners.

Minutes:

1

Chairman Weisz: Called the committee to order. We are going to take up SB 2088. You all received a copy of the amendments. (Attachment 1)
Representative Devlin, they are your amendments if you would like to explain them.

Representative Devlin: All I am really dealing with is section 1. I was having trouble with the harmful behaviors and the fact that scotch-a-roo bars might be in there somewhere. I really had trouble with the engagement of gambling. I didn't have a problem with gambling addiction, but just the engagement bothered me and at the end we started wondering what was in that Diagnostic Statistical Manual of Mental Disorders. Well, that pretty well covered so many things in there that everything else except the gambling was there, so I just thought we could just clean up the language. That is what the amendments do. I gave you each a copy of what is in the manual. We allowed all of the things that they can already do in the manual. We did not allow for future addictions, because we thought that was too broad. I think this takes care of all of our problems. Every time you allow a regulatory board to regulate something that citizens of ND do, you might be taking away the right of another group or another profession to regulate it. We are usually pretty careful about expanding that.

Chairman Weisz: You left out gambling addiction.

Representative Devlin: Yes, if you want to put it back in you can. They never asked for a "gambling addiction" to be covered. They asked for "the engagement in gambling" to be covered and to me that was so broad that would mean anybody. I just thought that was bending further than I wanted to already.

Representative Westlind: Representative Devlin, why are you taking out future addictions?

Representative Devlin: I think that is something that we don't want to do. To give them broad authority that anything that ever comes up in the book they have authority to treat it without having some input from us. That was my reasoning.

Representative Devlin: I move the amendment.

Vice Chairman Rohr: I will second it.

Representative Seibel: Can anyone currently treat addictions of gambling?

Chairman Weisz: Let's ask Representative Devlin that question.

Representative Devlin: I don't actually know that. I guess the committee can add that. I just thought it was so broad that I didn't want to go down that road. I know there are some programs that deal with the addiction of gambling, but I don't know how they are treated under the scope of practice for this.

Representative Skroch: Do we have to spell it out in law that they can have reimbursement for treating an individual with gambling addictions?

Representative Devlin: if you want them to be involved for reimbursement then we have to do something within their scope of practice within law. I know there are volunteer organizations that treat people for different things that wouldn't fit into this, but it is our intent for the psychologists or whoever is regulated by this board it needs to be in law for it to be within their scope of practice and be paid for it.

Vice Chairman Rohr: I know in bathroom stalls I have seen an 800 number to call if you have an addiction to gambling. I have never called it, but I know is there.

Chairman Weisz: If we put addiction to gambling, that means we can allow them to counsel them in their scope of practice. Their training has to be in that area though, of course.

Representative Seibel: When I read the DSM 5, it states in addition to substance addiction disorder, this chapter also includes gambling disorder. Reflecting evidence of gambling behaviors activate reward systems similar to those activated by drugs and abuse and so on. It is on the first page of Mr. Snyder's testimony from before. (See Attachment 2 from testimony given on 3/8/17). When I read that, the DSM is possibly covering that. I don't think we really have to cover that here.

Chairman Weisz: I tend to agree. It is already stated there in the DSM 5

Representative Seibel: In the amendment it states "an individual regarding a substance related or addictive disorder identified". I would think personally that gives us the power to do that.

Chairman Weisz: Is there any further discussion on the amendment.

Voice vote on the amendment
Motion carried.

Chairman Weisz: We have an amended bill. There was at least one other change suggested and that had to do with dates. I guess we already did that. Ok we have an amended bill in front of us. Are there any other amendments? What are the committee's wishes?

Representative Seibel: I would move for a do pass as amended on SB 2088.
Representative D. Anderson: I second it.

Chairman Weisz: Further discussion on the bill? I think this should make it a little easier for them to do their job and I think it addresses the concerns that Mr. Snyder had with the original proposed amendment. Seeing no further discussion, the clerk will call the roll for a do pass as amended on SB 2088.

Roll call vote taken Yes 14 No 0 Absent 0

Chairman Weisz: Ok the motion passes 14 – 0. Do I have any volunteers to carry this one?

Representative Seibel, thank you.

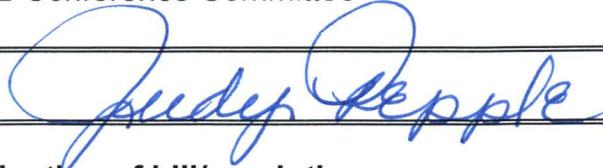
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2088
3/29/2017
29795

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to licensed clinical addiction counselors; relating to the scope of practice for addiction counselors and the licensure authority of the board of addiction counseling examiners,

Minutes:

Chairman Weisz: We need a motion to reconsider SB 2088 because the wrong amendments were put on our bill. Our amendments were right, but they didn't get put on the bill.

Representative Seibel: I make a motion to reconsider SB 2088.

Representative Porter: I will second it.

Chairman Weisz: Voice vote to reconsider SB 2088.
Motion passed.

Chairman Weisz: Ok we already approved the amendments, so I will entertain a motion on SB 2088 as amended.

Representative Porter: I move for a do pass as amended on SB 2088.

Representative Devlin: I second it.

Chairman Weisz: Is there further discussion? Seeing none, the clerk will call the roll for a do pass as amended on SB 2088.

Roll call vote taken Yes 14 No 0 Absent 0

Chairman Weisz: motion carried.

Chairman Weisz: Do I have a volunteer to carry it?

Representative Seibel: I will carry it.

would be able to immediately join the workforce with a grace period for them to complete outstanding requirements and meet licensure requirements.

I would like to offer the following amendments:

Page 4, line 17, replace "for" with "of an intern seeking"

Page 4, line 20, after "professionals" insert "who are"

Page 4, line 20, after "counselor" insert ", approved by the board,"

Page 4, line 21, after the underscored period insert "The other professional must be registered as a clinical supervisor by the board that licenses the other professional."

Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Renumber accordingly

Finally, I would like to point out the attachment to my testimony that shows the supportive results of our webinar polling regarding our proposed changes.

That concludes my testimony: I would be happy to answer any questions you may have.

Thank you

Kurt Snyder

kurt@heartview.org

Cell: 701-426-8677

Office: 701-751-5708

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2088

Page 1, line 13, remove "individuals"

Page 1, line 13, overstrike "regarding"

Page 1, line 13, remove "the"

Page 1, line 13, overstrike "use"

Page 1, line 13, overstrike "of"

Page 1, line 13, remove "tobacco, nicotine,"

Page 1, line 13, overstrike "alcohol"

Page 1, line 13, remove the third underscored comma

Page 1, line 13, overstrike "or"

Page 1, line 14, remove "other harmful"

Page 1, line 14, overstrike "substance"

Page 1, line 14, remove "; the engagement in gambling; or the use of any"

Page 1, remove lines 15 and 16

Page 1, line 17, replace "to disorders recognized" with "an individual regarding a substance-related or addictive disorder identified"

Page 1, line 18, remove ", or a"

Page 1, line 19, remove "future edition adopted by the board"

Renumber accordingly

3/20/17 DP

17.0376.02005
Title.03000

Adopted by the Human Services Committee

March 20, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2088

Page 1, line 13, overstrike "use"

Page 1, line 13, remove the overstrike over "abuse"

Page 1, line 13, after the second underscored comma insert "or"

Page 1, line 14, remove "other harmful"

Page 1, line 14, overstrike "substance"

Page 1, line 14, remove the first underscored semicolon

Page 1, line 14, after the first "the" insert "addictive"

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Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Renumber accordingly

3/29/17 DP

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2088

In lieu of the amendments adopted by the House as printed on page 1075 of the House Journal, Engrossed Senate Bill No. 2088 is amended as follows:

Page 1, line 13, remove "individuals"

Page 1, line 13, overstrike "regarding"

Page 1, line 13, remove "the"

Page 1, line 13, overstrike "use"

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Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Re-number accordingly

Date: 3-8-17
 Roll Call Vote #: 1

**2017 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB 2088**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Schneider Seconded By Seibel

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

Vote to add amendment

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3/30/17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2088

House Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0376.02004

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Devlin Seconded By Rep. Rohr

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

Motion to adopt amendment
Motion carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3/20/17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2088

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Rep. Seibel Seconded By Rep. D. Anderson

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

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Seibel

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

Date: 3/29/17
Roll Call Vote #: _____

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB. 2088

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

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

Other Actions: Reconsider _____

Motion Made By Rep. Seibel Seconded By Rep. Porter

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

Motion to reconsider carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 3/29/17
 Roll Call Vote #: 2

**2017 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. S.B. 2088**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. Devlin

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

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Seibel

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

REPORT OF STANDING COMMITTEE

SB 2088, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2088 was placed on the Sixth order on the calendar.

Page 1, line 13, overstrike "use"

Page 1, line 13, remove the overstrike over "abuse"

Page 1, line 13, after the second underscored comma insert "or"

Page 1, line 14, remove "other harmful"

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Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2088, as engrossed and amended: Human Services Committee (Rep. Weisz, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2088, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on page 1075 of the House Journal, Engrossed Senate Bill No. 2088 is amended as follows:

Page 1, line 13, remove "individuals"

Page 1, line 13, overstrike "regarding"

Page 1, line 13, remove "the"

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Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Renumber accordingly

2017 TESTIMONY

SB 2088

1/4
Attach
1
SB 2088

Testimony of Howard C. Anderson Jr. on Senate Bill No. 2088

January 4, 2017 before the Senate Human Services Committee.

Senator Judy Lee Chair.

Chair Lee and members of the Senate Human Services Committee. I have introduced this bill referencing the Board of Addiction Counseling Examiners. It is as an effort to respond to the review done during the interim on all mental health boards. The intent is to make it just a little easier for licensees to get their internship, become licensed and get to work.

This bill adds some language to make sure that addiction counselors can provide tobacco, nicotine and gambling services. As you know sometimes the practice act needs to include those services for which you expect to get paid.

The bill also adds a definition of a masters addiction counselor to the statute and those after me will explain the purpose of the new designation.

There are also some clean-up items in the bill as legislative council attempts to keep our language consistent.

I would like to introduce Kurt Snyder a licensed addiction counselor to explain further and answer your questions.

Thank you,

Howard

1/4
attach.
2
SB 2088

Chairman Lee and Members of the Senate Human Services Committee

My name is Kurt Snyder and I am a Board Member for the North Dakota Board of Addiction counseling Examiners. I am here to provide testimony in support of Senate Bill 2088.

The bill addresses three main items within Century Code Chapter 43-45.

First, Section 1., 43-45-01. Definitions. The previous language erroneously outlined a very narrow scope of practice by using the language "alcohol and controlled substances". This narrow language excluded tobacco, nicotine, designer drugs or even chemicals used for huffing. It has always been the general and accepted practice of Licensed Addiction Counselors to diagnose and treat these items that were erroneously excluded from our language. Diagnosing and treating tobacco, nicotine, designer drugs, and chemicals used for huffing has also been required for licensure with the Division of Behavioral Health. The proposed language provides a much needed fix for this definition and reflects the scope of practice in the chapter on substance use disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This text is universally recognized by the behavioral health community for diagnosing addiction and mental disorders and is our guide for scope of practice. Additionally, 1. b., under definitions adds gambling to the scope of practice recognizing that the DSM-5 places gambling within the chapter for substance use disorders. Quoting directly from the DSM-5 it states, "In addition to substance related disorders, this chapter also includes gambling disorder, reflecting evidence that gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to those produced by the substance use disorders."

The second item is the addition of a Masters Addiction Counselor level of license. Healthcare reform is clear about the need for a Master's prepared workforce and reimbursement is critical to creating access to quality services throughout North Dakota. The addition of a Masters Addiction Counselor license will create a career ladder with the following recognized rungs of the ladder: Addiction Counselor Trainee; Addiction Counselor Intern; Licensed Addiction Counselor and Masters Addiction Counselor.

And the third item is general housekeeping to keep terms consistent with other century code.

The bulk of the changes to the licensure standards regulating the licensure of addiction counselors will be made through administrative rule. In light of the current workforce shortages as well as other issues highlighted by the 2014 Schulte report, it is important to share the vision of the North Dakota Board of Addiction Counseling Examiners with

legislators. Recently, the Board presented a series of webinars to the Licensed Addiction Counselors of North Dakota to educate them on the proposed changes as well as to ascertain the level of support or opposition from the professional group. Surveys were administered during the webinars which identified a high level of support from the field with minimal opposition. (See attached polling from webinars)

Specifically, changes we are proposing in administrative rule supported by Senate Bill 2088 include:

Clinical Training – Currently there is a requirement of 1400 non-paid clinical training hours for a Licensed Addiction Counselor. It is proposed to separate 700 clinical training hours followed by a pre-licensure work experience requirement of 500 hours for a masters and 1000 hours for a bachelor level student. This would shift the financial burden from the trainee to the agency and allow for work experience hours to be completed in rural or underserved areas or agencies. A Board approved university placement option would be added to our current training consortium model in order to ensure adequate local training spots outside of the consortium capacity.

Reciprocity – The 1400 hour clinical training hours has been a barrier for reciprocity as most states have a combination of lower clinical training hours with a work experience requirement. Our proposal would change the reciprocity window which would allow more individuals to meet reciprocity requirements. Furthermore, the barrier of reciprocity would be virtually eliminated by utilizing the Addiction Counselor Intern and the work experience for any addiction counselor from another state with a verifiable certification or licensure that did not meet reciprocity requirements. They would be able to immediately join the workforce with a grace period for them to complete outstanding requirements and meet licensure requirements.

Grandfather Clause – In order to have an adequate workforce in the new Masters Addiction Counselor level of licensure and avoid supervision gaps, we would grandfather the bulk of our workforce into a “Masters Addiction Counselor equivalency”.

That concludes my testimony: I would be happy to answer any questions you may have.

Thank you

Kurt Snyder

kurt@heartview.org

Cell: 701-426-8677

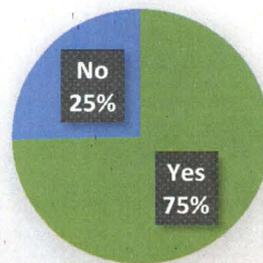
Office: 701-751-5708

The North Dakota Board of Addiction Counseling Examiners created a sub-committee made up of representatives from the North Dakota Addiction Counselors Association, North Dakota Addiction Treatment Providers Coalition, North Dakota Coalition of Training Consortiums, and individual Licensed Addiction Counselors to develop our proposed changes. The Board then presented a series of three informational webinars to stakeholders outlining the proposed changes. At the completion of each webinar polling was conducted to ascertain support or opposition. Below is the results of the webinar attendance and polling:

Dec. 12, 2016	32
Dec. 15, 2016	15
Dec. 16, 2016	32
Total Participants	79

	Yes	No	Total
Do you support "grandfathering" all current LACs into a masters equivalent?	53	18	71
Do you support the "University Placement" option?	53	18	71

Do you support "grandfathering" all current LACs into a masters equivalent?



Do you support the "University Placement" option?

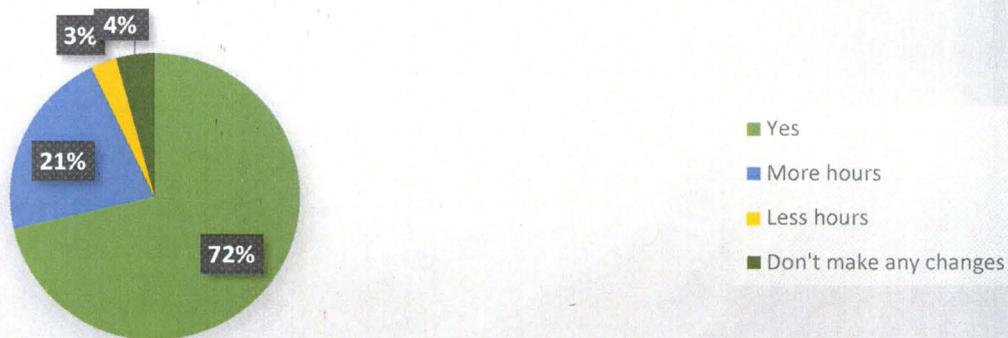


	Yes	More hours	Less hours	Don't make any changes	Total
Do you support the proposal of 1000 work experience hours for bachelor level?	55	7	2	6	70
Do you support the proposal of 500 work experience hours for master's level?	50	15	2	3	70
Do you support the proposal of 700 clinical training hours with a combined requirement of pre-licensure work experience?	53	7	0	7	67

Do you support the proposal of 1000 work experience hours for bachelor level?



Do you support the proposal of 500 work experience hours for the master's level?



Do you support the proposal of 700 clinical training hours with a combined requirement of pre-licensure work experience?



44
Attache
#3
SB 2088

Testimony from Kurt Snyder, Board Member for the North Dakota Board of Addiction Counseling Examiners

New proposed language for SB 2088; combining 2040 and 2088. Line 11 would read as follows:

"Addiction counseling" means the provision of counseling or assessment of individuals regarding the use of substances or the engagement in behaviors identified by the board by rule, including tobacco, nicotine, alcohol, or gambling.



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy

1680 E Capitol Avenue, Suite A • Bismarck, ND 58501-5603

Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

44
Attach
4
28 2098

Senate Human Services Committee

Senate Bill 2088 and 2040

January 4, 2017

Madam Chair and committee members. I am Barbara Andrist, Statewide Program Manager for the ND Center For Tobacco Control and Prevention Policy. Our agency has been working with the North Dakota Board of Addiction Counseling Examiners, and the North Department of Human Services- Behavioral Health Division to expand the scope of practice for addiction counselors to include tobacco and nicotine. We are in support of Senate Bill 2088 and 2040.

SAMHSA from The N-SSATS Report in June 2014 and CDC Vital Signs February 2013 data show that smoking rates among individuals with a mental illness or substance abuse addiction are two to three times higher than in the general population. Individuals with substance use or abuse disorders who also smoke tend to smoke more and are four times more likely to die prematurely relative to individuals with drug problems who do not use tobacco. Tobacco use often leads to early death and disability among the very population that are being seen by addiction counselors.

The tobacco use disorder (nicotine dependence) has been in the DSM (Diagnostic and Statistical Manual of Mental Disorders) since 1980. Addiction counselors routinely assess for nicotine addiction but are now prohibited in counseling their clients about quitting nicotine products (combustible like cigarettes or electronic cigarettes). Either Senate Bill 2088 or 2040 will allow addiction counselors to identify and treat nicotine/tobacco addiction in the client's treatment plan utilizing their skill set.

Why is treating nicotine as the addiction so important?

- First of all, it is a mind altering, highly addictive substance.
- Nicotine has mood-altering effects which have the potential to act as triggers for substance abuse use and relapse.
- Like other smokers, persons with mental illness and substance abuse are interested in quitting and can be successful with counseling and pharmacology.
- **Treating tobacco use during addiction treatment increases likelihood of abstinence from alcohol and illicit drugs by 25%.**

Expanding the scope of practice to include tobacco, nicotine or other harmful substances will contribute to providing treatment for all tobacco users building on the relationship established with that counselor. Breathe ND have and plans to continue sponsoring statewide training opportunities to all counseling professionals with national leaders in their fields. Our agency is committed to continuing partnerships with counseling professionals, organizations and facilities to provide ongoing education, develop tobacco free grounds policies and assist in finding resources to ensure that all North Dakota clients seeking mental health and substance abuse treatment can access evidence based treatments.

Supporting either Senate Bill 2040 or 2088 will be a positive step for addiction counselors to not only treat tobacco and nicotine but other harmful substances and gambling or other behaviors.

Thank you for this opportunity to testify. I'd be pleased to answer any questions you may have.

Barbara Andrist MPH RN
328-5125 bandrist@nd.gov

January 18, 2017

SB 2088
Attache #1
1/18

PROPOSED AMENDMENTS TO SENATE BILL NO. 2088

Page 1, line 1, after "to" insert "create and enact a new section to chapter 43-45 of the North Dakota Century Code, relating to licensed clinical addiction counselors; and to"

Page 1, line 12, after "~~their~~" insert "the"

Page 1, line 12, remove the overstrike over "~~use~~"

Page 1, line 12, remove the underscored colon

Page 1, line 13, remove "a. Use"

Page 1, line 13, overstrike "or abuse"

Page 1, line 14, remove "or"

Page 1, remove lines 15 through 17

Page 1, line 18, replace "by the substance use disorders, as provided under" with "the engagement in gambling; or the use of any harmful substance or engagement in any harmful behavior identified by the board by rule. A substance or behavior identified by the board by rule must appear comparable to disorders recognized by"

Page 1, line 19, replace "(5th edition, text revision;" with an underscored comma

Page 1, line 20, replace "2010)" with "fifth edition, text revision (2013), or a future edition adopted by the board"

Page 2, line 28, after the first "counselor" insert ", licensed clinical addiction counselor,"

Page 4, replace lines 3 through 23 with:

"SECTION 6. AMENDMENT. Section 43-45-05.1 of the North Dakota Century Code is amended and reenacted as follows:

43-45-05.1. Initial licenses.

1. The board shall issue an initial license as an addiction counselor, licensed clinical addiction counselor, or masters addiction counselor to an applicant who has met all of the following requirements:
 - a. ~~Has successfully~~Successfully completed board-approved coursework; ~~approved by the board,~~ at an accredited college or university.
 - b. ~~Has successfully~~Successfully completed one or more oral or written examinations approved by the board for this purpose.
 - c. ~~Has successfully~~Successfully completed a clinical training program approved by the board or accumulated experience as established by the board by rule.
 - d. ~~Has satisfied~~Satisfied to the board that the applicant agrees to adhere to the code of professional conduct adopted by the board.

2. For the clinical training program or accumulated experience required for initial licensure, at least fifty percent of the required supervision must be provided by a supervising licensed addiction counselor and the additional supervision may be with other professionals designated by the supervising addiction counselor and competent in the area of practice being supervised.
3. The board may grant reciprocity, on such terms and conditions as it may determine necessary, to an applicant for licensure who is in good standing as a licensed, approved, or certified addiction counselor, licensed clinical addiction counselor, or masters addiction counselor under the laws of another jurisdiction that imposes at least substantially the same requirements that are imposed under this chapter.
- ~~3.4.~~ An applicant who is denied If the board denies a licensure must be notified application, the board shall notify the applicant in writing of the reasons for denial and of the applicant's right to a hearing before the board, under chapter 28-32, if a hearing is requested within thirty days."

Page 4, line 27, after "counselor" insert ", a licensed clinical addiction counselor,"

Page 6, line 5, after "L.A.C." insert ", L.C.A.C.,"

Page 9, after line 2, insert:

"**SECTION 15.** A new section to chapter 43-45 of the North Dakota Century Code is created and enacted as follows:

Licensed clinical addiction counselor.

1. Under section 43-45-05.1, the board shall issue an initial license as a licensed clinical addiction counselor to a qualified applicant who:
 - a. Applies for licensure under this section before January 1, 2023;
 - b. On December 31, 2017, was licensed in this state as an addiction counselor; and
 - c. Completed ten thousand hours of full-time clinical experience as a licensed addiction counselor.
2. The scope of practice of a licensed clinical addiction counselor is the same as the scope of practice of a masters addiction counselor."

Renumber accordingly

A.H. 1 3-8-17
SB 2088

Testimony of Howard C. Anderson Jr. on Senate Bill No. 2088

March 8, 2017 at 9 AM in the Fort Union Room before the House Human Services Committee.

Representative Robin Weisz Chairman.

Chairman Weisz and members of the House Human Services Committee. I have introduced this bill at the request of members of the Board of Addiction Counseling Examiners. It is an effort to respond to the review done during the interim on all mental health boards. The intent is to make it just a little easier for licensees to get their internship, become licensed and get to work.

This bill adds some language to make sure that addiction counselors can provide tobacco, nicotine and gambling services. As you know sometimes the practice act needs to include those services for which you expect to get paid.

The bill also adds a definitions for a Licensed Clinical Addiction Counselor and Masters Addiction Counselor to the statute and those after me will explain the purpose of the new designations.

There are also some clean-up items in the bill as legislative council attempts to keep our language consistent.

I would like to introduce Kurt Snyder a licensed addiction counselor to explain further and answer your questions.

Thank you,

Howard

AH. 2
SB 2088
3-8-17

Chairman Weisz and Members of the House Human Services Committee

My name is Kurt Snyder and I am a Board Member for the North Dakota Board of Addiction counseling Examiners. I am here to provide testimony in support of Senate Bill 2088.

The bill addresses workforce shortages by removing barriers around clinical training requirements, reciprocity, and making bridges with other disciplines more accessible, while maintaining protection of the public with well-prepared professionals. I would like to highlight four main items within Century Code Chapter 43-45.

First, Section 1., 43-45-01. Definitions. The previous language erroneously outlined a very narrow scope of practice by using the language "alcohol and controlled substances". This narrow language excluded tobacco, nicotine, designer drugs or even chemicals used for huffing. It has always been the general and accepted practice of Licensed Addiction Counselors to diagnose and treat these items that were erroneously excluded from our language. Diagnosing and treating tobacco, nicotine, designer drugs, and chemicals used for huffing has also been required for licensure with the Division of Behavioral Health. The proposed language provides a much needed fix for this definition and reflects the scope of practice in the chapter on substance use disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This text is universally recognized by the behavioral health community for diagnosing addiction and mental disorders and is our guide for scope of practice. Additionally, the definition adds gambling to the scope of practice, recognizing that the DSM-5 places gambling within the chapter for substance use disorders. Quoting directly from the DSM-5 it states, "In addition to substance related disorders, this chapter also includes gambling disorder, reflecting evidence that gambling behaviors activate reward systems similar to those activated by drugs of abuse and produce some behavioral symptoms that appear comparable to those produced by the substance use disorders."

The second item is the creation of a career ladder which includes a masters and bachelors level of licensure. The career ladder helps us to be more in line with other states which will lead to the possibility of creating interstate compacts and more fluent reciprocity. Healthcare reform also clearly supports the need for a Master's prepared workforce. To ensure workforce viability across the rungs of the ladder, the bill includes a grandfather clause. The current workforce will be able to apply to be a Licensed Clinical Addiction Counselor, which would have the same scope of practice as a Masters Addiction Counselor, if they meet the threshold of ten thousand hours of full-time clinical experience as a Licensed Addiction Counselor. Those Licensed Addiction

counselors without ten thousand hours will have until December 31, 2024 to obtain the required hours.

The third item is the inclusion of language from SB 2033 which provides for flexibility and the opportunity for fifty percent of the required supervision to come from another professional other than a Licensed Addiction Counselor.

Finally, the fourth item is overall general housekeeping to keep terms consistent with other century code.

The bulk of the changes to the licensure standards regulating the licensure of addiction counselors will be made through administrative rule. In light of the current workforce shortages as well as other issues highlighted by the 2014 Schulte report, it is important to share the vision of the North Dakota Board of Addiction Counseling Examiners with legislators. Recently, the Board presented a series of webinars to the Licensed Addiction Counselors of North Dakota to educate them on the proposed changes as well as to ascertain the level of support or opposition from the professional group. Surveys were administered during the webinars which identified a high level of support from the field with minimal opposition. (See attached polling from webinars)

Specifically, changes we are proposing in administrative rule supported by Senate Bill 2088 include:

Clinical Training – Currently there is a requirement of 1400 non-paid clinical training hours for a Licensed Addiction Counselor. We are proposing that we separate the 1400 training hours into clinical training and work experience hours. 700 clinical training hours will be required and then followed by a pre-licensure work experience requirement of 500 hours for a masters and 1000 hours for a bachelor level student. This would shift the financial burden from the trainee to the agency and allow for work experience hours to be completed in rural or underserved areas or agencies. A Board approved university placement option would be added to our current training consortium model in order to ensure adequate clinical training spots outside of the consortium capacity.

Reciprocity – The 1400 hour clinical training hours has been a barrier for reciprocity as most states have a combination of lower clinical training hours with a work experience requirement. Our proposal would change the reciprocity window which would allow more individuals to meet reciprocity requirements. Furthermore, the barrier of reciprocity would be virtually eliminated by utilizing the Addiction Counselor Intern and the work experience status for any addiction counselor from another state with a verifiable certification or licensure that did not meet reciprocity requirements. They

L

would be able to immediately join the workforce with a grace period for them to complete outstanding requirements and meet licensure requirements.

I would like to offer the following amendments:

Page 4, line 17, replace "for" with "of an intern seeking"

Page 4, line 20, after "professionals" insert "who are"

Page 4, line 20, after "counselor" insert ", approved by the board,"

Page 4, line 21, after the underscored period insert "The other professional must be registered as a clinical supervisor by the board that licenses the other professional."

Page 9, line 15, replace "2023" with "2024"

Page 9, line 16, replace "2017" with "2018"

Renumber accordingly

Finally, I would like to point out the attachment to my testimony that shows the supportive results of our webinar polling regarding our proposed changes.

That concludes my testimony: I would be happy to answer any questions you may have.

Thank you

Kurt Snyder

kurt@heartview.org

Cell: 701-426-8677

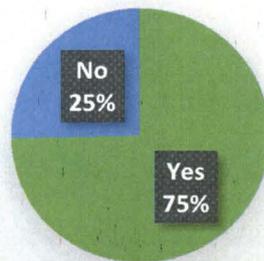
Office: 701-751-5708

The North Dakota Board of Addiction Counseling Examiners created a sub-committee made up of representatives from the North Dakota Addiction Counselors Association, North Dakota Addiction Treatment Providers Coalition, North Dakota Coalition of Training Consortiums, and individual Licensed Addiction Counselors to develop our proposed changes. The Board then presented a series of three informational webinars to stakeholders outlining the proposed changes. At the completion of each webinar polling was conducted to ascertain support or opposition. Below is the results of the webinar attendance and polling:

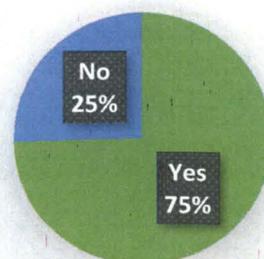
Dec. 12, 2016	32
Dec. 15, 2016	15
Dec. 16, 2016	32
Total Participants	79

	Yes	No	Total
Do you support "grandfathering" current LACs with 10,000 hours?	53	18	71
Do you support the "University Placement" option?	53	18	71

Do you support "grandfathering" current LACs with 10,000 hours clinical experience?



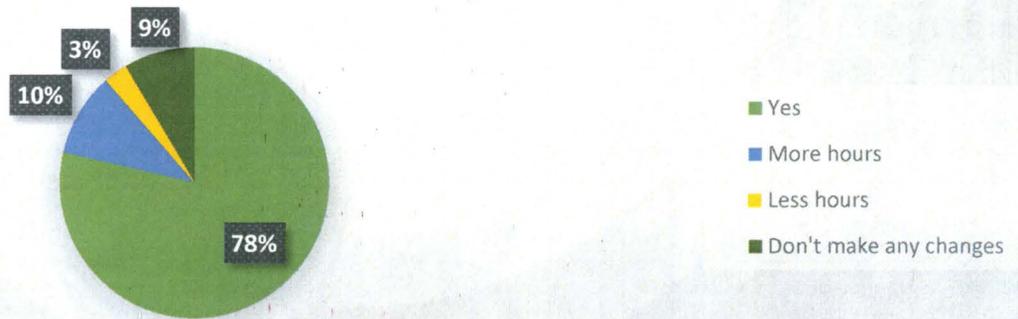
Do you support the "University Placement" option?



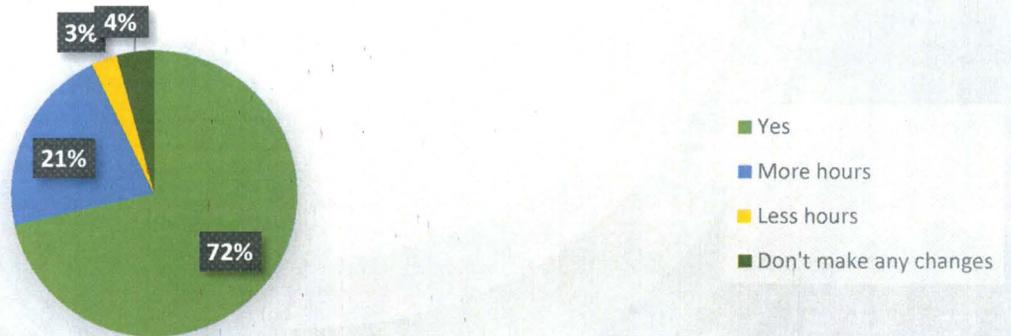
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	Yes	More hours	Less hours	Don't make any changes	Total
Do you support the proposal of 1000 work experience hours for bachelor level?	55	7	2	6	70
Do you support the proposal of 500 work experience hours for master's level?	50	15	2	3	70
Do you support the proposal of 700 clinical training hours with a combined requirement of pre-licensure work experience?	53	7	0	7	67

Do you support the proposal of 1000 work experience hours for bachelor level?



Do you support the proposal of 500 work experience hours for the master's level?



Do you support the proposal of 700 clinical training hours with a combined requirement of pre-licensure work experience?



Att. 3 SB2088
3-8-17

HB 2088
3-8-17

My name is Dr. Julijana Nevland and I serve as the Chair of the North Dakota Board of Addiction Counseling Examiners (NDBACE). I am here today to support HB 2088. This bill will assist the board in our effort to align our licensing standards to national Association for Addiction Professionals (NAADAC) certification standards and the Substance Abuse and Mental Health Services Administration (SAMHSA) *Scopes of Practice and Career Ladder* recommendations. The board further intends to propose substantial and thoughtful revision to our Administrative Rule, with close collaboration and input from our stakeholders.

More specifically, the Administrative Rule will address topics ranging from internship hours, tiers of licensure, academic requirements, and clinical supervision. In order to strengthen and expand our addiction counseling workforce, the board intends to decrease internship hours from 1400 to approximately 700 hours, create multiple levels of licensure, remove restrictive language related to required academic coursework, and allow for greater flexibility in supervision of interns.

Such revisions would benefit both future in-state and out of state licensees. For instance, ND addiction counseling interns would be able to complete their internship training in 4.5 months instead of the current 9 months. Out-of-state applicants would encounter fewer barriers to obtaining licensure by reciprocity in North Dakota. Moreover, the removal of certain internship and supervision related restrictions would create conditions that could enable related mental health professionals in obtaining an addiction specialization with little additional academic coursework and clinical training. Recently, the Addiction Counseling Board reached out to the Clinical Counseling Board and proposed a creations of a joint subcommittee, which would be tasked with reviewing the standards of both boards and developing a path toward dual licensure for Master's level counselors.

As you can discern, the primary intent of this bill is to align the state of North Dakota's licensing standards, related to addiction counseling, to national standards, so that we may further expand our workforce with well trained and academically prepared professionals, who are able to provide safe and competent addiction services to our communities.

This concludes my testimony. I would be happy to answer any questions you might have at this time.



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy
1680 E Capitol Avenue, Suite A • Bismarck, ND 58501-5603
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

AH.4 5B2088
3-8-17

House Human Services Committee

Senate Bill 2088

March 8, 2017

Chairman Weisz and committee members. I am Barbara Andrist, Statewide Programs Manager for the ND Center For Tobacco Prevention and Control Policy. Our agency has been working with the North Dakota Board of Addiction Counseling Examiners, and the North Dakota Department of Human Services- Behavioral Health Division to expand the scope of practice for addiction counselors to include tobacco and nicotine. The Center is in support of Senate Bill 2088.

Addiction counselors routinely assess for nicotine addiction but are now prohibited from counseling their clients about quitting nicotine products (combustibles like cigarettes or electronic cigarettes and other tobacco products). Senate Bill 2088 will allow addiction counselors to identify and treat nicotine/tobacco addiction in the client's treatment plan utilizing their skill set.

Why is treating nicotine as an addiction so important?

- First of all, nicotine is a mind altering, highly addictive substance.
- Nicotine's mood-altering effects have the potential to act as a trigger for substance abuse use and relapse.
- Like other smokers, people with mental illness and substance abuse issues are interested in quitting and can be successful with counseling and pharmacology.
- **Treating tobacco use during addiction treatment increases likelihood of abstinence from alcohol and illicit drugs by 25%.**
- The tobacco use disorder (nicotine dependence) has been in the DSM (Diagnostic and Statistical Manual of Mental Disorders) since 1980.

Smoking rates among individuals with a mental illness or substance use addiction are two to three times higher than in the general population according to SAMHSA's National Survey of Substance Abuse Treatment Services, June 2014 and CDC Vital Signs February 2013. Three fourths of smokers have a past or present problem with mental illness or other addictions. Individuals with behavioral health disorders purchase 40% of all tobacco in our country and are four times more likely to die 25 years prematurely compared with individuals that have behavioral health issues and do not use tobacco. Clients need to have an addiction counselor counsel on nicotine addiction for improved health and wellbeing.

Expanding the scope of practice to include tobacco, nicotine or other harmful substances will contribute to providing treatment for all tobacco users building on the relationship established with their counselor. BreatheND has and plans to continue sponsoring statewide training opportunities to all counseling professionals with national leaders in their fields. Our agency is committed to continuing partnerships with counseling professionals, organizations and facilities to provide ongoing education, assist to develop tobacco free grounds policies and assist in finding

resources to ensure that all North Dakota clients seeking mental health and substance abuse treatment can access evidence based treatments.

Supporting Senate Bill 2088 will be a positive step for addiction counselors and clients to receive a comprehensive treatment opportunity not only for alcohol but also for tobacco, nicotine, use of any harmful substances, engagement in gambling or other behaviors according to national standards of psychiatric care.

Thank you for this opportunity to testify. I'd be pleased to answer any questions you may have.

Barbara Andrist MPH RN
328-5125
bandrist@nd.gov

2017 Trainings

- 5-part webinar series with national authority Tony Klein, March-June
- 8 one-day trainings with Dr. Williams for each Human Service Center and their community partners
 - April - Dickinson, Bismarck
 - May - Grand Forks, Fargo
 - June - Williston, Minot
 - July - Devils Lake, Jamestown
- 2-day training with experts Dr. Williams and team of Rutgers University, May

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- 2 -

A.H. 1 SB 2088
3-8-17

17.0376.02001
Title.

Prepared by the Legislative Council staff for
Representative Devlin
March 8, 2017

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2088

Page 1, line 13, overstrike "use"

Page 1, line 13, remove the overstrike over "abuse"

Page 1, line 13, after the second underscored comma insert "or"

Page 1, line 14, remove "other harmful"

Page 1, line 14, overstrike "substance"

Page 1, line 14, remove the first underscored semicolon

Page 1, line 14, after the first "the" insert "addictive"

Page 1, line 14, remove "; or the use of any"

Page 1, remove lines 15 through 18

Page 1, line 19, remove "future edition adopted by the board"

Renumber accordingly

SB 2088
3-20-17
AH.1

Sixty-fifth
Legislative Assembly
of North Dakota

Introduced by

Senators Anderson, J. Lee

Representatives Seibel, Westlind

1 A BILL for an Act to create and enact a new section to chapter 43-45 of the North Dakota
2 Century Code, relating to licensed clinical addiction counselors; and to amend and reenact
3 sections 43-45-01, 43-45-02, 43-45-03, 43-45-04, 43-45-05, 43-45-05.1, 43-45-05.2,
4 43-45-05.3, 43-45-05.4, 43-45-06, 43-45-07, 43-45-07.1, 43-45-07.2, and 43-45-07.3 of the
5 North Dakota Century Code, relating to the scope of practice for addiction counselors and the
6 licensure authority of the board of addiction counseling examiners.

7 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

8 **SECTION 1. AMENDMENT.** Section 43-45-01 of the North Dakota Century Code is
9 amended and reenacted as follows:

10 **43-45-01. Definitions.**

11 As used in this chapter, unless the context or subject matter otherwise requires:

- 12 1. "Addiction counseling" means the provision of counseling or assessment of
13 persons ~~individuals regarding their the use or abuse of tobacco, nicotine, alcohol, or a~~
14 ~~controlled other harmful substance; the engagement in gambling; or the use of any~~
15 ~~harmful substance or engagement in any harmful behavior identified by the board by~~
16 ~~rule. A substance or behavior identified by the board by rule must appear comparable~~
17 ~~to disorders recognized~~ an individual regarding a substance-related or addictive
18 disorder identified by the "Diagnostic and Statistical Manual of Mental Disorders",
19 American psychiatric association, fifth edition, text revision (2013), or a future edition
20 adopted by the board.
- 21 2. "Board" means the board of addiction counseling examiners.
- 22 3. "Clinical training" means training in addiction counseling, approved by the board.
- 23 4. "Internship" means work experience in a licensed addiction treatment facility under the
24 supervision of a clinical supervisor registered by the board.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2088

Page 1, line 13, remove "individuals"

Page 1, line 13, overstrike "regarding"

Page 1, line 13, remove "the"

Page 1, line 13, overstrike "use"

Page 1, line 13, overstrike "of"

Page 1, line 13, remove "tobacco, nicotine,"

Page 1, line 13, overstrike "alcohol"

Page 1, line 13, remove the third underscored comma

Page 1, line 13, overstrike "or"

Page 1, line 14, remove "other harmful"

Page 1, line 14, overstrike "substance"

Page 1, line 14, remove "; the engagement in gambling; or the use of any"

Page 1, remove lines 15 and 16

Page 1, line 17, replace "to disorders recognized" with "an individual regarding a substance-related or addictive disorder identified"

Page 1, line 18, remove ", or a"

Page 1, line 19, remove "future edition adopted by the board"

Renumber accordingly

TABLE 1 Diagnoses associated with substance class

	Psychotic disorders	Bipolar disorders	Depressive disorders	Anxiety disorders	Obsessive-compulsive and related disorders	Sleep disorders	Sexual dysfunctions	Delirium	Neurocognitive disorders	Substance use disorders	Substance intoxication	Substance withdrawal
Alcohol	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X
Caffeine	I	I	I	I	I	I/W	I	I	I	X	X	X
Cannabis	I	I	I	I	I	I/W	I	I	I	X	X	X
Hallucinogens	I	I	I	I	I	I/W	I	I	I	X	X	X
Phencyclidine	I	I	I	I	I	I/W	I	I	I/P	X	X	X
Other hallucinogens	I	I	I	I	I	I/W	I	I	I/P	X	X	X
Inhalants	I	I	I	I	I	I/W	I	I	I/W/P	X	X	X
Opioids	I	I	I	I	I	I/W	I	I	I/W/P	X	X	X
Sedatives, hypnotics, or anxiolytics	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X
Stimulants**	I	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X
Tobacco	I	I/W	I/W	I/W	I/W	I/W	I	I	I	X	X	X
Other (or unknown)	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X

Note. X = The category is recognized in DSM-5.
 I = The specifier "with onset during intoxication" may be noted for the category.
 I/W = The specifier "with onset during withdrawal" may be noted for the category.
 P = The disorder is persisting.
 *Also hallucinogen persisting perception disorder (flashbacks).
 **includes amphetamine-type substances, cocaine, and other or unspecified stimulants.

Substance-Related Disorders

Substance Use Disorders

Features

The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. As seen in Table 1, the diagnosis of a substance use disorder can be applied to all 10 classes included in this chapter except caffeine. For certain classes some symptoms are less salient, and in a few instances not all symptoms apply (e.g., withdrawal symptoms are not specified for phencyclidine use disorder, other hallucinogen use disorder, or inhalant use disorder).

An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment.

Overall, the diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to use of the substance. To assist with organization, Criterion A criteria can be considered to fit within overall groupings of *impaired control*, *social impairment*, *risky use*, and *pharmacological criteria*. Impaired control over substance use is the first criteria grouping (Criteria 1–4). The individual may take the substance in larger amounts or over a longer period than was originally intended (Criterion 1). The individual may express a persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use (Criterion 2). The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects (Criterion 3). In some instances of more severe substance use disorders, virtually all of the individual's daily activities revolve around the substance. Craving (Criterion 4) is manifested by an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used. Craving has also been shown to involve classical conditioning and is associated with activation of specific reward structures in the brain. Craving is queried by asking if there has ever been a time when they had such strong urges to take the drug that they could not think of anything else. Current craving is often used as a treatment outcome measure because it may be a signal of impending relapse.

Social impairment is the second grouping of criteria (Criteria 5–7). Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home (Criterion 5). The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (Criterion 6). Important social, occupational, or recreational activities may be given up or reduced because of substance use (Criterion 7). The individual may withdraw from family activities and hobbies in order to use the substance.

Risky use of the substance is the third grouping of criteria (Criteria 8–9). This may take the form of recurrent substance use in situations in which it is physically hazardous (Criterion 8). The individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (Criterion 9). The key issue in evaluating this criterion is not the existence of the problem, but rather the individual's failure to abstain from using the substance despite the difficulty it is causing.