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STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

**REQUEST**

Bill/Resolution No.: HB No. 317  
 Title: An Act relating to the  
practice of social work  
 Sponsor: \_\_\_\_\_  
 Requestor: \_\_\_\_\_  
 Date of Request: 4-9-85

**FISCAL DETAIL**

Agency Affected: Health and Social Services  
 Program Category Affected: \_\_\_\_\_  
Social Services  
 BRU, Program or Subprogram(s) Affected: \_\_\_\_\_  
Social Services BkII

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		-0-	-0-	-0-	-0-	-0-

<b>CAPITAL</b>		-0-				
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<b>REVENUE</b>		-0-				
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**FUNDING: (Thousands of Dollars)**

<b>GENERAL FUND</b>						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

<b>FULL-TIME</b>		-0-				
<b>PART-TIME</b>		-0-				
<b>TEMPORARY</b>		-0-				

**ANALYSIS:** Attach a separate page if necessary

Prepared By: Michael L. Price *Michael L. Price* Phone: 465-3170  
 Division: Family and Youth Services Date: 4/9/85

Approved by Commissioner: John A. Pugh *John A. Pugh* Date: 4/9/85 *JCC*  
 Agency: Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Done

HB 317 File Contents

April 9, 1985 Tuesday

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- 2) Overview -- Committee Staff
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- 4) Fiscal Note, Analysis, and Position Statement -- Dept. of Commerce
- 5) Sectional Analysis -- by Cecilia Kleinkauf, Alaska Chapter, NASW
- 6) Sectional Analysis -- by Carol Derfner, Boards & Commissions Office, for SB 227 (same as HB 317)
- 7) Letter from Governor to Marsha Schneider, NASW, March 9, 84
- 8) Letter from Governor to Yvonne Chase, Pres. NASW, April 8, 84
- 9) "Social Workers Voicing Opposition to Licensing," Anchorage Daily News, March 23, 1985, p. C6
- 10) Correspondence from various Agencies Supporting Concept of Licensing of Social Workers on SB 303, a similar bill in the 13th Legislature in 1983-84, by Josephson.
- 11) POMs in Support of HB 317.
- 12) "Answers to Questions State Legislators ask about Social Work Licensing," by the National Assoc. of Social Workers and the Council of State Governments.
- 13) State Comparison of Laws regulating Social Work
- 14) Regulating Health Professionals: A Review of the Empirical Literature
- 15) Written testimony on HB 317 from Marsha Schneider, Ak Chpt. of the National Association of Social Workers.
- 16) Additional Materials from Gary Lichtenstein, Bd. Member, NASW
  - a. Map of States in the US with Acts regulating Social Work
  - b. Letter from Aetna Employees Benefit Section 7/3/84
  - c. Letter to Trustees of Johnson & Higgins Insurance 1/18/85
  - d. "Cuomo Signs New York Vendorship Law, NASW News, Feb. 85

INTRODUCTION OF BILLS (House)(cont'd)

HB 316 (cont'd)

of the public to use and have free access to the navigable or public water of the state."

Provides Act takes effect immediately.

Introduced March 25 and referred to Resources, Finance.

Professional  
Licensing of  
Social Workers

HOUSE BILL NO. 317, by Reps. Koponen, Larson, Hurley, Goll, Gruenberg, Davis & Pignalberi. Identical to Senate Bill 227, page 426.

Introduced March 25 and referred to Labor & Commerce, Health, Education & Social Services, Finance.

Injured State  
Employees  
(rights of)

HOUSE BILL NO. 318, by Rep. Szymanski. Amends the State Personnel Act (AS 39.25) by adding new sections that would require the Director of Personnel, in consultation with the appropriate departments or agencies, to prepare and maintain a position description for each position in the classified and partially exempt services that will describe the essential functions of the position and the actual skills and abilities required to perform the assigned task. A general requirement for physical abilities may not be imposed on a job classification unless each position within the class requires the use of physical ability.

Would require a state agency to offer an injured employee the employee's former position if the employee is able to perform the assigned tasks. If another employee has attained permanent status in that position, the agency is required, at the request of the injured employee, to offer the injured employee the position as soon as a vacancy occurs, or, immediately offer the injured employee a comparable position in the same agency.

If an employee can no longer perform all of the assigned tasks, the agency is required to rehire the employee after making a reasonable accommodation to the physical and mental limitations of the employee. Allows the agency to refuse to rehire if the accommodation imposes an undue hardship on the operation of the agency's program, or if, after reasonable efforts at accommodation, the employee cannot perform the essential functions in a manner that would not endanger the health and safety of the employee or to others to a greater extent than if a nonhandicapped person performed the job.

Outlines factors to be considered in determining undue hardship. If an agency is unable to rehire the employee, the employee may request preference for another position. The new section applies to all state employees who were injured on-the-job, and were laid off or terminated after the injury and have requested to return to work for the state. Does not provide effective date (takes effect 90 days after Governor signs bill).

Introduced March 25 and referred to Labor & Commerce, Finance.

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 226 (cont'd)

a misdemeanor and upon conviction is punishable by a fine of between \$50 and \$200, plus the cost of prosecution, and may be imprisoned until the fine and costs are paid or until the convicted person has served one day for every \$2 of the fine and costs, at which time the fine and costs are automatically discharged.

Does not provide for an effective date (becomes law 90 days after signed).

Introduced March 12 and referred to HESS and Judiciary.

Professional Licensing of Social Workers     SENATE BILL NO. 227, by Sen. Josephson. Would require licensing of social workers and establish a Board of Social Examiners to oversee licensing procedures.

Establishes three categories of social workers: licensed bachelor social worker (LBSW); licensed master social worker (LMSW); and licensed independent social worker (LISW).

To be eligible for licensure as a bachelor social worker, a person must hold a bachelor's degree in social work from a school with a social work program accredited by the Council on Social Work Education, must be in good professional standing and be fit to practice, must pass a state exam, and must provide three references.

To be eligible for licensure as a master social worker, a person must meet all of the above qualifications; the person must have a master's instead of a bachelor's degree.

A person is eligible for licensure as an independent social worker if the person meets the qualifications for a master social worker and has completed at least 24 months of supervised post-graduate experience in the person's field of specialty.

Limits the practice of psychotherapy to licensed independent social workers who have a clinical specialty or master social workers who are employed in a clinical setting.

"Grandfathers" persons currently working as social workers if they hold a bachelor's or a master's degree in social work and have been practicing under the title "social worker" for at least 24 months before July 1, 1987. A person with a degree from a school with an accredited program could be licensed as a social worker without examination, if the person applies before July 1, 1987.

The Board of Social Worker Examiners, set to expire on June 30, 1989 unless continued by the Legislature, would consist of five members, including three master social workers, one of whom is an independent social worker, one bachelor social worker, and one public member who is not licensed as a social worker and does not work for one.

Includes provisions for board meetings, terms of meetings, removal

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 227 (cont'd)

of members, per diem and travel expenses, and powers and duties of the board.

Outlines the scope of practice for the three classifications of social worker.

Licenses would be valid for two years.

Sets fees as follows: Application fee--\$100; Initial license by application--\$150; License by credentials--\$100; License renewal--\$200; Reexamination--\$150.

Prohibits use of the title "social worker" or any of the titles listed in the bill (LBSW, LMSW, or LISW) unless a person is licensed.

Prohibits a licensed social worker from disclosing information provided by a client in the course of their professional contact. Does not apply in certain circumstances.

Lists disciplinary sanctions that may be imposed against a licensed social worker and the grounds for imposing them.

Violation of the new laws requiring social workers to be licensed would be a class B misdemeanor.

Effective July 1, 1985.

Introduced March 12 and referred to Labor & Commerce, HESS and Finance.

Appropriation SENATE BILL NO. 228, by Sen. Fahrenkamp. Would appropriate (special) \$6 million to the Dept. of Health & Social Services for (Fairbanks purchase or construction of adult and children's mental health mental Health facilities in Fairbanks. Does not lapse. Effective facilities) immediately.

Introduced March 13 and referred to HESS and Finance.

Longevity SENATE BILL NO. 229, by Senators Vic Fischer and Rodey. Bonus Payments Amends eligibility requirements for the Alaska Longevity (absence from Bonus to require recipients to notify the Commissioner of state) Administration when they expect to be absent from the state for a continuous period that exceeds 60 days. Presently they are required to notify the Commissioner if they are gone for 30 days. They are not eligible to receive the bonus during that time, and must reapply upon returning to Alaska. Does not provide for an effective date (become 90 days after signed).

Introduced March 13 and referred to State Affairs, Judiciary and Finance.

M E M O R A N D U M

To: All Members, House Labor and Commerce Committee

From: Roger Poppe, Committee Staff

Date: April 9, 1985

Subject: Overview, HB 317: An Act relating to Social Work and establishing a Board of Social Work Examiners.

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On April 9, at 1:15, the House Labor and Commerce Committee met on HB 317 in Room 102 of the Capitol Building.

This issue has been up before the legislature for the past 6 years in one form or another. During the last session, it appeared as SB 303 "Regulating the Practice of Social Work," by Josephson. This session, there is a piece of companion legislation to HB 317 in the Senate, which is SB 227 by Farhenkamp, by request of the Alaska Chapter of the National Association of Social Workers (NASW).

The general position of the administration is that they support the licensing of social workers. However, the Boards and Commissions office feels that this bill is not the vehicle to do it (in keeping with their general position of trying to reduce the number of boards), and would like to have the Social Workers licensed along with other behavioral science or social service professionals in one large board to be established through a legislative proposal, to be submitted next year.

We have precedent in our own state for this: Architects, Engineers, and Land Surveyors are 3 distinct professions with about 6 or 7 different categories of practitioners that operate successfully under one combined board, and the Board of Medicine has a much larger number of specialized fields that they serve and monitor in the medical community. We could consider an even more drastic step: the State of California has one full-time Centralized Occupational Licensing Board that handles licensing of all professionals. This is tremendously cost-effective, and is staffed by non-professionals, so that the interest that is served is the interest of the public consumers, not the individual professions.

The Dept. of Health and Social Services is supportive of the concept, but has problems with such issues as whether all practitioners shouldn't be "grandparented" in, not just a select few; whether the bill will make it more difficult for rural hire and local hire needs; and whether it might not be simpler to license practitioners by title only, not by practice or activity (in other words, by goals, and not by specific tasks), so that a broader range of people could be included. The range of people could go anywhere from 200-500 people, depending on how broad the definition is. Some of these problems will be covered in proposed amendments from the Department.

There are also 119 professional social workers currently employed by the state and covered by collective bargaining who are opposed to this legislation, and APEA will be here to represent their position.

House Bill 317

"An Act relating to the practice of social work and establishing a board of social worker examiners."

The Department of Commerce and Economic Development would oppose this legislation. This administration's position has consistently been opposed to additional boards without substantial evidence of public outcry or public need. This legislation does not exhibit either of these demands.


Although the bill's purpose is to assure the consumer that persons providing service under the title "social worker" have completed professional social work education, adhere to a code of professional ethics, and are subject to review by the Board of Social Worker Examiners, the legislation can only enforce the licensure requirements by a board. The bill does not protect the consumer. This is a practice act to allow social workers third party reimbursement, which can be done if they are registered without the expense of a board.

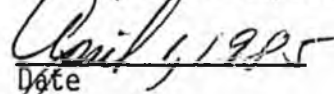
The legislation adds an additional title of "Independent" social worker, and adds "L" for license in front of each designation. Nationally, they are known as MSW or Master Social Worker or Bachelor of Social Worker, respectively.

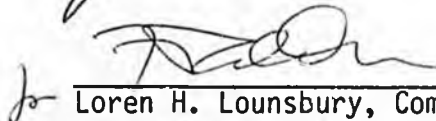
The staff has identified 119 State positions of social workers. These individuals oppose licensing. The legislation does not provide for an exemption of State workers. If this legislation is approved, we would support the position for licensing State employees. This is based on the lower income population being the main users of State services, they should also be provided with an avenue of redress.

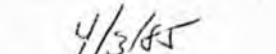
We are concerned with the confidentiality section in the bill. This section should also provide a protection statement for a social worker who treats a client who was abused by another licensee. This would enhance a public protection attitude.

This legislation directs the Governor to appoint five initial board members within 30 days. This is also unacceptable.

  
Harry D. Treager, Director  
Division of Occupational Licensing

  
Date

  
Loren H. Lounsbury, Commissioner

  
Date

(continued)

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April 22, 1985 Monday

- 18) Senate HESS materials on SB 227 by Fahrenkamp
  - a) Memo to Committee Members from staff, April 16, 1985
  - b) Bill Analysis of first HESS CS draft , April 15, 85  
plus additional backup
  - c) Changes in second draft of HESS CS, April 18, 85
  - d) Revised CS SB 227 (HESS)

# Alaska State Legislature

BETTYE FAHRENKAMP, Chairman  
ARLISS STURGULEWSKI, Vice Chairman  
JOE JOSEPHSON  
PAUL FISCHER  
EDNA ARMSTRONG-DE VRIES



POUCH V  
STATE CAPITAL  
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(907) 465-3834  
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## Senate Committee on Health, Education and Social Services

### M E M O R A N D U M

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, April 17, 1985

DATE: April 16, 1985

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On Wednesday, April 17, at 5:00 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear SE 227, An Act relating to the practice of social work and establishing the board of social work examiners.

SB 227 would establish a five member board to set standards for licensure of social workers. The bill is intended to increase professional standards for social workers in both the public and private sector, and provide a mechanism to monitor quality and protect the public.

Similar legislation has been considered in past years. Concerns have centered around the bill's applicability to currently practicing social workers, particularly state employees; the costs of Board operation; and attracting licensed professionals to rural areas of the state. Proposed CS SB 227 (HESS):

- 1) "grandfathers" in existing social workers, without examination if a degree is held, and with examination if the social worker holds no degree,
- 2) establishes fees at a level intended to cover the costs of Board operation, and
- 3) provides for unlicensed social workers to practice as "associates" when providing services to the state or a political subdivision of the state.

The Alaska Chapter of the National Association of Social Workers (NASW) estimates that there are 315 social workers eligible for licensing in the state; approximately 147 of these are state employees. Current statute does not address the practice of social work, and use of the title is available to all persons regardless of training or experience. Under current Department of Health and Social Services hiring procedures, a degree in social work is not required for employment as a state social worker. As of September 1983, 31 other states regulate the practice of social work.

A sectional analysis of the bill is attached.



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

April 8, 1985

Ms. Yvonne Chase, MSW  
President, Alaska Chapter  
National Association of  
Social Workers  
4020 Folker  
Anchorage, AK 99508

Dear Ms. Chase:

It was a pleasure to meet with you and other members of the Executive Committee of the Alaska Chapter of the National Association of Social Workers recently in Anchorage.

As I said in our meeting, I am basically in favor of the State licensing social workers, but I am not sure how to accomplish this in the most efficient and cost-effective manner.

I am appreciative of the time you spent with my Special Staff Assistant, Carol Derfner, to discuss this issue in more depth. It is my understanding that the discussion was constructive and that further discussion will take place that will explore the possibilities of consolidating a licensure program encompassing several behavioral science professionals, as well as social workers. I am informed that your organization has offered assistance in this matter during the interim period between legislative sessions.


I am sure that my Administration's cautious approach to increasing State licensure of professions and occupations is frustrating to you personally. However, while you certainly made a number of excellent points in your presentation, please understand that there are a number of proposals and bills currently being discussed that would increase the State's involvement in the licensing and regulation of occupations and professions. We are looking at these critically to ascertain actual public need, administrative considerations, and cost to the State. We are also looking at the hidden costs of the consumer of regulated occupations when the numbers, mobility, and activities of professionals are limited by State regulations or law.

April 8, 1985

Our State government is substantially involved in occupational licensing. One out of every five Alaskans is licensed by the State to practice professions or trades through the Division of Occupational Licensing in the Department of Commerce and Economic Development. Many other professions, such as teaching and law enforcement, are licensed through other State departments. It has become very costly to administer all these licensing programs with very little of the expense being borne by the licensees themselves. Another area we are concerned with is the proliferation of boards, commissions, and advisory committees over the past decade. We are encouraging consolidation of these bodies rather than increased specialization.

In the meantime, I am aware of your need to continue advocating House Bill 317 and Senate Bill 227. It is my hope, that by working together, we can have a licensing program encompassing social workers in place in the near future that meets your needs, as well as those of a State government that is experiencing severe budgetary constraints.

Sincerely,

  
Bill Sheffield  
Governor

cc: Senator Bettye Fahrenkamp  
Senator Fred Zharoff  
Representative Niilo Koponen  
Representative Max Gruenberg  
Representative Mike Navarre

Commissioner John R. Pugh  
Department of Health and  
Social Services

Commissioner Loren Lounsbury  
Department of Commerce and  
Economic Development

STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: HB 317  
 Title: Practice of Social Work  
& Estab. Board of Social Work  
 Sponsor: (various Reps.)  
 Requestor: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

FISCAL DETAIL

Agency Affected: Commerce & Econ. Dev.  
 Program Category Affected: Consumer Protection  
Examiners  
 BRU, Program or Subprogram(s) Affected:  
Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES		33.1	34.8	36.5	38.3	40.2
200 TRAVEL		8.8	9.2	9.7	10.2	10.7
300 CONTRACTUAL		19.3	20.3	21.3	22.4	23.5
400 SUPPLIES		1.0	1.1	1.1	1.2	1.2
500 EQUIPMENT		3.7				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		<b>65.9</b>	<b>65.4</b>	<b>68.6</b>	<b>72.1</b>	<b>75.6</b>

<b>CAPITAL</b>						
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<b>REVENUE</b>		<b>78.8</b>	<b>2.3</b>	<b>67.3</b>	<b>2.3</b>	<b>71.3</b>
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FUNDING: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
GENERAL FUND		65.9	65.4	68.6	72.1	75.6
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		<b>65.9</b>	<b>65.4</b>	<b>68.6</b>	<b>72.1</b>	<b>75.6</b>

POSITIONS:

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

The bill creates a Board of Social Work Examiners and implements licensing of all social work practitioners in the State. The bill establishes three licensing categories, and unlimited "specialties" left to the discretion of the board. (See attached for further analysis.)

Prepared by: Jennifer Strickler Mgnt Analyst Phone: 465-2144  
 Division: Occupational Licensing Date: 4-4-85

Approved by Commissioner: Loren H. Lounsbury Date: 4/8/85  
 Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

Analysis, continued

HB 317\_\_FISCAL IMPACT

(NOTE: 5% inflation factor projected for FY '87 through  
FY '90 for operating costs)

100\_\_PERSONAL SERVICES:

1 Licensing Examiner, Range 12A,  
GGU, 12 months, to be located in Juneau \$33,145.82

200\_\_TRAVEL:

NOTE: Travel costs were based on five (5) members from different  
geographic regions in the State as required in the bill. The areas  
used in these calculations were: Anchorage, Fairbanks, Juneau,  
Kenai, Nome. Also, the bill mandates a minimum of two meetings a  
year and special meetings at the call of the Chairman or a majority  
of the board members. Therefore, three (3) meetings are included in  
this fiscal note.

Anchorage meeting

Anchorage, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	212.00
Per diem at \$80 per day x 2 days	160.00
Juneau, transportation at \$352 x 2 (board member & licensing examiner)	704.00
Per diem at \$80 per day x 2 days x 2	320.00
Kenai, transportation	64.00
Per diem at \$80 per day x 2 days	160.00
Nome, transportation	406.00
Per diem at \$80 per day x 2 days	160.00
	<hr/>
	\$ 2,346.00

Juneau meeting

Juneau, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Anchorage, transportation	352.00
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	564.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Kenai, transportation	416.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Nome, transportation	664.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
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	\$ 3,036.00

Fairbanks meeting

Fairbanks, transportation	-0-
Per diem at \$90 per day x 2 days	180.00
Anchorage, transportation	212.00
Per diem at \$90 per day x 2 days	180.00
Juneau, transportation at \$564 x 2 (board member & licensing examiner)	1,128.00
Per diem at \$90 per day x 3 days x 2 (one extra day to travel)	540.00
Kenai, transportation	276.00
Per diem at \$90 per day x 2 days	180.00
Nome, transportation	456.00
Per diem at \$90 per day x 3 days (one extra day to travel)	270.00
	<hr/>
	\$ 3,422.00

300\_\_CONTRIBUTORIAL SERVICES:

Postage, telephone, printing, publications and other operating costs	3,000.00
Computer terminal use, at \$45 per month (Licensing Examiner use only)	540.00
Professional Examination Service fees for licensing examinations: Estimated 315 examinees in FY '86 for initial licensing at \$50 each	15,750.00
Note: 315 social workers were identified by this agency.	
	<hr/>
	\$ 19,290.00

400\_\_COMMODITIES:

Stationery, typewriter ribbons, pens, pencils, and other miscellaneous desk top supplies	1,000.00
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500\_\_EQUIPMENT: (one time costs only)

1 desk, double pedestal, 70" x 36"	747.08
1 chair, swivel with arms	257.69
1 typewriter, IBM Selectric II	1,340.19
1 chair, side without arms	120.33
1 desk calculator	382.89
1 file cabinet, 5 drawer legal with lock	426.63
1 table 72" x 36"	426.63
	<hr/>
	\$ 3,701.44

GRAND TOTAL: \$ 65,941.26

Projected Revenues

FY 86:

Based on the number of practitioners identified, it is anticipated that 315 practitioners will be seeking initial licensure by examination.

315 x \$250 (application & exam fee) \$ 78.8

FY 87:

Based on the assumption that there will be at least 10 new applicants (5 by examination, and 5 by credentials)

This will make a total of 325 licensees. 2.3

FY 88:

Section 08.87.130 of the bill mandates that licenses will lapse after 24 months unless it is renewed. Licenses will be issued upon completion and approval of an application. If Section 08.87.130 remains as stated, each license will be required to renew 24 months from the date of issue, thus causing administrative complications in monitoring the duration period of each license issued. To avoid such administrative difficulties, we would prefer all licenses to expire in a specific year embedded in statutes, and on a date determined by the department.

Projections for this fiscal year is based on the assumption that all licenses will be valid for a two-year period and will be renewed during this year.

Based on 325 licensees x \$200 (renewal fee) = 65.0

In addition, another 10 new licensees to make a total of 335 practitioners. 2.3

67.3

FY 89:

Based on an estimate of 10 new licensees, 5 by examination and 5 by credentials =

This would make a total of 345 licensees. 2.3

FY 90:

Assuming this will also be a renewal year, and based on 345 licensees x \$200 renewal fee =

In addition, another 10 new licensees, to make a total of 355 licensees = 2.3

71.3

1.	POSITION TITLE <b>LICENSING EXAMINER I (Juneau)</b>				RANGE/STEP 12A	BARG. UNIT GGU	PAGE/LINE	GOV.	APPROV.	DISAPP.	
2.	TYPE OF POSITION PFT	STAFF MONTHS	RP NUMBER	PCH NUMBER	BRU PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.			
3.	CONTINUATION LEVEL		ADDITION		JUSTIFICATION						
4.	TYPE OF EXPENDITURE				AMOUNT						
	1		2		3						
	PERSONAL SERVICES										
5.	Salary		24.9								
6.	Benefits		4.0								
7.	Supplemental Benefits		1.5								
8.	Fixed Benefits		2.7								
9.	TOTAL PERSONAL SERVICES		01		33.1						
10.	Travel		02		1.3						
11.	Contractual		03		3.5						
12.	Commodities		04		1.0						
13.	Equipment		05		3.6						
14.	Other										
15.	TOTAL COST				42.5						
16.	RECEIPT CODE	FUNDING SOURCE									
17.		Federal Receipts 1002									
18.		C.F. Match 1003									
19.		General Funds 1004		42.5							
20.		I-A Receipts 1005									
21.		Program Receipts 1028									
21.		Other									
FOR BSM USE ONLY KEY NUMBER _____											

This position is necessary to assist in the implementation of the provisions of HB 317. The position would assist the Board in establishing necessary files, prepare application forms for printing, publish notices of meetings and exams, prepare travel authorizations for board members, arrange for meeting rooms and examinations, and perform other administrative duties as needed.

**REQUEST FOR  
NEW POSITION**

AGENCY Commerce and Economic Development  
 PROGRAM Consumer Protection  
 BRU Occupational Licensing  
 COMPONENT Administration

Page 1 of 1  
 Revised Date \_\_\_\_\_

**FY 86**

*Health Budget C.S.*

Cramer  
4/13/85✓

Original sponsor: Fahrenkamp by request

1  
2 IN THE SENATE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

3 CS FOR SENATE BILL NO. 227 (HESS)

4 IN THE LEGISLATURE OF THE STATE OF ALASKA

5 FOURTEENTH LEGISLATURE - FIRST SESSION

6 A BILL

7 For an Act entitled: "An Act relating to the practice of social work and  
8 establishing the Board of Social Worker Examiners  
9 and providing for an effective date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 \* Section 1. PURPOSE. The purpose of this Act is to assure the consu-  
12 mer that persons providing services under the title "social worker" have  
13 completed professional social work education or training, adhere to a code  
14 of professional ethics, and are subject to <sup>licensure</sup> [review] by the Board of Social  
15 Work Examiners.

16 \* Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:  
17 (25) Board of Social Worker Examiners (AS 08.87.010).

18 \* Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:  
19 (21) Board of Social Worker Examiners (AS 08.87.010) --  
20 June 30, 1989.

21 \* Sec. 4. AS 08 is amended by adding a new chapter to read:

22 CHAPTER 87. SOCIAL WORKERS.

23 ARTICLE 1. BOARD OF SOCIAL WORKER EXAMINERS.

24 Sec. 08.87.010. CREATION AND MEMBERSHIP OF BOARD. There shall  
25 be created a Board of Social Worker Examiners consisting of five members,  
26 including three licensed master social workers, one of whom is licensed  
27 as an independent social worker, one licensed bachelor social  
28 worker, and one public member. The public member may not be licensed  
29 as a social worker or employed by a licensed social worker. To the  
extent possible members shall be appointed from different geographical

1  
2 regions of the state. A member who has served two successive full  
3 terms may not be reappointed until four years after the expiration of  
4 the second term.

5 Sec. 08.87.020. TERM OF OFFICE. Each member of the board serve  
6 for a term of four years and until the member's successor is appointed  
7 and qualified. An appointment to a vacancy is for the unexpired term

8 Sec. 08.87.030. BOARD MEETINGS. The board shall meet at least  
9 two times a year. *any additional meetings shall be*  
10 *held over the state's teleconference network*  
the chair or of a majority of the board members.]

11 Sec. 08.87.040. ELECTION OF OFFICERS. The board shall elect  
12 from among its members a chairperson and a secretary. Officers serve  
13 for a term not exceeding two years.

14 Sec. 08.87.050. REMOVAL OF BOARD MEMBERS. The governor may  
15 remove a member of the board for cause. [The board may by regulation  
16 provide that] *unexcused absences from meetings are cause for removal.*  
*as determined by the board.*

17 Sec. 08.87.060. PER DIEM AND TRAVEL. Board members receive no  
18 compensation but are entitled to per diem and travel expenses author-  
19 ized for members of boards and commissions under AS 39.20.180.

20 Sec. 08.87.070. POWERS AND DUTIES OF THE BOARD. The board shall

21 (1) provide for the examination of eligible applicants for  
22 licenses under this chapter;

23 (2) submit an annual report of its proceedings to the  
24 governor, including recommended changes to this chapter and a state-  
25 ment of money received and disbursed;

26 (3) establish standards for specialty designations for the  
27 private practice of social work and authorize speciality designations  
28 on licenses issued under this chapter;

29 (4) after a hearing, impose disciplinary sanctions against  
a person who violates this chapter, an order of the board or a

1  
2 regulation of the board;

3 (5) adopt regulations relating to requirements for the  
4 supervision of persons engaged in social work under this chapter who  
5 are not licensed master social workers;

6 (6) adopt regulations requiring proof of continued compe-  
7 tency before a license is renewed;

8 (7) adopt regulation to carry out the purposes of this  
9 chapter.

10 Sec. 08.87.080. ADMINISTRATIVE PROCEDURES. The Administrative  
11 Procedure Act (AS 44.62) applies to regulations and proceedings under  
12 this chapter.

13 ARTICLE 2. LICENSING OF SOCIAL WORKERS.

14 Sec. 08.87.100. LICENSING OF SOCIAL WORKERS. (a) A person is  
15 eligible for a license as a bachelor social worker (LBSW) if the  
16 person

17 (1) is in good professional standing and is fit to practice  
18 social work as determined under regulations of the board;

19 (2) has satisfactorily completed the state examination for  
20 the license;

21 (3) provides three <sup>professional</sup> references [acceptable] to the board;

22 (4) has a bachelor's degree in social work from a school  
23 with a social work program accredited by the Council on Social Work  
24 Education.

25 (b) A person is eligible for a license as a master social worker  
26 (LMSW) if the person meets the requirements of (a)(1) - (3) of this  
27 section and has a master's degree in social work from a school with a  
28 social work program accredited by the Council on Social Work Educa-  
29 tion.

(c) A person is eligible for a license as an independent social

1  
2 worker (LISW) if the person meets the requirements of (a)(1) - (3) o  
3 this section, has a master's degree in social work from a school wit  
4 a social work program accredited by the Council on Social Work Educa  
5 tion, and has completed at least 24 months of supervised post-graduate  
6 experience approved by the board in the field of specialty in which  
7 the person intends to engage as a private practitioner.

8 Sec. 08.87.110. SCOPE OF PRACTICE. (a) A person licensed as a  
9 bachelor, master, or independent social worker may provide services  
10 that enhance, protect, or restore people's capacity for social func-  
11 tioning whether impaired by physical, environmental, or emotional  
12 factors, guided by professional social work ethics, knowledge and  
13 intervention methods.

14 (b) A social worker may practice psychotherapy only if the  
15 social worker is licensed as an independent social worker with a  
16 clinical specialty or as a master social worker and is employed and  
17 supervised in a clinical setting.

18 (c) A social worker may practice social work autonomously only  
19 if

20 (1) the person is licensed as an independent social worker;

21 (2) the board has approved the specialty in which the  
22 person may engage as a private practitioner and authorizes designation  
23 of the speciality on the person's license;

24 (3) the license bearing a designation of speciality is  
25 prominently displayed in the place the person engages in private  
26 practice; and

27 (4) the person limits the private practice of social work  
28 to the designated specialty.

29 Sec. 08.87.120. LICENSE BY CREDENTIALS. The board may provide  
for licensing a person as a bachelor, master or independent social

1  
2 worker without examination if the person

3 (1) holds a degree in social work from a school with  
4 social work program accredited by the Council on Social Work Educa  
5 tion;

6 (2) has an active license to practice social work in an  
7 other licensing jurisdiction with requirements at the time of th  
8 original licensure that were similar to or higher than those of thi  
9 state;

10 (3) is not the subject of an unresolved complaint, review  
11 procedure, or disciplinary proceeding undertaken by a professiona  
12 social worker association or regulatory authority;

13 (4) has not failed the examination of this state;

14 (5) has not previously had a license to practice socia  
15 work revoked in this or another jurisdiction;

16 (6) submits proof of continued competence as required b  
17 regulation of the board; and

18 (7) pays all required fees.

19 Sec. 08.87.130. LICENSE RENEWAL REQUIRED. A license issue  
20 under this chapter lapses after 24 months unless it is renewed.

21 Sec. 08.87.140. FEES. The following fees are imposed under thi  
22 chapter:

23	(1) application.....	\$ 10
24	(2) initial license by examination.....	15
25	(3) license by credentials.....	10
26	(4) license renewal.....	20
27	(5) reexamination.....	15

28 ARTICLE 3. PROHIBITIONS AND PENALTIES.

29 Sec. 08.87.200. LICENSE REQUIRED FOR USE OF TITLE. (a) Unles  
licensed under this chapter, a person may not use the title "socia

1  
2 worker" or a title, designation, or device indicating or tending to  
3 indicate that the person is a social worker or practices social work  
4 A person may not use the letters "LBSW" as part of a title unless the  
5 person is licensed as a bachelor social worker under this chapter.  
6 A person may not use the letters "LMSW" as part of a title unless the  
7 person is licensed as a master social worker under this chapter.  
8 A person may not use the letters "LISW" as part of a title unless the  
9 person is licensed as an independent social worker under this chapter.  
10 Except as provided in (b) of this section, a person may not use the  
11 title "social worker intern" or "social worker student."

12 (b) A student enrolled in an accredited social work program may  
13 use the title "social worker intern" or "social worker student" if the  
14 person's activities constitute a part of the person's supervised  
15 course of study.

16 (c) A person who is not licensed under this chapter may use the  
17 title "associate social worker" or a similar title while the person is  
18 providing services as a social worker to the state or a political  
19 subdivision of the state under the supervision of a social worker li-  
20 censed under this chapter.

21 Sec. 08.87.210. " CONFIDENTIALITY OF COMMUNICATIONS. A social  
22 worker licensed under this chapter or an associate social worker may  
23 not disclose information provided to the social worker by a client in  
24 the course of their professional contact. This prohibition does not  
25 apply if the

26 (1) client provides written consent to the social worker to  
27 reveal the communication;

28 (2) client is incompetent and the guardian or personal  
29 representative provides written consent to the social worker to reveal  
the communication;

1  
2 (3) client is dead and a beneficiary of an insurance policy  
3 on the client's life provides written consent to the social worker to  
4 reveal the communication;

5 (4) communication discloses that a crime has been committed  
6 or reveals an intent to commit a crime;

7 (5) client is a minor, the communication discloses that the  
8 client was the victim of a crime or harmful act, and the social worker  
9 reveals the communication only during the course of an official exam-  
10 ination, trial or other proceeding in which the commission of the  
11 crime or harmful act is a subject of inquiry;

12 (6) client brings charges against the social worker and the  
13 social worker reveals the communication only as necessary to defend  
14 the charges;

15 (7) licensee is subpoenaed to testify in court;

16 (8) licensee is collaborating or consulting with profes-  
17 sional colleagues or an administrative superior on behalf of the  
18 client;

19 (9) communication discloses information that the licensee  
20 is required by state or federal laws or regulations to disclose.

21 Sec. 08.87.220. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.  
22 After a hearing, the board may impose a disciplinary sanction  
23 on a person licensed under this chapter when the board finds that the  
24 licensee

25 (1) secured a license through deceit, fraud, or intentional  
26 misrepresentation;

27 (2) engaged in deceit, fraud, or intentional misrepresenta-  
28 tion in the course of providing professional services or engaging in  
29 professional activities;

(3) advertised professional services in a false or

1  
2 misleading manner;

3 (4) has been convicted of a crime that has a substantial  
4 relationship to the licensee's activities and services or that affects  
5 the licensee's ability to continue to practice competently and safely

6 (5) intentionally or negligently engaged in or permitted  
7 the performance of social work by persons under the licensee's super-  
8 vision that does not conform to minimum professional standards regard-  
9 less of whether actual injury occurred;

10 (6) failed to comply with this chapter, with a regulation  
11 adopted under this chapter, or with an order of the board;

12 (7) continued to practice after becoming unfit due to

13 (A) professional incompetence;

14 (B) addiction or [severe] dependency on alcohol or other  
15 drugs that may endanger the public by impairing the licensee's  
16 ability to practice;

17 (C) physical or mental disability;

18 (8) engaged in lewd [or immoral] conduct in connection with  
19 the delivery of professional service;

20 (9) has been held liable for malpractice in a civil action;

21 (10) has had a license revoked in another jurisdiction.

22 Sec. 08.87.230. DISCIPLINARY SANCTIONS. (a) If it finds that a  
23 licensee has committed an act set out in AS 08.87.220, the board may  
24 impose the following sanctions singly or in combination:

25 (1) permanently revoke a license to practice;

26 (2) suspend a license for a determinate period of time;

27 (3) censure a licensee;

28 (4) issue a letter of reprimand to the licensee;

29 (5) place a licensee on probationary status and require the

licensee to

1  
2 (A) report regularly to the board upon matters involv  
3 ing the basis of probation;

4 (B) limit practice to those areas prescribed;

5 (C) continue professional education until a satisfac  
6 tory degree of skill has been attained in those areas that ar  
7 the basis of probation;

8 (6) impose limitations or conditions on the practice of  
9 licensee;

10 (7) refuse to renew a license.

11 (b) The board may withdraw probationary status if it finds tha  
12 the deficiencies that required the sanction have been remedied.

13 (c) The board may summarily suspend a license before fina  
14 hearing or during the appeal process if the board finds that th  
15 licensee poses a clear and immediate danger to the public health an  
16 safety if the licensee continues to practice. A person whose licens  
17 is suspended under this section is entitled to a hearing by the boar  
18 no later than seven days after the effective date of the order. Th  
19 person may appeal the suspension after a hearing to a court of compe  
20 tent jurisdiction.

21 (d) The board may reinstate a license that has been suspended o  
22 revoked if the board finds after a hearing that the applicant is abl  
23 to practice with reasonable skill and safety.

24 (e) The board shall seek consistency in the application o  
25 disciplinary sanctions. The board shall explain significant departur  
26 from prior decisions involving similar situations in findings of fac  
27 or orders.

28 Sec. 08.87.240. PENALTY. (2) A person who violates this chap  
29 ter is guilty of a class B misdemeanor.

Set this  
out as a  
separate

apply to the Superior Court for an order enjoining  
(2) The board may seek to enjoin or restrain a person no  
TITUL THE OFFICE

08.87.200 of  
08.87.210 of

1  
2 licensed under this chapter or whose license is suspended, revoked or  
3 expired from violating this chapter.

4 ARTICLE 4. GENERAL PROVISIONS.

5 Sec. 08.87.300. DEFINITION. In this chapter "board" means the  
6 Board of Social Worker Examiners.

7 \* Sec. 5. AS 44.62.330(a) is amended by adding a new paragraph to read  
8 (53) Board of Social Worker Examiners (AS 08.87.010).

9 \* Sec. 6. Within <sup>60</sup>~~30~~ days after the effective date of this Act the  
10 governor shall appoint initial members to the Board of Social Worker Examiners.  
11 Notwithstanding AS 08.87.010 as enacted in sec. 4 of this Act the  
12 initial members must consist of three persons who have a master's degree in  
13 social work from a school with a social work program accredited by the  
14 Council on Social Work Education, at least one of whom is engaged in the  
15 private practice of social work, one person with a bachelor's degree in  
16 social work from a school with a social work program accredited by the  
17 Council on Social Work Education, and one public member. Notwithstanding  
18 AS 08.87.020 as enacted in sec. 4 of this Act, one initial member shall  
19 serve a one-year term, one initial member shall serve a two-year term, one  
20 initial member shall serve a three-year term, one initial member shall  
21 serve a four-year term, and one initial member shall serve a five-year  
22 term, as determined by the governor.

23 \* Sec. 7. (a) Notwithstanding AS 08.87.100(a) as enacted in sec. 4 of  
24 this Act, a person may apply for and receive a license as a bachelor social  
25 worker if the person

26 (1) holds a degree in social work from a school with a social  
27 work program that is not accredited by the Council on Social Work Education  
28 or a bachelor's or master's degree in a <sup>social sciences</sup> field ~~related~~ <sup>at</sup> related to social work  
29 <sup>as defined by the Board</sup> [including counseling, psychology, or early childhood development], and has  
been practicing under the title "social worker" for at least 24 consecutive

1 months before July 1, 1987; or

2 (2) meets the requirements of AS 08.87.100(a)(1), (3) and (4)  
3 or

4 (3) has been practicing social work under the supervision of  
5 person eligible to be licensed under this Act for at least two years, an  
6 successfully completes the examination required by AS 08.87.100(a)(2).  
7

8 (b) A person who does not meet the requirement under AS 08.87.100  
9 (a)(2) but otherwise meets the requirements of AS 08.87.100(b) may appl  
10 for and receive a license as a master social worker.

11 (c) A person who does not meet the requirements under AS 08.87.  
12 100(a)(2) but otherwise meets the requirements of AS 08.87.100(c) may appl  
13 for and receive a license as an independent social worker.

14 (d) An application for a license under this section must be file  
15 before July 1, 1987.

16 \* Sec. 8 A person practicing social work on July 1, 1985  
17 may use a title and letters after a title that indicate that the  
18 person is a social worker until June 30, 1987, even if the person  
19 is not licensed under AS 08.87.

20 \* Sec. 9 This Act takes effect July 1, 1985.  
21  
22  
23  
24  
25  
26  
27  
28  
29

*Michelle Schneider*

FEB 8 - 1985

SOCIAL WORK LICENSING REPORT

2-5-85

ESTIMATE OF NUMBER OF SOCIAL WORKERS ELIGIBLE FOR LICENSING

Total number of NASW members as of 10/31/85 226  
Total number of NASW members not eligible or exempted.

(1) Students (BSW and MSW) 20

Number of NASW members that potentially might not choose to be licensed.

(1) Unemployed 11  
(2) Retired 2  
(3) Associates 5

Total number of NASW members impacted by licensure.

high estimate 206  
Low estimate 188

Over 50% of social workers that belong to NASW have MSW's and are certified by ACSW (Academy of Certified Social Workers).

Total number of ~~social workers~~ employed by DFYS 133\*

Number of DFYS social workers that are NASW members. We estimate from a 1982 report that approximately 20-26% of DFYS workers belong to NASW (projecting a 15% increase from 1982).

DFYS NASW members 36  
DFYS non-members 102

Number of social workers employed by private non-profit agencies, in private practice, etc. that are non-NASW members.

Estimate 25-50

TOTAL SOCIAL WORKERS ELIGIBLE FOR LICENSURE - UNDUPLICATED COUNT

Low estimate 315  
High estimate 358

April 18, 1985 Thursday

HOUSE LABOR AND COMMERCE COMMITTEE AGENDA

- 1) CALL MEETING TO ORDER
- 2) NOTE TIME/DAY/YEAR
- 3) NOTE MEMBERS PRESENT, ABSENT, LATE
- 4) RECOGNIZE ANY VIPs OR GUESTS PRESENT
- 5) REMIND EVERYONE PRESENT TO SIGN IN AS EITHER A WITNESS OR AS AN OBSERVOR
- 6) EXPLAIN THE ORDER OF BILLS BEFORE THE COMMITTEE
  - a. HB 68 Rep. Shultz has written a proposed CS with amendments after working with the Dept. of Commerce, and the Dept. of PS will probably be here to confirm that in its current form, it would be a small fiscal note and they could support it.
  - b. HB 329 by Shultz, should be a fairly quick bill.
  - c. HB 305 Barbers, Cosmetologists, and Estheticians--we took this off of teleconference with the intention of moving it out of Committee rapidly. There will be a lot of people locally here to testify, with all sorts of proposed amendments (mostly to try to meet Harry Traegers objections with his 23 last minute amendments submitted last time we scheduled this bill); I put it last because it will eat up a lot of time--unless you want to just bring it up to move it out. There is a problem here though (see my committee memo)
- 7) ANNOUNCE FIRST BILL BEFORE COMMITTEE, THEN SECOND, ETC.
- 8) MAKE SURE ALL MEMBERS SIGN ANY BILL THAT IS PASSED OUT OF COMMITTEE
- 9) ANNOUNCE TIME OF ADJOURNMENT

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Note: As each witness comes forth, please request that they state their name for the record and who they are representing, and if they are not speaking loudly enough, ask them to speak up.

\*\*Note: Sunds office just called at 12:30 and said Rep. Sund has to go to some other hearings n at 3:00, so he would like to have his bill up first if possible.

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# **ANSWERS TO QUESTIONS STATE LEGISLATORS ASK ABOUT SOCIAL WORK LICENSING**

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A RESPONSE TO QUESTIONS PROPOSED BY THE  
COUNCIL OF STATE GOVERNMENTS IN  
OCCUPATIONAL LICENSING:  
QUESTIONS A LEGISLATOR SHOULD ASK.

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**National Association of Social Workers**  
1425 H Street, N.W.  
Washington, D.C. 20008

## Introduction

State licensure of persons to engage in an occupation or profession has come under increasing question in recent years as state legislators more critically examine just which activities state government should be involved in and which activities should be left outside governmental control. In 1978, the Council of State Governments prepared a booklet titled "Occupational Licensing: Questions a Legislator Should Ask,"<sup>1</sup> which has been widely used by state legislators in studying both new bills proposing the regulation of currently unregulated groups and in considering whether existing laws regulating an occupation or profession are justified.

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<sup>1</sup> Shinberg, Benjamin, and Roederer, Doug. *Occupational Licensing: Questions a Legislator Should Ask*. Lexington, Ky.: The Council of State Governments, 1978.

The following "Answers to Questions Legislators Should Ask About Social Work Licensing" is a response to these questions. The National Association of Social Workers believes that the questions are valid and that they represent a major advance for the public interest in making government more effective and efficient. We believe that social workers, as professional practitioners carrying important responsibilities for the lives and well-being of people, should be accountable to the public for their actions in serving vulnerable and often defenseless or dependent adults and children. We believe that a serious consideration of the reasons for regulating who may engage in the practice of social work will conclude that such regulation is in the public interest.

# #1. What is the problem? Has the public been harmed because social workers have not been regulated?

Because social workers serve people in so many ways, the extent of harm to the public's health, safety, or economic well-being that is caused by incompetent or improper practice has never been appreciated. The actions, or failure to act, of a social worker often have significant effects on the health, mental health, and well-being of both individual clients and family groups. Social workers are responsible for such matters as:

- decisions to remove or return children to their home;
- the placement of children outside their own family;
- determining if a child is in risk of physical or sexual abuse;
- ensuring that a mentally ill patient or a retarded adult can leave an institution with plans for sound care;
- providing mature and constructive counseling to emotionally distressed individuals and families; and
- helping people make decisions about their lives in a countless number of other ways.

It is *because* a client is vulnerable, or has been hurt, that the social worker is involved and has been given the task of helping. Failure to help, whether through incompetence or irresponsibility, is a serious matter to thousands of persons every day whose well-being depends upon the ability of a social worker.

Because most social workers, up to recent years, have practiced as employees of public and private (voluntary) agencies, there has been little attempt made to hold social workers legally accountable for malpractice, but with the growing number of social workers in private or independent practice, suits by persons who have been harmed through malpractice are increasing. Most of the people who have been served by social workers are the clients of government or voluntary agencies. There is increasing concern for the effectiveness of these programs, which are often staffed by workers without any professional social work training or education.

Exposes by the news media and by investigating committees repeatedly document the inadequacy and sometimes fatal consequences of poor practices in programs and institutions where so-called "social workers" have responsibility for service. But little changes, because both civil service and other employers continue to hire people who do not have the professional knowledge or skill to know what their clients need or how to help them. Unfortunately, it is probable that most of the instances of harm to the public resulting from the actions of untrained and incompetent "social workers" are never known, but are suffered in silence by dependent, defenseless clients. Most members of the public, at one time or another, have heard about or experienced how a so-called "social worker" can take advantage of (or just plain fail to help) a distressed or vulnerable client. And if they believe the social worker is wrong, they have had no place to take the complaint.

Yes, the public has been greatly harmed by the services of ill prepared and incapable persons acting as social workers, and the economic burden of social services which do not give effective aid is a serious social problem. Social services are a major public and private investment by our society designed to alleviate distress and assist people to provide better for themselves. There is every reason to believe that large amounts of public and voluntary funds spent for "social services" have been wasted because such services were being provided by ill-equipped, even if well-meaning, persons.

How do you measure the harm done to a bewildered mother whose life and responsibilities threaten to overwhelm her and whose plea for help is not understood by an ill-equipped "social worker"? What about the lasting impact on the children where such a family breaks up? How do you measure the harm to a child in foster care who goes from failure to failure because no responsible "social worker" was able to understand how to help? Or the harm to all those people who reach out for help but do not receive it?

## **#2. Who are the users of social work services? Are they able to evaluate the qualifications of those offering social work services?**

Most of the persons receiving social work services are clients of public programs, such as services providing care to children, counseling to the mentally distressed or troubled, and protective functions. Such clients literally have no choice about who "serves" them and rarely would they have any basis for evaluating qualifications. But large numbers of persons also use social work services in hospitals, mental health clinics, from private practitioners, and, increasingly, in programs conducted by employers to assist employees with alcoholism or other family problems. Without some form of licensing, clients and potential clients of social work services have no basis for understanding the qualifications of those persons presenting themselves as "social workers." In recent years, there has been a very large number of people graduating from college and university programs at every level from Associate of Arts (2 year college programs), BA (4 years) and MA (1 or 2 post-

graduate study). These programs carry a variety of titles, such as "Counselling," "Mental Health," "Human Service," but they are not accredited professional programs, meeting nationally recognized professional educational standards. Social work programs are accredited by the federally sanctioned Council on Social Work Education.

Nevertheless, the great bulk of the graduates of these non-social work programs seek employment and are hired in social service agencies. At best such programs offer only a "book knowledge" of their fields. In no way do they prepare graduates to assume responsibility for helping clients make significant decisions about their life, nor do they assess the actual *practice competence* of their students. The major professional helping disciplines (e.g., medicine, social work, psychology) incorporate supervised practice in the process of professional education.

## **#3. What is the extent of autonomy of social work practice? How much skill and experience is required in social work? What kind of "supervision" is there?**

Social workers practice both as salaried employees and as independent therapists and consultants. While some form of "supervision" is involved in any type of salaried employment, social workers are characterized by the high degree of independent judgment vested in even beginning level workers. Social work practice requires confidentiality and privacy in contacts between the social worker and client; even closely supervised practice involves contacts that are entirely private and therefore subject only to later supervisory review.

Beginning level social workers are frequently involved in highly emotional, challenging situations, such as in child abuse investiga-

tions, and a high level of mature, informed judgment is needed. Both definite professional skills and prior experience during professional training are needed for entry into the field.

Experienced salaried social workers normally work under administrative supervision, using professional supervision only on a consultant basis. Supervisors in social work should be licensed or regulated in the same way as the practitioners they supervise.

Social workers practicing as independent therapists or consultants function autonomously, even though they might use consultation with a colleague or other professional, such as a psychiatrist, where such expertise is needed.

**#4. What efforts have been made to address problems that occur in social work practice? Is there a code of ethics? Are there complaint handling procedures? Are these effective in protecting the public?**

There is a Code of Ethics promulgated by the National Association of Social Workers, a voluntary professional membership organization of some 80,000 members, and the NASW does have a well organized procedure for handling complaints of unethical conduct. However, the effectiveness is limited because only members of the association can be made accountable and because the most severe "discipline" (censure or termination of membership in NASW) possible may not prevent continued practice by an unethical social worker. Moreover, this professional peer review of ethical conduct is not a review of *competence* and so does not provide an adequate forum for handling disputes between practitioners and the public.

The NASW Code of Ethics is widely recognized and accepted in the field of social work and social services as the primary ethical guide or standard. This demonstrates the readiness of the profession to observe such standards. It is estimated that of the nearly 350,000 persons employed in a social service capacity, only 150,000 are *trained* social workers and, therefore, eligible for membership in NASW. The fact is that the field has large numbers of persons employed as "social workers" who lack the necessary training and have little or no awareness of the profession's ethical and other practice standards. Thus, the only way to ensure full accountability of persons practicing social work is through state regulation covering all such practitioners.

**#5. Is there a nongovernmental certification program that would assist the public in identifying qualified practitioners?**

There are several such programs for voluntary certification in social work but they provide certification only for certain advanced levels of social work practice. They do not provide an adequate guide to the public and to clients about the great bulk of social workers now practicing.

The major voluntary certification program is the ACADEMY OF CERTIFIED SOCIAL WORKERS, which requires membership in the National Association of Social Workers, two years of postgraduate social work experience, and a written examination. It was developed to provide a voluntary identification of practitioners qualified to practice independently and

as supervisors. In 1979, some 45,000 persons held the ACSW certification.

Social workers in private or independent clinical social work practice can also be certified and listed in the national Register of Clinical Social Workers, which is primarily designed as a guide to the public and to insurance companies using the services of social work therapists and consultants.

There is no certification program for the great majority of persons employed as social workers. Most civil service social workers are not required to be trained social workers, and the public now has no means of knowing whether "social workers" in public agencies are, in fact, professionally qualified.

## **#6. Could existing laws or standards solve the problem? Would strengthening existing regulations help?**

Existing laws covering unfair trade practices, consumer protection, deceptive advertising, etc., have little or no applicability to the practice of social work. This is primarily because most practice is by agency employees operating on a non-profit basis and not usually subject to the various trade and commerce regulations. Civil law protections are, of course, applicable in certain situations but do not provide any assurance of *quality* in the practice of social work or a protection against

mistreatment. Without the standards set by a state regulatory act, there is little basis for effective malpractice litigation.

Strengthening state regulation of such institutions and facilities as hospitals, nursing homes, day care centers, etc., would help but, again, without state recognized standards of qualification and with no procedure to monitor practice, there are no standards to follow. Also, such increased regulation would cover only a limited number of social workers.

## **#7. Have alternatives to licensure been considered? Registration by a state agency? Certification of competence by other than the profession?**

Several alternatives to licensing of social work practice have been tried in some states, but found inadequate as a means of protecting the public. One alternative—registration on a voluntary basis by practitioners—is effective only where such registration can serve as a guide to members of the public in selecting a qualified practitioner. Because most social work clients are not voluntary but are served by a public or private agency program, the client is not helped by knowing that a social worker is or is not "registered" by the state. Also, such registration is voluntary and to *not* be registered does not mean that an agency employee is not qualified.

Other alternatives are the *ACSW* and *The Register of Clinical Social Workers*. These existing certification programs are, of course, operated by the social work profession. Certification of competence by other than the profession does not in fact exist for any profession or occupation simply because a certifying body would have to be competent in the profession in order to make such a determination. NASW supports the increased use of lay members on boards and proposes their appointment on all state regulatory boards in order to ensure effective public participation in monitoring professional practice.

Accountability and effective standards set-

ting for a profession that is practiced as widely and in so many different types of settings as social work can only be successfully carried out through a basic licensure law, which covers all settings and requires mandatory participation of all practitioners.

In the past, it was expected that state civil service systems, and such agency-related organizations as the United Way and Family Service Association of America, would establish and maintain standards of professional quality and would adequately protect the public in providing services to them. In fact this has not proved to be the case, as state civil service systems in most states have not established standards for ensuring the quality of service and have taken no measures to ensure the accountability of their social work employees to their clientele. Private agencies, such as those affiliated with the FSAA or Child Welfare League of America, are more responsive to public criticism but the field of social welfare and services in recent years has come to incorporate many new agencies that use "social workers" and "counselors" but recognize no professional standards. The public has no way of knowing what standards, if any, such agencies follow, or how they hold their social work staff accountable for the quality of services given.

## **#8. How will the public benefit from licensing of social work practice? What standards would be used? Are they job related? Will they ensure competence?**

The public stands to benefit from the licensure of social work practice because such a law will ensure that those persons who the client and public see and deal with, and who make decisions about their lives, or who intervene to protect a child's life, or to whom they turn when troubled and wanting sound counseling, will have had the training needed to be able to understand and to help, and can be held accountable for their actions as social workers.

- Licensing will end the confusion caused by the proliferation of job titles and varied training and experience backgrounds by recognizing standards for which social workers, regardless of background or training, will be held accountable;
- Licensing will create an easily accessible forum in which a client can raise charges of malpractice and unethical conduct;

- Licensing will establish state recognized standards which can be in turn recognized by other state agencies and reduce wasteful studies and disputes about social work services in state regulated activities.

The social work profession over the years has developed standards that are widely recognized in practice and that are job related because they are derived from experience on the job. Specific standards and regulations are, of course, established by each licensing board but those states currently that have regulatory acts share information through the Association of State Boards of Social Work, an independent organization formed by these state boards. The NASW strongly supports the concept of interstate mobility of professionals and reciprocity that is based on nationally recognized standards.

## **#9. What training and experience requirements would exist? Are they similar to those of other states?**

The licensure of social work practice should be based on the accredited professional training that is now recognized by the profession as beginning with the Bachelors in Social Work (BSW). This degree, accredited by the Council on Social Work Education, is offered in over 180 colleges and universities in nearly every state in the nation. The second level of professional practice is achieved through the Masters in Social Work (MSW) or an equivalent graduate degree accredited by the Council on Social Work Education (CSWE). There are currently about 90 accredited Master's programs. The CSWE is designated by the federal Department of Education as the single accrediting body authorized for social work education. These standards are recognized by federal regulations for Medicare and, as of March 1980, in proposed guidelines for all state child welfare services.

Licensure to engage in independent or private practice of social work, as a therapist or consultant, requires two years of post-MSW social work experience and the passing of an examination to assess the applicant's breadth of knowledge and professional judgment. Frequently, an oral examination or other means of demonstrating competence is also required.

These standards for education and experience are recognized by the majority of those twenty-three states that regulate social work. Some states do not include a baccalaureate level, but the NASW strongly believes that this level of initial professional practice is critical to the objective of protection of the public because, in fact, more clients are served by practitioners at this level than at any other level.

## **#10. Will applicants be required to pass an examination? Will the exam meet professional and legal testing standards?**

It is the position of NASW that some form of assessment of competence and professional knowledge should be required in addition to possession of a degree. In practice, most states now use some form of written test but these vary in their quality.

The NASW, using the professional expertise

of the Educational Testing Service, has prepared nationally available examinations for the baccalaureate, master's, and advanced levels of practice. These tests meet legal and professional standards and their validity is under continuing review.

## **#11. What assurance would there be that licensed practitioners will maintain their competence? Will renewal be required?**

The law licensing social work practice should require periodic evidence of continued professional learning. Most recent acts regulating social work do have such provisions. A total of eight states regulating social work now require this.

All social work regulatory acts do require periodic renewal and the NASW supports this important aspect of ensuring that a commit-

ment to professional development is maintained. Renewal should not be based merely on the payment of a fee. The NASW believes that continuing professional learning is extremely important, particularly in view of the fact that the enactment of licensing may "grandparent in" practitioners who have not had accredited social work education.

## **#12. How will complaints of the public against practitioners be handled? What grounds will there be for suspension or revocation of license?**

Complaints of improper conduct or malpractice are usually made directly to the state board, which should have investigating staff available to handle the complaint promptly.

The Board created by the law should be empowered to conduct a hearing, with full due process safeguards for all parties, and to act without undue delay in any disciplinary action required.

Suspension or revocation of the license—and therefore of the right to practice—may be based on a number of grounds, including unprofessional conduct, inability to render adequate professional service, or unethical conduct.

The NASW believes that one of the most important reasons for enacting licensure is the accountability it provides to the public.

### **#13. Will licensure restrict competition? Will the profession unduly restrict entry to practice? Will it increase costs to the public? Or decrease service available?**

These questions of economic impact are not applicable to the practice of social work, which is largely carried out by non-profit organizations and public agencies, and only to a lesser degree by private practitioners. Because, as noted before, enactment of licensure usually entails the grandparenting in of a number of persons already in practice, there is no way that the law can have a restrictive impact. For future applicants and entrants, the requirements for professional education are neither burdensome (since existing accredited programs are producing adequate numbers of graduates and are available in nearly every state) nor unfair (since the practice of social work does require the knowledge and skills provided in these accredited programs). Also, since there are a significantly higher proportion of minority graduates in social work than in other related fields, the job related requirement of a social work degree acts to reinforce affirmative action objectives. The serious problem faced by many members of minority groups in financing a college education of any kind is not a factor here, as social work employment generally requires at least a college level education. It is important to bear in mind that licensure of *social work practice* does not mean that *all types of social service work* would require a license. There is a great need for many social service positions not requiring a college degree and for which other forms of training and experience are appropriate.

Because there is no economic restriction involved in the licensing of social work practice, there has been no cost or economic impact following the passage of laws regulating social work. In all states having regulation, there has continued to be a surplus of qualified persons and there is no reason to foresee any change in this situation.

A problem for all professional disciplines is the tendency of members to move toward

metropolitan areas, leaving shortages in the rural and inner-city areas of a state. Social workers tend to be more widely dispersed than other professionals (psychologists, psychiatrists) and the licensing of the BSW social worker, particularly, could make opportunities available that will attract licensed social workers to the under-served areas.

Also, since in practice the fees charged by social workers being reimbursed for mental health services as private practitioners generally are less than the fees charged by psychiatrists, physicians, and many clinical psychologists, the real economic impact of the increased use of social workers has been to retard or reduce the costs to insurance companies of mental health coverage, and thus ultimately to slow down the cost spiral. Experience shows that licensure of social workers does increase their participation in providing mental health services and the lack of licensure tends to exclude their participation.

Other charges of unfair restriction or of negative impact by licensing have also been shown to be unfounded. The advertisement of professional services has generally been accepted by professions today as valid and appropriate, as long as it is honest and does not include "scare" tactics or exaggerated claims. It is also clear that the primary professional organization, NASW, as a voluntary membership organization, does not in any sense "control" the profession, and therefore cannot control the supply of practitioners.

The existing "scope of practice" clauses incorporated in laws regulating social work provide a broad definition and do not interfere with the right of other professions to provide those services for which they are qualified. Specific exemptions are usually included to recognize those other professions and occupations regulated by the state.

## **#14. Will the regulatory body be restricted to social workers? What powers would it have? Will its actions be subject to review?**

NASW has consistently supported the inclusion of lay or public interest representation on boards regulating social work, and almost all existing boards do include non-social worker members. In recent years, there has developed another form of regulatory body, the "umbrella" board, which administers the licensure law covering several related professions—for instance, psychology and social work. On such a board, there should be major, not token, public interest representation.

The regulatory board's powers should be spelled out in the legislation. Usually it includes the authority to promulgate regulations necessary to administer the law, to establish

standards of professional performance and ethics, to examine applicants, and to consider complaints by the public against licensed social workers. Where there is an umbrella board covering more than one profession, each profession evaluates the applications of its own discipline.

Many states also bring their regulatory bodies under a single department which establishes overall standards and administrative procedures. Many states now have Sunset laws which provide for periodic performance audits of each regulatory board and provide for their termination if not found justified or in the public interest.

## **#15. How is the regulatory board financed? How are fees set? How are the funds administered?**

Boards regulating social work are uniformly financed entirely from the fees paid by the licensees, which, in many cases, provide a regular surplus to the state treasury. Many state laws set maximum or minimum amounts for the fees to be charged, and permit the board to revise the fee schedule within those limits. This procedure is the most practical one and appears to work best. Fees should not be set in

specific terms by a state law because they are not then subject to change as needed to finance the administration of the law.

Most laws, however, do provide that all fees be paid into the state treasury. The board's administrative costs are paid under an appropriated budget acted on in the regular legislative process.

## **#16. Who is sponsoring the licensure of social workers? What organizations are there in the profession? What is their position on licensing?**

The licensure of social workers in all states is a goal of the National Association of Social Workers, the primary professional organization representing trained social workers. For many years, after the development of the social work profession, while the other major professions, such as medicine, law and psychology, were establishing state licensing for their respective professions, social workers resisted the concept of seeking state regulation because of

their concern that such regulation would prove restrictive, rather than helpful, and that other professions had not adequately demonstrated that such regulation was in the public's interest.

By 1968, however, fundamental changes in our nation's system of providing social services have eroded and seriously undercut the actual delivery of vital services which require sound professional education and preparation. It

became all too clear that the best means of ensuring quality in the delivery of social services was to seek regulatory laws requiring persons engaging in and responsible for the provision of services having critical impact on the life and social functioning of others to be professionally trained and fully accountable to the client and the public. Since then, NASW has firmly pursued the goal of legal regulation as a necessary measure to ensure adequate quality in social services on which so many people depend for a chance at a better life.

Other professional social work organizations also support and are active in seeking licensure. The National Federation of State Societies of Clinical Social Workers, most of whose members are social workers engaged in psychotherapeutic services, is an important factor in this effort.

Another major professional group is the Society of Hospital Social Work Directors. They strongly support the need to ensure the social workers in medical and psychiatric settings are fully trained to carry their important roles as a helping professional discipline in the treatment of illness and encouragement of healthful living.

The National Association of Black Social Workers has not supported licensing out of their concern that insufficient numbers of blacks are able to secure the requisite professional education and their fear that state regulation will entail some degree of state control. While it is certainly true that continuing racism and economic discrimination is a problem in our society, the fact is that schools of social work have strongly recruited and graduated blacks and persons of other minority and ethnic groups. Thus, these minorities are more highly represented in social work than in other professions. The very fact that social workers direct so large a portion of their work to assisting people in need and helping them combat the effects of discrimination ensures that social work as a profession needs the knowledge and commitment of members of all minorities and ethnic groups if we, as a society, are to succeed in eliminating all forms of discrimination. And far from being a tool of increased state control, the participation of Blacks and other minority and ethnic groups on state boards of social work offers a new opportunity to enforce accountability and increase the consumer's influence in the delivery of social services in this country.

## **#17. Why is the profession of social work seeking licensure? Is it self interest? Or public interest?**

Many of the responses to other questions in this booklet speak to this question, but the basic reason is that we have become convinced it is necessary for the profession to be regulated in order to ensure that clients receive competent and ethical help in dealing with their problems. It is important to understand that the great majority of clients receiving social work help *have no choice about who is to be their social worker*. And where they do have a choice, such as when seeking psychotherapy or marital counseling, the consumer is in no position to effectively judge the possible competence of the therapist. The consumer, or client's, need to be assured of capable service is the basic reason why the social work profession is seeking regulation.

It would, however, be less than honest to deny that social workers have a real and legitimate self interest in achieving the same type of legal and social recognition that the other major, learned professions have obtained. One of the major changes in our society has been the increasing use of insurance as a primary means of providing personal services; in fact, a major portion of mental health care in this country is now provided through such insurance and, of course, hospital and health services which so often involve social workers are also heavily supported by insurance systems. To ensure quality in the services paid for, insurance companies demand that providers, such as social workers, have some objective form of certifying their competence. State

licensing is the primary way in which all such professions are certified for practice, and therefore, social work should be so regulated.

A third important fact is that social workers practice in a larger number and variety of settings, organizations, and institutions than does any other profession. There simply is no way to ensure a minimum of professional quality apart from that provided by licensing. This is dramatically illustrated in the confusion that

now exists in the public mind about what a social worker is, what he or she does, and what a client should expect in the way of service.

It is our conviction that providing competent social work help requires professional education. Experience shows the only way to ensure that persons giving services are capable is to establish minimum standards for practice. Such regulation is essential for the public, as well as for the profession.

SB 227

LEGISLATIVE HISTORY

PAGE 01 OF 04

AN ACT RELATING TO THE PRACTICE OF SOCIAL WORK AND ESTABLISHING THE BOARD OF SOCIAL WORKERS EXAMINERS; AND PROVIDING FOR AN EFFECTIVE DATE.

PRIME SPONSOR: FARRERKAMP  
CO-SPONSORS:

BY REQ

CURRENT STATUS: (S) HES2

DATE	PAGE	ACTION
03/12/85 (L)	521	READ THE FIRST TIME LAW&COMMERCE
03-18-85 (S)	571	LIC. COUN. REFERRAL. REVISED HES2 FORAGE ROLES

Introduced: 3/12/85  
Referred: Labor & Commerce, Health, Education  
& Social Services and Finance

1 IN THE SENATE

BY FAHRENKAMP BY REQUEST

2

SENATE BILL NO. 227

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act relating to the practice of social work and  
7 establishing the Board of Social Worker Examiners;  
8 and providing for an effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 \* Section 1. PURPOSE. The purpose of this Act is to assure the consu-  
11 mer that persons providing services under the title "social worker" have  
12 completed professional social work education, adhere to a code of profes-  
13 sional ethics, and are subject to review by the Board of Social Work Exami-  
14 ners.

15 \* Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

16 (25) Board of Social Worker Examiners (AS 08.87.010).

17 \* Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

18 (21) Board of Social Worker Examiners (AS 08.87.010) --

19 June 30, 1989.

20 \* Sec. 4. AS 08 is amended by adding a new chapter to read:

21 CHAPTER 87. SOCIAL WORKERS.

22 ARTICLE 1. BOARD OF SOCIAL WORKER EXAMINERS.

23 Sec. 08.87.010. CREATION AND MEMBERSHIP OF BOARD. There is  
24 created a Board of Social Worker Examiners consisting of five members,  
25 including three master social workers, one of whom is an independent  
26 social worker, one bachelor social worker, and one public member.  
27 Professional members shall be licensed under this chapter. The publi-  
28 c member may not be licensed as a social worker or employed by a li-  
29 censed social worker. To the extent possible members shall be

1 appointed from different geographic regions of the state. A member  
2 who has served two successive full terms may not be reappointed until  
3 four years after the expiration of the second term.

4 Sec. 08.87.020. TERM OF OFFICE. Each member of the board serves  
5 for a term of four years and until the member's successor is appointed  
6 and qualified. An appointment to a vacancy is for the unexpired  
7 portion of the term.

8 Sec. 08.87.030. BOARD MEETINGS. The board shall meet at least  
9 two times a year. The board may hold special meetings at the call of  
10 the chair or of a majority of the board members.

11 Sec. 08.87.040. ELECTION OF OFFICERS. The board shall elect  
12 from among its members a chairperson and a secretary. Officers serve  
13 for a term not exceeding two years.

14 Sec. 08.87.050. REMOVAL OF BOARD MEMBERS. The governor may  
15 remove a member of the board for cause. The board may by regulation  
16 provide that unexcused absences from meetings are cause for removal.

17 Sec. 08.87.060. PER DIEM AND TRAVEL. Board members receive no  
18 compensation but are entitled to per diem and travel expenses author-  
19 ized for members of boards and commissions under AS 39.20.180.

20 Sec. 08.87.070. POWERS AND DUTIES OF THE BOARD. The board shall

21 (1) provide for the examination of eligible applicants for  
22 licenses under this chapter;

23 (2) submit an annual report of its proceedings to the  
24 governor, including recommended changes to this chapter and a state-  
25 ment of money received and disbursed;

26 (3) establish standards for specialty designations for the  
27 private practice of social work and authorize speciality designations  
28 on licenses issued under this chapter;

29 (4) after a hearing, impose disciplinary sanctions against

1 a person who violates this chapter, an order of the board, or a regu-  
2 lation of the board;

3 (5) adopt regulations relating to requirements for the  
4 supervision of persons engaged in social work under this chapter who  
5 are not master social workers;

6 (6) adopt regulations requiring proof of continued compe-  
7 tency before a license is renewed;

8 (7) adopt regulations to carry out the purposes of this  
9 chapter.

10 ARTICLE 2. LICENSING OF SOCIAL WORKERS.

11 Sec. 08.87.100. LICENSING OF SOCIAL WORKERS. (a) A person is  
12 eligible for a license as a bachelor social worker (LBSW) if the  
13 person

14 (1) is in good professional standing and is fit to practice  
15 social work as determined under regulations of the board;

16 (2) has satisfactorily completed the state examination for  
17 the license;

18 (3) provides three references acceptable to the board;

19 (4) has a bachelor's degree in social work from a school  
20 with a social work program accredited by the Council on Social Work  
21 Education.

22 (b) A person is eligible for a license as a master social worker  
23 (LMSW) if the person meets the requirements of (a)(1) - (3) of this  
24 section and has a master's degree in social work from a school with a  
25 social work program accredited by the Council on Social Work Educa-  
26 tion.

27 (c) A person is eligible for a license as an independent social  
28 worker (LISW) if the person meets the requirements of (a)(1) - (3) of  
29 this section, has a master's degree in social work from a school with

1 a social work program accredited by the Council on Social Work Educa-  
2 tion, and has completed at least 24 months of supervised post-graduate  
3 experience approved by the board in the field of specialty in which  
4 the person intends to engage as a private practitioner.

5 Sec. 08.87.110. SCOPE OF PRACTICE. (a) A person licensed as a  
6 bachelor, master, or independent social worker may provide services  
7 that enhance, protect, or restore people's capacity for social func-  
8 tioning whether impaired by physical, environmental, or emotional  
9 factors, guided by professional social work ethics, knowledge and  
10 intervention methods. The services provided may include

- 11 (1) identifying and evaluating social problems;
- 12 (2) developing statistics and data on social problems;
- 13 (3) assisting people and organizations to solve problems  
14 relating to social functioning;
- 15 (4) client advocacy;
- 16 (5) developing community resources relating to social  
17 services;
- 18 (6) planning and administering social services programs;
- 19 (7) therapeutic counseling;
- 20 (8) consultation regarding social service programs and the  
21 provision of social services;
- 22 (9) training and supervising social workers under AS 08.-  
23 87.070(5).

24 (b) A social worker may practice psychotherapy only if the  
25 social worker is licensed as an independent social worker with a  
26 clinical specialty or as a master social worker and is employed and  
27 supervised in a clinical setting.

28 (c) A person may practice social work autonomously only if

- 29 (1) the person is licensed as an independent social worker;

1 (2) the board has approved the specialty in which the  
2 person may engage as a private practitioner and authorizes designation  
3 of the speciality on the person's license;

4 (3) the license bearing a designation of speciality is  
5 prominently displayed in the place the person engages in private  
6 practice; and

7 (4) the person limits the private practice of social work  
8 to the designated specialty.

9 Sec. 08.87.120. LICENSE BY CREDENTIALS. The board may provide  
10 for licensing a person as a bachelor, master or independent social  
11 worker without examination if the person

12 (1) holds a degree in social work from a school with a  
13 social work program accredited by the Council on Social Work Educa-  
14 tion;

15 (2) has an active license to practice social work in an-  
16 other licensing jurisdiction with requirements at the time of the  
17 original licensure that were similar to or higher than those of this  
18 state;

19 (3) is not the subject of an unresolved complaint, review  
20 procedure, or disciplinary proceeding undertaken by a professional  
21 social worker association or regulatory authority;

22 (4) has not failed the examination of this state;

23 (5) has not previously had a license to practice social  
24 work revoked in this or another jurisdiction;

25 (6) submits proof of continued competence as required by  
26 regulation of the board; and

27 (7) pays all required fees.

28 Sec. 08.87.130. LICENSE RENEWAL REQUIRED. A license issued  
29 under this chapter lapses after 24 months unless it is renewed.

1           Sec. 08.87.140. FEES. The following fees are imposed under this  
2 chapter:

- 3           (1) application.....\$ 100
- 4           (2) initial license by examination..... 150
- 5           (3) license by credentials..... 100
- 6           (4) license renewal..... 200
- 7           (5) reexamination..... 150

8           ARTICLE 3. PROHIBITIONS AND PENALTIES.

9           Sec. 08.87.200. LICENSE REQUIRED FOR USE OF TITLE. (a) Unless  
10 licensed under this chapter, a person may not use the title "social  
11 worker" or a title, designation, or device indicating or tending to  
12 indicate that the person is a social worker or practices social work.  
13 A person may not use the letters "LBSW" as part of a title unless the  
14 person is licensed as a bachelor social worker under this chapter. A  
15 person may not use the letters "LMSW" as part of a title unless the  
16 person is licensed as a master social worker under this chapter. A  
17 person may not use the letters "LISW" as part of a title unless the  
18 person is licensed as an independent social worker under this chapter.  
19 Except as provided in (b) of this section, a person may not use the  
20 title "social worker intern" or "social worker student."

21           (b) A student enrolled in an accredited social work program may  
22 use the title "social worker intern" or "social worker student" if the  
23 person's activities constitute a part of the person's supervised  
24 course of study.

25           Sec. 08.87.210. CONFIDENTIALITY OF COMMUNICATIONS. A social  
26 worker licensed under this chapter may not disclose information pro-  
27 vided to the social worker by a client in the course of their profes-  
28 sional contact. This prohibition does not apply if the

- 29           (1) client provides written consent to the social worker to

1 reveal the communication;

2 (2) client is incompetent and the guardian or personal  
3 representative provides written consent to the social worker to reveal  
4 the communication;

5 (3) client is dead and a beneficiary of an insurance policy  
6 on the client's life provides written consent to the social worker to  
7 reveal the communication;

8 (4) communication discloses that a crime has been committed  
9 or reveals an intent to commit a crime;

10 (5) client is a minor, the communication discloses that the  
11 client was the victim of a crime or harmful act, and the social worker  
12 reveals the communication only during the course of an official exam-  
13 ination, trial or other proceeding in which the commission of the  
14 crime or harmful act is a subject of inquiry;

15 (6) client brings charges against the social worker and the  
16 social worker reveals the communication only as necessary to defend  
17 the charges;

18 (7) licensee is subpoenaed to testify in court concerning  
19 adult abuse, child abuse, or child neglect;

20 (8) licensee is collaborating or consulting with profes-  
21 sional colleagues or an administrative superior on behalf of the  
22 client.

23 Sec. 08.87.220. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
24 TIONS. After a hearing, the board may impose a disciplinary sanction  
25 on a person licensed under this chapter when the board finds that the  
26 licensee

27 (1) secured a license through deceit, fraud, or intentional  
28 misrepresentation;

29 (2) engaged in deceit, fraud, or intentional

1 misrepresentation in the course of providing professional services or  
2 engaging in professional activities;

3 (3) advertised professional services in a false or mislead-  
4 ing manner;

5 (4) has been convicted of a crime that has a substantial  
6 relationship to the licensee's activities and services or that affects  
7 the licensee's ability to continue to practice competently and safely;

8 (5) intentionally or negligently engaged in or permitted  
9 the performance of social work by persons under the licensee's super-  
10 vision that does not conform to minimum professional standards regard-  
11 less of whether actual injury occurred;

12 (6) failed to comply with this chapter, with a regulation  
13 adopted under this chapter, or with an order of the board;

14 (7) continued to practice after becoming unfit due to

15 (A) professional incompetence;

16 (B) addiction or severe dependency on alcohol or other  
17 drugs that may endanger the public by impairing the licensee's  
18 ability to practice;

19 (C) physical or mental disability;

20 (8) engaged in lewd or immoral conduct in connection with  
21 the delivery of professional service;

22 (9) has been held liable for malpractice in a civil action;

23 (10) has had a license revoked in another jurisdiction.

24 Sec. 08.87.230. DISCIPLINARY SANCTIONS. (a) When it finds that  
25 a licensee is guilty of an offense under AS 08.87.220, the board may  
26 impose the following sanctions singly or in combination:

27 (1) permanently revoke a license to practice;

28 (2) suspend a license for a determinate period of time;

29 (3) censure a licensee;

1 (4) issue a letter of reprimand to the licensee;  
2 (5) place a licensee on probationary status and require the  
3 licensee to

4 (A) report regularly to the board upon matters involv-  
5 ing the basis of probation;

6 (B) limit practice to those areas prescribed;

7 (C) continue professional education until a satisfac-  
8 tory degree of skill has been attained in those areas that are  
9 the basis of probation;

10 (6) impose limitations or conditions on the practice of a  
11 licensee;

12 (7) refuse to renew a license.

13 (b) The board may withdraw probationary status if it finds that  
14 the deficiencies that required the sanction have been remedied.

15 (c) The board may summarily suspend a license before final  
16 hearing or during the appeal process if the board finds that the  
17 licensee poses a clear and immediate danger to the public health and  
18 safety if the licensee continues to practice. A person whose license  
19 is suspended under this section is entitled to a hearing by the board  
20 no later than seven days after the effective date of the order. The  
21 person may appeal the suspension after a hearing to a court of compe-  
22 tent jurisdiction.

23 (d) The board may reinstate a license that has been suspended or  
24 revoked if the board finds after a hearing that the applicant is able  
25 to practice with reasonable skill and safety.

26 (e) The board shall seek consistency in the application of  
27 disciplinary sanctions. The board shall explain significant departure  
28 from prior decisions involving similar situations in findings of fact  
29 or orders.

1           Sec. 08.87.240. PENALTY. (a) A person who violates this chap-  
2           ter is guilty of a class B misdemeanor.

3           (b) The board may seek to enjoin or restrain a person not li-  
4           censed under this chapter or whose license is suspended, revoked or  
5           expired from violating this chapter.

6                           ARTICLE 4. GENERAL PROVISIONS.

7           Sec. 08.87.300. DEFINITION. In this chapter "board" means the  
8           Board of Social Worker Examiners.

9           \* Sec. 5. AS 44.62.330(a) is amended by adding a new paragraph to read:  
10                       (53) Board of Social Worker Examiners (AS 08.87.010).

11           \* Sec. 6. Within 30 days after the effective date of this Act the  
12           governor shall appoint initial members to the Board of Social Worker Exam-  
13           iners. Notwithstanding AS 08.87.010 as enacted in sec. 4 of this Act,  
14           initial members must consist of three persons who have a master's degree in  
15           social work from a school with a social work program accredited by the  
16           Council on Social Work Education, at least one of whom is engaged in the  
17           private practice of social work, one person with a bachelor's degree in  
18           social work from a school with a social work program accredited by the  
19           Council on Social Work Education, and one public member. Notwithstanding  
20           AS 08.87.020 as enacted in sec. 4 of this Act, one initial member shall  
21           serve a one-year term, one initial member shall serve a two-year term, one  
22           initial member shall serve a three-year term, one initial member shall  
23           serve a four-year term, and one initial member shall serve a five-year  
24           term, as determined by the governor.

25           \* Sec. 7. (a) Notwithstanding AS 08.87.100(a) as enacted in sec. 4 of  
26           this Act, a person may apply for and receive an original license as a  
27           bachelor social worker if the person

28                       (1) holds a degree in social work from a school with a social  
29           work program that is not accredited by the Council on Social Work Education

1 or a bachelor's or master's degree in a field related to social work and  
2 has been practicing under the title "social worker" for at least 24  
3 consecutive months before July 1, 1987; or

4 (2) meets the requirements of AS 08.87.100(a)(1), (3) and (4).

5 (b) A person who does not meet the requirement under AS 08.87.100-  
6 (a)(2) but otherwise meets the requirements of AS 08.87.100(b) may apply  
7 for and receive an original license as a master social worker.

8 (c) A person who does not meet the requirements under AS 08.87.-  
9 100(a)(2) but otherwise meets the requirements of AS 08.87.100(c) may apply  
10 for and receive an original license as an independent social worker.

11 (d) An application for a license under this section must be filed  
12 before July 1, 1987.

13 \* Sec. 8. This Act takes effect July 1, 1985.

DIVISION OF OCCUPATIONAL LICENSING

Proposed amendments to HB 317  
(Sectional Analysis)

"An Act related to the practice of social workers and establishing a Board of Social Worker Examiners and providing for an effective date.

Page 1

Section 1. PURPOSE: Although the paragraph appears to be fine, we would offer one suggestion on line 13 should read "and are subject to licensure by the Board of Social Worker Examiners."

The term licensure would indicate review, control and responsibility for disciplinary sanctions.

Section 2. No Comment. Adds the Board of Social Worker Examiners.

Section 3. Basically, the Administration opposes an additional board, however, with this section there is no remarkable comments. Sets the date for termination at June 30, 1989.

Section 4. Our opinion in regard to the creation and membership of the board should be that if the board is going to be a board for licensing social workers, then the level of social workers should be equal and just. The authors of this bill include three master social workers, one of whom is an independent social worker, later definition will show that an independent social worker meets just an additional term of supervision for postgraduate experience approved by the board, the term is 24 months and we question how a board can be made up of an independent social worker if the board must initially approve the post work experience prior to one being termed an independent social worker, one bachelor social worker and one public member.

On a more appropriate makeup of a board, if the purpose is to assure the consumer that persons providing services under the title social worker have completed professional social work education and adhere to a code of professional ethics, is not the code of ethics for the bachelor social worker the same as for the master social worker? The purpose does not indicate a level, but just in the overall regulating of social workers. A more appropriate makeup of a board might be two master level social workers, two bachelor level social workers, and one public member or better yet, one master level, one independent level, one bachelor level social worker and two public members. Beginning on Line 27, relates to the interest of the public members in the social worker profession. To be consistent with the other boards, the language may be suggested that the public members would have no financial interest in the social worker profession.

Page 2

On line 9, we have problems as an administrative agency budgeting for statements such as "the board may hold special meetings at the call of the chair or of a majority of the board members." We would prefer to see that the exact number of meetings per year are embeded in statutes so we would have the statutory authority for budgeting purposes. It also makes it a lot easier for legislators to comprehend.

Line 15, we would request that the statement "or the board may by regulations provide that unexcused absences from meetings are a cause for removal," should be changed to "the board shall by regulations provide . . . ."

Line 26, established standards for specialty designations for the private practice of social workers and authorize specialty designations on licenses issued under this chapter. We question whether this is entirely necessary and, if so, a number of specialties or their designation should be embeded in statutes that the board will not someday inflict upon the State numerous different specialties such as marriage and family therapists and the various other types of social worker problems that one might consider themselves as a specialists. We might also relate that this should be according to national standards.

Page 3

Line 3, we would agree that there might be some professions that need supervision, however, we believe that if there is a need to license social workers then it should be the responsibility of the board to ensure that a person going from a bachelor level social worker to a master level should be reviewed by the board and not under the supervision of a master level. The two problems we see with this is that the potential for master levels not endorsing bachelor levels because of an economic sanction or "turf protection" or as we have in the psychology field where supervision can be done by phone. Is this an appropriate method of supervision? We doubt that it is, and would request legislative mandates to prevent abuse of "lower" levels of the profession.

On line 8, item number 7, we oppose the wording "adopt regulations to carry out the purpose of this chapter." We are consistently advised by the legislators that there are too many regulations being adopted, that there are regulations superceding or circumventing legislative authority, and intent, however, statements that say "adopt regulations to carry out the purpose of this chapter," give the board the statutory authority and the mandated function to involve themselves in numerous regulation projects.

The following comments will deal with Article 2, licensing of social workers.

We would have problems with line 14 when it says "is fit to practice . . . ." Again the board term of fit to practice left up to regulations by the board could lead us into turf protection failing to license those that are competent and a lax definition of "fit." We would request that the word "fit" be changed to "qualified" as specified on line 19. We would also have problems with one who is possibly in professional competition identifying what is a good professional standard. Not that the fact that they could not identify what a good professional standing is, however, what are they referring to as "is in good professional standing."

Line 18, provide three references acceptable to the board. They would submit that at the start of the licensing the board is going to have enough work to do to identify what is acceptable. I believe the word "acceptable" should be removed and in place should be the statement "(3) provides three professional references to the board."

Line 25, we would need to ask the question, what is the Council on Social Work Education and what is the accrediting authority? At the current time of this writing, that is unknown.

Beginning on page 3, line 27, which is the start of the licensed independent social worker section, we would oppose this. We believe that, if we are going to license social workers and we are going to further break it down as master, independent, and baccalaureate levels, we should not break it down further because someone is a private practitioner. Thereby, is it necessary for the definition of an independent social worker, we think not. We think from a governmental standpoint, the important aspect is that we are licensed and qualified competent social workers. We have sent copies of this legislation to members of the Board of Psychology requesting an evaluation of what the social worker or the drafters deemed to be appropriate for the scope of practice.

Beginning on line 28 of page 4, we would oppose the position that as listed under (c) a person may practice social work autonomously only if (1) the person is licensed as an independent social worker. We question the motive and why could not a master level social worker, which is apparently endorsed in accredited schools as being a competent level to practice in the public, why must it be an "additional title" of independent social worker.

Page 5.

Beginning on line 1, we are concerned that the board would have too much authority over too many different areas and could ultimately lead to the verification of turf protection, economic sanctions and possibly even anti-trust complaints.

Line 7, we would suggest that this be deleted.

Line 25, we do not believe that this is an appropriate subject for licensure by credentials, but for renewal of licensure. It is not that we are saying we don't believe competent practitioners should be required to produce that evidence, however, in licensing by credential is a means to immediately or expeditiously license practitioners that meet certain requirements. The factor of proof of continued competency is normally between initial license and renewals.

On line 29 in place of "lapses after 24 months," would require additional staff to maintain a suspense file to see that each applicant is licensed 24 months after the date they are initially issued.

Page 6.

We would like to make known to the sponsors that we are presently supporting House Bill 78, which will have a new section AS 08.01.065 which will provide that the department will set the fees by regulations after concurrence by the board affected.

Line 25, Section 08.87.210, Confidentiality of Communications.

We have consistently had concerns where professions such as psychologists and social workers would enter a confidentiality of communications requirements on the books and does not provide when a practitioner violates a client. An example of this is one practitioner having some type of unauthorized physical contact with a patient, the patient ultimately goes to the second practitioner, she reports this type of conduct, the second practitioner advises this agency of the conduct, however, he refuses to identify the practitioner in the first instances, and he also refuses to identify his client. This then sets the division and the State at liability that we cannot take any action against the practitioner because we don't know or are not informed of the identity. I believe in this portion of the bill, some wording should be indicated that would provide a practitioner who brings unethical conduct to the attention of the division or the board should have the sanction of the board and also the courts in his efforts prevent abusive clients. For lack of a better word, the practitioner reporting the unethical conduct should be immune from any civil liabilities. This, of course, is a danger if the alleged complaints are not substantiated to the degree that action could be taken against an offending practitioner and ultimately because of lack of proof the case goes unsatisfied.

On page 7 at line 12, there appears to be this implication which says the social worker reveals communication only during the course of an official examination, trial or other proceedings. I would require that the drafters of this legislation identify what is considered an official examination.

Even though this agency does official inquiries in the performance of its function, they have sometime been classified as not meeting the standards of an official examination. I think this should be spelled out in advance so all would be aware.

The purpose alleged by the solicitors of the legislation is for the consumer protection and we think consumer protection should be built into this portion of the bill, the practitioner should submit themselves to the board's authority and wholeheartedly and without any hesitation. A recommendation might be to add a number (9) which says "the social worker shall reveal a communications to members of the board during an interview or their designated representatives during an official inquiry for the board or on behalf of the board.

Page 8

Beginning on line 5, I would ask that there be a clearer definition as to what section 4 would indicate. They have too many vague and board statements and words in relation to this one particular paragraph that says "has been convicted of a crime that has a substantial relationship to the licensees' activities and services or that affects the licensees' ability to continue to practice competently and safely." Definition would need to be obtained in regard to substantial relationship, licensees' activities and services, and practice competently and safely.

Beginning on line 8, item 5, a definition must be obtained for minimum professional standards. Are these to be set by the board or are we following some national accreditation associations' definitions?

Page 10, Article 4, General Provision.

Line 11, section 6, within 30 days, we will recommend that this be changed to 90 or 120 days giving the Governor's Office sufficient time to look for and appoint qualified board members. We would also recommend that our comments as addressed in the previous chapter dealing with the makeup be inserted here. Our recommendation would be three social workers consisting of a master, an independent and a baccalaureate level and two public members. If that is not agreeable, then either two baccalaureate members and two master levels with one lay person.

Beginning with section 7, line 25, on page 10 and continuing on page 11, we would oppose that entire section unless it was rewritten. Indications in the section itself says that the Board of Social Worker Examiners are going out in the field to anyone and I suggest as a basis for this statement is on line 28 of page 10 the statement is made "(1) holds a degree in social work from a school with a social work program that is not accredited by the Council on Social Work Education or a bachelor's or master's degree in a field related to social work and has been practicing under the title social

worker for at least 24 consecutive months before July 1, 1987; or" this statement in effect appears to be an effort to increase the numbers in this licensed profession. If we are saying that it is necessary to license social workers for the protection of the consumer, then we should be prepared to limit our licensing function to those social workers that are in effect at the time this bill goes in to become law. We also take exception when they use a word "that hold a master or bachelor degree in a field related to social work and has been practicing under the title social worker." The problem is that there are many counselors out there that identify themselves as social workers. They can at this point in time since there is no licensing requirement in this State and they would not be breaking any law. Does the Board of Social Worker Examiners then consider them the appropriate people to carry the title of social worker and be licensed by the State of Alaska?

Page 11, beginning on line 4, this is another apparent effort for the grandfathering clause. The legislation should identify criteria as established by the proposers of this legislation that meets acceptable standards nationwide for the initial licensing. Those persons holding those qualifications on the date the bill becomes effective should be the ones that are grandfathered, not applications for licensing to be received before July 1, 1987 which is in excess of two years down the road. The grandfathering clause should terminate on July 1, 1985.

This bill is in opposition to the Administration's position of proliferation or endorsing of more professional licensing boards. I submit that the major and most important question is, have the consumers come requesting this profession become licensed or has any governmental agency been involved with complaints from consumers that have been abused by those holding themselves out to be social workers? The answer to both of those questions is negative.

Reviewing this bill, it is apparent that the profession who now numbers approximately 315 to this agency's knowledge, of those 138 are State employees. All information that has been obtained by this agency is that social workers employed by the State of Alaska do not desire to be licensed. We also have received information that the employees' union for the State, APEA, has also been in contact with the sponsors' office expressing this concern. It would be our position that Alaskans receiving the benefits by a State agency in the form of social work or counseling are of a lower income class than what would be found for the clients utilizing social workers in the general public sphere. Based on this, we would endorse that State employees practicing and being paid a salary as social workers should also be required to meet the licensing standards. It is not necessarily the agency's position that State employees should be required to pay a licensing fee, but just that they meet adopted standards. We feel that service provided by the State should be equal to if not better than that provided by the private sector, or that would be a goal that we would look to.

We will also encourage State employees to become licensed as social workers if a fee needs to be charged that can be written by an RSA funding from one State agency to another. That license could only be used for State business. Once the employee leaves the State, then the license must be surrendered unless the practitioner pays the fee. We would also take the approach that if employees are not licensed two complications arise; (1) do the clients have an avenue of redress, the answer to that is apparently yes, however, is the expertise in the Office of the Ombudsman or in the supervisor of the employee for fair relief for the clients? For the Ombudsman's office the answer would be no, for the supervisor it would be maybe.

We also have some concerns that there are a number of counselor type occupations or professions out there and we are deeply concerned as to whether they should not all be brought under a scenario of the Board of Psychology and Psychological Associates, we are aware that the participants or movers of this legislation are adverse to that. However, we have to be concerned with the other numerous individual and separate fields that might also seek licensing and again would be confronted with the proliferation of boards of like substance. The Board of Social Worker Examiners could very easily fit under the Board of Psychology and Psychological Associates, the board size could possibly be increased to seven and you would still have the expertise on the board available to judge licenses and applications at a reduced cost.

HDT/wfs:915W31985a

HB 317 File Contents

April 9, 1985 Tuesday

- 1) Bill Summary -- Legislative Reporting Service
- 2) Overview -- Committee Staff
- 3) Fiscal Note, Analysis, and Position Statement -- Dept. of H & SS
- 4) Fiscal Note, Analysis, and Position Statement -- Dept. of Commerce
- 5) Sectional Analysis -- by Cecilia Kleinkauf, Alaska Chapter, NASW
- 6) Sectional Analysis -- by Carol Derfner, Boards & Commissions Office, for SB 227 (same as HB 317)
- 7) Letter from Governor to Marsha Schneider, NASW, March 9, 84
- 8) Letter from Governor to Yvonne Chase, Pres. NASW, April 8, 84
- 9) "Social Workers Voicing Opposition to Licensing," Anchorage Daily News, March 23, 1985, p. 26
- 10) Correspondence from various Agencies Supporting Concept of Licensing of Social Workers on SB 303, a similar bill in the 13th Legislature in 1983-84, by Josephson.
- 11) POMs in Support of HB 317.
- 12) "Answers to Questions State Legislators ask about Social Work Licensing," by the National Assoc. of Social Workers
- 13) State Comparison of Laws regulating Social Work
- 14) Regulating Health Professionals: A Review of the Empirical Lit.
- 15) Written testimony on HB 317 from Marsha Schneider, Ak Chpt. of the National Association of Social Workers.
- 16) Additional Materials from Gary Lichtenstein, Bd. Member, NASW
  - a. Map of States in the US with Acts regulating Social Work
  - b. Letter from Aetna Employees Benefit Section 7/3/84
  - c. Letter to Trustees of Johnson & Higgins Insurance 1/18/85
  - d. "Cuomo Signs New York Vendorship Law, NASW News, Feb. 85

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April 10, 1985 Meeting

- 17) Sectional Analysis and proposed amendments -- Dept. of Labor

# Alaska State Legislature

BETTYE FAHRENKAMP, Chairman  
ARLISS STURGULEWSKI, Vice Chairman  
JOE JOSEPHSON  
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## Senate Committee on Health, Education and Social Services

April 15, 1985

### BILL ANALYSIS

CS SB 227 (HESS), An Act relating to the practice of social work and establishing the Board of Social Work Examiners.

#### Section 08.87.010 Board Make-up

The Board would be composed of 2 master social workers (MSW), 1 independent social worker (ISW), 1 bachelor social worker (BSW), and 1 public member. The Board would meet twice a year.

#### Section 08.87.070 Duties of the Board

Duties would include: examinations, setting standards for specialty designations, setting supervision standards, and establishing disciplinary sanctions.

#### Section 08.87.100 Licensing

<u>Bachelor's (LBSW)</u>	<u>Master's (LMSW)</u>	<u>Independent (LISW)</u>
Good professional standing	Same	Same
Passed state examination	Same	Same
3 references	Same	Same
Bachelor's degree in social work from school with program accredited by Council on Social Work Education	Master's degree in social work	Master's degree in social work
Supervision may be required by regulation of the Board	None	Must have completed at least 24 months of supervised post graduate experience approved by the board.

Section 08.87.110 Scope of Practice

"Enhance, protect, or restore people's capacity for social functioning."

Section 08.87.110(b) Practice of Psychotherapy

Limited to independent social workers with a clinical specialty or a master social worker (MSW) supervised in a clinical setting.

Section 08.87.110(c) Autonomous Practice

Limited to licensed independent social workers who have Board approval.

Section 08.87.120 License by Credentials

No exam would be required for social workers who hold an active license in another jurisdiction.

Section 08.87.130 License Renewal

Required every 24 months. No continuing education requirement, but Board may adopt regulations requiring proof of continued competency (08.87.060(a)(b))

Section 08.87.140 Fees

Intended to cover the Board's operational and administrative costs.

Section 08.87.200 Use of Title

Use of "social worker" title limited to licensed social workers. However, students enrolled in accredited program may use "social worker student" title; unlicensed state employees may use "associate social worker" title when operating under the supervision of a licensed social worker.

Section 08.87.210 Confidentiality

Required except under certain conditions (including written consent, death, criminal acts, and court proceedings).

Section 08.87.220-.240 Sanctions and Penalties

Board may impose disciplinary sanctions as outlined in the bill. Class B misdemeanor (maximum 90 day sentence) for violation of the act.

Section 7

Grandfather Clause

For 24 months following enactment of the bill, licenses will be awarded without exam to applicants who meet the eligibility requirements of AS 08.87.100 or who have a related degree and have been practicing for 24 consecutive months prior to application. Licenses will also be awarded to non-degreed persons who pass the exam and have been practicing for two years under a person eligible to be licensed. Application must be made prior to July 1, 1987.

## WHY LICENSE SOCIAL WORKERS?

1. Licensing will enable the public to identify those social workers who have met minimum standards required for licensing. Presently, anyone can use the title of "social worker", even if they have no training or experience whatsoever. With licensing, the public will have the assurance that anyone representing themselves as a social worker will have the required professional preparation, regardless of the setting in which they practice.
2. Licensing will ensure an enforceable code of professional conduct. Licensure would provide consumers with easy access to investigative and adjudicative procedures through a regulatory body, supported by effective penalties for offending practitioners. The National Association of Social Workers believes that one of the most important reasons for enacting State licensure is the accountability it provides to the public.
3. Since a majority of states do have licensing of social workers, an Alaskan license would assure that uniform standards of social work practice exist from state to state. This will better serve the consumer, and allow reciprocity to the licensed professional.
4. Licensing will ensure that social workers are screened and evaluated carefully in terms of specific standards before they are allowed to have an independent practice.
5. Insurance reimbursement is possible. If a social worker is licensed, insurance companies have a standard for recognition and payment of this important health benefit to their subscribers. This will assist the consumer who uses both public and private services of social workers. A large percentage of mental health services are provided by unlicensed social workers in this State. The cost of these services are not retrievable by the public agencies who employ them. Many "denied claims" are now being written off at State expense because of the lack of a State social work license.
6. Licensing of social workers will provide consumers lower cost mental health services. A recent Defense Department Champus insurance report indicated "that in the majority of states the comparative prevailing fee profiles for social workers' psychotherapy sessions are lower than those for psychiatrists. DOD reports that no quality of care problems have arisen". The Champus insurance program for dependents of military personnel (a substantial population of Alaska) estimates that it saved over \$253,000 between December 1980 and March 1982 through its experimental reimbursement of clinical social workers.
7. Licensing social workers will ensure ~~privileged~~ communications between the professional social worker and their client. Confidentiality is at this time not regulated.
8. Licensing will assist consumers in locating qualified social work services. It will provide referral sources a clear understanding of specialization, education, and experience of a particular social worker. It is important to understand that the great majority of clients receiving social work services have no choice about who is to be their social worker. Where they have a choice, such as when seeking private therapy or family counseling, the consumer has no guidelines to judge the competence of the worker.

9. The provision of competent social work services requires professional education. Experience shows that the only way to ensure that persons giving services are capable, is to establish minimum standards for practice. Such regulation is essential for the public, as well as for the profession.
10. Legislation to license social workers needs to recognize clinically trained social workers as equally qualified to the other mental health professionals identified by law as competent in the evaluation of the mentally disturbed for purposes of commitment. The only non-licensed profession now included in Alaska's mental health commitment law is social work. Without regulating the practice of social work, there is concern in the profession that Alaskans could be subject to the improper use of State-given sanction.

#### Additional Notes

- Approximately 300-350 social workers in the State of Alaska would be licensed under legislation proposed by the Alaska Chapter, National Association of Social Workers
- Licensing fees collected from at least the above referenced numbers of individuals would more than off-set the costs of the Social Work Licensing Board needing to be established as part of the licensing law.

# Alaska State Legislature

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## Senate Committee on Health, Education and Social Services

TO: SENATE H.E.S.S. COMMITTEE MEMBERS  
FROM: COMMITTEE STAFF  
DATE: APRIL 18, 1985  
RE: SB 227, SOCIAL WORK LICENSURE

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On Friday, April 19, 1985 at 3:30 p.m. in the Butrovich Room, the committee will meet briefly to take action on CSSB 227 (HESS), An Act relating to the practice of social work and establishing the Board of Social Work Examiners.

A draft committee substitute, based on the previous committee hearing on the bill, has been prepared. Specific changes are as follows:

- page 1, line 14 Clarifies that the purpose of the act is to provide for licensure of social workers.
- page 2, line 9 Allows the Board to meet twice annually, with any additional hearings to be conducted over the teleconference network.
- page 2, line 15 Unexcused absences from meetings would be cause for removal from the Board, with specifics to be determined by the Board.
- page 3, line 21 Requires submittal of three professional references.
- page 8, line 14 Removes reference to severe dependency on alcohol or drugs as grounds for disciplinary sanctions.
- page 8, line 18 Removes reference to immoral conduct as grounds for disciplinary sanctions.

These are changes  
made in final  
HESS C.S.

- page 9, line 28 Clarifies that unlicensed persons who use the title social worker, and licensed workers who breach the confidentiality provisions of AS 08.87.210 are guilty of a class B misdemeanor.
- page 9, line 29 Clarifies that in order to restrain an unlicensed person from practicing, the Board must apply to the court for injunctive relief.
- page 10, line 8 Allows 60 days for initial Board appointments to be made.
- page 10, line 28 Clarifies that fields related to social work (which would qualify a person for "grandfathering") are social science fields as defined by the Board.
- page 11, line 15 Provides that persons practicing social work on the effective date of the act may continue to use the title until June 30, 1987, whether or not they are licensed.

POSITION PAPER

SENATE BILL NO. 227

For an Act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

This bill would establish a Board of Social Work Examiners which would set standards for specialty designations of Social Workers, provide for examination of eligible participants, adopt regulations for supervision of persons engaged in social work who are not Master Social Workers, and impose disciplinary sanctions. The bill would require that a person be licensed to use the title "Social Worker." The bill regulates confidentiality and the disclosure of information. The bill allows for a two year grandfathering of some persons currently employed as social workers.

The Department of Health and Social Services supports efforts to increase professional standards for social workers. The department is currently seeking to increase the number of M.S.W. and B.S.W. employees engaged in agency social work, by taking administrative actions which encourage the hiring of these degreed professionals. In addition, the department believes that professional standards for social workers in the private sector would increase public confidence. However, the bill presents a number of complicated issues that have not been resolved quickly in other states. These areas require special scrutiny and analysis. This position paper first addresses three major issues, followed by a sectional analysis.

I. MAJOR DEPARTMENTAL ISSUES

A. Effect on Current State Employees:

There are currently 147 state social workers affected by the bill: 135 line and supervisory workers with the Division of Family and Youth Services, six with the Department of Administration at Pioneer homes, five with the Department of Corrections, and one with the Office of Alcoholism and Drug Abuse.

A survey of staff qualifications for Division of Family and Youth Services' employees shows that of 113 state-employed social workers responding, 2 have Ph.D.s, 29 have M.S.W. degrees, 12 have related master's degrees, 10 have B.S.W. degrees, 37 have related bachelor's degrees, 14 have degrees in other areas, and 11 have no college degree (this group of 11 represents the agency's paraprofessionals). The department believes that experienced state workers without social work degrees should be allowed to continue with the state.

The bill does allow for a limited license for "social workers" who do not meet all of the licensing standards, but who have degrees in social work or related fields and 24 months experience prior to July 1, 1987. However, the bill only allows this "grandfather" group to obtain an

POSITION PAPER

SENATE BILL NO. 227

For an Act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

This bill would establish a Board of Social Work Examiners which would set standards for specialty designations of Social Workers, provide for examination of eligible participants, adopt regulations for supervision of persons engaged in social work who are not Master Social Workers, and impose disciplinary sanctions. The bill would require that a person be licensed to use the title "Social Worker." The bill regulates confidentiality and the disclosure of information. The bill allows for a two year grandfathering of some persons currently employed as social workers.

The Department of Health and Social Services supports efforts to increase professional standards for social workers. The department is currently seeking to increase the number of M.S.W. and B.S.W. employees engaged in agency social work, by taking administrative actions which encourage the hiring of these degreed professionals. In addition, the department believes that professional standards for social workers in the private sector would increase public confidence. However, the bill presents a number of complicated issues that have not been resolved quickly in other states. These areas require special scrutiny and analysis. This position paper first addresses three major issues, followed by a sectional analysis.

I. MAJOR DEPARTMENTAL ISSUES

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A survey of staff qualifications for Division of Family and Youth Services' employees shows that of 113 state-employed social workers responding, 2 have Ph.D.s, 29 have M.S.W. degrees, 12 have related master's degrees, 10 have B.S.W. degrees, 37 have related bachelor's degrees, 14 have degrees in other areas, and 11 have no college degree (this group of 11 represents the agency's paraprofessionals). The department believes that experienced state workers without social work degrees should be allowed to continue with the state.

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*C.S. provides  
for subsequent  
licenses as  
well*

"original license" valid for two years (Section 7(a), pages 10-11). The department urges an amendment to allow already established state social workers to continue practice with the right to renew their licenses, subject to the disciplinary oversight of the new Social Work Board (as well as supervision by the department and "oversight" by the courts and the ombudsman). The language of the department's proposed amendment is included in the sectional bill analysis later in this paper.

B. Effect on State Hiring Practices, Including Local Hire and Affirmative Action Goals:

*C.S. provides  
for "associate  
social  
worker"*

After the enactment of the bill, the department would be required to hire licensed social workers. It may be difficult to fill all social work positions, whether public or private, with licensed social workers, especially in rural areas. Also, the bill's strict educational requirements for licensure may impede the state's long-term goals of employing paraprofessional employees and developing a career ladder for them. The department often hires Alaska Native "Social Services Associates" who may eventually become social workers. The bill would probably prevent these persons from advancing beyond the paraprofessional level unless they leave their communities for further education.

There is currently no M.S.W. program in the State of Alaska. However, the Department of Health and Social Services is negotiating with two out-of-state universities to provide for a supervised field placement program in Alaska. The need to go out of state for the master's degree creates a hardship for Alaskans and especially limits the participation of low income persons and Natives in the social work field. (The development of an M.S.W. program through the University of Alaska would be very costly for the number of potential students.) Perhaps with further study this bill could include a method for non-degreed persons to "work up" to a level where they can be licensed as social workers based on experience and examination. (For example, AS 08.08.207 allows persons to become attorneys by clerking and examination.)

C. Effect of Licensing Which Defines Allowable "Tasks"

*has been  
done in C.S. →*

In Section 4 of the bill, Section 08.87.110, dealing with the scope of practice, the department urges the amendment of this section to delete any listing of services as part of a definition of the scope of practice of social work. The department and a representative from the Attorney General's office, in recent discussions with the National Association of Social Workers, have received advice that many other states find it more practical to define the practice of social work in "goals-related" language, rather than with a list of services or tasks which may be performed by social workers. Statutes with task lists may restrict the practice of some of these tasks by other, unlicensed persons, or create unnecessary battles between related professionals. The department suggests that the beginning language in 08.87.110(a), which describes

done in CS.

the goals of social work, could probably stand alone. Therefore, the department urges the deletion of lines 10-23 of this section, (page 4) starting on line 10 with the words "the services provided may include ..."

The department expects to receive a new suggested uniform licensure act from the National Association of Social Workers some time late the week of April 8th. As soon as this language is received we will share it with the committees and the bill sponsors.

Section 08.87.110, the Scope of Practice section, ties in with the license for title section, Section 08.87.200 (page 6). The department feels that although that it is important to license the title "social worker," the interaction between Sections 110 and Sections 200 may hamper many other persons from performing valuable services for fear of violating this licensing statute. Again, when the department receives language from N.A.S.W. we will present specific amendment language to the committees and sponsors.

## II. SECTIONAL ANALYSIS

### A. Supervision

In addition to the concerns mentioned above, the department wishes to note other problem areas, section by section.

The bill, at 08.87.070(5), states that the licensing board must promulgate regulations determining how non-master social workers would be supervised. At this time the department cannot know how these supervision standards would relate to the department's supervisory structures. Although the department can attempt to deal with this issue when regulations are proposed in the future, clarification in the bill would be better.

### B. Confidentiality

Section 08.87.210, which states when a social worker may disclose client information, needs another subsection, as follows:

done in C.S.

- (9) communication discloses information that the licensee is obligated by other state or federal statute or regulations to report.

The addition of such a subsection makes it clear that a social worker may make statutorily required reports, such as the reports of harm to a child or an adult required by Title 47.

C. Powers of the Board

At Section 08.87.230, which defines disciplinary sanctions, the department suggests that page 8, line 25 be amended by deleting the words "guilty of an offense under" and substituting the words "has committed a violation of." Terminology such as "guilty" and "offense" does not seem appropriate in a license disciplinary hearing, which is an administrative, civil proceeding. In Section 08.87.240, the penalty section of the bill, the department urges clarification of subsection (a) which creates a Class B misdemeanor. The present language states that "a person who violates this chapter" has committed a crime. This criminal provision should state what specific activity is made criminal, whether it is only practice without a license or, as an extreme example, whether it would be a crime for a social worker to breach confidentiality under 08.87.210.

The department also urges that Subsection (b) of 08.87.240 be set out as a separate section, as the Board's right to seek a civil injunction would be better placed separately from the criminal penalty provisions of the bill. Also, the department urges the amendment of 08.87.240 as follows, to clarify that the Board is not empowered to issue injunctive type orders:

*discussed with  
Legislative  
Legal - OK as is*

*discussed w/ Leg-  
islative Legal -  
OK as is*

(b) 1... Board may apply to the Superior Court for an order en-  
joining [MAY SEEK TO ENJOIN OR RESTRAIN] a person not licensed  
under this chapter or whose license is suspended, revoked or  
expired from violating this chapter.

D. "Grandfathering"

The details of the waiver or "grandfathering" for present social workers are contained in Section 7 of the bill. The department urges that Section 7(a), specifically page 10, lines 26 and 27, be amended to read

... this act, a person may apply for and receive an original  
license, and subsequent license renewals, as a bachelor social  
worker if the person ...

The department urges the same change in the master social work language at Section 7(b), page 11, line 7.

In Subsection 7(a)(1), page 11, line 1, the department urges a definition of what is "a field related to social work" so that present social workers affected by the bill can know with certainty whether or not their degrees are considered as "related." Examples of degree fields which could be considered to be "related" to social work are: psychology, counselling and early childhood development. Much employee anxiety about the bill and much pressure on the first Social Work Board would be relieved by legislative determination of what related degrees would qualify for the "grandfather" licensing.

*CS deletes  
[original]*

*Defined in  
C.S.*

### III. FINANCIAL IMPACT

The bill would require the state to bear the cost of creating a new board. It may be more efficient to expand the responsibility of the existing board of Psychologists and Psychiatrists to include social workers, and other therapists and counselors. The Division of Occupational Licensing obviously needs to be consulted to evaluate additional costs attached to the bill. The fees for licensing are costly and may financially impact non-profit contractors who, through their staff social workers, provide services to the state.

### IV. RECOMMENDATION

The department supports the licensure of social workers in both the public and private sector as an additional method to monitor quality and to protect the public, although the department believes accommodation should be made for persons currently employed as social workers. There are many questions remaining about how to implement a licensing system in the social services area, questions that would benefit from further research and discussion.

Senate Bill 227 "An Act relating to the practice of social work and establishing a board of social worker examiners."

The Department of Commerce and Economic Development would oppose this legislation. This administration's position has consistently been opposed to additional boards without substantial evidence of public outcry or public need. This legislation does not exhibit either of these demands.

Although the bill's purpose is to assure the consumer that persons providing service under the title "social worker" have completed professional social work education, adhere to a code of professional ethics, and are subject to review by the Board of Social Worker Examiners, the legislation can only enforce the licensure requirements by a board. The bill does not protect the consumer. This is a practice act to allow social workers third party reimbursement, which can be done if they are registered without the expense of a board.

The legislation adds an additional title of "Independent" social worker, and adds "L" for licensed in front of each designation. Nationally, they are known as MSW or BSW for Master Social Worker or Bachelor of Social Worker, respectively.

The staff has identified 119 State positions of social workers. These individuals oppose licensing. The legislation does not provide for an exemption of State workers. If this legislation is approved, we would support the position for licensing State employees. This is based on the lower income population being the main users of State services, they should also be provided with an avenue of redress.

We are concerned with the confidentiality section in the bill. This section should also provide a protection statement for a social worker who treats a client who was abused by another licensee. This would enhance a public protection attitude.

This legislation directs the Governc. to appoint five initial board members within 30 days. This is also unacceptable.

*Harry D. Treager*

Harry D. Treager, Director  
Division of Occupational Licensing

*April 1, 1985*  
Date

*Loren H. Lounsbury*  
Loren H. Lounsbury, Commissioner

*4/3/85*  
Date

STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

**REQUEST**  
 Bill/Resolution No.: SB 227  
 Title: Practice of Social Work & Estab. Board of Social Work Examiners  
 Sponsor: Sen. Fahrenkamp  
 Requestor: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

**FISCAL DETAIL**  
 Agency Affected: Commerce & Econ. Dev.  
 Program Category Affected: Consumer Protection  
 BRU, Program or Subprogram(s) Affected: Occupational Licensing

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES		33.1	34.8	36.5	38.3	40.2
200 TRAVEL		8.8	9.2	9.7	10.2	10.7
300 CONTRACTUAL		19.3	20.3	21.3	22.4	23.5
400 SUPPLIES		1.0	1.1	1.1	1.2	1.2
500 EQUIPMENT		3.7				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		65.9	65.4	68.6	72.1	75.6
<b>CAPITAL</b>						
<b>REVENUE</b>		78.8	2.3	67.3	2.3	71.3

**FUNDING: (Thousands of Dollars)**

GENERAL FUND		65.9	65.4	68.6	72.1	75.6
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		65.9	65.4	68.6	72.1	75.6

**POSITIONS:**

FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

**ANALYSIS:** Attach a separate page if necessary

The bill creates a Board of Social Work Examiners and implements licensing of all social work practitioners in the State. The bill establishes three licensing categories, and unlimited "specialties" left to the discretion of the board. (See attached for further analysis.)

Prepared By: Jennifer Strickler, Mgnt Analyst Phone: 465-2144  
 Division: Occupational Licensing Date: 4-4-85

Approved by Commissioner: Loren H. Lounsbury Date: 4/8/85  
 Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

Analysis, continued

SB\_22Z\_\_FISCAL\_IMPACT

(NOTE: 5% inflation factor projected for FY '87 through  
FY '90 for operating costs)

100\_\_PERSONAL\_SERVICES:

1 Licensing Examiner, Range 12A,  
GGU, 12 months, to be located in Juneau \$33,145.82

200\_\_TRAVEL:

NOTE: Travel costs were based on five (5) members from different  
geographic regions in the State as required in the bill. The areas  
used in these calculations were: Anchorage, Fairbanks, Juneau,  
Kenai, Nome. Also, the bill mandates a minimum of two meetings a  
year and special meetings at the call of the Chairman or a majority  
of the board members. Therefore, three (3) meetings are included in  
this fiscal note.

Anchorage meeting

Anchorage, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	212.00
Per diem at \$80 per day x 2 days	160.00
Juneau, transportation at \$352 x 2 (board member & licensing examiner)	704.00
Per diem at \$80 per day x 2 days x 2	320.00
Kenai, transportation	64.00
Per diem at \$80 per day x 2 days	160.00
Nome, transportation	406.00
Per diem at \$80 per day x 2 days	160.00
	<hr/>
	\$ 2,346.00

Juneau meeting

Juneau, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Anchorage, transportation	352.00
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	564.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Kenai, transportation	416.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Nome, transportation	664.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
	<hr/>
	\$ 3,036.00

SB 227 Fiscal Impact, continued

Fairbanks meeting

Fairbanks, transportation	-0-
Per diem at \$90 per day x 2 days	180.00
Anchorage, transportation	212.00
Per diem at \$90 per day x 2 days	180.00
Juneau, transportation at \$564 x 2 (board member & licensing examiner)	1,128.00
Per diem at \$90 per day x 3 days x 2 (one extra day to travel)	540.00
Kenai, transportation	276.00
Per diem at \$90 per day x 2 days	180.00
Nome, transportation	456.00
Per diem at \$90 per day x 3 days (one extra day to travel)	270.00
	<hr/>
	\$ 3,422.00

300 CONTRACTUAL SERVICES:

Postage, telephone, printing, publications and other operating costs	3,000.00
Computer terminal use, at \$45 per month (Licensing Examiner use only)	540.00
Professional Examination Service fees for licensing examinations: Estimated 315 examinees in FY '86 for initial licensing at \$50 each	15,750.00
Note: 315 social workers were identified by this agency.	
	<hr/>
	\$ 19,290.00

400 COMMODITIES:

Stationery, typewriter ribbons, pens, pencils, and other miscellaneous desk top supplies	1,000.00
---------------------------------------------------------------------------------------------	----------

500 EQUIPMENT: (one time costs only)

1 desk, double pedestal, 70" x 36"	747.08
1 chair, swivel with arms	257.69
1 typewriter, IBM Selectric II	1,340.19
1 chair, side without arms	120.33
1 desk calculator	382.89
1 file cabinet, 5 drawer legal with lock	426.63
1 table 72" x 36"	426.63
	<hr/>
	\$ 3,701.44

GRAND TOTAL: \$ 65,941.26

Projected Revenues

FY 86:

Based on the number of practitioners identified, it is anticipated that 315 practitioners will be seeking initial licensure by examination.

315 x \$250 (application & exam fee)

\$ 78.8

FY 87:

Based on the assumption that there will be at least 10 new applicants (5 by examination, and 5 by credentials)

This will make a total of 325 licensees.

2.3

FY 88:

Section 08.87.130 of the bill mandates that licenses will lapse after 24 months unless it is renewed. Licenses will be issued upon completion and approval of an application. If Section 08.87.130 remains as stated, each license will be required to renew 24 months from the date of issue, thus causing administrative complications in monitoring the duration period of each license issued. To avoid such administrative difficulties, we would prefer all licenses to expire in a specific year embedded in statutes, and on a date determined by the department.

Projections for this fiscal year is based on the assumption that all licenses will be valid for a two-year period and will be renewed during this year.

Based on 325 licensees x \$200 (renewal fee) =  
In addition, another 10 new licensees to make  
a total of 335 practitioners.

65.0

2.3

67.3

FY 89:

Based on an estimate of 10 new licensees, 5 by examination and 5 by credentials =

This would make a total of 345 licensees.

2.3

FY 90:

Assuming this will also be a renewal year, and based on 345 licensees x \$200 renewal fee =

In addition, another 10 new licensees, to make  
a total of 355 licensees =

69.0

2.3

71.3

1.	POSITION TITLE LICENSING EXAMINER I (Juneau)			RANGE/STEP 12A	ORG. UNIT GGU	PAGE/LINE	GOV.	APPROV.	DISAPP.
2.	TYPE OF POSITION PFT	STAFF MONTHS	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.	
3.	COMBINATION LEVEL			ADDITION	JUSTIFICATION				
4.	Type of Exemption			Amount	<p>This position is necessary to assist in the implementation of the provisions of SB 227. The position would assist the Board in establishing necessary files, prepare application forms for printing, publish notices of meetings and exams, prepare travel authorizations for board members, arrange for meeting rooms and examinations, and perform other administrative duties as needed.</p>				
	1	2	3						
	PERSONAL SERVICES								
5.	Salary	24.9							
6.	Benefits	4.0							
7.	Supplemental Benefits	1.5							
8.	Fixed Benefits	2.7							
9.	TOTAL PERSONAL SERVICES	01	33.1						
10.	Travel	02	1.3						
11.	Contractual	03	3.5						
12.	Commodities	04	1.0						
13.	Equipment	05	3.5						
14.	Other								
15.	TOTAL COST		42.4						
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts	1002						
17.		C.F. Match	1003						
18.		General Funds	1004	42.4					
19.		I-A Receipts	1005						
20.		Program Receipts	1028						
21.		Other							
FOR BSM USE ONLY									
KEY NUMBER _____									

**REQUEST FOR  
NEW POSITION**

AGENCY Commerce and Economic Development  
 PROGRAM Consumer Protection  
 BRU Occupational Licensing  
 COMPONENT Administration

Page 1 of 1  
 Revised Date \_\_\_\_\_

**FY 86**

POSITION PAPER

HOUSE BILL NO. 317

For an Act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

This bill would establish a Board of Social Work Examiners which would set standards for specialty designations of Social Workers, provide for examination of eligible participants, adopt regulations for supervision of persons engaged in social work who are not Master Social Workers, and impose disciplinary sanctions. The bill would require that a person be licensed to use the title "Social Worker." The bill regulates confidentiality and the disclosure of information. The bill allows for a two year grandfathering of some persons currently employed as social workers.

The Department of Health and Social Services supports efforts to increase professional standards for social workers. The department is currently seeking to increase the number of M.S.W. and B.S.W. employees engaged in agency social work, by taking administrative actions which encourage the hiring of these degreed professionals. In addition, the department believes that professional standards for social workers in the private sector would increase public confidence. However, the bill presents a number of complicated issues that have not been resolved quickly in other states. These areas require special scrutiny and analysis. This position paper first addresses three major issues, followed by a sectional analysis.

I. MAJOR DEPARTMENTAL ISSUES

A. Effect on Current State Employees:

There are currently 143 Division of Family and Youth Services social workers affected by the bill.

As of January 3, 1986, an educational review of staff qualifications of Division of Family and Youth Services' employees shows that of 143 social worker positions, 2 have Ph.D's, 32 have M.S.W. degrees, 20 have related master's degrees, 15 have B.S.W. degrees, and 57 have related bachelor's degrees. Approximately 50% of social work supervisors have M.S.W. degrees from an accredited social work school. 52% of social work employees have a BSW or above, which represents the agency's strong management effort to continue to improve the credentials of social work staff.

The bill does allow for a limited license for "social workers" who do not meet all of the licensing standards, but who have degrees in social work or related fields and 24 months experience prior to July 1, 1987.

However, the bill only allows this "grandfather" group to obtain an "original license" valid for two years (Section 7(a), pages 10-11). The department urges an amendment to allow already established state social workers to continue practice with the right to renew their licenses, subject to the disciplinary oversight of the new Social Work Board (as well as supervision by the department and "oversight" by the courts and the ombudsman).

B. Effect on State Hiring Practices, Including Local Hire and Affirmative Action Goals:

After the enactment of the bill, the department would be required to hire licensed social workers. It may be difficult to fill all social work positions, whether public or private, with licensed social workers, especially in rural areas. This bill includes a provision for provisional social workers. This would allow paraprofessionals to register as a provisional social worker and under supervision of a licensable social worker and through an extensive tutoring program eventually gain the status of a licensed social worker. This would meet the needs of the department and their rural service providers for a paraprofessional career ladder.

II. SECTIONAL ANALYSIS

A. Supervision

The bill, at 08.87.070(5), states that the licensing board must promulgate regulations determining how non-master social workers would be supervised. At this time the department cannot know how these supervision standards would relate to the department's supervisory structures. Although the department can attempt to deal with this issue when regulations are proposed in the future, clarification in the bill would be better.

B. "Grandfathering"

The details of the waiver or "grandfathering" for present social workers are contained in Section 8 of the bill. The department urges that Section 8(a), specifically page 13, lines 24 and 25, be amended to read

... this act, a person may apply for and receive an original license, and subsequent license renewals, as a bachelor social worker if the person ...

The department continues to be concerned about the grandfathering clause in that it does not take into consideration persons who have performed the duties of social work for two years or more and are now employed in the administration of an agency which employs social workers. The

department therefore recommends that the following be added to Section 7 8.87.100(a)(2) "may apply for a license as a social worker or has practiced social work for at least 24 months in the past, and for the 24 months prior to July 1, 1988, has been employed in the administration of an agency which employs persons practicing under the title 'social worker'."

III. FINANCIAL IMPACT

Section 8.87.150 indicates that the Board would adopt regulations and set licensing fees. These fees could be very significant and costly to the state employee who does not presently pay any fees.

IV. OBSERVATION

This bill is designed to guarantee high standards of social work practice in the private and public sector. In reality, the real issues for the public sector are high caseloads, high ratios of supervisees to supervisors and inadequate training funds for state employed social workers.

V. RECOMMENDATION

The department supports the licensure of social workers in both the public and private sector as an additional method to monitor quality and to protect the public, although the department believes accommodation should be made for persons currently employed as social workers. The department recommends that suggested changes in grandfathering be made.

RECOMMENDED:

Michael L. Price  
Michael L. Price, Director  
Division of Family  
and Youth Services

DATE:

2/19/86

APPROVED:

John R. Pugh  
John R. Pugh, Commissioner  
Department of Health  
and Social Services

DATE:

2/24/86

**STATE OF ALASKA 1986 LEGISLATIVE SESSION  
FISCAL NOTE**

Revision Date: \_\_\_\_\_

**REQUEST**

Bill/Resolution No.: HB No. 317  
 Title: An Act relating to the practice of social work  
 Sponsor: \_\_\_\_\_  
 Requestor: \_\_\_\_\_  
 Date of Request: 2/7/86

**FISCAL DETAIL**

Agency Affected: Health and Social Services  
 BRU: Social Services  
 Components: \_\_\_\_\_

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>		0	0	0	0	0

CAPITAL	0					
---------	---	--	--	--	--	--

REVENUE	0					
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**FUNDING : (Thousands of Dollars)**

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		0	0	0	0	0

**POSITIONS :**

FULL-TIME	0					
PART-TIME	0					
TEMPORARY	0					

**ANALYSIS :** Attach a separate page if necessary

None

Prepared by: Michael L. Price, Director  
 Division: Family and Youth Services

Phone: 465-3170  
 Date: 2/7/86

Approved by Commissioner: John R. Pugh  
 Agency: Health and Social Services

Date: 2/25/86

**Distribution (by Agency preparing fiscal note):**

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

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ALABAMA

Group/blanket hospital or medical expense and hospital/medical service contracts covering mental health services shall pay for services of psychiatrist or psychologist. Reimbursement to be made for outpatient and inpatient services if requested by attending physician. (Note: does not mandate or require inclusion of mental health services; not to be construed to expand scope or nature of benefits when such services included in contract). §27-1-18 (5/4/82)

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## ALASKA

NONE

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ARIZONA

If contract provides coverage for alcoholism, drug abuse or psychiatric services, reimbursement shall be made whether covered service rendered in general hospital or psychiatric special hospital. Applies to contracts delivered on or after 1/1/80 and to existing group contracts thereafter on renewal, anniversary date or expiration of collective bargaining agreement. §§20-841; 20-934; 20-1057; 20-1376; 20-1406 (1/1/80)

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## ARKANSAS

Individual/group contracts providing payment of any health care services provided by hospitals or related facilities shall cover on equal basis services provided by licensed outpatient psychiatric center. Also applies to out-of-state group contracts. §66-3212(11) (120 days after 7/20/79)

Group/subscriber contracts providing hospital or medical benefits to state residents must offer coverage for mental illness unless refused in writing. Copayments may not exceed 20% for inpatient, partial hospitalization, or outpatient care. Benefit limit not less than \$7,500 per year. §§66-3716 & 3717 (3/3/83; 8/1/85)

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## CALIFORNIA

Group hospital, medical and surgical contracts must offer to policyholder such benefits as may be agreed upon. If agreed-upon terms of mental health coverage include coverage for services provided in a general or psychiatric acute care hospital, coverage shall extend to care provided by a psychiatric health facility, except that if the policy restricts the choice of providers, such restrictions shall apply. Also provides that coverage may include community residential treatment services. Applies to group disability insurers, nonprofit hospital service plans, and self-funded employee welfare benefit plans; and imposes similar obligations on health care service plans. §10125 (1/1/74; 1/1/85)

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**CALIFORNIA (continued)**

Must communicate to prospective group policyholders as to the availability of outpatient coverage for the treatment of mental or nervous disorders. §10125 (1/1/84)

Out-of-state contracts recognizing psychologists in state of issue may not exclude such services rendered by California psychologists not licensed in state of issue. §§10176.5; 10177.5; 11512.2 (1/1/82)

Similar requirement for clinical social workers, mental health nurses, marriage, family and child counselors. §10176.7 (1/1/84; amd. 1/1/85)

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**COLORADO**

Group hospital and medical expense contracts must include as to basic contracts 45 days inpatient and 90 days "partial" on a "2 for 1 day" basis; as to major medical contracts, same as basic with up to 50% coinsurance (also see Alcoholism). §10-8-116 (1/1/76)

Group and nonprofit hospital and health service corporations' policies providing hospitalization or medical benefits must provide benefits for conditions arising from mental illness at least equal to following: major medical - outpatient services furnished by a comprehensive health care service corporation, hospital, or community mental health center or other mental health clinics approved by Department of Institutions to furnish mental health services or furnished by or under supervision of licensed physician or psychologist. Services shall be under direct supervision of physician or psychologist and patient records shall show that attending physician or psychologist either saw the patient or had a written summary of consultations or a personal consultation with the therapist at least once every 90 days. Insurer may require provider to furnish written certification that such services were provided under supervision of licensed physician or psychologist. Reg. 83-2 (2/1/84)

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**CONNECTICUT**

All group contracts must provide up to 60 days inpatient; major medical contracts shall provide benefits (outpatient) after applicable deductible, at 50% rate during any calendar year, up to \$1,000. §38-174d (5/28/75)

Insurer must cover partial hospitalization for mental illness on exchange basis with covered inpatient days; insurers to offer additional outpatient for mental illness treatment. §38-174d (10/1/82)

In case of benefits payable for service of licensed physician practicing as psychiatrist or licensed psychologist, benefits for outpatient services will be payable if rendered: (1) in nonprofit community mental health center as defined by Department of Mental Health or in nonprofit licensed adult psychiatric clinic operated by accredited hospital; (2) under supervision of psychiatrist or licensed psychologist; and (3) within scope of license issued to center or clinic by Department of Health Services. §38-174d(g) (10/1/83)

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DELAWARENONE

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## DISTRICT OF COLUMBIA

NONE

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## FLORIDA

Group, HMO and hospital/medical service corporations shall make available benefits same as other illness except: inpatient may be limited to not less than 30 days per benefit year, any excess need not be same as other illness; if offering outpatient benefits, coinsurance need not be the same, maximum yearly benefit may be limited to \$1,000 for consultations and excess dollar amounts need not be same as applied to physical illness generally. If alternative inpatient-outpatient or partial hospitalization benefits are selected, such benefits shall not be less than the level of benefits specified in subsection (2) of the section; benefits for mental health professionals may be limited to licensed professionals. §627.668 (10/1/83)

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## GEORGIA

Contracts providing hospital care which do not cover mental illness must contain statement in bold face type to this effect on contract and any identification card. §§33-29-5 & 6 (7/1/70)

Major medical contracts issued, delivered or renewed after 1/1/82 must make available to insured, covered spouse and dependents treatment of mental disorders same as other physical illness. Insurers may limit coverage per policy year as follows: Individual: inpatient-30 days; outpatient-48 visits; Group: inpatient-60 days; outpatient-50 visits. §33-24-28.1(b) (10/1/81; 7/1/84)

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## HAWAII

NONE

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## IDAHO

NONE

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## ILLINOIS

Group contracts must offer benefits with annual maximum of at least lesser of \$10,000 or 25% of lifetime policy maximum and coinsurance of 50% or less. §370c (7/1/77)

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**INDIANA**NONE

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**IOWA**NONE

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**KANSAS**

Unless refused in writing, group insurers must provide coverage for treatment of alcoholism, drug abuse or nervous or mental conditions for no less than 30 days per year in licensed hospital or facility and outpatient benefits limited to not less than 100% of first \$100 and 80% of next \$500 in any year. §40-2,105 (7/1/78)

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**KENTUCKY**NONE

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**LOUISIANA**

Group/blanket/franchise/self-insured must offer mental and nervous disorder coverage on same basis as other conditions. Such coverage to include services of licensed psychologist and certified social worker when in collaboration and consultation with physician assuming full patient responsibility. §22:669 (9/13/81)

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**MAINE**

Group, blanket and nonprofit hospital or medical service corporations shall provide minimum annual benefits for mental illness or nervous conditions as follows: inpatient 30 days with coinsurance of 80% or level of benefits provided for any other illness; \$1,000 for any combination of outpatient and/or day treatment care with coinsurance of 50% of UCR charges; \$100 deductible; maximum lifetime benefit of \$25,000, except that policy total maximum benefit need not be exceeded. Persons covered under both basic and major medical policies may not "stack" benefits of both policies. Policy may limit or exclude benefits to extent coverage would duplicate and be secondary to Medicare but must cover difference between Medicare and minimum required benefits. 24-A§2843 (9/23/83); Rule C. 330 (6/1/84)

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**MARYLAND**

Individual/group/nonprofit contracts must cover expenses for treatment of acute mental illness and emotional disorders which are subject to significant improvement through short-term therapy. Inpatient: 30 days per calendar year or benefit period; major medical: not less than 50% of benefits provided for other types of illness. \*E: triterritorial. 48A§§354D; 470E(a); 477E(a) (7/1/73; 7/1/81\*)

Group/nonprofit contracts must offer option of benefits for psychiatric care through partial hospitalization. Minimum of 30 partial hospitalization days during any consecutive 12-month period. 48A§§354J; 477M (1/1/77)

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**MASSACHUSETTS**

Individual/group/blanket/employee welfare benefit plans must include 60 days inpatient in mental hospital; general hospital same benefits as for other illness; outpatient up to \$500 over 12-month period. C. 175 §47B (6/1/76)

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**MICHIGAN**

NONE

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**MINNESOTA**

Group contracts covering at least 100 state residents or groups comprised of more than 90% state residents which provide mental illness benefits must provide 80% of first \$750 outpatient expense by hospital, community mental health center or approved mental health clinic, or consulting psychologist or psychiatrist. §62A.152 (8/1/75; 8/1/81)

Group/HMOs/health service plans shall include benefits, on same basis as other benefits, for treatment of emotionally handicapped children in residential treatment facility licensed by Commissioner of Public Welfare. §62A.151 (7/1/75)

Group policies providing benefits for mental or nervous disorders in a hospital must provide direct reimbursement for those services when performed by licensed consulting psychologist to extent services are within scope of such license. Carriers in administering claims may require order of physician requesting such services. §62A.152 (7/1/83)

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**MISSISSIPPI**

NONE

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**MISSOURI**

Insurers/health service corporations/HMOs shall offer coverage of psychiatric services for recognized mental illness as follows: (1) if providing inpatient benefits, same as other illness; may be limited to 30 days in benefit period; (2) if providing outpatient benefits, treatment in psychiatric residential treatment center on inpatient or outpatient basis when prescribed by physician specializing in treatment of mental illness. Not less than 50% reasonable charges to maximum of \$1500 in benefit period. Shall offer 50% reasonable charge for 20 psychotherapy services rendered by physician specializing in treatment of mental illness or psychologist unless rejected by policyholder. Frequency of sessions may be limited but benefit shall be available for at least 1 session in any 7 consecutive days. §376.381 (8/13/80)

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**MONTANA**

Insurers and health service corporations hospital and medical expense contracts must make available benefits for care and treatment of mental illness, alcoholism and drug addiction on same basis as other benefits, except inpatient benefits may be limited to 30 days per year; outpatient to \$1,000 per benefit period; and maximum lifetime benefits to \$10,000 or 25% of lifetime contract limit whichever is less. Does not apply to blanket, shortterm travel, accident only, limited or specified disease, individual conversion, or Medicare Supplement contracts. §§33-22-701 through 704 (1/1/82)

On effective date, amends above to require group/health service corporations' hospital and medical expense contracts to provide minimum aggregate benefit levels. Treatment plans approved by "chemical dependence counselors" (i.e., can't require physician approval). §33-22-701 (12/31/84)

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**NEBRASKA**

NONE

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**NEVADA**

NONE

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**NEW HAMPSHIRE**

Minimum group benefits: (1) basic hospital expense contracts, same benefits as for any other illness; (2) basic medical expense contracts, same benefits as for physicians for other illnesses--outpatient same as any other illness, except may be limited to 15 hours treatment over 12 months; (3) major medical contracts, deductible and coinsurance at least same as for any other illness with 12-month maximum of not less than \$3,000 per covered individual. §415:18-a (amd. 6/4/76)

Group/blanket policies must provide coverage for treatment at psychiatric residential program approved by Division of Mental Health and Developmental Services. §415:18-a.III.b (8/22/83)

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**NEW JERSEY**NONE

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**NEW MEXICO**NONE

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**NEW YORK**

Must make available on request: (1) inpatient, not less than 30 days per calendar year; (2) outpatient may be limited to \$700 per calendar year. New §§3221(k)(5); 4303 [C. 894; §162.16] (1/1/78)

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**NORTH CAROLINA**NONE

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**NORTH DAKOTA**

Must provide 70 days inpatient, 140 days outpatient for group/blanket/franchise over 50 lives and who cover 70% or more of group. §26-39-01 (7/1/75); Bul. 30

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**OHIO**

Group medical expense contracts, other than accident only or specified disease, that provide benefits for mental or emotional disorders shall provide benefits on outpatient basis equal to \$550 in any calendar year or 12-month period. §3923.28 (1/1/79; 1/1/83)

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**OKLAHOMA**NONE

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**OREGON**

Mandated benefits in group policies for alcoholism, chemical dependency and mental illness. Benefits must be provided whether performed in health or residential facilities, or on outpatient basis, or by physicians, psychologists, nurse practitioners, or clinical social workers. May be subject to provisions of policy applicable to other benefits, including coinsurance and deductibles, except that coinsurance and deductibles for treatment in health or residential facilities may not be greater than for hospitalization, and for outpatient treatment, may not be greater than for other outpatient treatment.

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**OREGON (continued)**

Total benefit dollar amounts may be limited depending on whether services are for alcoholism, chemical dependency, mental illness, or combination thereof, or whether provided in health or residential facilities, or outpatient basis, or combination thereof. Insurers allowed option of implementing certain "cost containment" features. §§743.557 & .558 (1/1/84; sunsets 7/1/87)

Individual/group contracts may not exclude benefits for services rendered in state approved community mental health programs. §743.116 (7/21/81)

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**PENNSYLVANIA**

NONE

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**RHODE ISLAND**

NONE

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**SOUTH CAROLINA**

NONE

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**SOUTH DAKOTA**

NONE

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**TENNESSEE**

Unless specifically excluded, individual, franchise, blanket or group contracts must provide benefits for psychiatric disorders, mental or nervous conditions, alcoholism, drug dependence or medical complications of mental illness or mental retardation. Benefits not defined but must be provided for services rendered in health facility licensed in state as hospital accredited by Joint Commission on Accreditation of Hospitals, or facility owned or operated by state which is especially intended for diagnosis, care and treatment of psychiatric, mental or nervous disorders, or licensed and accredited residential treatment facility. §§56-7-1003 (7/1/74); 56-7-1004 (7/1/81)

Group hospital, medical or major medical contracts shall make available outpatient benefits in community mental health centers which shall include minimum of 30 outpatient visits per year and deductibles and coinsurance not less favorable than illness generally. Benefits shall be part of contract unless policyholder rejects in writing. If contract provides inpatient benefits, shall include community mental health centers with inpatient care facilities. §§56-7-1003 & 1004 (7/1/80)

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**TENNESSEE (continued)**

When optional benefits offered under §56-7-1003 are provided for mental, emotional or nervous disorders, alcoholism, drug dependence or medical complication of mental illness or mental retardation, and treatment is received at community mental health center, such benefits provided when services are rendered by a physician shall also be provided when rendered by a member of the clinical staff of the community mental health center provided the center has in effect a plan for quality assurance approved by the Department of Mental Health, and such treatment is supervised by licensed physician or clinical psychologist. §56-7-1003(b) (6/5/84)

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**TEXAS**

Group, HMOs, service plan contractors providing inpatient coverage for mental or emotional illness or disorders shall provide coverage for treatment under direction of M.D. or D.O. in psychiatric day treatment facility that provides organizational structure and individualized treatment plans separate from inpatient programs, subject to same durational limits, deductibles and coinsurance factors. Each full day of treatment equal to half-day inpatient treatment. Policyholder has right to reject coverage for treatment of mental or emotional illness or disorder or may select alternative level of benefits if offered or negotiated. Alternative level of benefits must provide benefits for treatment in such facilities equal to at least one-half that provided for hospital treatment. (Note: policies delivered to group policyholders before effective date governed by law in effect at that time and "continued in effect for that purpose.") Art. 3.70-2(F) (1/1/83)

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**UTAH**

NONE

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**VERMONT**

Group contracts must provide option of "45 day equivalents of active care" per contract or calendar year; outpatient at 100% for first 5 visits, 80% thereafter, up to \$500 per policy or calendar year. 8§4089 (10/1/76)

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**VIRGINIA**

Individual/group contracts must provide same benefits as for other illness, up to 30 days treatment per year. Group contracts must offer outpatient same as other benefits, but may limit to \$1,000 per benefit period at 50% coinsurance. §38.1-348.7 (11/1/77)

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**WASHINGTON**

Group/HMOs/Blues must offer optional supplemental coverage for mental health treatment rendered by licensed physician, psychologist, or community mental health agency at usual and customary rates. Coverage may be subject to contract provisions with respect to reasonable deductibles and copayments. Coverage may be waived for all covered persons if contract holder so states in advance in writing. §48.21.240 (7/1/83); Bul. 83-3 (7/22/83); Bul. 83-5 (11/1/83); Bul. 84-4 (7/2/84)

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**WEST VIRGINIA**

Individual/group contracts shall provide, unless rejected by policyholder, at least 45 days inpatient in mental hospital, outpatient benefits at 50% coinsurance up to \$500 up to 50 visits per year and services in comprehensive health service organization; community mental health center; by psychiatrist or psychologist. Inpatient in regular hospital--same as other illness. §§33-15-4a; 33-16-3a (7/4/77)

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**WISCONSIN**

Group contracts must include at least 30 days inpatient coverage and up to first \$500 of outpatient service per calendar year. Treatment in community-based residential facilities included. §§632.89 & 632.89(2)(b)2 (9/1/74; 7/13/83)

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**WYOMING**

NONE

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**PUERTO RICO**NONE

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INDIANA - NEW ENTRY

Insurers shall reimburse community mental health centers and licensed psychiatric hospitals for inpatient services for treatment of mental illness or substance abuse if a hospital would have received reimbursement for same treatment. §27-8-5-15.5 (9/1/85)

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## LOUISIANA - REVISION

Group/blanket/franchise/self-insured must offer mental and nervous disorder coverage on same basis as other conditions. Such coverage to include services of licensed psychologist and certified social worker when in collaboration and consultation with physician assuming full patient responsibility. Such offer shall be made in connection with each renewal of the policy unless insured has previously elected not to have the coverage. §22:669 (9/13/81; 9/6/85)

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## NEBRASKA - NEW ENTRY

Insurers, HMOs, hospital service corporations and other health insurance providers may not deny payment for treatment for mental or nervous disorders on basis that hospital or state institution providing treatment is publicly funded and fees are charged depending on patient's ability to pay. §83-368 (9/6/85)

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## NORTH DAKOTA - REPLACEMENT

Group insurers, nonprofit health service corporations and HMOs must provide benefits same as for other illnesses for diagnosis, evaluation and treatment of alcoholism, drug addiction or other illnesses in licensed hospital, facility licensed under §23-17.1-01, or regional human service center. Benefit levels include coverage for 70 inpatient days per year, 140 days of partial hospitalization services. Similar levels of benefits for treatment for mental disorder when treated in licensed hospital or facility licensed under §23-17.1-01, which offers treatment for mental disorders or other illnesses. §§26.1-26-08 & 09 (7/1/85)

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## WASHINGTON - NEW ENTRY

Bul. 84-4 which interpreted the above statutes has been withdrawn. The Department now allows those insurers, contractors and organizations, when acting in good faith, to offer the above coverage only with respect to treatment by a physician or psychologist if the contract holder has first waived the mandated three-part offering. Bul. 85-3 (5/16/85); AGO (5/9/85)

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## WISCONSIN - REPLACEMENT

Group insurers must provide, per policy year, following benefits: inpatient--lesser of 30 days or \$7,000; outpatient--minimum of \$1,000, coverage to include services provided by licensed psychologist in psychologist's office. Allows copayment of up to 10%. Total coverage for both inpatient and outpatient treatment need not exceed \$7,000. 1985 Wisconsin Act 29 (7/20/85)

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## UNFAIR CLAIMS SETTLEMENT PRACTICES MODEL REGULATION

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### Section 1. Authority.

Section 4(9) of the Unfair Trade Practices Act prohibits insurers doing business in the state from engaging in unfair claims settlement practices and provides that if any insurer performs any of the acts or practices proscribed by that section with such frequency as to indicate a general business practice, then those acts shall constitute an unfair or deceptive act or practice in the business of insurance.

### Section 2. Scope.

This regulation defines certain minimum standards which, if violated with such frequency as to indicate a general business practice, will be deemed to constitute unfair claims settlement practices. This regulation applies to all persons and to all insurance policies and insurance contracts except policies of Workers' Compensation insurance. This regulation is not exclusive, and other acts, not herein specified, may also be deemed to be a violation of Section 4(9) of the Act.

### Section 3. Definitions.

The definitions of "person" and of "insurance policy or insurance contract" contained in section 2 of the Unfair Trade Practice Act shall apply to this regulation and, in addition, where used in this regulation:

- (a) "Agent" means any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim;
- (b) "Claimant" means either a first party claimant, a third party claimant, or both and includes such claimant's designated legal representative and includes a member of the claimant's immediate family designated by the claimant;
- (c) "First party claimant" means an individual, corporation, association, partnership or other legal entity asserting a right to payment under an insurance policy or insurance contract arising out of the occurrence of the contingency or loss covered by such policy or contract;
- (d) "Insurer" means a person licensed to issue or who issues any insurance policy or insurance contract in this State.
- (e) "Investigation" means all activities of an insurer directly or indirectly related to the determination of liabilities under coverages afforded by an insurance policy or insurance contract.
- (f) "Notification of claim" means any notification, whether in writing or other means acceptable under the terms of an insurance policy or insurance contract, to an insurer or its agent, by a claimant, which reasonably apprises the insurer of the facts pertinent to a claim;
- (g) "Third party claimant" means any individual, corporation, association, partnership or other legal entity asserting a claim against any individual, corporation, association, partnership or other legal entity insured under an insurance policy or insurance contract of an insurer; and

## Unfair Claims Settlement

- (h) "Worker's Compensation" includes, but is not limited to, Longshoremen's and Harbor Worker's Compensation.

### Section 4. File and Record Documentation.

The insurer's claim files shall be subject to examination by the (Commissioner) or by his duly appointed designees. Such files shall contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed.

### Section 5. Misrepresentation of Policy Provisions.

- (a) No insurer shall fail to fully disclose to first party claimants all pertinent benefits, coverages or other provisions of an insurance policy or insurance contract under which a claim is presented.
- (b) No agent shall conceal from first party claimants benefits, coverages or other provisions of any insurance policy or insurance contract when such benefits, coverages or other provisions are pertinent to a claim.
- (c) No insurer shall deny a claim for failure to exhibit the property without proof of demand and unfounded refusal by a claimant to do so.
- (d) No insurer shall, except where there is a time limit specified in the policy, make statements, written or otherwise, requiring a claimant to give written notice of loss or proof of loss within a specified time limit and which seek to relieve the company of its obligations if such a time limit is not complied with unless the failure to comply with such time limit prejudices the insurer's rights.
- (e) No insurer shall request a first party claimant to sign a release that extends beyond the subject matter that gave rise to the claim payment.
- (f) No insurer shall issue checks or drafts in partial settlement of a loss or claim under a specific coverage which contain language which release the insurer or its insured from its total liability.

### Section 6. Failure to Acknowledge Pertinent Communications.

- (a) Every insurer, upon receiving notification of a claim shall, within ten working days, acknowledge the receipt of such notice unless payment is made within such period of time. If an acknowledgement is made by means other than writing, an appropriate notation of such acknowledgement shall be made in the claim file of the insurer and dated. Notification given to an agent of an insurer shall be notification to the insurer.
- (b) Every insurer, upon receipt of any inquiry from the insurance department respecting a claim shall, within fifteen working days of receipt of such inquiry, furnish the department with an adequate response to the inquiry.
- (c) An appropriate reply shall be made within ten working days on all other pertinent communications from a claimant which reasonably suggest that a response is expected.
- (d) Every insurer, upon receiving notification of claim, shall promptly provide necessary claim forms, instructions, and reasonable assistance so that first party claimants can comply with the policy conditions and the insurer's reasonable requirements. Compliance with this paragraph within ten working days of notification of a claim shall constitute compliance with subsection (a) of this section.

### Section 7. Standards for Prompt Investigation of Claims.

Every insurer shall complete investigation of a claim within thirty days after notification of claim, unless such investigation cannot reasonably be completed within such time.

**Section 8. Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers**

- (a) Within 15 working days after receipt by the insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer. No insurer shall deny a claim on the grounds of a specific policy provision, condition, or exclusion unless reference to such provision, condition, or exclusion is included in the denial. The denial must be given to the claimant in writing and the claim file of the insurer shall contain a copy of the denial.

Where there is a reasonable basis supported by specific information available for review by the insurance regulatory authority that the first party claimant has fraudulently caused or contributed to the loss by arson, the insurer is relieved from the requirements of this subsection. Provided, however, that the claimant shall be advised of the acceptance or denial of the claim within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.

*[Second paragraph of subsection 8(a) added by 1980 NAIC Proceedings II.]*

- (b) If a claim is denied for reasons other than those described in paragraph (a) and is made by any other means than writing, an appropriate notation shall be made in the claim file of the insurer.
- (c) If the insurer needs more time to determine whether a first party claim should be accepted or denied, it shall so notify the first party claimant within fifteen working days after receipt of the proofs of loss, giving the reasons more time is needed. If the investigation remains incomplete, the insurer shall, forty-five days from the date of the initial notification and every forty-five days thereafter, send to such claimant a letter setting forth the reasons additional time is needed for investigation.

Where there is a reasonable basis supported by specific information available for review by the insurance regulatory authority for suspecting that the first party claimant has fraudulently caused or contributed to the loss by arson, the insurer is relieved from the requirements of this subsection. Provided, however, that the claimant shall be advised of the acceptance or denial of the claim by the insurer within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.

*[Second paragraph of subsection 8(c) added by 1980 NAIC Proceedings II.]*

- (d) Insurers shall not fail to settle first party claims on the basis that responsibility for payment should be assumed by others except as may otherwise be provided by policy provisions.
- (e) Insurers shall not continue negotiations for settlement of a claim directly with a claimant who is neither an attorney nor represented by an attorney until the claimant's rights may be affected by a statute of limitations or a policy or contract time limit, without giving the claimant written notice that the time limit may be expiring and may affect the claimant's rights. Such notice shall be given to first party claimants thirty days and to third party claimants sixty days before the date on which such time limit may expire.
- (f) No insurer shall make statements which indicate that the rights of a third party claimant may be impaired if a form or release is not completed within a given period of time unless the statement is given for the purpose of notifying the third party claimant of the provision of a statute of limitations.

**Section 9. Standards for Prompt, Fair and Equitable Settlements Applicable to Automobile Insurance.**

- (a) When the insurance policy provides for the adjustment and settlement of first party automobile total losses on the basis of actual cash value or replacement with another of like kind and quality, one of the following methods must apply:

Unfair Claims Settlement

- (1) The insurer may elect to offer a replacement automobile which is a specific comparable automobile available to the insured, with all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of the automobile paid, at no cost other than any deductible provided in the policy. The offer and any rejection thereof must be documented in the claim file.
  - (2) The insurer may elect a cash settlement based upon the actual cost, less any deductible provided in the policy, to purchase a comparable automobile including all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of a comparable automobile. Such cost may be determined by
    - (A) The cost of a comparable automobile in the local market area when a comparable automobile is available in the local market area.
    - (B) One of two or more quotations obtained by the insurer from two or more qualified dealers located within the local market area when a comparable automobile is not available in the local market area.
  - (3) When a first party automobile total loss is settled on a basis which deviates from the methods described in subsections (a)(1) and (a)(2) of this section, the deviation must be supported by documentation giving particulars of the automobile condition. Any deductions from such cost, including deduction for salvage, must be measurable, discernible, itemized and specified as to dollar amount and shall be appropriate in amount. The basis for such settlement shall be fully explained to the first party claimant.
- (b) Where liability and damages are reasonably clear, insurers shall not recommend that third party claimants make claim under their own policies solely to avoid paying claims under such insurer's insurance policy or insurance contract.
  - (c) Insurers shall not require a claimant to travel unreasonably either to inspect a replacement automobile, to obtain a repair estimate or to have the automobile repaired at a specific repair shop.
  - (d) Insurers shall, upon the claimant's request, include the first party claimant's deductible, if any, in subrogation demands. Subrogation recoveries shall be shared on a proportionate basis with the first party claimant, unless the deductible amount has been otherwise recovered. No deduction for expenses can be made from the deductible recovery unless an outside attorney is retained to collect such recovery. The deduction may then be for only a pro rata share of the allocated loss adjustment expense.
  - (e) If an insurer prepares an estimate of the cost of automobile repairs, such estimate shall be in an amount for which it may be reasonably expected the damage can be satisfactorily repaired. The insurer shall give a copy of the estimate to the claimant and may furnish to the claimant the names of one or more conveniently located repair shops.
  - (f) When the amount claimed is reduced because of betterment or depreciation all information for such reduction shall be contained in the claim file. Such deductions shall be itemized and specified as to dollar amount and shall be appropriate for the amount of deductions.
  - (g) When the insurer elects to repair and designates a specific repair shop for automobile repairs, the insurer shall cause the damaged automobile to be restored to its condition prior to the loss at no additional cost to the claimant other than as stated in the policy and within a reasonable period of time.

*[Previous subsection 9(h) deleted by 1981 NAIC Proceedings I.]*

*Legislative History (all references are to the Proceedings of the NAIC).*

1976 Proc. II 367-370  
1980 Proc. II

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LOUIS R. VEERMAN  
CLIFFORD W. HOLST  
RICHARD M. ROSSTON  
JAMES D. LINKWILER  
JOSEPH J. PERKINS, JR.  
PATRICK J. COUGHLIN  
DANIEL WEBER  
GLENN E. CRAVEZ  
LYNN M. ALLINGHAM  
TRICIA COLLINS  
MARK E. WILKERSON  
DEBRA J. BRANDWEIN  
ROBERT A. BASSETT  
SUSAN E. RANDALL  
GEORGE LYLE  
BARBARA R. CRAVER  
SUSAN D. OJA

February 24, 1986

Representative Mike Navarre, Chairman  
House Labor and Commerce Committee  
Room 104, Capitol  
Juneau, Alaska

Re: House Bill 313 and House Bill 522  
Our File No. 826.1

Dear Representative Navarre:

Supplementing my testimony last week on the above-referenced bills, I am enclosing for your review and consideration copies of information received from my client, the Health Insurance Association of America (HIAA), which I had indicated would be provided to the Labor and Commerce Committee. By copy of this letter, I am also providing copies to each committee member.

With reference to HB 313, by my count, it appears that 32 states presently provide for some form of health care coverage for mental illness, but mostly on an optional basis. This listing appears to be up to date as of January 1986. As indicated by my testimony, HIAA believes that the legislation should go no further than to require that such coverage must be offered, rather than mandate such coverage.

Finally, with reference to HB 522, I have also included a copy of the National Association of Insurance Commissioners' (NAIC) model regulations for the Unfair Trade Practices Act relating to unfair claims settlement practices. HIAA, of course, opposes HB 522 as written, but would support legislation based on the model.

Thank you again for your courtesies extended in this matter.

Very truly yours,

GUESS & RUDD

*Gordon E. Evans*  
Gordon E. Evans

GEE/kw

Enclosures

# MEMORANDUM

# State of Alaska

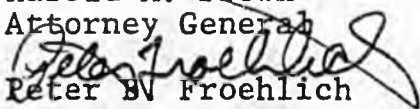
TO: Marveen Palmer, Aide  
Rep. Marco Pignalberi's Office  
Room 605, Court Building  
Juneau, Alaska

DATE: February 18, 1986

FILE NO: 377-068-86

TELEPHONE NO: 465-3600

FROM: Harold M. Brown  
Attorney General

By:   
Peter B. Froehlich  
Assistant Attorney General  
Legislation/Regulations Section

SUBJECT: Final CSHB 424(L&C)  
on behavioral  
science profes-  
sionals

As you requested last Friday, February 14, we have re-typed in final form the Department of Law Draft #5 (dated 2/11/86) of the proposed CS for HB 424 on the Board of Behavioral Science.

In addition to the correction of a few typos, this final CS is different from Draft #5, which was considered by the House Labor and Commerce Committee at its February 13 hearing, in the following respects:

- 1) page 10, lines 3 -- 15, new AS 08.15.210 on qualifications for social workers' exams is corrected to add the different requirements for the different levels of licensure;
- 2) page 19, lines 4 and 5, new AS 08.15.999 on definitions is amended to add a new definition of "behavioral science professional";
- 3) page 21, lines 25 -- 27, the Temporary Act in sec. 13 of the bill, on grandfathering, is amended to add a subsec. (c) clarifying that anyone issued a two-year transitional license is automatically eligible to take the exam for a permanent license of the same category.

These changes were all discussed and, I believe, requested or voted on by the full House Labor and Commerce Committee at its February 13 hearing before adoption of Draft #5 as a CS.

As we discussed, you will provide this retyped draft (#6) to the committee today as its staff has requested.

Thanks for your help. I look forward to continuing to work with you on this bill as it is considered by other committees.

PBF:md

Attachment

Marveen Palmer, Aide  
Rep. Pignalberi's Office

February 18, 1986  
Page 2

cc: Barbara Dale, Special Assistant to  
the Governor on Boards & Commissions

Hon. Loren Lounsbury, Commissioner  
Dept. of Commerce & Economic Development

Hon. John Pugh, Commissioner  
Dept. of Health & Social Services

Mike Price, Director  
DFYS -- DHSS

Nancy Dunn, Director  
DOL -- DCED

Roxanne Manly  
1800 Northwood Dr. D-28  
Juneau, AK 99801

Feb 16, 86

Mike Harris Chairman Navarre  
I am writing on behalf of Insurance  
Bill 313. I due to my being a  
family member of the Alliance for the  
mentally ill. I have lived under  
considerable fear due to a lack of being  
uninsured. My family has a history of  
schizophrenia & I have two <sup>sm.</sup> children.  
In this state one can't be insured by  
medicaid if I make more than <sup>\$</sup>350.00  
I have been fortunate <sup>not needing it 306 av</sup> but I still live  
under that stress.

I am aware of the costs of medical care  
from my family members hospital bill.  
It's unaffordable for the State, Federal  
& Veterans Private insurance companies  
to carry these expenses. There must be  
some human way of providing care  
for mentally ill people. Families  
disintegrate under this stress.

I know the bill doesn't concern itself  
with people not working and who are  
adults chronically mentally ill  
But those people can consume ones  
life - total existance if cared for at  
home.

I am asking for them to carefully think through this insurance concern and help the family members who haven't insurance and even those with insurance to expand it in a way that's helpful to society as well as individuals.

Sincerely  
Doranne Manly

February 6, 1986

Rep. Mike Navarre  
State Capital  
P.O. Box V  
Juneau, Ak. 99811

Dear Representative Navarre:

The Alaska Psychiatric Association, the Alaska Mental Health Association, and the Alaska Alliance for the Mentally Ill recommend the passage of H.B. 313.

Mental illness should be covered by health insurance in a manner proportional to the coverage offered for other forms of illness. The state recognized a similar principle when it required insurance companies to cover treatment for alcoholism and drug abuse in 1976. Without direct action by the state to require this type of coverage the discrimination against the mentally ill in insurance coverage will continue. Over 20 other states have passed this type of legislation and it's been upheld by the Supreme Court.

Several studies have shown that mental illness can be covered like any other illness and can be quite cost effective. The state will benefit in several ways.

#1. Patients will be enabled to obtain specialized appropriate services for their psychiatric health needs. At the present time if a state insured employee is depressed his basic insurance will reimburse him 80% if he seeks treatment from a family physician but only 50% if he seeks help from a psychiatrist or psychologist.

#2. Patients will be enabled to make use of private mental health services instead of relying on state funded mental health clinics and the Alaska Psychiatric Institute.

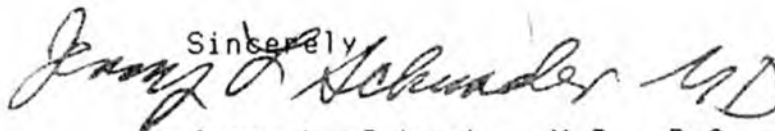
#3. State funded mental health programs such as the local community mental health clinics and the Alaska Psychiatric Institute will receive additional revenues from insurance payments.

I would like to recommend certain changes in H.B. 313.

The services of a psychiatrist licensed by the state as a physician should be reimbursed. A psychiatrist is defined as any physician who has completed residency in psychiatry

approved by the American Psychiatric Association. This language would be consistent with other medical specialties. Services by a licensed psychologist should be included. The services of a licensed psychological associate can only be provided under the supervision of a psychologist and probably should not be covered.

Sincerely

A handwritten signature in cursive script that reads "Jerry L. Schrader MD". The signature is written in dark ink and is positioned above the typed name.

Jerry L. Schrader, M.D., P.C.

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

## DEPT. OF HEALTH AND SOCIAL SERVICES

POUCH H-05  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-3170

### DIVISION OF FAMILY AND YOUTH SERVICES

April 22, 1985

The Honorable Mike Navarre  
Chairman, Labor and Commerce Committee  
Capitol Building, Room 102  
Juneau, AK 99801

HB 317  
until Friday

Re: HB 317 Social Worker Licensing

Dear Representative Navarre:

The Division is supportive of the concept of social worker licensing, as was indicated in the Department's position papers. In response to Representative Niilo Koponen's interest in allowing the licensing of para-professionals and the committee's concern about grandfathering, the division is attaching a draft of a proposed substitute which will address these and other concerns.

I will look forward to sharing the Division's ideas with the committee.

Sincerely,

*Michael L. Price*

Michael L. Price  
Director

MLP:CF:AR

cc: Representative Mike Davis, Vice Chairman  
Representative Niilo Koponen  
Representative Red Boucher  
Representative Drue Pearce  
Representative Virginia Collins  
Representative Alyce Hanley

WORK  
DRAFT  
DFYS  
4/22/85

IN THE HOUSE

CS FOR HOUSE BILL NO. 317  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
FOURTEENTH LEGISLATURE - FIRST SESSION  
A BILL

For an act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. PURPOSE. The purpose of this Act is to assure the consumer that persons providing services under the title "social worker" have completed professional social work education or training, adhere to a code of professional ethics, and are subject to review by the Board of Social Work Examiners.

\* Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:  
(25) Board of Social Worker Examiners (AS 08.87.010).

\* Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:  
(21) Board of Social Work Examiners (AS 08.87.010) --

June 30, 1989.

\* Sec. 4. AS 08 is amended by adding a new chapter to read:

CHAPTER 87. SOCIAL WORKERS

ARTICLE 1. BOARD OF SOCIAL WORKER EXAMINERS

Sec. 08.87.010. CREATION AND MEMBERSHIP OF BOARD. There is created a Board of Social Worker Examiners consisting of five members including three licensed master social workers, one of whom is licensed as an independent social worker or employed by a licensed social worker. To the extent possible members shall be appointed from different

geographical regions of the state. A member who has served two successive full terms may not be reappointed until four years after the expiration of the second term.

Sec. 08.87.020. TERM OF OFFICE. Each member of the board serves for a term of four years and until the member's successor is appointed and qualified. An appointment to a vacancy is for the unexpired term.

Sec. 08.87.030. BOARD MEETINGS. The board shall meet at least two times a year. The board may hold special meetings at the call of the chair or of a majority of board members.

Sec. 08.87.040. ELECTION OF OFFICERS. The board shall elect from among its members a chairperson and a secretary. Officers serve for a term not exceeding two years.

Sec. 08.87.050. REMOVAL OF BOARD MEMBERS. The governor may remove a member of the board for cause. The board may by regulation provide that unexcused absences from meetings are cause for removal.

Sec. 08.87.060. PER DIEM AND TRAVEL. Board members receive no compensation but are entitled to per diem and travel expenses authorized for members of boards and commissions under AS 39.20.180.

Sec. 08.87.070. POWERS AND DUTIES OF THE BOARD. The board shall

(1) provide for the examination of eligible applicants for licenses under this chapter;

(2) submit an annual report of its proceedings to the governor, including recommended changes to this chapter and a statement of money received and disbursed;

(3) establish standards for specialty designations for the private practice of social work and authorize speciality designations on licenses issues under this chapter;

(4) after a hearing, impose disciplinary sanctions against a person who violates this chapter, an order of the board, or a regulation of the board;

(5) adopt regulations requiring proof of continued competency before a license is renewed;

(6) adopt regulations to carry out the purposes of this chapter.

Sec. 08.87.100. ADMINISTRATIVE PROCEDURES. The Administrative Procedure Act (AS 44.62) applies to regulations and proceedings under this chapter.

## ARTICLE 2. LICENSING OF SOCIAL WORKERS

Sec. 08.87.100. LICENSING OF SOCIAL WORKERS. (a) A person is eligible for a license as a bachelor social worker (BSW) if the person

(1) is in good professional standing and is fit to practice social work as determined under regulations of the board;

(2) has satisfactorily completed the state examination for the license;

(3) provides three references acceptable to the board;

(4) has a bachelor's degree in social work from a school with a social work program accredited by the Council of Social Work Education.

(b) A person is eligible for a license as a master social worker (MSW) if the person meets the requirements of a (a)(1) - (3) of this section and has a master's degree in social work from a school with a social work program accredited by the Council on Social Work Education.

(c) A person is eligible for a license as an independent social worker (ISW) if the person meets the requirements of (a)(1) - (3) of this section, has a master's degree in social work from a school with a social work program accredited by the Council on Social Work Education, and has completed at least 24 months of supervised post-graduate experience approved by the board in the field of specialty in which the person intends to engage as a private practitioner.

Sec. 08.87.110. SCOPE OF PRACTICE. (a) A person licensed as a bachelor, master, or independent social worker may provide services that enhance, protect, or restore people's capacity for social functioning whether impaired by physical, environmental, or emotional factors, guided by professional social work ethics, knowledge and intervention methods.

(b) A social worker may practice psychotherapy only if the social worker is licensed as an independent social worker with a clinical specialty or as a master social worker and is employed and supervised in a clinical setting.

(c) A social worker may practice social work autonomously only if

(1) the person is licensed as an independent social worker;

(2) the board has approved the specialty in which the person may engage as a private practitioner and authorizes designation of the speciality on the person's license;

(3) the license bearing a designation of speciality is prominently displayed in the place the person engages in private practice; and

(4) the person limits the private practice of social work to the designated specialty.

Sec. 08.87.120. LICENSE BY CREDENTIALS. The board may provide for licensing a person as a bachelor, master or independent social worker without examination if the person

(1) holds a degree in social work from a school with a social work program accredited by the Council on Social Work Education;

(2) has an active license to practice social work in another licensing jurisdiction with requirements at the time of the original licensure that were similar to or higher than those of this state;

(3) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional social worker association or regulatory authority;

(4) has not failed the examination of this state;

(5) has not previously had a license to practice social work revoked in this or another jurisdiction;

(6) submits proof of continued competence as required by regulation of the board; and

(7) pays all required fees.

Sec. 08.87.130. LICENSE RENEWAL REQUIRED. A license issued under this chapter lapses after 24 months unless it is renewed.

Sec. 08.87.140. FEES. The following fees are imposed under this chapter:

(1) application .....	\$ 100
(2) initial license by examination .....	150
(3) license by credentials .....	100
(4) license renewal .....	200
(5) reexamination .....	150

Sec. 08.87.150. PROVISIONAL SOCIAL WORKERS. (a) Every person who desires subsequently to qualify as a general applicant for social work licensure without having been graduated from a college program shall register as a provisional social worker as provided by this section. This person must be a bonafide resident of the state.

(b) The applicant shall obtain regular or full-time employment as a provisional social worker in the office of a Master Social Worker or agency employing Master Social Workers. The person by whom the applicant is employed, or, if the applicant is employed by an agency, the person under whose direction the applicant is to study, must have been licensed to practice as a Master Social Worker for at least two years at the time application for registration is filed and be otherwise eligible to act as tutor. Before the commencement of study of social work under this section, the applicant shall file with the university an application to register as a provisional social worker. The application shall be made on a form to be provided by the university and shall require answers to interrogatories the university may determine from time to time to be relevant to a consideration of the application. Proof of a fact stated in the application may be requested by the university. If the applicant fails or refuses to furnish the information or proof or answer any interrogatory required by the application, or independently by the university, in a manner unsatisfactory to the university, the application may be denied.

(c) Accompanying the application there must be submitted a statement under oath of the person by whom the applicant is employed as a provisional social worker, or, if the applicant is employed by an

*? Budget  
Kleinberg*

agency, of the person under whose direction the applicant is to study, certifying to the fact of the employment and that that person will act as tutor for the applicant and will faithfully instruct the applicant in the branches of social work adopted by the university. No person is eligible to act as tutor while disciplinary proceedings (concerning the service of a formal complaint) are pending against the person or if the person has ever been censured, reprimanded, suspended or had his license revoked. If a registered provisional social worker finds it necessary to change tutors during the period of study, a new application for registration as a provisional social worker is required and such credit given for study under the prior tutor as the university may determine.

(d) A provisional social worker whose registration has been approved by the university must pursue a course of study for three calendar years of at least 44 weeks each year, with a minimum each week of 35 hours of study (it being understood that the time actually spent in the performance of the duties of provisional social worker is to be considered as time spent in the study of social work). The tutor must give personal direction regularly and frequently to the provisional social worker, must examine the provisional social worker at least once a month on the work done in the previous month, and must certify monthly as to compliance with the requirements of this subsection and (e) and (g) of this section.

(e) The examinations shall be written and not oral, and shall be answered by the provisional social worker without research or assistance during the examination. The monthly certificate of compliance submitted by the tutor shall be accompanied by the originals of all written examinations and answers given during the period reported. If the certificates, together with the required attachments, are not filed timely with the university, no credit may be given for any period of the default.

(f) If a registered provisional social worker does not furnish evidence of completion of social work studies within a period of six years after registration, the university may cancel the registration.

(g) The course of study to be pursued by a registered provisional social worker shall cover subject, text books, case books, and other material the university may from time to time require.

(h) A registered provisional social worker who has attended either an approved or a nonapproved social work school may, at the discretion of the university, receive credit for work done and obtain advanced standing. In no event will credit be given for fractional parts of semesters or terms or for correspondence school work.

(i) As used in this section

(1) Social work school means a social work school accredited, approved or meeting the standards of the Council on Social Work Education, the National Association of Social Workers; or a school in Alaska offering a course of study which the university approves as the equivalent to a year's study in a social work school under this section:

(2) "university" means the University of Alaska. (§ 12 ch 181 SLA 1976; am §§ 1 - 8 ch 119 SLA 1978)

### ARTICLE 3. PROHIBITIONS AND PENALTIES.

Sec. 63.87.200. LICENSE REQUIRED FOR USE OF TITLE. (a) Unless licensed under this chapter, a person may not use the title "social worker" or a title, designation, or device indicating or tending to indicate that the person is a social worker or practices social work. A person may not use the letters "LBSW" as a part of a title unless the person is licensed as a bachelor social worker under this chapter. A person may not use the letters "LMSW" as part of a title unless the person is licensed as a master social worker under this chapter. A person may not use the letters "LISW" as part of a title unless the person is licensed as an independent social worker under this chapter. Except as provided in (b) of this section, a person may not use the title "social worker intern" or "social worker student".

(b) A student enrolled in an accredited social work program may use the title "social worker intern" or "social worker student" if the person's activities constitute a part of the person's supervised course of study.

(c) A person who is not licensed under this chapter may use the title "associate social worker" or a similar title while the person is providing services as a social worker to the state or a political subdivision of the state under the supervision of a social worker licensed under this chapter.

Sec. 08.87.210. CONFIDENTIALITY OF COMMUNICATIONS. A social worker licensed under this chapter or an associate social worker may not disclose information provided to the social worker by a client in the course of their professional contact. This prohibition does not apply if the

(1) client provides written consent to the social worker to reveal the communication;

(2) client is incompetent and the guardian or personal representative provides written consent to the social worker to reveal the communication;

(3) client is dead and a beneficiary of an insurance policy on the client's life provides written consent to the social worker to reveal the communication;

AS 47.10  
(4) communication discloses that a crime has been committed or reveals an intent to commit a crime;

(5) client is a minor, the communication discloses that the client was the victim of a crime or harmful act, and the social worker reveals the communication only during the course of an official examination, trial or other proceeding in which the commission of the crime or harmful act is subject of inquiry;

(6) client brings charges against the social worker and the social worker reveals the communication only as necessary to defend the charges;

(7) licensee is subpoenaed to testify in court;

(8) licensee is collaborating or consulting with professional colleagues or an administrative superior on behalf of the client;

\* (9) communication discloses information that the licensee is required by state or federal laws or regulations to disclose.

Sec. 08.87.220 GROUNDS FOR IMPOSITION OF DISCIPLINARY SANCTIONS.

After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a crime that has a substantial relationship to the licensee's activities and services or that affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of social work by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or other drugs that may endanger the public by impairing the licensee's ability to practice;

(C) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service;

(9) has been held liable for malpractice in a civil action;

(10) has had a license revoked in another jurisdiction.

Sec. 08.87.230. DISCIPLINARY SANCTIONS. (a) If it finds that a licensee has committed an act set out in AS 08.87.220, the board may

impose the following sanctions singly or in combination:

- (1) permanently revoke a license to practice;
- (2) suspend a license for a determinate period of time;
- (3) censure a licensee;
- (4) issue a letter of reprimand to the licensee;
- (5) place a licensee on probationary status and require the

licensee to

(A) report regularly to the board upon matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas that are the basis of probation;

(6) impose limitations or conditions on the practice of a licensee;

(7) refuse to renew a license.

(b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeal process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions. The board shall explain significant departure from prior decisions involving similar situations in findings of fact or orders.

Sec. 08.87.240. PENALTY. (a) A person who violates this chapter is guilty of a class B misdemeanor.

(b) The board may seek to enjoin or restrain a person not licensed under this chapter or whose license is suspended, revoked or expired from violating this chapter.

#### ARTICLE 4. GENERAL PROVISIONS.

Sec. 08.87.300. DEFINITION. In this chapter "board" means the Board of Social Worker Examiners.

\* Sec. 5. AS 44.62.330(a) is amended by adding a new paragraph to read:

(53) Board of Social Worker Examiners (AS 08.87.010).

\* Sec. 6. Within 30 days after the effective date of this Act the governor shall appoint initial members to the Board of Social Worker Examiners. Notwithstanding AS 08.87.010 as enacted in Sec. 4 of this Act, initial members must consist of three person's who have a master's degree in social work from a school with a social work program accredited by the Council on Social Work Education, at least one of whom is engaged in the private practice of social work, one person with a bachelor's degree in social work from a school with a social work program accredited by the Council on Social Work Education, and one public member. Notwithstanding AS 08.87.020 as enacted in Sec. 4 of this Act, one initial member shall serve a one-year term, one initial member shall serve a two-year term, one initial member shall serve a three-year term, one initial member shall serve a four-year term, and one initial member shall serve a five-year term, as determined by the governor.

\* Sec. 7. (a) Notwithstanding AS 08.87.100(a) as enacted in Sec. 4 of this Act, for twenty four (24) months from the effective date of this Act an applicant for licensure shall be exempted from all academic and examination prerequisites if the board is satisfied that the applicant has twenty-four (24) months of social work experience acceptable to the board and is currently engaged in the practice of social work.

(b) An application for a license under this section must be filed before July 1, 1987.

(c) License renewal is required. A license issued under this chapter lapses after 24 months unless it is renewed.

\* Sec. 8. This Act takes effect July 1, 1985. Social workers practicing on the effective date of the Act may continue practicing unlicensed until July 1, 1987.

# Alaska State Legislature

BETTYE FAHRENKAMP, Chairman  
ARLISS STURGULEWSKI, Vice Chairman  
JOE JOSEPHSON  
PAUL FISCHER  
EDNA ARMSTRONG-DE VRIES



POUCH V  
STATE CAPITAL  
JUNEAU, ALASKA 99811  
(907) 465-3834  
(907) 465-3835

## Senate Committee on Health, Education and Social Services

### M E M O R A N D U M

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, April 17, 1985

DATE: April 16, 1985

---

On Wednesday, April 17, at 5:00 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear SB 227, An Act relating to the practice of social work and establishing the board of social work examiners.

SB 227 would establish a five member board to set standards for licensure of social workers. The bill is intended to increase professional standards for social workers in both the public and private sector, and provide a mechanism to monitor quality and protect the public.

Similar legislation has been considered in past years. Concerns have centered around the bill's applicability to currently practicing social workers, particularly state employees; the costs of Board operation; and attracting licensed professionals to rural areas of the state. Proposed CS SB 227 (HESS):

- 1) "grandfathers" in existing social workers, without examination if a degree is held, and with examination if the social worker holds no degree,
- 2) establishes fees at a level intended to cover the costs of Board operation, and
- 3) provides for unlicensed social workers to practice as "associates" when providing services to the state or a political subdivision of the state.

The Alaska Chapter of the National Association of Social Workers (NASW) estimates that there are 315 social workers eligible for licensing in the state; approximately 147 of these are state employees. Current statute does not address the practice of social work, and use of the title is available to all persons regardless of training or experience. Under current Department of Health and Social Services hiring procedures, a degree in social work is not required for employment as a state social worker. As of September 1983, 31 other states regulate the practice of social work.

A sectional analysis of the bill is attached.

# Alaska State Legislature

BETTYE FAHRENKAMP, Chairman  
ARLISS STURGULEWSKI, Vice Chairman  
JOE JOSEPHSON  
PAUL FISCHER  
EDNA ARMSTRONG-DE VRIES



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## Senate Committee on Health, Education and Social Services

April 15, 1985

### BILL ANALYSIS

CS SB 227 (HESS), An Act relating to the practice of social work and establishing the Board of Social Work Examiners.

#### Section 08.87.010 Board Make-up

The Board would be composed of 2 master social workers (MSW), 1 independent social worker (ISW), 1 bachelor social worker (BSW), and 1 public member. The Board would meet twice a year.

#### Section 08.87.070 Duties of the Board

Duties would include: examinations, setting standards for specialty designations, setting supervision standards, and establishing disciplinary sanctions.

#### Section 08.87.100 Licensing

<u>Bachelor's (LBSW)</u>	<u>Master's (LMSW)</u>	<u>Independent (LISW)</u>
Good professional standing	Same	Same
Passed state examination	Same	Same
3 references	Same	Same
Bachelor's degree in social work from school with program accredited by Council on Social Work Education	Master's degree in social work	Master's degree in social work
Supervision may be required by regulation of the Board	None	Must have completed at least 24 months of supervised post graduate experience approved by the board.

Section 08.87.110 Scope of Practice

"Enhance, protect, or restore people's capacity for social functioning."

Section 08.87.110(b) Practice of Psychotherapy

Limited to independent social workers with a clinical specialty or a master social worker (MSW) supervised in a clinical setting.

Section 08.87.110(c) Autonomous Practice

Limited to licensed independent social workers who have Board approval.

Section 08.87.120 License by Credentials

No exam would be required for social workers who hold an active license in another jurisdiction.

Section 08.87.130 License Renewal

Required every 24 months. No continuing education requirement, but Board may adopt regulations requiring proof of continued competency (08.87.060(a)(b)).

Section 08.87.140 Fees

Intended to cover the Board's operational and administrative costs.

Section 08.87.200 Use of Title

Use of "social worker" title limited to licensed social workers. However, students enrolled in accredited program may use "social worker student" title; unlicensed state employees may use "associate social worker" title when operating under the supervision of a licensed social worker.

Section 08.87.210 Confidentiality

Required except under certain conditions (including written consent, death, criminal acts, and court proceedings).

Section 08.87.220-.240 Sanctions and Penalties

Board may impose disciplinary sanctions as outlined in the bill. Class B misdemeanor (maximum 90 day sentence) for violation of the act.

Section 7

Grandfather Clause

For 24 months following enactment of the bill, licenses will be awarded without exam to applicants who meet the eligibility requirements of AS 08.87.100 or who have a related degree and have been practicing for 24 consecutive months prior to application. Licenses will also be awarded to non-degreed persons who pass the exam and have been practicing for two years under a person eligible to be licensed. Application must be made prior to July 1, 1987.

## WHY LICENSE SOCIAL WORKERS?

1. Licensing will enable the public to identify those social workers who have met minimum standards required for licensing. Presently, anyone can use the title of "social worker", even if they have no training or experience whatsoever. With licensing, the public will have the assurance that anyone representing themselves as a social worker will have the required professional preparation, regardless of the setting in which they practice.
2. Licensing will ensure an enforceable code of professional conduct. Licensure would provide consumers with easy access to investigative and adjudicative procedures through a regulatory body, supported by effective penalties for offending practitioners. The National Association of Social Workers believes that one of the most important reasons for enacting State licensure is the accountability it provides to the public.
3. Since a majority of states do have licensing of social workers, an Alaskan license would assure that uniform standards of social work practice exist from state to state. This will better serve the consumer, and allow reciprocity to the licensed professional.
4. Licensing will ensure that social workers are screened and evaluated carefully in terms of specific standards before they are allowed to have an independent practice.
5. Insurance reimbursement is possible. If a social worker is licensed, insurance companies have a standard for recognition and payment of this important health benefit to their subscribers. This will assist the consumer who uses both public and private services of social workers. A large percentage of mental health services are provided by unlicensed social workers in this State. The cost of these services are not retrievable by the public agencies who employ them. Many "denied claims" are now being written off at State expense because of the lack of a State social work license.
6. Licensing of social workers will provide consumers lower cost mental health services. A recent Defense Department Champus insurance report indicated "that in the majority of states the comparative prevailing fee profiles for social workers' psychotherapy sessions are lower than those for psychiatrists. DOD reports that no quality of care problems have arisen". The Champus insurance program for dependents of military personnel (a substantial population of Alaska) estimates that it saved over \$253,000 between December 1980 and March 1982 through its experimental reimbursement of clinical social workers.
7. Licensing social workers will ~~ensure privileged~~ communications between the professional social worker and their client. Confidentiality is at this time not regulated.
8. Licensing will assist consumers in locating qualified social work services. It will provide referral sources a clear understanding of specialization, education, and experience of a particular social worker. It is important to understand that the great majority of clients receiving social work services have no choice about who is to be their social worker. Where they have a choice, such as when seeking private therapy or family counseling, the consumer has no guidelines to judge the competence of the worker.

9. The provision of competent social work services requires professional education. Experience shows that the only way to ensure that persons giving services are capable, is to establish minimum standards for practice. Such regulation is essential for the public, as well as for the profession.
10. Legislation to license social workers needs to recognize clinically trained social workers as equally qualified to the other mental health professionals identified by law as competent in the evaluation of the mentally disturbed for purposes of commitment. The only non-licensed profession now included in Alaska's mental health commitment law is social work. Without regulating the practice of social work, there is concern in the profession that Alaskans could be subject to the improper use of State-given sanction.

#### Additional Notes

- Approximately 300-350 social workers in the State of Alaska would be licensed under legislation proposed by the Alaska Chapter, National Association of Social Workers
- Licensing fees collected from at least the above referenced numbers of individuals would more than off-set the costs of the Social Work Licensing Board needing to be established as part of the licensing law.

POSITION PAPER

SENATE BILL NO. 227

For an Act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

This bill would establish a Board of Social Work Examiners which would set standards for specialty designations of Social Workers, provide for examination of eligible participants, adopt regulations for supervision of persons engaged in social work who are not Master Social Workers, and impose disciplinary sanctions. The bill would require that a person be licensed to use the title "Social Worker." The bill regulates confidentiality and the disclosure of information. The bill allows for a two year grandfathering of some persons currently employed as social workers.

The Department of Health and Social Services supports efforts to increase professional standards for social workers. The department is currently seeking to increase the number of M.S.W. and B.S.W. employees engaged in agency social work, by taking administrative actions which encourage the hiring of these degreed professionals. In addition, the department believes that professional standards for social workers in the private sector would increase public confidence. However, the bill presents a number of complicated issues that have not been resolved quickly in other states. These areas require special scrutiny and analysis. This position paper first addresses three major issues, followed by a sectional analysis.

I. MAJOR DEPARTMENTAL ISSUES

A. Effect on Current State Employees:

There are currently 147 state social workers affected by the bill: 135 line and supervisory workers with the Division of Family and Youth Services, six with the Department of Administration at Pioneer homes, five with the Department of Corrections, and one with the Office of Alcoholism and Drug Abuse.

A survey of staff qualifications for Division of Family and Youth Services' employees shows that of 113 state-employed social workers responding, 2 have Ph.D.s, 29 have M.S.W. degrees, 12 have related master's degrees, 10 have B.S.W. degrees, 37 have related bachelor's degrees, 14 have degrees in other areas, and 11 have no college degree (this group of 11 represents the agency's paraprofessionals). The department believes that experienced state workers without social work degrees should be allowed to continue with the state.

The bill does allow for a limited license for "social workers" who do not meet all of the licensing standards, but who have degrees in social work or related fields and 24 months experience prior to July 1, 1987. However, the bill only allows this "grandfather" group to obtain an

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*C.S. provides  
for subsequent  
licenses as  
well*

"original license" valid for two years (Section 7(a), pages 10-11). The department urges an amendment to allow already established state social workers to continue practice with the right to renew their licenses, subject to the disciplinary oversight of the new Social Work Board (as well as supervision by the department and "oversight" by the courts and the ombudsman). The language of the department's proposed amendment is included in the sectional bill analysis later in this paper.

B. Effect on State Hiring Practices, Including Local Hire and Affirmative Action Goals:

*C.S. provides  
for "associate  
social  
worker"*

After the enactment of the bill, the department would be required to hire licensed social workers. It may be difficult to fill all social work positions, whether public or private, with licensed social workers, especially in rural areas. Also, the bill's strict educational requirements for licensure may impede the state's long-term goals of employing paraprofessional employees and developing a career ladder for them. The department often hires Alaska Native "Social Services Associates" who may eventually become social workers. The bill would probably prevent these persons from advancing beyond the paraprofessional level unless they leave their communities for further education.

There is currently no M.S.W. program in the State of Alaska. However, the Department of Health and Social Services is negotiating with two out-of-state universities to provide for a supervised field placement program in Alaska. The need to go out of state for the master's degree creates a hardship for Alaskans and especially limits the participation of low income persons and Natives in the social work field. (The development of an M.S.W. program through the University of Alaska would be very costly for the number of potential students.) Perhaps with further study this bill could include a method for non-degreed persons to "work up" to a level where they can be licensed as social workers based on experience and examination. (For example, AS 08.08.207 allows persons to become attorneys by clerking and examination.)

C. Effect of Licensing Which Defines Allowable "Tasks"

*has been  
done in C.S. →*

In Section 4 of the bill, Section 08.87.110, dealing with the scope of practice, the department urges the amendment of this section to delete any listing of services as part of a definition of the scope of practice of social work. The department and a representative from the Attorney General's office, in recent discussions with the National Association of Social Workers, have received advice that many other states find it more practical to define the practice of social work in "goals-related" language, rather than with a list of services or tasks which may be performed by social workers. Statutes with task lists may restrict the practice of some of these tasks by other, unlicensed persons, or create unnecessary battles between related professionals. The department suggests that the beginning language in 08.87.110(a), which describes

*done in C.S.*

the goals of social work, could probably stand alone. Therefore, the department urges the deletion of lines 10-23 of this section, (page 4) starting on line 10 with the words "the services provided may include ..."

The department expects to receive a new suggested uniform licensure act from the National Association of Social Workers some time late the week of April 8th. As soon as this language is received we will share it with the committees and the bill sponsors.

Section 08.87.110, the Scope of Practice section, ties in with the license for title section, Section 08.87.200 (page 6). The department feels that although that it is important to license the title "social worker," the interaction between Sections 110 and Sections 200 may hamper many other persons from performing valuable services for fear of violating this licensing statute. Again, when the department receives language from N.A.S.W. we will present specific amendment language to the committees and sponsors.

## II. SECTIONAL ANALYSIS

### A. Supervision

In addition to the concerns mentioned above, the department wishes to note other problem areas, section by section.

The bill, at 08.87.070(5), states that the licensing board must promulgate regulations determining how non-master social workers would be supervised. At this time the department cannot know how these supervision standards would relate to the department's supervisory structures. Although the department can attempt to deal with this issue when regulations are proposed in the future, clarification in the bill would be better.

### B. Confidentiality

Section 08.87.210, which states when a social worker may disclose client information, needs another subsection, as follows:

*done in C.S.*

- (9) communication discloses information that the licensee is obligated by other state or federal statute or regulations to report.

The addition of such a subsection makes it clear that a social worker may make statutorily required reports, such as the reports of harm to a child or an adult required by Title 47.

C. Powers of the Board

At Section 08.87.230, which defines disciplinary sanctions, the department suggests that page 8, line 25 be amended by deleting the words "guilty of an offense under" and substituting the words "has committed a violation of." Terminology such as "guilty" and "offense" does not seem appropriate in a license disciplinary hearing, which is an administrative, civil proceeding. In Section 08.87.240, the penalty section of the bill, the department urges clarification of subsection (a) which creates a Class B misdemeanor. The present language states that "a person who violates this chapter" has committed a crime. This criminal provision should state what specific activity is made criminal, whether it is only practice without a license or, as an extreme example, whether it would be a crime for a social worker to breach confidentiality under 08.87.210.

discussed with  
Legislative  
Legal - OK as is ✓

The department also urges that Subsection (b) of 08.87.240 be set out as a separate section, as the Board's right to seek a civil injunction would be better placed separately from the criminal penalty provisions of the bill. Also, the department urges the amendment of 08.87.240 as follows, to clarify that the Board is not empowered to issue injunctive type orders:

discussed w/ Leg-  
islative Legal -  
OK as is ✓

(b) The Board may apply to the Superior Court for an order enjoining [MAY SEEK TO ENJOIN OR RESTRAIN] a person not licensed under this chapter or whose license is suspended, revoked or expired from violating this chapter.

D. "Grandfathering"

The details of the waiver or "grandfathering" for present social workers are contained in Section 7 of the bill. The department urges that Section 7(a), specifically page 10, lines 26 and 27, be amended to read

CS deletes  
[original]

... this act, a person may apply for and receive an original license, and subsequent license renewals, as a bachelor social worker if the person ...

The department urges the same change in the master social work language at Section 7(b), page 11, line 7.

Defined in  
C.S.

In Subsection 7(a)(1), page 11, line 1, the department urges a definition of what is "a field related to social work" so that present social workers affected by the bill can know with certainty whether or not their degrees are considered as "related." Examples of degree fields which could be considered to be "related" to social work are: psychology, counselling and early childhood development. Much employee anxiety about the bill and much pressure on the first Social Work Board would be relieved by legislative determination of what related degrees would qualify for the "grandfather" licensing.

### III. FINANCIAL IMPACT

The bill would require the state to bear the cost of creating a new board. It may be more efficient to expand the responsibility of the existing board of Psychologists and Psychiatrists to include social workers, and other therapists and counselors. The Division of Occupational Licensing obviously needs to be consulted to evaluate additional costs attached to the bill. The fees for licensing are costly and may financially impact non-profit contractors who, through their staff social workers, provide services to the state.

### IV. RECOMMENDATION

The department supports the licensure of social workers in both the public and private sector as an additional method to monitor quality and to protect the public, although the department believes accommodation should be made for persons currently employed as social workers. There are many questions remaining about how to implement a licensing system in the social services area, questions that would benefit from further research and discussion.

Senate Bill 227 "An Act relating to the practice of social work and establishing a board of social worker examiners."

The Department of Commerce and Economic Development would oppose this legislation. This administration's position has consistently been opposed to additional boards without substantial evidence of public outcry or public need. This legislation does not exhibit either of these demands.

Although the bill's purpose is to assure the consumer that persons providing service under the title "social worker" have completed professional social work education, adhere to a code of professional ethics, and are subject to review by the Board of Social Worker Examiners, the legislation can only enforce the licensure requirements by a board. The bill does not protect the consumer. This is a practice act to allow social workers third party reimbursement, which can be done if they are registered without the expense of a board.

The legislation adds an additional title of "Independent" social worker, and adds "L" for licensed in front of each designation. Nationally, they are known as MSW or BSW for Master Social Worker or Bachelor of Social Worker, respectively.

The staff has identified 119 State positions of social workers. These individuals oppose licensing. The legislation does not provide for an exemption of State workers. If this legislation is approved, we would support the position for licensing State employees. This is based on the lower income population being the main users of State services, they should also be provided with an avenue of redress.

We are concerned with the confidentiality section in the bill. This section should also provide a protection statement for a social worker who treats a client who was abused by another licensee. This would enhance a public protection attitude.

This legislation directs the Governor to appoint five initial board members within 30 days. This is also unacceptable.

*Harry D. Treager*  
\_\_\_\_\_  
Harry D. Treager, Director  
Division of Occupational Licensing

*April 1, 1985*  
\_\_\_\_\_  
Date

*John H. Lounsbury*  
\_\_\_\_\_  
John H. Lounsbury, Commissioner  
*4/3/85*  
\_\_\_\_\_  
Date

## STATE OF ALASKA 1985 LEGISLATIVE SESSION

## FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUESTBill/Resolution No.: SB 227Title: Practice of Social Work  
& Estab. Board of Social WorkSponsor: Sen. Fahrenkamp

Requestor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

FISCAL DETAILAgency Affected: Commerce & Econ. Dev.Program Category Affected: Consumer Protection  
Examiners

BRU, Program or Subprogram(s) Affected: \_\_\_\_\_

Occupational Licensing

## EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES		33.1	34.8	36.5	38.3	40.2
200 TRAVEL		8.8	9.2	9.7	10.2	10.7
300 CONTRACTUAL		19.3	20.3	21.3	22.4	23.5
400 SUPPLIES		1.0	1.1	1.1	1.2	1.2
500 EQUIPMENT		3.7				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		65.9	65.4	68.6	72.1	75.6

<b>CAPITAL</b>						
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<b>REVENUE</b>		78.8	2.3	67.3	2.3	71.3
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## FUNDING: (Thousands of Dollars)

GENERAL FUND		65.9	65.4	68.6	72.1	75.6
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		65.9	65.4	68.6	72.1	75.6

## POSITIONS:

FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

The bill creates a Board of Social Work Examiners and implements licensing of all social work practitioners in the State. The bill establishes three licensing categories, and unlimited "specialties" left to the discretion of the board. (See attached for further analysis.)

Prepared By: Jennifer Strickler, Mgnt Analyst Phone: 465-1144Division: Occupational LicensingDate: 4-4-85Approved by Commissioner: Loren H. LounsburyAgency: Commerce & Economic DevelopmentDate: 4/8/85

Distribution (by Agency preparing fiscal note):

Legislative Finance

Legislative Sponsor

Requestor

Office of Management and Budget

Impacted Agency(ies)

7/1/84

Analysis, continued

SB\_227\_\_FISCAL\_IMPACT

(NOTE: 5% inflation factor projected for FY '87 through  
FY '90 for operating costs)

100\_\_PERSONAL\_SERVICES:

1 Licensing Examiner, Range 12A,  
GGU, 12 months, to be located in Juneau \$33,145.82

200\_\_TRAVEL:

NOTE: Travel costs were based on five (5) members from different  
geographic regions in the State as required in the bill. The areas  
used in these calculations were: Anchorage, Fairbanks, Juneau,  
Kenai, Nome. Also, the bill mandates a minimum of two meetings a  
year and special meetings at the call of the Chairman or a majority  
of the board members. Therefore, three (3) meetings are included in  
this fiscal note.

Anchorage meeting

Anchorage, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	212.00
Per diem at \$80 per day x 2 days	160.00
Juneau, transportation at \$352 x 2 (board member & licensing examiner)	704.00
Per diem at \$80 per day x 2 days x 2	320.00
Kenai, transportation	64.00
Per diem at \$80 per day x 2 days	160.00
Nome, transportation	408.00
Per diem at \$80 per day x 2 days	160.00
	<hr/>
	\$ 2,346.00

Juneau meeting

Juneau, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Anchorage, transportation	352.00
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	564.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Kenai, transportation	416.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Nome, transportation	664.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
	<hr/>
	\$ 3,036.00

SB 227 Fiscal Impact, continued

Fairbanks meeting

Fairbanks, transportation	-0-
Per diem at \$90 per day x 2 days	180.00
Anchorage, transportation	212.00
Per diem at \$90 per day x 2 days	180.00
Juneau, transportation at \$564 x 2 (board member & licensing examiner)	1,128.00
Per diem at \$90 per day x 3 days x 2 (one extra day to travel)	540.00
Kenai, transportation	276.00
Per diem at \$90 per day x 2 days	180.00
Nome, transportation	456.00
Per diem at \$90 per day x 3 days (one extra day to travel)	270.00
	<hr/>
	\$ 3,422.00

300 CONTRACTUAL SERVICES:

Postage, telephone, printing, publications and other operating costs	3,000.00
Computer terminal use, at \$45 per month (Licensing Examiner use only)	540.00
Professional Examination Service fees for licensing examinations: Estimated 315 examinees in FY '86 for initial licensing at \$50 each	15,750.00
Note: 315 social workers were identified by this agency.	
	<hr/>
	\$ 19,290.00

400 COMMODITIES:

Stationery, typewriter ribbons, pens, pencils, and other miscellaneous desk top supplies	1,000.00
---------------------------------------------------------------------------------------------	----------

500 EQUIPMENT: (one time costs only)

1 desk, double pedestal, 70" x 36"	747.02
1 chair, swivel with arms	257.69
1 typewriter, IBM Selectric II	1,340.19
1 chair, side without arms	120.33
1 desk calculator	382.89
1 file cabinet, 5 drawer legal with lock	426.63
1 table 72" x 36"	426.63
	<hr/>
	\$ 3,701.44

GRAND TOTAL: \$ 65,941.26

Projected Revenues

FY 86:

Based on the number of practitioners identified, it is anticipated that 315 practitioners will be seeking initial licensure by examination.

315 x \$250 (application & exam fee)

\$ 78.8

FY 87:

Based on the assumption that there will be a least 10 new applicants (5 by examination, and 5 by credentials)

This will make a total of 325 licensees.

2.3

FY 89:

Section 08.87.130 of the bill mandates that licenses will lapse after 24 months unless it is renewed. Licenses will be issued upon completion and approval of an application. If Section 08.87.130 remains as stated, each license will be required to renew 24 months from the date of issue, thus causing administrative complications in monitoring the duration period of each license issued. To avoid such administrative difficulties, we would prefer all licenses to expire in a specific year embedded in statutes, and on a date determined by the department.

Projections for this fiscal year is based on the assumption that all licenses will be valid for a two-year period and will be renewed during this year.

Based on 325 licensees x \$200 (renewal fee) =  
In addition, another 10 new licensees to make  
a total of 335 practitioners.

65.0

2.3

67.3

FY 89:

Based on an estimate of 10 new licensees, 5 by examination and 5 by credentials =

This would make a total of 345 licensees.

2.3

FY 90:

Assuming this will also be a renewal year, and based on 345 licensees x \$200 renewal fee =  
In addition, another 10 new licensees, to make  
a total of 355 licensees =

69.0

2.3

71.3

1.	POSITION TITLE <b>LICENSING EXAMINER I (Juneau)</b>			RANGE/STEP 12A	DEPT. UNIT GGU	PAGE/LINE	COY.	APPROV.	DISAP.
2.	TYPE OF POSITION PFT	STAFF MONTHS	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.	
3.	CONTINUATION LEVEL			ADDITION	JUSTIFICATION				
4.	Type of Establishment			AMOUNT	<p>This position is necessary to assist in the implementation of the provisions of SB 227. The position would assist the Board in establishing necessary files, prepare application forms for printing, publish notices of meetings and exams, prepare travel authorizations for board members, arrange for meeting rooms and examinations, and perform other administrative duties as needed.</p>				
	1		2	3					
	PERSONAL SERVICES								
5.	Salary		24.9						
6.	Benefits		4.0						
7.	Supplemental Benefits		1.5						
8.	Fixed Benefits		2.7						
9.	TOTAL PERSONAL SERVICES	01		33.1					
10.	Travel	02		1.3					
11.	Contractual	03		3.5					
12.	Commodities	04		1.0					
13.	Equipment	05		3.5					
14.	Other								
15.	TOTAL COST			42.4					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts 1002							
17.		C.F. Hitch 1003							
18.		General Funds 1004		42.4					
19.		I-A Receipts 1005							
20.		Program Receipts 1020							
21.		Other							
FOR BSM USE ONLY									
KEY NUMBER _____									

**REQUEST FOR  
NEW POSITION**

AGENCY Commerce and Economic Development  
PROGRAM Consumer Protection  
BRU Occupational Licensing  
COMPONENT Administration

Page 1 of 1  
Revised Date \_\_\_\_\_

**FY 86**



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

April 8, 1985

Ms. Yvonne Chase, MSW  
President, Alaska Chapter  
National Association of  
Social Workers  
4020 Folker  
Anchorage, AK 99508

Dear Ms. Chase:

It was a pleasure to meet with you and other members of the Executive Committee of the Alaska Chapter of the National Association of Social Workers recently in Anchorage.

As I said in our meeting, I am basically in favor of the State licensing social workers, but I am not sure how to accomplish this in the most efficient and cost-effective manner.

I am appreciative of the time you spent with my Special Staff Assistant, Carol Derfner, to discuss this issue in more depth. It is my understanding that the discussion was constructive and that further discussion will take place that will explore the possibilities of consolidating a licensure program encompassing several behavioral science professionals, as well as social workers. I am informed that your organization has offered assistance in this matter during the interim period between legislative sessions.

I am sure that my Administration's cautious approach to increasing State licensure of professions and occupations is frustrating to you personally. However, while you certainly made a number of excellent points in your presentation, please understand that there are a number of proposals and bills currently being discussed that would increase the State's involvement in the licensing and regulation of occupations and professions. We are looking at these critically to ascertain actual public need, administrative considerations, and cost to the State. We are also looking at the hidden costs of the consumer of regulated occupations when the numbers, mobility, and activities of professionals are limited by State regulations or law.

April 8, 1985

Our State government is substantially involved in occupational licensing. One out of every five Alaskans is licensed by the State to practice professions or trades through the Division of Occupational Licensing in the Department of Commerce and Economic Development. Many other professions, such as teaching and law enforcement, are licensed through other State departments. It has become very costly to administer all these licensing programs with very little of the expense being borne by the licensees themselves. Another area we are concerned with is the proliferation of boards, commissions, and advisory committees over the past decade. We are encouraging consolidation of these bodies rather than increased specialization.

In the meantime, I am aware of your need to continue advocating House Bill 317 and Senate Bill 227. It is my hope, that by working together, we can have a licensing program encompassing social workers in place in the near future that meets your needs, as well as those of a State government that is experiencing severe budgetary constraints.

Sincerely,



Bill Sheffield  
Governor

cc: Senator Bettye Fahrenkamp  
Senator Fred Zharoff  
Representative Niilo Koponen  
Representative Max Gruenberg  
Representative Mike Navarre

Commissioner John R. Pugh  
Department of Health and  
Social Services

Commissioner Loren Lounsbury  
Department of Commerce and  
Economic Development

*Missile Release*

FEB 8 - 1985

SOCIAL WORK LICENSING REPORT

2-5-85

ESTIMATE OF NUMBER OF SOCIAL WORKERS ELIGIBLE  
FOR LICENSING

Total number of NASW members as of 10/31/85 226  
Total number of NASW members not eligible  
or exempted.

(1) Students (BSW and MSW) 20

Number of NASW members that potentially  
might not choose to be licensed.

(1) Unemployed 11  
(2) Retired 2  
(3) Associates 5

Total number of NASW members impacted by  
licensure.

High estimate 206  
Low estimate 188

Over 50% of social workers that belong to NASW have MSW's and are  
certified by ACSW (Academy of Certified Social Workers).

Total number of social workers employed by DFYS 138\*

Number of DFYS social workers that are NASW members.  
We estimate from a 1982 report that approximately 20-26%  
of DFYS workers belong to NASW (projecting a 15% increase  
from 1982).

DFYS NASW members 36  
DFYS non-members 102

Number of social workers employed by private non-profit  
agencies, in private practice, etc. that are non-NASW members.

Estimate 25-50

TOTAL SOCIAL WORKERS ELIGIBLE FOR LICENSURE - UNDUPLICATED COUNT

Low estimate 315  
High estimate 358

# Alaska State Legislature

BETTYE FAHRENKAMP, Chairman  
ARLISS STURGULEWSKI, Vice Chairman  
JOE JOSEPHSON  
PAUL FISCHER  
EDNA ARMSTRONG-DE VRIES



POUCH V  
STATE CAPITAL  
JUNEAU, ALASKA 99811  
(907) 465-3834  
(907) 465-3835

## Senate Committee on Health, Education and Social Services

TO: SENATE H.E.S.S. COMMITTEE MEMBERS  
FROM: COMMITTEE STAFF  
DATE: APRIL 18, 1985  
RE: SB 227, SOCIAL WORK LICENSURE

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On Friday, April 19, 1985 at 3:30 p.m. in the Butrovich Room, the committee will meet briefly to take action on CSSB 227 (HESS), An Act relating to the practice of social work and establishing the Board of Social Work Examiners.

A draft committee substitute, based on the previous committee hearing on the bill, has been prepared. Specific changes are as follows:

- page 1, line 14 Clarifies that the purpose of the act is to provide for licensure of social workers.
- page 2, line 9 Allows the Board to meet twice annually, with any additional hearings to be conducted over the teleconference network.
- page 2, line 15 Unexcused absences from meetings would be cause for removal from the Board, with specifics to be determined by the Board.
- page 3, line 21 Requires submittal of three professional references.
- page 8, line 14 Removes reference to severe dependency on alcohol or drugs as grounds for disciplinary sanctions.
- page 8, line 18 Removes reference to immoral conduct as grounds for disciplinary sanctions.

These are changes  
made in final  
HESS C.S.

- page 9, line 28 Clarifies that unlicensed persons who use the title social worker, and licensed workers who breach the confidentiality provisions of AS 08.87.210 are guilty of a class B misdemeanor.
- page 9, line 29 Clarifies that in order to restrain an unlicensed person from practicing, the Board must apply to the court for injunctive relief.
- page 10, line 8 Allows 60 days for initial Board appointments to be made.
- page 10, line 28 Clarifies that fields related to social work (which would qualify a person for "grandfathering") are social science fields as defined by the Board.
- page 11, line 15 Provides that persons practicing social work on the effective date of the act may continue to use the title until June 30, 1987, whether or not they are licensed.

HB 317 File Contents

April 9, 1985 Tuesday

- 1) Bill Summary -- Legislative Reporting Service
- 2) Overview -- Committee Staff
- 3) Fiscal Note, Analysis, and Position Statement -- Dept. of H & SS
- 4) Fiscal Note, Analysis, and Position Statement -- Dept. of Commerce
- 5) Sectional Analysis -- by Cecilia Kleinkauf, Alaska Chapter, NASW
- 6) Sectional Analysis -- by Carol Derfner, Boards & Commissions Office, for SB 227 (same as HB 317)
- 7) Letter from Governor to Marsha Schneider, NASW, March 9, 84
- 8) Letter from Governor to Yvonne Chase, Pres. NASW, April 8, 84
- 9) "Social Workers Voicing Opposition to Licensing," Anchorage Daily News, March 23, 1985, p. C6
- 10) Correspondence from various Agencies Supporting Concept of Licensing of Social Workers on SB 303, a similar bill in the 13th Legislature in 1983-84, by Josephson.
- 11) POMs in Support of HB 317.
- 12) "Answers to Questions State Legislators ask about Social Work Licensing," by the National Assoc. of Social Workers
- 13) State Comparison of Laws regulating Social Work
- 14) Regulating Health Professionals: A Review of the Empirical Lit.
- 15) Written testimony on HB 317 from Marsha Schneider, Ak Chpt. of the National Association of Social Workers.
- 16) Additional Materials from Gary Lichtenstein, Bd. Member, NASW
  - a. Map of States in the US with Acts regulating Social Work
  - b. Letter from Aetna Employees Benefit Section 7/3/84
  - c. Letter to Trustees of Johnson & Higgins Insurance 1/18/85
  - d. "Cuomo Signs New York Vendorship Law, NASW News, Feb. 85

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April 10, 1985 Meeting

- 17) Sectional Analysis and proposed amendments -- Dept. of Labor

HB 317 File Contents

April 9, 1985 Tuesday

- 1) Bill Summary -- Legislative Reporting Service
- 2) Overview -- Committee Staff
- 3) Fiscal Note, Analysis, and Position Statement -- Dept. of H & SS
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INTRODUCTION OF BILLS (House)(cont'd)

HB 316 (cont'd)

of the public to use and have free access to the navigable or public water of the state."

Provides Act takes effect immediately.

Introduced March 25 and referred to Resources, Finance.

Professional  
Licensing of  
Social Workers

HOUSE BILL NO. 317, by Reps. Koponen, Larson, Hurley, Goll, Gruenberg, Davis & Pignalberi. Identical to Senate Bill 227, page 426.

Introduced March 25 and referred to Labor & Commerce, Health, Education & Social Services, Finance.

Injured State  
Employees  
(rights of)

HOUSE BILL NO. 318, by Rep. Szymanski. Amends the State Personnel Act (AS 39.25) by adding new sections that would require the Director of Personnel, in consultation with the appropriate departments or agencies, to prepare and maintain a position description for each position in the classified and partially exempt services that will describe the essential functions of the position and the actual skills and abilities required to perform the assigned task. A general requirement for physical abilities may not be imposed on a job classification unless each position within the class requires the use of physical ability.

Would require a state agency to offer an injured employee the employee's former position if the employee is able to perform the assigned tasks. If another employee has attained permanent status in that position, the agency is required, at the request of the injured employee, to offer the injured employee the position as soon as a vacancy occurs, or, immediately offer the injured employee a comparable position in the same agency.

If an employee can no longer perform all of the assigned tasks, the agency is required to rehire the employee after making a reasonable accommodation to the physical and mental limitations of the employee. Allows the agency to refuse to rehire if the accommodation imposes an undue hardship on the operation of the agency's program, or if, after reasonable efforts at accommodation, the employee cannot perform the essential functions in a manner that would not endanger the health and safety of the employee or to others to a greater extent than if a nonhandicapped person performed the job.

Outlines factors to be considered in determining undue hardship. If an agency is unable to rehire the employee, the employee may request preference for another position. The new section applies to all state employees who were injured on-the-job, and were laid off or terminated after the injury and have requested to return to work for the state. Does not provide effective date (takes effect 90 days after Governor signs bill).

Introduced March 25 and referred to Labor & Commerce, Finance.

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 226 (cont'd)

a misdemeanor and upon conviction is punishable by a fine of between \$50 and \$200, plus the cost of prosecution, and may be imprisoned until the fine and costs are paid or until the convicted person has served one day for every \$2 of the fine and costs, at which time the fine and costs are automatically discharged.

Does not provide for an effective date (becomes law 90 days after signed).

Introduced March 12 and referred to HESS and Judiciary.

Professional  
Licensing of  
Social Workers

SENATE BILL NO. 227, by Sen. Josephson. Would require licensing of social workers and establish a Board of Social Examiners to oversee licensing procedures.

Establishes three categories of social workers: licensed bachelor social worker (LBSW); licensed master social worker (LMSW); and licensed independent social worker (LISW).

To be eligible for licensure as a bachelor social worker, a person must hold a bachelor's degree in social work from a school with a social work program accredited by the Council on Social Work Education, must be in good professional standing and be fit to practice, must pass a state exam, and must provide three references.

To be eligible for licensure as a master social worker, a person must meet all of the above qualifications; the person must have a master's instead of a bachelor's degree.

A person is eligible for licensure as an independent social worker if the person meets the qualifications for a master social worker and has completed at least 24 months of supervised post-graduate experience in the person's field of specialty.

Limits the practice of psychotherapy to licensed independent social workers who have a clinical specialty or master social workers who are employed in a clinical setting.

"Grandfathers" persons currently working as social workers if they hold a bachelor's or a master's degree in social work and have been practicing under the title "social worker" for at least 24 months before July 1, 1987. A person with a degree from a school with an accredited program could be licensed as a social worker without examination, if the person applies before July 1, 1987.

The Board of Social Worker Examiners, set to expire on June 30, 1989 unless continued by the Legislature, would consist of five members, including three master social workers, one of whom is an independent social worker, one bachelor social worker, and one public member who is not licensed as a social worker and does not work for one.

Includes provisions for board meetings, terms of meetings, removal

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 227 (cont'd)

of members, per diem and travel expenses, and powers and duties of the board.

Outlines the scope of practice for the three classifications of social worker.

Licenses would be valid for two years.

Sets fees as follows: Application fee--\$100; Initial license by application--\$150; License by credentials--\$100; License renewal--\$200; Reexamination--\$150.

Prohibits use of the title "social worker" or any of the titles listed in the bill (LBSW, LMSW, or LISW) unless a person is licensed.

Prohibits a licensed social worker from disclosing information provided by a client in the course of their professional contact. Does not apply in certain circumstances.

Lists disciplinary sanctions that may be imposed against a licensed social worker and the grounds for imposing them.

Violation of the new laws requiring social workers to be licensed would be a class B misdemeanor.

Effective July 1, 1985.

Introduced March 12 and referred to Labor & Commerce, HESS and Finance.

Appropriation SENATE BILL NO. 228, by Sen. Fahrenkamp. Would appropriate (special) \$6 million to the Dept. of Health & Social Services for (Fairbanks purchase or construction of adult and children's mental health mental Health facilities in Fairbanks. Does not lapse. Effective facilities) immediately.

Introduced March 13 and referred to HESS and Finance.

Longevity SENATE BILL NO. 229, by Senators Vic Fischer and Rodey. Bonus Payments Amends eligibility requirements for the Alaska Longevity (absence from Bonus to require recipients to notify the Commissioner of state) Administration when they expect to be absent from the state for a continuous period that exceeds 60 days. Presently they are required to notify the Commissioner if they are gone for 30 days. They are not eligible to receive the bonus during that time, and must reapply upon returning to Alaska. Does not provide for an effective date (become 90 days after signed).

Introduced March 13 and referred to State Affairs, Judiciary and Finance.

House Bill 317

"An Act relating to the practice of social work and establishing a board of social worker examiners."

The Department of Commerce and Economic Development would oppose this legislation. This administration's position has consistently been opposed to additional boards without substantial evidence of public outcry or public need. This legislation does not exhibit either of these demands.

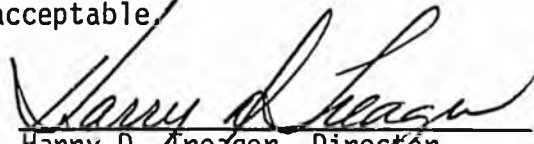
Although the bill's purpose is to assure the consumer that persons providing service under the title "social worker" have completed professional social work education, adhere to a code of professional ethics, and are subject to review by the Board of Social Worker Examiners, the legislation can only enforce the licensure requirements by a board. The bill does not protect the consumer. This is a practice act to allow social workers third party reimbursement, which can be done if they are registered without the expense of a board.

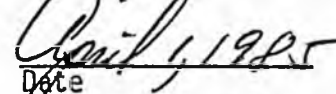
The legislation adds an additional title of "Independent" social worker, and adds "L" for licensed in front of each designation. Nationally, they are known as MSW or BSW for Master Social Worker or Bachelor of Social Worker, respectively.

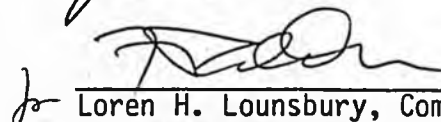
The staff has identified 119 State positions of social workers. These individuals oppose licensing. The legislation does not provide for an exemption of State workers. If this legislation is approved, we would support the position for licensing State employees. This is based on the lower income population being the main users of State services, they should also be provided with an avenue of redress.

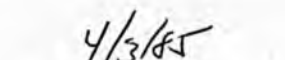
We are concerned with the confidentiality section in the bill. This section should also provide a protection statement for a social worker who treats a client who was abused by another licensee. This would enhance a public protection attitude.

This legislation directs the Governor to appoint five initial board members within 30 days. This is also unacceptable.

  
Harry D. Treager, Director  
Division of Occupational Licensing

  
Date

  
Loren H. Lounsbury, Commissioner

  
Date

POSITION PAPER

HOUSE BILL NO. 317

For an Act entitled: "An Act relating to the practice of social work and establishing the Board of Social Worker Examiners; and providing for an effective date."

This bill would establish a Board of Social Work Examiners which would set standards for specialty designations of Social Workers, provide for examination of eligible participants, adopt regulations for supervision of persons engaged in social work who are not Master Social Workers, and impose disciplinary sanctions. The bill would require that a person be licensed to use the title "Social Worker." The bill regulates confidentiality and the disclosure of information. The bill allows for a two year grandfathering of some persons currently employed as social workers.

The Department of Health and Social Services supports efforts to increase professional standards for social workers. The department is currently seeking to increase the number of M.S.W. and B.S.W. employees engaged in agency social work, by taking administrative actions which encourage the hiring of these degreed professionals. In addition, the department believes that professional standards for social workers in the private sector would increase public confidence. However, the bill presents a number of complicated issues that have not been resolved quickly in other states. These areas require special scrutiny and analysis. This position paper first addresses three major issues, followed by a sectional analysis.

I. MAJOR DEPARTMENTAL ISSUES

A. Effect on Current State Employees:

→ There are currently 147 state social workers affected by the bill: 135 line and supervisory workers with the Division of Family and Youth Services, six with the Department of Administration at Pioneer homes, five with the Department of Corrections, and one with the Office of Alcoholism and Drug Abuse.

A survey of staff qualifications for Division of Family and Youth Services' employees shows that of 113 state-employed social workers responding, 2 have Ph.D.s, 29 have M.S.W. degrees, 12 have related master's degrees, 10 have B.S.W. degrees, 37 have related bachelor's degrees, 14 have degrees in other areas, and 11 have no college degree (this group of 11 represents the agency's paraprofessionals). The department believes that experienced state workers without social work degrees should be allowed to continue with the state.

The bill does allow for a limited license for "social workers" who do not meet all of the licensing standards, but who have degrees in social work or related fields and 24 months experience prior to July 1, 1987. However, the bill only allows this "grandfather" group to obtain an

147  
113  
34

"original license" valid for two years (Section 7(a), pages 10-11). The department urges an amendment to allow already established state social workers to continue practice with the right to renew their licenses, subject to the disciplinary oversight of the new Social Work Board (as well as supervision by the department and "oversight" by the courts and the ombudsman). The language of the department's proposed amendment is included in the sectional bill analysis later in this paper.

B. Effect on State Hiring Practices, Including Local Hire and Affirmative Action Goals:

After the enactment of the bill, the department would be required to hire licensed social workers. It may be difficult to fill all social work positions, whether public or private, with licensed social workers, especially in rural areas. Also, the bill's strict educational requirements for licensure may impede the state's long-term goals of employing paraprofessional employees and developing a career ladder for them. The department often hires Alaska Native "Social Services Associates" who may eventually become social workers. The bill would probably prevent these persons from advancing beyond the paraprofessional level unless they leave their communities for further education.

There is currently no M.S.W. program in the State of Alaska. However, the Department of Health and Social Services is negotiating with two out-of-state universities to provide for a supervised field placement program in Alaska. The need to go out of state for the master's degree creates a hardship for Alaskans and especially limits the participation of low income persons and Natives in the social work field. (The development of an M.S.W. program through the University of Alaska would be very costly for the number of potential students.) Perhaps with further study this bill could include a method for non-degreed persons to "work up" to a level where they can be licensed as social workers based on experience and examination. (For example, AS 08.08.207 allows persons to become attorneys by clerking and examination.)

C. Effect of Licensing Which Defines Allowable "Tasks"

In Section 4 of the bill, Section 08.87.110, dealing with the scope of practice, the department urges the amendment of this section to delete any listing of services as part of a definition of the scope of practice of social work. The department and a representative from the Attorney General's office, in recent discussions with the National Association of Social Workers, have received advice that many other states find it more practical to define the practice of social work in "goals-related" language, rather than with a list of services or tasks which may be performed by social workers. Statutes with task lists may restrict the practice of some of these tasks by other, unlicensed persons, or create unnecessary battles between related professionals. The department suggests that the beginning language in 08.87.110(a), which describes

the goals of social work, could probably stand alone. Therefore, the department urges the deletion of lines 10-23 of this section, (page 4) starting on line 10 with the words "the services provided may include ..."

The department expects to receive a new suggested uniform licensure act from the National Association of Social Workers some time late the week of April 8th. As soon as this language is received we will share it with the committees and the bill sponsors.

Section 08.87.110, the Scope of Practice section, ties in with the license for title section, Section 08.87.200 (page 6). The department feels that although that it is important to license the title "social worker," the interaction between Sections 110 and Sections 200 may hamper many other persons from performing valuable services for fear of violating this licensing statute. Again, when the department receives language from N.A.S.W. we will present specific amendment language to the committees and sponsors.

## II. SECTIONAL ANALYSIS

### A. Supervision

In addition to the concerns mentioned above, the department wishes to note other problem areas, section by section.

The bill, at 08.87.070(5), states that the licensing board must promulgate regulations determining how non-master social workers would be supervised. At this time the department cannot know how these supervision standards would relate to the department's supervisory structures. Although the department can attempt to deal with this issue when regulations are proposed in the future, clarification in the bill would be better.

### B. Confidentiality

Section 08.87.210, which states when a social worker may disclose client information, needs another subsection, as follows:

- (9) communication discloses information that the licensee is obligated by other state or federal statute or regulations to report.

The addition of such a subsection makes it clear that a social worker may make statutorily required reports, such as the reports of harm to a child or an adult required by Title 47.

C. Powers of the Board

At Section 08.87.230, which defines disciplinary sanctions, the department suggests that page 8, line 25 be amended by deleting the words "guilty of an offense under" and substituting the words "has committed a violation of." Terminology such as "guilty" and "offense" does not seem appropriate in a license disciplinary hearing, which is an administrative, civil proceeding. In Section 08.87.240, the penalty section of the bill, the department urges clarification of subsection (a) which creates a Class B misdemeanor. The present language states that "a person who violates this chapter" has committed a crime. This criminal provision should state what specific activity is made criminal, whether it is only practice without a license or, as an extreme example, whether it would be a crime for a social worker to breach confidentiality under 08.87.210.

The department also urges that Subsection (b) of 08.87.240 be set out as a separate section, as the Board's right to seek a civil injunction would be better placed separately from the criminal penalty provisions of the bill. Also, the department urges the amendment of 08.87.240 as follows, to clarify that the Board is not empowered to issue injunctive type orders:

- (b) The Board may apply to the Superior Court for an order enjoining [MAY SEEK TO ENJOIN OR RESTRAIN] a person not licensed under this chapter or whose license is suspended, revoked or expired from violating this chapter.

D. "Grandfathering"

The details of the waiver or "grandfathering" for present social workers are contained in Section 7 of the bill. The department urges that Section 7(a), specifically page 10, lines 26 and 27, be amended to read

... this act, a person may apply for and receive an original license, and subsequent license renewals, as a bachelor social worker if the person ...

The department urges the same change in the master social work language at Section 7(b), page 11, line 7.

In Subsection 7(a)(1), page 11, line 1, the department urges a definition of what is "a field related to social work" so that present social workers affected by the bill can know with certainty whether or not their degrees are considered as "related." Examples of degree fields which could be considered to be "related" to social work are: psychology, counselling and early childhood development. Much employee anxiety about the bill and much pressure on the first Social Work Board would be relieved by legislative determination of what related degrees would qualify for the "grandfather" licensing.

III. FINANCIAL IMPACT

The bill would require the state to bear the cost of creating a new board. It may be more efficient to expand the responsibility of the existing board of Psychologists and Psychiatrists to include social workers, and other therapists and counselors. The Division of Occupational Licensing obviously needs to be consulted to evaluate additional costs attached to the bill. The fees for licensing are costly and may financially impact non-profit contractors who, through their staff social workers, provide services to the state.

IV. RECOMMENDATION

The department supports the licensure of social workers in both the public and private sector as an additional method to monitor quality and to protect the public, although the department believes accommodation should be made for persons currently employed as social workers. There are many questions remaining about how to implement a licensing system in the social services area, questions that would benefit from further research and discussion.

RECOMMENDED: Michael L. Price  
Michael L. Price, Director  
Division of Family  
and Youth Services

DATE: April 9, 1985

APPROVED: John R. Pugh  
John R. Pugh, Commissioner  
Department of Health  
and Social Services

DATE: 4/9/85

STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

**REQUEST**

Bill/Resolution No.: HB No. 317  
 Title: An Act relating to the  
practice of social work  
 Sponsor: \_\_\_\_\_  
 Requestor: \_\_\_\_\_  
 Date of Request: 4-9-85

**FISCAL DETAIL**

Agency Affected: Health and Social Services  
 Program Category Affected: \_\_\_\_\_  
Social Services  
 BRU, Program or Subprogram(s) Affected: \_\_\_\_\_  
Social Services BRU

**EXPENDITURES/REVENUES: (Thousands of Dollars)**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>		-0-				
<b>REVENUE</b>		-0-				

**FUNDING: (Thousands of Dollars)**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
FULL-TIME		-0-				
PART-TIME		-0-				
TEMPORARY		-0-				

**ANALYSIS:** Attach a separate page if necessary

Prepared By: Michael L. Pr... Phone: 465-3170  
 Division: Family and Youth Services Date: 4/9/85

Approved by Commissioner: John A. Poy Date: 4/9/85 JCC  
 Agency: Health & Social Services

Distribution (by Agency preparing fiscal note):  
 Legislative Finance  
 Legislative Sponsor  
 Requestor  
 Office of Management and Budget  
 Impacted Agency(ies)

## new bills

The Associated Press

JUNEAU — Here is a list of bills and resolutions introduced today, the 68th day of the first session of the 14th Alaska Legislature.

**SENATE**

• SB223: Relating to federal funding for correction programs; introduced by Sen. Jack Coghill, R-Nenana.

• SB244: Relating to the use of funds from the Unalutahatchi and Kookchik of the Alaska Permanent Fund for certain municipal aid programs; introduced by Sen. Jack Coghill, R-Nenana.

• SB245: Relating to the theft of commercial fishing gear; introduced by Sen. Fred Zharoff, D-Kodiak.

• SB246: Relating to the suspension and revocation of interim-use permits and limited entry permits; introduced by Sen. Fred Zharoff, D-Kodiak.

• SB247: Would extend the termination date of the Alaska Public Utilities Commission to June 30, 1985; introduced by Sen. Frank Ferguson, D-Kotzebue.

• SB248: Would authorize the Department of Health and Social Services to establish a sliding fee schedule for payment to certain low-income individuals; introduced by Sen. Pat Roday, D-Fairbanks.

• SB249: Would make a supplemental appropriation of \$325,000 to the Department of Community and Regional Affairs to operate the senior citizens homeowners property tax exemption program; introduced by Sen. Pat Roday, D-Fairbanks.

• SB250: Relating to a tax exemption for real property taxes, imposed in a way that enhances its appearance; introduced by Sen. Pat Roday, R-Kodiak.

• SB251: Relating to regulation of the practice of psychology; introduced by Sen. Jay Kottus, D-Palmer.

• SB252: Relating to voter registration and application forms; introduced by Sen. Bill Flagg, D-Juneau.

**HOUSE**

• HB221: Relating to standard architectural and engineering designs; introduced by Rep. Mike Davis, R-Fairbanks.

• HB208: Relating to state support for education; introduced by Rep. Ron

# Social workers voicing opposition to licensing legislature

By ROBB FULCHER  
United Press International

JUNEAU — Professional social workers covered by the major state employees' union are coming out against a move in the legislature to require licensing of all social workers in Alaska.

A bill by Sen. Betty Fabrenkamp, D-Fairbanks, would require the social workers to be licensed by the state, and would set up a board made up primarily of social workers to determine who gets the licenses.

The costs of the program would be paid by licensing fees.

It would cost a social worker \$100 to apply for a license, as much as \$150 to receive the license itself, and \$200 to renew the license once every two years.

The Board of Social Worker Examiners, to be made up of four social workers and one public member who is a lay person, would not receive salaries but would be reimbursed for expenses such as travel costs.

To get a license, social workers would have to pass a state test, have a bachelor's degree in social work from an accredited school, and provide "three references acceptable

to the board."

Fabrenkamp said she introduced the bill at the request of the Alaska chapter of the National Association of Social Workers, whose members were concerned about maintaining the quality of social work in Alaska.

"In this particular state, hairdressers are licensed. Not to make fun of hairdressers, but it is interesting that we require a license for people who cut hair, but not for people who make important decisions that affect our daily lives," said Marsha Schneider, executive director of the Alaska chapter.

Schneider pointed out that social workers make decisions involving such essential matters as child protection and custody, and psychological care of nursing home residents.

Opposition to the bill is coming from among the 147 professional social workers employed by the state and covered by collective bargaining under the Alaska Public Employees Union, said Cherie Shelley, executive director of the union.

HB 317 - Relating to the practice of social work and establishing the Board of Social Work Examiners and providing for an effective date.

Section Analysis

Alaska Chapter, National Association of Social Workers  
House Labor & Commerce Committee  
April 9, 1985

- Section 1 -States the purpose of the Act as the protection of the consumer of social work services by assuring that the title social worker is utilized by persons who have completed professional education, who adhere to a professional code of ethics and who are subject to review by the Board of Social Work Examiners
- Section 2 -Adds the Board of Social Work Examiners to AS 08.01.010
- Section 3 -Adds the Board of Social Work Examiners to AS 08.03.010(c)
- Article 1 -Creates the five member Board of Social Work Examiners consisting of three masters social workers, one bachelor social worker and one public member.  
-Provides for two meetings a year of the Board of Social Work Examiners.  
-Provides for the election of a Chair and Secretary by the Board of Social Work Examiners  
-Provides for the removal of members of the Board of Social Work Examiners.  
-Provides for per-diem and travel for members of the Board of Social Work Examiners.  
-Relates to the Powers and Duties of the Board, including  
-examination of eligible applicants  
--submission of an annual report to the Governor  
-establishing standards for specialty designations for the independent practice of social work  
-imposition of disciplinary sanctions for violations of the Chapter  
-promulgation of regulations relating to supervision of non-masters social workers licensed under the Chapter and for proof of continued competence
- Article 2 -Provides for the licensing of social workers as licensed bachelor social workers, licensed masters social workers and licensed independent social workers.  
-Describes the scope of practice for social workers including description of the services which may be provided.  
-Provides that psychotherapy may be practiced only by a licensed independent social worker with a clinical specialty or a master social worker employed and supervised in a clinical setting.  
-Provides for the autonomous practice of social work in a specialized area.  
-Provides for license by credentials.  
-Provides for license renewal every two years.  
-Provides for fees for application, initial license by examination and by credential as well as for license renewal and reexamination.

- Article 3
- Prohibits the use of the title social worker and/or of the use of the initials LBSW, LMSW or LISW unless licensed under this chapter.
  - Provides for the use of the title social work student or social work intern.
  - Provides for confidentiality of communications and identifies situations in which such confidentiality does not apply.
  - Identifies grounds for the imposition of disciplinary sanctions which may be imposed by the Board of Social Work Examiners.
  - Provides for the reinstatement of a license.
  - Provides that the violation of this chapter constitutes a Class B Misdemeanor.
- Article 4
- Provides for definitions.
  - Provides for appointment of members of the Board of Social Work Examiners by the Governor.
  - Provides for the initial staggering of terms of the members of the Board of Social Work Examiners.
  - Provides for the "grandparenting" of persons who hold a bachelors or masters degree in social work from a school not accredited by the Council on Social Work Education -or- who hold a bachelors or masters degree in a field related to social work -and- who are practicing under the title social worker for at least 24 consecutive months prior to July, 1987.
  - Permits the issuance of a license as a Bachelor Social Worker to persons so "grandparented".
  - Provides for the waiver of the examination for the original license to persons who otherwise meet the qualifications for licensure set out in the chapter.
  - Provides for an effective date.

M E M O R A N D U M

To: All Members, House Labor and Commerce Committee

From: Roger Poppe, Committee Staff

Date: April 9, 1985

Subject: Overview, HB 317: An Act relating to Social Work and establishing a Board of Social Work Examiners.

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On April 9, at 1:15, the House Labor and Commerce Committee met on HB 317 in Room 102 of the Capitol Building.

This issue has been up before the legislature for the past 6 years in one form or another. During the last session, it appeared as SB 303 "Regulating the Practice of Social Work," by Josephson. This session, there is a piece of companion legislation to HB 317 in the Senate, which is SB 227 by Farhenkamp, by request of the Alaska Chapter of the National Association of Social Workers (NASW).

The general position of the administration is that they support the licensing of social workers. However, the Boards and Commissions office feels that this bill is not the vehicle to do it (in keeping with their general position of trying to reduce the number of boards), and would like to have the Social Workers licensed along with other behavioral science or social service professionals in one large board to be established through a legislative proposal, to be submitted next year.

We have precedent in our own state for this: Architects, Engineers, and Land Surveyors are 3 distinct professions with about 6 or 7 different categories of practitioners that operate successfully under one combined board, and the Board of Medicine has a much larger number of specialized fields that they serve and monitor in the medical community. We could consider an even more drastic step: the State of California has one full-time Centralized Occupational Licensing Board that handles licensing of all professionals. This is tremendously cost-effective, and is staffed by non-professionals, so that the interest that is served is the interest of the public consumers, not the individual professions.

The Dept. of Health and Social Services is supportive of the concept, but has problems with such issues as whether all practitioners shouldn't be "grandparented" in, not just a select few; whether the bill will make it more difficult for rural hire and local hire needs; and whether it might not be simpler to license practitioners by title only, not by practice or activity (in other words, by goals, and not by specific tasks), so that a broader range of people could be included. The range of people could go anywhere from 200-500 people, depending on how broad the definition is. Some of these problems will be covered in proposed amendments from the Department.

There are also 119 professional social workers currently employed by the state and covered by collective bargaining who are opposed to this legislation, and APEA will be here to represent their position.

ANALYSIS

SB 227

"An Act related to the practice of social workers and establishing a Board of Social Worker Examiners and providing for an effective date.

Page 1

Section 1. PURPOSE: Although the paragraph appears to be fine, we would offer one suggestion on line 13 should read "and are subject to licensure by the Board of Social Worker Examiners."

The term licensure would indicate review, control and responsibility for disciplinary sanctions.

Section 2. No Comment.

Section 3. Basically, the Administration opposes an additional board, however, with this section there is no remarkable comments.

Section 4. I think the initial comment in regard to the creation and membership of the board should be that if the board is going to be a board for licensing social workers, then the level of social workers should be equal and just. The authors of this bill include three master social workers, one of whom is an independent social worker, later definition will show that an independent social worker meets just an

additional term of supervision for post graduate experience approved by the board, the term is 24 months and I question how a board can be made up of an independent social worker if the board must initially approve the post work experience prior to one being termed an independent social worker, one bachelor social worker and one public member.

On a more appropriate makeup of a board, if the purpose is to assure the consumer that persons providing services under the title social worker have completed professional social work education and adhere to a code of professional ethics. Is not the code of ethics for the bachelor social worker the same as for the master social worker? The purpose does not indicate a level, but just in the overall regulating of social workers. A more appropriate makeup of a board might be two master level social workers, two bachelor level social workers, and one public member or better yet, one master level, one independent level, one bachelor level social worker and two public members. Beginning on Line 27, relates to the interest of the public members in the social worker profession. To be consistent with the other boards, the language may be suggested that the public members would have no financial interest in the social worker profession.

Page 2

On line 9, we have problems as an administrative agency budgeting for statements such as "the board may hold special meetings at the call of the chair or of a majority of the board members." We would prefer to see

that the exact number of meetings per year are embedded in statutes so we would have the statutory authority for budgeting purposes. It also makes it a lot easier for Legislators to comprehend.

Line 15, we would request that the statement "or the board may by regulations provide that unexcused absences from meetings are a cause for removal," should be changed to "the board shall or must by regulations provide . . . ."

Line 26, established standards for specialty designations for the private practice of social workers and authorize specialty designations on licenses issued under this chapter. We question whether this is entirely necessary and, if so, a number of specialities or their designation should be embedded in statutes that the board will not someday inflict upon the State numerous different specialties such as marriage and family therapists and the various other types of social worker problems that one might consider themselves as a specialists. We might also relate that this should be according to national standards.

Page 3

Line 3, we would agree that there might be some professions that need supervision, however, we believe that if there is a need to license social workers then it should be the responsibility of the board to ensure that a person going from a bachelor level social worker to a master level should be reviewed by the board and not under the

supervision of a master level. The two problems we see with this is that the potential for master levels not endorsing bachelor levels because of an economic sanction or turf protection or as we have in the psychology field where supervision can be done by phone. Is this an appropriate method of supervision? We doubt that it is.

On line 8, item number 7, we oppose the wording "adopt regulations to carry out the purpose of this chapter." We are consistently advised by the Legislators that there is too many regulations being adopted that there is regulations superceding or circumventing legislative authority, however, when you have statements that say 'adopt regulations to carry out the purpose of this chapter,' gives the board the statutory authority and the mandated function to involve themselves in numerous regulation projects.

The following comments will deal with Article 2, licensing of social workers.

We would have problems with line 14 when it says "is fit to practice . . . ." Again the board term of fit to practice left up to regulations by the board could lead us into turf protection failing to license those that are competent and a lax definition of fit. We would request that the word "fit" be changed to "qualified" as specified on line 19. We would also have problems with one who is possibly in professional competition identifying what is a good professional standard. Not that the fact that they could not identify what a good professional standing

is, however, what are they referring to as "is in good professional standing."

Line 18, provide three references acceptable to the board. They would submit that at the start of the licensing the board is going to have enough work to do to identify what is acceptable. I believe the word "acceptable" should be removed and in place should be the statement "(3) provides three professional references to the board."

Line 25, we would need to ask the question, what is the Council on Social Work Education and what is the accrediting authority? At the current time of this writing, that is unknown.

Beginning on page 3, line 27, which is the start of the licensed independent social worker section, we would oppose this. We believe that, if we are going to license social workers and we are going to further break it down as master, independent, and baccalaureate levels, we should not break it down further because someone is a private practitioner. Thereby, is it necessary for the definition of an independent social worker, we think not. We think from a governmental standpoint, the important aspect is that we are licensed and qualified competent social workers. We have sent copies of this legislation to members of the Board of Psychology requesting an evaluation of what the social worker or the drafters deemed to be appropriate for the scope of practice.

Beginning on line 28 of page 4, we would oppose the position that a as

listed under (c) a person may practice social work autonomously only if (1) the person is licensed as an independent social worker. We question the motive and why could not a master level social worker, which is apparently endorsed in accredited schools as being a competent level to practice in the public, why must it be an "additional title" of independent social worker.

Page 4.

Beginning on line 1, we are concerned that the board would have too much authority over too many different areas and could ultimately lead to the verification of turf protection, economic sanctions and possibly even antitrust complaints.

Line 7, we would suggest that this be deleted.

Line 25, we do not believe that this is an appropriate subject \_\_\_\_\_ licensing by credentials. It is not that we are saying we don't believe competent practitioners should be required to produce that evidence, however, in licensing by credential is a means to immediately or expeditiously license practitioners that meet certain requirements. The factor of proof of continued competency is normally between initial license and renewals.

On line 29 in place of "lapses after 24 months," would require additional

staff to maintain a suspense file to see that each applicant is licensed 24 months after the date they are initially issued.

Page 6.

We would like to make known to the sponsors that we are presently supporting House Bill 78, which will have a new section AS 08.01.065 which will provide that the department will set the fees by regulations after concurrence by the board affected.

Line 25, Section 08.87.210, Confidentiality of Communications.

We have consistently had concerns where professions such as psychologists and social workers would enter a confidentiality of communications requirements on the books and does not provide when a practitioner violates a client. An example of this is one practitioner having some type of unauthorized physical contact with a patient, the patient ultimately goes to the second practitioner, she reports this type of conduct, the second practitioner advises this agency of the conduct, however, he refuses to identify the practitioner in the first instances, and he also refuses to identify his client. This then sets the division and the State at liability that we cannot take any action against the practitioner because we don't know or are not informed of the identity. I believe in this portion of the bill, some wording should be indicated that would provide a practitioner who brings unethical conduct to the attention of the division or the board should have the sanction of the

board and also the courts in his efforts prevent abusive clients. For lack of a better word, the practitioner reporting the unethical conduct should be immune from any civil liabilities. This, of course, is a danger if the alleged complaints are not substantiated to the degree that action could be taken against an offending practitioner and ultimately because of lack of proof the case goes unsatisfied.

On page 7 at line 12, there appears to be this implication which says the social worker reveals communication only during the course of an official examination, trial or other proceedings. I would require that the drafters of this legislation identify what is considered an official examination. Even though this agency does official enquiries in the performance of its function, they have sometime been classified as not meeting the standards of an official examination. I think this should be spelled out in advance so all would be aware.

The purpose alleged by the solicitors of the legislation is for the consumer protection and that I think consumer protection should be built into this portion of the bill, that the practitioner should submit themselves to the board's authority and wholeheartedly and without any hesitation. A recommendation might be to add a number (9) which says "the social worker shall reveal a communications to members of the board during an interview or their designated representatives during an official inquiry for the board or on behalf of the board.

Beginning on line 5, I would ask that there be a clearer definition as to what section 4 would indicate. They have too many vague and board statements and words in relation to this one particular paragraph that says "has been convicted of a crime that has a substantial relationship to the licensees' activities and services or that affects the licensees' ability to continue to practice competently and safely." Definition would need to be obtained in regard to substantial relationship, licensees' activities and services, and practice competently and safely.

Beginning on line 8, item 5, a definition must be obtained for minimum professional standards. Are these to be set by the board or are we following some national accreditation associations' definitions?

Page 10, Article 4, General Provision.

Line 11, section 6, within 30 days, we will recommend that this be changed to 90 or 120 days giving the Governor's Office sufficient time to look at and appoint qualified board members. We would also recommend that our comments as addressed in the previous chapter dealing with the makeup be inserted here. Our recommendation would be three social workers consisting of a master, an independent and a baccalaureate level and two public members. If that is not agreeable, then either two baccalaureate members and two master levels with one lay person.

Beginning with section 7, line 25, on page 10 and continuing on page 11,

we would oppose that entire section unless it was rewritten. Indications in the section itself says that the Board of Social Worker Examiners are going out in the field to anyone and I suggest as a basis for this statement is on line 28 of page 10 the statement is made "(1) holds a degree in social work from a school with a social work program that is not accredited by the Council on Social Work Education or a bachelor's or master's degree in a field related to social work and has been practicing under the title social worker for at least 24 consecutive months before July 1, 1987; or" this statement in effect appears to be an effort to increase the numbers in this licensed profession. If we are saying that it is necessary to license social workers for the protection of the consumer, then we should be prepared to limit our licensing function to those social workers that are in effect at the time this bill goes in to become law. We also take exception when they use a word "that hold a master or bachelor degree in a field related to social work and has been practicing under the title social worker." The problem there is that there is many counselors out there that identify themselves as social workers. They can at this point in time since there is no licensing requirement in this State and they would not be breaking any law. Does the Board of Social Worker Examiners then consider them the appropriate people to carry the title of social worker and be licensed by the State of Alaska? We would be disagree with this proposition.

Page 11, beginning on line 4, this is apparently an effort for the grandfathering clause. The legislation should identify criteria as established by the proposers of this legislation that meets acceptable

standards nationwide for the initial licensing. Those persons holding those qualifications on the date the bill becomes affective should be the ones that are grandfathered in not applications for licensing to be received before July 1 1987 which is in excess of two years down the road. The grandfathering clause should terminate on July 1, 1986.

This bill is in opposition to the Administration's position of proliferation or endorsing of more professional licensing boards. I submit that the major and most important question is, has the consumers come in requesting this profession become licensed or has any governmental agency been involved with complaints from consumers that have been abused by those holding themselves out to be social workers? The answer to both of those questions is in the negative.

Reviewing this bill, it is apparent that the profession who now numbers approximately 315 to this agencies' knowledge, of those 138 are State employees. All information that has been obtained by this agency is that social workers employed by the State of Alaska do not desire to be licensed. We also have received information that the employees' union for the State, APEA, has also been in contact with the sponsors' office expressing this concern. It would be our position that Alaskans receiving the benefits by a State agency in the form of social work or counseling are of a lower income class then what would be found for the clients utilizing social workers in the general public sphere. Based on this, we would endorse that State employees practicing and being paid a salary as social workers should also be required to meet the licensing

standards. It is not necessarily the agencies' position that State employees should be required to pay a licensing fee, but just that they meet adopted standards. We feel that service provided by the State should be equal to if not better than that provided by the private sector, or that would be a goal that we would look to.

We will also encourage State employees become licensed as social workers if a fee needs to be charged that can be written off by the State or an RSA funding by the State and that license could only be used for State business. Once the employee leaves the State, then that license must be surrendered. We would also take the approach that if employees are not licensed two complications arise; (1) do the clients have an avenue of redress, the answer to that is apparently yes, however, is the expertise in the Office of the Ombudsman or in the supervisor of the employee for fair relief for the clients. For the Ombudsman's office the answer would be no, for the supervisor it would be yes.

We also have some concerns that there are a number of counselor type occupations or professions out there and we are deeply concerned as to whether they should not all be brought under a scenario of the Board of Psychology and Psychological Associates, we are aware that the participants or movers of this legislation are adverse to that. However, we have to be concerned with the other numerous individual and separate fields that might also seek licensing and again would be confronted with the proliferation of boards of like substance. The Board of Social Worker Examiners could very easily fit under the Board of Psychology and

Psychological Associates, the board size could possibly be increased to seven and you would still have the expertise on the board available to judge licenses and applications.

HDT/wfs1915W31985a

March 9, 1934

Ms. Marsha Schneider  
Executive Director  
National Association of  
Social Workers  
Alaska Chapter  
P.O. Box 10430  
Fairbanks, AK 99710

Dear Ms. Schneider:

I would like to respond to your recent correspondence related to the licensing of social workers in Alaska. I have received several letters from mental health professionals urging my support of SB 303 sponsored by Senator Josephson that establishes a standard of training and conduct for social workers practicing in Alaska. It also creates a new State board for the purposes of licensing and disciplinary action.

From the aspect of consumer protection, the overall concept of licensing social workers in Alaska is something that certainly appears to have merit at this time. However, my concern about the rapid proliferation of State boards, commissions, authorities, councils, and other advisory bodies is something that I have addressed numerous times since I was elected.

We are conducting an extensive research project on all public advisory bodies that currently exist by statute. That review has not been completed. However, preliminary results lead me to believe that Alaska has a history of creating boards and commissions without a great deal of thought given to optional ways of providing the function intended other than for the creation and continued maintenance of a board. I have stated my concern about the growing number of boards and commissions in a policy statement which I have enclosed with this letter.

I have been informed by my staff that this policy has been articulated to your representatives who have discussed this matter with my office, and that an offer of assistance has been made by my staff to explore optional ways of achieving licensure without the creation of a new licensing board at this time.

CAROL

March 9, 1984

I hope that all options will be explored mutually before SB 303 comes to my desk for signature. In the meantime, I have noted that support has been expressed from persons I hold in high regard for SB 303.

Sincerely,

Bill Sheffield  
Governor

Enclosure

cc: Senator Joe Josephson  
Alaska State Legislature

Gary Lichtenstein, Chairman  
Licensing Committee  
National Association of  
Social Workers

Cecilia Kleinkauf, Chairperson  
Social Policy and Action  
Committee

bcc: Senator Jalmar Kerttula  
Senator Vic Fischer  
Senator John Sackett  
Commissioner Richard Lyon  
Commissioner Robert L. Smith  
Marsha Hubbard, Office of  
the Governor  
Harry Treager, DCED  
Jana Varrotti

BS:CAD:kk/1



ALASKA  
CHAPTER

NATIONAL ASSOCIATION OF  
SOCIAL WORKERS

P.O. BOX 10430  
FAIRBANKS, ALASKA 99710  
907-456-5914

January 19, 1984

RECEIVED  
JAN 21 1984

BOARD OF DIRECTORS Governor Bill Sheffield  
Pouch A  
Juneau, Ak. 99811

GOVERNOR'S OFFICE

President: 1983-85  
Susan Johnson, MSW  
Anchorage

Vice President: 1983-85  
Cheryl Mann, MSW  
Anchorage

Secretary: 1983-85  
Barbara Carraher, ACSW  
Anchorage

Treasurer: 1983-85  
Mergie Dohrman, ACSW  
Anchorage

Southcentral Representatives:  
1983-85  
Mary Carroll, D.S.W.  
Anchorage

1983-84  
Gary Lichtenstein, ACSW  
Anchorage

Northern Representative:  
1982-84  
Nettie Dean Scott, MSW  
McGrath

Southeastern Representative:  
1982-84  
Diane Bachan, ACSW  
Sitka

At Large: 1982-84  
CeCe Esparza, ACSW  
Bethel

Student Representative:  
1983-84  
Molly Collins  
Anchorage

Executive Director:  
Marsha Schneider, MSW  
Fairbanks

Dear Governor Sheffield:

The Alaska Chapter of the National Association of Social Workers urges your support of SB 303, sponsored by Senator Joe Josephson. SB 303 would license persons who hold baccalaureate, masters, or doctoral degrees in social work. Passage of this bill is needed so that consumers are able to identify qualified practitioners. Since many social workers practice independently, a board is needed to adopt a code of ethics and to establish a complaint mechanism.

Enclosed are letters of support that we have received from various human service professionals and agencies.

If you or your staff are in need of further information concerning this issue, please contact us at the above address. You can also contact Gary Lichtenstein, Chair; Licensing Committee; 211 H St., Anchorage, Ak. 99501 or Cecilia Kleinkauf, Chair; Social Policy and Action Committee; 4201 McInnes, Anchorage, Ak. 99504.

Thank-you for your consideration.

Sincerely,

Marsha Schneider  
Executive Director

ms:ms

# LANGDON PSYCHIATRIC CLINIC

## PSYCHIATRY

ARTHUR S. WILF, M.D., F.A.P.A.  
JAMES R. MCGUIRE, M.D.  
JERRY L. SCHRADER, M.D.  
ELINOR E. WEEKS, M.D.

## CLINICAL PSYCHOLOGY

JAMES F. HARPER, Ph.D.  
BRUCE N. SMITH, Ph.D.  
MARILYN L. WILSON, Ph.D.

## PSYCHIATRIC SOCIAL WORK

NICKI J. NIELSEN, M.S.W., A.C.S.W.  
HELEN CRAIG, M.S.W., A.L.S.W.  
DONALD SPARROW, M.S.W., A.C.S.W.  
RANDALL JONES, M.A.  
ELIZABETH ROBINSON, M.S.W., A.C.S.W.

## READING THERAPY

JANET SHERWOOD, M.Ed.

Anchorage Office  
4001 Dale Street  
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(907) 561-1361

Valley Office  
Wasilla Village Center  
Suite 202  
Wasilla, Alaska 99687  
MAILING ADDRESS  
P. O. Box 871767  
(907) 376-2447

December 21, 1983

Gary W. Lichtenstein, M.S.W., A.C.S.W.,  
Chairman  
Licensure Committee  
Alaska State Chapter  
National Association of Social Workers  
211 N Street  
Anchorage, Alaska 99501

Dear Mr. Lichtenstein:

The Board of Directors of the Langdon Psychiatric Clinic wishes to express to you its strong support for the proposed SB 303, "An Act relating to the practice of social work and establishing the Board of Social Work Examiners; and providing for an effective date."

As mental health professionals, we are concerned first of all with protecting the public by specifying minimum standards of preparation for anyone practicing in Alaska, in whatever setting, under the title of "social worker." We believe it appropriate and necessary to provide consumers of social services, as is already done for nursing, medical and clinical psychological services, with access to investigative and adjudicative procedures, through a regulatory body, supported by effective penalties for offending practitioners, thus assuring accountability to the public.

We also see licensure as essential in order to protect privileged communication between professional social workers and their clients. Such confidentiality is not at this time protected by regulation.

Since a majority of states do have licensing of social workers, an Alaska license will help assure that uniform standards of social work practice exist from state to state. This will better serve the consumer, and allow reciprocity to the licensed professional. We believe it would assist Alaska agencies in recruiting qualified social workers from other states--important in that Alaska does not offer social work training at the Master's level.

# LANGDON PSYCHIATRIC CLINIC

## PSYCHIATRY

ARON S. WOLF, M.D., F.A.P.A.  
JAMES R. McGUIRE, M.D.  
JERRY L. SCHRADER, M.D.  
ELINOR E. WEEKS, M.D.

## CLINICAL PSYCHOLOGY

JAMES P. HARPER, Ph.D.  
BRUCE N. SMITH, Ph.D.  
MARILYN L. WILSON, Ph.D.

## PSYCHIATRIC SOCIAL WORK

NICKI J. NIELSEN, M.S.W., A.C.S.W.  
HELEN CRAIG, M.S.W., A.C.S.W.  
DONALD SPARROW, M.S.W., A.C.S.W.  
RANDALL JONES, M.A.  
ELIZABETH ROBINSON, M.S.W., A.C.S.W.

## READING THERAPY

JANET SHERWOOD, M.Ed.

Anchorage Office  
4001 Dale Street  
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Valley Office  
Wasilla Village Center  
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Wasilla, Alaska 99687  
MAILING ADDRESS:  
P. O. Box 871767  
(907) 376-2447

January 3, 1984

Gary W. Lichtenstein, M.S.W., A.C.S.W.  
Chairman  
Licensure Committee  
Alaska State Chapter  
National Association of Social Workers  
211 H Street  
Anchorage, Alaska 99501

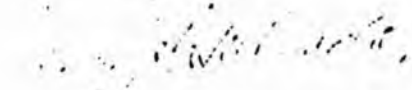
Dear Mr. Lichtenstein:

Members of the Board of Directors of the Langdon Psychiatric Clinic have already expressed to you their strong support for the proposed SB 303, "An Act relating to the practice of social work and establishing the Board of Social Work Examiners; and providing for an effective date." We, the other members of the Langdon Clinic professional staff, wish to express to you our full agreement with this position.

As practitioners in the field of mental health, we are well aware of the need for protecting the users of social services by specifying training standards for persons working under the title "social worker." We also see constantly the need for protection of privileged communication between professional social workers and their clients. We are concerned about the need to make possible third party payment for social work services through licensure of professional social workers.

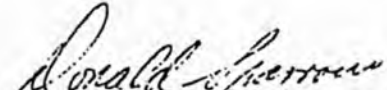
We hope Alaska will soon match the majority of other states in establishing such licensure.

Sincerely,

  
Jerry L. Schrader, M.D.

  
Elinor Weeks, M.D.

  
Bruce N. Smith, Ph.D.

  
Donald Sparrow, A.C.S.W.



## AKEELA HOUSE INCORPORATED

December 13, 1983

Mr. Gary Lichtenstein  
Chairman  
Licensing Committee-NASW  
211 H Street  
Anchorage, Alaska 99501

REF: SENATE BILL #303

Dear Gary:

This letter is being written in support of licensing social workers in Alaska.

It is agreed that the only way to ensure that persons providing services are capable is to establish minimum standards for practice. In order to provide competent social work services, professional education should be required.

If we can be of further service in supporting you on licensing of social workers in Alaska please feel free to contact me.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'C-Joe'.

C-Joe DiMatteo  
Executive Director

CJD:dl

## LICENSING OF SOCIAL WORKERS

WHEREAS, Professional Social Workers are not currently licensed to practice in the State of Alaska

AND, WHEREAS, the National Association of Social Workers is nationally and locally, in Alaska, backing a concerted effort to achieve licensing laws in all 50 states,

AND, WHEREAS, licensing of social workers helps to insure quality standards for social work practice and, thereby, protects the consuming public,

AND, WHEREAS, licensing insures uniformity of standards from state to state and within individual states regarding social work practice

AND, WHEREAS, licensing helps insure that social workers who practice their art will keep up in the theory and practice of social work

AND, WHEREAS, licensing helps the general public identify qualified practitioners of social work,

AND, WHEREAS, State Senator Josephson supported the licensing of social workers in the last session of the Legislature by introducing Senate Bill 303,

BE IT THERE FORE RESOLVED BY THE ALASKA HUMAN SERVICES NETWORK, that, the Network supports the licensing of social workers and will evidence its support by,

- (1) Giving positive backing to legislation such as SB 303 to establish social worker licensing and the necessary mechanisms to establish such licensing
- (2) ~~By~~ urging the individual boards of directors of the constituent organizations of the Network to similarly back social worker licensing by resolution and letter to legislators.

OHLSON PSYCHOLOGICAL SERVICES  
4045 LAKE OTIS PARKWAY, SUITE 201  
ANCHORAGE, ALASKA 99504  
—  
TELEPHONE (907) 274-3668

RONALD W. OHLSON, PH.D.  
DIPLOMATE IN CLINICAL PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

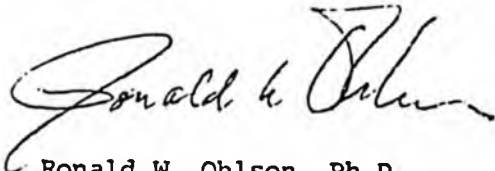
November 27, 1983

National Association of Social Workers  
Alaska Chapter  
c/o Marsha Schneider  
Executive Director  
PO Box 10430  
Fairbanks, Ak. 99710

Dear Ms. Schneider:

I personally endorse the efforts of Alaskan social workers to establish licensure legislation. It is my contention that licensing of clinical professional social workers provides uniform standards of education, training and performance that best serve to protect the public.

Sincerely,



Ronald W. Ohlson, Ph.D.

RWO/jc



NORTH STAR COUNCIL ON AGING, INC.

P.O. BOX 73888 • FAIRBANKS, ALASKA 99707

AREA CODE 907-452-1735

November 28, 1983

Marsha Schneider, MSW  
Executive Director  
Alaska Chapter - N.A.S.W.  
P.O. Box 10430  
Fairbanks, Alaska 99710

Dear Marsha:

We have received your letter of November 15th with reference to the "bill to license social workers".

As a provider of services to the elderly exclusively, North Star Council on Aging, Inc., has long been concerned about the lack of license for this particular profession. Many of our clients are particularly vulnerable at this particular time in their lives and there have been occasions in the past when we have been aware of an incompetent service rendered by someone who classified himself as a social worker. We, as a service provider, as well as our clientele rely heavily on the assistance of a social worker whose competency has been examined and certified by a qualified Board of Examiners.

We are, therefore, pleased to endorse the concept of social work licensure particularly as outlined in SB 303 as well as the amendments approved at a HESS Committee meeting June 3, 1983. You have our permission to duplicate our endorsement to any individual legislators you deem helpful in securing the passage of this bill.

With our best wishes, we remain

Sincerely,

Genevieve Reininger  
Executive Director

GR:s

# Fairbanks Community Mental Health Center

209 Forty Mile Ave., Graehl • Fairbanks, Alaska 99701  
Phone (907) 452-1575

November 22, 1983

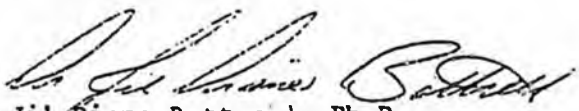
Marsha Schneider, MSW  
National Association of Social Workers  
P.O. Box 10430  
Fairbanks, Alaska 99710

Dear Ms. Schneider:

I am writing this letter to support the efforts of the National Association of Social Workers to obtain licensure for social workers in the State of Alaska. As a licensed psychologist, and one involved in the establishment and maintenance of licensure practices in my field, I am in a position to recognize the necessity for licensure for mental health professionals in general, and for social workers in particular. My specific concern is to be able to maintain the quality of social work services provided, and to establish a process for consumer protection against unethical practices by mental health professionals. I have served on the Ethics Committee of State Psychological Associations and on the Board of Examiners for Psychologists in Maine, and I strongly support the development of a complaint process in cases of alleged misconduct by professionals. In my ten years of work as a professional psychologist, I have seen the efficacy of social work and the contribution of social workers in the mental health field in a variety of settings, and hope that the Alaska legislature will assist social workers in their important contribution by providing a mechanism for licensure in Alaska.

If I can be of any service in testifying in behalf of licensure, please do not hesitate to contact me.

Sincerely,

  
Jil Diane Bottrell, Ph.D.  
Director  
Fairbanks Community Mental Health Center

JDB:cj



National Association of Social Workers  
Attention: Susan Johnson  
P.O. Box 10430  
Fairbanks, Alaska 99707

December 9, 1983

Dear Ms. Johnson:

We at Women in Crisis feel that there should be set standards for Social Workers. Licensing will assure uniform standards of social work practice from state to state. An enforceable code of professional conduct will provide consumers protection.

The quality of human services will be further developed by setting standards for social work practitioners. We support the Senate Bill No. 303 which will establish a board of Social Worker examiners who will set social work standards.

Sincerely,

*Trish Livingston*  
Trish Livingston  
Program Manager  
for Women in Crisis



# Heritage House

3925 East 9th Avenue  
Anchorage, Alaska 99501  
(907) 338-0542

A Charitable Operation of Alaska Semi-Supportive Homes, An Alaskan Non-Profit Corporation

Robert O. Christoffersen, Executive Director  
Edith M. Christoffersen, Deputy Director

December 8, 1983

Gary Lichtinstine  
ACSW, NASW  
211 H St.  
Anchorage, Alaska 99501

Sir,

The Board of Directors have instructed me to convey to you that we of Alaska Semi-Supportive Homes Inc., do support the legislation that has been put forth to license Social Workers with-in the State of Alaska.

Our feelings are that this is much needed legislation to insure that those people that are recipients of the service are receiving the best service that can be provided in their best interest.

Respectfully,

*Robert O. Christoffersen*  
Robert O. Christoffersen

Director

cc file

THE COUNSELING CENTER  
101 EAST NINTH AVENUE No. 7  
ANCHORAGE, ALASKA 99501

279-5441

December 16, 1983

Millie Andreini, M.S.W.  
Jon F. Burke, Ph.D.  
Betty Morgan Burt, M.Ed.  
William G. Campbell, M.D.  
Alfred Collins, Ph.D.  
Mary Dall, M.S.W.  
Karen S. Dixon, M.S.  
Catherine Dunn, M.D.  
Patricia Mangiardi, ACSW  
Patricia C. Patrick, M.D.  
Thomas M. Robinson, Ph.D.

Gary Lichtenstein, ACSW, Chair,  
Alaska Chapter, NASW, Licensing Committee  
211 H Street  
Anchorage, Alaska 99501

Dear Mr. Lichtenstein:

The Counseling Center endorses legislation which provides for the licensure of social workers and supports Senate Bill No. 303. As a group of professional mental health care providers we are well aware of the importance of licensure of social workers in Alaska.

Licensing social workers will not only help the general public to identify qualified practitioners of social work, but will help to insure quality standards for social work practice.

We understand that Senate Bill No. 303 was introduced during the 1983 Legislature. We urge passage of this legislation during the 1984 Legislature.

Sincerely,

*Jon F. Burke*  
Jon F. Burke, Ph.D.  
*William G. Campbell*  
William G. Campbell, M.D.  
*Alfred Collins*  
Alfred Collins, Ph.D.

*Mary Dall*  
Mary Dall, M.S.W.

*Karen Dixon*  
Karen Dixon, M.S.

*Catherine Dunn*  
Catherine Dunn, M.D.

*Patricia Mangiardi*  
Patricia Mangiardi, ACSW

*Patricia C. Patrick*  
Patricia C. Patrick, M.D.

*Thomas M. Robinson*  
Thomas M. Robinson, Ph.D.

*Millie Andreini*  
Millie Andreini, M.S.W.



# THE CENTER FOR CHILDREN AND PARENTS

December 20, 1983

Mr. Gary Lichtenstein, A.C.S.W., Chair  
Alaska Chapter, NASW Licensing Committee  
211 'H' Street  
Anchorage, Alaska 99501

Dear Mr. Lichtenstein:

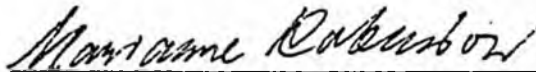
The Anchorage Child Abuse Board, Inc. is the Board of Directors for the Center for Children and Parents and Intermission, a crisis nursery for children who may be the victims of child abuse or neglect. We are very interested in quality services for children, parents, and families. Social workers provide many such services in Anchorage and throughout Alaska.

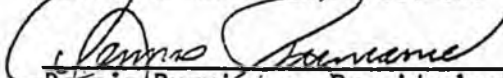
We are aware that legislation which will provide licensure for social workers was introduced during the 1983 Legislature. We endorse such legislation and support Senate Bill No. 303. Licensure of social workers will help to assure quality human services by setting standards for social work practitioners. Licensure also aids the consumer in indentifying qualified social work practitioners.

We trust that legislators will take steps to pass legislation which will provide licensure for social workers in the interest of quality human services as well as consumer protection.

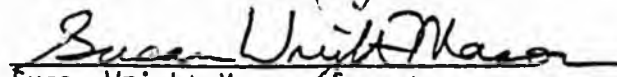
Sincerely,

Anchorage Child Abuse Board, Inc.

  
Marianne Robinson, President

  
Dennis Purviance, President-elect

  
Dick Angell, Treasurer

  
Susan Wright Mason, Secretary

△ Administrative Offices (907) 278-4558  
1577 'C' Street 99501

△ Spenard Center (907) 243-5411  
3944 Spenard 99503

△ Transitional Living Center (907) 338-7819  
921 E. 10th Ave. 99501

△ Mat-Su Community (907) 376-2411  
Counseling Center  
Wasilla Business Park  
Box 656  
Wasilla, Alaska 99687



△ Parent Training Center (907) 272-1722  
1844 W. Northern Lights 99503

△ Day Break Center (907) 272-3854  
Adult Day Care  
1100 W. 10th 99501

△ Annex Center (907) 276-5400  
1020 E. 4th Ave. 99501

△ Central Mailing:  
Pouch 3759 ECB  
Anchorage, Alaska 99501

Gary W. Vreeman, Ph.D.  
Executive Director

December 28, 1983

Marsha Schneider, M.S.W.  
Executive Director  
Alaska Chapter  
National Association of Social Workers  
P.O. Box 10430  
Fairbanks, Alaska 99701

Dear Ms. Schneider:

The Board of Directors and clinical staff of the Anchorage Community Mental Health Center wish to express our support for the licensing of social workers at the State level. There are a number of reasons why we favor the proposed licensure bill but two stand out as being of particular importance to us.

First, our clinical staff is involved in making evaluations and recommendations involving commitments to mental hospitals (SB 100, Section 47-30915[11]). Clinical social workers are the only ones in a group of professions designated for this role who are not yet licensed by the State.

Second, if our clinical social workers were licensed, we would be able to collect many more third party payments than we now can, enhancing our ability to support ourselves as an agency and making us less dependent on State funding. With Federal and State support of agencies such as ours continually declining, the issue of third party payments has become critical.

You have our enthusiastic support for the amended version of Senate Bill 303.

Sincerely,

A handwritten signature in cursive script that reads "James Hotchkiss".

James Hotchkiss, Ph.D.  
President, Board of Directors

A handwritten signature in cursive script that reads "Glade Birch".

Glade Birch, Ph.D.  
Executive Director

AS/JH/GB/kw

Anchorage, Alaska

12

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 \*  
 \* DELIVER TO: JFOM \*  
 \* \*  
 \* \*  
 \* ORIGINAL \*  
 \* SENT: 03/29/85 TIME: 14:03 \*  
 \* FROM: MICKI HENSON \*  
 \* SUBJECT: POM \*  
 \* PRINT DATE: 03/29/85 TIME: 14:04 \*  
 \* \*  
 \*\*\*\*\*

TO: SENATE H.E.S.S COMMITTEE

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

RE: HB 337 , SB 227- LICENSING OF SOCIAL WORKERS

I AM IN SUPPORT OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS  
LICENSING BILL TO FULLY INSURE STANDARDS AND QUALITY OF SERVICE  
TO EACH INDIVIDUAL

PLEASE NOTE THIS WAS SENT PREVIOUSLY WITH NO SENDER LISTED.

TO: SENATE H.E.S.S COMMITTEE

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

FROM: DONNA STONE  
PO BOX 110795  
ANCHORAGE, AK. 99511 PHONE: 562-4792

RE: HB 337 , SB 227- LICENSING OF SOCIAL WORKERS

I AM IN SUPPORT OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS  
LICENSING BILL TO FULLY INSURE STANDARDS AND QUALITY OF SERVICE  
TO EACH INDIVIDUAL

\* DELIVER TO. LIOJ  
\* ORIGINAL  
\* SENT: 03/28/85 TIME 14:34  
\* FROM: VERNITA VESTAL  
\* SUBJECT: POM  
\* PRINT DATE: 03/28/85 TIME: 14:35  
\*\*\*\*\*8\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE COMMITTEE:  
REPRESENTATIVES NAVARRE, DAVIS, BOUCHER,  
KOPONEN, FEARCE, COLLINS, AND HANLEY

FROM: EILEEN LALLY  
200 W 34TH, #427  
ANCHORAGE, ALASKA 99503 (H) 274-1233

RE: HB 317-LICENSING SOCIAL WORKERS

I SUPPORT THAT BILL AS A SOCIAL WORKER AND I AM ASKING PLEASE GET  
IT OUT OF HOUSE LABOR AND COMMERCE COMMITTEE AND TO A FULL HOUSE  
HEARING THIS SESSION.

\*\*\*\*\*  
\*  
\* DELIVER TO: JPOM \*  
\* \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/05/85 TIME: 10:31 \*  
\* FROM: HARRY MANDREGAN \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/05/85 TIME: 10:31 13 \*  
\* \*  
\*\*\*\*\*

TO: SENATE HESS COMMITTEE, SENATORS FAHRENKAMP, STURGULEWSKI, PAUL  
FISCHER, DEVRIES AND JOSEPHSON  
HOUSE LABOR AND COMMERCE COMMITTEE, REPRESENTATIVES NAVARRE,  
DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

FROM: KEN TAYLOR  
7330 CHRISTOPHER CIRCLE  
ANCHORAGE, ALASKA 99507  
HOME NO.: 344-9271  
WORK NO.: 561-1633

RE: SB 227 - LICENSING SOCIAL WORKERS AND HB 317 - LICENSING  
SOCIAL WORKERS

I WOULD LIKE TO STATE MY SUPPORT THE SOCIAL WORK LICENSE BILL.  
PROFESSIONALS WHO HAVE DIRECT IMPACT ON THE LIVES OF OTHERS  
SHOULD BE GOVERNED AND SHOULD BE ACCOUNTABLE TO SOME LICENSED  
BOARD. LICENSING IS IMPERATIVE IN ANY PROFESSIONAL PRACTICE.

\*\*\*\*\*  
\*  
\* DELIVER TO: JPOM \*  
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\* \*  
\* ORIGINAL \*  
\* SENT: 04/04/85 TIME: 14:50 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/04/85 TIME: 14:50 \*  
\* \*  
\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS,  
HANLEY

FROM: ELEANOR PATELLA, 3401 TURNAGAIN, #6, ANCHORAGE, 99503,  
248-7475(HM), 786-1766(WK)

RE: HB 317, SOCIAL WORK LICENSING

I URGE YOUR SUPPORT FOR SOCIAL WORK LICENSING. LICENSING WILL  
ESTABLISH A PROCESS FOR MONITORING ETHICAL PRACTICE AND ENSURING  
MINIMAL TRAINING FOR SOCIAL WORK JOBS.

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\*  
\* DELIVER TO: JPOM  
\*  
\* ORIGINAL  
\* SENT: 04/05/85 TIME: 08:51  
\* FROM: VERNITA VESTAL  
\* SUBJECT: PDM  
\* PRINT DATE: 04/05/85 TIME: 08:51  
\*  
\*  
\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE COMMITTEE  
REP. NAVARRE, DAVIS, BOUCHER,  
KOPONEN, PEARCE, COLLINS, HANLEY

SENATE HESS COMMITTEE  
SEN. FAHRENKAMP, STURGULEWSKI, P. FISCHER,  
DEVRIES, JOSEPHSON,

FROM: BARBARA VARRAHER  
7231 KISKA CIRCLE  
ANCHORAGE, ALASKA 99504 (H) 338-1167

RE: HB 317-SB 227 - SOCIAL WORK LICENSING

PLEASE HEAR AND SUPPORT HB 317 AND SB 227 TO INSTITUTE SOCIAL  
WORK LICENSING. ASSURING QUALITY OF CARE TO SOCIAL WORK CLIENTS.

\*\*\*\*\*  
\*  
\* DELIVER TO: JPOM  
\*  
\*  
\* ORIGINAL  
\* SENT: 04/04/85 TIME: 13:41  
\* FROM: JEAN MILLER  
\* SUBJECT: FOM  
\* PRINT DATE: 04/04/85 TIME: 13:41  
\*  
\*\*\*\*\*

HEALTH AND SOCIAL SERVICES COMMITTEE - SENATORS FAHRENKAMP,  
STURGULEWSKI, DE VRIES, FISCHER, AND JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE, ~~SENATOR~~ NAVARRE, DAVIS, BOUCHER,  
COLLINS, HANLEY, KOPONEN, AND PEARCE

CAROL NISSEN  
12900 GAIL ST,  
ANCHORAGE 99515 H) 345-0150

SUBJECT: SB 227 AND HB 517, SOCIAL WORK LICENSING

IT IS IMPERATIVE THAT LICENSING OF SOCIAL WORKERS OCCUR TO ASSURE  
THE CONSUMER AS WELL AS THE PROFESSION THAT MINIMUM STANDARDS OF  
TRAINING HAVE BEEN MET. MASTERS IN OTHER FIELDS DO NOT HAVE THE  
SAME COURSE WORK AND ONLY REQUIRE 37 HOURS AS OPPOSED TO 64 HOURS  
REQUIRED BY SOCIAL WORK.

PRIMARY DISTRIBUTION

JPOM  
LIOA

DATE/TIME SENT  
04/04/85 13:41  
04/04/85 13:41

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\*  
\* DELIVER TO: JPOM \*  
\* \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/04/85 TIME: 15:24 \*  
\* FROM: LIOA \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/04/85 TIME: 15:25 \*  
\* \*  
\*\*\*\*\*  
13

TO: SENATE HESS COMMITTEE  
SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES AND  
JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE  
REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS AND HANLEY

FROM: PATRICIA MANGIARDI  
14800 LOCKLOMAN LANE  
ANCHORAGE, AK. 99516 PHONE: 345-0158

RE: HB 317 AND SB 277-SOCIAL WORK LICENSING

I ENCOURAGE THE PASSAGE OF HB 317 AND SB 277 FOR LICENSURE OF  
SOCIAL WORKERS.

May 9, 1985

Commissioner Loren H. Lounsbury  
Department of Commerce and Economic Development  
Pouch D  
Juneau, Alaska 99811

Dear Commissioner:

In the course of hearings that were held in the House Labor and Commerce Committee on HB 317 (Establishing a Board of Social Work Examiners, by Koponen), Harry Traeger and Jennifer Strickland provided testimony on behalf of the Division of Occupational Licensing.

They made a distinction between licensing, registration, credentialling, and certification of professional occupations which I found interesting. I would therefore like to obtain more information from your Department on the similarities and differences between these three approaches. In particular, I would like to know the following:

- 1) A list of occupational programs where you are currently doing or have planned to do registration or certification in place of licensing (along with the forms used and any statistical or other data you may have on these registration or certification programs);
- 2) A list of occupational programs, if any such exist, where you are doing licensing or credentialling along with registration or certification (with pertinent data);
- 3) A brief description of the differences between licensing, credentialling, registration, and certification; which compares and contrasts such things as: a) information on fees or other related costs (if any), b) academic course requirements, c) academic degrees needed, d) problems with insurance coverage for each category, e) whether covered by statutes or by regulations e) any other legal or practical differences that may be relevant.

I am interested in looking at these differences because of the light they may shed on possibly distinguishing para-professionals from

professionals on current and future occupational licensing bills in our  
Committee.

Thank you for your assistance in this matter.

Sincerely yours,

Representative Mike Navarre, Chairman  
House Labor and Commerce Committee

MN/rp

# STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

## DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

DIVISION OF OCCUPATIONAL LICENSING

May 23, 1985

The Honorable Mike Navarre, Chairman  
House Labor and Commerce Committee  
House of Representatives  
P.O. Box E  
Kenai, Alaska 99611

Dear Representative Navarre:

I was asked to respond to your letter directed to Commissioner Loren Lounsbury regarding licensure, registration, credentialing, and certification of professional occupations.

The information you requested would require an extensive research project through licensing statutes in Title 8 to provide a thorough background (i.e., academic course requirements, academic degrees, problems with insurance coverage).

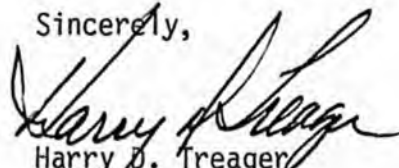
Mr. Roger Poppe was provided numerous information regarding occupational regulation by governmental agencies during the legislative session. Additional information should also be on file and available through the Legislative Research Agency.

Enclosed you will find:

1. a list of occupational functions and the method of regulation;
2. a list of occupational licensing functions which have provisions for credentialing, etc.;
3. definition of licensing certification, registration, and other licensing terms (i.e., credentials, reciprocity, comity, endorsement).

Should you have any questions regarding the enclosed material, please contact this office.

Sincerely,



Harry D. Treager  
Director

HDT/1t3065t  
Enclosures  
052285a

cc: Terry Elder, Deputy Commissioner

METHOD OF REGULATION  
LICENSURE, CERTIFICATION, REGISTRATION  
 (Permits and Authorizations)

<u>BOARD/TRADE:</u>	<u>AUTHORITY:</u>	<u>METHOD:</u>	<u>FUNCTION PRESENTLY TREATED AS</u>
<u>Athletic Commission:</u>	AS 05.10.060	Licensure	Registration
1. Boxers	"	"	"
2. Trainers	"	"	"
3. Referees	"	"	"
4. Seconds	"	"	"
5. Promoters	"	"	"
6. Managers	"	"	"
7. Physicians	"	"	"
<u>AELS:</u>	AS 08.48.171	Registration	Licensure
8. Architects	"	"	"
9. Electrical Engineers	"	"	"
10. Mechanical Engineers	"	"	"
11. Civil Engineers	"	"	"
12. Mining Engineers	"	"	"
13. Chemical Engineers	"	"	"
14. Petroleum Engineers	"	"	"
15. EIT Applicants	"	"	"
16. Land Surveyors	"	"	"
17. LSIT Applicants	"	"	"
18. Corporate Authorizations	AS 08.48.241	Authorization	Registration
<u>Barbers &amp; Hairdressers:</u>	AS 08.13.100	Licensure	
19. Barbers	"	"	
20. Hairdressers	"	"	
21. Cosmetologists	"	"	
22. Hairdresser/Cosmetologists	"	"	
23. School Owners	AS 08.13.120	Licensure	
24. Shop Owners	"	"	
25. Schools	AS 08.13.110	Licensure	
26. Barber Instructors	AS 08.13.185(3)	(No criteria, however, they receive a license)	
27. Hairdresser Instructors	"	"	
28. <u>Chiropractors:</u>	AS 08.20.110	Licensure	
29. <u>Collection Agencies:</u>	AS 08.24.130	Licensure	
30. Operators	AS 08.24.120	Licensure	
<u>Contractors:</u>	AS 08.18.011	Registration	
31. Specialty	"	"	
32. General	"	"	

<u>BOARD/TRADE:</u>	<u>AUTHORITY:</u>	<u>METHOD:</u>	<u>FUNCTION PRESENTLY TREATED AS</u>
33. <u>Concert Promoters:</u>	AS 08.92.010	Registration	
<u>Dental:</u>			
34. Dentists	AS 08.36.100	Licensure	
35. Dental Specialists	AS 08.36.246	Licensure	
36. Dental Hygienists	AS 08.32.010	Licensure	
37. Local Anesthetic	12 AAC 28.320	Certification	
<u>Dispensing Opticians:</u>			
38. Spectacles	AS 08.71.080	Licensure	
39. Contacts	"	"	
40. Both	"	"	
<u>Electrical Administrators:</u>			
41. <u>Electrical Administrators:</u>	AS 08.40.090	Licensure	
42. <u>Outside Linework</u>	"	"	
43. <u>Outside Communication</u>	"	"	
44. <u>Inside Wiring</u>	"	"	
45. <u>Inside Communication</u>	"	"	
46. <u>Residential Wiring</u>	"	"	
47. <u>Geologists:</u>	AS 08.53.010	Certification	Registration
<u>Guides:</u>			
48. Master	AS 08.54.100	Licensure	
49. Registered	AS 08.54.110	"	
50. Class-A Assistant	AS 08.54.120	"	
51. Assistant	AS 08.54.140	"	
52. Transporters	AS 08.54.142	"	
<u>Medical:</u>			
53. Physician/Surgeon	AS 08.64.170	Licensure	
54. Osteopath	"	"	
55. Podiatrist	"	"	
56. Physician Assistant	12 AAC 40.400	Authorization	Certification
57. Paramedics	12 AAC 40.300	Licensure	Certification
58. Locum Tenens	AS 08.64.275	Permit	Licensure
<u>Marine Pilots:</u>			
59. Pilots	AS 08.62.080	Licensure	
60. Vessel Agents	AS 08.62.187	Registration	
61. Unlimited	12 AAC 56.030	Licensure	
62. Limited	12 AAC 56.040	Licensure	
63. Channel	12 AAC 56.050	Licensure	
<u>Mortuary Science:</u>			
64. Embalmers	AS 08.42.020	Licensure	
65. Funeral Directors	"	"	
66. Establishments	AS 08.42.100	Permits	Registration
67. Embalmer Trainees	AS 08.42.085	Licensure	
68. Funeral Director Trainees	AS 08.42.085	"	

<u>BOARD/TRADE:</u>	<u>AUTHORITY:</u>	<u>METHOD:</u>	<u>FUNCTION PRESENTLY TREATED AS</u>
<u>Nursing:</u>			
69. Registered	AS 08.68.160	Licensure	
70. Practical	"	"	
71. Advanced Nurse Practitioners	12 AAC 44.400	Authorization	Certification
72. Registered Nurse Anesthetists	12 AAC 44.500	Authorization	Certification
73. <u>Nursing Home Administrators:</u> AS 08.70.080 Licensure			
<u>Optometry:</u>			
74. Optometrists	AS 08.72.110	Licensure	
75. Branch Offices	AS 08.72.125	Registration	
<u>Pharmacy:</u>			
76. Pharmacists	AS 08.80.110	Registration	Licensure
77. Hospital Drug Rooms	AS 08.80.157	Licensure	Registration
78. Hospital Pharmacy	"	"	
79. Nursing Home Drug Rooms	"	"	
80. Retail Pharmacy	"	"	
81. Wholesale Pharmacy	"	"	
82. Pharmacy Interns	AS 08.80.116	Licensure	
83. Patient Quali. Review Com.	AS 17.35.030	Certification	
84. Controlled Substances (DEA)	AS 17.30.020	Registration	
<u>Physical Therapy:</u>			
85. Physical Therapists	AS 08.84.030	Licensure	
86. Physical Therapy Assist.	"	"	
<u>Psychology:</u>			
87. Psychologists	AS 08.86.120	Licensure	
88. Psychological Associates	AS 08.86.160	Licensure	
<u>Public Accountancy:</u>			
89. Certified Public Accountants	AS 08.04.100	Certification	
90. Public Accountants	AS 08.04.390	Permits	
91. PA Chartered Accounts	AS 08.04.400	Permits	
92. CPA Nonresident Partnerships	AS 08.04.240	Registration	
93. CPA Nonresident Corporation	"	"	
94. CPA Resident Partnership	AS 08.04.350	"	
95. CPA Resident Corporation	"	"	
96. Nonresident CPA	AS 08.04.420	Permit	
<u>Veterinary Medicine:</u>			
97. Veterinarians	AS 08.98.120	Licensure	
98. Veterinary Technicians	12 AAC 68.300	(None)	
99. Temporary Permits Short-Term	AS 08.98.186	Permit	Licensure

STATUTORY PROVISIONS FOR  
CREDENTIALS, RECIPROCITY, COMITY  
ENDORSEMENT, WAIVER OF EXAM

<u>BOARD/TRADE:</u>	<u>AUTHORITY:</u>	<u>METHOD:</u>
Athletic Commission	None	
AELS	AS 08.48.191	Comity or Endorsement
Barbers & Hairdressers	AS 08.13.100(d)	
Chiropractors	AS 08.20.140	Credentials
Collection Agency	None	
Contractors	None	
Concert Promoters	None	
Dental	AS 08.36.234	Credentials
Dental Hygienists	AS 08.32.030	"
Dispensing Opticians	AS 08.71.145	Credentials
	AS 08.71.150	Reciprocity
Electrical Administrators	None	
Geologists	None	
Guides	None	
Medical (Physicians)	AS 08.64.250	Credentials
Physician Assistants	None	
Paramedics	None	
Marine Pilots	None	
Mortuary Science	AS 08.42.070	Reciprocity
Nursing		
Registered	AS 08.68.200	Endorsement
Practical	"	"
Advanced Nurse Practitioner	None	
Registered Nurse Anesthetists	None	
Nursing Home Administrators	AS 08.70.110(b)	
Optometry	AS 08.72.170	Waiver of Exam
Pharmacy	AS 08.80.140	Credentials
Physical Therapy	AS 08.84.060	Credentials
Physical Therapy Assistant	"	"
Psychology	AS 08.86.150	Credentials
Psychological Associates	None	
Public Accountancy	None	
Veterinary	AS 08.98.134	Credentials

## CATEGORIES

### LICENSE:

A license is issued to a person who has met established minimum requirements and has attained a minimum degree of competency necessary to ensure that the public is protected. Licensure is the legally required "permission" to practice in a specific occupation with a well defined "scope of practice."

### CERTIFICATION:

Certification is the authority given to a person by a governmental agency or a professional association to use a specific title. This title shows that they have completed extra exams or training above the minimal level of competency. A person not certified can often practice in the same manner as a person that is certified, he just cannot claim to have achieved this high standard of training.

### REGISTRATION:

Registration requires that a person wishing to engage in an occupation simply file with an agency, pay a fee, and perhaps post a bond, but is not required to take a test or prove competency, or meet any predetermined standard. This is used where the threat to the public is minimal. Registration is not exclusionary, like a license, but is often used to require that a registrant meet certain minimum standards to retain that registration.

### AUTHORIZATION:

Authorization is a sanction by a board to allow a person skilled by education and training to practice limited functions of the profession.

## METHODS

### ENDORSEMENT:

Endorsement is the approach of honoring licensure from another state once it is established that standards of the other state are comparable to those of this State. Endorsement is enhanced with the use of national examinations among states.

## METHODS CONTINUED

### RECIPROCITY:

The practice of reciprocity is used only when formal reciprocal agreements are established between states. It promotes the attitude of "we will accept your licenses if you accept ours." Reciprocity is possible only between states who have the legal authority to enter into an agreement and is willing to do so. Applicants eligible for licensure by reciprocity usually are not required to meet or produce evidence of any additional qualifications other than current licensure from the other state.

### CREDENTIALS:

Credentials is a method of licensure based solely on evidence of formal education, professional experience, and licensure in another state, if licensing requirements in the other state are similar or higher to those of this State.

### COMITY:

Comity is the recognition and acceptance of licensure from another jurisdiction conditioned upon proof of education and training submitted by the applicant. It allows flexibility of educational courses in lieu of examinations, etc.

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\* DELIVER TO: JPOM \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:38 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 15:38 \*  
\* \*  
\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

SENATE HESS

SEN. FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES AND JOSEPHSON

FROM: ROBERT NIELSEN, 4938 MILLS DR., ANCHORAGE, 99508, 333-1481(HM), 274-6524(WK)

RE: SB 227 AND HB 317, SOCIAL WORK LICENSURE

SOCIAL WORK IS A PROFESSION THAT NEEDS TO BE LICENSED IN THAT THESE WORKERS RELATE TO PEOPLE IN MANY DIFFERENT CONFIDENTIAL WAYS. SOCIAL WORK IS A HUMAN SERVICE WHICH I SUPPORT AND URGE YOUR AFFIRMATIVE VOTE. THANK YOU.

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\*  
\* DELIVER TO: JFOM \*  
\* \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:42 \*  
\* FROM: HARRY MANDREGAN \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 15:42 \*  
\* \*  
\*\*\*\*\*

TO: SENATE HESS COMMITTEE, SENATORS FAHRENKAMP, STURGULEWSKI,  
PAUL FISCHER, DEVRIES AND JOSEPHSON  
HOUSE LABOR AND COMMERCE COMMITTEE, REPRESENTATIVES NAVARRE,  
DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

FROM: MILLI ANDREINI  
3524 STANFORD DRIVE  
ANCHORAGE, ALASKA 99508  
HOME NO.: 274-8706  
WORK NO.: 276-4994

RE: SOCIAL WORK LICENSING

I URGE YOUR SUPPORT OF HB 317 AND SB 227 TO LICENSE SOCIAL WORKERS. SOCIAL WORKERS PROVIDE A RANGE OF SERVICES WHICH AFFECT PEOPLES LIVES. YET, THEY ARE NOT REGULATED BY LICENSURE. INSURE COMPETENT SOCIAL WORK IN ALASKA. PLEASE SUPPORT THIS NEEDED LEGISLATION.

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\*  
\* DELIVER TO: JFOM  
\*  
\* ORIGINAL  
\* SENT: 04/08/85 TIME: 13:05  
\* FROM: MICKI HENSON  
\* SUBJECT: POM  
\* PRINT DATE: 04/08/85 TIME: 13:05  
\*  
\*\*\*\*\*

TO: SENATE H.E.S.S.

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

FROM: DIANE SCHANDER  
9221 KAVIK STREET  
ANCHORAGE, AK. 99515 PHONE: 243-5597 HM.

RE. SB 277/HB 317- SOCIAL WORK LICENSING

I URGE PASSAGE OF SB 277/HB 317. IN MY CASE INSURANCE COVERAGE  
IS NON-EXISTENT WITHOUT LICENSING.

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\*  
\* DELIVER TO: JFOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 12:47 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 12:47 \*  
\*  
\*\*\*\*\*

13

TO: SENATE HESS

SEN. FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES AND JOSEPHSON

HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHET, KOPONEN, FEARCE, COLLINS AND HANLEY

FROM: NICKI J. NIELSEN, 4938 MILLS DR., ANCHORAGE, 99508, 333-1481(HM), 561-1361(WK)

RE: B 227 AND HB 317, SOCIAL WORK LICENSURE

PLEASE SUPPORT THE SOCIAL WORK LICENSURE BILLS. SOCIAL WORK LICENSURE IS IMPORTANT SO QUALIFIED PEOPLE WILL BE HELPING PERSONS WHO NEED THE IMPORTANT SERVICES THAT SOCIAL WORKERS PROVIDE. THANK YOU VERY MUCH FOR YOUR SUPPORT OF THESE BILLS.

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\*  
\* DELIVER TO: JFOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:20 \*  
\* FROM: MARTIE ROZKYDAL \*  
\* SUBJECT: POM - MATR-0201 \*  
\* PRINT DATE: 04/08/85 TIME: 15:21 \*  
\*  
\*\*\*\*\*

TO: REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, COLLINS, HANLEY,  
KOPONEN AND PEARCE

FROM: LESLIE BOGDA  
PO BOX 264  
PALMER 99645  
DAYTIME PHONE 376-4080

I AM IN SUPPORT OF HB 317/LICENSING OF SOCIAL WORKERS. I  
HAVE A BACHELOR'S DEGREE IN SOCIAL WORK FROM THE UNIVERSITY OF  
ALASKA.

\*\*\*\*\*  
\*  
\* DELIVER TO: JFOM \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 11:40 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 11:40 \*  
\* \*  
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TO: REP. N. VARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS,  
HANLEY

FROM: MARY LEE NICHOLSON, P.O. BOX 771052, EAGLE RIVER, 99577,  
694-2377(HM)

RE: HB 317, LICENSING SOCIAL WORKERS

TO ENSURE THOUGHTFUL APPLICATION OF KNOWLEDGE, SKILLS AND HUMAN  
VALUES TO ALASKA'S TOUGH SOCIAL PROBLEMS I URGE YOUR SUPPORT OF  
HB 317, SOCIAL WORK LICENSING.

# **State Comparison of Laws Regulating Social Work**

**July 1984**

- TABLE I**    *Year of Enactment, Type, and Administration of State Statute*
- TABLE II**    *Levels of Practice Regulated and Renewal Periods*
- TABLE III**    *Exclusions, Privileged Communication, and Other Features*
- TABLE IV**    *Continuing Education Provisions*
- TABLE V**    *Vendorship Provisions*

**National Association of Social Workers, Inc.**  
**7981 Eastern Avenue**  
**Silver Spring, MD 20910**

**For Information: Myles Johnson, LCSW**  
**Staff Associate**

**TABLE I—Year of Enactment, Type, and Administration**

State (In Order of Enactment)	Year of Enactment		Type <sup>1</sup>	Name of State Regulatory Agency	Location Within State Government	Number of Board Members	
	First	Amended				Total	SW
1. Puerto Rico	1934	1940	L	Board of Examiners of Social Workers <sup>2</sup>	Independent Board	7	7
2. California	1945	1971 <sup>28</sup>	R	Board of Behavioral Science Examiners	Department of Consumer Affairs	11	2 <sup>3</sup>
	1968	1973	L				
3. Rhode Island	1961	1984	R	Board of Registration	Dept. of Social & Rehabilitative Services	5	5
4. Oklahoma	1965	1982	R	State Board of Licensed Social Workers	Independent Board	7	4
5. New York	1965		R	State Board of Social Work	The State Education Department	10 <sup>21</sup>	9
6. Virginia	1966	1975 <sup>10</sup>	L	Virginia Board of Social Workers <sup>10</sup>	Dept. of Health Regulatory Boards	5	5
7. Illinois	1967		R	Social Workers Examining Committee	Dept. of Registrations & Education	7	7 <sup>6</sup>
8. South Carolina	1968		R	State Board of Social Worker Registration	Independent Board	7	7
9. Maine	1969	1978	R/L	State Board of Social Worker Registration	Dept. of Business Regulation	8	7
10. Michigan	1972	1981	R	Board of Examiners of Social Work	Dept. of Licensing & Regulation	9	6 <sup>7</sup>
11. Louisiana	1972		L <sup>8</sup>	State Bd of Bd Certified Social Work Examiners	Dept. of Health & Human Resources	5	5
12. Utah	1972	1977	L	Board of Social Work Examiners	Department of Registration	5	5 <sup>17</sup>
13. Kansas	1974	1980	L	Behavioral Sciences Regulatory Board <sup>24</sup>	Independent Board	7	2 <sup>24</sup>
14. Kentucky	1974	1976	L	State Board of Examiners of Social Work	Div. of Occup. & Prof., Dept. of Finance	7	6 <sup>9</sup>
15. Arkansas	1975	1981	L	Social Work Licensing Board	Independent Board	7	6 <sup>12</sup>
16. South Dakota	1975		L	Board of Social Work Examiners	Dept. of Commerce & Consumer Affairs	5	4 <sup>13</sup>
17. Maryland	1975	1983 <sup>27</sup>	R	State Board of Social Work Examiners	Dept. of Health & Mental Hygiene	4	4 <sup>14</sup>
18. Colorado	1975	1981 <sup>37</sup>	R/L <sup>11</sup>	Board of Social Work Examiners	Dept. of Regulatory Agencies	7	3 <sup>15</sup>
19. Idaho	1976		L	State Board of Social Work Examiners	Dept. of Self-Governing Agencies	5	5 <sup>16</sup>
20. Delaware	1976		L	State Board of Social Work Examiners	Independent Board	5	3 <sup>18</sup>
21. Alabama	1977	1984	L	Alabama Board of Examiners in Social Work	Independent Board	7	7 <sup>19</sup>
22. Oregon	1977	1979	R	State Board of Clinical Social Workers	Dept. of Human Resources, Health Division	7	4 <sup>25</sup>
23. Massachusetts	1977		L	Board of Registration of Social Workers	Independent Board	7	4 <sup>22</sup>
24. Tennessee	1980	1984 <sup>37</sup>	R	Board of Social Work Certification and Licensure	State Licensing Board for Healing Arts	5	4 <sup>23</sup>
25. Texas	1981	1983 <sup>29</sup>	R	Council for Social Work Certification	Texas Board of Human Resources	9	6 <sup>26</sup>
26. Florida	1981		R	No Board	Department of Professional Regulation	—	—
27. Montana	1983		R	State Board of Social Work Examiners	Independent Board	5	4 <sup>30</sup>
28. North Dakota	1983		L	Board of Social Work Examiners	Independent Board	6	4 <sup>31</sup>
29. North Carolina	1983		R	Certification Board for Social Work	Independent Board	7	4 <sup>32</sup>
30. New Hampshire	1983		R	Board of Examiners of Psychologists	Independent Board	7	1 <sup>33</sup>
31. Virgin Islands	1983		L	Board of Social Work Licensure	Independent Board	5	4
32. Georgia	1984 <sup>34</sup>		R	Composite Bd of Professional Counselors, Social Workers and Marriage and Family Counselors	Independent Board	10	3 <sup>39</sup>
33. West Virginia	1984		R/L <sup>35</sup>	Board of Social Work Examiners	Independent Board	7	6
34. Iowa	1984		R	Board of Social Work Examiners	Department of Health	5	3
35. Ohio	1984		R/L <sup>38</sup>	Counselor and Social Worker Board	Independent Board	11 <sup>38</sup>	4

TABLE I—YEAR OF ENACTMENT, TYPE, AND ADMINISTRATION

- <sup>1</sup>R = Registration of certification of a use of a title; L = license to practice
- <sup>2</sup>1940 amendment established a College of Social Workers of Puerto Rico, comprised of all social workers licensed in Puerto Rico. (P.R.)
- <sup>3</sup>Two Clinical Social Workers (Cal.)
- <sup>4</sup>Three Licensed Social Workers; Two Lic. Social Work Associates, President, Okla. NASW; one public member. (Okla.)
- <sup>6</sup>Four with MSW Degrees; three with undergraduate degrees. (Ill.)
- <sup>7</sup>Amended by comprehensive Occupational Code acts. (Mich.)
- <sup>8</sup>Law actually grants "right to practice and use the title" but prohibits only misuse of title. (La.)
- <sup>9</sup>Two each Certified Social Workers, Social Workers and persons licensed for independent practice. (Ky.)
- <sup>10</sup>Legislature dismantled Board of Behavioral Science Examiners in 1983. (Va.)
- <sup>11</sup>Act establishes registration of MSW or BA + 2 years level and licensure of other levels. (Colo.)
- <sup>12</sup>Three Certified Social Workers; Two Master Social Workers; One Social Worker; One public member. (Ark.)
- <sup>13</sup>Two certified Social Workers; one Social Worker, one Social Work Associate. (S.D.)
- <sup>14</sup>Appointments of one person each required from lists by Md. Chapter, and Metro D.C. Chapter, NASW. (Md.)
- <sup>15</sup>Requires at least one member engaged in "Direct services" and one member in "education, training, or research in Social Work." (Colo.)
- <sup>16</sup>Three Certified Social Workers; Two Social Workers. (Idaho)
- <sup>18</sup>Three Licensed Clinical Social Workers; one 'general public' member. (Del.)
- <sup>19</sup>Four licensed Certified Social Workers; Two licensed Graduate S.W.; One licensed Bachelor S.W. (Ala.)
- <sup>20</sup>Three clinical social workers; one public citizen; one consumer of clinical services. (Ore.)
- <sup>21</sup>Law provides "not less than seven" CSW and requires one consumer representative. Ten persons currently appointed. (N.Y.)
- <sup>22</sup>Four social workers, representing each of the licensed levels, three persons to represent the general public. (Mass.)
- <sup>23</sup>Four Certified MSW, two independent practitioners, and 1 public member. (Tenn.)
- <sup>24</sup>Board regulates both Psychologists & Social Workers: Two Certified Psychologists; Two Social Workers; Three Members of general public. (Kansas)
- <sup>25</sup>Four Clinical Social Workers; two public members; one consumer member. (Ore.)
- <sup>26</sup>Three Certified Social Workers; Three Social Workers or Social Work Associates; Three public members. (Tx.)
- <sup>27</sup>Sunset review reenactment expanded coverage to public employees (Md.)
- <sup>28</sup>Act amended to end RSW registration level in 1983. No new registrations issued. (Cal.)
- <sup>30</sup>One each social worker member employed in private practice, state social service agency, medical or social welfare field, and social work education. (Mont.)
- <sup>31</sup>Two Licensed Social Workers and Two Certified Social Workers. (N.D.)
- <sup>32</sup>Two Certified Social Workers and Two Certified Clinical Social Workers. (S.C.)
- <sup>33</sup>A single Certified Clinical Social Worker is added to an existing state board of psychologists. (N.H.)
- <sup>34</sup>Implementation of act delayed pending appropriation act scheduled for 1984 session. (Ga.)
- <sup>35</sup>Title protector for "Social Worker", "Graduate Social Worker", and "Certified Social Worker"; Licensure of "private, independent practice of social work." (W.Va.)
- <sup>36</sup>Board composed of 4 Professional Counselors, 2 Social Workers, 2 Independent Social Workers, and 3 "representatives of the general public." (Ohio)
- <sup>37</sup>Law re-enacted following Sunset review. (Ala., Tenn, Colo.)
- <sup>38</sup>Licenses practice of social work and authorizes registration of "Social Work Assistants". (Ohio)
- <sup>39</sup>Board composed of 3 professional members for each profession and 1 public member. Each three member group comprises a "Standards Committee" for their profession. (Ga.)

**TABLE II—Levels of Practice Regulated—Renewal Periods**

	Title	Initials	Education	Experience Required	Current Employment Required	Exam Required	Renewal Period
ALABAMA	Independent Practice		MSW	+ 2 <sup>17</sup>		YES	2 years
	Certified Social Worker	LCSW	MSW	+ 2 yrs.		YES	
	Graduate Social Worker	LGSW	MSW		NO	YES	
	Bachelor Social Worker	LBSW	BSW	<sup>18</sup>	NO	YES	
ARKANSAS	Licensed Certified Social Worker	LCSW	MSW	+ 2 years		YES	2 years
	Licensed Master Social Worker	LMSW	MSW		NO	YES	
	Licensed Social Worker	LSW	BSW			YES	
CALIFORNIA	Licensed Clinical Social Worker	LCSW	MSW	+ 2 years <sup>3</sup>	NO	YES	Annual
COLORADO	Licensed Social Worker II	LSWII <sup>11</sup>	MSW	+ 5 years		YES	2 years
	Licensed Social Worker	LSWI	MSW	+ 2 years	NO	YES	
	Registered Social Worker	RSW	MSW or BA	+ 2 years		NO	
DELAWARE	Licensed Clinical Social Worker	LCSW	MSW	+ 2 years	NO	YES	2 years
FLORIDA	Clinical Social Worker	LCSW	MSW	+ 3 years <sup>24</sup>	NO	YES <sup>25</sup>	2 years
GEORGIA	Clinical Social Worker	LCSW	MSW	+ 3 years	NO	YES	<sup>30</sup>
	Master Social Worker	LMSW	MSW	+ 2 years	NO	YES	
IDAHO	Independent Practice	—	MSW	+ 2 years		NO	Annual
	Certified Social Worker	CSW	MSW		NO	YES	
	Social Worker	SW	BSW <sup>14</sup>			YES	
ILLINOIS	Certified Social Worker	CSW	MSW		NO	YES	2 years
	Social Worker	SW	BA	+ 2 years	YES	YES	
IOWA	Licensed Social Worker	LSW	MSW	+ 2 years	NO	YES	Annual
KANSAS	"Specialties"		MSW	+ 2 years		YES	2 years
	Master Social Worker	MSW	MSW		YES <sup>6</sup>	YES	
	Baccalaureate Social Worker	BSW	BSW			YES	
KENTUCKY	Independent Practice		MSW	+ 2 years		YES	3 years
	Certified Social Worker	CSW	MSW		NO	YES	
	Social Worker	SW	BSW			YES	
LOUISIANA	Board Certified Social Worker	BCSW	MSW	+ 2 years	NO	YES	Annual

TABLE II—Levels of Practice Regulated—Renewal Periods—Continued

	Title	Initials	Education	Experience Required	Current Employment Required	Exam Required	Renewal Period
MAINE	Independent Practice		MSW	+ 2 years		YES <sup>20</sup>	2 years
	Certified Social Worker	CSW	MSW			YES	
	Registered Social Worker	RSW	BSW		NO	YES	
	Associate Social Worker	ASW	BA or	+ 2 years 6 years		YES	
MARYLAND	Independent Practice		MSW	+ 2 years		YES	2 years
	Certified Social Worker	CSW <sup>10</sup>	MSW	+ 2 years		YES	
	Graduate Social Worker	GSW	MSW		NO	YES	
	Social Work Associate	SWA	BSW			YES	
MASSACHUSETTS	Independent Clinical Social Worker	LICSW	MSW	+ 3 years		YES	2 <sup>1</sup>
	Certified Social Worker	LCSW	MSW			YES	
	Social Worker	LSW	BSW or BA	+ 2 years	NO	YES	
	Social Work Associate	LASW	AA/BA			YES	
MICHIGAN	Certified Social Worker	CSW	MSW	+ 2 years	NO	NO	2 years
	Social Worker	SW	MSW or BA	+ 2 years	YES <sup>7, 13</sup>	NO	
	Social Worker Technician	SWT	2 yr. BA or	1 year	YES <sup>8</sup>	NO	
MONTANA	Licensed Social Worker	LSW	MSW <sup>4</sup>	+ 2 <sup>26</sup>	NO	YES	2 years
NEW HAMPSHIRE	Certified Clinical Social Worker	CCSW	MSW	+ 2 <sup>27</sup>	NO	NO	—
NEW YORK	Certified Social Worker	CSW	MSW <sup>4</sup>		NO	YES	2 years
NORTH CAROLINA	Certified Clinical Social Worker	CCSW	MSW	+ 2 <sup>28</sup>	NO	YES	2 years
	Certified Social Work Manager	CSWM	BSW	+ 2 <sup>28</sup>	NO	YES	
	Certified Master Social Worker	CMSW	MSW		NO	YES	
	Certified Social Worker	CSW	BSW		NO	YES	
NORTH DAKOTA	Independent Practice		MSW	+ 3	NO	NO	2 years
	Licensed Certified Social Worker	LCSW	MSW		NO	YES	
	Licensed Social Worker	LSW	BSW		NO	YES	
OHIO	Independent Social Worker	LISW	MSW	+ 2 years	NO	YES	2 years
	Social Worker	LSW	BSW/MSW		NO	YES	
	Social Work Assistant	RSWA	AA <sup>21</sup>				

**TABLE II—Levels of Practice Regulated—Renewal Periods—Continued**

	Title	Initials	Education	Experience Required	Current Employment Required	Exam Required	Renewal Period
OKLAHOMA	Licensed Social Worker	LSW	MSW	+ 2 years	NO	YES	Annual
	Licensed Social Work Associate	LSWA	BSW	+ 2 years	NO	YES	
OREGON	Registered Clinical Social Worker	RCSW	MSW	+ 2 years	NO <sup>19</sup>	NO	Annual <sup>19</sup>
PUERTO RICO	Social Worker		BA-MSW <sup>1</sup>	+ 2 years	NO	NO	None
RHODE ISLAND	Registered Independent Social Worker	RISW	MSW	+ 2 years	NO	YES	Annual
	Registered Social Worker	RSW	MSW		NO	YES	Annual
SOUTH CAROLINA	Registered Social Worker	RSW	MSW <sup>5</sup>		NO	NO	Annual
SOUTH DAKOTA	Independent Practice	CSW-PIP	MSW	+ 2 years		YES	
	Certified Social Worker	CSW	MSW			YES	
	Social Worker	SW	MSW		NO	YES	
	Social Work Associate	SWA	AA-BA			YES	2 years
TENNESSEE	Independent Practice	—	MSW	+ 5 years	NO	NO	Annual
	Master Social Worker	MSW	MSW		NO	NO	Annual
TEXAS	Private Practice		CSW	+ Exper. <sup>22</sup>		NO	Annual
	Certified Social Worker	CSW	MSW		NO	YES	Annual
	Social Worker	SW	BSW			YES	Annual
	Social Work Associate <sup>23</sup>	SWA	HS/BA	+ SW exp.		YES	Annual
UTAH	Independent Practice <sup>15</sup>	—	MSW	+ 2 years		YES	Annual
	Certified Social Worker	CSW	MSW		NO	YES	
	Social Services Worker	SSW	BSW			YES	Annual
	Social Service Aide	SSA					
VIRGIN ISLANDS	Social Work Associate	SWA	AA/BA		NO		
	Social Worker	SW	BSW or BA	+ 2	NO		
	Certified Social Worker	CSW	MSW		NO	NO	
	Certified Independent Social Worker	CISW	MSW	+ 2	NO		2 years
VIRGINIA	Clinical Social Worker <sup>18</sup>	CSW	MSW	+ 3 years	NO	YES	
	Social Worker	SW	MSW	+ 3 years		YES	2 years
WEST VIRGINIA	Certified Social Worker	LCSW	MSW	+ 2 years	NO	YES <sup>20</sup>	2 years
	Graduate Social Worker	LGSW	MSW				
	Social Worker	LSW	BSW				

**TABLE II—LEVELS OF PRACTICE REGULATED**

<sup>1</sup>Act provides eligibility for either of BA + 2 years post graduate study (MSW), BA + 1 year post graduate study + 2 years experience, or BA with Social Work major (BSW) + 3 years of experience. (P.R.)

<sup>2</sup>1972 amendments provide eligibility for MSW, BSW + 3 years of experience, BA + 5 years of experience, and 1 year Social Work Master's study + 1 year other MA study—2 years experience. (Cal.)

<sup>3</sup>One year of experience must be in a hospital, clinic, or agency and providing psychotherapy. (Cal.)

<sup>4</sup>Master's or equivalent degree in Social Work. (N.Y.)

<sup>5</sup>Or membership in NASW on May 28, 1968. (Effective date of Act). (S.C.)

<sup>6</sup>Legal resident or employed in the state. (Kansas.)

<sup>7</sup>Or has the equivalent of 4,000 hours of voluntary service. (Mich.)

<sup>8</sup>Or has the equivalence of 2,000 hours of voluntary service, was previously certified, or has AA in Social Work. (Mich.)

<sup>9</sup>Only Certified Social Workers may practice independently. (Md.)

<sup>10</sup>Only LSW-11 with 4 years experience may practice independently, other two levels have title protection only. (Cal.)

<sup>11</sup>Employment not required if person has an accredited BSW or MSW, or was previously certified. (Mich.)

<sup>12</sup>BA in "related fields . . . approved by the board" recognized. (Idaho)

<sup>13</sup>Includes specialty license as "Clinical Social Worker." (Utah)

<sup>14</sup>Previous titles continued temporarily. (Va.)

<sup>15</sup>Experience required in 2 years full time or 3 years part time; 4 years full time or 5 years part time for specialty license. (Ala.)

<sup>16</sup>Effective January 1, 1984, LBSW with 2 or more years of continuing supervision from LGSW or LCSW may work without supervision if in "same type" of practice. (Ala.)

<sup>17</sup>Renewal requires one to have been "actively engaged" in practice during registration period. (Ore.)

<sup>18</sup>Applicant must submit evidence of qualification to practice independently. (Maine)

<sup>19</sup>Period for renewal to be set by Board. (Mass.)

<sup>20</sup>Dept. to establish procedures including "the number of years of acceptable Social Work experience." (Tex.)

<sup>21</sup>The SWA certificate was open for application for two years only ending August 1983. (Tex.)

<sup>22</sup>The MSW must have "a major emphasis or specialty in direct patient or health care services," and be CSWE accredited. Doctoral degree need not be CSWE accredited. (Fla.)

<sup>23</sup>Exam to be "prepared by dept. or State professional organization." (Fla.)

<sup>24</sup>MSW or "doctorate" required plus 3,000 hours in psychotherapy, in past 5 yrs. Three references also required. (Mont.)

<sup>25</sup>"2 years or 3,000 hours of post-masters supervised, paid clinical experience." (N.H.)

<sup>26</sup>The Certified Clinical S.W. requires the CMSW license; the Certified S.W. Manager requires a CSW license. (N.C.)

<sup>27</sup>ACSW certification may be substituted for the exam. (W.Va.)

<sup>28</sup>Expiration and renewal dates to be set by the Board. (Ga.)

<sup>29</sup>A Registered Social Work Assistant may not practice social work except under the supervision of an LISW (Ohio).

TABLE III—Exclusions, Privileged Communication, and Other Features

	EXCLUDED GROUPS			Privileged Communi- cations	Reciprocity	FEES		PENALTY	
	Private					Initial	Renewal	Fine	Imprisonment
	Public Employees	Agency Employees	Students						
ALABAMA	YES	NO	YES	NO	YES	Min \$50	Min \$25	None	None
ARKANSAS	NO	NO	YES	YES	NO	2	2	\$100-500	
CALIFORNIA	YES	YES	NO	YES	NO	\$5-10	\$3-11	3	
COLORADO	NO	NO	NO	YES	YES	\$10-50	\$250-\$200	Class 3 Misdemeanor <sup>1</sup>	
DELAWARE	YES	YES	NO	YES	YES	5	7	Class A Misdemeanor <sup>2</sup>	
FLORIDA	YES	NO	YES	NO	YES	Max \$250	Max \$150	Misdemeanor 1st degree	
GEORGIA	YES	NO <sup>14</sup>	YES	NO	YES	2	2	Misdemeanor	
IDAHO	NO	NO	YES	YES	YES	\$50	\$50	"Misdemeanor"	
ILLINOIS	NO	NO	YES	YES	YES	\$25	\$10	\$50-500	And/or 18 month
IOWA	NO	NO	NO	YES	YES	2	2	Misdemeanor	
KANSAS	NO	NO	NO	NO	YES	\$10-50	\$10-50	Class C Misdemeanor <sup>3</sup>	
KENTUCKY	YES	NO	NO	YES	YES	Max \$30	Max \$50	Max \$500	
LOUISIANA	YES	YES	YES	YES	YES	\$50	\$20	\$100-500 or 6 months max	
MAINE	YES	NO <sup>8</sup>	NO	YES	YES	8	8	\$50-500	
MARYLAND	YES	NO	YES	NO	YES	Max \$50	Max \$50	Max \$500	And/or 90 day max
MASSACHUSETTS	YES	NO	YES	YES	YES	2	2	Max \$500	Max 3 mos
MICHIGAN	NO <sup>4</sup>	NO	NO	YES	YES	\$25 <sup>7</sup>	\$15	3	
MONTANA	YES	YES <sup>11</sup>	YES	YES	YES	2	2	Max \$500	Not to exceed 6 mos
NEW HAMPSHIRE				YES				Misdemeanor	
NEW YORK	NO	NO	NO	YES	YES <sup>1</sup>	\$110	\$30	Class A Misdemeanor <sup>18</sup>	
NORTH CAROLINA	YES <sup>12</sup>	NO	NO	YES	YES	Max \$150	Max \$15	Max \$200	Not to exceed 6 mos
NORTH DAKOTA	NO	NO	YES	NO	YES	Max \$100	Max \$20	Class B Misdemeanor	
OHIO	YES <sup>14</sup>	NO <sup>15</sup>	YES	YES	YES <sup>13</sup>	2	2	Misdemeanor <sup>16</sup>	
OKLAHOMA	NO	NO	NO	YES	NO	Max \$75	Max \$50	\$100-500	
OREGON	YES	YES	YES	NO	NO	Max \$50	Max \$40	Class C Misdemeanor <sup>3</sup>	
PUERTO RICO	NO	NO	YES	NO	NO	\$3	15	3	
RHODE ISLAND	NO	NO	NO	NO	NO	\$50	\$25	\$500	
SOUTH CAROLINA	NO	NO	NO	NO	NO	\$10 <sup>9</sup>	\$5	Min \$100 or Min 30 days	
SOUTH DAKOTA	NO	NO	YES	YES	NO	2	2	Max \$500	And/or 30 day max
TENNESSEE	NO	NO	NO	NO	NO	\$50	\$50	Misdemeanor	
TEXAS	NO	NO	NO	NO	NO	2	2	10	None
UTAH	NO	NO	NO	NO	YES	\$25 <sup>6</sup>	3		
VIRGIN ISLANDS	NO	NO	YES	YES	NO	2	2	\$100-500	None
VIRGINIA	YES	YES	YES	YES	YES	\$175	\$60	\$50-500	
WEST VIRGINIA	NO <sup>17</sup>	NO	NO	YES	2	2	Misdemeanor		

TABLE III—EXCLUSIONS

A "YES" indicates group is exempted from coverage of act, under "EXCLUDED GROUPS" only.

<sup>1</sup> Authority to waive qualifying requirements given to Board. (N.Y.)

<sup>2</sup> Authority to set fees given to Board (Ark., S.D., Del., Mass., Tex., Mont., V.I., Iowa, Ga.)

<sup>3</sup> Specifics not included in chapter on social work regulations. (Utah, Calif., P.R., Mich.)

<sup>4</sup> Excludes "School Social Worker" title use in Dept. of Education. (Mich.)

<sup>5</sup> Excludes persons employed in church-operated or affiliated agencies. (Ky.)

<sup>6</sup> \$25 for CSW and SW; \$7.50 for Social Service Att. (Utah)

<sup>7</sup> S.W. Technician; \$15 initial fee, \$10 renewal. (Mich.)

<sup>8</sup> Fees vary according to licensure level. (Maine)

<sup>9</sup> Excludes a person employed by a hospital accredited by the Joint Commission on the Accreditation of Hospitals (JCAH) who is practicing independently. (Maine)

<sup>10</sup> Attorney General is authorized to file a civil suit for "injunctive relief or to recover the civil penalty." (Tex.)

<sup>11</sup> Employees in an "educational research or charitable institution" are not prohibited from the duties or use of titles of their position. (Mont.)

<sup>12</sup> The act specifically prohibits making a certificate or an examination of this act a requirement for any position. (N.C.)

<sup>13</sup> Law also provides authority for Board to evaluate equivalence of non-U.S. degrees. (Ohio)

<sup>14</sup> Voluntary licensure specifically authorized for civil service employees. (Ohio)

<sup>15</sup> Hospital and Nursing Home employees are exempt for "social services other than counseling and the use of psychosocial interventions and social psychotherapy." Also, alcoholism and drug abuse counselors certified by the Dept. of Health are exempt, as are "union counselors" and certain employees of the American Red Cross. (Ohio)

<sup>16</sup> First offense shall be "minor misdemeanor"; second offense, misdemeanor of the 4th degree; others, misdemeanor of the 1st degree. (Ohio)

<sup>17</sup> School social workers employed by county boards exempt but required to have state education board certification. (W.Va.)

<sup>18</sup> Exempted are employees of hospitals, long-term care facilities, certified school social workers, and persons practicing "in accordance with Biblical doctrine". BSW graduates specifically authorized to use title of "Social Worker" without license. (Ga.)

## TABLE IV—Continuing Education Provisions

The authorizing provisions included in the legislation are listed below, for states that have acts which specify some form of continuing education requirement for the renewal of a license or certificate. Specific regulations should be obtained from the respective boards.

### ALABAMA

#### *Section 12.11*

At the time of license renewal each applicant shall present satisfactory evidence that in the period since the license was issued, such applicant has completed the continuing education requirements specified by the Board. At the time of license renewal, the Board may, in its discretion, waive the continuing education requirement upon a showing by an applicant that prolonged illness or other extenuating circumstances prevented completion of such requirement. A waiver shall not be granted to any applicant twice in succession.

### ARKANSAS

#### *Section 10(d)*

At the time of license renewal, each applicant shall present satisfactory evidence that in the period since the license was issued, he has completed the continuing education requirements as required by the Board.

### COLORADO

#### *Section 12-63.5-111*

Every person seeking a renewal of a certificate shall show evidence to the board that he has been engaged in at least fourteen classroom clock hours of continuing education under the sponsorship of an accredited school or a program approved by the board. The board has the authority to revise the criteria so that time, content, and appropriateness of continuing education activities may be kept current, effective, and relevant. Any revision of criteria regarding time, content, or appropriateness of continuing education must be made known by inclusion in the annual notice of renewal of licensure and registration.

### DELAWARE

#### *Section 378*

At the time of the license renewal each applicant shall present satisfactory evidence that in the period since the license was issued, he or she has completed continuing education requirements as developed and specified by the Board.

### FLORIDA

#### *Section 490.007(2)*

Each applicant for renewal shall present satisfactory evidence that in the period since the license was issued, the applicant has completed continuing education requirements set by rule of the department or, in the case of psychologists, by rule of the board. Not more than 25 hours of continuing education per year shall be required.

### GEORGIA

#### *Section 43-7A-16*

The board shall establish continuing education requirements for license renewal. The number of hours of continuing education in each specialty shall not exceed the number of hours available that year in each such specialty in board approved courses within the state. The board may waive these continuing education requirements for not more than 12 months, but such waiver shall only be available upon the licensee's satisfactory showing to the board of undue hardship.

### KANSAS

#### *Section 23(b)*

Except as otherwise provided in KSA 75-5356, as amended, a license may be renewed by the payment of the renewal fee set forth in this act and the execution and submission of a signed statement, on a form to be provided by the board, attesting that the applicant's license has been neither revoked nor currently suspended and that applicant has met the requirements for continuing education established by the board.

### KENTUCKY

#### *Section 335, 130(4)*

The board may, at its discretion, require continuing education as a condition of license renewal. (Enact. Acts 1974, ch. 279 & 13.)

### MAINE

#### *Section 7060*

... Every 2nd renewal shall be contingent upon evidence of participation in a continuing professional education course or program as approved by the Board.

### MARYLAND

#### *Section 648(E)*

At the time of renewal, the board may require the licensee to produce evidence of keeping abreast of new developments in the applicant's area of specialization in the field of social work. This requirement shall be standardized for all licensees within each category and within each specialization.

### MASSACHUSETTS

#### *Section 136*

At the time of license renewal, each applicant shall present satisfactory evidence that in the period since the license was issued, he has completed the continuing education requirements specified by the board.

### MONTANA

#### *Section 9(2)*

Application for renewal must be made upon a form provided by the department. A renewal license must be issued upon payment of a renewal fee set by the board and upon submitting proof of completion of continuing education requirements.

## TABLE IV—Continuing Education Provisions—Continued

<b>NORTH CAROLINA</b>	<p><i>Section 90B-9(b)</i> All certificates issued hereunder shall be renewed at the times and in the manner provided by this section. At least 45 days prior to expiration of each certificate, the Board shall mail a notice for certificate renewal to the person certified for the current certification period. Prior to the expiration date, the applicant must return the notice properly completed, together with a renewal fee established by the Board and evidence of completion of the continuing education requirements established by the Board under G.S. 90B-6(g), upon receipt of which the Board shall issue to the person to be certified the renewed certificate for the period stated on the certificate.</p>	<b>TEXAS</b>	<p><i>Section 50.023(b)</i> The department shall notify each person certified of the date of the expiration of a certificate or order of recognition issued to him, the amount of the fee for renewal, and the continuing education provisions that are required for its renewal for one year. The notice shall be mailed by United States mail to the person certified at least 30 days in advance of the date of the expiration of the certificate or order of recognition.</p>
<b>NORTH DAKOTA</b>	<p><i>Section 12(5)</i> At the time of renewal the board shall require each applicant to present satisfactory evidence that the applicant has completed the continuing education requirements specified by the board.</p>	<b>UTAH</b>	<p><i>Section 58-35-8</i> At the time of license renewal the social work licensure board may require a licensee to produce evidence of having upgraded themselves in their areas of practice or expertise. This requirement may be satisfied through professional learning or practice.</p>
<b>OHIO</b>	<p><i>Section 4757.11</i> ... Subject to section 4757.13 of the Revised Code, the board shall issue a renewed license or certificate of registration to each applicant who has paid the renewal fee established by the board under division (C) of section 4757.15 of the Revised Code and satisfied the continuing education requirements established by the board under division (B) of section 4757.05 of the Revised Code or, in the case of a social worker who holds only a baccalaureate degree in a program closely related to social work and who is applying for the first renewal of his license, satisfied the continuing education requirements established under division (A) of section 4757.09 of the Revised Code.</p>	<b>VIRGINIA</b>	<p><i>Regulations—Section IV-B</i> Renewal applications may contain questionnaire on continuing education, inspection of practices, and other related professional matters. The continuation of a license is contingent upon the completion of these questionnaires.</p>
<b>OKLAHOMA</b>	<p>Section 8.B on Independent practice requires that the licensee "3. Shall continue to meet continuing education requirements set by the board." (Effective after October 1, 1980).</p>	<b>VIRGIN ISLANDS</b>	<p><i>Section 520 Duties of the Board</i> (b) Promulgate rules and regulations that set standards for professional practice and continuing education requirements for certified independent social workers, certified social workers, social workers, and social work associates.</p>
<b>SOUTH DAKOTA</b>	<p><i>Section 25</i> Attendance at post graduate work as may be prescribed by the board, is a further requirement for renewal of said license. In no instance may the board require a greater number of hours of annual continuing education study than are available at courses approved by the board and held within the state. The board shall be allowed to waive the continuing education requirement in case of certified illness or undue hardship.</p>	<b>WEST VIRGINIA</b>	<p><i>Section 30.30-10</i> ... At the time of renewal, each applicant shall submit satisfactory evidence that he or she has completed the continuing educational requirements as specified by the board during the tenure of his or her license: <i>Provided</i>, That the board may waive these requirements upon a showing that the applicant suffered from a prolonged illness during the license period or upon proof of other extenuating circumstances which hindered the completion of the requirement: <i>Provided, however</i>, That no waiver may be granted in succession. ...</p>

**TABLE V—Vendorship Provisions**

STATE	EFFECTIVE DATE	LICENSE REQUIRED	ADDITIONAL REQUIREMENTS	COVERAGE	COVERED IF INSURANCE WRITTEN IN ANOTHER STATE	REFERRAL
California	January 1977 Amended 1984	Licensed Clinical Social Worker	None	Policies with mental health coverage must recognize LCSWs as reimbursible providers	Yes	By licensed physician or surgeon
Kansas	April 1982	Specialist Clinical Social Worker	None	SCSW must be reimbursed for services within their scope of practice unless policy holder refuses such coverage in writing	No	Not required
Louisiana	July 1977	Board Certified Social Worker	Must be listed in a National Clinical Social Work Registry	Policies with mental health coverage must reimburse BCSWs	No	Physician consultation and collaboration
Maine	January 1984	Certified Social Worker; Clinical Social Worker (after 1/1/85)	None	Policies with mental health coverage must reimburse CSWs	No	Not required unless a condition is diagnosed beyond the scope of CSW licensure.
Maryland	January 1978	Licensed Certified Social Worker	Must be on approved vendor list	Policies with mental health coverage must reimburse CSWs	Yes	Physician
Massachusetts	March 1982	Independent Clinical Social Worker	None	Policies with mental health coverage must reimburse ICSWs	Yes	Not required
New Hampshire	January 1984	Certified Clinical Social Worker	None	Coverage for CCSW must be offered to policyholders (who have mental health benefits) for a separate & identifiable premium	Yes	Not required
New York	January 1978	Certified Social Worker	Must have a "P" (Psychotherapy) endorsement which attests to 3 years of post-masters experience	Coverage for CSW must be offered to policy holders but is not mandated	Yes	Not required
Oklahoma	October 1982	Clinical Social Worker	None	Policies with mental health coverage must reimburse CSWs	Not specifically but may be	Not required
Oregon	July 1981	Registered Clinical Social Worker	None	Benefits to be paid whether service is given by physician, psychologist or clinical social worker	No	Physician or Psychologist
Utah	July 1978	Clinical Social Worker	None	Coverage of mental health benefits must reimburse CSWs	No	Not required
Virginia	July 1979	Clinical Social Worker	None	Coverage for CSW must be offered to policy holders but a special endorsement on the policy specifying CSW coverage is required	No	Not Required

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Office of the Assistant Secretary for Health

## Regulating Health Professionals: A Review of the Empirical Literature

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**A**S PART OF THE SEARCH FOR AN EFFECTIVE APPROACH to health care cost-containment, existing systems for regulating health professionals are being scrutinized. The federalized system of control mechanisms for credentialing, together with the procedures of accreditation, institutional rationing of practice privileges, peer review, malpractice actions, and the like, supplies a complex and often redundant array of regulations. These devices are manipulated by several federal agencies, each of the 50 states, professional groups, and several private organizations. These regulations are perceived by many to be a significant barrier to ongoing efforts to encourage cost-containment through more widespread use of competitive incentives in the health care industry.

Health manpower regulations govern the locations and settings within which professionals can work and the activities of professionals in the course of their practice. The justification for these controls is the belief that the public interest will best be served if poorly trained, incompetent, and unethical people are kept from practicing. If these regulations are effective, they will ensure the patients' safe treatment by prohibiting some people from pursuing careers and will appropriately modify the behavior of practicing professionals. An unfortunate by-

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product, however, is that regulations limit the numbers, mobility, and activities of practices and professionals. Thus the cost-effectiveness of health delivery systems may be undermined by curtailing the availability of services for some consumers and distorting the incomes, fees, and career mobility of practicing professionals.

United States public policy regarding the stringency of health manpower regulations has shifted in tandem with evolving market circumstances and health policy objectives. Initially, the Constitution delegated responsibility for public activities relating to health professional control to the states in the form of police powers over activities that might threaten the public health and safety. Beginning early in the nineteenth century, a growing population and an expanding frontier increased the demand for medical services beyond the capacity of the existing supply of practitioners. The arguments made at the time for opening up the medical (and legal) professions are now familiar:

- Professionals had sufficiently complicated the process of delivering health care that individuals could not effectively present cases of malpractice before the courts, nor could they acquire the information they needed to care properly for themselves.
- The professional societies had become monopolies in restraint of trade, regarding new developments in health care and restricting entry of those desiring to practice in unorthodox ways.
- The professional societies were fostering a system of medical care that delivered services only to the wealthy and checked the entry of the lower classes into the medical occupations.

The result was a relaxed attitude of states about licensure policy and a significant increase in the number of practicing physicians in the 1870s. In turn, medical societies began to rekindle enthusiasm for rigid state licensure statutes. After the Flexner Report (1910) (medicine) and the Gies Report (1926) (dentistry), both documenting the need for higher quality training and practice, the situation had come full circle: undergraduate medical and dental education became even more scientific, and the professional aspects of training came under the purview of the postgraduate experience. Upgrading the scientific content of professional health education led to the formulation of new occupations and the development of specialties within professions. This trend has continued, resulting in increased specialization and

even more opportunities for professionals themselves to control competence through postgraduate review mechanisms—a process complicated by a need for credentialing a larger number of professions that are fragmented by specialities.

Several fundamental issues must be resolved if the refinements being made in health manpower regulatory policy are to be consonant with the public interest:

- How can the regulatory system be restructured so as to relieve some of the cost and access problems without compromising competency standards?
- How can the regulatory system be made more responsive to the public interest and the interests of all health professionals as opposed to the interests of members of select occupations?
- How can manpower regulations be structured so as to promote competency throughout the duration of professional practice without being unduly burdensome and counterproductive?
- How can the regulatory system be restructured so as to minimize frictions between occupations and allow employers to benefit from the most effective staffing patterns?

These issues evidence a need to incorporate broad policy objectives of cost-effectiveness and equity into the regulatory mission of ensuring professional competency. Reinforcing this need is a body of literature that establishes a strong linkage between the stringency of competency control mechanisms and the availability of services and overall health care costs.

### Credentialing

Credentialing is a generic term that refers to several procedures designed to legitimize the roles of health professionals. The most important operational differences among the various credentialing mechanisms—which include registration, certification, and licensure—are the source of legitimacy or information, the rigor of entry screening, and the mechanism for securing compliance.

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- Do the barriers to occupational entry impose identifiable burdens on access, fees, and service delivery productivity?
- Do states with less restrictive rules suffer adverse health and safety effects?
- If licensing is needed, how can exclusionary burdens be minimized through changes in the structure of the practice act and in the process of administration?

### Exclusionary Effects of Credentialing on Occupational Freedom of Choice

One of the principal burdens tight regulation places on occupational entry relates to the aspiring professional's freedom of occupational choice. Supreme Court rulings characterize freedom of occupational choice as an "inalienable right"<sup>1</sup> and the "most precious liberty that man possesses."<sup>2</sup> Yet, in granting what amounts to a monopoly franchise, the licensure act forbids practice by those who are unlicensed and protects the earning power of those with the education and moral stature necessary to become licensed. The exclusionary burden of licensure falls on those who are capable of performing all or part of the licensed tasks in a given state, but who are, for reasons of incompetency or variation from accepted ethical norms, unable to obtain a license and are, therefore, precluded from exercising their right to freedom of occupational choice.

Practice acts delineate career opportunities in two ways. For a particular profession, the practice act specifies the range or scope of tasks that can be performed. By specifying entry requirements, the licensure process also establishes the terms on which movement from one occupation to another can occur. This movement requires the prescribed training for entry into the "higher-level" occupation. Unless its statutory scope of practice is wide, a licensed profession affords little vertical career development.

Groups of health professions have actively sought the legitimacy provided from credentialing. The proliferation of licensed professions has come, in part, as a result of rapidly changing technology, constantly

<sup>1</sup> *Butcher's Union Co. v. Crescent City Co.*, 111 U.S. 746, 762 (1884).

<sup>2</sup> *Bersky v. Board of Regents of New York*, 347 U.S. 442, 472 (1954).

creating new needs for skills, specialties, and subspecialties. With licensure, and the legitimacy it provides, comes balkanization of the health care work force—that is, distinct groups of professionals, each with prescribed job duties. Ironically, boundaries used to define a scope of practice and a limit to encroachment of other workers also limit career mobility of persons in the profession (Curran 1970). Indeed, the proliferation of credentialed professions in health care has created widespread conflict as professionals seek to assume new responsibilities as they acquire experience. According to Greenfield (1969, 101), interoccupational conflict, largely over licensing arrangements, causes

. . . jurisdictional disputes between contiguous groups such as the LPN, [licensed practical nurse] and RN [registered nurse], the medical technicians and technologists, and even the RN and MD. These interoccupational disputes . . . not only are the source of friction among workers but are also the cause of malutilization of hospital manpower.

Frech (1974, 128) refers to licensure as "the main weapon in each jurisdictional joust." In discussing the effects of the licensure of Child Health Associates in Colorado, Curran (1970) argues that the specificity with which permissible tasks must be stated in the licensure act will result in fewer, rather than more, opportunities for professionals to assume significant new duties.

The research on the potential for safe expansion of the roles of some medical, dental, and inpatient nursing professionals shows that present role limitations may be unnecessarily rigid. For medical and nursing practitioners, an excellent review by Sox (1979) shows that nurse practitioners and other mid-level personnel competently provide many services restricted by law to physicians. For dental professionals, there are similar findings regarding auxiliary staff who are less expensive than dentists (Abramowitz 1966; Abramowitz and Berg 1973; Hammons and Jamison 1967, 1968, 1971; Lotzkar, Johnson, and Thompson 1971; Pelton, Bethart, and Goller 1972; Pelton et al. 1973; Soriceiii 1971; Milgrom 1978; Dolan and Milgrom 1980).

In spite of the limits on occupational freedom, legal scholars feel that the courts will continue to defer to the states' constitutional authority rather than substitute their own judgment with regard to the appropriate level of consumer protection. In one scholar's words, "It is more likely that a reviewing court would view a licensing

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restriction as a permissible exercise of state regulation of health and safety rather than as an interference with a constitutionally protected right" (MacBridge 1974). The courts have regularly upheld the states' authority to license occupations, however exclusionary the effects. In the words of Justice Black:

[The Court is not] concerned . . . with the wisdom, need, or appropriateness of the [licensing] legislation. Legislative bodies may have broad scope to experiment with economic problems, and this Court does not sit to subject the state to intolerable supervision.<sup>3</sup>

While courts continue to uphold statutory actions by state legislatures, there are instances where ethical prohibitions fostered by state licensing bodies have been reversed. The basis for these court and FTC actions has been concern about perverse impacts on the marketplace and the consumer, rather than concern about restrictions on freedom of occupational choice. These actions are discussed below, after the review of the accumulated evidence on market impacts of exclusionary practices.

### Exclusionary Effects of Licensure on Provider Incomes, Fees, and Health Care Costs

The restrictions that credentialing imposes on occupational freedom of choice, in turn, affect the locational patterns and supply of professionals. A large number of studies have been done that measure the consequences of locational barriers imposed by licensure on fee levels and health care costs.

The findings of studies that examine the effect of licensing stringency on the incomes of dentists suggest that mobility barriers created by licensure work to increase the earning power of dentists in restrictive states. Most studies use the stringency of reciprocity rules as an indicator of restrictiveness. Holen (1965), for example, found that dental incomes are higher in states with restrictive use of reciprocity agreements. Maurizi (1974) and Conrad and Emerson (1981) discovered that dental board testing standards and reciprocity arrangements protect the incomes of dentists. These studies and one by Benham, Maurizi, and Reder (1968) all suggest that dentists tend to locate where there

<sup>3</sup> *Ferguson v. Skrupa*, 83 U.S. 1028 (1963).

is potential for high income, except when reciprocity prohibits them from doing so. A study of dentist and dental hygienist mobility patterns by Conrad and Dolan (1980) showed that reciprocity rules limit the migration of professions into restrictive states. A study by Boulter (1974) provides evidence that the level of difficulty of state exams is adjusted as a means of protecting dental incomes, a finding confirmed by the Benham, Maurizi, and Reder (1968) study.

Stringent licensure of dentists in some states creates significant burdens on consumers in those states who are patients and must pay higher bills, as well as on consumers who have reduced access to dental providers. Using state-level data, one study found that fees are about 15 percent higher in states where entry is limited by the absence of reciprocity agreements (Shepard 1978). In a study using data from individual dentists, it was found that fees were only 5 to 10 percent higher in states with limited reciprocity agreements (House 1979). Shepard (1978) estimates that licensing regulations increased the bill for dental care in the United States during 1976 by \$700 million because the existing stock of dentists were unable to move freely between states. Recent attempts to standardize testing for dentists across regions (Regional Dental Testing Boards) should markedly reduce the mobility barriers and diminish the effects cited above.

The consequences of interstate differences in licensing practices are not as striking for physicians as they are for dentists. While there is evidence of correlation between the stringency of the licensing process (measured by state board examination failure rates) and physicians' incomes, there is strong evidence of physician movement into high-income areas in spite of stringent licensing practices (Benham, Maurizi, and Reder 1968). In another study comparing physicians with dentists, the effect of restrictive reciprocity practices in a state was a significant predictor of higher physician incomes, although by not as much as was the case for dental incomes (Holen 1965). The association between income and failure rate may indicate an effort, unsuccessful in the case of physicians, to restrict entry. It may also mean that high-income areas are more likely to attract applicants who are less likely to pass.

These findings are not surprising given the fact that the interstate variations in the degree of stringency of licensure practices is smaller for physicians than for dentists. Moreover, the use of similar exams and extensive reciprocity agreements for physicians limits the opportunities for boards' arbitrary restriction of entry into the states.

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procompetitive policies will necessitate the development of information about the range of market options. Without ready access to information, the policies will fail to exploit fully the opportunities for cost-containment. Fortunately, large increases are expected in supplies of medical manpower. The pressure on fees, incomes, and admitting privileges that can be expected to occur has a potential for significant (favorable) impact on health care costs and access to services. Through reforms of the exclusionary and self-serving aspects of credentialing, these regulations will better serve the public interest in providing cost-effective and accessible health care services.

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There is evidence that state medical boards do exercise control over the number of practitioners in the way they license foreign medical graduates (FMGs). A study by Butter (1976) shows that procedures used by state boards to weight components of the standardized licensing exam provide an opportunity to vary the standards for licensure—in this case, with the result of high failure rates for FMGs in some states. The study did not find any evidence that high failure rates in some states were explained by the lesser competence of their applicants. In another study, the failure rate of FMGs on these exams was more highly correlated with visa status and country of origin than with other factors (such as the training institution) that are more likely to be associated with competence (Butter 1976).

Several studies of the economic effects of interstate variation in licensure stringency for nurses are in disagreement about the consequences for incomes and manpower availability. Monheit (1975) concludes that mandatory nurse licensure for RNs has a positive impact on RN wages and RN employment relative to LPNs. That is, requiring employers to use only licensed nurses appears to result in a restrictive influence on the use of non-RNs and a positive influence on RN wages, presumably because the requirement shrinks the supply of available nurses. In another recent study of nurses and other hospital employees, the stringency of licensure was found to have significant positive effects on wages for RNs, LPNs, and medical technologists in restrictive states (Sloan and Steinwald 1980); wages for RNs are 2 to 3 percent higher, LPN wages are 5 to 6 percent higher, and medical technologist wages are about 13 percent higher than in non-restrictive states. This study did not examine the effects of licensure on staffing mix, but the substantial effects on wages likely have corollary and suppressive effects on employment levels. Contradicting these results, Dusansky and Walsh (1979) found that the geographic variation in nurse employment levels is not due to mandatory licensure, nor do they find any subsidiary influence of state licensure policy on RN wages or employment levels, relative to LPNs. The location of training opportunities and the factors associated with labor force participation rates (e.g., husband's earnings) and the demand for employment (e.g., hospital revenues) were found to be most explanatory of variations in employment patterns.

The work by Sloan and Steinwald indicating large wage effects is probably more valid than that of Dusansky and Walsh. Sloan and Steinwald were able to control for the effects of many extraneous

influences on hospitals' staffing behaviors. Taken together, the Sloan-Steinwald and Monheit findings show a fairly dramatic pattern of effects on hospital wages and employment patterns. Whether higher wages in states with restrictive licensure is accompanied by higher quality nursing care is not known.

Patterns of restrictive entry requirements and higher fees are beginning to emerge for other health professions. In optometry, studies of examination prices and quality have shown that occupational entry restrictiveness are associated with higher fees and no improvement in the thoroughness of exams (Haas-Wilson 1984). In a study of clinical laboratory personnel, White (1979) notes that the exclusionary effects of licensure on fees, incomes, and supply also exist, and can be expected to increase in importance over time. This phenomenon occurs because the number of "grandfathered" personnel exempted from initial compliance decreases over time with their relocation and retirement. The author also notes evidence of the impacts of licensure on laboratory personnel in the forms of reduced employment and higher wages.

The uniformity of findings in the literature on the exclusionary effects of licensure is also reflected in studies on nonhealth professionals. Rayack and Stevens (1975, iii) analyze 12 occupations in 3 states, with data for a number of years on employment and pass/fail rates on exams. They conclude that "the examination process is used to insulate from competition those already licensed."

To summarize, the specific findings about the exclusionary effects of stringent practices for licensing health professionals are the following:

- Interstate differences in licensure stringency inhibit mobility of professionals, driving up fees and incumbent incomes in the most restrictive states.
- Interstate differences in licensure stringency have had adverse effects on the staffing mix and wage levels in dental and inpatient settings.
- Liberalization of reciprocity rules and/or use of national testing would eliminate interstate barriers to mobility and would bring fees and incomes down in the most restrictive states.
- The effects of licensure, however stringent, as contrasted with certification or other nonlicensure credentialing alternatives, are not known and are difficult to study.
- The effects of licensure stringency on health professionals other

interest will continue to be compromised in favor of professional interests as long as boards are dominated by professions. He argues:

Expectations [of public accountability] are ephemeral as long as the professions continue to dominate the boards. Health care delivery has become so complex and politicized that virtually any decision coming before these gatekeepers can have enormous impact on matters of quality, access, distribution and the cost of health care (Cohen 1980, 303).

The proposal includes a board for each cluster of professions to be regulated by the state. The board would be composed of persons having no self-interest in the professions being regulated, but would have statutory responsibility for formally consulting with members of the various professions, who can contribute necessary technical opinions. At present, the only forum for the public and other interested professions to comment on decision making is the legislature. Even in states like Minnesota, which have a centralized agency to administer credentialing activities, there is no provision for internalizing commentary from other related professions.

No research has been done on the "performance" of these new statutes or proposals in achieving the objectives noted above. There seems to be no indication that such systems will eliminate state disparities in licensing stringency or in the lifetime competence of professionals. Both of these factors were noted in the research as important to the efficacy of regulation. These systems, however, may help to make the license-granting process more rational, in that the central agency may become a forum for internalizing state manpower planning concerns, interoccupational conflicts, and service delivery productivity losses. The California statute is notable in its encouragement of "experiments" in education and delivery for members of new professions. This promises to be a liberalizing force in times of expanding technologies—one that welds education, practice, and regulation into a more coherent package.

While the ideal solution to problems caused (or not solved) by existing regulatory systems is not obvious, federal reforms of the exclusionary aspects of credentialing and those provisions relating to ethical prohibitions do seem essential if the current policies to contain health care costs are to succeed. Based heavily on incentives for patients and payers to engage in comparison shopping, these

are not likely to be effective in relieving the inadequacies of current licensing practices.

As noted above, most refinements in credentialing attempt to make regulators more accountable to public interests by granting regulatory authority to a board or agency. The most popular and politically acceptable change has been the use of sunset provisions for licensing boards. This attempt to extract accountability through periodic scrutiny has been employed in 35 states. Clearly, the purpose here is to regulate the regulators. Attempts to make licensing boards accountable for their actions, rather than assuming accountability because of their composition, may encourage higher rates of sanctions and possibly more evaluative research. However, there is no evidence to suggest that this form of scrutiny will constitute anything more than a resource allocation tool for state budgeting purposes. For sunset provisions to contribute the appropriate incentives, it will be essential to stipulate achievement of public objectives of accessible and cost-effective services as criteria to be met in the sunset performance evaluation. While the notion of accountability is laudable, the problems of measurement of board effectiveness on dimensions of access, cost, and quality are likely to be prohibitively large.

The second type of refinement that is being proposed for credentialing systems is an alteration of the structure of the licensing agency. One such approach is to change the locus of the licensing function to a state regulatory agency, providing a better opportunity for integrating the manpower and cost policies of the state into the competence control process. The problems of proliferation of credentialing, coordination of tasks across professions, and the continued threats of board control by the professions can be addressed through creation of a centralized administrative body within the state vested with legislative authority to license by regulation, rather than by statute. States such as California, Michigan, Virginia, and Minnesota have implemented such systems. Another variation of this approach is to group related professions together on boards, while continuing to license them separately (for example, physicians, physician assistants, and nurse practitioners). This administrative change will shift the disputes over roles and responsibilities from the legislature to the board.

A recent proposal by Cohen (1980) would attempt to combine some of the best features of these reforms. Fundamental to this proposal is the belief, overwhelmingly supported in the literature, that the public

than physicians, dentists, nurses, optometrists, and laboratory personnel have not been studied. The consistent findings in professions that have been studied are probably generalizable to other professions that have national job markets—e.g., where job search and employer search are regularly conducted on a national rather than a localized basis.

### Practice Act Limitations, Career Mobility, and Health Delivery Productivity

Limitations on the scope of practice of licensed personnel may preclude some options for deploying professionals in the most cost-effective fashion. These problems arise because of explicit limits on numbers of aides (as in some dental practice acts) or because lower level (and less expensive) staff are precluded from performing certain tasks. Staffing-mix rigidities due to licensing may increase the cost of services from health care enterprises and may, correspondingly, limit the opportunities for professionals to assume new responsibilities on the basis of their experience.

The effects of practice-act limitations on the efficiency of health care delivery have been shown to be present in dental care, but the issue has yet to be studied carefully for outpatient and inpatient medical settings. A study of dental service delivery by Conrad and Emerson (1981) indicates that delegation of responsibility to dental hygienists is definitely impeded by state practice acts. They conclude that regulations governing the number of hygienists per dentist result in higher dental fees. A General Accounting Office study (1980) also concluded that expanded use of auxiliary staff would improve dental practice productivity. Work by Lipscomb and Scheffler (1975) indicated that practice revenue might be doubled in a solo dental practice by hiring one auxiliary professional.

For ambulatory medical settings, the evidence is not very compelling. Reinhardt (1970) found considerable opportunity for physicians to employ cost-effectively more aides; however, he does not suggest that the shortfall in productivity is due to licensure restrictions.

There is evidence that liberalization of statutory prohibitions against task delegation in dental and ambulatory settings will not be sufficient to prompt staffing-mix changes. Reinhardt's work (1970) is indicative of this concern, as are survey results for dentists (Cohen 1978; McKenzie

and Born 1973; Leske and Leverett 1976) and for physicians (Lawrence et al. 1977). These surveys show that only about one-third of practitioners would hire an extender, though many approve of the idea in theory. There is a uniform view across all surveys that, without practitioners' exposure to auxiliaries, possibly through a joint training experience, the auxiliaries' employability would not increase.

The effects of licensure on staffing mix for inpatient settings has not been studied carefully. A study of RN/LPN substitution in hospitals (Dusansky and Walsh 1979, 17) found clear evidence that "mandatory licensure does not appear to play a significant inhibitive role in hospital substitution among auxiliary personnel. There is only a slight suggestion that mandatory licensure plays a role in hospital substitution between LPNs and attendants." The study by Sloan and Steinwald (1980) found that wages are higher in restrictive states, suggesting that staffing mix is probably affected, although this problem is not explicitly addressed. Monheit's research (1975) showed that employment levels of RNs relative to LPNs is altered through licensure, but he did not attempt a study of more general patterns of substitution or of the cost-effectiveness of staffing patterns. No other studies were found that examined the effect of licensure on staffing patterns in acute hospital settings. One study of staffing patterns in state mental hospitals (Windham et al. 1978) found that restrictive licensure policies toward FMGs caused institutions to rely more heavily on supervisory, licensed physicians. There was evidence of higher costs when FMGs were subject to strict licensure, though no evidence of concurrent, higher quality patient care was found.

### Ethical Prohibitions in Credentialing

In addition to stipulating limits on the scope of practice and the range of delegating authority, licensing acts often include other constraints to ensure ethical behavior. The vast majority of license revocations stem not from incompetence but from violations of these precepts. Many of these requirements for licensure are simply invasive; others, such as advertising bans, may limit the operation of competitive forces. (An example of the former is the application form for the now-defunct character reference program, designed by the American Association of Dental Examiners. On the last page of the questionnaire, there was a notarized statement whereby the applicant waived rights to

Control of hospital practice privileges can be based on direct observation, yet many professionals do not need to exercise such privileges in order to care for their clients.

Credentialing regulations, then, seem, in theory, to be the most comprehensive set of mechanisms for monitoring both initial and subsequent competence. Yet, the research on credentialing shows that: contemporary credentialing procedures may not be reliably screening actual practice competence; they certainly are not effective in ensuring lifetime competence; and the current practice of credentialing can have undesirable consequences for access and health care costs.

In addition to the liberalizing actions taken by the courts and the FTC, many states have begun to reform their credentialing practices, with the general aim of making regulation more accountable to broad public interests and less responsive to the narrow interests of particular professions.

While reforms have tended to focus on relieving deleterious economic side effects of credentialing practices, the presumption of need to regulate competency remains. Little has been done to make credentialing practices more reliable in ensuring practice competence. One proposal being made to improve competency is mandatory relicensure. Mandatory relicensure at regular intervals focuses on lifetime (rather than initial) competence. The research offers three pertinent findings relating to the value of systems of relicensure. First, the research on competence and quality of care indicates that professional obsolescence is a real concern. There is a need for augmenting the knowledge base and clinical skills as technology changes and as encounters with particular case problems and clinical tools become less frequent as a result of specialization. Second, the literature advises that implementation by states of more obtrusive systems of credentialing offers the potential for even wider interstate disparity in stringency. These variations have consistently been shown to hamper professional mobility across states and to place access, fee, and health care cost burdens on residents in the most restrictive states. Third, the research shows that current credentialing methods for assessing patient care competence (initial or periodic) are not reliable and that current techniques for disseminating new skills are not effective in altering actual behavior. The only demonstrably reliable way to monitor continued competence and remedy deficiencies is through the use of "output monitoring" and corresponding deficiency-oriented training. For these reasons, standards for relicensure

in the Medicare program. If enacted, this proposal would, among other things, dilute financial incentives inherent in malpractice threats to maintain competence.

### Summary and Implications

Research evidence does not inspire confidence that the wide-ranging systems for regulating health professionals have served the public interest. Though researchers have not been able to observe the consequences of a totally unregulated environment, observation of *incremental* variations in regulatory practices generally supports the view that tighter controls do not lead to improvements in quality of service. The research is quite clear that restrictive practices invariably contribute to higher fees and practitioner incomes, thereby benefiting the protected professional groups at the public's expense. This evidence of self-serving regulation is particularly compelling for advertising and other ethical prohibitions, which limit competition and cause markedly higher fees without evidence of improving quality.

The public health of citizens may well be harmed by severe regulatory restrictions limiting citizen access to services. Research suggests two mechanisms which may restrict access. First, there is accumulating evidence that exclusionary practices may prohibit capable and experienced persons from practicing, thereby restricting the supply of available professionals. Second, artificially elevated fees will preclude access to some persons for whom ability to pay is a problem. No doubt price rationing is more of a problem for services that are not frequently insured, like optometric and dental services.

The available research does not suggest that existing systems of regulation have effectively controlled initial or subsequent competency of professionals. Each of the noncredentialing controls on professional manpower is predicated on a useful but insufficient set of concepts for ensuring competence. Peer review of deficiencies and malpractice sanctions are useful in very limited ways to control competence once professionals are already in practice, but they provide no guarantee of initial competence. Accreditation of training institutions, on the other hand, can be employed to control the level and types of educational experiences of aspiring professionals, but this form of regulation fails to monitor actual practice behavior. Controls used by third-party insurers may be motivated (and distorted) by financial considerations.

denial, confrontation, or rebuttal of any information given to the examiners, and released from liability anyone supplying such data, whether true or false.) These restrictions are vestiges of the objective of maintaining credibility for professions in the eyes of the public. Professional codes often prohibit advertising, limit name identification on products, discourage public evaluation of professional work, and place limits on public indications of the price and quality of services provided. Indeed, the professional ethical standards endeavor to mask any indicators that might show professionals to be engaged in commerce.

Studies of the effects of prohibitions on advertising show that withholding information from consumers will cause the range of prices across sellers to widen and the average of these prices to increase (Stigler 1961, 1968; Nelson 1970; Maurizi 1976). Several studies of optometric goods and services show that prices are much higher in states that restrict advertising. Benham, using 1963 data, found that the price of eyeglasses in states that permitted advertising was about \$7.50 lower than in the others, although the savings for the glasses *plus* examination was only about \$4.50. However, when the "most" and "least" restrictive states were compared, the differentials widened markedly to \$19 and \$21, respectively. Benham (1972, 344-45) concludes:

... advertising restrictions in this market increase the prices paid by 25 percent to more than 100 percent. Furthermore, these estimates are likely to understate the total savings to consumers occasioned by advertising, since the search process itself is less expensive when information is more readily and cheaply available.

Optometry has continued to be a fertile area for study due to the wide variation in regulatory restrictions across states. In their initial work, Feldman and Begun (1978) found that both price and quality of eye exams are higher in restrictive states. Lifting the ban on advertising would have the effect of cutting price by 10 percent although visit length and the amount of capital available would diminish. Extending this analysis, Begun and Feldman (1981) conclude that the combined effects of advertising, employment and branch office restrictions and continuing education requirements have raised examination prices by 31.6 percent. The advertising restriction alone accounts for an 11 percent price increase. The national income transfer favoring optometry which is created by these regulations is estimated

to be \$139.5 million annually. Recent studies by the Federal Trade Commission (FTC) (1980) and Haas-Wilson (1984), using 1978 data, also show that restrictions on advertising and business practices will increase price. These studies used data from several hundred visits to optometrists across the country (where vision care needs were known in advance by the investigators). Quality of the visit was measured by thoroughness of the exam, accuracy of the prescription, and accuracy of the eyeglass lenses. The FTC analysis showed that commercially permissive regulations, in general, and advertising, in particular, tend to reduce prices. Using the same data and adjusting for quality of service and products, Haas-Wilson (1984) finds that elimination of regulatory restrictions in optometry would be associated with a 20 to 25 percent reduction in eyeglass prices, holding other aspects of regulation constant. Neither advertising nor other regulatory policies tend to affect quality levels.

A study by the FTC of veterinary services indicates that restrictions on advertising cause consumers to pay more for routine services (Smith, Teply, and Folsom 1978). A survey was done in 1978 at 216 small animal practices in six large cities. Employing the data on price dispersions for dog spays, the authors calculate that consumers pay an excess of \$12 million per year over what they might have paid had no price dispersion existed. They suggest that the "savings from the other routine services is even higher." They do not, however, measure the fraction of the price dispersion due to prohibition of advertising; rather, they contend that advertising restrictions create most, if not all, of the price dispersion and that consumers would realize a substantial savings if advertising were permitted.

A study of advertising restrictions for retail prescription drugs showed that prices are 5 percent higher in restrictive states (Cady 1975). Quality indicators such as availability of credit, home delivery, and waiting-area services were about the same regardless of advertising, though expanded emergency services were more prevalent and family drug monitoring was lower in the states permitting advertising. For prescription drugs, recent work by Leffler (1981) shows that advertising and promotion of new drugs has beneficial effects on the rate of adoption of therapeutically important drugs and tends to make pricing in the drug family more competitive.

A study of the effects of advertising in dentistry shows that liberalization of some states' advertising laws has had a negative effect

competence control. "What seems clear is that malpractice suits are a symptom rather than a cure of the current malaise of state regulation [of competence]" (Blair and Rubin 1980). These authors argue that the growing use of this final enforcer of competence is the result of heightened consumer litigiousness, higher expectations of professional performance, the impersonality of professional service delivery, a breakdown in professional screening and discipline due to the growth in the number of practicing professionals, and ambitions of malpractice lawyers.

Even though malpractice represents a final screen on competence, studies by the Commission on Medical Malpractice (1973) found that only about 6 percent of physician-inflicted injuries eventually resulted in a suit. There is also reason to believe that reliance on malpractice to regulate quality will increase costs to the extent that its threat warrants expensive insurance coverage and creates defensive practices by practitioners, which tend to feed the cost spiral. Greenwald and Mueller (1978) find that rising risks of malpractice actions have caused increases in physician and hospital costs which exceed the increases in malpractice premiums. Their findings are consistent with the survey finding that more than half of United States physicians believe they practice defensive medicine (Commission on Medical Malpractice 1973). Not only is reliance on malpractice an expensive form of regulation but there are risks that defensive medicine may actually be harmful to the public.

Forty years ago . . . malpractice resulting from an injury caused by improper therapy was almost an impossibility, since most therapies were placebos. . . . Today . . . unfortunately, new therapies are also capable of producing serious iatrogenic disease (Brook, Brutoco, and Williams 1975, 1209).

It does appear that malpractice, despite its perceived prevalence, is a poor substitute for other competence-control mechanisms, and that reliance upon it is ill-advised and may promote overuse of costly "defensive" services.

Proposals are beginning to be heard in Congress, which, if enacted, would dramatically reduce the financial risk of medical incompetence. Medicare beneficiaries would be precluded from collecting any punitive damages from physicians who participate (those who accept assignment)

is paid a fixed price for each type of patient. The hospital is at financial risk for the level and mix of hospital services prescribed by the admitting physician, including excessive laboratory testing and unnecessarily long lengths of stay. Consequently, hospitals will have little recourse but to become more aggressive in their scrutiny of physician behavior. Some admitting physicians will lose privileges as a result. The degree of hospital "leverage" will also increase as physician supply increases and competition for privileges intensifies. Interestingly, such regulation by hospitals is not necessarily related to competency, but related instead to the cost-effectiveness of physician practice patterns.

Organized peer review has been found to be influential in reducing hospital costs, but little evidence exists that the professional review organization (PRO) mechanism will improve competence. Little is known about the effectiveness of this control mechanism; however, some evidence exists which suggests that hospital expenditures have been reduced as a result of elimination of unnecessary testing and excessively long periods of hospitalization (Institute of Medicine 1976; Brock, Williams, and Ralph 1978; Health Care Financing Administration 1979).

No research has been done to determine the value of PRO review to clinical competence per se and only recently has research begun on the effects of experimental PRO monitoring of behavior in ambulatory settings. The study by Brook, Williams, and Ralph (1978) of the experimental medical care review organization (EMCRO) program in New Mexico, a precursor of PRO, showed that organized peer review did reduce the number of unnecessary injections. In a study of PRO activities in long-term care settings, researchers were not able to confirm that PRO activities increased the quality of care; however, they were optimistic that they had the potential for identifying deficiencies in care (Rand Corporation 1979). On balance, there is little in the extant research to suggest that organized peer review, whether of the PRO or other forms, can be relied upon to control the level of competence in professional practice.

Malpractice actions represent a limited and ex post facto method of seeking redress of incompetent actions of professionals. Malpractice is essentially a mechanism of client recourse for damages caused by professionals who do not exercise reasonable and customary care in their actions. Its use reflects the inadequacy of other mechanisms of

on dental incomes (Conrad and Emerson 1981). The research shows that prices advertised for dentures by dentists were often below those being charged by denturists.

The Supreme Court has taken notice of these research findings on the economic effects of advertising prohibitions. Referring to the findings of Benham (1972) about optometric markets, Justice Blackmun wrote, in a landmark case:

Although it is true that the effect of advertising on the price of services has not been demonstrated, there is revealing evidence with regard to products; where consumers have the benefit of price advertising, retail prices are often dramatically lower than they would be without advertising.<sup>4</sup>

With reference to the impact of this posture on professionalism, Blackmun said:

(We) find the postulated connection between advertising and the erosion of true professionalism to be severely strained. At its core, the argument presumes that attorneys must conceal from themselves and their clients the real-life fact that lawyers earn their livelihood at the bar. . . . Since the belief that lawyers are somehow "above" trade has become an anachronism, the historical foundation for the advertising restraint has crumbled.

Only two significant court actions have occurred, both supporting the right of professionals to advertise. In the cases of *Bates v. State Bar of Arizona*<sup>5</sup> (lawyers) and *Virginia Pharmacy Board v. Virginia Consumer Council*<sup>6</sup> (pharmacists), price advertising was upheld as a form of free speech as protected under the First Amendment. While both decisions were narrow, failing to clarify issues of nonprice advertising and nonprint media, the FTC has been more aggressive, ordering organized medicine and dentistry to cease attempts to limit advertising among members (Bloom and Stiff 1980). These procompetitive actions have probably encouraged the rapid growth in nontraditional commercial

<sup>4</sup> *Bates v. State Bar of Arizona*, 97 U.S. 2961 (1977).

<sup>5</sup> *Ibid.*

<sup>6</sup> 425 U.S. 748 (1976).

medical practices such as urgent-care clinics in shopping center locations, though no research has yet documented this linkage.

The FTC and court actions have also caused professions to consider recourse potentially available through the *Parker v. Brown*<sup>7</sup> doctrine. This important precedent allows trade restrictions approved by states to be exempt from antitrust liability. The earlier decisions of *Goldfarb v. Virginia Bar*<sup>8</sup> and *National Society of Professional Engineers v. United States*<sup>9</sup> established that professions are not exempt from federal antitrust prohibitions or actions that restrict competition. Consequently, professions might lobby for statutory restrictions on advertising as a way to avoid the federal directives (Heitler 1982). Clearly, the sovereignty of professionals to advertise (as an expression of free speech) and the sovereignty of states to enact legislation which protects the public create a potentially important area of constitutional conflict over advertising and other commercial practices for the health professions.

The research findings on the consequences of ethical prohibitions support the view that the public interest is not being served through continuation of all of these restrictions. However, these research findings cannot necessarily be generalized to cases where advertising is prohibited for nonroutine, highly technical services. In such instances, there is still reason to believe, despite the lack of supporting research, that advertising would not aid comparison shopping by consumers and may, therefore, not further serve the public interest. However, there is certainly no research supporting the view that prohibitions of commercial practices and advertising would benefit the public. It is likely that these kinds of restrictions will serve as a barrier to realizing the gains in economy sought by firms and public programs as they attempt to insert "price sensitivity" into their health insurance policies through the additions of copayments and other forms of cost-sharing.

### Effects of Credentialing Practices on the Quality of Care

Because the existing systems of licensure have not eliminated professional judgment errors and careless practice, there are those who would argue

<sup>7</sup> 198 U.S. 795 (1961).

<sup>8</sup> 421 U.S. 773 (1975).

<sup>9</sup> 98 U.S. 1355 (1978).

The Standards for Hospital Accreditation, the state licensing regulations and the defendant's bylaws, demonstrate that the medical profession and other responsible authorities regard it as both desirable and feasible that a hospital assume certain responsibilities for the care of the patient.

Most hospitals do limit the privileges of general practitioners (Rayack 1967). Patient outcome studies by Payne and Lyons (1972) support the restrictions of certain types of privileges (surgical) to only board-certified or board-eligible practitioners. The practice of restricting practice privileges to "certified specialists" does, of course, enhance the role of the certifying boards in the regulatory process. Specialty certification per se has no bearing on occupational freedom in the eyes of the state.

Like hospitals, third-party payers often have more restrictive standards of competence than does the state. While licensure is always a necessary prerequisite to eligibility for reimbursement, third-party payers often determine practitioners' eligibility to care for their subscribers and, more important, refuse to reimburse them for certain types of services under the terms of the contract. Public payers, such as Medicare and Medicaid, certify the adequacy of institutional providers and also determine the eligibility of individuals to receive reimbursement. With their authority to withhold reimbursement, third parties, including government, have ultimate control over the attractiveness of health careers. The research showing earning potential as a determinant of availability of professionals also suggests that, as the scope of insured services increases, third-party control over professional standards increases as well.

Professions have sought control of third-party reimbursement policy. Langwell and Moore (1982) review the research on profession control of third-party reimbursement policy. They conclude that evidence on physician control of Blue Shield plans and dentist control of Delta dental plans is ambiguous on the issue of provider control of fee levels. For physicians, there is some evidence that professional control of membership on Blue Shield boards has contributed to payment of higher fees (Kass and Pautler 1979).

Recent changes in hospital reimbursement policy by Medicare can be expected to have pronounced effects on physician practices within institutions. Under the new prospective-payment system, the hospital

the economic consequences of an admission to the highly competitive professional schools. The income earning potential of physicians and dentists, when compared to that of other professionals for whom accreditation is not as important, suggests that the admission itself (like a taxi medallion or an FCC license) has an economic value. In both medicine (Sloan 1970) and dentistry (Maurizi 1974), the returns on professional training are about twice as high as the returns on alternative professional training, suggesting the presence of restrictive monopoly privileges accruing to the fortunate few who are admitted. Menemeyer (1978) has estimated that physicians and dentists earn rates of return on their educations (discounted at 4 percent) which are respectively 44 percent and 24 percent higher than the rate of return earned by Ph.D.s in the life and physical sciences. Dresch (1981) estimates that the economic value of the "acceptance" to medical school is equivalent to an annual annuity of \$4,000 over a 47-year period.

Hospital practice privileges offer a legally acceptable and often stringent check on the competence of professionals to perform some specialized tasks. It is well documented that hospitals have restricted the growth and legitimacy of some health professionals by not extending admitting privileges to podiatrists, midwives, chiropractors, clinical psychologists, and others (Pollard and Leibenluft 1981). Even for physicians, many institutions reserve the right of conferring certain privileges on practitioners who meet standards of competence higher than those required for licensure. Legal precedent allows such restrictions. In *Ferrante v. City of New York*,<sup>10</sup> the New York Supreme Court held that the city hospitals could limit the practice of surgery to board-certified surgeons. A similar ruling was made in the case of *Dade County v. Trombly*.<sup>11</sup> One reason why hospitals are inclined to adopt higher standards than are required for licensure is that they are liable for negligence, not only of their employees but of their practicing physicians as well. In the precedent-setting case of *Darling v. Charleston Community Hospital*,<sup>12</sup> the opinion stated:

<sup>10</sup> 17 N.Y. 616 (1964).

<sup>11</sup> 104 Fla. 606 (1958).

<sup>12</sup> 86 U.S. 1204 (1966).

for more stringent regulatory practices. While there have not been many useful studies of the impact of licensure or other credentialing mechanisms on the quality of services provided, large bodies of research point to the fact that the existing systems of regulation have not eliminated mistakes or poor judgment by providers.

One study indicated that 5 percent of America's doctors are unfit to practice (Derbyshire 1975). Other studies have indicated that between 29 and 62 percent of patients receiving hospital care are victims of serious errors in medical management, resulting in preventable deaths or invalid diagnoses (Trussell 1962), and that between 8 and 22 percent of obstetric patients receive deficient care (Payne and Lyons 1972). A study of medical records in two hospitals revealed that 7.5 percent of all cases indicated physician-inflicted injury (Pocincki, Dogger, and Schwartz 1973). The assessments of physicians' ambulatory care performance is even worse; between 61 and 65 percent of well-care patients received deficient care during their visits to physicians (Payne and Lyons 1972).

Physicians are not the only licensed professionals described by such findings; others simply are not studied as often. A study of the quality of laboratory practices at the Center for Disease Control indicated that slides made from Pap smears containing highly suspicious evidence of carcinoma were missed 30 percent of the time by technicians. Even more disheartening, when this same test was given to pathologists, they missed the suspected carcinomas 37 percent of the time (LaMotte 1976).

This sort of evidence is not intended to disparage the professionals being studied, for it is certain that some of the norms used in these tests to define levels of inadequate performance are quite rigorous. Moreover, health care management is often characterized by uncertainty. Nonetheless, this evidence provides grist for those who wish to perpetuate and even toughen the control mechanisms on health professionals. Second, and more important, the evidence indicates that the current competency control systems are not sufficient to eliminate errors in judgment, obsolete practices, and undisciplined, careless practice. To some observers, this suggests that our mechanisms of control need overhaul, that there may be undue emphasis on the quality of resources and on tests of competence and too little emphasis on actual patient outcomes. Others go so far as to suggest that lifting controls altogether would not lessen the frequency of such findings, but, indeed, might

actually cause the level of competence to rise in response to market pressure (Friedman 1962).

Studies in optometry suggest that regulation does not enhance quality, though it may reduce the price consumers must pay to upgrade quality of service. Studies using data collected by the FTC show no significant effects of licensing restrictiveness on quality of services provided (Haas-Wilson 1984). Here, quality of service was measured by a scale for thoroughness of the optometric exam. Licensing rigor was measured by the failure rate on entry exams. Though suggestive, more work using better quality measures available in the FTC data (accuracy of prescriptions, accuracy of lenses) would be more definitive. Begun and Feldman (1981), using length of exam and number of procedures as measures of quality, find evidence that regulation may prompt more competition on the basis of quality.

Studies of the determinants of the quality of care delivered by physicians support the view that general licensure is not as conducive to quality control as more specific licensure. In a carefully controlled study in Hawaii, Payne and Lyons (1972) found the quality of ambulatory and inpatient care to be better when rendered by a specialist or other physician with extensive experience in treating similar cases. Studies of presurgical screening mechanisms show that surgical recommendations of specialists are overturned in peer review less often than those of nonspecialists (Poggio et al. 1981). These findings confirm the common-sense notion that experience and additional training make a difference.

The effects of licensing on provider mobility and fees point to an adverse corollary effect on quality of life for residents of restrictive states; by excluding manpower from the state and driving up the fees of incumbent practitioners, restrictive states deprive some consumers of services. Thus, the consequences of restrictive state-licensure policy will be to force some consumers to forego services altogether. This deleterious effect on access and the health status of the population has not been documented by research. These effects should be stronger in dentistry than in medicine, for two reasons. First, the exclusionary consequences of state licensure were found to be more pronounced for dentistry. Second, dental care consumption is much more sensitive to fee variation than is medical care, for which insurance coverage is much more common.

An indirect way of asking if licensure ensures competence and high-quality services is indicated by those studies investigating whether

## The Effects of Other Regulatory Mechanisms

A variety of mechanisms other than credentialing presently control aspects of practicing behavior and manpower distribution and indirectly influence the competence of professionals and the costs of care. They include:

- accreditation of training institutions;
- granting of hospital admitting privileges;
- third-party reimbursement privileges;
- review by professional review organizations; and
- threats of malpractice actions.

The practice for accrediting educational programs represents the most binding constraint on the availability of professionals and on their levels of practice competence. No research exists on the consequences of stringent accreditation for the quality of care, though much has been written about the link between the tightening of these controls (as was done early in this century) and the growth of specialization and consequent growth in professional control of practice through specialty boards (Stevens 1971).

Strengthened accreditation policies had an immediate effect on medical education following the Flexner (1910) (medical) and Gies (1926) (dental) proposals for reform. For example, following the Flexner report the number of medical schools dropped from more than 130 to about 78, where it remained until the 1970s; the number of graduates per year fell from over 4,000 to about 3,000 (Frech 1974). (For blacks the reforms were clearly a source of discrimination; the number of predominantly black medical schools fell from 7 to 2 and the percentage of blacks in the physician population also fell. For females the discriminatory effects were similar. The proportion of physicians that were female fell from its peak in 1910, and even the absolute number of female physicians fell.)

An opportunity for measuring the effect of stringent accreditation on professional availability is indicated in the research demonstrating the high economic value of an admission to health professional schools. Theorists note that the restrictions on admission to professional schools are a potentially more binding constraint on availability than any other type of control. Building on this notion, studies have measured

practitioners are most prone to enroll in voluntary programs but that, no matter who enrolls, it is difficult to change behavior back at the office. Similar findings have been found for dentistry (Long 1969; Ryan 1971; Gessner 1973). These studies also show that, if continuing activities are focused on specific provider deficiencies, the likelihood of favorable results is increased. Brown and Uhl (1970) argue persuasively that a focus on physician-specific needs, identified through audit, will produce the largest changes in behavior.

It should not be concluded that the efficacy of continuing education has always been thought to rest on behavioral change in practice behavior or in patient outcomes. Many course sponsors believe that changes in attitude, pre/posttesting proficiencies, and assessment of the quality of the course itself are suitable guides to the effectiveness of courses. A survey of such activities in nursing by Forni and Overman (1974) showed that of 18 educational projects, 14 were evaluated on the basis of some form of "happiness" index. Most of this nonoutcome sentiment has disappeared, at least in medicine, following the study done on the "Dr. Fox Lecture" (Naftulin, Ware, and Donnelly 1973), where it was shown that participants rated a course highly on each of a number of features, even though the material was specifically designed to be void of logic and relevance and contrary to truth, and the teacher was a trained actor. Clearly, an educational experience cannot be judged on the basis of how well it is received by the participants (Chabbers et al. 1976). Studies by McGuire et al. (1964) offer less visceral, more scientific evidence of the failure of subjective opinion to proxy behavioral change. They found that courses favorably received did not prompt the desired changes in patient care behavior.

This literature suggests that, if credentialing is to be relied upon to ensure competence, both the initial and subsequent performance checks must better link actual practice behavior to the content of educational processes and to the performance measures used in the credentialing process. Clearly, a credentialing system based on "competence" rather than "evidence of being able to be competent" offers more hope for ensuring quality care. The idea of pegging continuing education to areas where there is evidence of chronic incompetence is an appealing one; it puts educational resources where they do the most good for patients, and it signals a possible break in the tradition of basing licensure on structural factors such as educational achievement and test-taking ability.

the quality of care would be impaired if tasks were performed by people not meeting the criteria for licensure. Many studies on both the medical and dental professions have been done, all of which show that the quality of care would not suffer if licensure policies were selectively liberalized allowing mid-level practitioners to perform some tasks now reserved only for dentists or physicians. (Sox [1979] reviews the medical literature. For dentistry, see Abramowitz [1966] Abramowitz and Berg [1973]; Hammons and Jamison [1967, 1968, 1971]; Lotzkar, Johnson, and Thompson [1971]; Pelton et al. [1972, 1973]; Soricelli [1971]; and Dolan and Milgrom [1980].) Studies of dental mechanics (denturists) in Canada are indicative of the general thrust of most findings. Hammons and Jamison (1967) found that carefully selected high school graduates could be trained to do most basic dental procedures at a level of competence at least as great as that achieved by dental students in their final year of study. The possibility of paying lower prices (fees) to less intensively trained providers would improve access by more of the population, and thereby contribute positively to the population's general dental health status.

### Ensuring Competence

Evidence of the efficacy of mechanisms used within the licensing process to control competence offers corroborating evidence that licensing practices do little to increase the quality of professional practice. For example, according to a survey of deans and professors of dentistry, 49 percent of the deans and 39 percent of the professors believed that licensing boards do not accurately assess the practice competence of applicants (American Dental Association 1972). The research points to several reasons for such findings. First, licensure criteria are heavily based on considerations other than practice performance, namely, on a test of student performance; that is, the standard for competence is the assimilation of the concepts and scientific content of the educational program. Performance in the treatment of clients is not part of the screening protocol, nor is performance subsequent to the initial credentialing an area of concern. At issue here is the "validity" of the test used to screen licensing applicants; the inadequacy of a test of the performance of a student as a predictor of practice performance (Williamson, Alexander, and Miller 1976).

This issue is actually only a glimpse at a larger problem, that of

developing a consistent set of interlocking relationships among curriculum content, credentialing, and subsequent practice performance. Within the federal government, studies are under way to identify the functional or task content of professional practices with the hope that both curricula and credentialing practices can ultimately be made more conformable with the actual practice requirements.

The efficacy of licensure practices to regulate competence is further undermined by a reluctance to enforce compliance in cases of identified incompetence. Medical boards in many states do not even specify incompetence as grounds for disciplinary action. In a study by the staff of the Senate Subcommittee on Health of the Committee on Labor and Public Welfare in 1976, it was noted that only 12 physicians in the entire nation lost licenses during 1975 because of incompetence or malfeasance. The reluctance of licensing bodies to impose sanctions gives rise to skepticism as to whether the licensing function provides any useful incentives for, or represents any effective control over, competence at all.

One contemporary licensing tool that is used to promote continuing or lifetime competence is mandatory continuing education. The use of continuing education is expanding, but without any hard evidence of its efficacy in promoting competence. In California alone, 40,000 physicians participated in continuing education activities in 1978 for a total of 9.6 million credit hours. In response to physician recognition award (PRA) standards used in many states for licensing, certification, or membership in medical societies, an estimated annual expenditure of \$3 billion is made; the expenses are, of course, eventually passed on to consumers, who reap an uncertain benefit in terms of quality. For example, states often allow courses in office management and estate planning, and Ohio gives credit for reading medical journals or appearing on television shows.

In studies of the effectiveness of continuing education activities, researchers conclude that courses without specific behavior-changing objectives are not useful. The objectives can be generally based (determined by the educators) or problem-specific (determined through identification of dissatisfactions with provider behavior). Early work by Peterson et al. (1956) demonstrated that, judging by observers' findings on the practitioner at work, education had no effect. In a statewide study of voluntary programs available to all Kansas physicians

for a period of 10 years (1956-1965), the investigators found that 7 percent of all MDs consumed half the continuing education credit awarded. More important, there was no relation between credits awarded in obstetric and pediatric courses and perinatal death rates (Lewis and Hassanein 1970). Recent graduates were, unfortunately, found to be higher users than the older physicians. In an earlier study of 41 Kansas physicians and 1,093 of their patients, the authors found no evidence of behavior change among those attending continuing education activities. They did find, however, that the more competent physicians were more likely to enroll in the courses (Roney and Roark 1967).

Kane and Bailey (1971) note in their study of an "objectiveless" course in early cancer detection that physicians were not encouraged to make sufficient use of Pap smears. They emphasize that, had the course focused specifically on getting physicians to do more of these screening tests, results might have improved. Inui, Yourtee, and Williamson (1976), in an evaluation of a very focused continuing education situation (designed to increase patient compliance with physician orders about hypertension), found favorable responses of the physicians and of their patients. However, in a recent random study covering problems confronted in a general practice (Sibley et al. 1982), no overall impact of the educational program was observed on quality of patient care. The educational program did have favorable effects on the subset of issues that were *not* preferred study areas by the participating physicians. The investigators conclude that mandatory programs of continuing education that allow MDs to choose their areas of study are both burdensome and fruitless.

In dentistry, a study to teach four-handed dentistry was shown to be quite successful in altering specific behaviors; in fact, the authors noted on poststudy site visits a tendency on the part of dentists to "modify" course concepts to "fit" their practice (Chambers et al. 1976). Work by Condon (1971, 1972) shows that objective-oriented, specially designed in-service training programs altered the behavior of nurses. In a thoughtful review of the issues in continuing education, Dixon (1977) notes that useful courses must not only focus on specific objectives to alter behaviors but must also use carefully selected behavior-modifying objectives. Suitable objectives are those that are either patient outcomes or are known to be related to patient outcomes.

The tendencies we note from these studies are that the "best"

Shana Denise Hermann

ALASKA CHAPTER  
NATIONAL ASSOCIATION OF SOCIAL WORKERS  
P. O. Box 10430  
Fairbanks, Alaska 99710  
457-5914

TESTIMONY ON HB 317: A BILL TO LICENSE SOCIAL WORKERS

The Alaska Chapter of the National Association of Social Workers supports HB 317, a bill to license social workers.

HB 317 would license only those social workers practicing under the title of "social worker" in order to help the public to identify qualified social work practitioners. The bill establishes the requirements for licensure of a bachelor, master or independent social worker including education required, references, examination, and meeting regulations of the Board. The bill would license by credentials social workers who are licensed in other states provided they meet the other requirements under Sec. 08.87.120. The bill would also "grandparent" persons who do not have a degree in social work from an accredited social work program or persons who hold a bachelor's or masters in a related field, and who have been practicing under the title of "social worker" for at least twenty-four consecutive months prior to July 1, 1987. The bill would create a Board of Social Work Examiners consisting of five members, including three master social workers one of whom is engaged in private practice, one bachelor social worker and one public member.

Social workers need to be licensed because their actions have significant impact on the mental health, safety, and economic well-being of their clients. This legislature has recognized that services to the chronically mentally ill and to physically and sexually abused children is inadequate. Licensing of social workers will improve the delivery of these services by requiring social work practitioners to meet nationally-recognized educational standards, to pass an examination, and to abide by a strict code of ethics governing the worker-client relationship.

We estimate that between 315-350 Alaskan social workers in all practice settings will be subject to this Act if it is passed. Nearly two-thirds work in private practice or in settings such as mental health clinics, family treatment agencies, hospitals, nursing homes, and institutions for the developmentally disabled and mentally ill. Approximately one-third work for the Division of Family and Youth Services which provides mandated child protection services. Nationwide, social workers deliver more than 50% of mental health services, and they are particularly a vital provider of these services in rural areas where psychiatrists are not available. Thirty-nine states have passed laws regulating social work practice including Montana, North Dakota, Oregon, and Idaho. Sufficient fees will be generated if this bill is passed to pay for the costs of a Board of Social Work Examiners, including travel and per diem. We urge you to pass HB 317 and become the 40th state to regulate social work practice.



**Employee Benefits Division**

4300 'B' Street, Suite 205

Anchorage, Alaska 99503

561-0011

July 3, 1984

Employee Assistance Consultants of Alaska

341 West Tudor

Anchorage, Alaska 99503

Attention: Pat Mackey

Dear Ms. Mackey:

The following information should give you guidelines to follow in referring clients for treatment covered under the Aetna Group Health Plan for ARCO and Alyeska Pipeline Service Company.

ARCO

Covers charges by a licensed or certified psychologist for services performed within the scope of his/her license or certification.

Covers the services of licensed social workers under the direct supervision of a medical doctor, psychiatrist or licensed or certified psychologist.

Since Alaska does not license their social workers, Aetna will cover charges for services of psychiatric social workers (MSW/ACSW) when:

The social worker is employed by a clinic, hospital, or psychiatrist (M.D.) and the services are billed for by the employer.

ALYESKA PIPELINE

Covers charges made by a psychologist

Through an administrative liberalization covers services of a MSW working in the office of a licensed psychologist or psychiatrist with periodic intervention (1 visit per month/every 4th visit) of a licensed provider.

No physician (M.D.) referral is needed if referred through the Employee Assistance program.

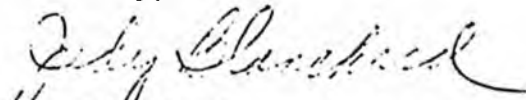
UNDER BOTH PLANS

Claims will be considered based on the diagnosis, nature of the service and whether the service is required for diagnosis or treatment of a mental/nervous disorder which is covered under the plan.

Benefits are payable at 50% of reasonable and customary fees for outpatient treatment subject to each plan's calendar year deductible. Alyeska has a \$2,000.00 calendar year maximum per person. ARCO has no calendar year maximum.

I hope this helps in your referral service for the employees of the respective companies. Should you have any further questions, please feel free to contact me.

Sincerely,



Judy Blanchard  
Quality Coordinator  
Employee Benefits Division - Claim Dept.  
Aetna Life and Casualty

jwl



Atlanta  
 Birmingham  
 Boston  
 Charlotte  
 Chicago  
 Cleveland  
 Dallas  
 Denver  
 Detroit  
 Hartford  
 Honolulu  
 Houston  
 Los Angeles  
 Miami  
 Minneapolis  
 New Orleans  
 New York  
 Philadelphia  
 Phoenix  
 Pittsburgh  
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 Richmond  
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 San Diego  
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 Maracaibo  
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# JOHNSON & HIGGINS

OF WASHINGTON, INC.

*Business Established New York 1845*

INSURANCE BROKERS-AVERAGE ADJUSTERS

ACTUARIES-EMPLOYEE BENEFIT PLAN CONSULTANTS

*Sub 5  
 9:30 am  
 OK for action*

CABLE ADDRESS "KERODEN"

1215 FOURTH AVE., SEATTLE, WA 98161  
 TEL. (206) 292-1900

January 18, 1985

Trustees of Alaska Human  
 Services Network

Dear Trustees:

Cost Containment  
Travelers Insurance Company

We have contacted The Travelers regarding benefit alternatives and cost containment measures that could be incorporated into the Alaska Human Services Network Plan. The following are the Cost Containment features offered by Travelers:

1. Incentive Second Surgical Opinion - When an insured individual has received a recommendation to have surgery, the reasonable charge for a second consultation with a Board Certified surgeon will be paid. The benefit includes the examination and necessary laboratory and x-ray procedures ordered by the consulting surgeon. Also, certain specified procedures will be paid at 100 percent if a Second Surgical Opinion is obtained.
2. Convalescent Facility Care - Charges made by a Convalescent Facility will be covered for 120 days of confinement for semi-private room and board plus medical services and supplies. The covered charge will not exceed 50 percent of the semi-private rate of the hospital from which the insured individual was discharged. Convalescent Care must be prescribed by a physician and must commence within 14 days following termination of a minimum three (3) day hospital confinement.

JAN 24 1985

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page two

3. Home Health Care - The following medically necessary services and supplies furnished to an insured individual by a Home Health Care agency in the insured's home will be covered:

- a. Part-time or intermittent nursing care provided by or under the supervision of a registered graduate nurse (R.N.);
- b. Part-time or intermittent home health aide services which consist primarily of caring for the patient; and
- c. Physical therapy, occupational therapy, and speech therapy provided by the Home Health Care Agency.

A maximum of 40 visits in any calendar year will be covered. Home Health Care must be prescribed by a physician and must commence within 14 days following termination of a minimum three day hospital confinement.

4. Hospice Care - Benefits are paid for the following:

- a. Room and Board charged by the Hospice.
- b. Other services and supplies.
- c. Part-time nursing care by or under the supervision of a registered graduate nurse (R.N.).
- d. Home Health Care Services as described in number three (3) above without limiting the number of visits or requiring prior hospital confinement.
- e. Counseling services by a licensed social worker or a licensed pastoral counselor for the patient and the patient's immediate family.
- f. Bereavement counseling services by a licensed social worker or a licensed pastoral counselor for the patient's immediate family.
  - (1) The bereavement services must be furnished within 6 months after the patient's death.
  - (2) Payment will be limited to 50 percent of the charges for the services and not more than a total of 15 visits per family.

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page three

Services to the patient must be furnished in an inpatient hospice facility or in the patient's home. The physician must have certified:

- a. The patient is terminally ill.
- b. The patient's life expectancy is 6 months or less.

The term "patient's immediate family" is limited to the patient's wife or husband and dependent children who are covered under this benefit. Counseling services received in connection with a terminal illness as described in items e. and f. above will not be considered to have been received due to a mental or nervous disorder. The following charges will not be covered expenses:

- a. Services of a social worker other than a clinical social worker or those described under Hospice Care services;
  - b. Hospice care services by volunteers or individuals who do not regularly charge for their services; and
  - c. Hospice care services by a licensed pastoral counselor to a member of his or her congregation. These are the services in the course of duties to which he or she is called as a pastor or minister.
5. Outpatient Surgery at 100 percent - Surgical procedures done on an outpatient basis will be reimbursed at 100 percent. Surgical procedures done as a hospital inpatient would be reimbursed according to regular plan benefits.
  6. Ambulatory Surgical Center - When a surgical procedure is performed in an Ambulatory Surgical Center, payment will be made for services and supplies furnished by the center. Related charges are also payable within 72 hours after the surgery, and within 7 days prior to the surgery for diagnostic tests.
  7. One routine pap smear each calendar year as an allowable expense.
  8. Pre-admission Testing - The reasonable charge will be paid for pre-surgical laboratory tests performed on an insured individual prior to confinement provided:
    - a. The tests are related to scheduled surgery;
    - b. The tests have been ordered by a physician after the need for surgery has been confirmed; and

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page four

- c. The insured individual is subsequently admitted to the hospital unless confinement is cancelled or postponed because a hospital bed is unavailable or because there is a change in health conditions which precludes surgery.
9. Nonemergency use of emergency room (outpatient care in a hospital) - Specific limits could be incorporated into the plan which restrict the use of the outpatient emergency room facilities on a nonemergency basis such as during the day when the doctor's offices and clinics are normally open. These limits could include:
    - a. Reduced coinsurance payment such as 50 percent instead of 80 percent; and/or
    - b. Additional deductible amount applied to these expenses such as \$25 or \$50.

We have also been requested to obtain information from The Travelers to change the existing Dental and Vision benefits. Travelers proposes the following changes in the dental plan:

1. Alternative I:

- a. Elimination of the deductible for preventive services and increase the reimbursement rate for these expenses from 80 percent to 100 percent.
- b. \$50 deductible for general dentistry and prosthetics. The reimbursement rate for general dentistry being 80 percent and for prosthetic services being 50 percent. *on Ho?*
- c. The maximum benefit remaining at \$2,000 per calendar year.

2. Alternative II:

- a. \$150 deductible per insured on all services combined with the medical deductible. \$450 maximum deductible per family.
- b. Reimbursement of preventive services at 100 percent, general dentistry at 85 percent, and prosthetic services at 50 percent.
- c. \$2,000 calendar year maximum.

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page five

3. Alternative III:
  - a. No deductible on preventive services, reimbursement at 100 percent.
  - b. \$150 deductible per insured on general and prosthetic services with reimbursement on general services at 80 percent and on prosthetic services at 50 percent.
  - c. \$2,000 calendar year maximum.

Travelers proposes the following increase in the Vision benefits:

1. Examination to \$ 55
2. Lenses (pair)
  - Single vision to \$ 45
  - Bifocal to \$ 75
  - Trifocal to \$ 90
  - Lenticular to \$135
3. Frames to \$ 35
4. Contact lenses
  - Medically necessary to \$270
  - All other contacts to \$ 80

Enclosed is Exhibit I outlining the cost impact of the cost containment provisions and Dental and Vision Plan revisions. Please review these cost containment and proposed plan revisions. We will be prepared to further discuss them at the upcoming meeting.

Sincerely,



Robert W. Lucas, CLU  
Vice President

RWL:bd  
enclosure

EXHIBIT I

Alaska Human Services Network

Cost Containment & Benefit Revisions Costs

<u>Cost Containment Benefit/Revision</u>	<u>Cost (monthly)</u>	
	<u>Employee</u>	<u>Dependent</u>
1. Incentive Second Surgical Opinion	No Charge	No Charge
2. Convalescent Care	+\$ .12	+\$ .11
3. Home Health Care	+ .04	+ .03
4. Hospice Care	+ .09	+ .09
5. Outpatient Surgery at 100%	No Charge	No Charge
6. Ambulatory Surgical Center	No Charge	No Charge
7. Routine Pap	+ .48	+ .76
8. Pre-admission Testing	No Charge	No Charge
9. Nonemergency use of emergency room	No Charge	No Charge
<u>Dental Plan Revisions</u>		
Alternative I	+\$ 3.05	+\$ 6.01
Alternative II	+ .94	+ 1.59
Alternative III	+ 1.97	+ 4.43
<u>Vision Plan Revision</u>	+\$ 1.42	+\$ 2.37

Prepared by  
Johnson & Higgins of Washington, Inc.  
January 1985

*Social Workers Gain Reimbursement Parity*

# Cuomo Signs New York Vendorship Law

**O**N JANUARY 1, a New York state law went into effect requiring that health insurance policies covering mental health care must reimburse beneficiaries for the services of qualified clinical social workers. Its enactment by Governor Mario M. Cuomo on December 18, 1984, was a victory for a coalition that included the NASW New York City and New York State chapters and the New York Society of Clinical Social Work Psychotherapists.

Under a 1977 state law, still in effect, clinicians with an MSW degree and three years of supervised practice experience are considered "optional" providers of mental health care, meaning that clients are reimbursed for so-

***The new law makes MSWs with six years of supervised clinical experience "mandated" providers, meaning that they must be included, along with psychiatrists and psychologists, in any mental health care component of an insurance policy. "We're very pleased," says Carole O. Smith, the state chapter's legislative director.***

cial work services if their employers request that those services be included in the mental health care component of their insurance policies.

The new law, however, makes MSWs with six years of supervised experience "mandated" providers, meaning that they must be included, along with psychiatrists and psychologists, in any mental health care component of an insurance policy. (Policies in New York do not have to include mental health care coverage.)

According to NASW member Carole O. Smith, the New York State Chapter's director of political action and legislation, the "optional" status granted under the 1977 law "was always a very vulnerable position. We are now firmly in place."

She says experience with the first law helped to allay the fears of some that coverage of clinical social work

services would result in a flooding of the mental health care market with social workers and would thus drive up insurance premiums. Less than 4,000 clinicians were approved for reimbursement privileges under the 1977 law.

Even so, when Smith met with the leadership of both houses of the state legislature about getting a mandated-provider proposal into the hopper, "it became clear that we would have to require more experience" in order to overcome objections from the business community and insurance companies.

It then took the coalition a year to reach consensus within its own ranks on what the new bill's experience requirement should be. Many wanted to maintain the three-year requirement of the 1977 law, but six years eventually became the agreed-upon compromise.

"The compromise was hard to swallow for many of us," she says. "But once that agreement was reached among the coalition members, then we went in with a very strong position."

The coalition worked with the bill's sponsors and interested groups to draft legislation that would "still protect us as much as possible." Smith says the coalition "would not compromise" on the issue of social workers' autonomy and refused to include any requirement that qualified clinicians must practice under the supervision of psychiatrists.

The bill was introduced in early 1984 and, as expected, met with strong opposition from business groups and insurers, as well as from psychiatrists who took the position that social workers are not qualified to diagnose mental conditions.

But Smith notes that "the psychologists were very supportive of us. A lot of people don't understand that. They really were adamant supporters of us, and we needed their support."

Backed by "very strong grass-roots lobbying," the bill passed both houses of the legislature last June. But opponents continued to fight it while it awaited Governor Cuomo's signature, which Smith says reflects "the controversy that went right to the executive chamber." In December, however, the governor signed the bill.

The next step is the drafting of regulations that will implement the new law. According to Smith, the coalition is offering its recommendations to the State Board for Social Work, and "our help has been welcomed." Final regulations must be approved by the New York Board of Regents.

She says the regulations will be "significant" in defining "exactly what the six years of experience means" in the law. She expects that the regs will be "in place probably by early summer."

Overall, despite the compromise along the way, says Smith, "we're very pleased." □

## Excellence . . .

*(From previous page)*

be established. School nutrition programs should be expanded, as should the federal Head Start and Chapter 1 programs for disadvantaged youth.

• **Develop and Implement Strategies for Overcoming Student Barriers to Excellence.** To overcome students' low self-esteem, as well as truancy and other behavior problems, opportunities should be provided for them to render community service and to excel in specific areas of interest. Parents and others should be encouraged to serve as volunteers in schools, and orientation programs should be provided to help students make transitions from grade school to junior high, from junior high to high school.

• **Develop and Implement Strategies for Overcoming School Barriers to Success.** Schools should focus "on people as well as academics." Conduct codes and noncorporal discipline procedures should be developed. Students' human and social needs should be annually reviewed, just as academic performance is, and actions should be taken to meet those needs. Special programs should be provided to "at risk" groups, such as programs on suicide prevention and substance-abuse prevention. In-service workshops on the roles of various school staff should be held to promote greater cooperation. College-level students of education should receive basic training about the impact of human and social needs on learning ability.

• **Develop and Implement Strategies to Overcome Community, Policy, Legislative and Funding Barriers to Excellence.** Cooperative programs between schools and the business community should be encouraged, such as a business "adopting a school" and providing increased educational opportunities for students. Federal support for education should be increased, and state and federal funding of public schools should be equitable throughout the country. A combination of special education and general education funding should support pupil services positions.

Copies of "The Human Factor: A Key to Excellence in Education" are available at \$4.50 each (including postage and handling) from NASW Publications Sales, 7081 Eastern Avenue, Silver Spring, MD 20910. □

## Social Workers in Ohio Named EAP Providers

### ACSW Set as Vendorship Standard

**O**HIO NASW members who belong to the Academy of Certified Social Workers (ACSW) have been accepted as reimbursable service providers by Ohio's new employee assistance program for state workers, about 57,000, and their dependents. The program will provide mental health and substance abuse counseling services.

According to Ohio Chapter Executive Director Antoinette Shimer, 2,205 ACSW members had filed their Social Security or tax identification numbers with Blue Cross of Central Ohio, the program's insurance carrier, by mid-January. Both ACSWs in private practice and those employed by agencies are eligible to participate.

The chapter will revise the list of Ohio ACSWs twice a year following the biannual administration of the Academy's certification process.

Since the enactment of Ohio's social work licensure law last year, participating practitioners must hold a state license in addition to ACSW certification, but Shimer says the state was willing to accept ACSWs as reimbursable providers even before licensure took effect.

Under the employee assistance program, the state is divided into 30 service areas, with one "community service center" in each area. The service centers, which are facilities that employ at least one ACSW member, will handle the initial assessment of cases and will

refer them to private practitioners or appropriate agencies.

Ohio ACSWs interested in participating in the program must call the service center nearest them to be put on the referral list and must provide the requisite Social Security or tax identification information to Blue Cross. A list of service centers is available from the NASW chapter office.

When the employee assistance program was in the planning stages, Shimer says, the state contacted her for information about social workers' fees. At the time, the chapter's Professional Standards Committee was conducting a survey of ACSW members to determine how many were in private practice, what they charged, and so forth.

The committee found that the social workers charged no more, and often less, than psychiatrists and psychologists, a fact that attracted the state's interest. The chapter suggested that ACSW certification be used as a qualification for participating social work service providers, and the state agreed.

Shimer says that when the insurance contract for the program is renegotiated in the future, a further qualification — listing in the *NASW Register of Clinical Social Workers* — may be added.

She calls the recognition of ACSWs in Ohio "exciting, because it shows that we've been accepted. It sets a precedent, so we're extremely pleased by it." □

***The New York bill was introduced in early 1984 and, as expected, met with strong opposition from business groups and insurers, as well as from psychiatrists who took the position that social workers are not qualified to diagnose mental conditions. But psychologists, the NASW chapter says, "were very supportive of us. A lot of people don't understand that. And we needed their support."***

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\* DELIVER TO: JPOM \*  
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\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:38 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 15:38 \*  
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13

TO: HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

SENATE HESS

SEN. FAHRENKAMP, STURGULEWSKI, F. FISCHER, DEVRIES AND JOSEPHSON

FROM: ROBERT NIELSEN, 4938 MILLS DR., ANCHORAGE, 99508, 333-1481(HM), 274-6524(WK)

RE: SB 227 AND HB 317, SOCIAL WORK LICENSURE

SOCIAL WORK IS A PROFESSION THAT NEEDS TO BE LICENSED IN THAT THESE WORKERS RELATE TO PEOPLE IN MANY DIFFERENT CONFIDENTIAL WAYS. SOCIAL WORK IS A HUMAN SERVICE WHICH I SUPPORT AND URGE YOUR AFFIRMATIVE VOTE. THANK YOU.

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\*  
\* DELIVER TO: JFOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:42 \*  
\* FROM: HARRY MANDREGAN \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 15:42 \*  
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\*\*\*\*\*

TO: SENATE HESS COMMITTEE, SENATORS FAHRENKAMP, STURGULEWSKI,  
PAUL FISCHER, DEVRIES AND JOSEPHSON  
HOUSE LABOR AND COMMERCE COMMITTEE, REPRESENTATIVES NAVARRE,  
DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

FROM: MILLI ANDREINI  
3524 STANFORD DRIVE  
ANCHORAGE, ALASKA 99508  
HOME NO.: 274-8706  
WORK NO.: 276-4994

RE: SOCIAL WORK LICENSING

I URGE YOUR SUPPORT OF HB 317 AND SB 227 TO LICENSE SOCIAL WORKERS. SOCIAL WORKERS PROVIDE A RANGE OF SERVICES WHICH AFFECT PEOPLES LIVES. YET, THEY ARE NOT REGULATED BY LICENSURE. INSURE COMPETENT SOCIAL WORK IN ALASKA. PLEASE SUPPORT THIS NEEDED LEGISLATION.

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\* DELIVER TO: JFOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 13:05 \*  
\* FROM: MICKI HENSON \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 13:05 \*  
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TO: SENATE H.E.S.S.

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

FROM: DIANE SCHANDER  
9221 KAVTK STREET  
ANCHORAGE, AK. 99515 PHONE: 243-5597 HM.

RE: SB 277/HB 317- SOCIAL WORK LICENSING

I URGE PASSAGE OF SB 277/HB 317. IN MY CASE INSURANCE COVERAGE  
IS NON-EXISTENT WITHOUT LICENSING.

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\* DELIVER TO: JPOH \*  
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\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 12:47 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 12:47 \*  
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TO: SENATE HESS

SEN. FAHRENKAMP, STURGILEWSKI, P. FISCHER, DEVRIES AND JOSEPHSON

HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HANLEY

FROM: NICKI J. NIELSEN, 4938 MILLS DR., ANCHORAGE, 99508, 333-1481(HM), 561-1361(WK)

RE: SB 227 AND HB 317, SOCIAL WORK LICENSURE

PLEASE SUPPORT THE SOCIAL WORK LICENSURE BILLS. SOCIAL WORK LICENSURE IS IMPORTANT SO QUALIFIED PEOPLE WILL BE HELPING PERSONS WHO NEED THE IMPORTANT SERVICES THAT SOCIAL WORKERS PROVIDE. THANK YOU VERY MUCH FOR YOUR SUPPORT OF THESE BILLS.

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\* DELIVER TO: JFOM \*  
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\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 15:20 \*  
\* FROM: MARTIE ROZKYDAL \*  
\* SUBJECT: POM - MATR-0201 \*  
\* PRINT DATE: 04/08/85 TIME: 15:21 \*  
\* \*  
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TO: REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, COLLINS, HANLEY,  
KOPONEN AND PEARCE

FROM: LESLIE BOGDA  
PO BOX 264  
PALMER 99545  
DAYTIME PHONE 376-4080

I AM IN SUPPORT OF HB 317/LICENSING OF SOCIAL WORKERS. I  
HAVE A BACHELOR'S DEGREE IN SOCIAL WORK FROM THE UNIVERSITY OF  
ALASKA.

\*\*\*\*\*  
\*  
\* DELIVER TO: JPOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 04/08/85 TIME: 11:40 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/08/85 TIME: 11:40 \*  
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TO: REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS,  
HANLEY

FROM: MARY LEE NICHOLSON, P.O. BOX 771052, EAGLE RIVER, 99577,  
694-2377(HM)

RE: HB 317, LICENSING SOCIAL WORKERS

TO ENSURE THOUGHTFUL APPLICATION OF KNOWLEDGE, SKILLS AND HUMAN  
VALUES TO ALASKA'S TOUGH SOCIAL PROBLEMS I URGE YOUR SUPPORT OF  
HB 317, SOCIAL WORK LICENSING.

INTRODUCTION OF BILLS (House)(cont'd)

HB 316 (cont'd)

of the public to use and have free access to the navigable or public water of the state."

Provides Act takes effect immediately.

Introduced March 25 and referred to Resources, Finance.

Professional Licensing of Social Workers     HOUSE BILL NO. 317, by Reps. Koponen, Larson, Hurley, Goll, Gruenberg, Davis & Pignalberi. Identical to Senate Bill 227, page 426.

Introduced March 25 and referred to Labor & Commerce, Health, Education & Social Services, Finance.

Injured State Employees (rights of)     HOUSE BILL NO. 318, by Rep. Szymanski. Amends the State Personnel Act (AS 39.25) by adding new sections that would require the Director of Personnel, in consultation with the appropriate departments or agencies, to prepare and maintain a position description for each position in the classified and partially exempt services that will describe the essential functions of the position and the actual skills and abilities required to perform the assigned task. A general requirement for physical abilities may not be imposed on a job classification unless each position within the class requires the use of physical ability.

Would require a state agency to offer an injured employee the employee's former position if the employee is able to perform the assigned tasks. If another employee has attained permanent status in that position, the agency is required, at the request of the injured employee, to offer the injured employee the position as soon as a vacancy occurs, or, immediately offer the injured employee a comparable position in the same agency.

If an employee can no longer perform all of the assigned tasks, the agency is required to rehire the employee after making a reasonable accommodation to the physical and mental limitations of the employee. Allows the agency to refuse to rehire if the accommodation imposes an undue hardship on the operation of the agency's program, or if, after reasonable efforts at accommodation, the employee cannot perform the essential functions in a manner that would not endanger the health and safety of the employee or to others to a greater extent than if a nonhandicapped person performed the job.

Outlines factors to be considered in determining undue hardship. If an agency is unable to rehire the employee, the employee may request preference for another position. The new section applies to all state employees who were injured on-the-job, and were laid off or terminated after the injury and have requested to return to work for the state. Does not provide effective date (takes effect 90 days after Governor signs bill).

Introduced March 25 and referred to Labor & Commerce, Finance.

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 226 (cont'd)

a misdemeanor and upon conviction is punishable by a fine of between \$50 and \$200, plus the cost of prosecution, and may be imprisoned until the fine and costs are paid or until the convicted person has served one day for every \$2 of the fine and costs, at which time the fine and costs are automatically discharged.

Does not provide for an effective date (becomes law 90 days after signed).

Introduced March 12 and referred to HESS and Judiciary.

Professional  
Licensing of  
Social Workers

SENATE BILL NO. 227, by Sen. Josephson. Would require licensing of social workers and establish a Board of Social Examiners to oversee licensing procedures.

Establishes three categories of social workers: licensed bachelor social worker (LBSW); licensed master social worker (LMSW); and licensed independent social worker (LISW).

To be eligible for licensure as a bachelor social worker, a person must hold a bachelor's degree in social work from a school with a social work program accredited by the Council on Social Work Education, must be in good professional standing and be fit to practice, must pass a state exam, and must provide three references.

To be eligible for licensure as a master social worker, a person must meet all of the above qualifications; the person must have a master's instead of a bachelor's degree.

A person is eligible for licensure as an independent social worker if the person meets the qualifications for a master social worker and has completed at least 24 months of supervised post-graduate experience in the person's field of specialty.

Limits the practice of psychotherapy to licensed independent social workers who have a clinical specialty or master social workers who are employed in a clinical setting.

"Grandfathers" persons currently working as social workers if they hold a bachelor's or a master's degree in social work and have been practicing under the title "social worker" for at least 24 months before July 1, 1987. A person with a degree from a school with an accredited program could be licensed as a social worker without examination, if the person applies before July 1, 1987.

The Board of Social Worker Examiners, set to expire on June 30, 1989 unless continued by the Legislature, would consist of five members, including three master social workers, one of whom is an independent social worker, one bachelor social worker, and one public member who is not licensed as a social worker and does not work for one.

Includes provisions for board meetings, terms of office, removal

INTRODUCTION OF BILLS (Senate)(cont'd)

SB 227 (cont'd)

of members, per diem and travel expenses, and powers and duties of the board.

Outlines the scope of practice for the three classifications of social worker.

Licenses would be valid for two years.

Sets fees as follows: Application fee--\$100; Initial license by application--\$150; License by credentials--\$100; License renewal--\$200; Reexamination--\$150.

Prohibits use of the title "social worker" or any of the titles listed in the bill (LBSW, LMSW, or LISW) unless a person is licensed.

Prohibits a licensed social worker from disclosing information provided by a client in the course of their professional contact. Does not apply in certain circumstances.

Lists disciplinary sanctions that may be imposed against a licensed social worker and the grounds for imposing them.

Violation of the new laws requiring social workers to be licensed would be a class B misdemeanor.

Effective July 1, 1985.

Introduced March 12 and referred to Labor & Commerce, HESS and Finance.

Appropriation SENATE BILL NO. 228, by Sen. Fahrenkamp. Would appropriate  
(special) \$6 million to the Dept. of Health & Social Services for  
(Fairbanks purchase or construction of adult and children's mental health  
mental Health facilities in Fairbanks. Does not lapse. Effective  
facilities) immediately.

Introduced March 13 and referred to HESS and Finance.

Longevity SENATE BILL NO. 229, by Senators Vic Fischer and Roday.  
Bonus Payments Amends eligibility requirements for the Alaska Longevity  
(absence from Bonus to require recipients to notify the Commissioner of  
state) Administration when they expect to be absent from the state for  
a continuous period that exceeds 60 days. Presently they are  
required to notify the Commissioner if they are gone for 30 days.  
They are not eligible to receive the bonus during that time, and  
must reapply upon returning to Alaska. Does not provide for an  
effective date (become 90 days after signed).

Introduced March 13 and referred to State Affairs, Judiciary and Finance.



**Employee Benefits Division**

4300 "B" Street, Suite 205  
Anchorage, Alaska 99503  
561-0011  
July 3, 1984

Employee Assistance Consultants of Alaska  
341 West Tudor  
Anchorage, Alaska 99503  
Attention: Pat Mackey

Dear Ms. Mackey:

The following information should give you guidelines to follow in referring clients for treatment covered under the Aetna Group Health Plan for ARCO and Alyeska Pipeline Service Company.

ARCO

Covers charges by a licensed or certified psychologist for services performed within the scope of his/her license or certification.

Covers the services of licensed social workers under the direct supervision of a medical doctor, psychiatrist or licensed or certified psychologist.

Since Alaska does not license their social workers, Aetna will cover charges for services of psychiatric social workers (MSW/ACSW) when:

The social worker is employed by a clinic, hospital, or psychiatrist (M.D.) and the services are billed for by the employer.

ALYESKA PIPELINE

Covers charges made by a psychologist

Through an administrative liberalization covers services of a MSW working in the office of a licensed psychologist or psychiatrist with periodic intervention (1 visit per month/every 4th visit) of a licensed provider.

No physician (M.D.) referral is needed if referred through the Employee Assistance program.

Page 2

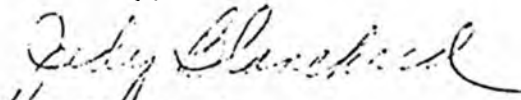
UNDER BOTH PLANS

Claims will be considered based on the diagnosis, nature of the service and whether the service is required for diagnosis or treatment of a mental/nervous disorder which is covered under the plan.

Benefits are payable at 50% of reasonable and customary fees for outpatient treatment subject to each plan's calendar year deductible. Alyeska has a \$2,000.00 calendar year maximum per person. ARCC has no calendar year maximum.

I hope this helps in your referral service for the employees of the respective companies. Should you have any further questions, please feel free to contact me.

Sincerely,



Judy Blanchard  
Quality Coordinator  
Employee Benefits Division - Claim Dept.  
Aetna Life and Casualty

jwl

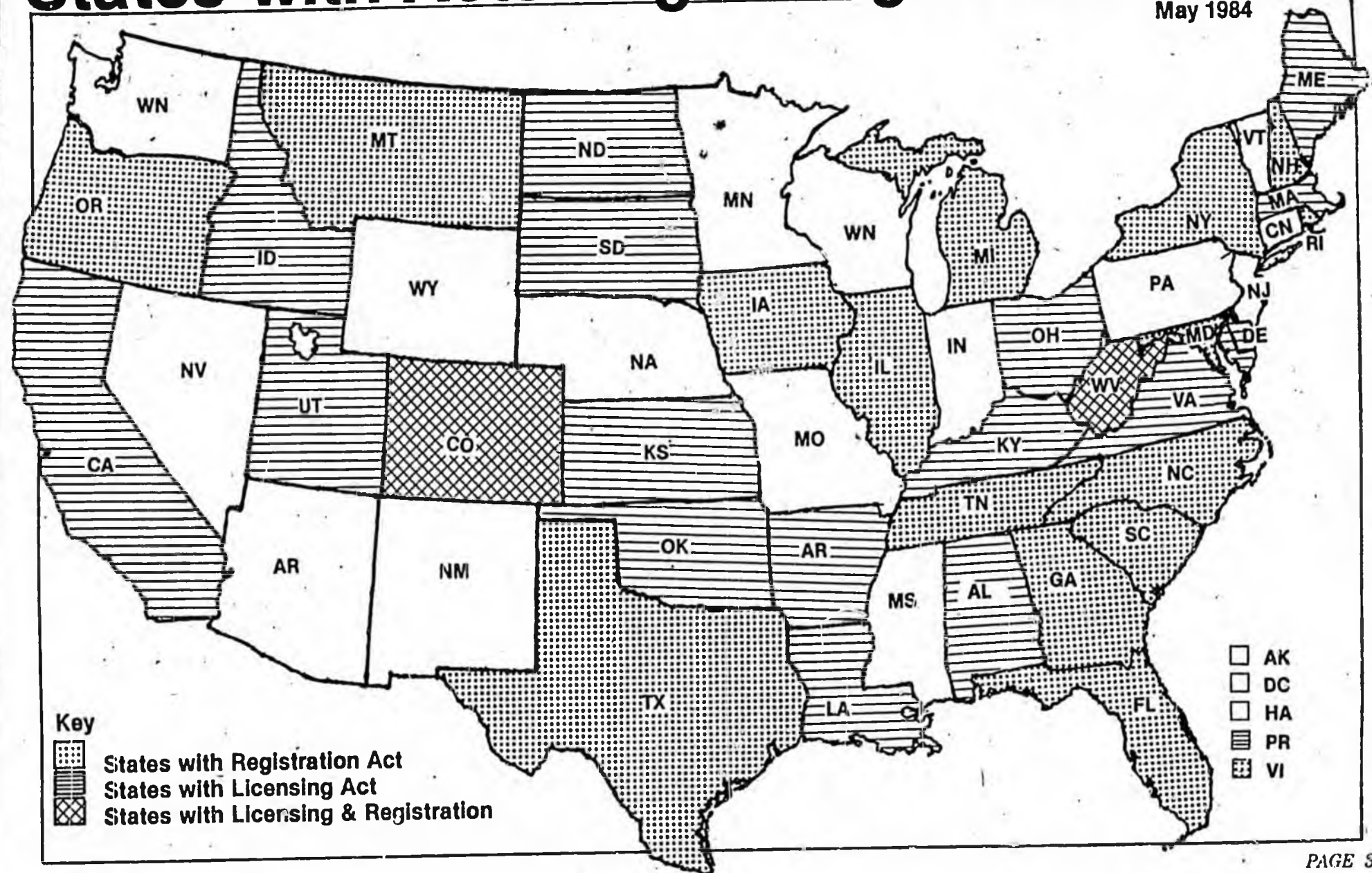
Protected titles include titles of "Social Worker" and "Graduate Social Worker." The highest level, "Certified Social

Worker" title that requires an advanced degree and two years of supervised post-

"Independent Social Worker," requiring 1

# States with Acts Regulating Social Work

May 1984



Atlanta  
Birmingham  
Boston  
Charlotte  
Chicago  
Cleveland  
Dallas  
Denver  
Detroit  
Hartford  
Honolulu  
Houston  
Los Angeles  
Miami  
Minneapolis  
New Orleans  
New York  
Philadelphia  
Phoenix  
Pittsburgh  
Portland  
Richmond  
St. Louis  
San Diego  
San Francisco  
Seattle  
Wilmington  
Calgary  
Edmonton  
Montreal  
Quebec  
Toronto  
Vancouver  
Winnipeg

# JOHNSON & HIGGINS

OF WASHINGTON, INC.

*Business Established New York 1845*

INSURANCE BROKERS-AVERAGE ADJUSTERS  
ACTUARIES-EMPLOYEE BENEFIT PLAN CONSULTANTS

*Jan 5  
9:30 am  
OK Cancel in  
ad. ch. r.*

Buenos Aires  
Adeleide  
Brisbane  
Hobart  
Melbourne  
Perth  
Sydney  
Belem Para  
Belo Horizonte  
Campinas  
Curtiba  
Porto Alegre  
Rio de Janeiro  
Salvador  
Sao Paulo  
Santiago  
Bogota  
Cali  
London  
Paris  
Tehran  
Milan  
Rome  
Padua  
Tokyo  
Auckland  
Christchurch  
Wellington  
Lima  
Hong Kong  
Singapore  
Taipei  
Caracas  
Maracaibo  
Puerto La Cruz

CABLE ADDRESS "KERODEN"

1215 FOURTH AVE., SEATTLE, WA. 98161  
TEL. (206) 292-1900

January 18, 1985

Trustees of Alaska Human  
Services Network

Dear Trustees:

Cost Containment  
Travelers Insurance Company

We have contacted The Travelers regarding benefit alternatives and cost containment measures that could be incorporated into the Alaska Human Services Network Plan. The following are the Cost Containment features offered by Travelers:

1. Incentive Second Surgical Opinion - When an insured individual has received a recommendation to have surgery, the reasonable charge for a second consultation with a Board Certified surgeon will be paid. The benefit includes the examination and necessary laboratory and x-ray procedures ordered by the consulting surgeon. Also, certain specified procedures will be paid at 100 percent if a Second Surgical Opinion is obtained.
2. Convalescent Facility Care - Charges made by a Convalescent Facility will be covered for 120 days of confinement for semi-private room and board plus medical services and supplies. The covered charge will not exceed 50 percent of the semi-private rate of the hospital from which the insured individual was discharged. Convalescent Care must be prescribed by a physician and must commence within 14 days following termination of a minimum three (3) day hospital confinement.

JAN 24 1985

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page two

3. Home Health Care - The following medically necessary services and supplies furnished to an insured individual by a Home Health Care agency in the insured's home will be covered:
  - a. Part-time or intermittent nursing care provided by or under the supervision of a registered graduate nurse (R.N.);
  - b. Part-time or intermittent home health aide services which consist primarily of caring for the patient; and
  - c. Physical therapy, occupational therapy, and speech therapy provided by the Home Health Care Agency.

A maximum of 40 visits in any calendar year will be covered. Home Health Care must be prescribed by a physician and must commence within 14 days following termination of a minimum three day hospital confinement.

4. Hospice Care - Benefits are paid for the following:
  - a. Room and Board charged by the Hospice.
  - b. Other services and supplies.
  - c. Part-time nursing care by or under the supervision of a registered graduate nurse (R.N.).
  - d. Home Health Care Services as described in number three (3) above without limiting the number of visits or requiring prior hospital confinement.
  - e. Counseling services by a licensed social worker or a licensed pastoral counselor for the patient and the patient's immediate family.
  - f. Bereavement counseling services by a licensed social worker or a licensed pastoral counselor for the patient's immediate family.
    - (1) The bereavement services must be furnished within 6 months after the patient's death.
    - (2) Payment will be limited to 50 percent of the charges for the services and not more than a total of 15 visits per family.

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page three

Services to the patient must be furnished in an inpatient hospice facility or in the patient's home. The physician must have certified:

- a. The patient is terminally ill.
- b. The patient's life expectancy is 6 months or less.

The term "patient's immediate family" is limited to the patient's wife or husband and dependent children who are covered under this benefit. Counseling services received in connection with a terminal illness as described in items e. and f. above will not be considered to have been received due to a mental or nervous disorder. The following charges will not be covered expenses:

- a. Services of a social worker other than a clinical social worker or those described under Hospice Care services;
  - b. Hospice care services by volunteers or individuals who do not regularly charge for their services; and
  - c. Hospice care services by a licensed pastoral counselor to a member of his or her congregation. These are the services in the course of duties to which he or she is called as a pastor or minister.
5. Outpatient Surgery at 100 percent - Surgical procedures done on an outpatient basis will be reimbursed at 100 percent. Surgical procedures done as a hospital inpatient would be reimbursed according to regular plan benefits.
  6. Ambulatory Surgical Center - When a surgical procedure is performed in an Ambulatory Surgical Center, payment will be made for services and supplies furnished by the center. Related charges are also payable within 72 hours after the surgery, and within 7 days prior to the surgery for diagnostic tests.
  7. One routine pap smear each calendar year as an allowable expense.
  8. Pre-admission Testing - The reasonable charge will be paid for pre-surgical laboratory tests performed on an insured individual prior to confinement provided:
    - a. The tests are related to scheduled surgery;
    - b. The tests have been ordered by a physician after the need for surgery has been confirmed; and

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page four

- c. The insured individual is subsequently admitted to the hospital unless confinement is cancelled or postponed because a hospital bed is unavailable or because there is a change in health conditions which precludes surgery.
9. Nonemergency use of emergency room (outpatient care in a hospital) - Specific limits could be incorporated into the plan which restrict the use of the outpatient emergency room facilities on a nonemergency basis such as during the day when the doctor's offices and clinics are normally open. These limits could include:
    - a. Reduced coinsurance payment such as 50 percent instead of 80 percent; and/or
    - b. Additional deductible amount applied to these expenses such as \$25 or \$50.

We have also been requested to obtain information from The Travelers to change the existing Dental and Vision benefits. Travelers proposes the following changes in the dental plan:

1. Alternative I:

- a. Elimination of the deductible for preventive services and increase the reimbursement rate for these expenses from 80 percent to 100 percent.
- b. \$50 deductible for general dentistry and prosthetics. The reimbursement rate for general dentistry being 80 percent and for prosthetic services being 50 percent. *or the?*
- c. The maximum benefit remaining at \$2,000 per calendar year.

2. Alternative II:

- a. \$150 deductible per insured on all services combined with the medical deductible. \$450 maximum deductible per family.
- b. Reimbursement of preventive services at 100 percent, general dentistry at 85 percent, and prosthetic services at 50 percent.
- c. \$2,000 calendar year maximum.

Trustees of Alaska Human  
Services Network  
January 18, 1985  
Page five

3. Alternative III:

- a. No deductible on preventive services, reimbursement at 100 percent.
- b. \$150 deductible per insured on general and prosthetic services with reimbursement on general services at 80 percent and on prosthetic services at 50 percent.
- c. \$2,000 calendar year maximum.

Travelers proposes the following increase in the Vision benefits:

- 1. Examination to \$ 55
- 2. Lenses (pair)
  - Single vision to \$ 45
  - Bifocal to \$ 75
  - Trifocal to \$ 90
  - Lenticular to \$135
- 3. Frames to \$ 35
- 4. Contact lenses
  - Medically necessary to \$270
  - All other contacts to \$ 80

Enclosed is Exhibit I outlining the cost impact of the cost containment provisions and Dental and Vision Plan revisions. Please review these cost containment and proposed plan revisions. We will be prepared to further discuss them at the upcoming meeting.

Sincerely,



Robert W. Lucas, CLU  
Vice President

RWL:bd  
enclosure

EXHIBIT I

Alaska Human Services Network

Cost Containment & Benefit Revisions Costs

<u>Cost Containment Benefit/Revision</u>	<u>Cost (monthly)</u>	
	<u>Employee</u>	<u>Dependent</u>
1. Incentive Second Surgical Opinion	No Charge	
2. Convalescent Care	+\$ .12	+\$ .11
3. Home Health Care	+ .04	+ .03
4. Hospice Care	+ .09	+ .09
5. Outpatient Surgery at 100%	No Charge	
6. Ambulatory Surgical Center	No Charge	
7. Routine Pap	+ .48	+ .76
8. Pre-admission Testing	No Charge	
9. Nonemergency use of emergency room	No Charge	
 <u>Dental Plan Revisions</u>		
Alternative I	+\$ 3.05	+\$ 6.01
Alternative II	+ .94	+ 1.59
Alternative III	+ 1.97	+ 4.43
 <u>Vision Plan Revision</u>	 +\$ 1.42	 +\$ 2.37

Prepared by  
Johnson & Higgins of Washington, Inc.  
January 1985

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\* DELIVER TO: JFOM \*  
\*  
\* ORIGINAL \*  
\* SENT: 03/29/85 TIME: 14:03 \*  
\* FROM: MICKI HENSON \*  
\* SUBJECT: POM \*  
\* PRIN. DATE: 03/29/85 TIME: 14:04 \*  
\*  
\*\*\*\*\*

12

TO: SENATE H.E.S.S COMMITTEE

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

RE: HB 337 , SB 227- LICENSING OF SOCIAL WORKERS

I AM IN SUPPORT OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS  
LICENSING BILL TO FULLY INSURE STANDARDS AND QUALITY OF SERVICE  
TO EACH INDIVIDUAL

PLEASE NOTE THIS WAS SENT PREVIOUSLY WITH NO SENDER LISTED.

TO: SENATE H.E.S.S COMMITTEE

SENATORS FAHRENKAMP, STURGULEWSKI, P. FISCHER, DEVRIES,  
JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE

REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS, HANLEY

FROM: DONNA STONE  
PO BOX 110795  
ANCHORAGE, AK. 99511 PHONE: 562-4792

RE: HB 337 , SB 227- LICENSING OF SOCIAL WORKERS

I AM IN SUPPORT OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS  
LICENSING BILL TO FULLY INSURE STANDARDS AND QUALITY OF SERVICE  
TO EACH INDIVIDUAL

\*  
\* DELIVER TO: LIUJ  
\*  
\* ORIGINAL  
\* SENT 03/28/85 TIME: 14:34  
\* FROM: VERNITA VESTAL  
\* SUBJECT: POM  
\* PRINT DATE: 03/28/85 TIME: 14:35  
\*  
\*\*\*\*\*8\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE COMMITTEE:  
REPRESENTATIVES NAVARRE, DAVIS, BOUCHER,  
KOPONEN, PEARCE, COLLINS, AND HANLEY

FROM: EILEEN LALLY  
200 W 34TH, #427  
ANCHORAGE, ALASKA 99503 (H) 274-1233

RE: HB 317-LICENSING SOCIAL WORKERS

I SUPPORT THAT BILL AS A SOCIAL WORKER AND I AM ASKING PLEASE GET  
IT OUT OF HOUSE LABOR AND COMMERCE COMMITTEE AND TO A FULL HOUSE  
HEARING THIS SESSION.

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\* DELIVER TO: JFOM  
\*  
\* ORIGINAL  
\* SENT: 04/05/85 TIME: 10:31  
\* FROM: HARRY HANDREGAN  
\* SUBJECT: POM  
\* PRINT DATE: 04/05/85 TIME: 10:31 13  
\*

\*\*\*\*\*

TO: SENATE HESS COMMITTEE, SENATORS FAHRENKAMP, STURGULEWSKI, PAUL FISCHER, DEVRIES AND JOSEPHSON  
HOUSE LABOR AND COMMERCE COMMITTEE, REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS AND HARLEY

FROM: KEN TAYLOR  
7330 CHRISTOPHER CIRCLE  
ANCHORAGE, ALASKA 99507  
HOME NO.: 344-9271  
WORK NO.: 561-1633

RE: SB 227 - LICENSING SOCIAL WORKERS AND HB 317 - LICENSING SOCIAL WORKERS

I WOULD LIKE TO STATE MY SUPPORT THE SOCIAL WORK LICENSE BILL. PROFESSIONALS WHO HAVE DIRECT IMPACT ON THE LIVES OF OTHERS SHOULD BE GOVERNED AND SHOULD BE ACCOUNTABLE TO SOME LICENSED BOARD. LICENSING IS IMPERATIVE IN ANY PROFESSIONAL PRACTICE.

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\*  
\* DELIVER TO: JPOM \*  
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\* ORIGINAL \*  
\* SENT: 04/04/85 TIME: 14:50 \*  
\* FROM: LANA TRUJILLO \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/04/85 TIME: 14:50 \*  
\*  
\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE

REP. NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE, COLLINS,  
HANLEY

FROM: ELEANOR PATELLA, 3401 TURNAGAIN, #6, ANCHORAGE, 99503,  
248-7475(HM), 786-1766(WK)

RE: HB 317, SOCIAL WORK LICENSING

I URGE YOUR SUPPORT FOR SOCIAL WORK LICENSING. LICENSING WILL  
ESTABLISH A PROCESS FOR MONITORING ETHICAL PRACTICE AND ENSURING  
MINIMAL TRAINING FOR SOCIAL WORK JOBS.

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DELIVER TO: JPOM

\* ORIGINAL

\* SENT: 04/05/85 TIME: 08:51

\* FROM: VERNITA VESTAL

\* SUBJECT: POM

\* PRINT DATE: 04/05/85 TIME: 08:51

\*

13

\*\*\*\*\*

TO: HOUSE LABOR AND COMMERCE COMMITTEE  
REP. NAVARRE, DAVIS, BOUCHER,  
KOPONEN, PEARCE, COLLINS, HANLEY

SENATE HESS COMMITTEE  
SEN. FAHRENKAMP, STURGULEWSKI, P. FISCHER,  
DEVRIES, JOSEPHSON,

FROM: BARBARA VARRAHER  
7231 KISKA CIRCLE  
ANCHORAGE, ALASKA 99504 (H) 338-1167

RE: HB 317-SB 227 - SOCIAL WORK LICENSING

PLEASE HEAR AND SUPPORT HB 317 AND SB 227 TO INSTITUTE SOCIAL  
WORK LICENSING. ASSURING QUALITY OF CARE TO SOCIAL WORK CLIENTS.

\*\*\*\*\*  
 \*  
 \* DELIVER TO: JPOH \*  
 \*  
 \* ORIGINAL \*  
 \* SENT: 04/04/85 TIME: 13:41 \*  
 \* FROM: JEAN MILLER \*  
 \* SUBJECT: POH \*  
 \* PRINT DATE: 04/04/85 TIME: 13:41 \*  
 \*  
 \*\*\*\*\*

13

HEALTH AND SOCIAL SERVICES COMMITTEE - SENATORS FAHRENKAMP,  
 STURGULEWSKI, DE VRIES, FISCHER, AND JOSEPHSON

HOUSE LABOR AND COMMERCE COMMITTEE, REP NAVARRE, DAVIS, BOUCHER,  
 COLLINS, HANLEY, KOPONEN, AND FEARCE

CAROL NISSEN  
 12900 GAIL ST,  
 ANCHORAGE 99515 H) 345-0150

SUBJECT: SB 227 AND HB 317, SOCIAL WORK LICENSING

IT IS IMPERATIVE THAT LICENSING OF SOCIAL WORKERS OCCUR TO ASSURE  
 THE CONSUMER AS WELL AS THE PROFESSION THAT MINIMUM STANDARDS OF  
 TRAINING HAVE BEEN MET. MASTERS IN OTHER FIELDS DO NOT HAVE THE  
 SAME COURSE WORK AND ONLY REQUIRE 37 HOURS AS OPPOSED TO 64 HOURS  
 REQUIRED BY SOCIAL WORK.

PRIMARY DISTRIBUTION	DATE/TIME SENT
JPOH	04/04/85 13:41
LIOA	04/04/85 13:41

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\*  
\* DELIVER TO: JFOM \*  
\* \*  
\* ORIGINAL \*  
\* SENT: 04/04/85 TIME: 15:24 \*  
\* FROM: LIOA \*  
\* SUBJECT: POM \*  
\* PRINT DATE: 04/04/85 TIME: 15:25 \*  
\* \*  
\*\*\*\*\*

13

TO: SENATE HESS COMMITTEE  
SENATORS FAHRENKAMP, STURGU'LEWSKI, P. FISCHER, DEVRIES AND  
JOSEPHSON

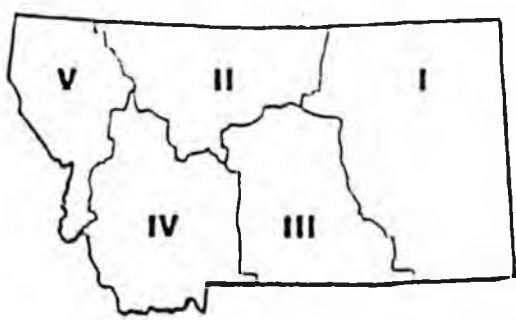
HOUSE LABOR AND COMMERCE COMMITTEE  
REPRESENTATIVES NAVARRE, DAVIS, BOUCHER, KOPONEN, PEARCE,  
COLLINS AND HANLEY

FROM: PATRICIA MANGIARDI  
14800 LOCKLOMAN LANE  
ANCHORAGE, AK. 99516 PHONE: 345-0158

RE: HB 317 AND SB 277-SOCIAL WORK LICENSING

I ENCOURAGE THE PASSAGE OF HB 317 AND SB 277 FOR LICENSURE OF  
SOCIAL WORKERS.

*Novane*



## Montana Council of Regional Mental Health Boards, Inc.

---

2/21/86

Nancy Pease  
House Research Agency  
P.O. Box Y  
Juneau, Alaska 99811-3100

Dear Nancy:

In 1983 the Montana legislature passed a law requiring group insurance benefits for mental health treatment. The enclosed materials were presented to the legislative committees and used as justification for passage of the law mandating insurance benefits for the treatment of mental illness.

Testimony also indicated that too often people were being inappropriately hospitalized for psychological services since health insurance plans pay for hospital benefits but not for outpatient mental health treatment. Obviously the incentive was to place people in an expensive hospital because the costs were paid by the health insurance company. Less expensive outpatient services were not a paid benefit so a client's doctor would order hospitalization.

After our phone conversation, I checked the trend in inpatient hospital admissions as reported to our mental health authority, the Department of Institutions. The information was gathered from reports by the Community Mental Health Centers. In fiscal year (FY) 83 there were 6358 mental health inpatient hospitalization units reported. In FY 84 there were 5999 inpatient units. In FY 85 there were 5518 inpatient units. As reported by the Community Mental Health Centers the downward trend in inpatient hospitalization since the passage of the law in 1983 is clear.

**REGION I**  
EASTERN MONTANA COMMUNITY  
MENTAL HEALTH CENTER  
101 Main Street  
Helena, Montana 59701  
(406) 234-1111

**REGION II**  
GOLDEN TRIANGLE COMMUNITY  
MENTAL HEALTH CENTER  
Holiday Village Shopping Center  
P.O. Box 3046  
Great Falls, Montana 59403  
(761) 2100

**REGION III**  
MENTAL HEALTH CENTER II  
1245 North 29th Street  
Billings, Montana 59101  
(252) 5658


**REGION IV**  
MENTAL HEALTH  
SERVICES, INC.  
512 Logan  
Helena, Montana 59701  
(406) 3310

**REGION V**  
WESTERN MONTANA COMMUNITY  
MENTAL HEALTH CENTER  
Fort Missoula 112  
Missoula, Montana 59801  
(728) 6820

As you might guess the health insurance industry is philosophically opposed to any mandated benefits. However, in private conversations with insurance providers they have indicated that mental health benefits are a low cost item. They also were paying for it anyway through increased utilization of hospitalization and other physical illness benefits. In fact, I am not aware of any insurance company that raised their premiums any significant amount. Most insurance providers did not even adjust their premium rate after the passage of the law.

I hope this information is of use to you and the members of the House committee. If I can be of further assistance please feel free to call on me.

Best regards,

A handwritten signature in cursive script, appearing to read "Steve".

Steve Waldron  
Executive Director

FACT SHEET:  
EQUAL INSURANCE  
COVERAGE FOR MENTAL ILLNESS

Currently, ten states regulate insurance coverage for treatment of mental and emotional problems by guaranteeing that benefits for mental illness are equal to benefits for physical illness. Most health insurance policies provide inadequate coverage for mental illness by limiting inpatient services and by providing no more than minimal outpatient services. Few, if any policies, cover partial hospitalization. Inadequate or untimely treatment of mental disorders is very costly in terms of the well-being of the individual, stability of the family and productivity in the work place. It may also result in costly and unnecessary hospitalization.

FACT: Over 50% of the patients who go to physicians have symptoms due wholly or in part to mental or emotional factors.

FACT: Some patients are forced to seek costly hospitalization because outpatient or partial hospitalization services are often not covered by their insurance.

FACT: Most current insurance plans provide incentives for inpatient care by paying only for inpatient care rather than for outpatient or partial hospitalization care.

FACT: Partial hospitalization is more effective than inpatient care in effecting client social adjustment and reducing family stress, and is comparable to inpatient care in preventing relapses.

FACT: The cost of partial hospitalization is usually one half, to one third the cost of inpatient care.

Equal insurance coverage for mental illness will decrease medical utilization and result in a cost-offset which should save consumers money.

FACT: Jones and Vischi reviewed 13 studies and found that decreased medical surgical utilization occurred in 12 of 13 <sup>STUDIES</sup> patients when mental health care was insured. Reduction in utilization ranged from 5% to 85% with a median reduction of 20%.

FACT: Blue Cross of Western Pennsylvania instituted psychiatric benefits and found a significant reduction in medical utilization - the monthly cost per patient was reduced 50%.

FACT: The University of Washington Health Services Center found a 41% reduction in the use of outpatient medical services by individuals receiving mental health services.

FACT: The Group Health Association of Washington D.C. found that patients with mental health coverage reduced their medical-surgical utilization by 30.7%.

Equality of insurance coverage for mental illness has significant benefits for business and industry.

FACT: Equitable Life initiated an emotional health program for employees and increased productivity by \$3.00 for every \$1.00 spent.

FACT: Kimberly-Clark began an Employee Assistance Program and realized a 70% reduction in accidents.

FACT: Kennecott Copper started an Employee Assistance Program and found a 6 to 1 benefit to cost ratio; a 52% improvement in attendance; a 74.6% decrease in weekly indemnity costs; and a 52.4% decrease in medical costs.

Currently most insurance policies have higher co-payments, more restrictions and lower limits for mental health care than are placed on physical illness. As a result, the mentally ill, and in some cases, the taxpayer, must bear a far greater burden for the cost of mental illness than for physical illness. Equality of insurance coverage for mental illness will ensure that the private sector shares in the cost of providing mental health, thus freeing limited state dollars to fund services for the chronically mentally ill.

FACT: Nationwide, public funding sources provide 51% of the funds for mental health care, compared with 42% of the funds for general health care.

FACT: Insurance coverage accounts for only 15% of the total expenditures for mental health care compared with 25% of the expenditures for general health care.

FACT: In 1980, fee collections in mental health centers in New Hampshire increased 100% since insurance coverage for mental health care was mandated in 1977.

Equal insurance coverage for mental and nervous conditions prevents unnecessary and costly hospitalization, benefits employers, reduces medical costs by reducing utilization and saves tax dollars.

EQUAL INSURANCE COVERAGE  
FOR  
MENTAL ILLNESS

The Surgeon General has called mental illness the number one health problem in America. Mental illness now costs America at least \$40.3 billion per year and accounts for more days of hospital care than any other illness (Corrigan and Koyanagi, 1982 and the National Council of Community Mental Health Centers, 1982).

The National Council of Community Mental Health Centers (1982), has stated that:

approximately 15% of the population need some type of mental health services

approximately 25% of the population suffers from mild to moderate depression, anxiety, and other indicators of emotional disorders

approximately 10 million Americans have alcohol-related problems

approximately one half of all diseases have stress-related origins

Today, community-based care has replaced hospitalization as the primary treatment for mental illness. Almost three-quarters of the treatment for mentally ill people is provided on an outpatient basis or through partial hospitalization.

Nationwide, public funding sources provide 51% of the funds for mental health services, compared to only 42% of the funds for general health care. Insurance coverage accounts for only 15% of the total expenditure for mental illness, compared with 25% of expenditures for general health (Corrigan & Koyanagi, 1982).

At this time, approximately 63% of the civilian population has hospital coverage for mental illness; 54% have in-hospital provider coverage but only 37% have any outpatient coverage. Furthermore, this outpatient coverage is severely limited by higher co-payment requirements, more restrictions and lower limits than are placed on physical illness (Corrigan and Koyanagi, 1982).

Most health insurance policies provide inadequate coverage for mental illness. These policies limit mental health inpatient services to some extent, most have no more than minimal outpatient services, and few, if any, cover partial hospitalization (Corrigan and Koyanagi, 1982).

The effect of this inadequate coverage is two-fold. First, it acts as a powerful disincentive to seek treatment in less costly and often more effective, outpatient and partial hospitalization settings. Most policies cover only inpatient hospitalization which is more costly and more restrictive than is sometimes necessary. Second, the inadequate coverage destroys the basic principle of insurance: risk sharing. Higher co-payments and limits on benefits result in the mentally ill, and in some cases, the taxpayers, bearing a far greater burden of the costs of treatment for mental illness than for other illnesses (Corrigan and Koyanagi, 1982).

Recognizing the importance of adequate coverage for mental and emotional problems, ten state legislatures have passed laws that ensure equal benefits for the treatment of mental illness. These state legislatures have also recognized that legislation which guarantees equal coverage results in many other benefits.

For example, responsible legislation that guarantees coverage for mental health services will cut down on unnecessary, and costly hospitalization. Many patients are forced to seek hospitalization because outpatient or partial hospitalization services are not paid for covered by their insurance. When mental health benefits are available, medical utilization is often reduced.

Blue Cross of Western Pennsylvania instituted psychiatric benefits and found a significant reduction in the use of medical-surgical services. In fact, the monthly cost per patient was reduced by 50%. The University of Washington Health Services Center reports that individuals receiving mental health services have reduced their use of outpatient medical services by 41% and the Group Health Association of Washington, D.C. reports that patients with mental health coverage have reduced their medical-surgical utilization rate by 30.7% (National Council of Community Mental Health Centers, 1982).

Jones and Vischl reviewed 13 studies and found decreased utilization of medical services occurred in 12 of the 13. Reductions ranged from 5% to 85% with a median reduction of 20%. Furthermore, Jones and Vischl hypothesized that the reduction in medical care utilization would continue to be reduced as the time after psychotherapy increased.

Jones and Vischl found only one study in which medical utilization was not reduced. This study involved a neighborhood health clinic in a medically underserved Mexican-American community. The natural expectation in such a situation is that utilization of all services would increase in response to previously unmet needs (Jones and Vischl, 1979).

The Kaiser Permanente study found a 62% reduction in outpatient medical visits and a 68% reduction in hospital days by the fifth year after psychotherapy. In a West German study, an 85% reduction in average hospital days per year occurred for a five year period after mental health treatment. The West German study concluded that the large decline in hospital utilization was caused by the psychotherapy provided because as many as 80% of the neurotic, psychosomatic and other symptoms reported had been of at least two years duration (Jones and Vischl, 1979).

The strong interrelationship between physical and mental illness is becoming increasingly apparent. There are many studies on the subject, "but the common belief among physicians is that well over half of the patients who come to them have symptoms that are due wholly or in part to mental or emotional factors" (Reibel and McMillen, 1977). Northern California Kaiser Permanente found "68% of its doctor visits are for complaints for which no organic basis can be found" (Personnel Journal, 1981).

Mental health care has not only reduced medical utilization and costs, it has had significant benefits for business and industry. Kennecott Copper instituted an Employee Assistance Program which resulted in a six to one benefit to cost ratio. Kennecott Copper experienced a 52% improvement in attendance, a 74.6% decrease in weekly indemnity costs and a 55.4% decrease in medical surgical costs. The Equitable Life Assurance Society initiated an employee emotional health program and increased productivity by \$3.00 for every \$1.00 spent on the program. The Kimberly-Clark Corporation began an Employee Assistance Program, and reduced on-the-job accidents by 70% in one year (Corrigan and Koyanagi, 1982).

Bertram S. Brown reports that 80-90% of all industrial accidents are related to personal problems; 15-30% of the work force are seriously handicapped by emotional problems; and 65-80% of people fired by industry are terminated because of personal problems (Brown, 1973).

Barrie, found support for Brown's report when he conducted a three year study of absenteeism at Warton Steel Company. Barrie's study demonstrated that psychiatric illness was the principal reason for the absence of 61% of those examined (Barrie, 1980).

Since 1975, there has been a significant growth in employee wellness programs among major industrial employers. However, among smaller companies, little evidence of investment in wellness programs has been shown (Goldbeck and Kelfhaber, 1981).

Insurance companies may oppose guaranteed equal insurance coverage for mental and nervous conditions on the premise that insurers will have to charge high premiums; however, this is not necessarily the case. Two insurance carriers who underwrite health benefits, Crown Life and Massachusetts Mutual, incorporated a pre-paid mental health plan into their total benefits package at no additional cost to the policy holders.

One carrier included the plan in a multi-employer trust. During the first year, (1975) their paid loss ratio dropped from 92% to 67%. Despite inflation in health care costs, there was no rate charge under this policy until the fourth year after the charge. It is interesting that the rate increase, which took effect in late 1978, followed a period in which publicity, employee meetings and distribution of educational materials on the mental health plan were discontinued. Experience with other groups also shows that an ongoing educational effort is essential to the success of this plan (PERSONNEL JOURNAL, 1981).

The experience of many major insurance plans suggests that:

only a small proportion of the insured population uses outpatient mental health benefits;

the number of visits is generally low, particularly when controlled by a combination of co-payments, deductibles or visit limits;

expenditures for mental health services are not a disproportionate part of health benefit packages (Corrigan and Koyanagi, 1982).

Van Korff and Kramer (1979), examined utilization data from 12 large insurance plans that provided coverage for outpatient mental health services. In the group that had the highest percentage of claims for outpatient treatment, only 2.2% of the people made claims. The highest average number of visits was 18.8, in a plan that had no upper limit on the number of outpatient sessions. The weighted average for all 12 plans was 9.5 visits per 100 covered members. With this rate of utilization, and using a cost of \$45 per visit, each covered member would pay \$4.26 per year, or 8 cents per week to cover the full cost of treatment. With 80% co-insurance, each covered member would pay \$3.41 per year or 6.5 cents per week (Van Korff and Kramer, 1979).

Several studies of the Federal Employees Health Benefits Program (FEHBP) high option plan have been conducted. The plan covers 365 days of inpatient mental health care and reimburses 80% of the costs of outpatient treatment after a \$100 deductible.

During the period from 1966 to 1973, when all medical costs were increasing rapidly, Blue Cross/Blue Shield experienced an annual increase of 25% in the cost of claims for treating mental disorders under the FEHBP high option. Because the FEHBP in Washington, D.C. combines comprehensive benefits, a population with abundant providers and an insured population that is willing to use mental health services, some of its experience probably describes the upper limit of mental health utilization (Corrigan and Koyanagi, 1982).

For example, Towery, Sharfstein and Goldberg (1980) examined the FEHBP for the six month period from January to June, 1977 and found that:

two percent of the population used supplemental benefits for outpatient mental health services;

those who used outpatient services made an average of 32.7 visits during the year;

fifty percent of people using outpatient services had visits or less; 63 percent had 30 visits or less and only 1 percent had more than 100 visits.

for 506,451 outpatient contacts, the cost was about \$26.50 per insured person and the average cost for an outpatient visit was \$39.72 (Towery, Sharfstein and Goldberg, 1980).

An earlier study of FEHP showed that mental health care was a small part of total health care costs. In 1974 there were only 5 inpatient admissions for mental disorders per 1000 covered people and the cost of inpatient care for mental illness was \$75 per day compared with \$108 per day. While the average length of stay for people with mental disorders was 17 days, compared with 7.3 days for all other disorders, the cost of inpatient mental health care was only \$6.50 annually per person covered under the FEHP Blue Cross/Blue Shield plan (Corrigan and Koyanagi, 1982).

In "For Ayes Only," Corrigan and Koyanagi (1982) state:

The potential for cost savings by averting inpatient psychiatric care was the major impetus behind the "Effective Care '81" program initiated by Blue Cross and Blue Shield of Minnesota. In 1980, inpatient psychiatric charges averaged \$2,800, while the outpatient average was \$90 - a 30 to 1 differential. For all claims related to mental and emotional disorders, 75% were for inpatient treatment. The Effective Care '81 program was designed to reduce total inpatient days 10% by diverting appropriate cases to outpatient treatment. James O. Regnier, President of Blue Cross and Blue Shield of Minnesota, noted that 'besides the quality and cost considerations, outpatient care often is much less disruptive to the person's family, job and normal routine' (Corrigan and Koyanagi, 1982).

Partial hospitalization is also less expensive and often more effective alternative to inpatient psychiatric hospitalization. The cost of a day of partial hospitalization is usually one half to one third the cost of a day of inpatient care.

Greene and De La Cruz (1981), compared partial hospitalization with inpatient treatment in a review of eleven research studies. They concluded that, overall, partial hospitalization is unequivocally more cost-efficient than inpatient treatment and that partial hospitalization, or day treatment, is superior to inpatient treatment in effecting client social adjustment. The two treatment modes are comparable in alleviating psychopathological symptoms and day treatment is at least comparable to inpatient care in preventing subsequent relapses. Furthermore, day treatment reduces family stress as compared to inpatient care (Greene and De La Cruz, 1981).

If projected savings based on cost offsets and different treatment modes are so significant, legislators may ask why insurers and employers need to be required to provide mental health coverage equal to coverage for physical health. A major obstacle remains - - insurance companies do not routinely collect and analyze their data in a way that allows them to assess cost offsets. The studies which have been cited have been specifically designed to examine the impact of mental health benefits.

It has been demonstrated that equal insurance coverage for mental and nervous conditions should result in reduced medical utilization and lower overall health costs. In addition employers should benefit by having a healthier, happier work force that will have fewer accidents, better attendance and will produce more.

Mentally ill people will benefit from such legislation because they will be able to choose appropriate treatment that may be delivered in time to prevent problems from becoming so severe that hospitalization is necessary. Montana taxpayers should also benefit from mental health coverage that is equal to physical health coverage. The private sector will be required to share the costs of providing mental health care, freeing limited state dollars to fund services for the chronically mentally ill.

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ALASKA STATE LEGISLATURE  
HOUSE OF REPRESENTATIVES  
RESEARCH AGENCY

Pouch Y, State Capitol  
Juneau, Alaska 99811  
(907) 465-3991

February 24, 1986

MEMORANDUM

TO: Representative Mike Davis

ATTN: Mariiyn Heiman

FROM: Nancy Pease *Nancy Pease*  
Legislative Analyst

RE: Mental Health Insurance for State Employees  
Research Request 86-111

At your request, we have attempted to assess the cost of mandated mental health insurance for state employees in other states.

We have surveyed nine of the fourteen states which currently provide mandated mental health coverage for their employees.<sup>1</sup> In general, spokespersons for the states were unable to estimate the cost of premiums for employee mental health coverage. In some instances, mental health was added simultaneously with other changes to the states' health care policies, so the rise in premiums attributable to mental health could not be determined. In other instances, existing mental health coverage was simply modified to meet state mandates for minimum coverage, and there was no change in health insurance premiums. Finally, a number of states instituted mental health coverage more than ten years ago, and the personnel benefits offices are unable to provide statistics on changes in premiums from that time.

While the states surveyed provided scant information on mental health premiums, they were generally able to provide information on mental health care claims and to comment upon the adequacy of coverage. The amount of mental health claims may not be strictly comparable among states; some states allow a major medical plan to cover mental patients' costs after the mental health benefits are exhausted.

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<sup>1</sup>Nine states responded: Massachusetts (mental health insurance mandated in 1973); Colorado (1975); Minnesota (1975); North Dakota (1975); Wisconsin (1975); Ohio (1982); Maine (1983); Montana (1983); and Oregon (1983).

Several states have adjusted the limits of coverage in recent years by: reimbursing only for treatment by licensed M.D.s; limiting coverage for alcohol abuse; or applying an annual or lifetime limit on benefits. At least one state, North Dakota, has recently expanded mental health benefits.

#### Costs of Mental Health Insurance in Other States

Massachusetts. Massachusetts was also unable to distinguish the cost of mental health premiums from general health premiums. The state pays 90 percent of the employee health premium and 80 percent of employee claims.<sup>2</sup> Spokespersons with Massachusetts's group insurance commission had no statistics on the amount of mental health claims or the adequacy of the \$1,500 per year limit on claims.

Colorado. The State of Colorado pays all health insurance premiums for its employees and was unable to distinguish the cost of mental health premiums from general health premiums. Colorado's health policy covers 50 percent of its employees' mental health care costs.

Mental health claim payments accounted for 7 percent of all health claims paid by the State of Colorado from August 1984 to July 1985--an average of \$172 per state employee.<sup>3</sup> Mental health claims were paid for the following types of care:

In-patient care	\$ 806,230
Out-patient hospital care	17,769
<u>Other out-patient care</u>	<u>762,492</u>
Total mental health care benefits paid by state (Colorado)	\$ 1,586,491 FY 1984

According to Ruth Stambaugh of Colorado's Health Insurance Group, there were few claims for mental health coverage beyond the 45 days per year inpatient or the \$2,000 per year outpatient benefit.

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<sup>2</sup> Massachusetts employee can opt to purchase additional coverage, resulting in up to 96 percent reimbursement of health claims.

<sup>3</sup> Mental health benefits were available to 10,781 state employees, in addition to dependents and retirees not covered through medicare.

Minnesota. In Minnesota, the state pays 100 percent of employee health care premiums and at least 90 percent of family coverage premiums.

In Fiscal Year 1985, the State of Minnesota paid 52 percent of its employees' mental health care claims--an average of \$110 per employee. At a cost of \$5.3 million, the state's mental health care payments accounted for seven percent of the state's total health care costs.

Minnesota has recently reduced its outpatient benefit to 80 percent of the first \$750 in outpatient care per year. According to Cornell Anderson, Minnesota's Employee Benefits Manager, the previous outpatient benefit of was too costly to the state.<sup>4</sup> Employees have filed numerous claims in excess of the current outpatient benefit, which is the state's minimum benefit; legislation has been introduced to raise this outpatient minimum.

North Dakota. North Dakota pays its employees' health premiums in full. A spokesperson for the public retirement system stated that mental health coverage was expanded as of July 1, 1985. Previously, outpatient benefits were limited to \$1,000 per year for care provided by a physician; outpatient benefits now provide for 60 percent copayment of the second \$1,000 of claims and will reimburse for care provided by any licensed counselor. The costs to the state of the expanded coverage are not yet available.

Wisconsin. In Wisconsin, mental health coverage has been provided under the state's comprehensive health policy for over 10 years. Personnel in the benefits office were unable to prorate what portion of the premium covers mental health care. The state pays 100 percent of its employees' health premiums.<sup>5</sup>

Wisconsin offers employees their choice of ten health maintenance options through different health providers and has no state files on the total of mental health claims for state employees. Mental health

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<sup>4</sup>Minnesota's previous outpatient mental health benefits provided for major medical coverage beyond the first \$750 of claims. Under major medical coverage, 80 percent of a mental health patient's care was paid by the state until the patient had paid \$1,000 out of pocket; whereupon, the state paid 100 percent of additional care costs.

<sup>5</sup>Wisconsin state employees' health premiums, which include mental health coverage, average \$65 to \$75 for single employees and \$170 to \$185 for employees and their families).

Representative Davis  
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covers 30 days or \$6,300 of inpatient care and 20 visits or \$900 of outpatient care per year. Major medical coverage takes over after these limits are reached.

Ohio. The State of Ohio has long carried mental health insurance for its employees; thus, the state's health premiums did not increase with the passage of Ohio's law (effective in 1982) that all employers carry mental health insurance. The state pays 73 percent of health insurance premiums, which amounts to approximately \$200 per month for a family of four.

Ohio's policy pays for 80 percent of outpatient costs and full costs for short-term, acute inpatient coverage of up to 31 days. Only the care of an M.D. is reimbursable and claims are limited to \$15,000 per person per year. These limits are stricter than limits Ohio has had in the past; until 1973, Ohio would reimburse mental treatment provided by any licensed counselor and did not have a lifetime benefit limit. In 1979, Ohio decreased mental health and substance abuse coverage. Currently, state employees are reimbursed for 50 percent of usual co-insurer/reasonable fee charges, up to a maximum of \$500.

Maine. Maine has estimated that the cost of its newly enacted mental health and substance abuse coverage will increase the state's health insurance costs by 6 percent. The new mental health coverage will pay for claims for usual customers and reasonable fees for up to 60 days per year of inpatient care and 40 outpatient visits per year. Maine previously provided 50 percent copayment for mental health care under its major medical carrier. The new coverage took effect on May 1, 1985; annual costs to the state are not yet known.

Montana. According to Steve Waldron of the Montana State Mental Health Association, Montana did not experience an increase in premiums when mental health insurance was added to general health insurance in 1983. Mr. Waldron attributed the lack of increase to limits placed on coverage for alcohol abuse.

Blue Shield of Montana has not yet provided us information on the rate and cost of mental health claims. Concerning the terms of the coverage, Montana's policy currently reimburses most mental treatment prescribed by physicians, including prescriptions for treatment from unlicensed counselors. According to Mr. Waldron, a physician's prescription may encourage a patient to purchase mental treatment less discriminately than if the physician merely provides a referral. Thus, the practice of paying for most prescribed treatment may result in greater mental health claims.

Representative Davis  
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Page 5

I have attached a copy of a report received from Mr. Waldron entitled "Equal Insurance Coverage for Mental Illness", as well as a fact sheet concerning the same topic. According to Steve Waldron of the Montana State Mental Health Association, this report references 11 studies to document that the cost of mental health coverage is slight and that mental health care diminishes claims for physical health care. forward a copy of the report upon receipt.<sup>6</sup>

Oregon. When Oregon enacted a mandatory minimum for mental health coverage in 1983, the state simply revised the terms of the mental health policy which it had carried since 1973. There was no increase in the premiums.

In Fiscal Year 1984, Oregon employees received an average of \$27 per employee in inpatient mental health claims.<sup>7</sup> Outpatient mental care is limited to \$2,000 in a 24-month period.

\* \* \*

I hope this information is useful. Please let us know if you have further questions.

NP

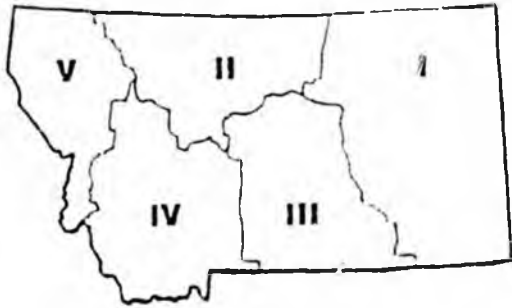
Attachment

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<sup>6</sup>The Montana Mental Health Association or the editor of the report may be contacted directly at the following numbers:

Montana State Mental Health Association (406) 442-7808  
Mr. Steve Waldron  
Mr. Harold Gerke (406) 245-5397  
Chairman, Montana Council of Regional Mental Health Boards  
1201 Clark Street  
Billings, Montana 59102

<sup>7</sup>This average is calculated on information from the Oregon State Benefit Board which handles insurance for approximately one half of Oregon's State workforce. Benefits for bargaining unit employees are handled by a separate insurance board and may be different.



## Montana Council of Regional Mental Health Boards, Inc.

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2/24/86

Pat Crosby  
Lobbyist for Mandated  
Mental Health Insurance  
1200 Fritz Cove Rd.  
Juneau, Alaska 99801  
Ph. (907) 789-2317

Dear Pat:

Enclosed is the information you requested on Montana's mandated mental health insurance coverage law and lobbying effort. I hope this material will be of use to you.

You may wish to call Dick Hruska, Director of the Golden Triangle Mental Health Center, ph. (406) 761-2100. He was very instrumental in the passage of Montana's current law and may be able to offer you some good advise.

I wish you the best of luck in your efforts. Please feel free to call on me if I can be of further service.

Best regards,

Steve Waldron  
Executive Director

**REGION I**  
EASTERN MONTANA COMMUNITY  
HEALTH CENTER  
1819 Main Street  
Missoula, Montana 59701  
(406) 541-1414

**REGION II**  
GOLDEN TRIANGLE COMMUNITY  
MENTAL HEALTH CENTER  
Holiday Village Shopping Center  
P. O. Box 846  
Great Falls, Montana 59403  
(406) 761-9100

**REGION III**  
MENTAL HEALTH CENTER  
1245 North 29th Street  
Billings, Montana 59101  
(252) 565-98

**REGION IV**  
MENTAL HEALTH  
SERVICE, INC.  
517 Logan  
Helena, Montana 59601  
(406) 431-1100

**REGION V**  
WESTERN MONTANA COMMUNITY  
MENTAL HEALTH CENTER  
East Missoula 112  
Missoula, Montana 59801  
(406) 438-7000

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**INDIANA - NEW ENTRY**

Insurers shall reimburse community mental health centers and licensed psychiatric hospitals for inpatient services for treatment of mental illness or substance abuse if a hospital would have received reimbursement for same treatment. §27-8-5-15.5 (9/1/85)

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**LOUISIANA - REVISION**

Group/blanket/franchise/self-insured must offer mental and nervous disorder coverage on same basis as other conditions. Such coverage to include services of licensed psychologist and certified social worker when in collaboration and consultation with physician assuming full patient responsibility. Such offer shall be made in connection with each renewal of the policy unless insured has previously elected not to have the coverage. §22:669 (9/13/81; 9/6/85)

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**NEBRASKA - NEW ENTRY**

Insurers, HMOs, hospital service corporations and other health insurance providers may not deny payment for treatment for mental or nervous disorders on basis that hospital or state institution providing treatment is publicly funded and fees are charged depending on patient's ability to pay. §83-368 (9/6/85)

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**NORTH DAKOTA - REPLACEMENT**

Group insurers, nonprofit health service corporations and HMOs must provide benefits same as for other illnesses for diagnosis, evaluation and treatment of alcoholism, drug addiction or other illnesses in licensed hospital, facility licensed under §23-17.1-01, or regional human service center. Benefit levels include coverage for 70 inpatient days per year, 140 days of partial hospitalization services. Similar levels of benefits for treatment for mental disorder when treated in licensed hospital or facility licensed under §23-17.1-01, which offers treatment for mental disorders or other illnesses. §§26.1-26-08 & 09 (7/1/85)

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**WASHINGTON - NEW ENTRY**

Bul. 84-4 which interpreted the above statutes has been withdrawn. The Department now allows those insurers, contractors and organizations, when acting in good faith, to offer the above coverage only with respect to treatment by a physician or psychologist if the contract holder has first waived the mandated three-party offering. Bul. 85-3 (5/16/85); AGO (5/9/85)

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**WISCONSIN - REPLACEMENT**

Group insurers must provide, per policy year, following benefits: inpatient--lesser of 30 days or \$7,000; outpatient--minimum of \$1,000, coverage to include services provided by licensed psychologist in psychologist's office. Allows copayment of up to 10%. Total coverage for both inpatient and outpatient treatment need not exceed \$7,000. 1985 Wisconsin Act 29 (7/20/85)

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**ALABAMA**

Group/blanket hospital or medical expense and hospital/medical service contracts covering mental health services shall pay for services of psychiatrist or psychologist. Reimbursement to be made for outpatient and inpatient services if requested by attending physician. (Note: does not mandate or require inclusion of mental health services; not to be construed to expand scope or nature of benefits when such services included in contract). §27-1-18 (5/4/82)

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**ALASKA**

NONE

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**ARIZONA**

If contract provides coverage for alcoholism, drug abuse or psychiatric services, reimbursement shall be made whether covered service rendered in general hospital or psychiatric special hospital. Applies to contracts delivered on or after 1/1/80 and to existing group contracts thereafter on renewal, anniversary date or expiration of collective bargaining agreement. §§20-841; 20-934; 20-1057; 20-1376; 20-1406 (1/1/80)

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**ARKANSAS**

Individual/group contracts providing payment of any health care services provided by hospitals or related facilities shall cover on equal basis services provided by licensed outpatient psychiatric center. Also applies to out-of-state group contracts. §66-3212(11) (120 days after 7/20/79)

Group/subscriber contracts providing hospital or medical benefits to state residents must offer coverage for mental illness unless refused in writing. Copayments may not exceed 20% for inpatient, partial hospitalization, or outpatient care. Benefit limit not less than \$7,500 per year. §§66-3716 & 3717 (3/3/83; 8/1/85)

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**CALIFORNIA**

Group hospital, medical and surgical contracts must offer to policyholder such benefits as may be agreed upon. If agreed-upon terms of mental health coverage include coverage for services provided in a general or psychiatric acute care hospital, coverage shall extend to care provided by a psychiatric health facility, except that if the policy restricts the choice of providers, such restrictions shall apply. Also provides that coverage may include community residential treatment services. Applies to group disability insurers, nonprofit hospital service plans, and self-funded employee welfare benefit plans; and imposes similar obligations on health care service plans. §10125 (1/1/74; 1/1/85)

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**CALIFORNIA (continued)**

Must communicate to prospective group policyholders as to the availability of outpatient coverage for the treatment of mental or nervous disorders. §10125 (1/1/84)

Out-of-state contracts recognizing psychologists in state of issue may not exclude such services rendered by California psychologists not licensed in state of issue. §§10176.5; 10177.5; 11512.2 (1/1/82)

Similar requirement for clinical social workers, mental health nurses, marriage, family and child counselors. §10176.7 (1/1/84; amd. 1/1/85)

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**COLORADO**

Group hospital and medical expense contracts must include as to basic contracts 45 days inpatient and 90 days "partial" on a "2 for 1 day" basis; as to major medical contracts, same as basic with up to 50% coinsurance (also see Alcoholism). §10-8-116 (1/1/76)

Group and nonprofit hospital and health service corporations' policies providing hospitalization or medical benefits must provide benefits for conditions arising from mental illness at least equal to following: major medical - outpatient services furnished by a comprehensive health care service corporation, hospital, or community mental health center or other mental health clinics approved by Department of Institutions to furnish mental health services or furnished by or under supervision of licensed physician or psychologist. Services shall be under direct supervision of physician or psychologist and patient records shall show that attending physician or psychologist either saw the patient or had a written summary of consultations or a personal consultation with the therapist at least once every 90 days. Insurer may require provider to furnish written certification that such services were provided under supervision of licensed physician or psychologist. Reg. 83-2 (2/1/84)

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**CONNECTICUT**

All group contracts must provide up to 60 days inpatient; major medical contracts shall provide benefits (outpatient) after applicable deductible, at 50% rate during any calendar year, up to \$1,000. §38-174d (5/28/75)

Insurer must cover partial hospitalization for mental illness on exchange basis with covered inpatient days; insurers to offer additional outpatient for mental illness treatment. §38-174d (10/1/82)

In case of benefits payable for service of licensed physician practicing as psychiatrist or licensed psychologist, benefits for outpatient services will be payable if rendered: (1) in nonprofit community mental health center as defined by Department of Mental Health or in nonprofit licensed adult psychiatric clinic operated by accredited hospital; (2) under supervision of psychiatrist or licensed psychologist; and (3) within scope of license issued to center or clinic by Department of Health Services. §38-174d(g) (10/1/83)

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DELAWARENONE

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## DISTRICT OF COLUMBIA

NONE

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## FLORIDA

Group, HMO and hospital/medical service corporations shall make available benefits same as other illness except: inpatient may be limited to not less than 30 days per benefit year, any excess need not be same as other illness; if offering outpatient benefits, coinsurance need not be the same, maximum yearly benefit may be limited to \$1,000 for consultations and excess dollar amounts need not be same as applied to physical illness generally. If alternative inpatient-outpatient or partial hospitalization benefits are selected, such benefits shall not be less than the level of benefits specified in subsection (2) of the section; benefits for mental health professionals may be limited to licensed professionals. §627.668 (10/1/83)

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## GEORGIA

Contracts providing hospital care which do not cover mental illness must contain statement in bold face type to this effect on contract and any identification card. §§33-29-5 & 6 (7/1/70)

Major medical contracts issued, delivered or renewed after 1/1/82 must make available to insured, covered spouse and dependents treatment of mental disorders same as other physical illness. Insurers may limit coverage per policy year as follows: Individual: inpatient-30 days; outpatient-48 visits; Group: inpatient-60 days; outpatient-50 visits. §33-24-28.1(b) (10/1/81; 7/1/84)

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## HAWAII

NONE

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## IDAHO

NONE

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## ILLINOIS

Group contracts must offer benefits with annual maximum of at least lesser of \$10,000 or 25% of lifetime policy maximum and coinsurance of 50% or less. §370c (7/1/77)

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HIAA

MENTAL ILLNESS  
7-85

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INDIANA

NONE

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IOWA

NONE

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KANSAS

Unless refused in writing, group insurers must provide coverage for treatment of alcoholism, drug abuse or nervous or mental conditions for no less than 30 days per year in licensed hospital or facility and outpatient benefits limited to not less than 100% of first \$100 and 80% of next \$500 in any year.  
§40-2,105 (7/1/78)

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KENTUCKY

NONE

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LOUISIANA

Group/blanket/franchise/self-insured must offer mental and nervous disorder coverage on same basis as other conditions. Such coverage to include services of licensed psychologist and certified social worker when in collaboration and consultation with physician assuming full patient responsibility. §22:669 (9/13/81)

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MAINE

Group, blanket and nonprofit hospital or medical service corporations shall provide minimum annual benefits for mental illness or nervous conditions as follows: inpatient 30 days with coinsurance of 80% or level of benefits provided for any other illness; \$1,000 for any combination of outpatient and/or day treatment care with coinsurance of 50% of UCR charges; \$100 deductible; maximum lifetime benefit of \$25,000, except that policy total maximum benefit need not be exceeded. Persons covered under both basic and major medical policies may not "stack" benefits of both policies. Policy may limit or exclude benefits to extent coverage would duplicate and be secondary to Medicare but must cover difference between Medicare and minimum required benefits. 24-A§2843 (9/23/83); Rule C. 330 (6/1/84)

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**MARYLAND**

Individual/group/nonprofit contracts must cover expenses for treatment of acute mental illness and emotional disorders which are subject to significant improvement through short-term therapy. Inpatient: 30 days per calendar year or benefit period; major medical: not less than 50% of benefits provided for other types of illness. \*Extraterritorial. 48A§§354D; 470E(a); 47E(a) (7/1/73; 7/1/81\*)

Group/nonprofit contracts must offer option of benefits for psychiatric care through partial hospitalization. Minimum of 30 partial hospitalization days during any consecutive 12-month period. 48A§§354J; 477M (1/1/77)

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**MASSACHUSETTS**

Individual/group/blanket/employee welfare benefit plans must include 60 days inpatient in mental hospital; general hospital same benefits as for other illness; outpatient up to \$500 over 12-month period. C. 175 §47B (6/1/76)

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**MICHIGAN**

NONE

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**MINNESOTA**

Group contracts covering at least 100 state residents or groups comprised of more than 90% state residents which provide mental illness benefits must provide 80% of first \$750 outpatient expense by hospital, community mental health center or approved mental health clinic, or consulting psychologist or psychiatrist. §62A.152 (8/1/75; 8/1/81)

Group/HMOs/health service plans shall include benefits, on same basis as other benefits, for treatment of emotionally handicapped children in residential treatment facility licensed by Commissioner of Public Welfare. §62A.151 (7/1/75)

Group policies providing benefits for mental or nervous disorders in a hospital must provide direct reimbursement for those services when performed by licensed consulting psychologist to extent services are within scope of such license. Carriers in administering claims may require order of physician requesting such services. §62A.152 (7/1/83)

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**MISSISSIPPI**

NONE

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**MISSOURI**

Insurers/health service corporations/HMOs shall offer coverage of psychiatric services for recognized mental illness as follows: (1) if providing inpatient benefits, same as other illness; may be limited to 30 days in benefit period; (2) if providing outpatient benefits, treatment in psychiatric residential treatment center on inpatient or outpatient basis when prescribed by physician specializing in treatment of mental illness. Not less than 50% reasonable charges to maximum of \$1500 in benefit period. Shall offer 50% reasonable charge for 20 psychotherapy services rendered by physician specializing in treatment of mental illness or psychologist unless rejected by policyholder. Frequency of sessions may be limited but benefit shall be available for at least 1 session in any 7 consecutive days. §376.381 (3/13/80)

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**MONTANA**

Insurers and health service corporations' hospital and medical expense contracts must make available benefits for care and treatment of mental illness, alcoholism and drug addiction on same basis as other benefits, except inpatient benefits may be limited to 30 days per year; outpatient to \$1,000 per benefit period; and maximum lifetime benefits to \$10,000 or 25% of lifetime contract limit whichever is less. Does not apply to blanket, shortterm travel, accident only, limited or specified disease, individual conversion, or Medicare Supplement contracts. §§33-22-701 through 704 (1/1/82)

On effective date, amends above to require group/health service corporations' hospital and medical expense contracts to provide minimum aggregate benefit levels. Treatment plans approved by "chemical dependence counselors" (i.e., can't require physician approval). §33-22-701 (12/31/84)

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**NEBRASKA**

NONE

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**NEVADA**

NONE

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**NEW HAMPSHIRE**

Minimum group benefits: (1) basic hospital expense contracts, same benefits as for any other illness; (2) basic medical expense contracts, same benefits as for physicians for other illnesses--outpatient same as any other illness, except may be limited to 15 hours treatment over 12 months; (3) major medical contracts, deductible and coinsurance at least same as for any other illness with 12-month maximum of not less than \$3,000 per covered individual. §415:18-a (amd. 6/4/76)

Group/blanket policies must provide coverage for treatment at psychiatric residential program approved by Division of Mental Health and Developmental Services. §415:18-a.III.b (8/22/83)

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NEW JERSEYNONE

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## NEW MEXICO

NONE

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## NEW YORK

Must make available on request: (1) inpatient, not less than 30 days per calendar year; (2) outpatient may be limited to \$700 per calendar year. New §§3221(k)(5); 4303 [C. 894; §162.16] (1/1/78)

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## NORTH CAROLINA

NONE

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## NORTH DAKOTA

Must provide 70 days inpatient, 140 days outpatient for group/blanket/franchise over 50 lives and who cover 70% or more of group. §26-39-01 (7/1/75); Bul. 30

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## OHIO

Group medical expense contracts, other than accident only or specified disease, that provide benefits for mental or emotional disorders shall provide benefits on outpatient basis equal to \$550 in any calendar year or 12-month period. §3923.28 (1/1/79; 1/1/83)

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## OKLAHOMA

NONE

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## OREGON

Mandated benefits in group policies for alcoholism, chemical dependency and mental illness. Benefits must be provided whether performed in health or residential facilities, or on outpatient basis, or by physicians, psychologists, nurse practitioners, or clinical social workers. May be subject to provisions of policy applicable to other benefits, including coinsurance and deductibles, except that coinsurance and deductibles for treatment in health or residential facilities may not be greater than for hospitalization, and for outpatient treatment, may not be greater than for other outpatient treatment.

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**OREGON (continued)**

Total benefit dollar amounts may be limited depending on whether services are for alcoholism, chemical dependency, mental illness, or combination thereof, or whether provided in health or residential facilities, or outpatient basis, or combination thereof. Insurers allowed option of implementing certain "cost containment" features. §§743.557 & .558 (1/1/84; sunsets 7/1/87)

Individual/group contracts may not exclude benefits for services rendered in state approved community mental health programs. §743.116 (7/21/81)

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**PENNSYLVANIA**

NONE

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**RHODE ISLAND**

NONE

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**SOUTH CAROLINA**

NONE

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**SOUTH DAKOTA**

NONE

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**TENNESSEE**

Unless specifically excluded, individual, franchise, blanket or group contracts must provide benefits for psychiatric disorders, mental or nervous conditions, alcoholism, drug dependence or medical complications of mental illness or mental retardation. Benefits not defined but must be provided for services rendered in health facility licensed in state as hospital accredited by Joint Commission on Accreditation of Hospitals, or facility owned or operated by state which is especially intended for diagnosis, care and treatment of psychiatric, mental or nervous disorders, or licensed and accredited residential treatment facility. §§56-7-1003 (7/1/74); 56-7-1004 (7/1/81)

Group hospital, medical or major medical contracts shall make available outpatient benefits in community mental health centers which shall include minimum of 30 outpatient visits per year and deductibles and coinsurance not less favorable than illness generally. Benefits shall be part of contract unless policyholder rejects in writing. If contract provides inpatient benefits, shall include community mental health centers with inpatient care facilities. §§56-7-1003 & 1004 (7/1/80)

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**TENNESSEE (continued)**

When optional benefits offered under §56-7-1003 are provided for mental, emotional or nervous disorders, alcoholism, drug dependence or medical complication of mental illness or mental retardation, and treatment is received at community mental health center, such benefits provided when services are rendered by a physician shall also be provided when rendered by a member of the clinical staff of the community mental health center provided the center has in effect a plan for quality assurance approved by the Department of Mental Health, and such treatment is supervised by licensed physician or clinical psychologist. §56-7-1003(b) (6/5/84)

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**TEXAS**

Group, HMOs, service plan contractors providing inpatient coverage for mental or emotional illness or disorders shall provide coverage for treatment under direction of M.D. or D.O. in psychiatric day treatment facility that provides organizational structure and individualized treatment plans separate from inpatient programs, subject to same durational limits, deductibles and coinsurance factors. Each full day of treatment equal to half-day inpatient treatment. Policyholder has right to reject coverage for treatment of mental or emotional illness or disorder or may select alternative level of benefits if offered or negotiated. Alternative level of benefits must provide benefits for treatment in such facilities equal to at least one-half that provided for hospital treatment. (Note: policies delivered to group policyholders before effective date governed by law in effect at that time and "continued in effect for that purpose.") Art. 3.70-2(F) (1/1/83)

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**UTAH****NONE**

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**VERMONT**

Group contracts must provide option of "45 day equivalents of active care" per contract or calendar year; outpatient at 100% for first 5 visits, 80% thereafter, up to \$500 per policy or calendar year. 3§4089 (10/1/76)

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**VIRGINIA**

Individual/group contracts must provide same benefits as for other illness, up to 30 days treatment per year. Group contracts must offer outpatient same as other benefits, but may limit to \$1,000 per benefit period at 50% coinsurance. §38.1-348.7 (11/1/77)

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**WASHINGTON**

Group/HMOs/Blues must offer optional supplemental coverage for mental health treatment rendered by licensed physician, psychologist, or community mental health agency at usual and customary rates. Coverage may be subject to contract provisions with respect to reasonable deductibles and copayments. Coverage may be waived for all covered persons if contract holder so states in advance in writing. §48.21.240 (7/1/83); Bul. 83-3 (7/22/83); Bul. 83-5 (11/1/83); Bul. 84-4 (7/2/84)

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**WEST VIRGINIA**

Individual/group contracts shall provide, unless rejected by policyholder, at least 45 days inpatient in mental hospital, outpatient benefits at 50% coinsurance up to \$500 up to 50 visits per year and services in comprehensive health service organization; community mental health center; by psychiatrist or psychologist. Inpatient in regular hospital—same as other illness. §§33-15-4a; 33-16-3a (7/4/77)

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**WISCONSIN**

Group contracts must include at least 30 days inpatient coverage and up to first \$500 of outpatient service per calendar year. Treatment in community-based residential facilities included. §§632.89 & 632.89(2)(b)2 (9/1/74; 7/13/83)

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**WYOMING**

NONE

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**PUERTO RICO**NONE

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Failure to promptly pay -- unfair trade prac-  
tice, 33-18-201.

Limitations on performing autopsies,  
50-21-103.

**33-22-603. Application and certificates not required.** An individual application shall not be required from a person covered under a blanket disability policy or contract, nor shall it be necessary for the insurer to furnish each person a certificate.

History: En. Sec. 390, Ch. 286, L. 1959; R.C.M. 1947, 40-4106.

**33-22-604. Payment of claims — discharge.** (1) All benefits under any blanket disability policy shall be payable to the person insured or to his designated beneficiary or beneficiaries or to his estate; except that if the person insured be a minor or mental incompetent, such benefits may be made payable to his parent, guardian, or other person actually supporting him; or if the entire cost of the insurance has been borne by the employer such benefits may be made payable to the employer. Provided, however, that the policy may provide that all or any portion of any indemnities provided by such policy on account of hospital, nursing, medical, or surgical services may, at the insurer's option, be paid directly to the hospital or person rendering such services; but the policy may not require that the service be rendered by a particular hospital or person.

(2) Payment so made shall discharge the insurer's obligation with respect to the amount of insurance so paid.

History: En. Sec. 390, Ch. 287, L. 1959; R.C.M. 1947, 40-4107.

## Part 7

### Coverage for Mental Illness, Alcoholism, and Drug Addiction

**33-22-701. Scope of part — purpose.** The provisions of this part apply to all group policies of accident and health insurance and group subscriber contracts offered in Montana by insurers and health service corporations for the care and treatment of mental illness, alcoholism, and drug addiction. It is the purpose of this part to preserve the rights of the consumer to have such coverage according to his medical and economic needs.

History: En. Sec. 1, Ch. 197, L. 1979; amd. Sec. 1, Ch. 535, L. 1981; amd. Sec. 1, Ch. 593, L. 1983.

#### Compiler's Comments

**1983 Amendment:** Substituted existing language for former text, which read: "The purpose of this part is to encourage consumers to avail themselves of basic levels of benefits under health insurance policies and contracts for the care and treatment of mental illness, alcoholism, and drug addiction and to preserve the rights of the consumer to select such coverage according to his medical and economic needs."

**1981 Amendment:** Inserted "mental illness" after "treatment of" in the middle of the section.

#### Cross-References

Licensing of hospitals and related facilities, Title 50, ch. 5, part 2.

Alcoholism and drug dependence, Title 53, ch. 24.

Facility standards, 53-24-208.

**33-22-702. Definitions.** For purposes of this part, the following definitions apply:

(1) "Inpatient hospital benefits" means benefits payable for charges made by a hospital or freestanding inpatient facility, as defined in the policy or contract, for the necessary care and treatment of mental illness, alcoholism, or drug addiction furnished to a covered person while confined as an inpatient and, with respect to major medical policies or contracts, also includes those benefits payable for charges made by a physician, as defined in the policy or contract, for the necessary care and treatment of mental illness, alcoholism, or drug addiction furnished to a covered person while confined as a hospital inpatient.

(2) "Outpatient benefits" means benefits payable for:

(a) reasonable charges made by a hospital for the necessary care and treatment of mental illness, alcoholism, or drug addiction furnished to a covered person while not confined as a hospital inpatient;

(b) reasonable charges for services rendered or prescribed by a physician for the necessary care and treatment for mental illness, alcoholism, or drug addiction furnished to a covered person while not confined as a hospital inpatient;

(c) reasonable charges made by a mental health, alcoholism, or drug addiction treatment center for the necessary care and treatment of a covered person provided in the treatment center; and

(d) reasonable charges for services rendered by a licensed psychiatrist, psychologist, or social worker.

(3) "Alcoholism treatment center" and "drug addiction treatment center" mean a treatment facility which provides a program for the treatment of alcoholism or drug addiction pursuant to a written treatment plan approved and monitored by a physician or chemical dependency counselor certified by the state, and which facility is also:

(a) affiliated with a hospital under a contractual agreement with an established system for patient referral; or

(b) licensed or approved as an alcoholism or drug addiction treatment center by the alcohol authority of the state.

(4) "Mental health treatment center" means a treatment facility organized to provide care and treatment for mental illness through a multiple modalities or techniques pursuant to a written treatment plan approved and monitored by an interdisciplinary team, including a licensed physician, psychiatric social worker, and psychologist, and which facility is also:

(a) licensed as a mental health treatment center by the state;

(b) funded or eligible for funding under federal or state law; or

(c) affiliated with a hospital under a contractual agreement with an established system for patient referral.

(5) "Mental illness" means neurosis, psychoneurosis, psychopathy, psychosis, or personality disorder.

History: En. Sec. 2, Ch. 197, L. 1979; amd. Sec. 2, Ch. 535, L. 1981; amd. Sec. 2, Ch. 593, L. 1983; amd. Sec. 2, Ch. 302, L. 1985.

#### Compiler's Comments

**1985 Amendment:** At end of (2)(d) added "or chemical dependency counselor certified by the state"; in (3)(b) after "licensed" deleted "certified", and before "state" inserted "alcohol authority of the".

**1983 Amendment:** Near beginning of (1), after "hospital" inserted "or freestanding inpatient facility"; near middle of (1), after "confined as" deleted "a hospital" and inserted "an"; inserted

(2)(d); in (3) after "physician" inserted "or chemical dependency counselor certified by the state"; in (3)(b) after "licensed" deleted "certified", and before "state" inserted "alcohol authority of the".

**1981 Amendment:** Inserted "mental illness" after "treatment of" in (1) (two places) and

(2)(a) and after "treatment for" in (2)(b); substituted "a mental health, alcoholism, or drug addiction treatment center" for "an alcoholism or drug addiction treatment center" in (2)(c); and added definitions of "mental health treatment center" and "mental illness".

#### Cross-References

Disclaimer provision allowable — disability insurance, 33-22-231.

Medicine — licensure, Title 37, ch. 3.

Licensure of psychologists, Title 37, ch. 17.

Licensure of social workers, Title 37, ch. 22.

**33-22-703. Coverage for mental illness, alcoholism, and drug addiction.** Insurers and health service corporations transacting group health insurance or group health plans in this state shall provide, under hospital and medical expenses incurred insurance group policies and under hospital and medical service plan group contracts, the level of benefits specified in this section for the necessary care and treatment of mental illness, alcoholism, and drug addiction subject to the right of the applicant to select any alternative level of benefits above the minimum level of benefits described in subsections (1)(b), (2)(a), (2)(b), and (2)(d) as may be offered by the insurer or service plan corporation:

(1) under basic inpatient expense policies or contracts, inpatient hospital benefits consisting of durational limits, dollar limits, deductibles, and coinsurance factors that are not less favorable than for physical illness generally, except that:

(a) benefits may be limited to not less than 30 calendar days per year as defined in the policy or contract;

(b) the aggregate maximum benefit for alcoholism and drug addiction of inpatient expenses under basic inpatient policies and contracts plus inpatient expenses under major medical policies and contracts may be limited to no less than:

(i) \$4,000 in any 24-month period; and

(ii) \$8,000 in lifetime benefits;

(2) under major medical policies or contracts, inpatient benefits and outpatient benefits consisting of durational limits, dollar limits, deductibles, and coinsurance factors that are not less favorable than for physical illness generally, except that:

(a) inpatient benefits may be limited to no less than 30 calendar days per year as defined in the policy or contract. If inpatient benefits are provided beyond 30 calendar days per year, the durational limits, dollar limits, deductibles, and coinsurance factors applicable thereto need not be the same as applicable to physical illness generally.

(b) for outpatient benefits, the coinsurance factor may not exceed 50% or the coinsurance factor applicable for physical illness generally, whichever is greater, and the maximum benefit for mental illness, alcoholism, and drug addiction in the aggregate during any applicable benefit period may be limited to not less than \$1,000;

(c) maximum lifetime benefits shall, for mental illness in the aggregate, be no less than those applicable to physical illness generally;

(d) the aggregate maximum benefit for alcoholism and drug addiction of inpatient expenses under basic inpatient policies and contracts plus inpatient expenses under major medical policies and contracts may be limited to no less than:

(i) \$4,000 in any 24-month period; and

(ii) \$8,000 in lifetime benefits.

History: En. Sec. 3, Ch. 197, L. 1979; amd. Sec. 3, Ch. 535, L. 1981; amd. Sec. 3, Ch. 593, L. 1983.

#### Compiler's Comments

**1983 Amendment.** In introductory clause after "transacting" inserted "group"; after "health insurance" inserted "or group health plans"; after "state" substituted "shall provide" for "must make available"; inserted "group" before "policies" and "contracts"; after "applicant" deleted "for a group or individual policy or contract to reject the coverage or"; after "benefits" inserted "above the minimum level of benefits described in subsections (1)(b), (2)(a), (2)(b), and (2)(c)"; in (1) after "basic" substituted "inpatient" for "hospital"; inserted (1)(b); once

in (2) and twice in (2)(a) deleted "hospital" before "benefits"; in (2)(a) after "limited to" inserted "no less than"; in (2)(c) substituted existing language for "maximum lifetime benefits may, for mental illness, alcoholism, and drug addiction in the aggregate, be no less than an amount equal to the lesser of \$10,000 or 25% of the lifetime policy limit."; and inserted (2)(d).

**1981 Amendment.** Added treatment and care of mental illness to available coverages by inserting "mental illness," before "alcoholism, and drug addiction" in three places.

**33-22-704. Applicability.** (1) Except as provided in subsections (2) and (3), this part applies to policies or contracts delivered or issued for delivery in this state more than 120 days after July 1, 1979, but does not apply to blanket, short term travel, accident only, limited or specified disease, individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans.

(2) With respect to mental illness, this part applies to policies or contracts delivered or issued for delivery in this state after January 29, 1982.

(3) This part applies to policies or contracts delivered or issued for delivery in this state after December 31, 1983, but does not apply to blanket, short-term travel, accident only, limited or specified disease, or policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as medicare, or any other similar coverage under state or federal governmental plans.

History: En. Sec. 4, Ch. 197, L. 1979; amd. Sec. 4, Ch. 535, L. 1981; amd. Sec. 4, Ch. 593, L. 1983.

#### Compiler's Comments

**1983 Amendment.** Near beginning of (1), inserted reference to (3); inserted (3); and made minor change in phraseology.

**1981 Amendment.** Added "Except as provided in subsection (2)" at the beginning of (1); and added subsection (2).

## Part 8

### Extended Health Insurance

**33-22-801. Purpose.** It is the purpose of this part to provide a means more adequately meeting the needs of persons who are 65 years of age or older and their spouses for insurance coverage against financial loss from accident or disease through the combined resources and experience of a number of insurers; to make possible the fullest extension of such coverage by encouraging insurers to combine their resources and experience and to exercise their collective efforts in the development and offering of policies of such insurance to all applicants; and to regulate the joint activities herein

## UNFAIR CLAIMS SETTLEMENT PRACTICES MODEL REGULATION

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Section 8.	Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers
Section 9.	Standards for Prompt, Fair and Equitable Settlements Applicable to Automobile Insurance

### Section 1. Authority.

Section 4(9) of the Unfair Trade Practices Act prohibits insurers doing business in the state from engaging in unfair claims settlement practices and provides that if any insurer performs any of the acts or practices proscribed by that section with such frequency as to indicate a general business practice, then those acts shall constitute an unfair or deceptive act or practice in the business of insurance.

### Section 2. Scope.

This regulation defines certain minimum standards which, if violated with such frequency as to indicate a general business practice, will be deemed to constitute unfair claims settlement practices. This regulation applies to all persons and to all insurance policies and insurance contracts except policies of Workers' Compensation insurance. This regulation is not exclusive, and other acts, not herein specified, may also be deemed to be a violation of Section 4(9) of the Act.

### Section 3. Definitions.

The definitions of "person" and of "insurance policy or insurance contract" contained in section 2 of the Unfair Trade Practice Act shall apply to this regulation and, in addition, where used in this regulation:

- (a) "Agent" means any individual, corporation, association, partnership or other legal entity authorized to represent an insurer with respect to a claim;
- (b) "Claimant" means either a first party claimant, a third party claimant, or both and includes such claimant's designated legal representative and includes a member of the claimant's immediate family designated by the claimant;
- (c) "First party claimant" means an individual, corporation, association, partnership or other legal entity asserting a right to payment under an insurance policy or insurance contract arising out of the occurrence of the contingency or loss covered by such policy or contract;
- (d) "Insurer" means a person licensed to issue or who issues any insurance policy or insurance contract in this State.
- (e) "Investigation" means all activities of an insurer directly or indirectly related to the determination of liabilities under coverages afforded by an insurance policy or insurance contract.
- (f) "Notification of claim" means any notification, whether in writing or other means acceptable under the terms of an insurance policy or insurance contract, to an insurer or its agent, by a claimant, which reasonably apprises the insurer of the facts pertinent to a claim;
- (g) "Third party claimant" means any individual, corporation, association, partnership or other legal entity asserting a claim against any individual, corporation, association, partnership or other legal entity insured under an insurance policy or insurance contract of an insurer; and

## Unfair Claims Settlement

- (h) "Worker's Compensation" includes, but is not limited to, Longshoremen's and Harbor Worker's Compensation.

### Section 4. File and Record Documentation.

The insurer's claim files shall be subject to examination by the (Commissioner) or by his duly appointed designees. Such files shall contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed.

### Section 5. Misrepresentation of Policy Provisions.

- (a) No insurer shall fail to fully disclose to first party claimants all pertinent benefits, coverages or other provisions of an insurance policy or insurance contract under which a claim is presented.
- (b) No agent shall conceal from first party claimants benefits, coverages or other provisions of any insurance policy or insurance contract when such benefits, coverages or other provisions are pertinent to a claim.
- (c) No insurer shall deny a claim for failure to exhibit the property without proof of demand and unfounded refusal by a claimant to do so.
- (d) No insurer shall, except where there is a time limit specified in the policy, make statements, written or otherwise, requiring a claimant to give written notice of loss or proof of loss within a specified time limit and which seek to relieve the company of its obligations if such a time limit is not complied with unless the failure to comply with such time limit prejudices the insurer's rights.
- (e) No insurer shall request a first party claimant to sign a release that extends beyond the subject matter that gave rise to the claim payment.
- (f) No insurer shall issue checks or drafts in partial settlement of a loss or claim under a specific coverage which contain language which release the insurer or its insured from its total liability.

### Section 6. Failure to Acknowledge Pertinent Communications.

- (a) Every insurer, upon receiving notification of a claim shall, within ten working days, acknowledge the receipt of such notice unless payment is made within such period of time. If an acknowledgement is made by means other than writing, an appropriate notation of such acknowledgement shall be made in the claim file of the insurer and dated. Notification given to an agent of an insurer shall be notification to the insurer.
- (b) Every insurer, upon receipt of any inquiry from the insurance department respecting a claim shall, within fifteen working days of receipt of such inquiry, furnish the department with an adequate response to the inquiry.
- (c) An appropriate reply shall be made within ten working days on all other pertinent communications from a claimant which reasonably suggest that a response is expected.
- (d) Every insurer, upon receiving notification of claim, shall promptly provide necessary claim forms, instructions, and reasonable assistance so that first party claimants can comply with the policy conditions and the insurer's reasonable requirements. Compliance with this paragraph within ten working days of notification of a claim shall constitute compliance with subsection (a) of this section.

### Section 7. Standards for Prompt Investigation of Claims.

Every insurer shall complete investigation of a claim within thirty days after notification of claim, unless such investigation cannot reasonably be completed within such time.

**Section 8. Standards for Prompt, Fair and Equitable Settlements Applicable to All Insurers**

- (a) Within 15 working days after receipt by the insurer of properly executed proofs of loss, the first party claimant shall be advised of the acceptance or denial of the claim by the insurer. No insurer shall deny a claim on the grounds of a specific policy provision, condition, or exclusion unless reference to such provision, condition, or exclusion is included in the denial. The denial must be given to the claimant in writing and the claim file of the insurer shall contain a copy of the denial.

Where there is a reasonable basis supported by specific information available for review by the insurance regulatory authority that the first party claimant has fraudulently caused or contributed to the loss by arson, the insurer is relieved from the requirements of this subsection. Provided, however, that the claimant shall be advised of the acceptance or denial of the claim within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.

*[Second paragraph of subsection 8(a) added by 1980 NAIC Proceedings II.]*

- (b) If a claim is denied for reasons other than those described in paragraph (a) and is made by any other means than writing, an appropriate notation shall be made in the claim file of the insurer.
- (c) If the insurer needs more time to determine whether a first party claim should be accepted or denied, it shall so notify the first party claimant within fifteen working days after receipt of the proofs of loss, giving the reasons more time is needed. If the investigation remains incomplete, the insurer shall, forty-five days from the date of the initial notification and every forty-five days thereafter, send to such claimant a letter setting forth the reasons additional time is needed for investigation.

Where there is a reasonable basis supported by specific information available for review by the insurance regulatory authority for suspecting that the first party claimant has fraudulently caused or contributed to the loss by arson, the insurer is relieved from the requirements of this subsection. Provided, however, that the claimant shall be advised of the acceptance or denial of the claim by the insurer within a reasonable time for full investigation after receipt by the insurer of a properly executed proof of loss.

*[Second paragraph of subsection 8(c) added by 1980 NAIC Proceedings II.]*

- (d) Insurers shall not fail to settle first party claims on the basis that responsibility for payment should be assumed by others except as may otherwise be provided by policy provisions.
- (e) Insurers shall not continue negotiations for settlement of a claim directly with a claimant who is neither an attorney nor represented by an attorney until the claimant's rights may be affected by a statute of limitations or a policy or contract time limit, without giving the claimant written notice that the time limit may be expiring and may affect the claimant's rights. Such notice shall be given to first party claimants thirty days and to third party claimants sixty days before the date on which such time limit may expire.
- (f) No insurer shall make statements which indicate that the rights of a third party claimant may be impaired if a form or release is not completed within a given period of time unless the statement is given for the purpose of notifying the third party claimant of the provision of a statute of limitations.

**Section 9. Standards for Prompt, Fair and Equitable Settlements Applicable to Automobile Insurance.**

- (a) When the insurance policy provides for the adjustment and settlement of first party automobile total losses on the basis of actual cash value or replacement with another of like kind and quality, one of the following methods must apply:

Unfair Claims Settlement

- (1) The insurer may elect to offer a replacement automobile which is a specific comparable automobile available to the insured, with all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of the automobile paid, at no cost other than any deductible provided in the policy. The offer and any rejection thereof must be documented in the claim file.
  - (2) The insurer may elect a cash settlement based upon the actual cost, less any deductible provided in the policy, to purchase a comparable automobile including all applicable taxes, license fees and other fees incident to transfer of evidence of ownership of a comparable automobile. Such cost may be determined by
    - (A) The cost of a comparable automobile in the local market area when a comparable automobile is available in the local market area.
    - (B) One of two or more quotations obtained by the insurer from two or more qualified dealers located within the local market area when a comparable automobile is not available in the local market area.
  - (3) When a first party automobile total loss is settled on a basis which deviates from the methods described in subsections (a)(1) and (a)(2) of this section, the deviation must be supported by documentation giving particulars of the automobile condition. Any deductions from such cost, including deduction for salvage, must be measurable, discernible, itemized and specified as to dollar amount and shall be appropriate in amount. The basis for such settlement shall be fully explained to the first party claimant.
- (b) Where liability and damages are reasonably clear, insurers shall not recommend that third party claimants make claim under their own policies solely to avoid paying claims under such insurer's insurance policy or insurance contract.
  - (c) Insurers shall not require a claimant to travel unreasonably either to inspect a replacement automobile, to obtain a repair estimate or to have the automobile repaired at a specific repair shop.
  - (d) Insurers shall, upon the claimant's request, include the first party claimant's deductible, if any, in subrogation demands. Subrogation recoveries shall be shared on a proportionate basis with the first party claimant, unless the deductible amount has been otherwise recovered. No deduction for expenses can be made from the deductible recovery unless an outside attorney is retained to collect such recovery. The deduction may then be for only a pro rata share of the allocated loss adjustment expense.
  - (e) If an insurer prepares an estimate of the cost of automobile repairs, such estimate shall be in an amount for which it may be reasonably expected the damage can be satisfactorily repaired. The insurer shall give a copy of the estimate to the claimant and may furnish to the claimant the names of one or more conveniently located repair shops.
  - (f) When the amount claimed is reduced because of betterment or depreciation all information for such reduction shall be contained in the claim file. Such deductions shall be itemized and specified as to dollar amount and shall be appropriate for the amount of deductions.
  - (g) When the insurer elects to repair and designates a specific repair shop for automobile repairs, the insurer shall cause the damaged automobile to be restored to its condition prior to the loss at no additional cost to the claimant other than as stated in the policy and within a reasonable period of time.

*[Previous subsection 9(h) deleted by 1981 NAIC Proceedings I.]*

*Legislative History (all references are to the Proceedings of the NAIC).*

1976 Proc. II 367-370  
1980 Proc. II

STATE OF ALASKA 1985 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: HB 317  
 Title: Practice of Social Work  
& Estab. Board of Social Work  
 Sponsor: (various Reps.)  
 Requestor: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

FISCAL DETAIL

Agency Affected: Commerce & Econ. Dev.  
 Program Category Affected: Consumer Protection  
Examiners  
 BRU, Program or Subprogram(s) Affected:  
Occupational Licensing

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
<b>OPERATING</b>						
100 PERSONAL SERVICES		33.1	34.8	36.5	38.3	40.2
200 TRAVEL		8.8	9.2	9.7	10.2	10.7
300 CONTRACTUAL		19.3	20.3	21.3	22.4	23.5
400 SUPPLIES		1.0	1.1	1.1	1.2	1.2
500 EQUIPMENT		3.7				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
<b>TOTAL OPERATING</b>		65.9	65.4	68.6	72.1	75.6

<b>CAPITAL</b>						
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<b>REVENUE</b>		78.8	2.3	67.3	2.3	71.3
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FUNDING: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
GENERAL FUND		65.9	65.4	68.6	72.1	75.6
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		65.9	65.4	68.6	72.1	75.6

POSITIONS:

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
FULL-TIME		1	1	1	1	1
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

The bill creates a Board of Social Work Examiners and implements licensing of all social work practitioners in the State. The bill establishes three licensing categories, and unlimited "specialties" left to the discretion of the board. (See attached for further analysis.)

Prepared By: Jennifer Strickler, Mgnt Analyst Phone: 465-2144

Division: Occupational Licensing Date: 4-4-85

Approved by Commissioner: Loren H. Lounsbury Date: 4/8/85

Agency: Commerce & Economic Development

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

7/1/84

Analysis, continued

HB 317 FISCAL IMPACT

(NOTE: 5% inflation factor projected for FY '87 through  
FY '90 for operating costs)

100 PERSONAL SERVICES:

1 Licensing Examiner, Range 12A, GGU, 12 months, to be located in Juneau	\$33,145.82
-----------------------------------------------------------------------------	-------------

200 TRAVEL:

NOTE: Travel costs were based on five (5) members from different geographic regions in the State as required in the bill. The areas used in these calculations were: Anchorage, Fairbanks, Juneau, Kenai, Nome. Also, the bill mandates a minimum of two meetings a year and special meetings at the call of the Chairman or a majority of the board members. Therefore, three (3) meetings are included in this fiscal note.

Anchorage meeting

Anchorage, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	212.00
Per diem at \$80 per day x 2 days	160.00
Juneau, transportation at \$352 x 2 (board member & licensing examiner)	704.00
Per diem at \$80 per day x 2 days x 2	320.00
Kenai, transportation	64.00
Per diem at \$80 per day x 2 days	160.00
Nome, transportation	406.00
Per diem at \$80 per day x 2 days	160.00
	-----
	\$ 2,346.00

Juneau meeting

Juneau, transportation	-0-
Per diem at \$80 per day x 2 days	160.00
Anchorage, transportation	352.00
Per diem at \$80 per day x 2 days	160.00
Fairbanks, transportation	564.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Kenai, transportation	416.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
Nome, transportation	664.00
Per diem at \$80 per day x 3* days *(one extra day to travel)	240.00
	-----
	\$ 3,036.00

Fairbanks meeting

Fairbanks, transportation	-0-
Per diem at \$90 per day x 2 days	180.00
Anchorage, transportation	212.00
Per diem at \$90 per day x 2 days	180.00
Juneau, transportation at \$564 x 2 (board member & licensing examiner)	1,128.00
Per diem at \$90 per day x 3 days x 2 (one extra day to travel)	540.00
Kenai, transportation	276.00
Per diem at \$90 per day x 2 days	180.00
Nome, transportation	456.00
Per diem at \$90 per day x 3 days (one extra day to travel)	270.00
	<hr/>
	\$ 3,422.00

300 CONTRACTUAL SERVICES:

Postage, telephone, printing, publications and other operating costs	3,000.00
Computer terminal use, at \$45 per month (Licensing Examiner use only)	540.00
Professional Examination Service fees for licensing examinations: Estimated 315 examinees in FY '86 for initial licensing at \$50 each	15,750.00
Note: 315 social workers were identified by this agency.	
	<hr/>
	\$ 19,290.00

400 COMMODITIES:

Stationery, typewriter ribbons, pens, pencils, and other miscellaneous desk top supplies	1,000.00
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500 EQUIPMENT: (one time costs only)

1 desk, double pedestal, 70" x 36"	747.08
1 chair, swivel with arms	257.69
1 typewriter, IBM Selectric II	1,340.19
1 chair, side without arms	120.33
1 desk calculator	382.89
1 file cabinet, 5 drawer legal with lock	426.63
1 table 72" x 36"	426.63
	<hr/>
	\$ 3,701.44

GRAND TOTAL: \$ 65,941.26

Projected Revenues

FY 86:

Based on the number of practitioners identified, it is anticipated that 315 practitioners will be seeking initial licensure by examination.  
315 x \$250 (application & exam fee)

\$ 78.8

FY 87:

Based on the assumption that there will be at least 10 new applicants (5 by examination, and 5 by credentials)  
This will make a total of 325 licensees.

2.3

FY 88:

Section 08.87.130 of the bill mandates that licenses will lapse after 24 months unless it is renewed. Licenses will be issued upon completion and approval of an application. If Section 08.87.130 remains as stated, each license will be required to renew 24 months from the date of issue, thus causing administrative complications in monitoring the duration period of each license issued. To avoid such administrative difficulties, we would prefer all licenses to expire in a specific year embedded in statutes, and on a date determined by the department.

Projections for this fiscal year is based on the assumption that all licenses will be valid for a two-year period and will be renewed during this year.

Based on 325 licensees x \$200 (renewal fee) =  
In addition, another 10 new licensees to make  
a total of 335 practitioners.

65.0

2.3

67.3

FY 89:

Based on an estimate of 10 new licensees, 5 by examination and 5 by credentials =  
This would make a total of 345 licensees.

2.3

FY 90:

Assuming this will also be a renewal year, and based on 345 licensees x \$200 renewal fee =  
In addition, another 10 new licensees, to make  
a total of 355 licensees =

69.0

2.3

71.3

1.	POSITION TITLE <b>LICENSING EXAMINER I (Juneau)</b>				RANGE/STEP 12A	BARG. UNIT GGU	PAGE/LINE	GOV.	APPROV.	DISAPP.	
2.	TYPE OF POSITION PFT	STAFF MONTHS	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION AWA	ELECTION DISTRICT	LEG.			
3.	CONTINUATION LEVEL				JUSTIFICATION						
4.	Type of Expenditure			AMOUNT							
	1	2	3								
	PERSONAL SERVICES										
5.	Salary	24.9									
6.	Benefits	4.0									
7.	Supplemental Benefits	1.5									
8.	Fixed Benefits	2.7									
9.	TOTAL PERSONAL SERVICES	31	33.1								
10.	Travel	02	1.3								
11.	Contractual	03	3.5								
12.	Commodities	04	1.0								
13.	Equipment	05	3.6								
14.	Other										
15.	TOTAL COST		42.5								
	RECEIPT CODE	FUNDING SOURCE									
16.		Federal Receipts 1002									
17.		C.F. Match 1003									
18.		General Funds 1004		42.5							
19.		I-A Receipts 1005									
20.		Program Receipts 1028									
21.		Other									
FOR BSM USE ONLY											
KEY NUMBER _____											

This position is necessary to assist in the implementation of the provisions of HB 317. The position would assist the Board in establishing necessary files, prepare application forms for printing, publish notices of meetings and exams, prepare travel authorizations for board members, arrange for meeting rooms and examinations, and perform other administrative duties as needed.

**REQUEST FOR  
NEW POSITION**

AGENCY Commerce and Economic Development  
 PROGRAM Consumer Protection  
 BRU Occupational Licensing  
 COMPONENT Administration

Page 1 of 1  
 Revised Date \_\_\_\_\_

**FY 86**

HB 317 File Contents

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April 22, 1985 Monday

- 18) Senate HESS materials on SB 227 by Fahrenkamp
  - a) Memo to Committee Members from staff, April 16, 1985
  - b) Bill Analysis of first HESS CS draft , April 15, 85 plus additional backup
  - c) Changes in second draft of HESS CS, April 18, 85
  - d) Revised CS SB 227 (HESS)

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April 26, 1985 Meeting

- 19) Draft CS for HB 317 (L & C) -- adopted at April 22 Meeting (Terry Cramer, bill drafter, date of 4/26/85); adopts the same language as the final CS SB 227 (HESS).
- 20) Committee Memo on Draft CS HB 317 -- by Roger Poppe, staff, 4/26/85

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May 1, 1985 Wednesday Meeting

- 21) Draft 2nd CS for HB 317 (L & C) -- Proposed alternative to L & C Committee amendments adopted at previous hearing (draft by Terry Cramer, bill drafter, date of 5/1/85).
- 22) Committee Memo on above, by Roger Poppe, Committee Staff, 5/1/85.

M E M O R A N D U M

To: All members, House Labor and Commerce Committee

From: Roger Poppe, Committee Aide

Date: May 1, 1985

Subject: Updated Overview, HB 317, Licensing of Social Workers

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At the last meeting of the House Labor and Commerce Committee on this bill on Monday, April 22, 1985, the Committee first voted to adopt the language of CS SB 227 (HESS) as the working document for a CS HB 317 (L & C). After taking testimony from Carolyn Frechette and Michael Price of the Division of Family and Youth Service, which indicated a need for some category of Provisional Social Workers to be added to the CS, the Committee voted to adopt these proposed amendments.

However, when the CS HB 317 (L & C) was sent to the bill drafter, Terry Cramer, she had major difficulties with the proposed amendments. Having worked on numerous other pieces of legislation this session dealing with Boards and Commissions, she is more familiar than most people with the general statutory requirements for all boards, including the potential establishment of new boards such as the one proposed in this bill. As with the Barbers and Hairdressers HB 305 bill it appears that with the best of intentions, we have created half a creature. Once again we were faced with making substantive decisions that is really the proper right and duty of the Committee to make instead of the aide and the drafter.

I talked at length with Ms. Frechette and Mr. Price about their actual intent with their proposed amendments; which is to try to include language that would allow para-professionals in the rural areas to be established as an additional category of social worker ("provisional social worker"), so that they could at least be licensed and recognized, and also to set the system up so that if they chose, they could take steps to move up into one of the other categories.

This intent fits in with the what sponsor Koponen had intended, which is to have some provisions to take care of the para-professionals in the bush. Consequently, after clearing this with the sponsor's office, I had Ms. Frechette and Mr. Price contact Terry Cramer directly about what their real intent was, so that Ms. Cramer could redraft their original conceptual ideas that they attempted in the amendments they proposed for Social Workers, into language and phrasing that was consistent throughout the bill. Thus, the 1st proposed CS before the Committee has just the Senate language in it; and the 2nd proposed CS has the language that Terry Cramer revise from the amendments that were proposed and adopted at the last meeting.

The Committee may also wish to restructure the Board makeup to add a paraprofessional, so that the 5 members would include 2 MSWs instead of 3, 1 BSW, 1 provisional social worker, and 1 member of the public, thus preventing the MSWs from totally dominating the Board, while also giving recognition to the provisional social worker.

Keep in mind that these additions are controversial. The NASW in Alaska appears to be opposed to including paraprofessionals in this bill, and that may be a major reason they object to giving paraprofessionals access to academic course work, which, though it may not be allowed under current national or university rules, may be obtained through a waiver. On the other hand, the Division of FYS, DHSS has the responsibility of dealing with social workers in all types of environments, including rural Alaska, and not just those with urban professional concerns.

By adding the provisional social worker sections to this bill, we thus making it different from the Senate version (which is really aimed entirely at urban professionals), and bring the issue of paraprofessionals out on the table. The bill will be passed on to the House HESS Committee, where it may be in a good position during the interim under the sponsor's jurisdiction to work out any further problems and language relating to paraprofessionals, as well as other details.

(continued)

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April 22, 1985 Monday

- 18) Senate HESS materials on SB 227 by Fahrenkamp
  - a) Memo to Committee Members from staff, April 16, 1985
  - b) Bill Analysis of first HESS CS draft , April 15, 85 plus additional backup
  - c) Changes in second draft of HESS CS, April 18, 85
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April 26, 1985 Meeting

- 19) Draft CS for HB 317 (L & C) -- adopted at April 22 Meeting (Terry Cramer, bill drafter, date of 4/26/85)
- 20) Committee Memo on Draft CS HB 317 -- by Roger Poppe, staff, 4/26/85

Cramer  
4/26/85 ✓

Original sponsors: Koponen, Larson,  
Hurley, et al

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IN THE HOUSE

BY THE LABOR AND  
COMMERCE COMMITTEE

CS FOR HOUSE BILL NO. 317 (L&C)

I. THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to the practice of social work and  
establishing the Board of Social Worker Examiners;  
and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. PURPOSE. The purpose of this Act is to assure the consu-  
mer that persons providing services under the title "social worker" have  
completed professional social work education or training, adhere to a code  
of professional ethics, and are subject to licensure by the Board of Social  
Work Examiners.

\* Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

(26) Board of Social Worker Examiners (AS 08.87.010).

\* Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

(21) Board of Social Worker Examiners (AS 08.87.010) --

June 30, 1989.

\* Sec. 4. AS 08 is amended by adding a new chapter to read:

CHAPTER 87. SOCIAL WORKERS.

ARTICLE 1. BOARD OF SOCIAL WORKER EXAMINERS.

Sec. 08.87.010. CREATION AND MEMBERSHIP OF BOARD. There is  
created a Board of Social Worker Examiners consisting of five members,  
including three licensed master social workers, one of whom is li-  
censed as an independent social worker, one licensed bachelor social  
worker, and one public member. The public member may not be licensed  
as a social worker or employed by a licensed social worker. To the  
extent possible members shall be appointed from different geographic

1 regions of the state. A member who has served two successive full  
2 terms may not be reappointed until four years after the expiration of  
3 the second term.

4 Sec. 08.87.020. TERM OF OFFICE. Each member of the board serves  
5 for a term of four years and until the member's successor is appointed  
6 and qualified. An appointment to a vacancy is for the unexpired term.

7 Sec. 08.87.030. BOARD MEETINGS. The board shall meet at least  
8 two times a year. The board may hold special meetings at the call of  
9 the chair or of a majority of the board members if the meetings are  
10 conducted over the state teleconference network.

11 Sec. 08.87.040. ELECTION OF OFFICERS. The board shall elect  
12 from among its members a chairperson and a secretary. Officers serve  
13 for a term not exceeding two years.

14 Sec. 08.87.050. REMOVAL OF BOARD MEMBERS. The governor may  
15 remove a member of the board for cause. Unexcused absences from  
16 meetings are cause for removal as determined by the board.

17 Sec. 08.87.060. PER DIEM AND TRAVEL. Board members receive no  
18 compensation but are entitled to per diem and travel expenses author-  
19 ized for members of boards and commissions under AS 39.20.180.

20 Sec. 08.87.070. POWERS AND DUTIES OF THE BOARD. The board shall

21 (1) provide for the examination of eligible applicants for  
22 licenses under this chapter;

23 (2) submit an annual report of its proceedings to the  
24 governor, including recommended changes to this chapter and a state-  
25 ment of money received and disbursed;

26 (3) establish standards for specialty designations for the  
27 private practice of social work and authorize speciality designations  
28 on licenses issued under this chapter;

29 (4) after a hearing, impose disciplinary sanctions against

1  
2 a person who violates this chapter, an order of the board, or a regu-  
3 lation of the board;

4 (5) adopt regulations relating to requirements for the  
5 supervision of persons engaged in social work under this chapter who  
6 are not licensed master social workers;

7 (6) adopt regulations requiring proof of continued compe-  
8 tency before a license is renewed;

9 (7) adopt regulations to carry out the purposes of this  
10 chapter.

11 Sec. 08.87.080. ADMINISTRATIVE PROCEDURES. The Administrative  
12 Procedure Act (AS 44.62) applies to regulations and proceedings under  
13 this chapter.

14 ARTICLE 2. LICENSING OF SOCIAL WORKERS.

15 Sec. 08.87.100. LICENSING OF SOCIAL WORKERS. (a) A person is  
16 eligible for a license as a bachelor social worker (LBSW) if the  
17 person

18 (1) is in good professional standing and is fit to practice  
19 social work as determined under regulations of the board;

20 (2) has satisfactorily completed the state examination for  
21 the license;

22 (3) provides three professional references to the board;

23 (4) has a bachelor's degree in social work from a school  
24 with a social work program accredited by the Council on Social Work  
25 Education.

26 (b) A person is eligible for a license as a master social worker  
27 (LMSW) if the person meets the requirements of (a)(1) - (3) of this  
28 section and has a master's degree in social work from a school with a  
29 social work program accredited by the Council on Social Work Educa-  
tion.

1  
2 (c) A person is eligible for a license as an independent social  
3 worker (LISW) if the person meets the requirements of (a)(1) - (3) of  
4 this section, has a master's degree in social work from a school with  
5 a social work program accredited by the Council on Social Work Educa-  
6 tion, and has completed at least 24 months of supervised post-graduate  
7 experience approved by the board in the field of specialty in which  
8 the person intends to engage as a private practitioner.

9 Sec. 08.87.110. SCOPE OF PRACTICE. (a) A person licensed as a  
10 bachelor, master, or independent social worker may provide services  
11 that enhance, protect, or restore people's capacity for social func-  
12 tioning whether impaired by physical, environmental, or emotional  
13 factors, guided by professional social work ethics, knowledge and  
14 intervention methods.

15 (b) A social worker may practice psychotherapy only if the  
16 social worker is licensed as an independent social worker with a  
17 clinical specialty or as a master social worker and is employed and  
18 supervised in a clinical setting.

19 (c) A social worker may practice social work autonomously only  
20 if

21 (1) the person is licensed as an independent social worker;

22 (2) the board has approved the specialty in which the  
23 person may engage as a private practitioner and authorizes designation  
24 of the speciality on the person's license;

25 (3) the license bearing a designation of speciality is  
26 prominently displayed in the place the person engages in private  
27 practice; and

28 (4) the person limits the private practice of social work  
29 to the designated specialty.

Sec. 08.87.120. LICENSE BY CREDENTIALS. The board may provide

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for licensing a person as a bachelor, master or independent social worker without examination if the person

(1) holds a degree in social work from a school with a social work program accredited by the Council on Social Work Education;

(2) has an active license to practice social work in another licensing jurisdiction with requirements at the time of the original licensure that were similar to or higher than those of this state;

(3) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a professional social worker association or regulatory authority;

(4) has not failed the examination of this state;

(5) has not previously had a license to practice social work revoked in this or another jurisdiction;

(6) submits proof of continued competence as required by regulation of the board; and

(7) pays all required fees.

Sec. 08.87.130. LICENSE RENEWAL REQUIRED. A license issued under this chapter lapses after 24 months unless it is renewed.

Sec. 08.87.140. FEES. The following fees are imposed under this chapter:

- (1) application.....\$ 100
- (2) initial license by examination..... 150
- (3) license by credentials..... 100
- (4) license renewal..... 200
- (5) reexamination..... 150

ARTICLE 3. PROHIBITIONS AND PENALTIES.

Sec. 08.87.200. LICENSE REQUIRED FOR USE OF TITLE. (a) Unless

1 licensed under this chapter, a person may not use the title "social  
2 worker" or a title, designation, or device indicating or tending to  
3 indicate that the person is a social worker or practices social work.  
4 A person may not use the letters "LBSW" as part of a title unless the  
5 person is licensed as a bachelor social worker under this chapter. A  
6 person may not use the letters "LMSW" as part of a title unless the  
7 person is licensed as a master social worker under this chapter. A  
8 person may not use the letters "LISW" as part of a title unless the  
9 person is licensed as an independent social worker under this chapter.  
10 Except as provided in (b) of this section, a person may not use the  
11 title "social worker intern" or "social worker student."

12  
13 (b) A student enrolled in an accredited social work program may  
14 use the title "social worker intern" or "social worker student" if the  
15 person's activities constitute a part of the person's supervised  
16 course of study.

17 (c) A person who is not licensed under this chapter may use the  
18 title "associate social worker" or a similar title while the person is  
19 providing services as a social worker to the state or a political  
20 subdivision of the state under the supervision of a social worker li-  
21 censed under this chapter.

22 Sec. 08.87.210. CONFIDENTIALITY OF COMMUNICATIONS. A social  
23 worker licensed under this chapter or an associate social worker may  
24 not disclose information provided to the social worker by a client in  
25 the course of their professional contact. This prohibition does not  
26 apply if the

27 (1) client provides written consent to the social worker to  
28 reveal the communication;

29 (2) client is incompetent and the guardian or personal  
representative provides written consent to the social worker to reveal

1  
2 the communication;

3 (3) client is dead and a beneficiary of an insurance policy  
4 on the client's life provides written consent to the social worker to  
5 reveal the communication;

6 (4) communication discloses that a crime has been committed  
7 or reveals an intent to commit a crime;

8 (5) client is a minor, the communication discloses that the  
9 client was the victim of a crime or harmful act, and the social worker  
10 reveals the communication only during the course of an official exam-  
11 ination, trial or other proceeding in which the commission of the  
12 crime or harmful act is a subject of inquiry;

13 (6) client brings charges against the social worker and the  
14 social worker reveals the communication only as necessary to defend  
15 the charges;

16 (7) licensee is subpoenaed to testify in court;

17 (8) licensee is collaborating or consulting with profes-  
18 sional colleagues or an administrative superior on behalf of the  
19 client;

20 (9) communication discloses information that the licensee  
21 is required by state or federal laws or regulations to disclose.

22 Sec. 08.87.220. GROUNDS FOR IMPOSITION OF DISCIPLINARY SANC-  
23 TIONS. After a hearing, the board may impose a disciplinary sanction  
24 on a person licensed under this chapter when the board finds that the  
25 licensee

26 (1) secured a license through deceit, fraud, or intentional  
27 misrepresentation;

28 (2) engaged in deceit, fraud, or intentional misrepresenta-  
29 tion in the course of providing professional services or engaging in  
professional activities;

1  
2 (3) advertised professional services in a false or mislead-  
3 ing manner;

4 (4) has been convicted of a crime that has a substantial  
5 relationship to the licensee's activities and services or that affects  
6 the licensee's ability to continue to practice competently and safely;

7 (5) intentionally or negligently engaged in or permitted  
8 the performance of social work by persons under the licensee's super-  
9 vision that does not conform to minimum professional standards regard-  
10 less of whether actual injury occurred;

11 (6) failed to comply with this chapter, with a regulation  
12 adopted under this chapter, or with an order of the board;

13 (7) continued to practice after becoming unfit due to

14 (A) professional incompetence;

15 (B) addiction or dependence on alcohol or other drugs  
16 that may endanger the public by impairing the licensee's ability  
17 to practice;

18 (C) physical or mental disability;

19 (8) engaged in lewd conduct in connection with the delivery  
20 of professional service;

21 (9) has been held liable for malpractice in a civil action;

22 (10) has had a license revoked in another jurisdiction.

23 Sec. 08.87.230. DISCIPLINARY SANCTIONS. (a) If it finds that a  
24 licensee has committed an act set out in AS 08.87.220, the board may  
25 impose the following sanctions singly or in combination:

26 (1) permanently revoke a license to practice;

27 (2) suspend a license for a determinate period of time;

28 (3) censure a licensee;

29 (4) issue a letter of reprimand to the licensee;

(5) place a licensee on probationary status and require the

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licensee to

- (A) report regularly to the board upon matters involving the basis of probation;
- (B) limit practice to those areas prescribed;
- (C) continue professional education until a satisfactory degree of skill has been attained in those areas that are the basis of probation;

(6) impose limitations or conditions on the practice of a licensee;

(7) refuse to renew a license.

(b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

(c) The board may summarily suspend a license before final hearing or during the appeal process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing by the board no later than seven days after the effective date of the order. The person may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions. The board shall explain significant departure from prior decisions involving similar situations in findings of fact or orders.

Sec. 08.87.240. CRIMINAL PENALTY. A person who violates AS 08.87.200 or 08.87.210 of this chapter is guilty of a class B

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misdemeanor.

Sec. 08.87.250. INJUNCTIVE RELIEF. The board may apply to the superior court for an order enjoining a person not licensed under this chapter or whose license is suspended, revoked, or expired from violating this chapter.

#### ARTICLE 4. GENERAL PROVISIONS.

Sec. 08.87.300. DEFINITION. In this chapter "board" means the Board of Social Worker Examiners.

\* Sec. 5. AS 44.62.330(a) is amended by adding a new paragraph to read:  
(53) Board of Social Worker Examiners (AS 08.87.010).

\* Sec. 6. Within 60 days after the effective date of this Act the governor shall appoint initial members to the Board of Social Worker Examiners. Notwithstanding AS 08.87.010 as enacted in sec. 4 of this Act, initial members must consist of three persons who have a master's degree in social work from a school with a social work program accredited by the Council on Social Work Education, at least one of whom is engaged in the private practice of social work, one person with a bachelor's degree in social work from a school with a social work program accredited by the Council on Social Work Education, and one public member. Notwithstanding AS 08.87.020 as enacted in sec. 4 of this Act, one initial member shall serve a one-year term, one initial member shall serve a two-year term, one initial member shall serve a three-year term, one initial member shall serve a four-year term, and one initial member shall serve a five-year term, as determined by the governor.

\* Sec. 7. (a) Notwithstanding AS 08.87.100(a) as enacted in sec. 4 of this Act, a person may apply for and receive a license as a bachelor social worker if the person

(1) holds a degree in social work from a school with a social work program that is not accredited by the Council on Social Work Education

1 or a bachelor's or master's degree in a social sciences field related to  
2 social work as defined by the board, and has been practicing under the  
3 title "social worker" for at least 24 consecutive months before July 1,  
4 1987;

5 (2) meets the requirements of AS 08.87.100(a)(1), (3) and (4);

6 or

7 (3) has been practicing social work under the supervision of a  
8 person eligible to be licensed under this Act for at least two years, and  
9 successfully completes the examination required by AS 08.87.100(a)(2).

10 (b) A person who does not meet the requirement under AS 08.87.100-  
11 (a)(2) but otherwise meets the requirements of AS 08.87.100(b) may apply  
12 for and receive a license as a master social worker.

13 (c) A person who does not meet the requirements under AS 08.87.-  
14 100(a)(2) but otherwise meets the requirements of AS 08.87.100(c) may apply  
15 for and receive a license as an independent social worker.

16 (d) An application for a license under this section must be filed  
17 before July 1, 1987.

18 \* Sec. 8. Notwithstanding AS 08.87.200, a person practicing social work  
19 on July 1, 1985, may use a title and letters as part of the title that  
20 indicate that the person is a social worker or practices social work until  
21 June 30, 1987, even if the person is not licensed under AS 08.87.100 or  
22 08.87.120.

23 \* Sec. 9. This Act takes effect July 1, 1985.  
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STATE OF ALASKA 1986 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date : \_\_\_\_\_

REQUEST

Bill/Resolution No. : CSHB 317 (L&C)  
 Title : Practice of Social Work & Establishing the Board of Social Work Examiners  
 Sponsor : House Labor & Commerce  
 Requestor : \_\_\_\_\_  
 Date of Request : \_\_\_\_\_

FISCAL DETAIL

Agency Affected : Commerce & Econ. Dev.  
 BRU : Occupational Licensing  
 \_\_\_\_\_  
 Components : \_\_\_\_\_  
 \_\_\_\_\_

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		33.1	34.8	36.5	38.3	40.2
TRAVEL		5.3	5.6	5.9	6.2	6.5
CONTRACTUAL		4.3	4.5	4.8	5.0	5.2
SUPPLIES		1.0	1.1	1.1	1.2	1.2
EQUIPMENT		3.6				
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>		<b>47.3</b>	<b>46.0</b>	<b>48.3</b>	<b>50.7</b>	<b>53.1</b>
<b>CAPITAL</b>						
<b>REVENUE</b>		<b>87.6</b>	<b>10.0</b>	<b>85.4</b>	<b>10.0</b>	<b>112.9</b>

**FUNDING : (Thousands of Dollars)**

GENERAL FUND		47.3	46.0	48.3	50.7	53.1
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		<b>47.3</b>	<b>46.0</b>	<b>48.3</b>	<b>50.7</b>	<b>53.1</b>

**POSITIONS :**

FULL-TIME		1				
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

The bill establishes a five member Board of Social Work Examiners to license and regulate the practice of social work in three categories, the LBSW, LMSW and LISW. The bill requires members to be appointed from different geographical regions of the State and (see attached)

Prepared by : Jennifer Strickler, Mgnt. Analyst  
 Division : Occupational Licensing

Phone : 465-2144  
 Date : 2/21/86

Approved by Commissioner : [Signature]  
 Agency : Commerce and Economic Development

Date : 2/24/86

**Distribution (by Agency preparing fiscal note):**

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

# CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. CSHB 317 (L&C)

provide for two meetings annually, and additional meetings at the call of the chair. It also establishes a provisional social worker registration for a setting similar to that of an apprenticeship, but makes no assurance that licensure may be granted at the end of the six year time period allowed for a provisional license.

## PERSONAL SERVICES:

Request: 1 Licensing Examiner I, Range 12A, GGU, 12 months  
to be located in Juneau \$33,145.82

The primary concern of this agency is that current responsibilities prohibit new licensing functions from being assumed without additional support staff. While it is possible that approximately one-third of the Licensing Examiner's time may be required to manage the function of licensing social workers, it is necessary that a full time position be requested since inquiries from the general public are not geared toward 'part-time' services in licensing. Staff availability to respond to the public during normal State working hours is crucial to this agency. The lack of available staff support would cause additional burden to the workload of the present staff.

## TRAVEL:

Travel costs are based on two meetings, one in Anchorage and one in Juneau. It is assumed that members will be appointed from Anchorage, Fairbanks, Juneau, Kenai and Nome in accordance with Sec. 08.87.010 which require that members be appointed from 'different geographic regions' of the State.

## CONTRACTUAL:

Contractual costs consist of one six-hour teleconference meeting, one one-hour special teleconference meeting, printing, postage, telephone and funding for public notices as well as a two-hour regulation hearing by teleconference.

## SUPPLIES:

This funding will cover stationary and other miscellaneous desk supplies required to support the function.

## EQUIPMENT: (One time costs only)

These costs are to purchase equipment for the Licensing Examiner I position.

# CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. CSHB 317 (L&C)

## PROJECTED REVENUES:

FY 87:	Based on the number of practitioners identified, it is anticipated that 219 practitioners will be seeking initial licensure. 219 x \$400	** \$ 87.6
FY 88:	Based on the assumption that there will be at least 25 new applicants. 25 x \$400	10.0
FY 89:	Projections for this fiscal year are based on the assumption that all licenses will be renewed. Based on 244 renewing x \$350 (renewal fee) In addition, 25 new licensees x \$400	85.4 <u>10.0</u> 95.4
FY 90:	Based on an estimate of 25 new licensees x \$400	10.0
FY 91:	Assuming this will also be a renewal year, 294 licensees x \$350 (renewal fee) In addition, 25 new licensees x \$400	102.9 <u>10.0</u> 112.9

\*\*Note: The 219 practitioners were determined as a result of the 131 State employees not required to be licensed by the bill. Total number of Social Workers identified in Alaska by the Alaska Chapter of the National Association of Social Workers were 350 practitioners.

(continued)

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April 22, 1985 Monday

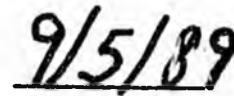
- 18) Senate HESS materials on SB 227 by Fahrenkamp
  - a) Memo to Committee Members from staff, April 16, 1985
  - b) Bill Analysis of first HESS CS draft , April 15, 85  
plus additional backup
  - c) Changes in second draft of HESS CS, April 18, 85
  - d) Revised CS SB 227 (HESS)



# RECORDS CERTIFICATION

I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

  
Signature of Camera Operator

  
Date