SB
508

5/3/90

TO: Representative Lyman Hoffman
Attn: Bob Herron
Subject: Senate Bill 508

To all members of the Labor + Commerce Committee

My concern is that impairment ratings will be determined by licensed physical or occupational therapists, and medical monitors.

Insurance companies employee such professionals and thate these professionals will make recommendations based on what their employers want to hear, with no regard for what surgeons and educational teachers of the disabled person are reporting.

My husband (Robin Lantz - CASE # 8415746) was injured in Bethel, Alaska in 1984 and has had continuing surgeries and has strived to improve his education for the past 6 year. He knows the problems that arise when a vocational therapist or a medical monitor are put in charge.

Sincerely
Terry Lantz

SB508

May 1, 1990

Representative Dave Donley, Chairman
House Labor and Commerce Committee
House of Representatives
P.O. Box V
neau, AK 99811

Reference: CSSB508

Representative Donley:

The Labo a d Management Ad Hoc Committee on Worker's Compensation has, n, proposed, negotiated and agreed to the legislative changes outlined in 8. Kevin Dougherty and myself jointly testified on this bill in front of the te Labor and Commerce Committee.

unately, our agreement in the Ad Hoc Committee was not proper in CSSB508 due to a time problem. We received the final copy fr tive drafting as Kevin and I were testifying in front of the S ttee. We, therefore, got together immediately afterward to forward th ges that were part of our agreement to you. I believe Kevin sent those to you before he left town.

It is my understanding that you are requesting we give you our intent and how each change effects the bill. Let me preface my remarks by stating that these changes don't effect the intent of the bill at all, but are housekeepin in nature. They are all due to the fact we d no time to review the comi ttee substitute prior to the hearing.

Change #1

Page 2 line 8: Section (7) should be del n ntirety. Chang line 11 from (8) to (7).

Reason

We have no idea where this language came from, it just appeared in CS. It is not something labor and management ever agreed to. language regardin medic l managers that we agreed to can be fo on page 6, Sectio. 6.

Change #2

Page 3 line 24: delete "except for first 30 days"
line 29: place a period after employee and delete rest of section.

Reason

The language as drafted in the CS was confusing. We feel this makes our intent clear.

Change #3

Page 4 line 28: should read "services must be reasonable as compared to fee for"

Reason

Again, the proposed language was turned around in the drafting process. The Worker's Comp. Board can only judge "reasonableness" and are not equiped to make "comparisons". Our intent was that the fees should be reasonable as compared to similar fees.

Change #4

Page 6 line 28: delete "this chapter" and insert AS23.30.041(k), 23.30.180, 23.30.185, 23.30.190, 23.30.200, and 23.30.215.

Reason

This change better defines those compensation benefits when health insurance replacements would be allowed. It is also consistent with changes to the Act made in 1988 where we listed statutory references by number.

Change #5

Page 8 line 9: delete "disabilities" and replace with "i.,pairments"

Reason

" abilities" is a term that has been replaced under the new law with ...ments. Changes in 1988 law provide for "impairment ratings" not "disability ratings." This is a change to be consistent with the new law.

The Ad Hoc Committee is in agreement that these changes will correct the bill to properly reflect our intent. Kevin Dougherty and I have formally agreed to these, and were he in town he would co-sign this letter.

Please call me if you still have questions.

Mary A. Pierce
Co-Chair Ad Hoc Committee

MAP/blb

SB508

Anchorage F[illegible]re & Or[illegible]pedic Clinic

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GEORGE B. vWICHMAN, M.D.
DECLAN R. NOLAN, M.D.
RICHARD W. GARNER, M.D.
THOMAS P. VASILEFF, M.D.
RICHARD D. MCEVOY, M.D.

Fellows American Academy of Orthopaedic Surgeons

April 25, 1990

[illegible]epresentative Dave Donley
[illegible].O. Box V
[illegible]uneau, Alaska 99811

[illegible] Representative Donley

[illegible] been told that if Senate Bill 508 is passed Physical Therapists [illegible] the legal ability to determine when a patient is medically [illegible] determine their partial permanent impairment disability.

[illegible]apists and Occupational Therapists, I do not think, have [illegible] determine whether a patient is medically stable and [illegible]hether they have specific training in order to evalua[illegible] [illegible] a patient may have. I think their understanding [illegible] [illegible]ses is somewhat limited.

[illegible]ument that they are able to measure proporti[illegible] [illegible]ord them on a form. In ter[illegible] making a clinical diagnosis [illegible] disability and impairment, [illegible]ink it would be unfair to [illegible]ents to be evalua[illegible] by someone who does n[illegible] have specifi[illegible] [illegible] clinical diagnos[illegible] [illegible]d diseases.

Therefore, I strongly oppose [illegible]enate Bill 508 and would enc[illegible] [illegible] vote against Senate Bill 50[illegible].

Sincerely,

T. Vasileff

Thomas P. Vasileff, M.D.

TPV/lml

Apr 26,90 1[illegible] NO.002 P.01/0[illegible]
TEL NO.561-8314

REHABILITATION MEDICINE ASSOCIATES, P.C.

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(907) 563-8876 FAX (907) 563-7654

J. MICHAEL JAMES, M.D.
ROBERT FU, M.D.
MORRIS R. HORNING, M.D.

DIPLOMATES AMERICAN BOARD OF
PHYSICAL MEDICINE AND REHABILITATION

APR 11 199[illegible]

29 March 1990

Senator Richard Eliason
P. O. Box V
Juneau, Alaska 99811

RE: Senate Bill 508

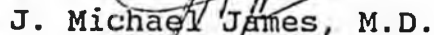
Dear Senator Eliason:

I recently had the opportunity to review the modifications of Senate Bill 508 specifically regarding the utilization of physical therapists and occupational therapists to determine physical impairment ratings as well as determine when a person is physically impaired to the degree which would require rehabilitation efforts or the lack of that physical impairment.

I do not believe that the "licensed physical therapist and occupational therapist" have the background or depth of knowledge to make an appropriate judgement with regard to the probability of permanent impairment and; more importantly, the degree of physical impairment which is what this bill would allow them to do. We have a difficult enough time educating physicians in this issue, because in a large number of patients this is extremely complex, let alone try to educate a group of people whose depth as well as breadth of knowledge is limited.

I feel this is "poor medicine" as well as poor public policy.

Yours sincerely,



J. Michael James, M.D.

sf/DNR

cy: Senator Jan Faiks
Representative Curt Menard
Representative Mike Navarre
Representative Dave Donley
Representative Ron Larson
Representative Virginia Collins

Anchorage
Fracture &
Orthopedic
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GEORGE B. VWICHMAN, M.D.
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3546 LA TOUCHE STREET
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(907) 563-3145

Fellows American Academy of Orthopaedic Surgeons

April 24, 1990

Senator Dick Eliason
Alaska State Legislature
P. O. Box V
Juneau, Alaska 99811

RE: Senate Bill 508

Dear Senator Eliason:

I have already called your office and expressed my serious concern about passing Senate Bill 508.

I hope your aide communicated my thoughts to you.

The other day I heard some comments that concerned me. These comments were made to Dr. Michael James that indicated the State Medical Association and the orthopedic surgeons of the community were all in favor of this bill. Nothing could be further from the truth. It concerns me when bad information is being bandied about and an orthopedic surgeon like myself who called with serious reservations about the bill may be quoted as being in favor of it.

Disability, permanent loss of function and whether or not a patient has reached a stable clinical state are all M.D. decisions. Granted, anyone can be trained to measure movements of parts of the body and record them on a sheet of paper. However, it takes years or training, knowledge and significant experience to be able to make a clinical diagnosis of disability or impairment.

Daily I have patients in my office claiming disability who are not in the least bit disabled. However, a physical therapist, an occupational therapist or other paramedical personnel could easily be misled into writing up disability limitations which would be wrong.

I am not sure what the problem is that this bill is meant to fix. I have been told by your aide that it appears to be the insurance companies are interested in it because there is a backlog of disability ratings that need to be done. That was the first I ever heard about that. If that is the case there are many other ways to solve that problem without going the route of this bill.

Page two
Senate Bill 508
April 24, 1990

I strongly oppose the bill and I feel that if it is passed it will lead to major difficulties in the medical administration of disability claims.

Sincerely,

Declan R. Nolan, M.D.

DRN:bj
cc to: Michael James, M.D.
Alaska State Medical Society

EDWARD M. VOKE, M.D.
(A PROFESSIONAL CORP.)

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

ORTHOPAEDIC SURGEON
PROVIDENCE MEDICAL OFFICE BUILDING
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ANCHORAGE, ALASKA 99508
PHONE: (907) 562-2277

DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

April 25, 1990

SB 508

Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Sirs and Madames:

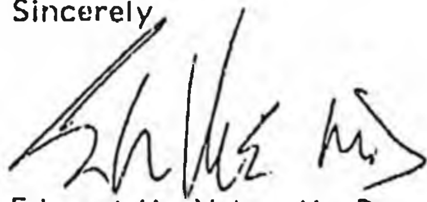
Dr. J.P. Dittrich and myself are opposed to Bill 508. Apparently this bill suggests that physical therapists and occupational therapists be allowed to complete physical capacity evaluations.

It was brought to my attention yesterday that somehow I was quoted as being in favor of this bill. I just wanted to set the record straight that this is not the case and I still feel that orthopedic surgeons are hopefully capable of and are certainly in the best position to more accurately complete this type of document.

I was unaware of the fact that a bill of this type was in the making. I am somewhat confused and do not understand why this is the case. I strongly suggest and submit that this bill be discussed with all of the orthopedic surgeons in Alaska and that they be allowed to individually state their preferences as to what they feel is appropriate. As far as I know this has not been discussed on even one occasion with any of the orthopedic surgeons that I know in Anchorage.

Your consideration is appreciated.

Sincerely,



Edward M. Voke. M. D.

EMV/vh

Correspondence on

SB 508

April 30, 1990

Representative Dave Donley
Alaska State Representative
3111 "C" Street
Anchorage, Alaska 99503

RE: Senate Bill #508

Dear Representative Donley:

I have had an opportunity to review Senate Bill #508 as drafted. I have also received and reviewed a copy of the letter from the Alaska Rehabilitation Association (ARA), which supports the completion of impairment ratings by licensed Occupational or Physical Therapists.

As a Vocational Rehabilitation Counselor in Anchorage for the past four years, I agree with ARA that Occupational and Physical Therapists are generally well qualified to complete performance based physical capacities evaluations with associated measurements, are easily accessible to rehabilitation providers, etc. I do not agree with ARA, however, that for these reasons, Occupational and Physical Therapists should necessarily be given the statutory authority to perform impairment ratings.

While a performance based physical capacities evaluation can provide valuable information to the physician, it has been my understanding that this is only a piece of the information used to develop a "medical assessment of impairment." I think it is commonly accepted that impairment ratings should be based on a thorough medical evaluation, to include a complete review of the medical record and a <u>physical examination</u>. While it may be true that impairment ratings can eventually be reduced to a rather straightforward calculation, this calculation is only one step in the overall process. Impairment ratings, in and of themselves, are only a piece of the puzzle as it relates to comprehensive medical care and rehabilitation. As rehabilitation providers, we rely on the <u>physician</u> to put <u>all</u> of the pieces together with respect to medical stability, impairment, present and future functioning, etc.

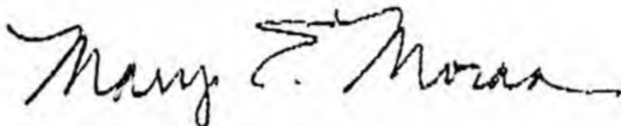
My second concern is from the patient point of view. I believe injured parties should have the right to expect that an issue as important as degree of permanent impairment will be addressed by a licensed physician.

A third concern is from a practical point of view. A therapist completes an impairment rating, the patient does not agree, and requests a second opinion as to degree of impairment from a physician. Based on training and expertise, who do you think involved parties will defer to? Impairment ratings are expensive, and multiple ratings will only serve to increase overall claim costs.

In summary, there is no question that Occupational and Physical Therapists have a valuable role to play in the rehabilitation process. I would not assume, however, that they have the medical expertise to warrant the authority to complete impairment ratings. Difficult as they may be to approach at times, I believe impairment ratings should remain in the physician arena.

I would urge you to delete the proposed amendment as outlined in AS 23.30.041 (e) and AS 23.30.190 (b).

Respectfully Submitted,



Mary E. Moran, M.S., CRC
Vocational Rehabilitation Counselor
Collins & Associates, Inc.
(907)522-3100

cc: State Representatives

Alaska Rehabilitation Association

3605 Arctic Blvd. #1341
Anchorage, Alaska 99503

April 20, 1990

Representative Dave Donley
Representative Office
3111 C Street
Anchorage, Alaska 99503

Re: Senate Bill 508

Dear Representative Donley:

The Alaska Rehabilitation Association is a group of about 60 rehabilitation professionals who represent the State of Alaska. We have reviewed Senate Bill 508 and are writing in support of Licensed Physical and Occupational Therapists performing Physical Capacities Evaluations and Impairment Ratings under the Alaska Workers' Compensation Act.

The Vocational Rehabilitation Counselors who have worked with Licensed Physical and Occupational Therapists state they are competent at performing these tests and, in fact, do them in a very functional way with the exact measurements and data that it takes to give very accurate performance based information. They are timely in their ability to perform tests and complete reports. Because of their timeliness and our ability to communicate easily with them, we are able to move more efficiently to reemployment status with injured workers.

Most of all, injured workers benefit by going through a performance based evaluation because they can see and feel for themselves what they are able to do and have less questions about their capabilities.

Please consider this, Senate Bill 508, as a positive mover in the Workers' Compensation System

Sincerely,

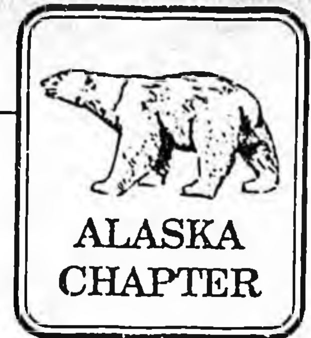
Shirley Fedora (signature)

Shirley Fedora
President, Alaska Rehabilitation Association

TOTAL P.04

NARPPS

National Association of Rehabilitation Professionals in the Private Sector
PO Box 240654, Anchorage, Alaska 99524-0654



April 30, 1990

Mr. Dave Donley, Chairman
Alaska State House
Labor and Commerce Committee
P. O. Box V
Capitol Room 122
Juneau, AK. 99811

Dear Mr. Donley:

We would like you to be aware of some concerns we have regarding Senate Bill No. 508:

1. We support the changes in Sec. 1. AS 23.30.041 (b),(5) & (7). However, we regret that this addition will do nothing to eliminate unethical medical management from the Alaska Workers Compensation System. We believe that the Reemployment Benefits Administrator should be impowered to control the activities of medical managers by setting standards for registraion of medical managers, such as CRC, CIRS, CRRN, and RN with two years experience working with rehabilitation clients, and developing standards of performance that must be met for continued registration. All other persons performing activities, such as research of prior claims, medical bill audits, and other investigative activities designed to develop information for controversions and denial of payment for services, should be classified as **Investigators** and should be required to identify themselves as such when contacting other parties involved in the claim. A separate set of standards should be developed for registration of **Investigators**.

2. We believe the proposed changes in Sec. 2. AS 23.30.041 (e) are a step in the right direction. Allowing physicians to turn this task over to a physical therapist or occupational therapist in cases where the physician does not have the time to make these predictions or requires more objective physical data for the prediction should aid the process of completing elegibility evaluations.

3. We believe the proposed changes in Sec. 3. AS 23.30.041 (k), (4), will add needed clarification to the process originally stated in the statute, however, we believe that the Reemployment Benefits Administrator should be impowered to extend the two year and $10,000 limit in special cases where remunerative employability cannot be achieved within the above stated limitations.

4. We believe the proposed changes in Sec. 4. AS 23.30.041 (1) are unwise and will lead to the delivery of inferior reemployment services in the State of Alaska.

What you will be accomplishing by passing this change in the law, will be to give claims adjusters and employers a statutory basis for denying payment for necessary reemployment and elegibility services to injured employees in Alaska. When providers realize that payment for needed services can be denied under the law, reemployment plans requiring unusual services will not receive them and they will fail, and elegibility evaluations requiring extra time or services will not be cost effective for Rehabilitation Specialists to perform.

With this change in the statute, you will create more problems than we already have in this law. Rehabilitation Specialists will not take kindly to having persons unqualified in Rehabilitation, such as Board members and claims adjusters, determining which rehabilitation services are to be considered as "similar" to other services for purposes of determining what would be a "comparable" fee. Additionally, employers and insurance carriers are not going to be satisfied if fees are set at a higher rate than the lowest fee being charged by the most ungualified person delivering what they believe to be "similar" services.

There is nothing in this proposed change that limits the comparison of fees to professionals who have the same qualifications as required under the current statute reguarding Rehabilitation Specialists. This opens the possibility that the Division of Workers Compensation may set comparable fees at a level charged by much less qualified providers, while continuing to require superior qualifications for Rehabilitation Specialists under the current statute. Rehabilitaion Specialists, qualified as CRC or CRIS, will not provide services at a rate comparable to similar services provided by less educated and less experienced persons who cannot qualify as Rehabilitation Specialists under the current statutory requirements for this designation.

There is also a danger that the wages of government employees could be used as a comparison for fees for similar services. This would not be a fair comparison, because government employees do not have the expenses of operating a business. There is nothing in the wording of this proposed change to prevent this type of comparison for establishing fees of Rehabilitation Specialists.

We believe that this type of legislation will lead to inferior rehabilitation services in the state of Alaska, because it will tend to classify all services, superior as well as inferior or average, at the same level relative to

the fees that can be charged for the service. This is what happens under socialism, and is probably the reason that medical and rehabilitation services in socialistic governments are inferior to those found in free enterprise systems. Setting minimum standards for the qualifications of Rehabilitation Specialists is an appropriate function of government in a free enterprise system, but the ammount of money that can be charged for a service needs to be left to the law of supply and demand and not the statutes.

Suppose the Alaska voters were able to pass a law stating that legislators would be paid comparable wages for similar services performed in the Alaska State legislature; would you be able to function, if you were paid a comparable wage to your aid when you were performing similar services or a comparable wage to a receptionist every time you answered the telephone? You probably already resent the fact that incompetent legislators are paid the same as competent ones. This is the kind of result you can expect whenever the goverment is allowed to socialize the free enterprise system such as would be the case if this section of SB 508 is allowed to pass.

We ask that you ammend SB 508 to strike all language dealing with government regulation of fees charged by Rehabilitation Specialists.

5. We believe the proposed changes in Sec. 5. AS 23.30.041 (p), (4) need to be more specific reguarding the qualifications of nurses and other health care providers authorised to perform the services of medical management. The definition of medical manager should include only Rehabilitation Specialists, CRRN, or RN with at least two years of experience providing medical management services to rehabilitation clients.

6. We believe the proposed changes in Sec. 6. AS 23.30.041, adding the new subsection (q) is a necessary and beneficial change. This will hopefully lead to delivery of better services and protect against the delivery of investigative services under the guise of medical management as is currently occurring.

7. We believe the proposed changes in Sec. 7. AS 23.30 adding Sec. 23.30.047 COMPENSATION FOR HEALTH INSURANCE, has long been needed to protect injured workers and their families from additionsl financial hardship from medical expenses not related to the injury, while they are suffering from a lengthy recovery. This benefit should be extended to continue beyond 18 months if the employee is participating in a reemployment plan.

8. We put forth no opinion regarding the proposed changes to Sec. 8, AS 23.30.055.

9. We believe the proposed changes in Sec. 9. AS 23.30.190 (b) will be beneficial to the injured employee and the Workers Compensation System by speeding the process for determining PPI settlements and providing for quicker delivery of settlement moneys. We ask that this section of SB 508 be passed.

10. We put forth no opinion regarding the proposed changes to Sec. 10, AS 23.30.195.

We have heard that SB 508 has come over to the house with the word that Management and Labor are in agreement on the bill and it is to be considered without ammendments. We have also heard that management lobbyists are already trying to get changes to the bill in sections not believed to be a part of Labor and Management negotiations. In particular we have heard that management is requesting a return to "usual and customary" language of Sec. 4 in a previous version of the bill. If this is the case, please refer to previous correspondence we have submitted to your committee and the legislature for our opinion and arguments relative to the effects of this phraseology.

Sincerely,

Robert M. Sullivan, M.Ed., CRC, CIRS
NARPPS Legislative Committee Chairman

cc: House Labor and Commerce Committee

MTL SERVICES
8445 Jupiter Drive
Anchorage, Alaska 99507
(907) 346-2474

MARJORIE T. LINDER, M.A., C.R.C.
Vocational Rehabilitation Counselor

April 30, 1990

Representative Dave Donnelly
State House
Juneau, Alaska

Re: SB 508

Dear Representative Donnelly:

The provisions in SB 508 (Sec. 1. AS23.30.041(b)(7), Sec.5 AS 23.30.041(p)(4), and Sec. 6 AS 23.30.041(q)) which require medical managers to identify their referral source, goals, and duties to employees, employers and physicians are consistent with the canons of ethics under the commission on rehabilitation counseling certification. Requiring medical managers to copy their reports to the Re-employment Benefits Administrator will insure that they are not misused by insurance carriers to exploit the trust and dependency of injured workers. Enclosed is a copy of the canons applicable to this bill. Please note R2.1, R2.3, R2.4, R2.5, R3.1, R3.5. If SB 508 passes, the provisions for medical management must not be amended.

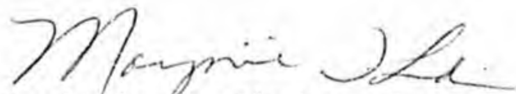
While I have your attention, I want you to know that vocational rehabilitation counseling (not the same thing as medical management) remains the "hollow pinata." All parties are invited to take a swing at it and, believe me, there is no more money left to get out of us. As you well know "rehab" was blamed for the high cost of workers' compensation and the act was reformed in '88. The numbers of workers receiving rehabilitation services have been reduced well over 90%. Rehabilitation fees spent on workers injured in FY '89 totalled less than $150,000 in a $150,000,000 industry. Out of 10,100 workers injured in FY '89, only 83 received eligibility evaluations and six (6) workers received "re-employment plans." Injured workers are at risk for not having a benefit designed to narrow the gap between impairment and disability and the rehabilitation industry is at risk of being "owned" by insurance companies if any further changes are made to Sec. 4 AS 23.30.041(l)(1).

You see, SB 508 invites challenges to rehabilitation bills by insurance companies, which is a way insurance companies exert professional "control". Representative Donnelly, please help

protect the autonomy of rehabilitation counselors for the sake of the "little guys." Instead of limiting the benefits owed injured workers, limit the activities of the insurance companies. Despite the sacrifice of injured workers and the rehabilitation industry, the insurance industry gave employers only a 4% rate reduction when rehabilitation was blamed for the high rates. I guess I'm saying, "It's them, not us." Let's point the finger at the real culprits, the insurance industry.

Yours truly,

MTL SERVICES



Marjorie T. Linder, M[illegible]., CRC
Vocational Rehabilitation Counselor

Executive Director
Eda Holt

CRCC

1156 Shure Drive, Suite 350 • Arlington Heights, Illinois 60004 • 312-394-2104

Commission on Rehabilitation Counselor Certification
A division of the Board for Rehabilitation Certification
Accredited by the National Commission For Health Certifying Agencies

Volume 6 February, 1989

CERTIFICATION UPDATE

The Commission on Rehabilitation Counselor Certification (CRCC) is pleased to announce that a revised Code of Professional Ethics for Rehabilitation Counselors has been completed and printed here for your use.

CRCC has worked closely with the American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association in the revision of this Code. Both professional associations have adopted the Code, as well as the National Council on Rehabilitation Education. We anticip[illegible] other professional associations will adopt or endorse the Code for their rehabilitation counselors.

You may recall that [illegible] initial application to take the CRC Examination, you signed a statement of understanding that said you would ascribe to the Code of Ethics printed on the application. The revised Code of Professional Ethics for Rehabilitation Counselors applies to all Certified Rehabilitation Counselors. Disciplinary Procedures are outlined and all CRCs are encouraged to carefully read both the Code and Disciplinary Procedures. As stated in the Preamble to the Code, CRCs are encouraged to request in writing an advisory opinion from CRCC when they require assistance in interpreting the Code. At a later date, a Guidebook will also be developed to assist CRCs in interpreting the Canons and Rules of the Code.

CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS

The Commission on Rehabilitation Counselor Certification has adopted the Code of Professional Ethics for Certified Rehabilitation Counselors; and the following professional organizations have adopted the Code for their memberships; American Rehabilitation Counseling Association, National Rehabilitation Counseling Association, and National Council on Rehabilitation Education.

Preamble

Rehabilitation counselors are committed to facilitating personal, social, and economic independence of individuals with disabilities. In fulfilling this commitment, rehabilitation counselors work with people, programs, institutions, and service delivery systems. Rehabilitation counselors recognize that both action and inaction can be facilitating or debilitating. Rehabilitation counselors may be called upon to provide counseling; vocational exploration; psychological and vocational assessment; evaluation of social, medical, vocational, and psychiatric information; job placement and job development services; and other rehabilitation services, and so in a manner that is consistent with their education and experience. Moreover, rehabilitation counselors also must demonstrate adherence to ethical standards and must ensure that the standards are enforced vigorously. The Code of Professional Ethics, henceforth referred to as the Code, is designed to facilitate the accomplishment of these goals.

The primary obligation of rehabilitation counselors is to their clients, defined in this Code as people with disabilities who are receiving services from rehabilitation counselors. The basic objective of the Code is to promote the public welfare by specifying and enforcing ethical behavior expected of rehabilitation counselors. Accordingly, the Code consists of two kinds of standards, Canons and Rules of Professional Conduct.

The Canons are general standards of an aspirational and inspirational nature reflecting the fundamental spirit of caring and respect which professionals share. They are maxims which serve as models of exemplary professional conduct. The Canons also express general concepts and principles from which more specific Rules are derived. Unlike the Canons, The Rules are more exacting standards that provide guidance in specific circumstances.

Rehabilitation counselors who violate the Code are subject to disciplinary action. A Rule violation is interpreted as a violation of the applicable Canon and the general principles embodied thereof. Since the use of the Certified Rehabilitation Counselor (CRC) designation is a privilege granted by the Commission on Rehabilitation Counselor Certification (CRCC), the CRCC reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a Rule violation. Disciplinary penalties are imposed as warranted by the severity of the offense and its attendant circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code within the framework of due process and equal protection of the laws.

When there is reason to question the ethical propriety of specific behaviors, persons are encouraged to refrain from engaging in such behaviors until the matter has been clarified. Certified Rehabilitation Counselors who need assistance in interpreting the Code should request in writing an advisory opinion from the Commission on Rehabiliation Counselor Certification. Rehabilitation counselors who are not certified and require assistance in interpreting the Code should request in writing an advisory opinion from their appropriate professional organization.

Rehabilitation Counselor Code of Ethics

Canon 1 - MORAL AND LEGAL STANDARDS

Rehabilitation counselors shall behave in a legal, ethical, and moral manner in the conduct of their profession, maintaining the integrity of the Code and avoiding any behavior which would cause harm to others.

Rules of Professional Conduct

R1.1 Rehabilitation counselors will obey the laws and statutes in the legal jurisdiction in which they practice and are subject to disciplinary action for any violation, to the extent that such violation suggests the likelihood of professional misconduct.

R1.2 Rehabilitation counselors will be thoroughly familiar with, will observe, and will discuss with their clients the legal limitations of their services, or benefits offered to clients so as to facilitate honest and open communication and realistic expectations.

R1.3 Rehabilitation counselors will be alert to legal parameters relevant to their practices and to disparities between legally mandated ethical and professional standards and the Code. Where such disparities exist, rehabilitation counselors will follow the legal mandates and will formally communicate any disparities to the appropriate committee on professional ethics. In the absence of legal guidelines, the Code is ethically binding.

R1.4 Rehabilitation counselors will not engage in any act or omission of a dishonest, deceitful, or fraudulent nature in the conduct of their professional activities. They will not allow the pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgment and skills, nor will rehabilitation counselors abuse their relationships with clients to promote personal or financial gain or the financial gain of their employing agencies.

R1.5 Rehabilitation counselors will understand and abide by the Canons and Rules of Professional Conduct which are prescribed in the Code.

R1.6 Rehabilitation counselors will not advocate, sanction, participate in, cause to be accomplished, otherwise carry out through another, or condone any act which rehabilitation counselors are prohibited from performing by the Code.

R1.7 Rehabilitation counselors' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in rehabilitation counselors. To protect public confidence, rehabilitation counselors will avoid public behavior that clearly is in violation of accepted moral and ethical standards.

R1.8 Rehabilitation counselors will respect the rights and reputation of any institution, organization, or firm with which they are associated when making oral or written statements. In those instances where they are critical of policies, they attempt to effect change by constructive action within organizations.

R1.9 Rehabilitation counselors will refuse to participate in employment practices which are inconsistent with the moral or legal standards regarding the treatment of employees or the public. Rehabilitation counselors will not condone practices which result in illegal or otherwise unjustifiable discrimination on any basis in hiring, promotion, or training.

Canon 2 - COUNSELOR-CLIENT RELATIONSHIP

Rehabilitation counselors shall respect the integrity and protect the welfare of people and groups with whom they work. The primary obligation of rehabilitation counselors is to their clients, defined as people with disabilities who are receiving services from rehabilitation counselors. Rehabilitation counselors shall endeavor at all times to place their clients' interests above their own.

Rules of Professional Conduct

R2.1 Rehabilitation counselors will make clear to clients, the purposes, goals, and limitations that may affect the counseling relationship.

R2.2 Rehabilitation counselors will not misrepresent their role or competence to clients. Rehabilitation counselors will provide information about their credentials, if requested, and will refer clients to other specialists as the needs of clients dictate.

R2.3 Rehabilitation counselors will be continually congnizant of their own needs, values, and of their potentially influential position, vis-a-vis clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Rehabilitation counselors make every effort to avoid dual relationships that could impair their professional judgments or increase the risk of exploitation. Examples of dual relationships include, but are not limited to, research with and treatment of employees, students, supervisors, close friends, or relatives. Sexual intimacies with clients are unethical.

R2.4 Rehabilitation counselors who provide services at the request of a third party will clarify the nature of their relationships to all involved parties. They will inform all parties of their ethical responsibilities and take appropriate action. Rehabilitation counselors employed by third parties as case consultants or expert witnesses, where there is no pretense or intent to provide rehabilitation counseling services directly to clients, beyond file review, initial interview and/or assessment, will clearly define, through written or oral means, the limits of their relationship, particularly in the areas of informed consent and legally privileged communications, to involved individuals. As case consultants or expert witnesses, rehabilitation counselors have an obligation to provide unbiased, objective opinions.

R2.5 Rehabilitation counselors will honor the right of clients to consent to participate in rehabilitation services. Rehabilitation counselors will inform clients or the clients' legal guardians of factors that may affect clients' decisions to participate in rehabilitation services, and they will obtain written consent after clients or their legal guardians are fully informed of such factors. Rehabilitation counselors who work with minors or other persons who are unable to give voluntary, informed consent, will take special care to protect the best interests of clients.

R2.6 Rehabilitation counselors will avoid initiating or continuing consulting or counseling relationships if it is expected that the relationships can be of no benefit to clients, in which case rehabilitation counselors will suggest to clients appropriate alternatives.

R2.7 Rehabilitation counselors will recognize that families are usually an important factor in client's rehabilitation and will strive to enlist family understanding and involvement as a positive resource in promoting rehabilitation. The permission of clients will be secured prior to family involvement.

R2.8 Rehabilitation counselors and their clients will work jointly in devising an integrated, individualized rehabilitation plan which offers reasonable promise of success and is consistent with the abilities and circumstances of clients. Rehabilitation counselors will persistently monitor rehabilitation plans to ensure their continued viability and effectiveness, remembering that clients have the right to make choices.

R2.9 Rehabilitation counselors will work with their clients in considering employment for clients in only jobs and circumstances that are consistent with the clients' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications and other relevant characteristics and needs. Rehabilitation counselors will neither place nor participate in placing clients in positions that will result in damaging the interest and welfare of either clients or employers.

Canon 3 - CLIENT ADVOCACY

Rehabilitation counselors shall serve as advocates for people with disabilities.

Rules of Professional Conduct

R3.1 Rehabilitation counselors will be obligated at all times to promote access for people with disabilities in programs, facilities, transportation, and communication, so that clients will not be excluded from opportunities to participate fully in rehabilitation, education, and society.

R3.2 Rehabilitation counselors will assure, prior to referring clients to programs, facilities, or employment settings, that they are appropriately accessible.

R3.3 Rehabilitation counselors will strive to understand accessibility problems of people with cognitive, hearing, mobility, visual and/or other disabilities and demonstrate such understanding in the practice of their profession.

R3.4 Rehabilitation counselors will strive to eliminate attitudinal barriers, including stereotyping and discrimination, toward people with disabilities and will enhance their own sensitivity and awareness toward people with disabilities.

R3.5 Rehabilitation counselors will remain aware of the actions taken by cooperating agencies on behalf of their clients and will act as advocates of clients to ensure effective service delivery.

Canon 4 - PROFESSIONAL RELATIONSHIPS

Rehabilitation counselors shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources, and other professions so as to facilitate the contribution of all specialists toward achieving optimum benefit for clients.

Rules of Professional Conduct

R4.1 Rehabilitation counselors will ensure that there is fair mutual understanding of the rehabilitation plan by all agencies cooperating in the rehabilitation of clients and that any rehabilitation plan is developed with such mutual understanding.

R4.2 Rehabilitation counselors will abide by and help to implement "team" decisions in formulating rehabilitation plans and procedures, even when not personally agreeing with such decisions, unless these decisions breach the ethical Rules.

R4.3 Rehabilitation counselors will not commit receiving counselors to any prescribed courses of action in relation to clients, when tranferring clients to other colleagues or agencies.

R4.4 Rehabilitation counselors, as referring counselors, will promptly supply all information necessary for a cooperating agency or counselor to begin serving clients.

R4.5 Rehabilitation counselors will not offer on-going professional counseling/case management services to clients receiving such services from other rehabilitation counselors without first notifying the other counselor. File review and second opinion services are not included in the concept of professional counseling/case management services.

R4.6 Rehabilitation counselors will secure from other specialists appropriate reports and evaluations, when such reports are essential for rehabilitation planning and/or service delivery.

R4.7 Rehabilitation counselors will not discuss in a disparaging way with clients the competency of other counselors or agencies, or the judgments made, the methods used, or the quality of rehabilitation plans.

R4.8 Rehabilitation counselors will not exploit their professional relationships with supervisors, colleagues, students, or employees sexually or otherwise. Rehabilitation counselors will not condone or engage in sexual harassment, defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature unwanted by recipients.

R4.9 Rehabilitation counselors who know of an ethical violation by another rehabilitation counselor will informally attempt to resolve the issue with the counselor, when the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience. If the violation does not seem amenable to an informal solution, or is of a more serious nature, rehabilitation counselors will bring it to the attention of the appropriate committee on professional ethics.

R4.10 Rehabilitation counselors possessing information concerning an alleged violation of this Code, will, upon request, reveal such information to the Commission on Rehabilitation Counselor Certification or other authority empowered to investigate or act upon the alleged violation, unless the information is protected by law.

R4.11 Rehabilitation counselors who employ or supervise other professionals or students will facilitate professional development of such individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.

Canon 5 - PUBLIC STATEMENTS/FEES

Rehabilitation counselors shall adhere to professional standards in establishing fees and promoting their services.

Rules of Professional Conduct

R5.1 Rehabilitation counselors will consider carefully the value of their services and the ability of clients to meet the financial burden in establishing reasonable fees for professional services.

R5.2 Rehabilitation counselors will not accept for professional work a fee or any other form of remuneration from clients who are entitled to their services through an institution or agency or other benefits structure, unless clients have been fully informed of the availability of services from other such sources.

R5.3 Rehabilitation counselors will neither give nor receive a commission or rebate or any other form of remuneration for referral of clients for professional services.

R5.4 Rehabilitation counselors who describe rehabilitation counseling or the services of rehabilitation counselors to the general public will fairly and accurately present the material, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Rehabilitation counselors are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.

Canon 6 - CONFIDENTIALITY

Rehabilitation counselors shall respect the confidentially of information obtained from clients in the course of their work.

Rules of Professional Conduct

R6.1 Rehabilitation counselors will inform clients at the onset of the counseling relationship of the limits of confidentiality.

R6.2 Rehabilitation counselors will take reasonable personal action, or inform responsible authorities, or inform those persons at risk, when the conditions or actions of clients indicate that there is clear and imminent danger to clients or others after advising clients that this must be done. Consultation with other professionals may be used where appropriate. The assumption of responsibility for clients must be taken only after careful deliberation and clients must be involved in the resumption of responsibility as quickly as possible.

R6.3 Rehabilitation counselors will not forward to another person, agency, or potential employer, any confidential information without the written permission of clients or their legal guardians.

R6.4 Rehabilitation counselors will ensure that there are defined policies and practices in other agencies cooperatively serving rehabilitation clients which effectively protect information confidentiality.

R6.5 Rehabilitation counselors will safeguard the maintenance, storage, and disposal of the records of clients so that unauthorized persons shall not have access to these records. All non-professional persons who must have access to these records will be thoroughly briefed concerning the confidential standards to be observed.

R6.6 Rehabilitation counselors, in the preparation of written and oral reports, will present only germane data and will make every effort to avoid undue invasion of privacy.

R6.7 Rehabilitation counselors will obtain written permission from clients or their legal guardians prior to taping or otherwise recording counseling sessions. Even with guardians' written consent, rehabilitation counselors will not record sessions against the expressed wishes of clients.

R6.8 Rehabilitation counselors will persist in claiming the privileged status of confidential information obtained from clients, where communications are privileged by statute for rehabilitation counselors.

R6.9 Rehabilitation counselors will provide prospective employers with only job relevant information about clients and will secure the permission of clients or their legal guardians for the release of any information which might be considered confidential.

Canon 7 - ASSESSMENT

Rehabilitation counselors shall promote the welfare of clients in the selection, utilization, and interpretation of assessment measures.

Rules of Professional Conduct

R7.1 Rehabilitation counselors will recognize that different tests demand different levels of competence for administration, scoring, and interpretation, and will recognize the limits of their competence and perform only those functions for which they are trained.

R7.2 Rehabilitation counselors will consider carefully the specific validity, reliability, and appropriateness of tests, when selecting them for use in a given situation or with particular clients. Rehabilitation counselors will proceed with caution when attempting to evaluate and interpret the performance of people with disabilities, minority group members, or other persons who are not represented in the standardized norm groups. Rehabilitation counselors will recognize the effects of socioeconomic, ethnic, disability, and cultural factors on test scores.

R7.3 Rehabilitation counselors will administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions, as may be necessary to accommodate modifications for clients with disabilities or when unusual behavior or irregularities occur during the testing session, those conditions will be noted and taken into account at the time of interpretation.

R7.4 Rehabilitation counselors will ensure that instrument limitations are not exceeded and that periodic reassessments are made to prevent stereotyping of clients.

R7.5 Rehabilitation counselors will make known the purpose of testing and the explicit use of the results to clients prior to administration. Recognizing the right of clients to have test results, rehabilitation counselors will give explanations of test results in language clients can understand.

R7.6 Rehabilitation counselors will ensure that specific interpretation accompanies any release of individual data. The welfare and explicit prior permission of clients will be the criteria for determining the recipients of the test results. The interpretation of assessment data will be related to the particular goals of evaluation.

R7.7 Rehabilitation counselors will attempt to ensure, when utilizing computerized assessment services, that such services are based on appropriate research to establish the validity of the computer programs and procedures used in arriving at interpretations. Public offering of an automated test interpretation service will be considered as a professional-to-professional consultation. In this instance, the formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to clients.

R7.8 Rehabilitation counselors will recognize that assessment results may become obsolete. They make every effort to avoid and prevent the misuse of obsolete measures.

Canon 8 - RESEARCH ACTIVITIES

Rehabilitation counselors shall assist in efforts to expand the knowledge needed to more effectively serve people with disabilities.

Rules of Professional Conduct

R8.1 Rehabilitation counselors will ensure that data for research meet rigid standards of validity, honesty, and protection of confidentiality.

R8.2 Rehabilitation counselors will be aware of and responsive to all pertinent guidelines on research with human subjects. When planning any research activity dealing with human subjects, rehabilitation counselors will ensure that research problems, design, and execution are in full compliance with such guidelines.

R8.3 Rehabilitation counselors presenting case studies in classes, professional meetings, or publications will confine the content to that which can be disguised to ensure full protection of the identity of clients.

R8.4 Rehabilitation counselors will assign credit to those who have contributed to publications in proportion to their contribution.

R8.5 Rehabilitation counselors recognize that honesty and openness are essential characteristics of the relationship between rehabilitation counselors and research participants. When methodological requirements of a study necessitate concealment or deception, rehabilitation counselors will ensure that participants understand the reasons for this action.

Canon 9 - COMPETENCE

Rehabilitation counselors shall establish and maintain their professional competencies at such a level that their clients receive the benefit of the highest quality of services the profession is capable of offering.

Rules of Professional Conduct

R9.1 Rehabilitation counselors will function within the limits of their defined role, training, and technical competency and will accept only those positions for which they are professionally qualified.

R9.2 Rehabilitation counselors will continuously strive through reading, attending professional meeting, and taking courses of instruction to keep abreast of new developments, concepts, and practices that are essential to providing the highest quality of services to their clients.

R9.3 Rehabilitation counselors, recognizing that personal problems and conflicts may interfere with their professional effectiveness, will refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance. If they are already engaged in such activity when they become aware of their personal problems, they will seek competent professional assistance to determine whether they should suspend, terminate or limit the scope of their professional activities.

R9.4 Rehabilitation counselors who are educators will perform their duties based on careful preparation so that their instruction is accurate, up-to-date and scholarly.

R9.5 Rehabilitation counselors who are educators will ensure that statements in catalogs and course outlines are accurate, particularly in terms of subject matter covered, bases for grading, and nature of classroom experiences.

R9.6 Rehabilitation counselors who are educators will maintain high standards of knowledge and skill by presenting rehabilitation counseling information fully and accurately, and by giving appropriate recognition to alternative viewpoints.

Canon 10 - CRC CREDENTIAL

Rehabilitation counselors holding the Certified Rehabilitation Counselor (CRC) designation shall honor the integrity and respect the limitations placed upon its use.

Rules of Professional Conduct

R10.1 Certified Rehabilitation Counselors will use the Certified Rehabilitation Counselor (CRC) designation only in accordance with the relevant GUIDELINES promulgated by the Commission on Rehabilitation Counselor Certification.

R10.2 Certified Rehabilitation Counselors will not attribute to the mere possession of the designation depth or scope of knowledge, skill, and professional capabilities greater than those demonstrated by achievement of the CRC designation.

R10.3 Certified Rehabilitation Counselors will not make unfair comparisons between a person who holds the Certified Rehabilitation Counselor (CRC) designation and one who does not.

R10.4 Certified Rehabilitation Counselors will not write, speak, nor act in ways that lead others to believe Certified Rehabilitation Counselors are officially representing the Commission on Rehabilitation Counselor Certification, unless such written permission has been granted by the said Commission.

R10.5 Certified Rehabilitation Counselors will make no claim to unique skills or devices not available to others in the profession unless the special efficacy of such unique skills or device has been demonstrated by scientifically accepted evidence.

R10.6 Certified Rehabilitation Counselors will not initiate or support the candidacy of an individual for certification by the Commission on Rehabilitation Counselor Certification if the individual is known to engage in professional practices which violate this Code.

Acknowledgement

Referenced documents, statements, and sources for the development of this revised Code are as follows: National Rehabilitation Counseling Association Code of Ethics, National Academy of Certified Clinical Mental Health Counselors, and the Ethical Standards of the American Association for Counseling and Development. Portions of the Code are also derived from the American Psychological Association "Ethical Principles of Psychologists."