

SB

177



Health, Education, and Social Services Committee Alaska State Senate

SPONSOR STATEMENT

CS SB 177 (HES)—*“An Act eliminating the prohibition on the use by certain licensed professionals of titles or descriptions of services that incorporate the terms ‘psychoanalysis,’ ‘psychoanalyst,’ ‘psychotherapy,’ ‘psychotherapeutic,’ or ‘psychotherapist.’”*

AS 08.86.180 prohibits professionals—except for licensed psychologists and clinical social workers—from using certain terms to describe their services or their titles. These terms include: “psychology,” “psychological,” “psychologist,” “psychometry,” “psychotherapy,” “psychotherapeutic,” “psychotherapist,” “psychoanalysis,” and “psychoanalyst.” This statute was written prior to the licensure of professional counselors (LPC’s) and marital and family therapists (LMFT’s), who also provide these types of psychological services. LPC’s and LMFT’s constitute a large portion of Alaska’s licensed mental health professional workforce, and are an even larger percentage of professionals working in state funded community mental health centers.

SB 177 was composed with the collaboration of the Alaska Board of Licensed Professional Counselors, the Alaska Psychological Association, the Alaska Board of Psychologist and Psychological Associate Examiners, the Alaska Chapter of the National Association of Social Workers, the Alaska Board of Marital and Family Therapists, and the Alaska Board of Social Work Examiners.

SB 177 updates these statutes to reflect current practice and training as well as maintaining a degree of protection to the public. The language affects licensed clinical social workers, licensed marital and family therapists, and licensed professional counselors.

24-LS0893\G
Mischel
1/17/06

CS FOR SENATE BILL NO. 177(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Ordered:

Referred:

Sponsor(s): SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE BY REQUEST

A BILL

FOR AN ACT ENTITLED

1 **"An Act eliminating the prohibition on the use by certain licensed professionals of titles**
2 **or descriptions of services that incorporate the terms 'psychoanalysis,' 'psychoanalyst,'**
3 **psychotherapy,' 'psychotherapeutic,' or 'psychotherapist.'"**

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

5 *** Section 1. AS 08.86.180(d) is amended to read:**

6 (d) Nothing in this section prohibits a licensed clinical social worker, a
7 licensed marital and family therapist, or a licensed professional counselor from
8 holding out to the public by a title or description of services incorporating the words
9 "psychoanalysis," "psychoanalyst," "psychotherapy," "psychotherapist," or
10 "psychotherapeutic."

L

Sec. 08.66.170. Use of title.

(a) Unless licensed under this chapter, a person may not use the title "psychologist" or a title, designation, or device indicating or tending to indicate that the person is a psychologist or practices psychology.

(b) Unless licensed under this chapter, a person may not use the title "psychological associate" or a title, designation, or device indicating or tending to indicate that the person is a psychological associate or practices counseling or psychometrics.

Sec. ~~08.86.180~~. Practice of psychology.

(a) Unless licensed under this chapter, a person may not practice psychology or hold out publicly as a psychologist or as practicing psychology. A person holds out as a psychologist by using a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst" or when holding out publicly to be trained, experienced, or qualified to render services in the field of psychology.

(b) This section does not apply to

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a psychological nature in the course of the person's employment, if the employer maintains appropriate supervision of psychological activities and professional conduct, and if the person is performing the psychological activities as part of the duties for which the person was employed, is performing the activities solely within the facilities of the organization in which the person is employed or under the supervision of the organization in which the person is employed, and does not render or offer to render psychological services to the public for compensation in addition to the salary the person receives from the organization;

(2) a student, intern, or resident in psychology pursuing a course of study approved by the board as qualifying training and experience for a psychologist, if that person's activities constitute a part of that person's supervised course of study and that person is designated by titles such as "psychology intern" or "psychology trainee";

(3) a qualified member of another profession, in doing work of a psychological nature consistent with that person's training and consistent with the code of ethics of that person's profession, if the person does not hold out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst" or represent to be trained, experienced, or qualified to render services in the field of psychology.

(4) *[Repealed, Sec. 15 ch 65 SL-1 1973].*

(5) a physician engaged in the normal practice of medicine for which the physician is licensed under AS 08.64.

(c) Nothing in this chapter authorizes a person licensed as a psychologist to engage in the practice of medicine, as defined by the laws of the state.

(d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

Sec. 08.86.185. Practice of counseling and psychometrics. [Repealed, Sec. 24 ch 58 SLA 1980. For current law, see AS 08.86.180].

Repealed or Renumbered

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 177
 () Publish Date: _____

Revision Date/Time (Note if correction):
 Title Practice of Psychology

Dept. Affected: Commerce
 RDU Occupational Licensing (117)
 Component Occupational Licensing

Sponsor Health, Education & Social Services
 Requester Senate Health, Education & Social Services

Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	------------	------------	------------	------------	------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB177 eliminates certain titles or description of services from requiring licensure by the Board of Psychologist and Psychological Associate Examiners. New funds are not required to implement the provisions of this bill.

Prepared by: Jennifer Strickler, Administrative Manager
 Division: Occupational Licensing
 Approved by: Edgar Blatchford, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone (907) 465-2144
 Date/Time 4/19/05 7:30 PM
 Date 4/19/2005

Psychotherapy means:

the treatment of mental or emotional problems by psychological means

the treatment of psychological disorders or maladjustments by a psychological technique, as psychoanalysis, group therapy, or behavioral therapy. Psychotherapy does not include physiological interventions, such as drug therapy or electroconvulsive therapy, although it may be used in combination with such methods. Behavior therapy aims to help the patient eliminate undesirable habits or irrational fears through the use of principles of conditioning

a set of techniques believed to cure or to help solve behavioral and other psychological problems in humans. The common part of these techniques is direct personal contact between therapist and patient, mainly in the form of talking. Due to the nature of these communications, there are significant issues of patient privacy and/or client confidentiality.

A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication.

The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.

(Partial) List of Psychotherapeutic Modalities

- Analytical psychology
- Autogenic psychotherapy
- Behavior therapy
- Biodynamic psychotherapy
- Bioenergetic analysis
- Biosynthesis
- Jungian psychotherapy
- Rogersian psychotherapy
- Cognitive analytic psychotherapy
- Cognitive behavioural psychotherapy
- Concentrative movement therapy
- Core process psychotherapy
- Daseins analytic psychotherapy
- Encounter groups
- Existential analysis
- Family therapy
- Freudian psychotherapy
- Gestalt therapy
- Group therapy
- Humanistic psychology
- Logotherapy
- Neuro-Linguistic Programming
- Person centred psychotherapy
- Personal construct psychology (PCP)
- Positive psychotherapy
- Postural integration
- Primal integration
- Primal therapy
- Psychoanalysis
- Psychodrama
- Psychodynamic psychotherapy
- Psycho-Organic analysis
- Psychosynthesis
- Pulsing
- Rational emotive behaviour psychotherapy
- Reichian psychotherapy
- Rolfing
- Sophia analysis
- Systemic therapy
- T Groups
- Transactional analysis
- Transpersonal psychotherapy

Dear Legislator:

An issue has been brought up to me again by members of the Community Mental Health Center (CMHC) providers association. They are concerned because one of the primary services that they provide is "psychotherapy". There is confusion among them and others because the statutes regarding licensed psychologists says that only they and social workers may call themselves "psychotherapists", and use the terms "psychotherapy" and "psychotherapeutic" to describe the work that they do. This statute was written prior to the licensing of professional counselors (LPC) and marital and family therapists (LMFT) who currently make up close to half of the licensed mental health professionals practicing in the state and an even larger percentage working in state funded community mental health centers (CMHC).

The problem is that "psychotherapy" is a generic term much like "physical therapy". There are many modes of therapy that fall under the umbrella of this generic term and they all have to do with working with people's minds to improve health or alter behavior. Attached are several definitions of psychotherapy easily found on the internet at medical dictionary sites. Also attached is the statutory language limiting the use of the psychotherapy terms and the definition of the practice of psychotherapy.

When billing for services at a CMHC, Medicaid recognizes "psychotherapy" as a service and Medicaid regulations allow all of the four mental health professions to bill for it. However, there is currently confusion and fear that service providers could be found to be billing fraudulently if they have LMFT or LPC staff sign and bill for those services.

It is clear that legislators in the past recognized that psychologists were not the only mental health professionals to practice psychotherapy. Before the licensing of LMFT and LPC clinicians, they amended the psychology statutes to include:

Sec. 08.86.180. (d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

In a survey that I did two years ago, I found that there were only 8 licensed psychologists working in community mental health centers across the state. The rest of the clinical staff were mostly social workers and LPCs with a few MFTs. These numbers help to demonstrate the necessity to make changes to current law in order to recognize the reality of the current workforce, the actual practice of clinical staff, and the need to support clinical staff on whom many rely for mental health services.

Should you wish to contact me to discuss this bill, my email address is alhenry@alaska.net, and my phone numbers are: (H) 272-0816, (cell) 250-5244.

Thank you very much for considering this.

Respectfully,

Anne L. Henry

LPC Board Chair



DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

JASON
SB 177
Frank H. Murkowski, Governor
William Noll, Commissioner
Rick Union, Director

January 10, 2006

The Honorable Fred Dyson
Alaska State Senate
10928 Eagle River Road
Eagle River, AK 99577

Dear Senator Dyson:

This letter is in support of Senate Bill 177, which references the use of words such as "psychotherapy/psychotherapeutic" by licensed mental health professionals. As you know, currently terms such as "psychotherapy", "psychotherapeutic" and "psychotherapist" that are used by Psychologists may not be used by other mental health professionals. We would like to eliminate the requirement that only Psychologists licensed by their Board can use those terms.


The Webster's Dictionary defines "psychotherapy" as "the treatment of psychological disorders or maladjustments"... In the Statutes for Licensed Marriage and Family Therapists, (LMFT) Sec. 08.63.900, the "practice of marital and family therapy" (#5) is defined as (A) "the professional application of assessments and treatments of psychotherapeutic services to individuals, couples and families for the purpose of treating the diagnosed emotional and mental disorders". Therefore, the term "psychotherapeutic" is already being used and is in the Statutes for LMFTs.

In order that the public understand that all licensed mental health professionals are qualified to provide psychotherapeutic services, we need to ensure passage of Senate Bill 177. Currently, there is apparent contradictory information in the Statutes.

The Marriage and Family Therapy licensing Board is in support of Senate Bill 177.

Thank you for your attention to this matter.

Sincerely,


Vivian C. Finlay, Chair
Marital & Family Therapists Board

April 16, 2005

Senator Fred Dyson, Chair, and
Members of Senate HE&SS Committee
State Capitol
Juneau, Alaska

Dear Senator Dyson:

Senate Bill 177 serves a very important purpose to the public, by allowing mental health and related behavioral health professionals to legally provide the services they either already offer mentally ill Alaskans, or could offer them, if this bill is passed.

Many mental health professionals in community mental health centers, and other behavioral health agencies are technically not allowed to use some of the "psychology-related" language, or provide services referred to in this legislation, even though they are trained and qualified to do so. SB 177 would correct that situation.

For Alaskans, this would mean greater access to needed services, often at less cost to them than they currently might pay. They could receive mental health services, and have greater opportunity to use their own insurance to cover those services provided by agencies and providers qualified to perform them.

I strongly encourage you and the Committee to support this legislation, in the best interests of our state and communities.

Thank you,

Pamela Watts, Administrator
Rainforest Recovery Center (formerly Juneau Recovery Hospital)

April 20, 2005

Senator Fred Dyson, Chair
& Members of Senate H&SS Committee
State Capitol Building
Juneau, Alaska

Re: Senate Bill 177

Senator Dyson,

I am writing to you in support of Senate Bill 177, which seeks to remove the unintentional, discriminatory language that was inserted into state statutes prior to the licensing of LPC and LMFT clinicians in the state of Alaska.

My strong support for the bill stems in part from the shortage of mental health professionals licensed to legally provide services to Alaska's village communities and adolescent populations, given the current wording of the statute. I lend further support given the fact that many clients take comfort in being able to choose from qualified multidisciplinary mental health providers when attempting to obtain needed services; however, due to the language in the current statute, health insurance companies may choose to limit subscriber's coverage to psychologists or clinical social workers only.

Senate Bill 177 would update the statutory language necessary to include licensed professional counselors to provide mental health services that they are clearly schooled and qualified to provide and it would also promote unity among the four professions (psychology, social work, counseling and marriage and family therapy) that are vital in providing access to behavioral healthcare for all Alaskans.

As we rapidly interface with the 21st century, so do our social challenges as a community. I thank you for your support, as one of the many professionals, who is dedicated to moving Alaska forward and supporting quality mental health clinicians and understanding their inclusive scope of practice.

In appreciation of your efforts,
Ann M. Ginn, M.Ed., LPC, LBSW



Health, Education, and Social Services Committee Alaska State Senate

SPONSOR STATEMENT

SB 177—*"An Act eliminating the requirement that persons using titles or descriptions of services that incorporate the terms 'psychotherapy,' 'psychotherapeutic,' or 'psychotherapist' be licensed by the Board of Psychologist and Psychological Associate Examiners."*

AS 08.86.180 prohibits professionals—except for licensed psychologists and clinical social workers—from using certain terms to describe their services or their titles. These terms include: "psychology," "psychological," "psychologist," "psychometry," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," and "psychoanalyst." This statute was written prior to the licensure of professional counselors (LPC's) and marital and family therapists (LMFT's), who also provide these types of psychological services. LPC's and LMFT's constitute a large portion of Alaska's licensed mental health professional workforce, and are an even larger percentage of professionals working in state funded community mental health centers.

Medicaid regulations provide reimbursement for LPC's and LMFT's who provide "psychotherapy." There is confusion that the current state law is inconsistent with Federal guidelines and could lead to service providers being found as fraudulently billing for the services they provide.

SB 177 proposes to eliminate the terms "psychotherapy," "psychotherapeutic," and "psychotherapist" from AS 08.86.180(a) and (b)(3) because these terms are generic and unnecessarily limiting of the descriptions that LPC's and LMFT's can use regarding the important services they provide.

Sec. 08.86.170. Use of title.

(a) Unless licensed under this chapter, a person may not use the title "psychologist" or a title, designation, or device indicating or tending to indicate that the person is a psychologist or practices psychology.

(b) Unless licensed under this chapter, a person may not use the title "psychological associate" or a title, designation, or device indicating or tending to indicate that the person is a psychological associate or practices counseling or psychometrics.

Sec. ~~08.86.180~~. Practice of psychology.

(a) Unless licensed under this chapter, a person may not practice psychology or hold out publicly as a psychologist or as practicing psychology. A person holds out as a psychologist by using a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst" or when holding out publicly to be trained, experienced, or qualified to render services in the field of psychology.

(b) This section does not apply to

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a psychological nature in the course of the person's employment, if the employer maintains appropriate supervision of psychological activities and professional conduct, and if the person is performing the psychological activities as part of the duties for which the person was employed, is performing the activities solely within the facilities of the organization in which the person is employed or under the supervision of the organization in which the person is employed, and does not render or offer to render psychological services to the public for compensation in addition to the salary the person receives from the organization;

(2) a student, intern, or resident in psychology pursuing a course of study approved by the board as qualifying training and experience for a psychologist, if that person's activities constitute a part of that person's supervised course of study and that person is designated by titles such as "psychology intern" or "psychology trainee";

(3) a qualified member of another profession, in doing work of a psychological nature consistent with that person's training and consistent with the code of ethics of that person's profession, if the person does not hold out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst" or represent to be trained, experienced, or qualified to render services in the field of psychology.

(4) *Repealed, Sec. 15 ch 65 SLA 1973.*

(5) a physician engaged in the normal practice of medicine for which the physician is licensed under AS 08.64.

(c) Nothing in this chapter authorizes a person licensed as a psychologist to engage in the practice of medicine, as defined by the laws of the state.

(d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

Sec. 08.86.185. Practice of counseling and psychometrics. [Repealed, Sec. 24 ch 58 SL 1980. For current law, see RS 08.86.180].

Repealed or Renumbered

Dear Legislator:

An issue has been brought up to me again by members of the Community Mental Health Center (CMHC) providers association. They are concerned because one of the primary services that they provide is "psychotherapy". There is confusion among them and others because the statutes regarding licensed psychologists says that only they and social workers may call themselves "psychotherapists", and use the terms "psychotherapy" and "psychotherapeutic" to describe the work that they do. This statute was written prior to the licensing of professional counselors (LPC) and marital and family therapists (LMFT) who currently make up close to half of the licensed mental health professionals practicing in the state and an even larger percentage working in state funded community mental health centers (CMHC).

The problem is that "psychotherapy" is a generic term much like "physical therapy". There are many modes of therapy that fall under the umbrella of this generic term and they all have to do with working with people's minds to improve health or alter behavior. Attached are several definitions of psychotherapy easily found on the internet at medical dictionary sites. Also attached is the statutory language limiting the use of the psychotherapy terms and the definition of the practice of psychology.

When billing for services at a CMHC, Medicaid recognizes "psychotherapy" as a service and Medicaid regulations allow all of the four mental health professions to bill for it. However, there is currently confusion and fear that service providers could be found to be billing fraudulently if they have LMFT or LPC staff sign and bill for those services.

It is clear that legislators in the past recognized that psychologists were not the only mental health professionals to practice psychotherapy. Before the licensing of LMFT and LPC clinicians, they amended the psychology statutes to include:

Sec. 08.86.180. (d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

In a survey that I did two years ago, I found that there were only 8 licensed psychologists working in community mental health centers across the state. The rest of the clinical staff were mostly social workers and LPCs with a few MFTs. These numbers help to demonstrate the necessity to make changes to current law in order to recognize the reality of the current workforce, the actual practice of clinical staff, and the need to support clinical staff on whom many rely for mental health services.

Should you wish to contact me to discuss this bill, my email address is alhenry@alaska.net, and my phone numbers are: (H) 272-0816, (cell) 250-5244.

Thank you very much for considering this.
Respectfully,
Anne L. Henry
LPC Board Chair

Psychotherapy means:

the treatment of mental or emotional problems by psychological means

the treatment of psychological disorders or maladjustments by a psychological technique, as psychoanalysis, group therapy, or behavioral therapy. Psychotherapy does not include physiological interventions, such as drug therapy or electroconvulsive therapy, although it may be used in combination with such methods. Behavior therapy aims to help the patient eliminate undesirable habits or irrational fears through the use of principles of conditioning

a set of techniques believed to cure or to help solve behavioral and other psychological problems in humans. The common part of these techniques is direct personal contact between therapist and patient, mainly in the form of talking. Due to the nature of these communications, there are significant issues of patient privacy and/or client confidentiality.

A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication.

The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.

(Partial) List of Psychotherapeutic Modalities

- Analytical psychology
- Autogenic psychotherapy
- Behavior therapy
- Biodynamic psychotherapy
- Bioenergetic analysis
- Biosynthesis
- Jungian psychotherapy
- Rogerian psychotherapy
- Cognitive analytic psychotherapy
- Cognitive behavioural psychotherapy
- Concentrative movement therapy
- Core proces psychotherapy
- Daseins analytic psychotherapy
- Encounter groups
- Existential analysis
- Family therapy
- Freudian psychotherapy
- Gestalt therapy
- Group therapy
- Humanistic psychology
- Logotherapy
- Neuro-Linguistic Programming
- Person centred psychotherapy
- Personal construct psychology (PCP)
- Positive psychotherapy
- Postural integration
- Primal integration
- Primal therapy
- Psychoanalysis
- Psychodrama
- Psychodynamic psychotherapy
- Psycho-Organic analysis
- Psychosynthesis
- Pulsing
- Rational emotive behaviour psychotherapy
- Reichian psychotherapy
- Rolfing
- Sophia analysis
- Systemic therapy
- T Groups
- Transactional analysis
- Transpersonal psychotherapy

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 177
 () Publish Date: _____

Revision Date/Time (Note if correction):
 Title Practice of Psychology

Dept. Affected: Commerce
 RDU Occupational Licensing (117)
 Component Occupational Licensing

Sponsor Health, Education & Social Services
 Requester Senate Health, Education & Social Services

Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	------------	------------	------------	------------	------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB177 eliminates certain titles or description of services from requiring licensure by the Board of Psychologist and Psychological Associate Examiners. New funds are not required to implement the provisions of this bill.

Prepared by: Jennifer Strickler, Administrative Manager
 Division: Occupational Licensing
 Approved by: Edgar Blatchford, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone (907) 465-2144
 Date/Time 4/19/05 7:30 PM
 Date 4/19/2005

4/19/05

To: Senator Dyson
Chair Senate HSS
Fax: (907) 465-4587

From: Carey S. Edney, Ph.D.
Licensed Psychologist

CC: Phil Baker, Ph.D. (email: pbaker@alaska.net)
John Walsh (Fax: 907-586-9059)
Ginger Morton, Div. Occupational Licensing to disseminate to Psychology
Licensing Board (email: ginger_morton@commerce.state.ak.us)

I am unable to testify at the hearing scheduled for this bill on Wednesday 4/20/05, so I am writing to request that SB 177 be tabled until next legislative session. Although I am Chairperson of the Board of Psychologist and Psychological Associate Examiners, I am not speaking for the Board because we honor the Public Meetings requirements outlined in the Alaska Administrative Code and do not individually act on behalf of the Board, nor do we discuss Board business without appropriate public notice procedures.

It is in this vein of appropriate notice that I am requesting that the bill be tabled. I was only informed of the proposed change last Wednesday, and this is also true for the notice to the Alaska Psychological Association (AK-PA). Our Board has a published goal to work cooperatively with other Boards, but without appropriate notice the Psychology Board is effectively prevented from participating in planning for a statute change to the act governing our profession and which we are charged with administering.

I have spoken with Phil Baker, the Legislative Officer for AK-PA, and he also would like to participate in this discussion. I have heard from several other licensed psychologists who have expressed concern about the bill and who would like to participate in a collaborative process to review the language governing the practice of psychology. It seems a reasonable request to me, that the professionals governed by the act be consulted prior to significant changes to the act.

I intend to add this as an item for discussion at our next Board meeting in June. We typically have an AK-PA representative present during a portion of our meeting and would plan to do so again, specifically to discuss this bill. Again, I would be willing and interested in meeting with other disciplines to discuss the matter. I would hope that mutually acceptable language could be developed through a collaborative effort rather than by changing one discipline's practice act at the request of another discipline.

I would appreciate your bringing this to the hearing and reading it into the record. I will be out of town until May 4, 2005 and will look forward to working further on this project upon my return.

ALASKA STATE LEGISLATURE

House of Representatives

COMMITTEE ASSIGNMENTS
 LABOR & COMMERCE COMMITTEE CHAIRMAN
 COMMUNITY & REG AFFAIRS COMMITTEE MEMBER
 SPECIAL COMMITTEE ON OIL & GAS MEMBER
 ADMINISTRATIVE REGULATION REVIEW COMMITTEE MEMBER

Website: <http://www.alaskarepublicans.org/Anderson.htm>



INTERIM
 716 WEST 4TH AVENUE SUITE 660
 ANCHORAGE AK 99501
 PHONE (907) 268-0265
 FAX (907) 268-0264

SESSION
 ALASKA STATE CAPITOL
 JUNEAU AK 99801-1122
 PHONE (907) 465-4838
 1-800-465-4838
 FAX (907) 465-2418

Representative Tom Anderson

email: Representative_Tom_Anderson@legis.state.ak.us

May 6, 2003

Ann L. Henry, Chair LPC
 David J. Sperbeck, Chair PPA
 Larry Holman, Chair MFT
 Diane DiSanto, Chair MSW

Dear Board Chairs,

During the second half of the 22nd session of the Alaska Legislature, a bill (HB343) to extend the sunset clause of the Licensed Professional Counselors came before the House Labor and Commerce Committee. At the urging of the Division of Legislative Audit, the bill passed the House with inclusion of a Letter of Intent requiring that the boards of the four licensed mental health professions actively engage in the exploration of and formation of an omni board to represent the four disciplines. The Letter of Intent was not passed on in the Senate.

Since the passage of the bill, the boards and their professional associations have been in discussion about the proposed formation of an omni board. Three of the four boards and their associations adamantly oppose the notion of the omni board, citing reasonable justifications for remaining separate – for the good of the public and the licensees.

It is the position of the Chairs of the Labor and Commerce Committees of the House and the Senate to relieve the boards of the burden of pursuing the efforts outlined in the Letter of Intent. This will free the boards to engage more fully in the work for which they were created.

Sincerely,

Senator Con Bunde, Chair Senate
 Senate Labor & Commerce

Representative Tom Anderson, Chair
 House Labor and Commerce

Jason Hooley

From: Anne L. Henry [alhenry@alaska.net]
Sent: Tuesday, January 17, 2006 6:47 PM
To: Jason Hooley
Subject: RE: separate subject

We have been fighting this for years now. Tom Anderson and Con Bunde both wrote letters saying that they were not interested in pushing this issue when the board does not support it. This was after the letter of intent that came out of then Rep. Murkowski's L&C Committee. The next year I drafted another letter that was signed saying that they wanted to drop the issue.

Here is why. The Leg audit folks want to save themselves some time by combining boards. They imply that there is a cost savings to the boards by doing this, but I have surveyed combined boards around the country and found that they actually cost the licensees more money because the business of the boards must be divided into subcommittees that deal with the specific disciplines. So instead of the LPC board meeting face to face twice a year, the combined board meets twice a year and depending on the amount of work to be done on LPC regs writing etc, they may have to meet separately another two times. So, it does not save the licensees money. It also does not promote increased public protection.

The leg auditors surveyed the boards and used a slanted set of questions to see how licensees felt about combining boards—a sample question said something like, "If combining boards would reduce license fees would you support it?" Since we know from research that combining does not reduce fees, and your average licensee does not know this fact, it appears that a lot of people support combining boards.

Each time the Legislative Auditors bring up this issue as a recommendation in a sunset audit, I spend hours and hours explaining why it is the wrong approach to reducing government and saving money. Again, if you want a workable recommendation to take back to the legislators who want to save some money for Pat, have them look at the boards that are doing their jobs and have a history of doing so—based on legislative audits, and extend their sunsets.

Extending the sunset periods from 4 to 10 years would cut the number of by more than half. They could then hold a special audit if there is a complaint that the board is not doing its job. I have communicated with Pat Davidson about this on a couple of occasions and she continues to recommend combining the boards.

I will close saying that the LPC board will fight combining these two. My term ends in March and I will take up a more active roll with the LPC association where I will continue to muster opposition to this proposal.

Thanks for asking.
 Anne

-----Original Message-----

From: Jason Hooley [mailto:Jason_Hooley@legis.state.ak.us]
Sent: Tuesday, January 17, 2006 5:06 PM
To: Anne L. Henry
Subject: separate subject

Hi Anne--

You may have heard that the Division of Legislative Audit, at the most recent periodic sunset audit of the LMFT board, recommended they be combined with the LPC board. There is a fair amount of legislative support for this idea. What do you think and why?

Jason M. Hooley

Jason Hooley

From: Anne L. Henry [alhenry@alaska.net]
Sent: Wednesday, January 25, 2006 3:10 PM
To: Jason Hooley
Subject: RE: sb 177

I am home now. Unfortunately I didn't get your email before the meeting. But I will send you more information about the investigation process, insurance pooling, extending the sunset period, public safety issues, cost increases and I will include copies of two letters -- one from each the chairs of the Senate and House Labor and Commerce Committees clarifying their desires not to pursue combining the MFT and LPC boards. There were actually two letters signed by L&C chairs in the past few years. The first was one dismissing the 4 boards need to spend board time looking into combining boards. Then when there was more push by the Legislative Auditor, the second letter was drafted and signed. The board members thought that was the end of the issue. Now, we are spending more time battling this issue that will only cause more problems and cost us more money as a class of licensees. The public will not be helped by this in any way. License fees will go up, standards may have to go down—which will also hurt LPCs who will have difficulty getting licensed if they move, and the public will not receive better service.

Unless you advise against it, I will also contact a few other LPCs and ask them to contact the members of the HESS Committee with their views on the wisdom of combining boards.

I will get this airtel to you by early Friday latest. I was not expecting this and it will take some time from my busy schedule.

Thanks, Anne

-----Original Message-----

From: Jason Hooley [mailto:Jason_Hooley@legis.state.ak.us]
Sent: Wednesday, January 25, 2006 12:54 PM
To: Anne L. Henry
Subject: sb 177

SB 177 is ready to go in HESS today. I just spoke with Fred, and he told me he is inclined to combine the 2 boards, LPC and LMFT. I know that will frustrate you, and I will continue to make sure he is aware of your perspective.

Jason M. Hooley
Office of Senator Fred Dyson
Alaska State Legislature
Juneau, AK 99801
907.465.3762 phone
907.465.4587 fax

Jason Hooley

From: Anne L. Henry [alhenry@alaska.net]
Sent: Thursday, January 26, 2006 2:58 PM
To: Pat Davidson
Cc: Sen. Fred Dyson; Jason Hooley
Subject: Combining LMFT and LPC Boards Letters

Dear Pat:

As I am sure you know we are dealing again with the issue of combining LMFT and LPC boards. Senator Dyson has asked for information regarding this issue before the HESS Committee hearing on Monday. I am sure that in your records you must still have copies of the letters sent to you by Senator Bundy and Representative Anderson, chairs of the Senate and House Labor and Commerce Committees regarding this issue.

If you recall the first letter was sent dismissing the original Letter of Intent which required all boards to pursue combining boards. The second letter was one clarifying that the first letter was meant to indicate that the L&C Committees were not interested in pursuing the issue of combining boards.

Because I mistakenly thought the issue was dead and buried with these letters, I did not keep copies of the letters. I am therefore asking if you can please send me copies of the letters which I will fax on to Senator Dyson's office with my other materials.

Thank you for your assistance,
Anne L. Henry, LPC Board Chair

November 29, 2004

Mr. Jim Griffin
Audit Manager
Division of Legislative Audit
P.O. Box 113300
Juneau, AK 99811-3300

Dear Mr. Griffin:

RE: Management Letter No. 1
Board of Professional Counselors

As chair of the Board of Professional Counselors (BPC), it is my responsibility to respond to your management letter of November 2, 2004. Let me begin by saying that although I have given my new address to the Governor's Office on Boards and Commissions, the letter from your office was sent to my old home address in Juneau. I did not receive the letter until the response was already due in your office. As a result, I phoned your office and spoke with Director, Pat Davidson, who approved an extension of the due date, allowing me to respond by the end of the month of November.

Your letter addresses the issues regarding the sunset review for the board, the background information on the letter of intent from the House and Senate Labor and Commerce Committees, the discharge of that letter of intent, conclusions and your Findings and Recommendation that this board be combined with the Board of Marital and Family Therapists. This letter of response will address these and other issues.

It is my understanding of the history of the notion of combining of licensing boards was initiated during the last sunset review of this board. The bill to extend the sunset date for the Board of Professional Counselors was introduced in both the House and Senate Labor and Commerce Committees. In the House Labor and Commerce Committee, then-Chair Representative Lisa Murkowski passed out of committee the sunset extension bill with the Letter of Intent. As you have included a copy of the Letter of Intent in your Management Letter, I will not repeat the content. The Senate sunset extension bill was passed in the Senate with the only difference being that the Senate did not support the inclusion of the Letter of Intent. One must conclude that not all legislators were invested in combining boards.

As you have stated in your letter, the chairs of the House and Senate Labor and Commerce Committees then co-signed a letter discharging the boards from planning and reporting on their progress toward combining boards. This is of critical importance as it clearly implies that the topic

of combining boards was no longer under legislative consideration. Furthermore, this letter discharging the boards from planning and reporting on their progress toward combining boards was addressed to all for mental health professional boards. In speaking with staff to the committee chairs, the chairs of two other licensing boards we all believed that the matter of combining boards was over and that we would no longer need to spend unpaid personal and unpaid board time responding to an effort that was so unpopular among at least three of the boards.

The conclusion of your report suggests extending the termination date of the board and consolidation of the BPC and BMFT. I agree with the extension of the termination date to at least June 30, 2009, but find very little in Recommendation No. 1 to support the Auditor's recommendation of combining the two boards. The Management Letter lists 8 items of "factors and analysis" which are addressed below.

1. Decline in number of BMFT licensees.

The fact that the number of BMFT licensees has declined is not an issue relating to the BPC. Combining boards would not increase the number of licensees. Nor would it decrease the cost of BMFT licenses-see item Number 5.

2. Cross-licensing.

Some MFT licensees also hold BPC licenses. Some licensees also hold LMSW and Psychological Associate licenses. Some licensees also hold licenses in other states. The reasons for holding and paying for multiple licenses and professional certifications in this and other states are many. For those individuals who currently hold multiple licenses, combining boards would not mean that they would then only want to hold one license. National standards do not support this in any of the fields represented by the four licensing boards under discussion. The number of licenses would not decrease as a result of consolidation, nor would the administrative burden of managing the four licensing programs.

3. Practice similarities and differences between therapists and counselors.

Your letter referred to "similarities" between therapists and counselors. There are a variety of differences that are not contemplated in your letter. The most prominent difference I believe is that most MFT practitioners will identify marital and family therapy as being based on a systems approach to therapy, where the BPC licenses people utilize a variety of differing approaches to therapy. In addition, LPC practitioners provide a much broader range of therapeutic services than MFT licensees, whose range of practice is a more narrowly defined specialty.

If you use the "similarity" argument for defining what the two licensee groups do in their practices, you should use this same argument for requiring that the psychologists and social workers combine. In your letter you state, "Both professions are charged with the diagnosis and treatment of mental and emotional disorders, whether the disorders can be categorized as cognitive, affective, or behavioral." If the words are not exactly the same in the statutes regarding licensed psychologists and social workers, it is widely understood and presumed that that is what they do.

Having stated that, there are fundamental differences among each of those licensed

professionals that are recognized by their professions and by national organizations. The few "similarities" or these differences do not justify combining boards.

4. Educational Requirements for the two licenses.

When the legislation creating licensure for professional counselors was drafted, it was clear to us that in order to have a license that accepted a broad range of degree types and guarantee a high level of skills and knowledge, we needed to require more than normal hours and more experience of our licensees. The statutory requirements for an LPC license has a higher education standard than the MFT:

License	Degree hours	Post-graduate Experience
LPC	60 hours	3,000 hours
MFT	48 hours	1,500 hours

Further, the type of education hours required are different from each other. MFT licensure requires that a good portion of the graduate course work be specific to marriage and family classes. BPC licensure requires coursework in eight of ten disciplinary areas that are national professional counselor standards.

5. The cost of the BMFT chronic deficit should not and cannot be borne by other licensed occupations.

BPC members are quite concerned that there is a misconception the deficit of the BMFT will somehow be reduced or eliminated by combining boards. I am informed that this could not be done legally. In addition, when the LPC Board was initially formed it was the legislature's intent that its "start-up" costs be solely borne by professional counselors so as not to unfairly burdened other professional licensees (i.e., MFT licensees) with these expenses. To ignore the precedence that each professional board is responsible for its own costs would raise questions of financial fairness. It also presents a challenge to the principles of justice under the legal concept of equity.

BMFT licensees will still be legally required to pay down their deficit over the next several renewal periods. The BPC licensees have consistently grown in numbers and have experienced reduced renewal fees at every renewal period including the last reduction to \$500. The board anticipates another reduction in licensee fees during the upcoming renewal period.

Again, there is no justification here for combining boards. If the BPC licensees pay the fees for their licensure and for their board costs, and the board attends to statutory and regulatory requirements in an effort to meet public safety needs, then the chronic deficit of another board should have nothing to do with the BPC.

6. There is mixed support for some type of consolidation.

While your letter states that about one-third of LPC licensees (respondents to the survey) "favored some sort of consolidation", the members of the board believe that these respondents are less aware of the consequences of combining boards. Board members have queried

licensees to ascertain their understanding and opinions on this topic. None of us have spoken with any licensee who favored combining boards, although it is obvious that many did not respond to the survey. While we do not doubt your numbers, the board would like to see the detailed results of the survey, if not the actual response sheets, to better understand and to better communicate with licensees about the workings of the board and its rationale for opposing combining boards. Because the board thought the issue was dead, there was no effort to do education about the findings about the negative impact of combining boards.

Initially some members of the BPC thought that combining boards was a sound idea. However, upon investigation, board members determined that there would be virtually no benefit to Professional Counselors, and that there was a high likelihood that there would be increased costs and potential for problems arising from conflicts between disciplines.

Consolidation would benefit the MFTs financially if their chronic deficit were shared by the LPCs. LPCs who understand this misperception are far less likely to be interested in consolidating the boards. Furthermore, we are of the opinion that if LPC licensees were to understand that it was even a possibility they would adamantly oppose any such legislative action.

MFTs, in contrast, would be highly motivated to promote consolidation if their Board's debt were to be shared across disciplines. Again, in conversation with Pat Davidson, cost sharing of the deficit would not be possible given current law.

7. Similar professions on a board do not enhance public representation.

Your argument contradicts the opinion pressed in the Management Letter that the professions are "virtually identical". In the Analysis of Public Need portion of the document, you essentially state that the board has been doing a good job. There is no apparent justification for changing because of public need for better service. Public representation is a high priority for the BPC, of course, and the BPC always seeks ways to include the public in its activities.

8. Combination of professions under a single board is not the most efficient regulatory model.

The majority of states that combine boards do combine MFTs and LPCs. However, in conversations with other board chairs from around the country, and from research done by the board, the pairing of any boards does not mean greater efficiencies.

Generally these combined boards have greater numbers of members. There are currently 5 BPC members (4 LPCs and 1 public) and 5 BMFT members (4 MFTs and 1 public).

To keep representation from around the state and to keep an odd number of board members, the combined board would have to either add a public member or cut two or more licensees and add a public member. In the board's opinion, there would be better representation and fewer problems with raising a quorum by adding a public member in this instance if the BPC were forced to combine with the BMFT.

This would mean a larger single board. There would of necessity be one or two combined board meetings per year and two to four subcommittee meetings each year to manage the

business that is specific to each discipline. At this point, the younger BPC is far from developing all of the regulations and doing other board duties that it feels are necessary to manage licensees where public interest is concerned. Thus, the cost of doing business would increase because of more meetings, not fewer meetings. Members of both disciplines would be required to take more time out of their already busy work schedules and home lives to travel and handle more paperwork in their volunteer positions. One must ask how this better serves the public interest.

9. There are no cost-savings to combining boards.

When operating under the instructions of the Letter of Intent, the BPC members researched combining boards. They found several discouraging facts: one is that there are no financial savings where similar boards are combined. As discussed in item 8., we discovered that combined boards are bigger, have more and longer meetings and that the separate disciplines (which in this case would be the two old board groups) meet in "subcommittee" meetings. Thus creating more, not less, cost to the licensees and more meetings for Occupational Licensing staff.

Conclusion

In summation, the BPC and its members have already spent much board time discussing the issue of combining boards and thought it was a dead issue. The board strongly opposes combining boards. The board sees virtually no justification for combining boards, and sees that in fact combining boards would increase the licensure fee cost to licensees and would have no impact on improving public safety.

If the legislature is seeking to improve communication among mental health professionals, then encouraging the yearly gathering of the boards that used to take place to be reinstated would be beneficial. However, mandating combining only two boards will not accomplish this if it is a goal.

If the effort is aimed at decreasing costs, there is an alternate measure that could be taken that would accomplish this goal. The Division of Legislative Audit could recommend to the legislature that they create longer extensions of the termination dates on boards. If boards are fulfilling their public obligations, their termination dates could be extended to 10 years. During the course of those ten years, if there appears to be a problem, the legislature could request an early audit. This would alleviate the time consuming nature of handling a legislative sunset audit for the boards and the Division of Legislative Audit and for the Legislature.

If you have any questions, please do not hesitate to contact me at 250-5244.

Respectfully,

Anne L. Henry, LPC
Board Chair

Licensure Requirements by Profession as of 1/30/06

Profession	Education	Supervision	Other	Licensure by Credentials
<p>Licensed Psychologist</p>	<p>Holds an earned doctorate degree from an academic institution whose program of graduate study meets the criteria established by the board in clinical or counseling psychology or education in a field of specialization considered equivalent by the board. Programs for a doctoral degree must require: The equivalent of 3 full time academic years of study, two years of which are from the through the degree-granting institution and one year of which is in full time residence at the degree granting institution or equivalent. There must be courses covering the following components: Methodology and history, including systematic preparation in scientific standards and responsibilities, research</p>	<p>Has one year of post doctoral supervised experience approved by the board. (80% of the supervised experience must be with a licensed psychologist, 20% may be with a psychiatrist, psychological associate, a clinical social worker or a licensed marriage and family therapist.)</p>	<ul style="list-style-type: none"> • Has not engaged in dishonorable conduct related to the practice of counseling or psychotherapy • Takes and passes the objective examination developed and approved by the board • The board may not deny recognition as an accredited or approved institution solely because it's program has not been accredited by a professional organization of psychologists • The board may grant a temporary license to a person who meets the above requirements, but lacks supervision. 	<p>A person who is licensed by a psychologist by a licensing authority other than the state of Alaska is entitled to be licensed in the state without examination if the person applies on the proper form, submits evidence of continued competence, pays credential review fee and: The person holds a doctoral degree with the primary emphasis on psychology and the out of state examination was similar to the one used in Alaska and requirements for licensure were either similar to higher than those of Alaska or The person is a diplomat in good standing of the American Board of Professional Psychology</p>

Licensure Requirements by Profession as of 1/30/06

	<p>design and methodology, quantitative methods and historical foundations in psychology. Foundations in psychology including coursework in each of the following areas of study: Biological basis of behavior including physiological psychology, comparative psychology, neuropsychology and psychopharmacology Cognitive-affective basis of behavior including learning, memory, perception, cognition, thinking, motivation and emotion Social bases of behavior including social psychology, cultural, ethnic, group processes, sex roles and organizational behavior Individual differences including personality theory, human development, individual difference, abnormal psychology, psychology of women, psychology of the handicapped, psychology of</p>		<p>However, this license is valid only for the time period identified in the person's plan for obtaining supervision.</p>	
--	--	--	---	--

Licensure Requirements by Profession as of 1/30/06

	<p>th. minority experience. Area of specialization focusing on 1) Knowledge and use of ethics, guidelines and standards, 2) supervised practicum or laboratory experience appropriate to area of practice, teaching or research in psychology 3) Advance preparation appropriate to area of specialization. There must be a minimum of 324 hours of student faculty face to face individual or group educational meetings</p>			
--	---	--	--	--

Licensure Requirements by Profession as of 1/30/06

<p>Licensed Psychological Associate</p>	<p>Holds a master's degree from an academic institution whose program of graduate study for a master's in psychology meets the criteria of the board in clinical psychology, counseling psychology or a field of specialization considered equivalent by the board. Master's degree must require courses in the following components:</p> <ul style="list-style-type: none"> • Human growth and development • Social and cultural foundations of society • Counseling theory and practice • Marriage, family and group dynamics • Appraisal of the individual • Research and evaluation • Professional practices and ethics 	<p>Has 2 years of supervised experience approved by the board (80% of the supervised experience must be with a licensed psychologist, 20% may be with a psychiatrist, psychological associate, a clinical social worker or a licensed marriage and family therapist.)</p>	<ul style="list-style-type: none"> • Has not engaged in dishonorable conduct related to the practice of counseling or psychotherapy • Takes and passes the objective examination developed and approved by the board • The board may not deny recognition as an accredited or approved institution solely because it's program has not been accredited by a professional organization of psychologists • The board may grant a temporary license to a person who meets the above requirements, but lacks supervision. However, this license is valid only 	
--	---	---	---	--

Licensure Requirements by Profession as of 1/30/06

			for the time period identified in the person's plan for obtaining supervision	
<p>CSW</p>	<p>Master's or doctoral degree in social work from a college or university approved by the board.</p>	<p>Within 10 years before the application, under the supervision of a licensed social worker, licensed psychologist, or licensed psychiatrist either:</p> <ul style="list-style-type: none"> a) 2 years of continuous full time employment in post graduate social work or b) a minimum of 3,000 hours of less than full time employment in a period of not less than 2 years in post graduate social work. 	<ul style="list-style-type: none"> • Is of good moral character • Is in good professional standing and is fit to practice social work as determined by the board • Has provided 3 professional references that are acceptable to the board including, if the applicant <ul style="list-style-type: none"> ○ Was previously employed to practice social work, one reference from the person who was the applicant's employer while practicing social work unless the applicant demonstrates to the board that the 	<ul style="list-style-type: none"> • Holds a current license to practice social work in another jurisdiction that at the time of issuance of the license had requirements equal to or more stringent than those of Alaska • Is not the subject of an unresolved complaint or disciplinary action before a regulatory authority or professional work association. • Has provided 3 professional references • Has not had a license to practice social work revoked, suspended or

Licensure Requirements by Profession as of 1/30/06

			<p>applicant is unable to satisfy this requirement through no fault of the applicant.</p> <ul style="list-style-type: none"> ○ Is currently employed to practice social work, a reference from the applicant's present employer <ul style="list-style-type: none"> • Has satisfactorily completed the licensing examination • Has paid the required fees. • May get a license as master social worker if they have a license, but is lacking supervision. • May be licensed as a baccalaureate social worker with a BSW and meets other requirements (except supervision). 	<p>surrendered in another jurisdiction.</p> <ul style="list-style-type: none"> • Has submitted proof of continued competency to the board • Has paid the required fees
Licensed Marriage and Family	<p>Holds a master's degree or doctorate in marital and family therapy or allied</p>	<p>After receiving the degree:</p> <ul style="list-style-type: none"> • Has practiced marital and family 	<ul style="list-style-type: none"> • Applies on a form supplied by the board 	<p>If the person is licensed or certified for the practice of marital and</p>

<p>Therapist</p>	<p>mental health field from a regionally accredited educational institution approved by the board. Courses in the following areas:</p> <ul style="list-style-type: none"> • 3 courses or nine semester or 12 quarter hours of coursework in marital and family therapy • 3 courses or nine semester or 12 quarter hours of coursework in marital and family studies • 3 courses or nine semester or 12 quarter hours of coursework in human development • 1 course or 3 semester or 4 quarter hours in professional studies or professional ethics and law • 1 course or 3 	<p>therapy within 3 years of the person's application, including 1,500 hours of direct clinical contact with couples and families</p> <ul style="list-style-type: none"> • Has been supervised in the clinical contact for at least 200 hours including 100 hours of individual supervision and 100 hours of group supervision approved by the board • Board may issue a license for supervised practice which allows a person who meets the other criteria to practice with supervision. • May get temporary license until first date examination is 	<ul style="list-style-type: none"> • Pays the fee • Furnishes evidence satisfactory to the board that they have not engaged in conduct that is ground for imposing disciplinary sanctions • Has received training related to domestic violence • Has passed a written examination administered by the board 	<p>family therapy in another state that has requirements for licensure or certificate that is substantially equal to or greater than the requirements of this state and</p> <ul style="list-style-type: none"> • They apply • Pay the fee • Furnish evidence satisfactory to the board that they have not engaged in conduct that is ground for imposing disciplinary sanctions • Have the appropriate degree and course work
-------------------------	---	--	---	---

Licensure Requirements by Profession as of 1/30/06

	<p>semester or 4 quarter hours in research</p> <ul style="list-style-type: none"> • One year of supervised clinical practice in marital and family therapy • If they don't have courses as part of their degree, may get them post degree. 	<p>scheduled to be given.</p>		
<p>Licensed Professional Counselors</p>	<p>Has earned a doctoral degree in counseling or related professional field or has earned a master's degree in counseling or a related professional field from a regionally or nationally accredited institution of higher education approved by the board, consisting of 48 semester hours and at least 12 other graduate semester hours in counseling during or after earning the master's degree, for a total of at least 60 hours. The board may, in its regulations, specify the areas of study that must be covered in order to meet the</p>	<p>Both doctoral and master's counselors have to have had at least 3,000 hours of supervised experience in the practice of professional counseling performed over a period of at least 2 years after earning their degree. This counseling experience must have been performed under the supervision of a supervisor who is licensed as a physician, licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services, licensed clinical social worker,</p>	<ul style="list-style-type: none"> • Is at least 18 years of age • Is not under investigation in this or any other jurisdiction for an act that would constitute a violation of this chapter • Has not had a license related to the practice of counseling, psychology, marital and family therapy, or social work suspended, revoked or surrendered. • Has passed a written 	<p>The board may issue a license to a person who is licensed in another jurisdiction to practice professional counseling if the board finds that the other jurisdiction has substantially the same or higher licensure requirements as this state (as long as that person is not under investigation or has had a license revoked, suspended or surrendered in lieu of sanctions.</p>

Licensure Requirements by Profession as of 1/30/06

	<p>requirements.</p>	<p>licensed marital and family therapist, licensed psychologist or licensed psychological associate. This supervisor must submit an application, and fee, must have 5 years of experience, must provide to the board for it's approval the details of the persons supervision philosophy, orientation and experience and must meet other criteria that may be established by the board or by regulation. The supervisor's certification remains in effect without the need for renewal until the person's licensure, as a professional counselor is revoked, suspended or otherwise lapses.</p>	<p>examination</p>	
--	----------------------	---	--------------------	--

Requirements and Rates for Licensure for Mental Health Disciplines

Licensed PhD Psychologist:

Doctoral Degree

No dishonorable conduct

One year of post-doctoral supervised experience

Passage of a board approved exam

Fee Rates: Vary from \$85 (Medicaid Reimbursement) to \$200 per hour

Licensed Psychological Associate:

Master's Degree

No dishonorable conduct

Two years post-graduate supervised experience

Passage of a board approved exam

Fee Rates: Vary from \$65 to \$135, Medicaid Reimbursement for psychotherapy is \$85

Licensed Social Worker:

Doctoral or Master's Degree

Over a minimum of 2 years, 3,000 supervised hours of experience

Good moral character and in good standing

Passage of a board approved exam (exams are specific to LCSW or LMSW)

Fee Rates: Vary from \$65 to \$135, Medicaid Reimbursement for psychotherapy is \$85

Licensed Marital and Family Therapist:

Master's Degree – with course work specific to marriage and family

Has not engaged in conduct that is a ground for imposing disciplinary sanctions

One year of post-graduate supervised clinical practice (1500 hours)

Passage of a board approved exam

Fee Rates: Vary from \$65 to \$135, Medicaid Reimbursement for psychotherapy is \$85

Licensed Professional Counselors:

Doctoral or Master's Degree

Is not under investigation

Has not had a license suspended, revoked, or surrendered elsewhere

Over a minimum of 2 years, 3,000 supervised hours of experience

Passage of a board approved exam

Fee Rates: Vary from \$65 to \$135, Medicaid Reimbursement for psychotherapy is \$85

Statutory Definitions of Licensed Mental Health Professions

Licensed PhD Psychologist:

Sec. 08.86.230. **Definitions.** In this chapter,

(6) "to practice psychology" means to render or offer to render for a fee to individuals, groups, organizations, or the public for the diagnosis, prevention, treatment, or amelioration of psychological problems and emotional and mental disorders of individuals or groups or for conducting research on human behavior, a psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, including

(A) the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships;

(B) the methods and procedures of interviewing, counseling, psychotherapy, biofeedback, behavior modification, and hypnosis;

(C) constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

Sec. 08.86.164. **Scope of practice by associate.**

(a) A psychological associate shall be licensed to provide psychological services within the nature and extent of the psychological associate's training and experience as defined in regulation.

Licensed Social Worker:

Sec. 08.95.990. **Definitions.** In this chapter,

(2) "clinical social work" means the diagnosis of psychiatric disorders and the use of techniques of applied psychotherapy of a nonmedical nature while practicing social work;

(6) "social work" means a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior is directed, through the application of social work principles and methods, at helping individuals to achieve more adequate, satisfying, and productive social adjustments;

(7) "social work principles and methods" include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

Licensed Marital and Family Therapist:

Sec. 08.63.900. **Definitions.** In this chapter, unless the context indicates otherwise,

(5) "practice of marital and family therapy" means the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for

marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves

(A) the professional application of assessments and treatments of psychotherapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders;

(B) an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life;

Licensed Professional Counselors:

Sec. 08.29.490. Definitions. In this chapter,

(1) "practice of professional counseling" means, subject to (C) of this paragraph, the application of principles, methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental and emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems; if otherwise within the scope of this paragraph, "practice of professional counseling" includes

(A) the professional application of evaluation techniques, treatments, and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders;

(B) an applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships; and

(C) consistent with regulations adopted by the board under AS 08.29.020(a)(4), administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan;

ANNE L. HENRY, LPC
101 9TH AVE., UNIT 5A • ANCHORAGE, AK • 99501
PHONE: 907 272 0824 • FAX: 907 272 0826
CELL: 907 250 5244 • EMAIL: anne@alaskaipc.com

January 26, 2006

Dear Senate HESS Committee Members:

I chair the board for licensing of professional counselors. I support CSSB177 in its current form, and want the committee to not require combining the LMFT and LPC boards in this piece of legislation as discussed in Wednesday's hearing. During Wednesday's HESS Committee meeting I promised to supply Senator Dyson with some information that was requested and to submit more information regarding the issue of combining the LPC and LMFT boards. I have sent an email with attachments to Senator Dyson's aide and with this letter I will address some points that came up during the hearing and the board's position on combining boards.

Investigations and increased licensing fees

During the hearing, Senator Dyson mentioned that there might be inclination on a board to not investigate a complaint against a licensee because if there were to be litigation that causes an increase in licensing fees at the next renewal. He makes a good point. I would like to clarify the complaint process to make it clear that this is unlikely to happen. When a member of the public or a concerned licensee registers a complaint, it goes directly to the division investigator. The investigator compiles information, may run it by a member of the board if it is a grey area, and if it appears that there is indeed a problem they work with the Department of Law to determine best options. These options are presented to the members of the board. In my tenure, the board has always agreed with the preferred option presented by the DOL attorney. What the LPC board has seen more than anything is renewal applications where the licensee has signed saying that they have taken the required 3 hours of ethics but do not have documentation—they are then fined and required to be audited for 3 renewal cycles.

There appears to be great concern about the cost of litigation and the burden that it puts on licensees via increased license fees. When Division Director Rick Urion began in his position, he told the boards that he would like to see some sort of insurance pool so that no one board would be hurt as the psychologist and marital and family therapist license boards have been. We enthusiastically supported it and continue in our Annual Reports to indicate that we will support the division in this goal. This is not a malpractice pool, but a pool only to cover the state's costs when individuals litigate a board decision which is based on statute and regulation. We encourage the legislature to look into the creation of such a pool to support and protect the hard working licensed professionals across the state and those who voluntarily regulate those professions.

Third party billing

Senator Green asked for clarification about comments made by Pam Watts in a letter supporting SB177 from last year. The issue was regarding third party billing, or required insurance reimbursements for anyone practicing psychotherapy with the passage of SB177. I attempted to contact Pam this morning and she is out of state. John Miller, chair of the Board of Psychologists and Psychological Associate Examiners said Wednesday that insurance companies do or do not reimburse for services depending on license types that they name specifically in their policies. In an informal DBH survey of State funded mental health agencies about 3 years ago, LMFTs and LPCs made up more than half of the licensed mental health professionals on staff. According to an annual count of mental health licensees conducted in fall 2005, LMFTs and LPCs make up

almost half of the clinical mental health professionals across the state. Many employee assistance programs and insurance companies already recognize these professionals and reimburse for their services because of recognized ability and availability, not because of any legal requirements. All licensees are already statutorily qualified to conduct emergency mental health civil commitment evaluations: the highest responsibility in the mental health professions. This bill will not force third party reimbursement to LPCs or LMFTs, nor will it increase existing third party reimbursement activity.

Combining the LPC and LMFT licensing boards

I am attaching a copy of the letter I wrote in response to the Legislative Audit staff recommendation to combine these two licensing boards. In the letter, I went over the history of this issue and several arguments opposing the concept. I will attempt to avoid repeating those points; however I do want to reiterate that the current Chairs of the Senate and House Labor and Commerce Committees on two occasions have written letters expressing no desire to pursue the issue of combining boards. Hopefully the following are new and different arguments opposing a combined board.

There is an equity issue in board composition

As of last fall there were 88 LMFTs and 349 LPCs. When the original letter of intent required that the boards work together to figure out how to combine boards, the practical, logistical issue of how to fairly conduct business came up. If the licensees number 3 to 1, but representation is 3 to 3 plus a public member, is that fair if LMFTs oppose something that the LPCs propose? If you create a board with 1 member per 100 licensees, it would be 1 to 3 with a public member. And would that be fair to LMFTs?

There is no cost savings for a combined board

Last year while attending the American Association of State Counseling Boards, I stood before the assembly and asked everyone who was from a state where there were combined boards to meet with me to talk about their experiences. What I learned was that several states have combined boards (12 or so), some boards work well together. Several people talked about turf problems. A couple of people said it was a huge mistake. But they all talked about the need to meet as a group and separately as sub-committees to address LMFT and LPC issues separately. Since these are all public meetings and need staff support, they cannot be held at the same time. More meetings equal more cost.

The LMFT Board has a large legal debt which has caused license fees to be raised. There is a presumption that if the boards are combined that burden will be reduced by lowering the cost of board meetings. This year the LPC board will meet twice for two days. We have 5 members and meet once in Anchorage and will meet next in Juneau. The amount of work we need to do to meet our statutory obligations will not be reduced by combining boards, nor will the work of the LMFT board. Most of those issues are still specific to the LPC licensees or the writing of regulations specific to LPCs. If both boards have work specific to their discipline but are also required to meet as a joint board, then there will be more meetings not fewer. There will be no cost savings to licensees: costs will rise. If the intent in combining boards is for LPC licensees to help pay for the cost of the LMFT legal debt I am sure there will be a large outcry from irate LPCs.

The LMFT licensure is declining but not because of other licenses.

The numbers of LMFTs has always been low and for the past several years—before the legal debt caused fees to climb, I believe their numbers were dwindling. The licensing statutes for LMFTs require very specific numbers of hours of course work in very

specific areas. They also require that an applicant be supervised only by an LMFT supervisor. There are graduate programs in the state that prepare grads to become psychologists, social workers and professional counselors, but none for marriage and family therapy. These issues were discussed as prohibitive problems for many potential applicants years before the cost of the LPC fee went down. The LPC license fee has gone down because of hard work by the board, including recent regulation requiring renewal applicants to pass an exam on the statutes and regulations and Code of Ethics governing their profession before being issued a renewed license. It is these efforts that will keep our litigation costs down.

Combining boards does not improve public safety

How does combining boards protect the public safety? We see it as taking time away as board members must work with the legislature to draft new statutes and regulations—at state cost because this would not be fair to charge LPCs for costs of board member time when they oppose the combining in the first place. We see combining boards as taking away from legitimate board business for a period of years as they settle the dust of working together. Again, how does this improve the protection of the public?

"If it ain't broke don't fix it."

The board of professional counselors was audited and found to be doing its job. We work hard to put public safety before licensee convenience or cost. We are a responsible, dedicated volunteer board with a respect for the obligations of being regulators. It is often not easy or fun to spend hours pouring over license applications on the weekend. But we do this work to make sure that our profession reflects a high standard of training, experience and behavior that will keep safe the vulnerable individuals that put their faith and trust in our abilities and integrity.

I would like to close with a request and a recommendation. I request that the Committee pass CSSB177 in its current form, without further modifications. I suggest that one way to save the State money would be to extend the sunset periods on responsible boards to 10 years and make provision for early audits if there are complaints against the board regarding fulfilling statutory obligations. This would cut the cost of auditing every four years in half. And it would cut the work of board members because every time there is an audit, there must be a lengthy response from the board to the auditors. This takes time away from board business and again this is voluntary time.

Respectfully submitted,

Anne L. Henry, LPC Board Chair

Jason Hooley

From: Anne L. Henry [alhenry@alaska.net]
Sent: Saturday, January 28, 2006 10:03 AM
To: Jason Hooley
Subject: Question that needs clarification

Good morning Jason. Last night I got a call from a social worker who is a leader in his discipline. He was calling because the old version of SB177 was still on the website and he was concerned that it did not reflect the changes we had discussed over the summer. I mentioned that Senator Dyson was planning to attach language to combine the LMFT and LPC boards and he said that the LMFTs wanted to combine with LPCs so their legal debt would be paid by LPCs.

Before the administration change Catherine Reardon told me that the use of one board's funds by another was not legal, and that there were laws in place to keep that from happening. However in a call with Occupational Licensing Division Director Rick Urion, when I mentioned this he did not deny or agree with it. But, he did say repeatedly and in various ways that the LMFT board was in deep financial trouble—with the clear implication that the LPCs would help that go away—not necessarily with the cushion of funds that we currently have but somehow.

So, is it possible to get clarification on this point? Is it legal for the division to use LPC funds to cover the debt of another board or not?

Obviously this is critical to LPCs.
Thank you,
Anne

Jason Hooley

From: Anne L. Henry [alhenry@alaska.net]

Sent: Monday, January 30, 2006 8:29 AM

To: Jason Hooley

Subject: Letter from L&C Chairs

Jason, did Pat Davidson or Senator Bunde happen to fax you a copy of the May 6, 2003 letter from Senator Bunde and Representative Anderson to your office? It is the letter dismissing the four mental health boards from pursuing the efforts of the letter of intent—working on a plan to combine boards.

Unfortunately no one, including Pat Davidson to whom the letter was written, seems to be able to come up with a copy of the letter that was signed by the same chairs last year after the Legislative Auditors again recommended combining boards. That letter contained language that said that neither committee was interested in pursuing mandating the combining of boards. The first letter had not made it clear enough.

I know the letter was written and signed because I drafted the letter for Josh Applebee. But, after searching my two laptops, I cannot find a copy of it. Pat says she cannot find it and since Senator Bunde's Office contacted Pat for a copy, obviously they don't have a copy of it.

If you have not yet received a copy of the first letter, I will fax it to you.

I will be leaving for a medical appointment at about 9:45 but should be home working most of the rest of the day. An early call would be good if you still want to chat.
Anne

Jason Hooley

From: Jane Alberts
Sent: Monday, January 30, 2006 2:45 PM
To: Jason Hooley
Subject: regarding SB 177

I am getting the impression Con may be a little luke warm to this merging of boards your boss might be proposing for SB 177. WE have found the letter he signed in conjunction with House L&C, and supporting that amendment would counter his signing of the paper that released those boards of a letter of intent instructing them to merge.
Just thought I would catch you up.

jane

Jane C. Alberts
Committee Aide/ Senate Labor and Commerce Committee

Senator Con Bunde's office
907-465-4843
907-465-3871 FAX
Alaska State Capitol, Room 506
Juneau, Alaska 99801

Jason Hooley

From: Joan Soutar [akjbear@yahoo.com]
Sent: Sunday, January 29, 2006 2:00 PM
To: Sen. Fred Dyson; Sen. Gary Wilken; Sen. Donny Olson; Sen. Lyda Green;
Senator_Kim_Elton@legis.ak.us
Subject: SB177-comments from a LPC

Ladies and Gentlemen of the Alaska Senate,

I support passage of SB177. I do NOT support combining ahd LPC and the LMFT boards.

I have had different training, different supervision and serve different clients than do LMFT's. I believe that my LPC Board membes stand up for me and my needs. I want the board members to focus upon LPC licensed individuals.

I need to ask why seek to combine these two boards but not add in social workers, psychologists, psychiatrists and psychological associates into one hugh board? Are you trying to save LMFT individuals in some way by combining their board with the growing number of LPS's?

When I received my initial license the cost was over \$800 for two years. Costs have gone progressively down to the \$200 I paid in October 2005. The LPC board even adjusted the date of renewal to coincide with our receipt of our Alaska Dividends which I appreciated. I believe my board works hard for me in keeping quality up and costs down. I do not want to take on expenses of individuals who hold a different license.

Sincerely,

Joan Soutar MA, LPC (#52)

Do You Yahoo!?

Tired of spam? Yahoo! Mail has the best spam protection around <http://mail.yahoo.com>

Jason Hooley

From: Anne B. Norton Psy.S., LPC [akmentalhealth@gci.net]
Sent: Thursday, January 26, 2006 9:57 AM
To: I@gci.net; Sen. Lyda Green; Sen. Fred Dyson; Senator_Gary_Wilkin@legis.state.ak.us; Sen. Donny Olson; Sen. Kim Elton
Subject: I'm against combining LPC with LMFT boards on SB 177

Hello,

I am a private practice school psychologist and Licensed Professional Counselor. I am requesting you to NOT combine the boards-while it may 'make sense' on the surface of it, it really is not the best way to deal with the two boards.

There are so many issues at stake that might not have been considered. As an LPC, I feel my licensing costs are high enough (plus I renew two other licenses)..and I just cannot imagine another cost, or higher cost to incorporate the LMFTs as each board then holds the responsibility for legal costs of all. LMFTs may increase the cost of legal battles, turf wars etc.

LPC counselors have a more stringent training program than LMFTs as well-thus the risk for more legal costs may lay with the LMFTs. We have our own issues, and work with different populations as well. (LPC are more broad based, wherease LMFT are specifically trained in limited areas).

Please do not combine LPC with LMFT on SB177- we ARE different, and need our own boards.
Thank you,

Anne B. Norton, Psy. S., LPC
School Psychologist, Licensed Professional Counselor, Nationally Certified Interpreter.

2550 Denali Street Ste 1606
Anchorage, AK 99503

907 334 9842

Jason Hooley

From: F Kenneth Freedman [fken@alaska.net]
Sent: Friday, January 27, 2006 10:57 PM
To: Sen. Fred Dyson
Subject: SB177

Dear Senator Dyson:

Here's my support for SB177 but I do not want to see the boards combined.

Thanks,

F. Kenneth Freedman, LPC

January 26, 2006

Dear Senator,

As an LPC therapist I do support the passage of bill SB177 but do not want to see anything about combining LPC and LMFT boards attached to the bill.

LPC and LMFT disciplines and orientations and often, clients are different. LMFT therapists, as their initials state, specialize in work with families, marriages and couples. LPC's serve a broader base of clientele and our specialties within the field of counseling are diverse. My own specialty is PTSD (post traumatic stress disorder).

As an LPC I want to be responsible for the legal and other expenses in my own area of work. I do not want to take on past, current, or future debt of LMFT's and have my own licensure expense penalized.

I understand the legislature's interest in combining boards to simplify and save State money. But, this does not benefit LPC's in any way and in fact creates more liability for us.

Please do not add anything about combining boards to bill SB177.

Thank you.

Micki Halloran, MA, LPC
2605 Denali Street #203
Anchorage, Alaska 99503
State of Alaska, LPC #329
907-279-1393

Jason Hooley

From: Sen. Fred Dyson
Sent: Monday, January 30, 2006 9:13 AM
To: Jason Hooley
Subject: FW: Hess Committee

From: Ellen Cole [mailto:ecole@alaskapacific.edu]
Sent: Thursday, January 26, 2006 11:30 PM
To: Sen. Fred Dyson; Sen. Gary Wilken; Sen. Donny Olson; Sen. Lyda Green; Sen. Kim Elton
Subject: Hess Committee

Dear Senators,

I am writing to you as director of the Master of Science in Counseling Psychology (MSCP) program at Alaska Pacific University. While I am a psychologist, myself, I and my APU colleagues are responsible for training the next generation of Alaska's Licensed Professional Counselors. We support the passage of SB177 but do not support the combining of the LPC licensing board and the Marriage and Family Therapist licensing board.

We do not think combining the boards would serve either profession well, nor (above all) would it serve the clients with whom we work. There is already enough confusion about the differences between the two professions. Combining the boards would only add to that confusion.

The fact of the matter is that LMFT's specialize in one very particular and focused arena of the counseling world. LPC's practice across a broader range of specialties and have very different training, theoretical orientations, and internship requirements. To become an LPC in Alaska, a graduate student must complete a 60-credit graduate program which includes a 600 hour internship. Then there are 3000 hours of post-graduate supervision and the passage of a national exam. These are rigorous requirements, and those who complete them are very proud of their accomplishments. They chose to become Professional Counselors. Marriage and Family Therapy is an equally fine profession, but it is a different one.

In addition, my understanding is that two difficulties emerge states that have tried to combine mental health boards. First, turf wars are inevitable and create inefficiency and ill will. Second, combined boards cost more in the long run, because each discipline wants and needs to meet separately in addition to joint meetings.

I hope these comments help with your deliberations. Thank you for your attention.

Ellen Cole, Ph.D.
Professor of Psychology
Director, MSCP
Alaska Pacific University
4101 University Drive
Anchorage, Alaska 99508
tel: 907-564-8216
fax: 907-564-8396
ecole@alaskapacific.edu

Pat Crowe, LPC
PO Box 135
Kodiak, AK 99615
907-486-0846
pcrowe@ak.net

Senator Fred Dyson, Chair, and
Members of Senate HE&SS Committee
State Capitol
Juneau, Alaska

Dear Senator Dyson:

Senate Bill 177 serves a very important purpose to the public, by allowing mental health and related behavioral health professionals to legally provide the services they either already offer mentally ill Alaskans, or could offer them, if this bill is passed.

Many mental health professionals in community mental health centers, and other behavioral health agencies are technically not allowed to use some of the "psychology-related" language, or provide services referred to in this legislation, even though they are trained and qualified to do so. SB 177 would correct that situation.

For Alaskans, this would mean greater access to needed services, often at less cost to them than they currently might pay. They could receive mental health services, and have greater opportunity to use their own insurance to cover those services provided by agencies and providers qualified to perform them.

I strongly encourage you and the Committee to support this legislation, in the best interests of our state and communities.

Thank you,

Pat Crowe

Jason Hooley

From: Joan Soutar [akjbear@yahoo.com]
Sent: Sunday, January 29, 2006 2:00 PM
To: Sen. Fred Dyson; Sen. Gary Wilken; Sen. Donny Olson; Sen. Lyda Green;
Senator_Kim_Elton@legis.ak.us
Subject: SB177-comments from a LPC

Ladies and Gentlemen of the Alaska Senate,

I support passage of SB177. I do NOT support combining a LPC and the LMFT boards.

I have had different training, different supervision and serve different clients than do LMFT's. I believe that my LPC Board membes stand up for me and my needs.

I want the board members to focus upon LPC licensed individuals.

I need to ask why seek to combine these two boards but not add in social workers, psychologists, psychiatrists and psychological associates into one hugh board? Are you trying to save LMFT individuals in some way by combining their board with the growing number of LPS's?

When I received my initial license the cost was over \$800 for two years. Costs have gone progressively down to the \$200 I paid in October 2005. The LPC board even adjusted the date of renewal to coincide with our receipt of our Alaska Dividends which I appreciated. I believe my board works hard for me in keeping quality up and costs down. I do not want to take on expenses of individuals who hold a different license.

Sincerely,

Joan Soutar MA, LPC (#52)

Do You Yahoo!?

Tired of spam? Yahoo! Mail has the best spam protection around <http://mail.yahoo.com>

Jason Hooley

From: F Kenneth Freedman [fken@alaska.net]
Sent: Friday, January 27, 2006 10:57 PM
To: Sen. Fred Dyson
Subject: SB177

Follow Up Flag: Follow up
Flag Status: Completed

Dear Senator Dyson:

Here's my support for SB177 but I do not want to see the boards combined.

Thanks,

F. Kenneth Freedman, LPC

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 4/15/05

FURTHER: Labor and Commerce

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 2.3.06

Health, Education and Social Services Committee considered

SENATE BILL NO. 177

SB 177 PRACTICE OF PSYCHOLOGY

"An Act eliminating the requirement that persons using titles or descriptions of services that incorporate the terms 'psychotherapy,' 'psychotherapeutic,' or 'psychotherapist' be licensed by the Board of Psychologist and Psychological Associate Examiners."

and recommends:

- be replaced with _____ CS for SB 177 (HES)
- adopt previous _____ CS (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

CS Senate Bill:	
<input type="checkbox"/>	Same Title
<input checked="" type="checkbox"/>	New Title
SCS House Bill:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
LED	1/24			X	

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
	✓			
			✓	
	✓			

CHAIR.