

HB

353

<TARGET><BILL>HB 353</BILL><SUBJECT>HB
353</SUBJECT><COMM>HL&C30</COMM></TARGET>



Representative Ivy Spohnholz


House Health & Social Services Committee Chair

*Serving House District 16: College Gate, Russian Jack, Nunaka Valley, & Reflection Lake
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

MEMORANDUM

DATE: February 20, 2018

TO: Representative Sam Kito, Chairman of House Labor and Commerce

FROM: Representative Ivy Spohnholz 

RE: Hearing Request: House Bill 353, Marital & Family Therapy Lic. & Services

I respectfully request that House Bill 353 "Marital and Family Therapy Lic. & Services" be scheduled for the House Labor and Commerce Committee at its earliest convenience.

HB 353 clarifies the supervisory requirements for licensed Marital & Family Therapists (LMFTs). Currently, LMFTs are limited to one supervisor during their 1,500 clinical hours. HB 353 allows multiple supervisors to assist LMFTs for 200 hours of group supervision and individual supervision. The lack of supervisors makes it difficult for mental health clinicians to accumulate their hours within an adequate amount of time to become qualified and licensed to meet the mental health demands here in Alaska. Once LMFTs have fulfilled their clinical hours and are licensed, HB 353 will allow LMFTs to render and bill for Medicaid-funded services.

Attached you will find:

1. HB 353 Version 30-LS1425A
2. HB 353 Sectional Analysis
3. HB 353 Sponsor Statement

Please contact Bernice Nisbett at 465-2696 if you need further information.

Session (January-April):
Alaska State Capitol, Room 421
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House Health & Social Services Committee Chair

*Serving House District 16: College Gate, Russian Jack, Numaka Valley, & Reflection Lake
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

Dept. of Health & Social Services Recommendations

House Bill 353

Marital and Family Therapy Lic. & Services

"An Act relating to the licensure of marital and family therapists; relating to medical assistance for marital and family therapy services; and providing for an effective date"

We recommend deleting the current Section 4 in SB 353 (Version A) and replacing it with this new Section 4:

Sec. 4. AS 47.07.030(g) is amended by adding additional paragraphs to read:

- (4) "mental health physician clinic" means a clinic that**
(A) is operated by one or more psychiatrists; and
(B) primarily provides clinic services relating to mental health;
(5) "psychiatrist" means a person licensed to practice as a physician

under AS 08.64

who is licensed by the State Medical Board as a psychiatrist;

(6) "supervision or direct supervision" means that a psychiatrist
is available, either in person or by a communication device, to provide general
oversight and
direct the clinical services of a mental health physician clinic and its staff, including
but not
limited to such activities as:

- (A) approving the behavioral health treatment plan;**
(B) reviewing each case to determine the need for continued care;
(C) providing clinical consultation and supervision;
(D) ensuring that the services provided to recipients of clinic services

are

medically necessary and clinically appropriate; and

- (E) assuming professional responsibility for the services provided;**

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Sectional Analysis v. 30-LS1425A

House Bill 353

Marital & Family Therapy Lic. & Services

“An Act relating to the licensure of marital and family therapists; relating to medical assistance for marital and family therapy services; and providing for an effective date.”

Section 1. AS 08.63.100(a) is amended to clarify that before an individual can receive a license to practice marital and family therapy, they must complete 1,500 of supervised clinical hours. Of those 1,500 hours, 100 hours must be individual supervision and 100 hours must be for group supervision. These 200 hours may be attended by one or more supervisors.

Section 2. AS 08.63.120(b) is amended to state that a supervisor who oversees a license for individual supervision must have practiced marital and family therapy for five years, be licensed under this chapter, and meet the minimum standards established by the board for approved supervisors. A supervisor who oversees a licensee for group supervision must be licensed to practice as a professional counselor, a marital and family therapist, a physician, advanced nurse practitioner, psychologist, or clinical social worker.

Section 3. AS 47.07.030(b) is amended to add marital and family therapists’ services to the list of optional services that the Department of Health & Social Services (DHSS) may offer.

Section 4. AS 47.07.030(g) defines “direct supervision,” “mental health physician clinic,” and “psychiatrist.”

Section 5. AS 47.07.030 is amending by adding a new section (h) that allows DHSS to reimburse a mental health physician clinic for services provided by a psychiatrist or an individual who works under direct supervisor and is licensed to practice as a professional counselor, a marital and family therapist, physician assistant, advanced nurse practitioner, psychologist, psychological associate, or clinical social worker.

Section 6. Authorizes DHSS and the Board of Marital and Family Therapy to adopt regulations necessary to implement this Act.

Section 7. States that Sec.6 of this Act will take effect immediately under AS 01.10.070(c).

Section 8. Not including Sec.7 of this Act, the effective date of this bill will be January 1, 2019.

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House Health & Social Services Committee Chair

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Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

Sponsor Statement

House Bill 353

Marital & Family Therapy Lic. & Services

“An Act relating to the licensure of marital and family therapists; relating to medical assistance for marital and family therapy services; and providing for an effective date.”

HB 353 updates and clarifies the supervisory requirements for licensed Marital and Family Therapists (LMFTs). LMFTs must be supervised during their 1,500 clinical hours; of those hours, 100 must be for individual supervision and 100 for group supervision. HB 353 will allow the 200 hours of supervision to be attended by more than one supervisor. Currently, LMFTs are restricted to one supervisor to complete their clinical hours. Furthermore, once they have completed their hours and received their license, LMFTs are only allowed to provide services in community health clinics or physician mental health clinics, which limits the number of willing providers in the mental health care arena.

Considering the need for mental health clinicians in Alaska, HB353 expands medical assistance reimbursement services to cover those services provided by LMFTs. Reimbursement for services has also been expanded to psychiatrists, or individuals who are under the direct supervision of a psychiatrist who is licensed to practice as a professional counselor, physician assistant, advanced nurse practitioner, psychologist, psychological associate, and a clinical social worker. This will address the shortage of Medicaid-eligible behavioral health providers in the state, afford more options for beneficiaries, and increase access to care.

In 2016, the Alaska Board of Marital and Family Therapy unanimously recommended the statute changes contained in HB 353. Specifically, designating LMFTs as providers eligible to render and bill for Medicaid-funded services as independent practitioners under AS 47.07.030(b), and clarifying supervisory requirements for licensed marital and family therapists.

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3/5/2018

1



HB353 Marital & Family Therapist Licensure & Services

Representative Ivy Spohnholz

District 16

Prepared by Rep. Ivy Spohnholz's Office

What is marital & family therapy (MFT) and why is this important?

- MFTs treat serious clinical issues including depression, marital obstacles, anxiety, individual psychological problems, and child-parent difficulties.
- MFTS are mental health professionals trained in psychotherapy and family systems, and are licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples, and family systems.
- Source: [American Association for Marriage & Family Therapy](#), 2018.

HB353 – What
does this bill
do?

1. It requires 1,500 hours of supervision for marital and family therapists (MFTs). 100 hours of individual supervision, and 100 hours of group supervision may be conducted by one or more supervisors.

HB353 – What does this bill do?

2. It specifies that a qualified supervisor for individual supervision must have 5 years of experience in marital and family therapy and a license to practice. Or, that a qualified group supervisor can be licensed as another professional mental health clinician (LPC, LMFT, LCSW, Psy.D, M.D., or ANP).

HB353 – What does this bill do?

3. It defines:

- **Direct supervision** – one or more psychiatrists on-site a mental health physician clinic 30 percent of the time the clinic is open.
- **Mental health physician clinic** – operated by one or more psychiatrists and primarily provides mental health services.
- **Psychiatrist** – a person licensed to practice as a physician under AS 08.64 and is licensed by the State Medical Board as a psychiatrist.

HB353 – What does this bill do?

4. Lastly, it allows the Department of Health & Social Services (DHSS) to reimburse a mental health clinic for services performed by mental health clinicians who are under the direct supervision of a psychiatrist.

3/5/2018

Sectional Analysis: 30-LS1425\A

Prepared by Rep. Ivy Spohnholz's Office

Section 1.
AS 08.63.100(a)

The 1,500 hours of clinical contact must be supervised.

100 must be individual supervision and 100 must be group supervision.

The 200 hours can be supervised by more than one supervisor.

Section 2.
AS 08.63.120(b)

- A supervisor who supervises during individual supervision must have a license and have practiced marital and family therapy for 5 years.

OR

- A supervisor who supervises during group supervision can have a license as:
 - A professional counselor (LPC)
 - A marital and family therapist (LMFT)
 - A Psychiatrist (M.D.)
 - An Advanced Nurse Practitioner (ANP)
 - A psychologist (Psy.D)
 - A clinical social worker (LCSW)

Section 3.
AS 47.07.030(b)

Marital and family therapists' services has been added to the list of services that DHSS may offer for Medicaid recipients.

Section 4.
AS 47.07.030(g)

- **New language!**
 - **Direct supervision means that one or more psychiatrists have to be on-site for at least 30 percent of the time that they are open.**
 - **Mental health physician clinic means a clinic operated by more than one psychiatrist and provides mental health services.**
 - **A psychiatrist is someone licensed under AS 08.64 by the State Medical Board.**

Section 5.
AS 47.07.030(h)

- **New language!**
 - **DHSS may reimburse a mental health physician clinic for services performed by a psychiatrist or a mental health clinician licensed as an LPC, LMFT, M.D., ANP, or LCSW who is under the direct supervision of a psychiatrist.**

Section 6.

- **DHSS and the Board of Marital and Family Therapists may adopt regulations necessary to implement the changes brought forth in this bill.**

Section 7.

- **Section 6 of this bill will take effect immediately.**

Section 8.

- **The effective date of HB 353 is January 1, 2019.**

Suggestions from Stakeholders

- Defining “direct supervision” as:
 - One or more psychiatrists on-site at a **mental health clinic** 30 % of the time, OR
 - Available by a **communication device** to provide general oversight.
- Allowing advanced nurse practitioners authorized by the Board of Nursing to practice as a psychiatric mental health nurse practitioner to provide direct supervision.
- Changing “mental health physician clinic” to simply, “mental health clinic.”

Questions?

- Jon Sazada, Alaska Primary Care Association
- Alaska Board of Marital & Family Therapy
- Department of Health & Social Services
 - Randall Burns, Director, Division of Behavioral Health
 - Rick Calcote, Division of Behavioral Health

Prepared by Rep. Ivy Spohn

Alaska's Mental Health Care Workforce Shortage

A Publication of the Arctic Mental Health Working Group



Needs and Research Recommendations

To address the shortage of mental health care providers in Alaska, research is needed to:

- Understand the magnitude and composition (i.e., type of providers needed) of the shortage
- Inform solutions to increase the number of providers, their retention, and job satisfaction, and to develop alternative means to provide care in remote areas

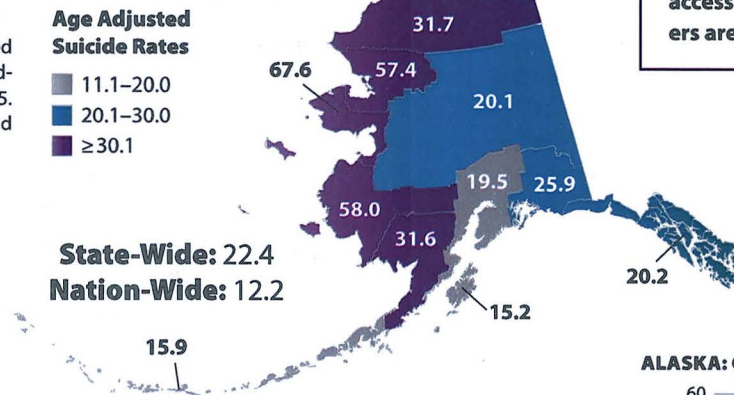
Mental Health Care Needs

Alaska's suicide rate is among the highest in the nation, with the prevalence among the Alaska Native population, particularly in the most remote areas of the state, surpassing that of the general Alaskan population¹ (Figure 1). The 2016 Alaska Behavioral Health Systems Assessment Report estimated that 145,790 adult Alaskans—**roughly 20% of the state's population**—need mental and behavioral health services.² One component necessary to address mental health issues is a well-trained cadre of mental health care providers to provide preventative support and treatment.

The Alaska Behavioral Health Systems Assessment Report further indicated that **only 19% of those in need received mental health care services** with funds from the State of Alaska Medicaid and/or Behavioral Health Fund.² No data exist to determine if the remaining 81% received mental health services paid for by other means or simply did not receive services.²

There are several reasons why individuals needing mental health services do not receive them. In some cases, the perceived stigma associated with the problem or illness prevents individuals from seeking help. In other cases, individuals may be more comfortable seeking help from alternative providers such as faith-based, tradition/culture-based or peer-support resources within their community. Finally, particularly in remote areas, **availability and access to mental health care providers are often limited.**^{3,4}

FIGURE 1. Suicide rates (age-adjusted rate* of suicide per 100,000 individuals) in Alaska by region 2006–2015. Source: Alaska Health Analytics and Vital Records, last updated 2/13/17.



How Many Mental Health Care Providers Are Needed?

Despite the number of individuals in need of mental health care services, the ratio of mental health care providers to population is lower in Alaska than nationally (Figure 2). Furthermore, most providers work in urban areas,⁵ such that the state's remote areas have even lower provider/population ratios.

There are many types of mental health providers in Alaska (e.g., psychiatrists, neurologists, psychologists, counselors, clinicians, technicians, behavioral nurse practitioners, and behavioral health aides), though as an example, here we consider only the shortage of psychiatrists. Two studies estimated a need for 25.9⁶ and 15.3⁷ psychiatrists per 100,000 adults nationally, with the authors of the second study noting that the mental and behavioral health care needs of rural populations may not have been adequately captured.⁷ National estimates do not account for Alaska's unique population, geography, and need but can serve as a benchmark for estimating the number of psychiatrists needed in Alaska. Based on 2010 Census data, Alaska needs 184 or 106 psychiatrists, respectively.

ALASKA: GREATER NEED, FEWER CLINICIANS

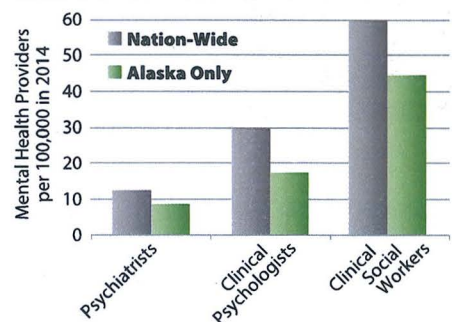


FIGURE 2. The ratio of mental health providers per 100,000 adult population in 2014 in the United States versus Alaska. US data from World Health Organization, Global Health Observatory Data repository, <https://goo.gl/62f48K>. Alaska-only data are from the Alaska Department of Labor and Workforce Development (<https://goo.gl/wCctk3>) and 2010 US Census data.

* Age-adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared.

In comparison to this estimated need, the Alaska 2015–2016 Primary Care Needs Assessment identified 85 licensed psychiatrists in Alaska.⁵ This figure is likely high, as “licensed” does not necessarily mean practicing. This number is also 54% and 20% below the need estimated based on the national studies referred to above.

Several barriers to hiring and retaining mental health care workers in Alaska have been identified that may lead to this shortage:

- Limited state and federal funding for mental health care provider positions^{8,9}
- Compensation packages are insufficient to attract qualified candidates¹⁰
- Social and geographic isolation (especially in rural locations)¹⁰
- Alaska’s extreme climate¹⁰
- State-required documentation burdens reduce patient contact time and job satisfaction^{2,8}

Research Recommendations to Address Alaska’s Shortage of Mental Health Care Providers

- **Establish Alaska-specific estimates for the number and types of mental health care providers needed.** Without more information on those receiving mental health services paid for by non-Medicaid/Behavioral Health Fund sources (i.e., commercial/private insurance or self payment), it is difficult to know the true shortage of providers. Alaska-specific research similar to the previously mentioned study⁷ on the national requirements for behavioral health practitioners would provide insight into the different types of providers most urgently needed and the most effective approaches for workforce development.
- **Understand and predict how the redesign of Alaska’s Medicaid program and the potential integration of mental and primary health care will impact the shortage of mental health care providers.** Behavioral health redesign and reform is part of the larger Medicaid reform initiative (<https://goo.gl/Aomx9f>) to improve mental health care quality and accessibility. Research is needed to understand how policy changes will impact the need for the various types of mental health care providers in the state, and inform recruitment and retention solutions.
- **Create research-informed alternative approaches to providing mental health care in remote areas.** Remote telemedicine systems and other e-health applications offer significant technical and clinical benefits when applied within broader-based systems serving isolated populations.¹² These benefits can improve the quality of care provided.¹³ Evaluation of telemedicine as an alternative approach, as well as the evaluation of community and behavioral health aides as frontline mental health care providers in rural Arctic communities could be undertaken to assess the impact of these approaches on both patient and provider.
- **Investigate job satisfaction and retention to better understand how to grow and strengthen the mental health workforce.** Challenges in hiring and retaining employees and in ensuring an appropriate level of job satisfaction are not unique to Alaska. Indeed, this is an issue across the Arctic. However, research into the Alaska-specific challenges would assist with solution development. A better understanding of various approaches (e.g., job or task-sharing strategies, rotating positions, “grow-your-own” strategies) successfully employed in rural communities elsewhere in the Arctic could help inform potential solutions for Alaska.



Next Steps

To determine specific efforts needed to address these research recommendations, input will be solicited from a broad suite of stakeholders, including community members, researchers, practitioners, and administrative personnel through future USARC workshops and conference sessions.

*“Provider” includes psychiatrist, psychologists, clinicians, counselors, behavioral health aides, and technicians

References

- ¹ *Suicide Prevention in Alaska*. 2016. HHS Publication No. SMA16-4970. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- ² *Alaska Behavioral Health Systems Assessment Final Report*. 2016. Agnew::Beck Consulting, LLC and Hornby Zeller Associates Inc.
- ³ Wang P.S., M. Lane, M. Olsson H.A. Pincus, K.B. Wells, and R.C. Kessler. 2005. Twelve-month use of mental health services in the United States: Results from the National Comorbidity Study Replication. *Archives of General Psychiatry* 62:629–640, <https://doi.org/10.1001/archpsyc.62.6.629>.
- ⁴ Sawyer, D., J. Gale, and D. Lambert. 2006. Rural and frontier mental and behavioral health care: Barriers, effective policy strategies, best practices. National Association of Rural Mental Health, Waite Park, MN.
- ⁵ *Alaska 2015–2016 Primary Care Needs Assessment*. 2016. Alaska Division of Public Health Planning and Systems Development.
- ⁶ Konrad, T.R., A.R. Ellis, K.C. Thomas, C.E. Holzer, and J.P. Morrissey. 2009. County-level estimates of need for mental health professionals in the United States. *Psychiatric Services* 60:1307–1314, <https://doi.org/10.1176/ps.2009.60.10.1307>.
- ⁷ *National Projections of Supply and Demand for Behavioral Health Practitioners: 2013–2025*. 2016. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis, Rockville, MD.
- ⁸ Personal communication: Arctic Mental Health Working Group members.
- ⁹ Branch, K. 2014. *Alaska’s Health Workforce Vacancy Study – 2012 Finding Report*. Alaska Center for Rural Health, University of Alaska Anchorage.
- ¹⁰ *Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues*. 2013. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (January 24, 2013).
- ¹¹ *Alaska Health Care Workforce Profile: Identifying Occupations that are Hardest to Fill*. 2016. Alaska Department of Labor and Workforce Development, Research and Analysis Section.
- ¹² Lin, P. 2017. *Improving Access to Mental Health Services for Rural and Northern Communities*. Canadian Mountain Network.
- ¹³ Fortney, J.C., J.M. Pyne, S.B. Mouden, D. Mittal, T.J. Hudson, G.W. Schroeder, D.K. Williams, C.A. Bynum, R. Mattox, and K.M. Rost. 2013. Practice-based versus telemedicine-based collaborative care for depression in rural federally qualified health centers: A pragmatic randomized comparative effectiveness trial. *American Journal of Psychiatry* 170:414–425, <https://doi.org/10.1176/appi.ajp.2012.12050696>.

2.9 Years

The average retention time for mental health care providers* in Alaska¹¹

Over 1 in 5

The ratio of vacant mental health provider positions in rural Alaska as compared to 1 in 10 in urban Alaska.⁹

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: HB 353
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB353-DCCED-CBPL-03-02-18
Title: MARITAL & FAMILY THERAPY LIC. & SERVICES
Sponsor: SPOHNHOLZ
Requester: (H) Labor and Commerce

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2019	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2019 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services							
Travel							
Services	1.3						
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	1.3	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1156 Rcpt Svcs (DGF)	1.3						
Total	1.3	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

1156 Rcpt Svcs (DGF)	1.3						
Total	1.3	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/19

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By: <u>Janey McCullough, Director</u>	Phone: <u>(907)465-2538</u>
Division: <u>Corporations, Business and Professional Licensing</u>	Date: <u>03/02/2018</u>
Approved By: <u>Catherine Reardon, Director</u>	Date: <u>03/02/18</u>
Agency: <u>Division of Administrative Services, DCCED</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. HB 353

Analysis

HB353 expands the qualified professions that are authorized to provide supervision to marital and family therapy associates who become licensed under AS 08.63.110.

This bill allows marital & family therapy licensees to receive reimbursements from the Alaska Department of Health and Social Services for marital and family therapy services provided. Marital and family therapy associates are not included as eligible.

The bill also clarifies the training and supervision requirements for an initial marital and family license such that a total of 1,500 hours in experience is required, which will include at least 100 hours of individual supervision and 100 hours of group supervision.

If the bill passes the following expenses will be incurred:

Services: \$1.3 (costs to amend regulations including legal, printing and postage in the first year)

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: HB 353
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB353-DHSS-BHMS-3-2-18
Title: MARITAL & FAMILY THERAPY LIC. & SERVICES
Sponsor: SPOHNHOLZ
Requester: House LC

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Behavioral Health Medicaid Services
OMB Component Number: 2660

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates					
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	50.0							
Commodities								
Capital Outlay								
Grants & Benefits			1,000.8	1,000.8	1,000.8	1,000.8	1,000.8	1,000.8
Miscellaneous								
Total Operating	50.0	0.0	1,000.8	1,000.8	1,000.8	1,000.8	1,000.8	1,000.8

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	25.0		660.5	660.5	660.5	660.5	660.5
1003 G/F Match (UGF)	25.0		340.3	340.3	340.3	340.3	340.3
Total	50.0	0.0	1,000.8	1,000.8	1,000.8	1,000.8	1,000.8

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

1251 Non-UGF (Other)	25.0		660.5	660.5	660.5	660.5	660.5
Total	25.0	0.0	660.5	660.5	660.5	660.5	660.5

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/19

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By:	Randall Burns, Director	Phone:	(907)269-5948
Division:	Behavioral Health	Date:	03/02/2018
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/02/18
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. HB353

Analysis

HB 353, Version A, amends requirements for marital and family therapists to obtain licenses; lists professions that may perform group supervision for marital and family therapist applicants; defines direct supervision, mental health physician clinic, and psychiatrist for purposes of the marital and family therapist statutes; and adds marital and family services to the optional list of services that may be reimbursed through Medicaid. This fiscal note reflects the fact that licensed marriage and family therapist services have been added to the AS 47.07.030 list of Medicaid optional services for which the State will reimburse. The projected expenditures represent the Medicaid reimbursement for professional services provided by licensed marriage and family therapists to persons eligible for Medicaid services, whether children or adults, including the Medicaid Expansion population.

The bill has a January 1, 2019 effective date and will drive the need for Medicaid system, administrative regulation, and Medicaid State Plan Amendment changes. Regulations are estimated to be complete six months later, by July 1, 2019.

FY2019 General Fund Match in the Services Line: \$50.0 for development of business rules in the Medicaid Management Information System detailing the parameters for services/reimbursement.

FY2020 - FY2024 Federal Receipts and General Fund Match in the Grants, Benefits line:
Average annual per recipient cost X estimated number of recipients = Medicaid increment needed

\$1,581 annual per recipient cost X 633 recipients = \$1,000,773

The **\$1,581** average annual per recipient cost is based on FY2016 Medicaid claims data for those recipients receiving Mental Health Only services. *[Currently, Behavioral Health Medicaid reimburses an hour of clinic (counseling/therapy) services at \$100.00, family clinic services at \$110.00 per hour, and group clinic services at \$56.00 per hour, regardless of the category of the professional providing that service.]*

The estimated number of recipients is derived from two data sources:

- FY2016 Medicaid prevalence data (which indicates the number of unserved recipients who would benefit from behavioral health services): **6,330**
- 2011 National Survey for Drug Use and Health data (which estimates the percentage of unserved recipients that will actually seek treatment in any given year): **10%**

6,330 x 10% = 633 estimated recipients

Total General Funds Match request:

\$1,000,773	Medicaid Mental Health Only
X 34.0%	(blended match rate resulting from regular and Expansion population)
\$ 340,263	General Funds Match

Recipients would be a mix of Medicaid Expansion recipients subject to an enhanced federal match rate and other Medicaid recipients subject to the regular federal match rate for services. We estimate that for the combined expansion and regular Medicaid, the average state match rate would be 34%.

There are presently just under 100 licensed marital and family therapists in the State with an active license, and some of those professionals are already billing for their services under the umbrella of a mental health physician clinic. Therefore, we are unsure of the number of licensed marital and family therapists who will be interested in beginning to *independently* bill Medicaid, subjecting their practices to the documentation and audit requirements that follow on

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. HB353

Analysis

enrollment in Medicaid as an independent provider.

These cost projections are based on Medicaid utilization, and could be higher or lower, depending on the demand for licensed marital and family therapy (services from patients with other payment sources, like private insurance), and the willingness of LMFTs to provide services to Medicaid-eligible individuals.

30-LS1425\O
Radford
3/21/18

CS FOR HOUSE BILL NO. 353(L&C)
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVE SPOHNHOLZ

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to the licensure of marital and family therapists; relating to medical**
2 **assistance for marital and family therapists' services; and providing for an effective**
3 **date."**

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

5 *** Section 1.** AS 08.63.100(a) is amended to read:

6 (a) The board shall issue a license to practice marital and family therapy to a
7 person who

- 8 (1) applies on a form provided by the board;
- 9 (2) pays the fee established under AS 08.01.065;
- 10 (3) furnishes evidence satisfactory to the board that the person
 - 11 (A) has not engaged in conduct that is a ground for imposing
 - 12 disciplinary sanctions under AS 08.63.210;
 - 13 (B) holds a master's degree or doctorate in marital and family
 - 14 therapy or allied mental health field from a regionally accredited educational

1 institution approved by the board for which the person completed a course of
2 study that included instruction substantially equivalent to the following:

3 (i) three courses or nine semester or 12 quarter hours of
4 course work in marital and family therapy;

5 (ii) three courses or nine semester or 12 quarter hours of
6 course work in marital and family studies;

7 (iii) three courses or nine semester or 12 quarter hours
8 of course work in human development;

9 (iv) one course or three semester or four quarter hours
10 of course work in professional studies or professional ethics and law;

11 (v) one course or three semester or four quarter hours of
12 course work in research; and

13 (vi) one year of supervised clinical practice in marital
14 and family therapy;

15 (C) after receiving a degree described in (B) of this paragraph,

16 has

17 [(i)] practiced **supervised** marital and family therapy,
18 including **1,700** [1,500] hours of [DIRECT] clinical contact with
19 couples, individuals, and families; [AND

20 (ii) BEEN SUPERVISED IN] the clinical contact **must**
21 **include** [FOR] at least [200 HOURS, INCLUDING] 100 hours of
22 individual supervision and 100 hours of group supervision approved by
23 the board; **the 100 hours of individual supervision and 100 hours of**
24 **group supervision may be conducted by one or more supervisors;**

25 (D) has received training related to domestic violence; and

26 (E) has passed a written or oral examination administered by

27 the board.

28 * **Sec. 2.** AS 08.63.120(b) is amended to read:

29 (b) A person who supervises a licensee under this section **during**

30 **(1) individual supervision** must

31 **(A)** [(1)] have practiced marital and family therapy for five

1 years;

2 (B) [(2)] be licensed under this chapter; and

3 (C) [(3)] meet the minimum standards established by the board
4 for approved supervisors; or

5 **(2) group supervision must be licensed to practice as a**

6 **(A) professional counselor under AS 08.29;**

7 **(B) marital and family therapist under AS 08.63;**

8 **(C) physician under AS 08.64 who is a psychiatrist;**

9 **(D) psychologist under AS 08.86; or**

10 **(E) clinical social worker under AS 08.95.**

11 * **Sec. 3.** AS 47.07.030(b) is amended to read:

12 (b) In addition to the mandatory services specified in (a) of this section and the
13 services provided under (d) of this section, the department may offer only the
14 following optional services: case management services for traumatic or acquired brain
15 injury; case management and nutrition services for pregnant women; personal care
16 services in a recipient's home; emergency hospital services; long-term care
17 noninstitutional services; medical supplies and equipment; advanced practice
18 registered nurse services; clinic services; rehabilitative services for children eligible
19 for services under AS 47.07.063, substance abusers, and emotionally disturbed or
20 chronically mentally ill adults; targeted case management services; inpatient
21 psychiatric facility services for individuals 65 years of age or older and individuals
22 under 21 years of age; psychologists' services; clinical social workers' services;
23 **marital and family therapists' services;** midwife services; prescribed drugs; physical
24 therapy; occupational therapy; chiropractic services; low-dose mammography
25 screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing,
26 and language disorders; adult dental services; prosthetic devices and eyeglasses;
27 optometrists' services; intermediate care facility services, including intermediate care
28 facility services for persons with intellectual and developmental disabilities; skilled
29 nursing facility services for individuals under 21 years of age; and reasonable
30 transportation to and from the point of medical care.

31 * **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to

1 read:

2 TRANSITION: REGULATIONS. The Department of Health and Social Services and
3 the Board of Marital and Family Therapy may adopt regulations necessary to implement the
4 changes made by this Act. The regulations take effect under AS 44.62 (Administrative
5 Procedure Act), but not before the effective date of the law implemented by the regulation.

6 * **Sec. 5.** Section 4 of this Act takes effect immediately under AS 01.10.070(c).

7 * **Sec. 6.** Except as provided in sec. 5 of this Act, this Act takes effect January 1, 2019.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

BOARD OF MARITAL AND FAMILY THERAPY

P.O. Box 110806
Juneau, AK 99811-0806
MoRe: 907.465.3811
Fax: 907.465.2974

January 16, 2016

At the last meeting of the Board of Marital Family Therapy, the Board unanimously re-approved their recommendation for statutory changes as outlined below.

- 1) the following amendments in bold are to Alaska Statute (AS) 08.63.100(a)(3)(C):
 - (i) practical marital and family therapy, including 1,500 supervised clinical contact hours of contact with couples, individuals, and families; and
 - (ii) been supervised concurrently during clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision approved by the board; and
 - (iii) group supervision conducted by State of Alaska licensed supervisor of Marital and Family Therapists, Social Workers, Professional Counselors, Psychologists, Psychiatrists A.N.P.s, or Psychiatrists.
- 2) Marital Family Therapist Licenses must have Liability Insurance with a provision for Regulatory Investigation Fees of at least \$30,000.
- 3) Marital Family Therapist Licenses Included in Title 47 under AS 47.07.030.

We appreciate your continued support of our profession and ask for your support of these changes, which will benefit the public and strengthen our profession. One of our Board members may be contacting your office to meet and discuss these items with you and be available to answer any questions you may have about them. Thank you again.

Sincerely,

Leon T Webber Digitally signed by Leon T Webber
Date: 2017.01.18 13:44:38 -0800

Leon Webber, LMFT, Board Chair

Alaska Board Marital and Family Therapy

4/7/2017

Senate Health and Social Services Committee

REGARDING: SB 105

Dear Senators,

The State of Alaska is greatly deficient of mental health providers. We are actively recruiting more providers from outside of the State to fill the need within the State. Last year, SB 74 was to promote an avenue to recognize physicians, psychiatrists, and mental health providers outside of the State via telemedicine / teletherapy because of our significant need. It was my understanding that SB 74 was to avail all providers in the State; however, I have come to my understand that Marital Family Therapists have been excluded due to lack of Statute recognition in Title 47.

As a psychiatrist in Alaska I refer my patients out to capable mental health providers to avail the psychotherapy needed. I have found that Marital Family Therapists are capable and professional mental health providers to provide the necessary psychotherapy for my patients. I have also found that master's level interventions, such as Marital Family Therapists can intercede, mitigate, and collaborate problematic issues with my patients before they become too intrusive. I believe that the full recognition of Marital Family Therapists in the State will result in effective mental health treatment, early and appropriate psychotherapy intervention, and reduction in crisis intervention (e.g. costly Emergency Room, API, or extensive physician visits).

Since 2009 I have worked with Discovery Cove Counseling out of Kodiak and Eagle River for psychiatric and Opiate Treatment. It has been through the innovative outreach and expertise of a Marital Family Therapist, who is the executive director and a clinician, that multiple patients have been helped and are functioning members of our villages. However, Medicaid patients we are not able to fully implement the Medication Assisted Treatment program that involves psycho-social / psychotherapy. SAMSHA recognizes M.A.T. / Psycho-social - psychotherapy as Best Practice / Evidence Based. I will not take on patients in a partial treatment format, as it is proven to be ineffective. I hear that Discovery Cove has well over 100 such patients on a waiting list, who want treatment but cannot afford nor Alaska Medicaid will currently pay for such treatment. Therefore, I encourage and endorse SB 105 so that all Alaskans may be availed treatment opportunity.

I am pleased to share my thoughts with your committee as necessary.

Sincerely,

Edward Zeff, M.D.

**Edward Zeff, M.D. DLFAPA
Psychiatrist - Discovery Cove & Norton Sound**



March 5, 2018

Representative Sam Kito
Chair, House Labor and Commerce Committee
State Capitol Room 124
Juneau AK, 99801

Representative Adam Wool
Vice Chair, House Labor and Commerce Committee
State Capitol Room 124
Juneau AK, 99801

RE: House Bill 353

Dear Chair Kito, Vice Chair Wool, and members of the House Labor and Commerce Committee:

The American Association for Marriage and Family Therapy (AAMFT) thanks you for the opportunity to provide written testimony in support of House Bill 353 (HB 353). AAMFT represents the professional interests of over 62,000 Marital and Family Therapists (MFTs) in the United States, including Alaska. The Alaska Association for Marriage and Family Therapy, the state organization for MFTs, is affiliated with AAMFT. AAMFT urges your support for HB 353.

Marital and Family Therapy is a nationally and internationally recognized profession. MFTs are licensed to provide mental health services in all 50 states and the District of Columbia. Public and private health plans recognize MFTs as independent providers of mental health services. Marital and Family Therapy is one of the five federally recognized core mental health professions, and MFTs are recognized as eligible providers by the Department of Veterans Affairs. Licensed MFTs must meet a rigorous standard, including the completion of a Master's or Doctoral Degree in marital and family therapy or a related field, supervised clinical experience that includes at least 1,500 hours of direct client contact, and passing an examination.

Allowing the services of licensed MFTs to be included in the state medical assistance program would expand access to qualified mental health providers for the state's most vulnerable. Increasing access to mental health providers may in turn improve health outcomes and reduce health spending on physical health ailments. The services of licensed MFTs are included in the medical assistance program in over 35 states, the majority of which allow direct reimbursement of services provided to beneficiaries.

Thank you for your time and consideration. AAMFT urges your support of SB 105. Please feel free to contact me at levans@aamft.org or via phone at 703-253-0453 if you need additional information or have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Laura Evans".

Laura Evans
State Government Affairs Manager
American Association for Marriage and Family Therapy

CC: House Labor and Commerce Committee

From: Mercy Dennis
To: [Rep. Sam Kito](#); [Rep. Adam Wool](#); epresentative.Andy.Josephson@akleg.gov; [Rep. Louise Stutes](#); [Rep. Chris Birch](#); [Rep. Gary Knopp](#); [Rep. Colleen Sullivan-Leonard](#); [Rep. Mike Chenault](#); [Ashley Winslow, MFT](#); [Rep. Bryce Edgmon](#)
Subject: HB 353
Date: Friday, March 23, 2018 1:18:08 PM

Dear Members of the House Labor and Commerce Committee,

As a Licensed Marriage and Family Therapist (LMFT) in the state of Alaska I ask that you support House Bill 353 regarding Marital and Family Therapy Licensing and Services. These changes in the licensing statutes will enable consumers to access mental health services that previously have not been available to them.

The mental health consumers it will serve are frequently the most underserved population in our community.

Also, in bill 353, the requested changes will provide applicants for the LMFT license to broaden their ability to meet their required supervision hours by being able to except group supervision hours from other licensed mental health professionals. This is particularly important to Marriage and Family Therapy Associates (MFT-A) who are working in mental health agencies as they complete their licensing requirements. These professionals are very valued employees for these agencies in our community and this statute change will encourage MFT-As to work in these agencies. This is a benefit to the agencies, the MFT-As and the consumers of mental health services.

Thank You for your consideration of Bill 353.

Mercy Dennis LMFT

info@mercydennis.com
www.mercydennis.com
907-278-5522



Representative Ivy Spohnholz

House Health & Social Services Committee Chair

*Serving District 16: College Gate, Russian Jack, Nunaka Valley, Reflection Lake & Wonder Park
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

Sponsor Statement

House Bill 353 ver O

Marital & Family Therapy Lic. & Services

“An Act relating to the licensure of marital and family therapists; relating to medical assistance for marital and family therapy services; and providing for an effective date.”

HB 353 updates and clarifies the supervisory requirements for licensed marital and family therapists (LMFTs). LMFTs must be supervised during their 1,700 hours; of those hours, 100 must be for individual supervision and 100 for group supervision. HB 353 will allow the 200 hours of supervision to be attended by more than one supervisor. Currently, LMFTs are restricted to one supervisor to complete their clinical hours. HB 353 adds a new requirement that practicing marital and family therapists (MFTs) can have one or more supervisors for individual supervision and group supervision, so long as the authorized supervisor is qualified by the licensing board.

Considering the need for mental health clinicians in Alaska, HB353 expands medical assistance reimbursement services to cover services provided by LMFTs. This will address the shortage of Medicaid-eligible behavioral health providers in the state, afford more options for beneficiaries, and increase access to care.

In 2016, the Alaska Board of Marital and Family Therapy unanimously recommended the statute changes contained in HB 353. Specifically, designating LMFTs as providers eligible to render and bill for Medicaid-funded services as independent practitioners under AS 47.07.030(b), and clarifying supervisory requirements for licensed marital and family therapists.

Session (January-April):
State Capitol
Juneau, AK 99801
Phone (907) 465-4049

Rep.Ivy.Spohnholz@akleg.gov
www.repivyspohnholz.com
Toll-Free (866) 465-4940

Interim (May-December):
1500 W. Benson Blvd
Anchorage, AK 99503
Phone (907) 269-0123



Representative Ivy Spohnholz

House Health & Social Services Committee Chair

*Serving District 16: College Gate, Russian Jack, Nunaka Valley, Reflection Lake & Wonder Park
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

Sectional Analysis v. 30-LS1425\O

House Bill 353

Marital & Family Therapy Lic. & Services

“An Act relating to the licensure of marital and family therapists; relating to medical assistance for marital and family therapy services; and providing for an effective date.”

Section 1. AS 08.63.100(a) is amended to clarify that before an individual can receive a license to practice marital and family therapy, they must complete 1,700 of supervised hours. Of those 1,700 hours, 100 hours must be individual supervision and 100 hours must be for group supervision. These 200 hours may be attended by one or more supervisors.

Section 2. AS 08.63.120(b) is amended to state that a supervisor who oversees a license for individual supervision must have practiced marital and family therapy for five years, be licensed under this chapter, and meet the minimum standards established by the board for approved supervisors. A supervisor who oversees a licensee for group supervision must be licensed to practice as a professional counselor, a marital and family therapist, a physician who practices psychiatry, psychologist, or clinical social worker.

Section 3. AS 47.07.030(b) is amended to add marital and family therapists' services to the list of optional Medicaid services that the Department of Health & Social Services (DHSS) can seek reimbursements.

Section 4. Authorizes DHSS and the Board of Marital and Family Therapy to adopt regulations necessary to implement this Act.

Section 5. States that Sec.4 of this Act will take effect immediately under AS 01.10.070(c).

Section 6. Not including Sec.7 of this Act, the effective date of this bill will be January 1, 2019.

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**(H) Labor Commerce CS for HOUSE BILL 353
Comparison Sheet for version A to version O**

Statute	Provision	Section	House Bill 353 v. A		Labor & Commerce CS for House Bill 353 v. O	
AS 08.63.100	Qualifications for license to practice	1	a	The Board of marital and family therapy shall issue a license to a person who has practiced 1,500 hours of supervised clinical contact with couples, individuals, and families. 200 of those hours must be individual supervision and group supervision. Those hours may be conducted by one or more supervisors.	Change to 1,700 hours total .	a
AS 08.63.120	Authorized supervisors	2	b	A person who supervises during individual supervision must have a license to practice marital and family therapy, and have practiced for 5 years, and meet the standards approved by the board. OR a person who supervises group supervision must be licensed to practice as a professional counselor (LPC), a marital and family therapist (LMFT), a psychiatrist (M.D.), an advanced practice nurse (ANP), a psychologist (Psy.D), or a clinical social worker (LCSW).	Delete "an advanced practice registered nurse under AS 08.68 who is authorized by the Board of Nursing to practice as an adult or family psychiatric mental health nurse practitioner;"	b
AS 47.07.030	Medical services to be provided	3	b	The Department of Health & Social Services (DHSS) may offer marital and family therapists' services as a mandatory service required under 42 U.S.C. 1396 for Medicaid recipients.		b
AS 47.07.030	Medical services to be provided	4	g	Defines "direct supervision" as one or more psychiatrists are on-site 30 percent of the time, defines "mental health physician clinic" as a clinic that is operated by one or more psychiatrists, and primarily provides clinic services relating to mental health, and defines "psychiatrist" means a person licensed to practice as as physician under AS 08.64 who is licensed by the State Medical Board as a psychiatrist.	These sections were deleted in the Labor & Commerce CS.	
AS 47.07.030	Medical services to be provided	5	h	DHSS may reimburse a mental health physician clinic for services provided by a psychiatrist or an individual under direct supervision of a psychiatrist that is licensed to be a LPC, LMFT, M.D., ANP, Psy.D, or LCSW.		
Transition and Effective Dates		6	The uncodified law of the State of Alaska is amended by adding that DHSS and the Board of Marital and Family Therapy may adopt regulations necessary to implement the changes made by this Act. Regulations take effect under AS 44.62.			SEC. 4
		7	Immediate effective date for adoption of regulations.			SEC. 5
		8	Effective date of January 1, 2019			SEC. 6



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

DIVISION OF BEHAVIORAL HEALTH

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March 22, 2018

The Honorable Ivy Spohnholz
House of Representatives
Alaska State Capitol, Room 421
Juneau, AK 99801

Dear Representative Spohnholz:

This letter is in response to a request from your office for information regarding changes to House Bill 353, the bill related to the licensure of Marital & Family Therapists.

HB 353, version A, proposes to:

- (1) change the licensure requirements for Marital and Family Therapists (LMFTs) to include:
 - a) new supervision requirements for individuals seeking to obtain a MFT license (Sec. 1, pg. 2, Lines 17 - 28); and
 - b) a list of licensed professionals who would be authorized to provide the 100 hours of group supervision required of MFT licensees (Sec. 2, pg. 2 Lines 30 and 31; pg. 3, Lines 1 - 15);
- (2) add MFT services as a new optional Medicaid service under AS 47.07.030(b), which would allow LMFTs to enroll in Medicaid and become independent behavioral health service providers able to directly bill Medicaid when clients have Medicaid as their health insurance (Sec. 3, Pg. 3, Line 28); and
- (3) include in AS 47.07.030 new paragraphs that
 - a) define a Mental Health Physician Clinic (MHPC) and outlines the requirements for supervising a MHPC by a psychiatrist (Sec. 4, pg.4, Lines 6 - 13); and
 - b) describe the criteria for Medicaid reimbursement of a MHPC (Sec. 5, pg.4, Lines 15 - 29).

Sections 4 and 5 of the HB 353 add new paragraphs to AS 47.07.030 that provide definitions and clarifying reimbursement rules for mental health physician clinics, where some LMFTs may choose to work. The intent of these new paragraphs is already found in regulation (7 AAC 135.030) and is not necessary for the other changes in the bill related to the licensure of Marriage & Family Therapists to go into effect.

As a result, the Department has suggested removing Sections 4 and 5 from HB 353 because another bill under consideration by the Legislature, CSSB 169(HSS), sponsored by Senator Giessel, likewise makes changes to AS 47.07.030 that will also provide clarifying definitions and reimbursement rules for clinics providing mental health/behavioral health services. By removing Sections 4 and 5 from HB 353, you would eliminate any conflicts between the definitions and intent of CSSB 169(HSS) and the current language of HB 353.

The Department has a longstanding intent to make changes to its regulations that address these same issues affecting clinic supervision, including removing both the requirement that a clinic be supervised solely by a psychiatrist and that a clinic supervisor must work on site at his/her clinic 30% of the time. The Department, having filed its application to the Centers for Medicare and Medicaid Services for approval of an 1115 Behavioral Health Waiver Demonstration, will, in the near future, submit these regulation changes for adoption.

Because of these specific, forthcoming regulatory amendments which comport with the intent of HB 353, as well as other changes under consideration for the State's broader behavioral health system, the Department does not recommend retaining the language in Sections 4 and 5 of HB 353 at this time.

Please do not hesitate to contact me, should you have any further questions.

Sincerely,



Randall Burns
Director
Division of Behavioral Health



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

BOARD OF MARITAL AND FAMILY THERAPY

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March 20th, 2018

The Alaska State Board of Marital and Family Therapy held a teleconference meeting to discuss Senate Bill 105 and House Bill 353 on March 5th, 2018. The Board unanimously affirmed their support for statutory changes as outlined below.

1. Alaska Statute(AS) 08.63.100(a):
 - a. This amendment **calls for clarification** that the hours required for licensure are 1,700 total hours - 1,500 clinical contact hours and 200 hours of supervision. The supervision hours must include 100 hours of individual supervision and 100 hours of group supervision.
 - b. This amendment further **deletes** the proposed requirement for LMFT's to carry liability insurance. The Board discussed that the intention was to make professional liability insurance available in the case that if an LMFT was under investigation, they would be responsible for those costs individually. Unfortunately, it was discovered that professional liability insurance is not available as desired to offset any investigative costs.
2. AS 08.63.120(b):
 - a. This amendment allows professionals from certain other mental health disciplines to serve as clinical supervisors for group supervision only.
 - b. The amendment further removes Advanced Nurse Practitioners as candidates for clinical supervisors.
3. AS 47.07.030(b)
 - a. The Board fully supports the inclusion of Marital and Family Therapy Services in the list of services available for Medicaid reimbursement.
4. AS 47.07.030(g)
 - a. This amendment defines "direct supervision" and the Board fully supports removing the requirement for a psychiatrist to be on site at least 30% of the time, and replacing it with language defining direct supervision as psychiatric oversight in person or via a communication device.
5. The Board of Marital and Family Therapy supports sections stating that we may adopt regulations in relation to the changes made under this bill. We further support proposed effective dates.

We truly appreciate your continued support of our profession. As members of the Board, we work hard towards making Marital and Family Therapy available to families in need. Marital and Family Therapists are highly trained mental health professionals, specially trained in the dynamics of systems, which allows us to diagnose and treat individuals, couples, and families. Continuing research shows that a strong social connection (the bread and butter of Marital and Family Therapy) leads to a quantifiable decrease in depression and anxiety, increased reported quality of life, greater heart health, increased immune function, and even a longer life span. Again, we thank you for your continued support.

Sincerely,

The Alaska State Board of Marital and Family Therapy