

ALASKA LEGISLATURE COMMITTEE FILES 00 / 2

9306 HOUSE LABOR & COMMERCE

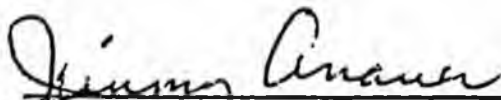
John R. Pugh
Matthew Felix
November 20, 1985
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while insufficient funds were spent in another category. While I do not mean to argue that such spending practices are proper, I do think the severity of such spending practices is far less than would be a misexpenditure of funds for purposes totally unrelated to the Corporation. In short, the evidence indicates that all of the 'close out' funds were used for proper corporate purposes, and, in fact, the Corporation was eventually closed out. As a result, despite any fiscal irregularities alleged in the audit report, the ultimate grant objectives were fulfilled and satisfied within budget.

In light of these circumstances, and given the recent involuntary dissolution of ANCADA, I respectfully request that the audit exceptions contained in the audit review of Grant No. 06-4480 be waived. The objectives of the State of Alaska in making the grant to ANCADA have been substantially met. Under all the circumstances it would not be either in the Department's interest or in the interest of the Native people of the State of Alaska to require further proceedings in this matter. In the event the approval of the Attorney General is required to grant this waiver request, I respectfully ask that you concur in this request and transmit my letter with your concurrence to the Attorney General.

Since I know it is very difficult to reach me, please contact me through the law offices of Lloyd Benton Miller of Sonosky, Chambers & Sachse, Suite 1500, 2550 Denali Towers North, Anchorage, Alaska 99503-2719. The Yukon-Kuskokwim Health Corporation (one of Mr. Miller's clients) has generously offered Mr. Miller's services in assisting ANCADA in reaching a favorable settlement of all outstanding claims.

Sincerely,



Jimmy Anaver, Treasurer
Alaska Native Commission on
Alcoholism and Drug Abuse

LBM/smb/22B6-8

cc: All ANCADA Board Members

Jon C. Deisher
P.O. Box 101624
Anchorage, Ak 99510

August 5, 1997

Representative Norm Rokeberg
716 West 4th Ave.
Anchorage, Ak 99501

Dear Representative Rokeberg,

Legislative initiatives during the last session demonstrate a value in cutting state funding of services not needed or ineffective. In the interests of state funding efficiency the following is offered as a suggestion:

Scrutinize the State Office of Alcohol and Drug Abuse (SOADA). Why?

SOADA has a mission to reduce the incidence of Alcohol and Drug abuse and by so doing protect the health, safety and welfare of Alaskans. Money is provided from both Federal and State sources for SOADA to meet this mission. Independent of its operating budget, each year for the last twenty years virtually hundreds of millions of dollars have been granted through an RFP process to various respondents to SOADA Requests for Proposals (RFPs). RFPs generally solicit respondents for the purpose of assessing and treating persons identified by various state offices (DMV, ASAP, DFYS, Corrections and others), as having issues related to Alcohol and Drug abuse. Over the course of this twenty year period literally hundreds of millions of dollars have been spent and the incidence of Alcohol and Drug abuse has not abated. Private sector offices are not permitted to compete for these revenues despite their ability to provide services more inexpensively, competently and effectively. I suggest a strict audit be done of SOADA to determine what the people of Alaska receive for the money allocated to SOADA's budget. I further suggest that the methods used to meet the mission of SOADA are ineffective, inefficient and obsolete and not in the interests of the people of Alaska to support.

Despite an annual budget of millions of dollars to the Division of Alcohol and Drug Abuse, the incidence of alcohol and drug problems has not diminished appreciably. The state is pouring money into a bureaucratic entity and not getting its moneys worth. A recent study funded by the Division states that treatment funded by them works... but the study included people still in treatment with no significant demonstrated success other than during treatment! In other words, SODA has failed in its mission. It is time to meet the need another way.

SOADA's mission is a good one. Alaska has a significant Alcohol and Drug problem that must be addressed. But SOADA's unsuccessful, ineffective and expensive methods of meeting its mission must be recognized for what it is: a failure. The health, safety and protection of Alaskans requires more.

The State Office of Alcoholism and Drug Abuse (SODA) has four primary missions:

- a) approve sites for the treatment of persons with alcohol and drug problems;
- b) grant moneys to non-profits for the purpose of providing treatment to persons with alcohol and drug treatment;
- c) provide technical support to the community in terms of training, education, current trends, etc., and
- d) monitor referrals (Alaska Safety Action Program, or ASAP) of Alcohol and Drug cases (DWIs mostly, for example) for referral to providers and report to the courts in a probationary capacity.

Each of these responsibilities can be effectively provided through other state funded or self supporting activities.

a) A self supporting state board for alcohol and drug abuse, with incumbent licensing similar to that of the Licensed Marriage and Family Therapists or Licensed Clinical Social Workers (having clear and rigorous academic, experiential standards from the National Association of Alcohol and Drug Counselors) can be set up which will monitor and approve providers and their respective services. State funded activity in this regard will be removed.

b) The state has a Division of Contracts which has extensive experience in developing RFPs, granting money and administering grants. SODA's work in this area is a duplication of that of the Division of Contracting. In addition, SODA's protocol for letting grants denies the ability of fully qualified private sector providers from bidding on state contracts. Transferring SODA's administration of State generated grants to the Division of Contracts would reduce contract administrative costs and open the bidding process to private sector providers, many of whom are able to provide services less expensively than Non-profit providers. Federal funds will continue to be allocated to meet those meeting the criteria for them.

c) SODA's technical assistance is limited to an annual process called "the annual school". Assistance needed out side the annual school is minimal. The University of Alaska has a program entitled "The Center for Alcohol and Addiction Studies" whose mission it is to address "the continuing need for research, education and training in the area of addictions in Alaska", in other words technical assistance. Technical assistance in the area of addiction studies would be better placed with UAA. This would eliminate duplication and place the technical assistance and training function that SODA currently offers poorly in an educational facility which is better able to do the job.

d) If probationary services are necessary, the Division of Corrections has expertise in this area. Having SOADA provide probationary services for legal infractions involving alcohol is a duplication of probation service provided by the Division of Corrections. Having a Division of Health Education and Social Services provide probationary functions seem anomalous to the purpose of HESS and duplicative of Corrections.

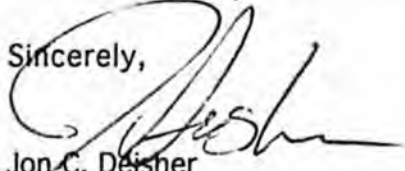
At least two non-profits funded by the Division to provide clinical treatment (in the Mat-Su valley and in Kenai) are also funded by the SOADA to manage the referral ASAP clients. This dual funding by SOADA creates at least the perception of a conflict of interest, if not the fact thereof, in that they are in positions to refer to themselves and then report back to themselves on the process of the referrals. Even if nothing is wrong with these arrangements, they appear improper. It is astounding that the Division would knowingly fund individual programs to provide both of these separate functions which should be mutually exclusive. As you know, often the appearance of impropriety is as damaging as impropriety itself.

In short, services provided by SOADA are wasteful, inefficient and duplicative of services offered by other state funded programs, or can be done alternatively through self supporting processes. Through SOADA's auspices private sector providers have a competitive disadvantage with respect to state funded programs.

I strongly encourage you to take the same unflinching look at the State Office of Alcohol and Drug Abuse as the legislature has done with other State and Federal matching funds programs. If needed, other examples and illustrations can be provided illustrative of the above critiques. It is important to note that SOADA is a recipient of Federal revenue and has responsibilities incumbent upon receipt of those funds. How SOADA meets its Federal accountability responsibilities as an agent of the State would also be a useful area of inquiry.

SOADA is a waste of Alaska's money and it is time someone did something about it. I hope it is you. SOADA's effectiveness is LESS than some programs the legislature has already targeted for cuts. Should you be interested in additional supportive information please contact me.

Sincerely,



Jon C. Deisher
907-561-5252

Dear Representative Phillips: The following is offered for consideration for amendments to HB 192 (1997). As proposed HB 192 does not solve current problems arising from the absence of a license for substance abuse counselors. In fact, current problems are codified and further entrenched by HB 192. In addition HB192 creates problems which currently do not exist. The recommended alternatives below follow the current language in HB 192 and each alternative is followed by a rationale for the alternative. Finally, a revised HB 192 is offered incorporating the recommended alternatives. I understand how busy you are as the state budget moves through debate. If your staff has any questions in preparing this for your review, please let them know I would be happy to hear from them. I hope this is helpful to you. Please contact me if I can be of service.

No bill at all is better than HB 192.

Existing HB192 language -

Section 1. AS 08.19.010 Creation and membership of board. (a) There is created the Board of Chemical Dependency Counseling Examiners consisting of five members appointed by the governor, four of whom are chemical dependency counselors licensed under this chapter and one of whom is a public member. The governor shall consider making appointments so that the membership of the board reflects the regional and cultural diversity of the state and the different levels of licensure authorized under this chapter. A member's term of office is four years.

Recommended alternative 1: A Chemical Dependency Counselor Licensure Board shall be established, consisting of seven (7) persons.

i) Inaugural Chemical Dependency Counselor Board:

The inaugural seven (7) Board members shall be selected by the Governor from those applicants for licensure who in the judgment of the Governor's Office meet or exceed the description of qualifications of Chemical Dependency Counselor I License or greater. Persons provisionally licensed under Section 08.19.070, or applying for Licensed Alcohol and Drug Specialist Associate a) may not serve on the Board. Persons selected to serve on the Board shall be residents of the state of Alaska and citizens of the United States and meet the eligibility requirements of Section 8 A).

ii) Chemical Dependency Counselor Board Succession:

Board members succeeding inaugural members must be Licensed Chemical Dependency Counselors, Licensed Independent Chemical Dependency Counselors or Licensed Senior Chemical Dependency Counselors defined under Section 08.19.070 of this act. Following the inaugural naming of Board Members by the Governor, Board member succession shall occur through a simple majority vote of general secret ballot by those holding a current Chemical Dependency Counselor I License or greater. Only those who hold at least the Chemical Dependency Counselor I License may be nominated for election or may vote. Time, date and procedure of election shall be established by the Board.

iii) The Board shall be representative of the demographic

distribution of the State of Alaska in a manner determined by the Board. However, two (2) Board members shall be from the Borough of Anchorage, one (1) from the North Star Borough and one (1) from Juneau.

iv) Advisory Council of Licensed Chemical Dependency Counselor Associates: The Board may at its discretion appoint and from time to time convene or otherwise seek advise from an advisory Council of Licensed Chemical Dependency Counselor Associates. Advise from the Council is not binding on the Board.

v) Any Alaska Chapter of a nationally recognized association representing professional Chemical Dependency Counselors, as determined by the Board, may submit recommendations for Board members.

vi) Board member appointments shall be for three (3) year terms, except that no more than three (3) members' terms may expire in any one calendar year and appointments of less than three (3) years may be made in order to comply with this limitation. Upon expiration of a member's term, he or she shall serve until his or her successor is qualified and appointed. The successor shall be named within ninety (90) days of the expiration of the incumbent's term. The successor's term shall be three (3) years from the date of expiration, regardless of the date of appointment. Of the members of the inaugural Board, two (2) shall be appointed for one year, two (2) shall be appointed for two years, and three (3) shall be appointed for three years.

vii) The Board shall meet at least two (2) times a year to conduct business and/or elect officers. Additional meetings may be held as necessary to conduct business of the Board, and may be convened at the call of the chair or a majority of Board members. Four (4) members of the Board shall constitute a quorum for all purposes.

viii) Any Alaska Chapter of a nationally recognized association representing professional Chemical Dependency Counselors, as determined by the Board, may submit recommendations to the Governor for Board members so long as the nominated person holds at least a Counselor I license.

RATIONAL: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states.

1) As proposed HB 192 does not adequately address representation on the board of persons from across the state. A five member board is too small to represent the diversity of the state creating and institutionalizing

disproportionate misrepresentation of regions not supported by the demographics of service or cultural needs. Various regions of the state should have certain representation by designating a representative from the region.

2) As proposed HB 192 does not address initial composition of the board and provide for orderly succession. As proposed the entire board could be replaced at once without orderly transition maintaining continuity of board activity. Institutional memory, professional consistency and standardization is unprotected. An orderly succession, beginning with an inaugural board, will permit an evolutionary and orderly transition of concepts represented on the board.

3) Four years on the board is too long. Our Governor serves for three years, that should be enough for a board member.

4) As proposed HB 192 has no provision for how the board will conduct its business. No provision for a quorum. No provision from where the candidates for future board membership will come.

5) HB 192 has no provision for where recommendation for qualified individuals for board membership will come.

Existing HB192 language -

(b) The board shall elect annually from among its members a presiding officer, a vice-chair, and a secretary.

Recommendation 2: Delete. This provision is covered by recommended alternative 1. Designation of officers, associated duties and internal board procedures should properly be done within the regulations.

Existing HB192 language -

Sec. 08.19.020. Powers and duties of the board. In addition to the powers and duties conferred on the board under AS 08.01, the board shall

(1) review the training, education, and work experience of individuals who apply for licensure under this chapter and approve the issuance of licenses to those who qualify for them; the board may require a passing grade on an objective examination before issuing a license under this chapter;

(2) establish continuing education requirements for individuals who seek to renew a license under this chapter and approve courses that satisfy those requirements;

(3) review and approve trainers and training sites and programs that provide practicums or internships for persons who intend to become licensed under this chapter;

(4) semiannually to conduct its business; and

(5) adopt regulations under AS 44.62 (Administrative Procedure Act) that are necessary to carry out the purposes of this chapter.

Recommended Alternative 3:

Sec. 08.19.020. Powers and Duties of Chemical Dependency Counselor Licensure Board. In addition to the powers and duties conferred on the board under AS 08.01,

(1) The Board shall have the power to adopt and enforce rules as necessary for the performance of its duties under this section.

(2) The Board shall establish rules, regulations and standards of performance, care, conduct and ethics for persons licensed under this act, and ensure compliance with the enforcement of provisions of this act under AS 44.62 (Administrative Procedure Act) that are necessary to carry out the purposes of this chapter.

(3) The Board may create a license examination committee, of which at least three (3) members will be members of the Board. The examination committee will establish testing and assessment protocol of those seeking licensure. Such testing, whether through a licensing committee or other body established within the board, shall include

(a) reviewing and acting upon applications for licensure at least twice each year during its biannual meetings and regulating the renewal of licenses.

(b) reviewing the training, education, and work experience of individuals who apply for licensure under this chapter and approve the issuance of licenses to those who qualify for them; the board may require a passing grade on an objective examination before issuing a license under this chapter;

(c) establishing continuing education requirements for individuals who seek to renew a license under this chapter and approve courses that satisfy those requirements;

(d) reviewing and approving trainers and training sites and programs that provide practicums or internships for persons who intend to become licensed under this chapter.

(4) The Board may conduct hearings on charges calling for the denial, revocation or suspension of a license, shall adopt rules for the conduct of the hearings, shall cause the prosecution of all persons who violate any provisions of this act or any rule or regulation promulgated pursuant to its

provisions and may levy sanctions as provided in Section 2.

(5) The Board may enter into contracts to carry out its duties or responsibilities under this act, and may employ any person(s) it deems necessary to carry on the work of the Board and shall define their duties and fix their compensation, if any.

(6) The Board may sue or be sued in its own name.

(7) The Board shall maintain a register of Licensed Chemical Dependency Counselors and Associates, which record shall be a public record.

(8) The Board shall maintain a register of those previously licensed under this Act who become unlicensed Chemical Dependency Counselors and Associates and the reason one became unlicensed, which record shall be a public record.

(9) The Board shall keep a complete record of all its proceedings.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. HB 192 provides for authorities but inadequate enforcement powers. It fails to provide for public disclosure of those licensed or for documentation of its activities.

Existing HB192 language -
Article 2. Licensing.

Sec. 08.19.050. License required. (a) A person who is not licensed under this chapter may not

(1) engage in chemical dependency counseling for compensation except as provided in (c) of this section;

(2) advertise to the public or represent oneself as being able to engage in chemical dependency counseling; or

(3) use in connection with the individual's name any letters, words, or insignia indicating or implying that the individual is a chemical dependency counselor.

(b) A person who is licensed under this chapter may practice chemical dependency counseling only within the scope of the person's license.

Recommended Alternative 4:

Article 2. Licensing.

Sec. 08.19.050. License required.

(a) Exemptions.

(1) A person is exempt from this Act if the person does not represent to the public, or health care financing agencies or third party

payers, directly or indirectly, that the person is licensed under this Act and does not use any name, title, or designation indicating that the person is licensed under this Act.

(2) This act does not apply to the activities or services of: a licensed physician or psychologist, religious leader of a congregation providing pastoral Chemical Dependency Counseling within the scope of his or her duties; or school counselor certified by the state educating agency.

(3) This act does apply to the activities or services of: licensed social workers and licensed Marriage and Family Therapists when the primary diagnostic impression and treatment recommendations does not include Alcohol and/or Chemical Dependency.

(4) Nothing in this Act shall be construed to limit the activities and services of a student, intern, or resident in professional Chemical Dependency Counseling seeking to fulfill educational requirements in order to qualify for a license under this Act, or an individual seeking to fulfill the experience requirements in order to qualify for licensing under this Act, if the activities and services are supervised as specified in this Act, and that the student, intern, or resident is designated by a title "intern" or "resident" or other designation of trainee status. Nothing in this section shall be construed to permit students, interns, or residents to offer their services as professional Alcohol and/or Chemical Dependency Counselors to any other person and to accept remuneration for such professional Chemical Dependency Counseling services other than as specifically excepted in this Section, unless they have been licensed under this Act.

(5) Nothing in this Act shall prohibit individuals not licensed under the provisions of this Act who work in self-help groups or programs or not-for-profit organizations from agencies as long as those persons are not paid for their activities, and in any manner held out to the public as practicing professional Chemical Dependency Counseling, and do not hold themselves out to the public by any title or designation stating or implying that they are professional Chemical Dependency Counselors.

(6) An individual otherwise exempt under this section who elects to obtain a license under this act must meet the same eligibility and qualification requirements as any other applicant for the appropriate license under this act.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. The

recommended alternative was obtained from the National Association of Drug and Alcohol Counselors (NADAAC). Similar language is being used by several states.

Existing HB192 language -

(c) The limitation in (a) of this section does not apply to the activities and services of a

(1) rabbi, priest, minister, Christian Science practitioner, clergyman, or other similar religious practitioner of a religious denomination, or a tribally recognized traditional healer if the person is engaged in activities that are within the scope of the performance of the person's regular or specialized duties and the person remains

accountable to the established authority of the religious denomination or the ruling body of the tribal group and no separate charge is made for the services;

(2) person who, with or without charge, performs activities under the auspices or sponsorship, individually or in conjunction with others, of an established church or body of spiritual believers;

(3) person licensed in this state under laws outside this chapter when the person is performing activities that are within the scope of the person's licensure;

(4) student intern or trainee in alcohol or drug counseling who is pursuing a course of study in an accredited institution of higher education or in a training course approved by the board as long as the activities are performed under the supervision of a person licensed under this chapter and are an official part of the course of study;

(5) person engaging in or offering voluntary group-based self-help assistance, such as 12-step programs like Alcoholics Anonymous, Narcotics Anonymous, and similar group meetings.

Comment: See recommended alternative 4 above. As proposed HB 192 actually authorizes any "body of spiritual believers" to charge for alcohol and drug counseling services. A statute must not, due to separation of church and state, endorse, or authorize payment for, alcohol, drug, or any counseling services. As proposed, any group of citizens may declare themselves a "body of spiritual believers" (a recently publicized group waiting for a space ship in San Diego comes to mind) and charge for treatment services for persons involved with alcohol and drugs. If this provision is let stand, why have a license at all? Article 2. Sec. 08.19.050(c) should be deleted entirely in deference to recommended alternative 4.

The concept "self-help" group or "Voluntary group-based self-help assistance" are terms of art and are sufficient in and of themselves without naming a particular philosophy employing them.

This provision alone will fatally impair Alaska's law from receiving reciprocity from other states.

Recommended Alternative 5:

(c) Penalties.

(1) Conviction under this section as determined by the board is a class B misdemeanor.

(2) Any person convicted by the board of Chemical Dependency Counseling or related services in violation of this section must be punished, upon conviction, by a fine of not less than \$500.00 and not more than \$1,500.00 for each such offense on a client by client basis payable to the board.

(3) Any person convicted of violating this section shall be absolutely prohibited from applying for a Chemical Dependency Counseling license in the State of Alaska for a period not less than five years from the date of conviction.

(4) The Board, subject to a majority vote, is authorized to deny, revoke or suspend a license on the following grounds:

(i) conviction by a court of competent jurisdiction of a crime which the Board determines to be of such a nature as to render such person unfit to practice as a professional Chemical Dependency Counselor; and/or

(ii) violation of ethical standards of such a nature as to render such individual unfit to practice as a professional Chemical Dependency Counselor; and/or

(iii) fraud or misrepresentation in obtaining a license or certificate of registration; and/or

(iv) failure to meet renewal requirements described in Section 11; and/or

(v) other just and sufficient cause which renders a person unfit to practice as a professional Chemical Dependency Counselor.

(5) No license may be suspended or revoked for the reasons set forth above without prior notice and opportunity for hearing on such suspension or revocation, except that the Board may, in its discretion,

without prior notice or hearing, suspend for up to one year the license of any individual convicted of a crime set forth therein. The burden of proof shall be on the Board in any proceedings to suspend or revoke a license. No license may be suspended or revoked under this section except by majority vote of the full Board, notwithstanding any other provisions.

(6) Any individual may file a complaint with the Board seeking denial, suspension or revocation of a license issued or to be issued by the Board. Such complaints shall be in a form prescribed by the Board and shall be verified under oath by the complainant or his duly authorized agent. If the Board determines that a complaint alleges facts which, if true, would require denial, revocation or suspension of a license, the Board shall promptly conduct a hearing.

(7) Non payment of fees as established by the Board is sufficient cause to withhold or revoke any license granted under this Act. Upon the withholding or revocation of a license due to non-payment of fees the provisions of Section 2 immediately apply.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states.

Existing HB192 language -

Sec. 08.19.060. Qualifications for license. In order to qualify for a license under this chapter, a person must

(1) submit to the board satisfactory evidence of education, training, internship experience, and work experience as required by the board for the level of licensure sought by the person; and

(2) pass an examination, if an examination is required by the board, for the level of licensure sought.

Recommended alternative 6:

Sec. 08.19.060. **Requirements for Licensure**

(1) Eligibility Requirements.

Any individual desiring to obtain a license under this act:

(a) shall be at least twenty-one (21) years of age; and

(b) shall, as prerequisite for submitting an application to the licensing Board until the two year Provisional period is expired, be currently certified in accord with a recognized certification body, or shall be actively providing Alcohol and Substance Treatment Services as documented in their current professional activity (this requirement will be exempted upon expiration of the Provisional period); and

(c) shall be of good moral character, which is a continuing requirement for licensure; and

(d) shall have United States citizenship or status as a legal resident alien; and

(e) shall not be the subject of a sanction from Alaska Chemical Dependency Counselor Licensure Board, the National Association of Alcoholism and Chemical Dependency Counselors, NADAAC or other recognized credentialing body, for violation of the code of ethics, or other related sanction, which requirement shall be waived upon presentation of satisfactory evidence to the Board that such sanction does not impair the ability of the applicant to conduct with safety to the public the practice authorized by this licensure. The applicant shall bear the burden of proving that his/her ability to conduct with safety to the public the practice authorized by this license; and

(f) shall not have a conviction of a felony, which requirement is subject to waiver by the Board upon presentation of satisfactory evidence that such conviction does not impair the ability of the applicant to conduct with safety to the public the practice authorized by this license. The applicant shall bear the burden of proving that his/her ability to conduct with safety to the public the practice authorized by this license; and

(g) shall not have been declared mentally incompetent by any court, and if such decree has been rendered, that there has been a subsequent court determination that the applicant is competent; and

(h) shall pay a non-refundable fee set by the Board. Fees paid to

the Board shall be deposited in the Administrative Trust Fund.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states.

Existing HB192 language -

Sec. 08.19.070. Counselor associate; qualifications; scope of practice. (a) The board shall issue a counselor associate license to a person who applies for counselor associate licensure, pays the required fee, passes the applicable examination, if any, and documents to the board's satisfaction that the person has

(1) at least one year of successful full-time work experience related to chemical dependency treatment, as determined by the board; or

(2) had at least 150 contact hours of training or 10 semester hours of academic education, or a combination of contact training and academic education considered equivalent by the board, with the content and from a source that meets the requirements established by the board in its regulations.

(b) In establishing the training and education requirements for a counselor associate license, the board shall set standards designed to ensure that the work experience, training, and education have given the applicant competency in communication skills, knowledge of addictive substances, knowledge of the legal aspects of chemical dependency, familiarity with sociological and cultural issues related to chemical dependency, knowledge of community-based services, competency in information and referral techniques, the ability to conduct intake interviews and keep records, knowledge of basic treatment issues, and the ability to perform appropriate aftercare and emergency care.

(c) The scope of practice of a counselor associate is the performance, under the direct supervision of a counselor I, counselor II, or clinical supervisor, of the following in relation to chemical dependency:

(1) basic community-based prevention or intervention services;

(2) initial emergency care;

(3) initial intake interviews;

(4) providing information and referrals;

(5) participation in initial treatment planning;

(6) case management services;

(7) group and community-based informational aftercare.

Recommended Alternative 7:

Sec. 08.19.070 General Qualifications.

The Board shall issue a license to practice Licensed Chemical Dependency

treatment services upon the affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec.08.19.060; and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules; and

(3) completed a minimum of three (3) years or 6,000 hours of supervised experience in direct client service hours as a Chemical Dependency Counselor; and

(4) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and

(5) completed a minimum of 300 clock hours of chemical dependency practicum; and

(6) met the educational and other requirements for the level of license sought as defined in Sec.08.19.080, .090, .100, or .110; and

(7) has signed a written agreement to abide by the standards of ethics approved by the Board; and

(8) has furnished evidence satisfactory to the Board that the applicant has met the requirements of this act.

Sec.08.19.80 Licensed Alcohol and Drug Specialist Associate:

(a) The Board shall issue a license to practice as a Licensed Alcohol and Drug Specialist Associate upon the affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

i) met the eligibility requirements set forth in Sec.08.19.060; and

ii) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules; and

iii) completed a minimum of 4,000 hours of supervised experience in direct client service hours, at least 2,000 hours of which was completed under the supervision of a Licensed Chemical Dependency Counselor, a Licensed Independent Chemical Dependency Counselor or a Licensed Senior Chemical Dependency Counselor; and

iv) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and

v) completed a minimum of 300 clock hours of chemical

dependency practicum; and

vi) has received an associate's degree from an accredited institution or program approved by the Board in counseling, one of the human services, or other related field deemed appropriate by the Board; and

vii) has signed a written agreement to abide by the standards of ethics approved by the Board; and

viii) has the recommendation of one Licensed under Sec. 08.19.090, .100, or .110; and

xi) has furnished evidence satisfactory to the Board that the applicant has met the requirements of this act.

(b) Practice Functions. Licensed Chemical Dependency Counselor Associate: An individual holding this license may not independently provide Chemical Dependency Counseling services for compensation, as defined by this act, and shall work under the direct supervision of persons licensed under Section 8 D) b), c) and d) of this Act. Services provided by an individual holding this license are not eligible for third party payer reimbursement until or unless they are directly supervised by persons licensed under Section 8 D) b), c) and d) of this Act through a process established and defined by the Board.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. Additionally, this level of credential is intended to accommodate service needs in rural or other areas where higher qualified persons are not likely to easily found. Persons with this credential would serve in a paraprofessional manner similar to village health aides and village safety patrol officers. A precedent using VHAs and VSPOs is well established to use as a model for providing paraprofessional services in rural areas.

Existing HB192 language -

Sec. 08.19.080. Counselor I; qualifications; scope of practice. (a) The board shall issue a counselor I license to a person who applies for counselor I licensure, pays the required fee, passes the applicable examination, if any, and documents to the board's satisfaction that the person has

(1) completed 100 hours of a practicum supervised by a counselor II, a clinical supervisor, or another licensed behavioral health professional, with supervised work of at least 15 hours each in screening, assessment, referral, and record keeping relating to chemical dependency treatment; and

(2) either

(A) two years of successful full-time work experience related to chemical dependency treatment, as

determined by the board; completion of a bachelor's or higher degree in an area of behavioral health, as determined by the board, may be substituted for one year of the required experience; the practicum under (1) of this subsection may take place during the work experience that satisfies the requirement of this subparagraph; or

(B) 270 contact hours of specialized training related to chemical dependency or 18 semester hours of academic education related to chemical dependency or counseling, or a combination of contact training and academic education considered equivalent by the board, with the content and from a source that meets the requirements established by the board in its regulations.

(b) In establishing the training and education requirements for a counselor I license, the board shall set standards designed to ensure that the work experience, practicum, training, and education have given the applicant knowledge about chemical dependency, sociological and cultural issues, theories of counseling, medical and psychological aspects of chemical dependency, HIV and AIDS counseling and resources, ethical standards and laws relating to chemical dependency, contemporary health issues, and family dynamics and competency in intake and assessment procedures, record keeping, intervention services, individual and group counseling, treatment planning, aftercare planning, relapse prevention, providing information and referrals, case management, suicide risk assessment, and crisis counseling follow-up.

(c) The scope of practice of a counselor I is the performance, under the supervision of a counselor II or a clinical supervisor either directly or by means of regular documented clinical consultation, of

(1) an activity within the scope of practice of a counselor associate; and

(2) in relation to treatment of a chemically dependent person, a complete psycho-social assessment, assessment for social detoxification, treatment planning, individual therapy, or group therapy.

Recommended Alternative 8:

Sec. 08.19.090 Licensed Chemical Dependency Counselor:

The Board shall issue a license to practice as a Licensed Chemical Dependency Counselor upon the affirmative vote of at least a quorum the Board to any applicant who has satisfactorily met the following minimal requirements:

i) met the eligibility requirements set forth in Sec. 08.19.060; and

ii) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

iii) completed a minimum of 4,000 hours of supervised experience in direct client service hours, at least 2,000 hours of which was completed under the supervision of a Licensed Chemical Dependency Counselor (Sec. 08.19.090), a Licensed Independent Chemical Dependency Counselor (Sec. 08.19.100) or a Licensed Senior Chemical Dependency Counselor (Sec. 08.19.110); and

iv) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects, either

through a degree program or otherwise; and

v) completed a minimum of 300 clock hours of chemical dependency and/or Chemical Dependency practicum; and

vi) has received a bachelor's degree from an accredited institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

vii) has the recommendation of one licensed under Sec. 08.19.100 or 110.

Licensed Chemical Dependency Counselor: Functions. An individual holding this license may provide Chemical Dependency Counseling services for compensation and reimbursement, as defined by this act, only while in the employment of an agency or facility which is owned, operated and/or supervised by one licensed under Section 8 D) c) and d) of this Act. An individual holding this license may supervise Licensed Chemical Dependency Counselor Associates and is eligible for third party payer reimbursement.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. A person licensed at this level functions as a general caseload carrying professional, which is on a level of other counseling professionals having a four year degree or greater in a human services related major. Persons at this level will be presenting bills to third party payers for reimbursement. At this level third party payers have a right to expect that they are paying for the level of qualifications, competence, education and standard of care that is expected from persons in other counseling professions. HB192 is deficient in this regard. Should the HB192 version be approved it is not likely that the credibility of the license will meet the standard expected by payers and billed time will not be recognized for reimbursement, short of specific legislation so requiring their recognition for payment (which we do not support). It is recommended that standards be so stated in the licensure process that third party payers will recognize the credential under current processes without any further legislative action or administrative action from the Division of Insurance.

Existing HB192 language -

Sec. 08.19.090. Counselor II; qualifications; scope of practice. (a) The board shall issue a counselor II license to a person who applies for counselor II licensure and pays the required fee, passes the applicable examination, if any, and documents to the board's satisfaction that the person has

(1) completed 300 hours of a practicum supervised by a clinical supervisor or another licensed behavioral health professional, with supervised work of at least 15 hours each in the following 11 areas: intake screening and orientation, assessment, information and referral, treatment planning, counseling, intervention counseling, case management, crisis intervention, client education, case recording and reports, and clinical consultation relating to chemical dependency treatment;

(2) three years of successful full-time work experience as a chemical dependency counselor with duties and responsibilities comparable to a licensed counselor I, as determined by the board; completion of a bachelor's or higher degree with 20 semester hours of courses in chemical dependency, as determined by the board, may be substituted for one year of the required experience; the practicum under (1) of this subsection may take place during the work experience that satisfies the requirement of this paragraph; and

(3) 270 contact hours of specialized training related to chemical dependency with the content and from a source that meets the requirements established by the board in its regulations.

(b) In establishing the training and education requirements for a counselor II license, the board shall set standards designed to ensure that the work experience, practicum, training, and education have given the applicant knowledge and competency in the areas specified in AS 08.19.080 (b) and the following additional areas: mental illnesses, chemical dependency prevention strategies, community development, and the history in Alaska of chemical dependency, including its history from a cultural perspective.

(c) The scope of practice of a counselor II is

(1) the direct supervision of a counselor associate or counselor I;

(2) consultation with another person licensed under this chapter or with another licensed behavioral health professional;

(3) the performance, under the direct supervision of a clinical supervisor or with regular documented clinical consultation with either another counselor II or another licensed behavioral health professional, of an activity within the scope of practice of a counselor I; and

(4) in relation to treatment of a chemically dependent person, preparation of a recommendation as to whether commitment is necessary.

Recommended Alternative 9.

Sec. 08.19.110. Licensed Independent Chemical Dependency Counselor:

The Board shall issue a license to practice as a Licensed Independent Chemical Dependency Counselor upon affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

i) met the eligibility requirements set forth in Sec. 08.19.060; and

ii) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

iii) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical

Dependency Counselor or under a Licensed Senior Chemical Dependency Counselor;
and

iv) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

v) has received a master's degree, including a chemical dependency and/or Chemical Dependency practicum, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

vi) has the recommendation of one licensed under Sec.08.19.110.

Functions: Licensed Independent Chemical Dependency Counselor: An individual holding this license may

i) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed Chemical Dependency Counselor; and/or

ii) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice including clinical supervision of staff. The granting of the Licensed Independent Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and operating a private practice within the requirements of the Alaska Department of Commerce and Economic Affairs, the Office of Boards and Commissions, the course and scope of the NADAAC Code of Ethics and specific provisions established by the Board. An individual holding this license may supervise individuals holding a Chemical Dependency Counselor and/or Associate license and is eligible for third party payer reimbursement.

iii) based on the skills, competencies, education, and other qualifications recognized by the Board, may provide peer counseling, facility consultation and specialty training.

Rationale: As proposed PR 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. A person licensed at this level functions both as a general caseload carrying

professional and as a supervisor, which is on a level of other counseling professionals having a Master's degree or equivalent. Persons at this level will be presenting bills to third party payers for reimbursement, often through a private practice or independent practice venue. At this level third party payers have a right to expect that they are paying for the level of qualifications, competence, education and standard of care that is expected from persons in other counseling professions (Such as licensed clinical social workers, licensed marriage and family counselors). HB192 is deficient in this regard. Should the HB192 version be approved it is not likely that the credibility of the license will meet the standard expected by payers and billed time will not be recognized for reimbursement, short of specific legislation so requiring their recognition for payment (which we do not support). It is recommended that standards be so stated in the licensure process that third party payers will recognize the credential under current processes without any further legislative action or administrative action from the Division of Insurance.

Existing HB192 language -

Sec. 08.19.100. Clinical supervisor; qualifications; scope of practice. (a) The board shall issue a clinical supervisor license to a person who applies for clinical supervisor licensure, pays the required fee, passes the applicable examination, if any, provides three written references from professional colleagues who are familiar with the applicant's work, at least one of whom has supervised the applicant's work as a supervisor, and documents to the board's satisfaction that the person has

(1) completed two years of clinical supervisory experience in the field of chemical dependency;

(2) had five years of successful full-time work experience as a chemical dependency counselor with duties and responsibilities comparable to a licensed counselor II, as determined by the board, and with the consultation of a counselor II, clinical supervisor, or other licensed behavioral health professional; completion of a master's or higher degree in a human services area with 20 semester hours of courses in chemical dependency, as determined by the board, and at least 400 hours of a supervised clinical practicum may be substituted for two years of the required experience; the supervisory experience under (1) of this subsection may take place during the work experience that satisfies the requirement of this paragraph; and

(3) had 30 contact hours of specialized training with the content and from a source that meets the requirements established by the board in its regulations.

(b) In establishing the training and education requirements for a counselor II license, the board shall set standards designed to ensure that the work experience, practicum, training, and education have given the applicant knowledge and competency in the areas specified in AS 08.19.090 (b) and the following additional areas: clinical supervision, child and adolescent counseling, community development, family systems, and designing culturally sensitive services.

(c) The scope of practice of a clinical supervisor is

(1) the direct supervision of a counselor associate, counselor I, or counselor II;

(2) the performance of an activity within the scope of practice of a counselor II; and

(3) in relation to treatment of a chemically dependent person, use of documented peer review or other documented consultation with another licensed behavioral health professional.

Recommended Alternative 10:

Sec. 08.19.120 Licensed Senior Chemical Dependency Counselor

The Board shall issue a license to practice as a Licensed Independent Chemical Dependency Counselor upon affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

i) met the eligibility requirements set forth in Sec.08.19.060; and

ii) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

iii) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical Dependency Counselor; and

iv) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

v) has developed mediation and arbitration skill and competence either through demonstrated professional experience or formal mediation and arbitration training or both; and

vi) has received a Master's or Doctorate degree, including chemical dependency and/or Chemical Dependency post-graduate training, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

vi) has no less than four years documented experience managing a private practice or free standing facility which requires the supervision of staff, case management, financial management, internal audits and quality control processes; and

v) has a peer recommendation of one licensed under Sec.08.19.120.

Functions: Licensed Senior Chemical Dependency Counselor: An individual holding this license may

i) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed

Chemical Dependency Counselor and/or Licensed Senior Chemical Dependency Counselor; and/or

ii) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice. The granting of the Licensed Senior Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and operating a private practice within the requirements of the Alaska Department of Commerce and Economic Affairs, the Office of Boards and Commissions, the course and scope of the NADAAC Code of Ethics and specific provisions established by the Board. An individual holding this license may supervise individuals holding a Chemical Dependency Counselor and/or Associate license and is eligible for third party payer reimbursement; and/or

iii) based on the skills, competencies, education, and other qualifications recognized by the Board, may provide peer counseling, facility consultation and specialty training.

iv) based on the skills, competencies, education, and other qualifications recognized by the Board, provide all usual and customary Chemical Dependency treatment services licensed by this Act and provide practice and treatment audits, administrative training, and case reviews, consult on grievance allegations, mediate and/or arbitrate disputes, and perform other duties and activities deemed appropriate by the Board.

Rationale: As proposed HB 192 is incomplete and does not meet usual and customary statutory language proposed by the National Association of Drug and Alcohol Counselors which has been accepted by many other states. A person licensed at this level functions as 1) a general caseload carrying professional, 2) as a supervisor and 3) as a consultant, trainer, mediator, and program administrator which is on a level of other counseling professionals having a Master's or PhD degree. Persons at this level will be administering clinics, hospital programs, facilities and are responsible for staff development, training, consulting, program design and development, dispute mediation, program audits and other extremely advanced and responsible duties. Facilities operated for the benefit of the public health in the state of Alaska having persons in these kind of positions usually fill them with physicians, PhD psychologists, MBAs, persons with Masters degrees in the human resource development fields with extensive experience and so on. Persons having similar responsibilities in the field of substance abuse should meet or exceed the standards of peer professionals in other fields.

Existing HB192 language -

Sec. 08.19.120. Reciprocity. If another jurisdiction allows licensure in that jurisdiction of a chemical dependency counselor licensed in this state under conditions similar to those in this section, the board may license as a chemical dependency counselor in this state, at a level of licensing determined by the board to be equivalent, a person licensed as a chemical dependency counselor in the other jurisdiction if the person

- (1) submits a written application to the board on a form required by the board;
- (2) is at least 18 years of age;
- (3) has engaged in the practice of chemical dependency counseling for at least one year or has met the internship requirements of this state within the one-year period immediately before applying for a license under this section;
- (4) presents proof satisfactory to the board that the person is currently licensed as a chemical dependency counselor in the other jurisdiction and does not currently have a chemical dependency counseling license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits; and
- (5) pays all required fees.

Recommended Alternative 11:

Sec. 08.19.130. Reciprocity.

The Board may issue an appropriate license to an individual who holds a current license or other credential from another jurisdiction if the Board finds that the requirements for that credential are substantially similar to the requirements of this act.

Rationale:

HB 192 as proposed is redundant to other provisions and unnecessarily wordy. The license from the other state must be provided to and verified by the board. If the board finds that the license is "substantial similar" to the requirements of this act, then the incumbent may be licensed at the same or similar level in Alaska, subject to all the same provisions provided in 08.19.

Existing HB192 language -

Article 3. License Denial; Disciplinary Sanctions.

Sec. 08.19.200. Grounds. The board may deny a license under this chapter or, after a hearing, impose a disciplinary sanction authorized under AS 08.01.075 on a person licensed under this chapter when the board finds that the person

- (1) secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or has been convicted of another crime that affects the applicant's or licensee's ability to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of counseling care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) is incapable of engaging in the practice of chemical dependency counseling with reasonable skill, competence, and safety for the public because of
 - (A) professional incompetence;
 - (B) failure to keep informed of or use current professional theories or practices;
 - (C) addiction or severe dependency on alcohol or a drug that impairs the licensee's ability to practice safely;
 - (D) physical or mental disability; or
 - (E) other factors determined by the board;
- (8) violated state or federal laws or regulations pertaining to drugs or alcohol;
- (9) aided another person to engage in the practice of chemical dependency counseling in violation of AS 08.19.050 ; or
- (10) engaged in unprofessional conduct as defined in regulations of the board.

Comment: These provisions belong in the section pertaining to the Powers of the Board, Sec 08.19.020. Which were adequately covered in the Recommended Alternatives above. Additionally, many of the proposed statutory requirements in HB192 under 08.19.200 should properly be contained with the regulations rather than the statute.

ADDITIONAL COMMENTS - Recommendations 12: The following provide concepts which have been found in proposed legislation from other states and from the National Association of Drug and Alcohol Counselors. Inclusion of these concepts or recommendations may serve to make Alaska's law more in line with National Licensure laws and promote the likelihood of reciprocity when other states are requested to recognize those licensed under Alaska's law.

1) HB192 does not provide for intent language so that the purpose of the bill can be unambiguously assessed by those voting on it or interpreted by those who operate under its authority. The following is offered for this purpose:

Legislative Intent

As proposed, it is specifically intended that

A) in order to avoid duplicate administration and authority, this act replace and supersede any authority previously granted by Alaska State Statute or Alaska Administrative Code for the accreditation, certification, credentialing, supervision, administration, or oversight by any State Office other than the Board for Chemical Dependency Counselor Licensure for any licensed Chemical Dependency Counselor, Associate, service provider, Chemical Dependency private practice, facility or other organization; and

B) the function and activities of the Board will supersede and replace the Alaska Alcoholism and Drug Abuse Counselor Certification Review Board and/or any other informal or formal body, commission or organization which currently influences, advises on, or monitors the activities, functions or practice of Alcohol and Chemical Dependency practitioners; and

C) procedures for accreditation, oversight and establishing Standards of Practice of any licensed Chemical Dependency private for profit or not for profit practice or facility is specifically the responsibility of the Chemical Dependency Counselor Licensure Board except when funds administered, granted and monitored by a State office or other funding source are accepted by a practice or facility. In such a case, only those funds administered, granted and/or monitored by the State office or funding source and the services they support may be the subject of oversight or supervision. In any event the ability to grant or revoke a license or sanction one holding a license under this Act is the exclusive responsibility of the Chemical Dependency Counselor Licensure Board; and

D) the certification and credentialing of providers of Chemical Dependency services by any other body for the purpose of meeting standards to practice will be recognized through the provisional period described in Section 8 C) after which they will be superseded by the licensing provisions described in Section 8 D) under penalty as described in Section 2; and

E) it is specifically intended that Chemical Dependency Treatment Counselors serving persons incarcerated within or under the responsibility of any function or Division of the Alaska Criminal Justice System, the Alaska Department of Education and the Alaska Division of Public Assistance meet the licensure requirements of the proposed Act; and

F) no fiscal note is requested or expected to support the proposed Act;

and

G) the standardization of Chemical Dependency Counselor licensing and qualification is in the best interest of the people of Alaska to whom Chemical Dependency service providers have a proprietary, fiduciary and legal responsibility; and

H) the licenses proposed by the statute take the high standards established by other licensed counseling professions as a guide in order to ensure credibility, reliability, and validity of the competencies of those seeking licensure; and

G) the licenses and associated standards of care established by the State of Alaska must meet or exceed the best standards of other States, to promote the reciprocal recognition of Alaska's licenses with those of other states without controversy. It is anticipated that Alaska's licensing procedure may be used as a model for licensing in those States which do not yet have a licensing provision and that persons licensed in other states desiring to practice in Alaska will meet the Alaska standards in order to practice Chemical Dependency treatment services in Alaska.

2) HB192 does provide a purpose for its promulgation. The statement of purpose can be used by the board as a guide in developing and promulgating its regulations and policies and procedures. the following is offered for this purpose:

Statement of Purpose.

The practice of professional Chemical Dependency Counseling is hereby declared to affect the public health, safety and welfare, and to be subject to regulation in the public interest. The purpose of this Act is

- to protect and benefit the public by setting standards of qualifications, education, training and experience for those who seek to obtain a license and practice as professional Chemical Dependency Counselors and/or Associates; and

- to promote high standards of professional performance for those licensed to practice professional Chemical Dependency Counseling in the State of Alaska; and

- to promote reimbursement under existing insurance or third party payment provisions covering Chemical Dependency Counseling for qualified and licensed professionals without modification of current insurance administrative policy; and

- to protect the public from unprofessional conduct by persons licensed to practice professional Chemical Dependency Counseling, by unlicensed persons

who attempt to practice Chemical Dependency Counseling and/or by persons misrepresenting their capabilities, qualifications or competence.

3) Alaska's provision for licensing clinical psychologists has a section on Confidentiality. HB 192 has no such provision. The confidentiality provision is as follows:

Confidentiality of Communication.

A) A Chemical Dependency provider licensed under 08.19 of this act may not reveal to another person a communication made to the counselor or associate by a client about a matter concerning which the client has employed the counselor or associate in a professional capacity. This section does not apply to

a) a case conference with other counselors, counselor associates, psychologists, physicians or surgeons;

b) a case in which the client in writing authorized the counselor or associate to reveal a communication;

c) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a counselor or associate by a client;

d) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or

e) proceedings conducted by the board or other authority where the disclosure of confidential communications is necessary to defend against charges that the individual licensed by this chapter has violated provisions of this chapter.

B) Notwithstanding A) of this section, a counselor or associate shall report to the appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of elder abuse as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the counselor or associate by a client.

4) HB192 proposes to "Grandfather" persons holding current certificates without requirement to meet the kind of standards proposed by our "Recommended Alternatives. It is recommended that "Provisional Licensing" be made available for a period of 2 years permitting those who do not meet the licensing criteria to do so. The "provisional License" will expire 2 years following enactment, a "sunset provision", at which time everyone licensed in the state of Alaska will have to meet a provision of 08.19. A provisional licensing section is provided below:

Provisional Licensure:

An applicant may meet statutory requirements under Sec 08.19 for

licensure at any time following enactment of this statute as determined by the Board. However, those who do not meet the requirements for statutory licensure may apply for provisional licensure:

(1) Upon enactment of this statute persons currently holding NADAAC or other certifications granted by other bodies granting certificates to those serving alcohol and/or Chemical Dependency involved persons, or who those have documented and recognized professional activity as providers of Chemical Dependency services may present their credentials, experience, education or other evidence of Chemical Dependency services and petition the Board for provisional licensure.

(2) Provisional licensure shall be valid for a period of not more than two years from the enactment of this statute at which time it will expire.

(3) Provisional licensure shall be available at the Licensed Chemical Dependency Counselor Associate and Licensed Chemical Dependency Counselor designations, as defined by Section D a) and b), only.

(4) Provisionally licensed persons must meet statutory licensing requirements within two (2) years of the enactment of this Act. Those not meeting statutory licensing requirements within the provisional two (2) year period will immediately cease any and all remunerative activities related to Chemical Dependency services or be sanctioned as described by Section 2.

(5) Persons licensed under this subsection shall be specifically designated as provisionally licensed for a period not to exceed two years following the enactment of this statute or until they meet the requirements for statutory licensure.

(6) Persons meeting the statutory licensing eligibility requirements and qualifications as described in Section 8 upon enactment of this statute may, upon approval by the Board, apply for the license for which they qualify without acquiring provisional licensure.

5) HB192 does not provide for the board's authority for collection of fees or how the fees will be maintained, accounted for or used. An example is provided below:

Fees.

The licensure Board shall assess application, registration, examination, license renewal and other fees in amounts sufficient to cover the costs of administering this Act. Fees collected by the Board shall be maintained and accounted for in an autonomous Board Administrative Trust Fund or Account(s) used to support the various functions of the Board.

6) HB192 does not provide for requirements of examination. Indeed, HB192 proposes the board be entitled Board of Chemical Dependency Counseling Examiners. The following proposes a concept for counselor examination:

Examination.

A) At least biannually the Board will schedule examinations to determine the qualifications of applicants for a license under this Act. An applicant shall be known to the examiners only by number until after the examination has been graded and the licenses have been granted or denied. The scope and content of the examination shall be sufficient to ensure professional competence in keeping with the highest standards of the Chemical Dependency Counseling profession.

B) An applicant who fails the examination may take a subsequent examination on payment of the required examination fees. However, an applicant may not be reexamined more than once per year or on more than three (3) occasions. A person failing the examination three (3) successive times may not take the examination a fourth time until five (5) years from the date of taking the first examination.

7) HB192 provides for continuing education but does not specify how the continuing education should occur. The following provides for a continuing education component:

Continuing Education.

The Board shall prepare or approve the preparation and administration of continuing education programs for licensed Chemical Dependency Counselors under this Act. A person licensed at any level under this Act must complete at least 120 hours of continuing education approved by the Board in each four-year period in which the person holds a license as a requirement for the renewal of the license. Failure to complete 120 hours of approved continuing education will result in either the requirement to take the licensing examination or the loss of license. The Board shall provide by rule for the administration of the continuing education requirements for license renewal under this Act.

8) HB192 does not provide for a license renewal process. The following provides a license renewal section:

License Renewal.

Licenses must be renewed at least every four years.

A) A person currently licensed under this act may renew their license

through documentation of continuing education by completing not less than 120 hours of continuing education in training courses, classes or other processes approved by the Board in the four-year period in which the person holds a license; or

B) A person currently licensed under this act may, at their discretion and upon payment of fees determined by the Board, renew their license through the taking of and receiving a passing grade on a license renewal written and oral examination.

C) There shall be no grace period for license renewal except in the event the Board does not approve continuing education credits for training submitted by a licensed person prior to license expiration. If continuing education credits are not submitted, as documented by postmark, prior to license expiration, the continuing education credits may not be considered for license renewal.

D) Board decisions regarding approval of continuing education credits shall be final.

9) HB192 does not provide for civil rights discrimination protections. The following provides for discrimination prohibitions:

Discrimination Prohibited.

The consideration of a license application, the conduct of an examination, the granting or withholding of a license, the establishment and enforcement of a rule, a disciplinary proceeding, and any other action and decision performed under this Act shall be done without regard to the sex, religion, disability, national or ethnic origin, color, or political affiliation of the person affected.

10) HB192 does not provide for the recognition of licenses granted under its authority for inclusion of alcohol and drug treatment in health care policies written in the state. The following is offered for this purpose:

State Mandates.

This Act recognizes licensed professional Chemical Dependency Counselors as defined by this law as covered providers under the statute of any state mandate requiring the inclusion of alcohol and drug treatment in health care policies written in the state.

11) HB192 does not provide for a transition period for persons currently certified to obtain licensure. This provision assumes that the

certifications current granted to various providers are not automatically transformed into licenses under a "grand fathering" provision. The following provides for a transitional period:

Transition Period.

For twenty-four months (24) following the effective date of this act the Board will issue to any person upon application the license of Provisional Licensed Chemical Dependency Counselor or Provisional Licensed Chemical Dependency Counselor Associate, provided that the applicant has met the eligibility requirements of Section 8 A) and also meets the requirements of Sections 9 and 10 of this act.

12) While HB192 Article 3. License Denial; Disciplinary Sanctions, provides for license denial and sanctions it does not specifically address revocation of a license. The following is offered to address this issue.

Revocation of License.

A) The Board, subject to a majority vote, is authorized to deny, revoke or suspend a license on the following grounds:

(1) conviction by a court of competent jurisdiction of a crime which the Board determines to be of such a nature as to render such person unfit to practice as a professional Chemical Dependency Counselor; and/or

(2) violation of ethical standards of such a nature as to render such individual unfit to practice as a professional Chemical Dependency Counselor; and/or

(3) fraud or misrepresentation in obtaining a license or certificate of registration; and/or

(4) failure to meet renewal requirements described in Section 11; and/or

(4) other just and sufficient cause which renders a person unfit to practice as a professional Chemical Dependency Counselor.

B) No license may be suspended or revoked for the reasons set forth above without prior notice and opportunity for hearing on such suspension or revocation, except that the Board may, in its discretion, without prior notice or hearing, suspend for up to one year the license of any individual convicted of a crime set forth therein. The burden of proof shall be on the Board in any proceedings to suspend or revoke a license. No license may be suspended or revoked under this section except by majority vote of the full Board, notwithstanding any other provisions.

C) Any individual may file a complaint with the Board seeking denial, suspension or revocation of a license issued or to be issued by the Board. Such complaints shall be in a form prescribed by the Board and shall be

verified under oath by the complainant or his duly authorized agent. If the Board determines that a complaint alleges facts which, if true, would require denial, revocation or suspension of a license, the Board shall promptly conduct a hearing.

D) Non payment of fees as established by the Board is sufficient cause to withhold or revoke any license granted under this Act. Upon the withholding or revocation of a license due to non-payment of fees the provisions of Section 2 immediately apply.

13) HB192 provides for definitions used in its proposed sections. The following are definitions of concepts provided in the "Recommended alternatives":

Definitions.

As used in this Act:

A) **Provisionally Licensed Chemical Dependency Counselor:** A person, prior to enactment of this statute, was previously certified by a recognized credentialing body or has documented professional activity in the Chemical Dependency field and does not meet formal licensing criteria who petitions to, and is granted by, the Board temporary licensure as provided in the Section 8 Provisional License.

B) **Licensed Chemical Dependency Counselor Associate:** A person not meeting full counselor licensure requirements who renders for compensation, Chemical Dependency Counseling or Chemical Dependency Counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency services and who holds a license issued a license issued under this chapter to engage in the practice of Chemical Dependency Counselor Associate under supervision of a Licensed Chemical Dependency Counselor or Licensed Independent Chemical Dependency Counselor.

C) **Licensed Chemical Dependency Counselor:** A person who renders for compensation, Chemical Dependency Counseling or Chemical Dependency Counseling-related services (including treatment for use of alcohol, drug, nicotine, inhalants, misused prescription medication and other addictive substances) to an individual, alcohol and drug group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency Counseling, and who holds a license issued under this chapter to engage in the professional practice of Chemical Dependency Counseling.

D) **Independent Practice of Chemical Dependency Counseling:** A person who renders for compensation, alcohol and drug (including nicotine,

inhalants, misused prescription medication and other addictive substances) counseling or Chemical Dependency Counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency Counseling, and who holds a license issued under this Act to engage in Independent Practice of Chemical Dependency Counseling services, but are not provided under the employment of a recognized educational institution, federal, state, county or municipal institutions, or an institution, facility or agency licensed to operate under the laws of the state.

E) **Licensure Board:** As identified in the State of Alaska and established by this Act which sets the standards and requirements for the licensure of professional Chemical Dependency Counselors and Associates.

F) **State Mandates:** As established by current state law which requires health insurance benefits issued in the state to offer or to offer as an option, any clinical services for the treatment of Alcohol and Substance dependency.

G) **Chemical Dependency Counseling:** Assisting an individual or group to develop an understanding of alcohol, drug and substance abuse and/or chemical dependency problems, define goals, and plan action reflecting the individual's or group's interest, abilities, and needs as affected by claimed alcohol, drug and substance dependency or abuse problems.

H) **Continuing education:** Research and training programs, college and university courses, in-service training programs, seminars and conferences designed to maintain and enhance the skills of Chemical Dependency Counselors and which are recognized by the licensing or certification Board.

I) **Consumer of Chemical Dependency treatment services:** An individual affected by or recovering from alcohol or other drug addiction.

J) **Applicant:** An individual who applies for a license under the provisions of this act.

K) **Supervision:** Means not less than one hour per week of supervised practice by a clinician who has expertise in Chemical Dependency counseling and whose credentials with respect to education, experience and ethics are approved by the Board.

L) **Private Practice:** Chemical Dependency counseling practice conducted by an individual holding an Independent Chemical Dependency Counselor license who is either self-employed or a member of a partnership or a group practice, rather than being employed by a public agency or not-for-profit corporation.

M) **Supervised work experience:** Documented, verifiable, work experience, paid voluntary, in the field of Chemical Dependency treatment,

which is performed under the direct supervision of a professional Chemical Dependency counselor or licensed health care professional.

N) **Code of Ethics:** Standards of professional and personal conduct and competency for Chemical Dependency counselors.

O) **Self-help group:** A voluntary group of persons who offer peer support to each other in recovering from addiction.

P) **Person with a Disability:** A person who has a physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

Q) **Third Party Payer:** A person, organization, group or party which assumes responsibility for payment of services from a provider to a consumer. For the purposes of this act third party payers include insurance carriers, independent adjusters, Medicare/Medicaid, the Veterans Administration, The Alaska Division of Vocational Rehabilitation, and others.

14) Circumstances may exist in which a dispute may be resolved without prejudice or passion if one may withdraw ones licensure at their own initiative. This provision may preserve time and expense for issues that can be resolved in the absence of an outright dispute. The following addresses this issue:

License Withdrawal

On their own initiative any person licensed by this act may, without explanation of reason or cause, voluntarily withdraw their license from active practice for a period of time not to exceed the time of their license expiration. Withdrawal shall be done by written notice to the Board. Approval shall be automatic and without prejudice. Individual's who have withdrawn their license may reactivate the license by written notice to the Board. Approval shall be automatic unless circumstances under Section 14 exist causing revocation of the license. This provision shall not suspend Section 14 revocation procedures filed prior to the request for License Withdrawal or prevent revocation action based on complaints of activities prior to the License Withdrawal.

15) HB192 does not specifically give authority of licensure to a board.
Administration of Licensing Procedures.

Licensure for professional Chemical Dependency service providers shall be administered by the Chemical Dependency Counseling Licensure Board.

These comments are based, with modifications for Alaska purposes, on provisions obtained from a model law authored and available from the National

Association of Drug and Alcohol Counselors. Additional information is available from this source including the States which have used their model law, the numbers of the bills or statutes of those states and where each state is in the licensure process.

It is hoped that the need for Alaska to have a licensure law is not discouraged but promoted by the above. However, it should be equally clear that HB 192 would become a source of much controversy if it becomes law, not the least of which are possibly questionable constitutional issues and significant omissions of important provisions.

Thank you for your attention.

Section 1. AS 08 is amended by adding a new chapter to read:

Chapter 19. Chemical Dependency Counselors.

Article 1. Chemical Dependency Counselor Licensure Board.

Sec. 08.19.010 A Chemical Dependency Counselor Licensure Board shall be established, consisting of seven (7) persons.

(a) Inaugural Chemical Dependency Counselor Board:

(1) The inaugural seven (7) Board members shall be selected by the Governor from those applicants for Licensure who in the judgment of the Governor's Office meet or exceed the description of qualifications of Chemical Dependency Counselor I License or greater.

(2) Persons provisionally licensed under Section 08.19.090, .100, or .110 or applying for Licensed Alcohol and Drug Specialist Associate may not serve on the Board.

(3) Persons selected to serve on the Board shall be residents of the state of Alaska and citizens of the United States and meet the eligibility requirements of Sec. 08.19.060

(b) Chemical Dependency Counselor Board Succession: Board members succeeding inaugural members must be Licensed Chemical Dependency Counselors, Licensed Independent Chemical Dependency Counselors or Licensed Senior Chemical Dependency Counselors defined under Section 08.19.090, .100, or .110 of this act. Following the inaugural naming of Board Members by the Governor, Board member succession shall occur through a simple majority vote of general secret ballot by those holding a current license defined under Section 08.19.090, .100, or .110. Only those who a current license defined under Section 08.19.090, .100, or .110 may be nominated for election or may vote. Time, date and procedure of election shall be established by the Board.

(c) The Board shall be representative of the demographic distribution of the State of Alaska in a manner determined by the Board. However, two (2) Board members shall be from the Borough of Anchorage, one (1) from the North Star Borough and one (1) from Juneau.

(d) Advisory Council of Licensed Chemical Dependency Counselor Associates: The Board may at its discretion appoint and from time to time convene or otherwise seek advise from an advisory Council of Licensed Chemical Dependency Counselor Associates. Advise from the Council is not binding on the Board.

(e) Board member appointments shall be for three (3) year terms, except that no more than three (3) members' terms may expire in any one calendar year and appointments of less than three (3) years may be made in order to comply

with this limitation. Upon expiration of a member's term, he or she shall serve until his or her successor is qualified and appointed. The successor shall be named within ninety (90) days of the expiration of the incumbent's term. The successor's term shall be three (3) years from the date of expiration, regardless of the date of appointment. Of the members of the inaugural Board, two (2) shall be appointed for one year, two (2) shall be appointed for two years, and three (3) shall be appointed for three years.

(f) The Board shall meet at least two (2) times a year to conduct business and/or elect officers. Additional meetings may be held as necessary to conduct business of the Board, and may be convened at the call of the chair or a majority of Board members. Four (4) members of the Board shall constitute a quorum for all purposes. The quorum must include the board chair.

(g) Any Alaska Chapter of a nationally recognized association representing professional Chemical Dependency Counselors, as determined by the Board, may submit recommendations to the Governor for Board members so long as the nominated person holds a current license defined under Section 08.19.090, .100, or .110.

Sec. 08.19.020. Powers and Duties of Chemical Dependency Counselor Licensure Board. In addition to the provisions of under AS 08.19.010,

(a) The Board shall have the power to adopt and enforce rules as necessary for the performance of its duties under this section.

(b) The Board shall establish rules, regulations and standards of performance, care, conduct and ethics for persons licensed under this act, and ensure compliance with the enforcement of provisions of this act under AS 44.62 (Administrative Procedure Act) that are necessary to carry out the purposes of this chapter.

(c) The Board may create a license examination committee, of which at least three (3) members will be members of the Board. The examination committee will establish testing and assessment protocol of those seeking Licensure. Such testing, whether through a licensing committee or other body established within the board, shall include

(1) reviewing and acting upon applications for Licensure at least twice each year during its biannual meetings and regulating the renewal of licenses.

(2) reviewing the training, education, and work experience of individuals who apply for Licensure under this chapter and approve the

issuance of licenses to those who qualify for them; the board may require a passing grade on an objective examination before issuing a license under this chapter;

(3) establishing continuing education requirements for individuals who seek to renew a license under this chapter and approve courses that satisfy those requirements;

(4) reviewing and approving trainers and training sites and programs that provide practicums or internships for persons who intend to become licensed under this chapter.

(d) The Board may conduct hearings on charges calling for the denial, revocation or suspension of a license, shall adopt rules for the conduct of the hearings, shall cause the prosecution of all persons who violate any provisions of this act or any rule or regulation promulgated pursuant to its provisions and may levy sanctions as provided in Section 2.

(e) The Board may enter into contracts to carry out its duties or responsibilities under this act, and may employ any person(s) it deems necessary to carry on the work of the Board and shall define their duties and fix their compensation, if any.

(f) The Board may sue or be sued in its own name.

(g) The Board shall maintain a register of Licensed Chemical Dependency Counselors and Associates, which record shall be a public record.

(h) The Board shall maintain a register of those previously licensed under this Act who become unlicensed Chemical Dependency Counselors and Associates and the reason one became unlicensed, which record shall be a public record.

(i) The Board shall keep a complete record of all its proceedings.

Article 2. Licensing Exemptions and Penalties.

Sec. 08.19.050. License required except as exempted.

(a) Exemptions.

(1) A person is exempt from this Act if the person does not represent to the public, or health care financing agencies or third party payers, directly or indirectly, that the person is licensed under this Act and does not use any name, title, or designation indicating that the person is licensed under this Act.

(2) This act does not apply to the activities or services of: a licensed physician or psychologist, religious leader of a congregation

providing pastoral Chemical Dependency Counseling within the scope of his or her duties; or school counselor certified by the state educating agency.

(3) This act does apply to the activities or services of: licensed social workers and licensed Marriage and Family Therapists when the primary diagnostic impression and treatment recommendations does not include Alcohol and/or Chemical Dependency.

(4) Nothing in this Act shall be construed to limit the activities and services of a student, intern, or resident in professional Chemical Dependency Counseling seeking to fulfill educational requirements in order to qualify for a license under this Act, or an individual seeking to fulfill the experience requirements in order to qualify for licensing under this Act, if the activities and services are supervised as specified in this Act, and that the student, intern, or resident is designated by a title "intern" or "resident" or other designation of trainee status. Nothing in this section shall be construed to permit students, interns, or residents to offer their services as professional Alcohol and/or Chemical Dependency Counselors to any other person and to accept remuneration for such professional Chemical Dependency Counseling services other than as specifically excepted in this Section, unless they have been licensed under this Act.

(5) Nothing in this Act shall prohibit individuals not licensed under the provisions of this Act who work in self-help groups or programs or not-for-profit organizations from agencies as long as those persons are not paid for their activities, and in any manner held out to the public as practicing professional Chemical Dependency Counseling, and do not hold themselves out to the public by any title or designation stating or implying that they are professional Chemical Dependency Counselors.

(6) An individual otherwise exempt under this section who elects to obtain a license under this act must meet the same eligibility and qualification requirements as any other applicant for the appropriate license under this act.

(b) Penalties.

(1) Conviction under this section as determined by the board is a class B misdemeanor.

(2) Any person convicted by the board of Chemical Dependency Counseling or related services in violation of this section must be punished, upon conviction, by a fine of not less than \$500.00 and not more than

\$1,500.00 for each such offense on a client by client basis payable to the board.

(3) Any person convicted of violating this section shall be absolutely prohibited from applying for a Chemical Dependency Counseling license in the State of Alaska for a period not less than five years from the date of conviction.

(4) The Board, subject to a majority vote, is authorized to deny, revoke or suspend a license on the following grounds:

(i) conviction by a court of competent jurisdiction of a crime which the Board determines to be of such a nature as to render such person unfit to practice as a professional Chemical Dependency Counselor; and/or

(ii) violation of ethical standards of such a nature as to render such individual unfit to practice as a professional Chemical Dependency Counselor; and/or

(iii) fraud or misrepresentation in obtaining a license or certificate of registration; and/or

(iv) failure to meet renewal requirements described in Section 11; and/or

(v) other just and sufficient cause which renders a person unfit to practice as a professional Chemical Dependency Counselor.

(5) No license may be suspended or revoked for the reasons set forth above without prior notice and opportunity for hearing on such suspension or revocation, except that the Board may, in its discretion, without prior notice or hearing, suspend for up to one year the license of any individual convicted of a crime set forth therein. The burden of proof shall be on the Board in any proceedings to suspend or revoke a license. No license may be suspended or revoked under this section except by majority vote of the full Board, notwithstanding any other provisions.

(6) Any individual may file a complaint with the Board seeking

denial, suspension or revocation of a license issued or to be issued by the Board. Such complaints shall be in a form prescribed by the Board and shall be verified under oath by the complainant or his duly authorized agent. If the Board determines that a complaint alleges facts which, if true, would require denial, revocation or suspension of a license, the Board shall promptly conduct a hearing.

(7) Non payment of fees as established by the Board is sufficient cause to withhold or revoke any license granted under this Act. Upon the withholding or revocation of a license due to non-payment of fees the provisions of Section 2 immediately apply.

Sec. 08.19.060. Requirements for Licensure.

Licensure is required.

(a) Eligibility Requirements.

Any individual desiring to obtain a license under this act:

- (1) shall be at least twenty-one (21) years of age; and
- (2) shall, as prerequisite for submitting an application to the licensing Board until the two year Provisional period is expired, be currently certified in accord with a recognized certification body, or shall be actively providing Alcohol and Substance Treatment Services as documented in their current professional activity (this requirement will be exempted upon expiration of the Provisional period); and
- (3) shall be of good moral character, which is a continuing requirement for Licensure; and
- (4) shall have United States citizenship or status as a legal resident alien; and
- (5) shall not be the subject of a sanction from Alaska Chemical Dependency Counselor Licensure Board, the National Association of Alcoholism and Chemical Dependency Counselors, NADAAC or other recognized credentialing body, for violation of the code of ethics, or other related sanction, which

requirement shall be waived upon presentation of satisfactory evidence to the Board that such sanction does not impair the ability of the applicant to conduct with safety to the public the practice authorized by this Licensure. The applicant shall bear the burden of proving that his/her ability to conduct with safety to the public the practice authorized by this license; and

(6) shall not have a conviction of a felony, which requirement is subject to waiver by the Board upon presentation of satisfactory evidence that such conviction does not impair the ability of the applicant to conduct with safety to the public the practice authorized by this license. The applicant shall bear the burden of proving that his/her ability to conduct with safety to the public the practice authorized by this license; and

(7) shall not have been declared mentally incompetent by any court, and if such decree has been rendered, that there has been a subsequent court determination that the applicant is competent; and

(8) shall pay a non-refundable fee set by the Board. Fees paid to the Board shall be deposited in the Administrative Trust Fund.

Sec. 08.19.070 General Qualifications.

The Board shall issue a license to practice Licensed Chemical Dependency treatment services upon the affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

- (a) met the eligibility requirements set forth in Sec.08.19.060; and
- (b) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules; and
- (c) completed a minimum of three (3) years or 6,000 hours of supervised experience in direct client service hours as a Chemical Dependency Counselor; and
- (d) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and
- (e) completed a minimum of 300 clock hours of chemical dependency practicum; and
- (f) met the educational and other requirements for the level of license sought as defined in Sec.08.19; and
- (g) has signed a written agreement to abide by the standards of ethics

approved by the Board; and

(h) has furnished evidence satisfactory to the Board that the applicant has met the requirements of this act.

Sec.08.19.80 Licensed Alcohol and Drug Specialist Associate:

(a) The Board shall issue a license to practice as a Licensed Alcohol and Drug Specialist Associate upon the affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec.08.19.060; and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules; and

(3) completed a minimum of 4,000 hours of supervised experience in direct client service hours, at least 2,000 hours of which was completed under the supervision of a Licensed Chemical Dependency Counselor, a Licensed Independent Chemical Dependency Counselor or a Licensed Senior Chemical Dependency Counselor; and

(4) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and

(5) completed a minimum of 300 clock hours of chemical dependency practicum; and

(6) has received an associate's degree from an accredited institution or program approved by the Board in counseling, one of the human services, or other related field deemed appropriate by the Board; and

(7) has signed a written agreement to abide by the standards of ethics approved by the Board; and

(8) has the recommendation of one Licensed under Sec. 08.19.090, 100, 110, or 120 of this act;

(9) has furnished evidence satisfactory to the Board that the applicant has met the requirements of this act.

(b) Practice Functions. A Licensed Chemical Dependency Counselor Associate may not independently provide Chemical Dependency Counseling services for compensation, as defined by this act, and shall work under the direct supervision of persons licensed under Sec.08.19.070.080.090.,* of this Act. Services provided by an individual holding this license are not eligible for third party payer reimbursement until or unless they are directly supervised by persons licensed under Sec. 08.19. of this Act through a process established and defined by the Board.

Sec. 08.19.090 Licensed Chemical Dependency Counselor:

(a) The Board shall issue a license to practice as a Licensed Chemical Dependency Counselor upon the affirmative vote of at least a quorum the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec. 08.19.060); and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

(3) completed a minimum of 4,000 hours of supervised experience in direct client service hours, at least 2,000 hours of which was completed under the supervision of a Licensed Chemical Dependency Counselor (Sec. 08.19.090), a Licensed Independent Chemical Dependency Counselor (Sec. 08.19.100) or a Licensed Senior Chemical Dependency Counselor (Sec. 08.19.110); and

(4) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects, either through a degree program or otherwise; and

(5) completed a minimum of 300 clock hours of chemical dependency and/or Chemical Dependency practicum; and

(6) has received a bachelor's degree from an accredited institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

(7) has the recommendation of one licensed under Sec. 08.19.100 or 110.

(b) Practice Functions: An individual holding a Chemical Dependency Counselor license may provide Chemical Dependency Counseling services for compensation and reimbursement, as defined by this act, only while in the employment of an agency or facility which is owned, operated and/or supervised by one licensed under Section 8 D) c) and d) of this Act. An individual holding this license may supervise Licensed Chemical Dependency Counselor Associates and is eligible for third party payer reimbursement.

Sec. 08.19.100. Licensed Independent Chemical Dependency Counselor:

(a) The Board shall issue a license to practice as a Licensed Independent Chemical Dependency Counselor upon affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec. 08.19.060;

and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

(3) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical Dependency Counselor or under a Licensed Senior Chemical Dependency Counselor; and

(4) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

(5) has received a master's degree, including a chemical dependency and/or Chemical Dependency practicum, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

(6) has the recommendation of one licensed under Sec.08.19.110.

(b) Practice Functions: An individual holding a Independent Chemical Dependency Counselor license may

(1) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed Chemical Dependency Counselor; and/or

(2) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice including clinical supervision of staff. The granting of the Licensed Independent Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and operating a private practice within the requirements of the Alaska Department of Commerce and Economic Affairs, the Office of Boards and Commissions, the course and scope of the NADAAC Code of Ethics and specific provisions established by the Board. An individual holding this license may supervise individuals holding a Chemical Dependency Counselor and/or Associate license and is eligible for third party payer reimbursement.

(3) based on the skills, competencies, education, and other qualifications recognized by the Board, may provide peer counseling, facility consultation and specialty training.

Sec. 08.19.110 Licensed Senior Chemical Dependency Counselor

(a) The Board shall issue a license to practice as a Licensed

Independent Chemical Dependency Counselor upon affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec.08.19.060;
and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

(3) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical Dependency Counselor;
and

(4) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

(5) has developed mediation and arbitration skill and competence either through demonstrated professional experience or formal mediation and arbitration training or both; and

(6) has received a Master's or Doctorate degree, including chemical dependency and/or Chemical Dependency post-graduate training, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

(7) has no less than four years documented experience managing a private practice or free standing facility which requires the supervision of staff, case management, financial management, internal audits and quality control processes; and

(8) has a peer recommendation of one licensed under Sec.08.19.120.

(b) Practice Functions: An individual holding a Senior Chemical Dependency Counselor license may

(1) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed Chemical Dependency Counselor and/or Licensed Senior Chemical Dependency Counselor; and/or

(2) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice. The granting of the Licensed Senior Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and

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and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

(3) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical Dependency Counselor or under a Licensed Senior Chemical Dependency Counselor; and

(4) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

(5) has received a master's degree, including a chemical dependency and/or Chemical Dependency practicum, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

(6) has the recommendation of one licensed under Sec.08.19.110.

(b) Practice Functions: An individual holding a Independent Chemical Dependency Counselor license may

(1) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed Chemical Dependency Counselor; and/or

(2) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice including clinical supervision of staff. The granting of the Licensed Independent Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and operating a private practice within the requirements of the Alaska Department of Commerce and Economic Affairs, the Office of Boards and Commissions, the course and scope of the NADAAC Code of Ethics and specific provisions established by the Board. An individual holding this license may supervise individuals holding a Chemical Dependency Counselor and/or Associate license and is eligible for third party payer reimbursement.

(3) based on the skills, competencies, education, and other qualifications recognized by the Board, may provide peer counseling, facility consultation and specialty training.

Sec. 08.19.110 Licensed Senior Chemical Dependency Counselor

(a) The Board shall issue a license to practice as a Licensed

Independent Chemical Dependency Counselor upon affirmative vote of at least a quorum of the Board to any applicant who has satisfactorily met the following minimal requirements:

(1) met the eligibility requirements set forth in Sec.08.19.060;
and

(2) obtained a passing grade, as established by the Board, on the written and oral examinations the Board has prescribed by its rules;

(3) completed a minimum of 4,000 hours supervised experience in direct client service hours, at least 2,000 hours of which was completed under the peer supervision of a Licensed Independent Chemical Dependency Counselor;
and

(4) completed a minimum of 12 credits or 180 contact hours of education and training specifically in Chemical Dependency Counseling subjects; and

(5) has developed mediation and arbitration skill and competence either through demonstrated professional experience or formal mediation and arbitration training or both; and

(6) has received a Master's or Doctorate degree, including chemical dependency and/or Chemical Dependency post-graduate training, from an institution or program approved by the Board in counseling, one of the human services, or other related field as deemed appropriate by the Board; and

(7) has no less than four years documented experience managing a private practice or free standing facility which requires the supervision of staff, case management, financial management, internal audits and quality control processes; and

(8) has a peer recommendation of one licensed under Sec.08.19.120.

(b) Practice Functions: An individual holding a Senior Chemical Dependency Counselor license may

(1) provide Chemical Dependency Counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility owned, operated and/or supervised by Licensed Chemical Dependency Counselor and/or Licensed Senior Chemical Dependency Counselor; and/or

(2) based on the skills, competencies, education, and other qualifications recognized by the Board, open, operate (for profit or not), manage, administer and otherwise assume full responsibility for the operation of an Independent Chemical Dependency Counseling Practice. The granting of the Licensed Senior Chemical Dependency Counselor credential entitles the bearer to all the rights, privileges, and responsibilities of owning and

operating a private practice within the requirements of the Alaska Department of Commerce and Economic Affairs, the Office of Boards and Commissions, the course and scope of the NADAAC Code of Ethics and specific provisions established by the Board. An individual holding this license may supervise individuals holding a Chemical Dependency Counselor and/or Associate license and is eligible for third party payer reimbursement; and/or

(3) based on the skills, competencies, education, and other qualifications recognized by the Board, may provide peer counseling, facility consultation and specialty training.

(4) based on the skills, competencies, education, and other qualifications recognized by the Board, provide all usual and customary Chemical Dependency treatment services licensed by this Act and provide practice and treatment audits, administrative training, and case reviews, consult on grievance allegations, mediate and/or arbitrate disputes, and perform other duties and activities deemed appropriate by the Board.

Sec. 08.19.120. Reciprocity.

The Board may issue an appropriate license to an individual who holds a current license or other credential from another jurisdiction if the Board finds that the requirements for that credential are substantially similar to the requirements of this act.

Sec. 08.19.130. Additional Provisions:

(a) Legislative Intent

As proposed, it is specifically intended that

(1) in order to avoid duplicate administration and authority, this act replace and supersede any authority previously granted by Alaska State Statute or Alaska Administrative Code for the accreditation, certification, credentialing, supervision, administration, or oversight by any State Office other than the Board for Chemical Dependency Counselor Licensure for any licensed Chemical Dependency Counselor, Associate, service provider, Chemical Dependency private practice, facility or other organization; and

(2) the function and activities of the Board will supersede and replace the Alaska Alcoholism and Drug Abuse Counselor Certification Review Board and/or any other informal or formal body, commission or organization which currently influences, advises on, or monitors the activities, functions or practice of Alcohol and Chemical Dependency practitioners; and

(3) procedures for accreditation, oversight and establishing Standards of Practice of any licensed Chemical Dependency private for profit or not for profit practice or facility is specifically the responsibility of

the Chemical Dependency Counselor Licensure Board except when funds administered, granted and monitored by a State office or other funding source are accepted by a practice or facility. In such a case, only those funds administered, granted and/or monitored by the State office or funding source and the services they support may be the subject of oversight or supervision. In any event the ability to grant or revoke a license or sanction one holding a license under this Act is the exclusive responsibility of the Chemical Dependency Counselor Licensure Board; and

(4) the certification and credentialing of providers of Chemical Dependency services by any other body for the purpose of meeting standards to practice will be recognized through the provisional period described in Section 8 C) after which they will be superseded by the licensing provisions described in Section 8 D) under penalty as described in Section 2; and

(5) it is specifically intended that Chemical Dependency Treatment Counselors serving persons incarcerated within or under the responsibility of any function or Division of the Alaska Criminal Justice System, the Alaska Department of Education and the Alaska Division of Public Assistance meet the Licensure requirements of the proposed Act; and

(6) no fiscal note is requested or expected to support the proposed Act; and

(7) the standardization of Chemical Dependency Counselor licensing and qualification is in the best interest of the people of Alaska to whom Chemical Dependency service providers have a proprietary, fiduciary and legal responsibility; and

(8) the licenses proposed by the statute take the high standards established by other licensed counseling professions as a guide in order to ensure credibility, reliability, and validity of the competencies of those seeking Licensure; and

(9) the licenses and associated standards of care established by the State of Alaska must meet or exceed the best standards of other States, to promote the reciprocal recognition of Alaska's licenses with those of other states without controversy. It is anticipated that Alaska's licensing procedure may be used as a model for licensing in those States which do not yet have a licensing provision and that persons licensed in other states desiring to practice in Alaska will meet the Alaska standards in order to practice Chemical Dependency treatment services in Alaska.

(b) Statement of Purpose. The practice of professional Chemical Dependency Counseling is hereby declared to affect the public health, safety and welfare, and to be subject to regulation in the public interest. The purpose of this Act is

(1) to protect and benefit the public by setting standards of qualifications, education, training and experience for those who seek to obtain a license and practice as professional Chemical Dependency Counselors and/or Associates; and

(2) to promote high standards of professional performance for those licensed to practice professional Chemical Dependency Counseling in the State of Alaska; and

(3) to promote reimbursement under existing insurance or third party payment provisions covering Chemical Dependency Counseling for qualified and licensed professionals without modification of current insurance administrative policy; and

(4) to protect the public from unprofessional conduct by persons licensed to practice professional Chemical Dependency Counseling, by unlicensed persons who attempt to practice Chemical Dependency Counseling and/or by persons misrepresenting their capabilities, qualifications or competence.

(c) Confidentiality of Communication.

(1) A Chemical Dependency provider licensed under 08.19 of this act may not reveal to another person a communication made to the counselor or associate by a client about a matter concerning which the client has employed the counselor or associate in a professional capacity. This section does not apply to

(i) a case conference with other counselors, counselor associates, psychologists, physicians or surgeons;

(ii) a case in which the client in writing authorized the counselor or associate to reveal a communication;

(iii) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a counselor or associate by a client;

(iv) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or

(v) proceedings conducted by the board or other authority where the disclosure of confidential communications is necessary to defend against charges that the individual licensed by this chapter has violated provisions of this chapter.

(2) Notwithstanding (a) of this section, a counselor or associate shall report to the appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of elder abuse as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the

counselor or associate by a client.

(d) Provisional Licensure: An applicant may meet statutory requirements under Sec 08.19 for Licensure at any time following enactment of this statute as determined by the Board. However, those who do not meet the requirements for statutory Licensure may apply for provisional Licensure:

(1) Upon enactment of this statute persons currently holding NADAAC or other certifications granted by other bodies granting certificates to those serving alcohol and/or Chemical Dependency involved persons, or who those have documented and recognized professional activity as providers of Chemical Dependency services may present their credentials, experience, education or other evidence of Chemical Dependency services and petition the Board for provisional Licensure.

(2) Provisional Licensure shall be valid for a period of not more than two years from the enactment of this statute at which time it will expire.

(3) Provisional Licensure shall be available at the Licensed Chemical Dependency Counselor Associate and Licensed Chemical Dependency Counselor designations, as defined by Section D a) and b), only.

(4) Provisionally licensed persons must meet statutory licensing requirements within two (2) years of the enactment of this Act. Those not meeting statutory licensing requirements within the provisional two (2) year period will immediately cease any and all remunerative activities related to Chemical Dependency services or be sanctioned as described by Section 7.

(5) Persons licensed under this subsection shall be specifically designated as provisionally licensed for a period not to exceed two years following the enactment of this statute or until they meet the requirements for statutory Licensure.

(6) Persons meeting the statutory licensing eligibility requirements and qualifications as described in Section 8 upon enactment of this statute may, upon approval by the Board, apply for the license for which they qualify without acquiring provisional Licensure.

(e) Fees. The Licensure Board shall assess application, registration, examination, license renewal and other fees in amounts sufficient to cover the costs of administering this Act. Fees collected by the Board shall be maintained and accounted for in an autonomous Board Administrative Trust Fund or Account(s) used to support the various functions of the Board.

(f) Examination.

(1) At least biannually the Board will schedule examinations to determine the qualifications of applicants for a license under this Act. An applicant shall be known to the examiners only by number until after the examination has been graded and the licenses have been granted or denied. The scope and content of the examination shall be sufficient to ensure professional competence in keeping with the highest standards of the Chemical Dependency Counseling profession.

(2) An applicant who fails the examination may take a subsequent examination on payment of the required examination fees. However, an applicant may not be reexamined more than once per year or on more than three (3) occasions. A person failing the examination three (3) successive times may not take the examination a fourth time until five (5) years from the date of taking the first examination.

(g) Continuing Education. The Board shall prepare or approve the preparation and administration of continuing education programs for licensed Chemical Dependency Counselors under this Act. A person licensed at any level under this Act must complete at least 120 hours of continuing education approved by the Board in each four-year period in which the person holds a license as a requirement for the renewal of the license. Failure to complete 120 hours of approved continuing education will result in either the requirement to take the licensing examination or the loss of license. The Board shall provide by rule for the administration of the continuing education requirements for license renewal under this Act.

(h) License Renewal. Licenses must be renewed at least every four years.

(1) A person currently licensed under this act may renew their license through documentation of continuing education by completing not less than 120 hours of continuing education in training courses, classes or other processes approved by the Board in the four-year period in which the person holds a license; or

(2) A person currently licensed under this act may, at their discretion and upon payment of fees determined by the Board, renew their license through the taking of and receiving a passing grade on a license renewal written and oral examination.

(3) There shall be no grace period for license renewal except in the event the Board does not approve continuing education credits for training submitted by a licensed person prior to license expiration. If continuing education credits are not submitted, as documented by postmark, prior to license expiration, the continuing education credits may not be considered for license renewal.

(4) Board decisions regarding approval of continuing education credits shall be final.

(i) Discrimination Prohibited.

The consideration of a license application, the conduct of an examination, the granting or withholding of a license, the establishment and enforcement of a rule, a disciplinary proceeding, and any other action and decision performed under this Act shall be done without regard to the sex, religion, disability, national or ethnic origin, color, or political affiliation of the person affected.

(j) State Mandates. This Act recognizes licensed professional Chemical Dependency Counselors as defined by this law as covered providers under the statute of any state mandate requiring the inclusion of alcohol and drug treatment in health care policies written in the state.

(k) Transition Period. For twenty-four months (24) following the effective date of this act the Board will issue to any person upon application the license of Provisional Licensed Chemical Dependency Counselor or Provisional Licensed Chemical Dependency Counselor Associate, provided that the applicant has met the eligibility requirements of Section 8 A) and also meets the requirements of Sections 9 and 10 of this act.

(l) Revocation of License.

(1) The Board, subject to a majority vote, is authorized to deny, revoke or suspend a license on the following grounds:

(a) conviction by a court of competent jurisdiction of a crime which the Board determines to be of such a nature as to render such person unfit to practice as a professional Chemical Dependency Counselor; and/or

(b) violation of ethical standards of such a nature as to render such individual unfit to practice as a professional Chemical Dependency Counselor; and/or

(c) fraud or misrepresentation in obtaining a license or certificate of registration; and/or

(d) failure to meet renewal requirements described in Section 11; and/or

(e) other just and sufficient cause which renders a person unfit to practice as a professional Chemical Dependency Counselor.

(2) No license may be suspended or revoked for the reasons set forth above without prior notice and opportunity for hearing on such suspension or revocation, except that the Board may, in its discretion, without prior notice or hearing, suspend for up to one year the license of any individual convicted of a crime set forth therein. The burden of proof shall

be on the Board in any proceedings to suspend or revoke a license. No license may be suspended or revoked under this section except by majority vote of the full Board, notwithstanding any other provisions.

(3) Any individual may file a complaint with the Board seeking denial, suspension or revocation of a license issued or to be issued by the Board. Such complaints shall be in a form prescribed by the Board and shall be verified under oath by the complainant or his duly authorized agent. If the Board determines that a complaint alleges facts which, if true, would require denial, revocation or suspension of a license, the Board shall promptly conduct a hearing.

(4) Non payment of fees as established by the Board is sufficient cause to withhold or revoke any license granted under this Act. Upon the withholding or revocation of a license due to non-payment of fees the provisions of Section 2 immediately apply.

(m) Definitions. As used in this Act:

(1) Provisionally Licensed Chemical Dependency Counselor: A person, prior to enactment of this statute, was previously certified by a recognized credentialing body or has documented professional activity in the Chemical Dependency field and does not meet formal licensing criteria who petitions to, and is granted by, the Board temporary Licensure as provided in the Section 8 Provisional License.

(2) Licensed Chemical Dependency Counselor Associate: A person not meeting full counselor Licensure requirements who renders for compensation, Chemical Dependency Counseling or Chemical Dependency Counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency services and who holds a license issued a license issued under this chapter to engage in the practice of Chemical Dependency Counselor Associate under supervision of a Licensed Chemical Dependency Counselor or Licensed Independent Chemical Dependency Counselor.

(3) Licensed Chemical Dependency Counselor: A person who renders for compensation, Chemical Dependency Counseling or Chemical Dependency Counseling-related services (including treatment for use of alcohol, drug, nicotine, inhalants, misused prescription medication and other addictive substances) to an individual, alcohol and drug group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency Counseling, and who holds a license issued under this chapter to engage in the professional practice of Chemical Dependency Counseling.

(4) Independent Practice of Chemical Dependency Counseling: A

person who renders for compensation, alcohol and drug (including nicotine, inhalants, misused prescription medication and other addictive substances) counseling or Chemical Dependency Counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in Chemical Dependency Counseling, and who holds a license issued under this Act to engage in Independent Practice of Chemical Dependency Counseling services, but are not provided under the employment of a recognized educational institution, federal, state, county or municipal institutions, or an institution, facility or agency licensed to operate under the laws of the state.

(5) Licensure Board: As identified in the State of Alaska and established by this Act which sets the standards and requirements for the Licensure of professional Chemical Dependency Counselors and Associates.

(6) State Mandates: As established by current state law which requires health insurance benefits issued in the state to offer or to offer as an option, any clinical services for the treatment of Alcohol and Substance dependency.

(7) Chemical Dependency Counseling: Assisting an individual or group to develop an understanding of alcohol, drug and substance abuse and/or chemical dependency problems, define goals, and plan action reflecting the individual's or group's interest, abilities, and needs as affected by claimed alcohol, drug and substance dependency or abuse problems.

(8) Continuing education: Research and training programs, college and university courses, in-service training programs, seminars and conferences designed to maintain and enhance the skills of Chemical Dependency Counselors and which are recognized by the licensing or certification Board.

(9) Consumer of Chemical Dependency treatment services: An individual affected by or recovering from alcohol or other drug addiction.

(10) Applicant: An individual who applies for a license under the provisions of this act.

(11) Supervision: Means not less than one hour per week of supervised practice by a clinician who has expertise in Chemical Dependency counseling and whose credentials with respect to education, experience and ethics are approved by the Board.

(12) Private Practice: Chemical Dependency counseling practice conducted by an individual holding an Independent Chemical Dependency Counselor license who is either self-employed or a member of a partnership or a group practice, rather than being employed by a public agency or not-for-profit corporation.

(13) Supervised work experience: Documented, verifiable, work

experience, paid voluntary, in the field of Chemical Dependency treatment, which is performed under the direct supervision of a professional Chemical Dependency counselor or licensed health care professional.

(14) Code of Ethics: Standards of professional and personal conduct and competency for Chemical Dependency counselors.

(15) Self-help group: A voluntary group of persons who offer peer support to each other in recovering from addiction.

(16) Person with a Disability: A person who has a physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

(17) Third Party Payer: A person, organization, group or party which assumes responsibility for payment of services from a provider to a consumer. For the purposes of this act third party payers include insurance carriers, independent adjusters, Medicare/Medicaid, the Veterans Administration, The Alaska Division of Vocational Rehabilitation, and others.

(n) License Withdrawal: On their own initiative any person licensed by this act may, without explanation of reason or cause, voluntarily withdraw their license from active practice for a period of time not to exceed the time of their license expiration. Withdrawal shall be done by written notice to the Board. Approval shall be automatic and without prejudice. Individual's who have withdrawn their license may reactivate the license by written notice to the Board. Approval shall be automatic unless circumstances under Section 14 exist causing revocation of the license. This provision shall not suspend Section 14 revocation procedures filed prior to the request for License Withdrawal or prevent revocation action based on complaints of activities prior to the License Withdrawal.

(o) Administration of Licensing Procedures.

Licensure for professional Chemical Dependency service providers shall be administered by the Chemical Dependency Counseling Licensure Board.

Alaska State Legislature House of Representatives

COMMITTEE ASSIGNMENTS:

LABOR & COMMERCE, CHAIRMAN
MILITARY & VETERANS AFFAIRS, CHAIRMAN
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DEC 09 1996

Representative Norm Rokeberg
Chair-elect
House Labor and Commerce Committee

DATE: December 3, 1996

RE: Need for State Licensure of Alcohol/Drug Counselors.

Dear Representative Rokeberg:

A few months ago, one of my constituents informed me that the State of Alaska does not currently license drug and alcohol abuse counselors. This can have the effect of jeopardizing proficiency standards and subjecting Alaskans to fraudulent or otherwise less than efficacious treatment. In addition, there is a growing realization that, absent licensure, health insurance carriers are becoming increasingly reluctant to pay treatment claims.

Our state faces grave substance abuse problems. The cure must include, as a necessary component, rehabilitation of those who are addicted. It is my belief that the state must take every reasonable step to ensure the availability of competent treatment programs. It was my intent to file a bill mandating licensure; however, as you are aware, the demands of my new committee permit very few activities extraneous to core Rules functions. Accordingly, I request that, as Chair of the Labor and Commerce Committee, you carefully examine this issue and take appropriate action. I sincerely believe that licensure is an idea whose time has come.

I just this date received some long-awaited materials from Legislative Research concerning this issue, which I enclose herewith. The name of my constituent is Mr. Jon Deisher, and his telephone number is 561-3864. I found him to a person of sound judgment, and I am certain that he would be happy to assist you in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Pete Kott
District 24

cc: Jon Deisher



Representative Pete Kott



Legislative Research Services

Alaska State Legislature
Legislative Affairs Agency
Division of Legal & Research Services



130 Seward Street, Suite 218
Juneau, Alaska 99801-2196
Phone: (907) 465-3991
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November 26, 1996

MEMORANDUM

TO: Representative Pete Kott

FROM: Gina Spartz
Legislative Analyst

RE: **Licensing Requirements for Substance Abuse Counselors in Other States**
Research Request 97.007

You asked about licensing requirements for substance abuse counselors in other states. You specifically asked us to compare these requirements with a model law mandating state licensure of drug and alcohol counselors. You also asked us to provide any published articles concerning this issue. After a brief summary, this memorandum examines the education and experience requirements for licensure in the model law and four state laws. An accompanying table listing specific education and experience requirements follows the memorandum. We have also attached articles from professional journals regarding the licensure of substance abuse counselors.

Summary

With a rapidly changing health care system, substance abuse counselors have found that licensing is essential for reimbursement of services from insurers and to maintain a level of quality in the profession. We compared the licensing requirements for substance abuse counselors in a model law to four states. The law has many of the same features as requirements in Maine, Maryland, New Mexico, and Rhode Island. All states require a minimum number of hours in substance abuse counseling education and at least 2 years of substance abuse counseling experience. Compared to the states we surveyed, the law requires more postsecondary education but is fairly consistent with the other states for experience requirements. In all cases, the licensing of substance abuse counselors does not exclude other health professionals and volunteers from substance abuse counseling. At least 13 states have established licensing requirements for substance abuse counselors in statute.¹ Bill McColl with the National Association of Alcohol and Drug Abuse Counselors (NAADAC), an

¹These states are: Arizona, Louisiana, Maine, Maryland, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Rhode Island, South Dakota, Texas, and Wyoming.

Representative Kott
November 26, 1996
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organization which advocates for the licensure of substance abuse counselors, suggested we look at requirements in Maine, Maryland, New Mexico, and Rhode Island. He stated that these programs are representative of the types of qualifications most states require. A table listing the education and experience requirements in four states and the model law follows this memorandum.

LICENSING SUBSTANCE ABUSE COUNSELORS

According to Mr. McColl, licensure of substance abuse counselors has become important especially with the advent of managed care. Insurers are more likely to reimburse services provided by licensed health care providers. Licensure also can help assure that a level of professionalism is maintained in the field.²

Licensing Requirements: Model Law

We looked at the education and experience requirements suggested in the model law.³ This bill lists four professional titles: licensed alcohol and drug specialist associate, licensed chemical dependency counselor, licensed independent chemical dependency counselor, and licensed senior chemical dependency counselor. The responsibilities for each profession increase with the applicant's level of postsecondary education and the number of years of experience.

For all levels of licensure applicants must have a minimum of 2 years (4,000 hours) of supervised experience working with substance abuse clients. A licensed senior chemical dependency counselor must also have 4 years of documented experience managing a counseling practice and experience in employee mediation and arbitration issues.

The education requirements differ depending on an applicant's postsecondary degree. A licensed alcohol and drug specialist associate requires at least an associate's degree in a human services field and a licensed chemical dependency counselor requires a bachelor's degree. A licensed independent chemical dependency counselor and a licensed senior chemical dependency counselor each require a master's degree and additional hours of chemical dependency counseling training.

²These concerns are discussed in the article "Without Credentials, Can Addiction Field Survive Reform?," *Alcoholism and Drug Abuse Week*, August 1, 1994. This article is included with the other articles in Attachment C.

³This law was written by NAADAC, we have included a copy of the NAADAC model law as Attachment A.

Licensing Requirements: Maine, Maryland, New Mexico, Rhode Island

~~The model law requires more education than the other states surveyed.~~ However, in all four states and the model law a minimum of at least 2 years (4,000 hours) of training and experience working in the substance abuse counseling field is required for licensure.

As shown on the accompanying table, education requirements vary from state to state. ~~However, all states link education to experience.~~ Maine law requires a minimum of an associate's degree to become a licensed alcohol and drug counselor, but if the applicant has a master's degree the experience required is reduced from 2 years (4,000 hours) to 6 months (1,000 hours). Maryland law requires at least an associate's degree in a social services field or a bachelor's degree in any field. In addition, applicants must complete a number of hours of substance abuse training as well as a practicum in the counselor core functions.⁴ New Mexico law requires applicants with an associate's degree to have a minimum of 4 years of supervised counseling experience, applicants with a bachelor's degree must have at least 3 years counseling experience, and applicants with a master's degree need a minimum of 2 years counseling experience.

Rhode Island law doesn't require applicants to have an advanced degree, but experience hours are reduced for those who do. A chemical dependency professional is required to complete a number of hours in substance abuse coursework. Applicants for this license are also expected to have 1 year of experience working in a substance abuse facility. Rhode Island also certifies an advanced chemical dependency professional. Applicants for this position must complete a minimum of 3 years experience working in a substance abuse field (reduced to 2 years for applicants with a bachelor's degree).

In addition, laws in two states provide an ~~internship~~ level for applicants. In Maryland, an associate addiction counselor must already have a minimum of 100 hours of alcohol and drug education and 1 year (2,000 hours) of training working with alcohol and drug clients (this can be in a volunteer setting, or as a part-time, or full-time employee). In New Mexico a substance abuse intern must have a high school diploma or the equivalent and 90 hours of education and training in alcohol and drug abuse. This is similar to the licensed alcohol and drug specialist associate in the model law, but the education and experience requirements in the model law are higher.

⁴These functions are the same in every state. They are designed to provide training in specific counselor functions. These activities are monitored by supervisory personnel who provide feedback to assist the counselor in the learning process. The counselor core functions include, screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, consultation, reports and record-keeping. A copy of Maryland's training summary and evaluation form in these functions is included as Attachment B.

OTHER REQUIREMENTS OF LICENSURE NOT INCLUDED WITH TABLE

Other aspects, such as a minimum age requirement, licensure fees, and license renewal are consistent in each state and in the model law. In the laws we surveyed, all applicants:

- a) must be at least 18 years old;
- b) must renew licenses every two years;
- c) are either strongly encouraged or required to take continuing education courses in a substance abuse field once achieving licensure; and
- d) are required to pay a license and renewal fee, which ranges from \$50 in Rhode Island to \$200 in Maine, (the model law requires a license and renewal fee but the amount is not specified).

The model law and all four states also allow reciprocity for counselors certified in other states. This means a licensed counselor from one state is recognized as licensed in another state, provided the qualifications are comparable. In addition, the model law and all four states have established a governing board to oversee licensing procedures.

SUBSTANCE ABUSE COUNSELING BY OTHER PROFESSIONALS AND VOLUNTEERS

Licensure of alcohol and drug abuse counselors does not exclude other professionals and volunteers from participating in substance abuse counseling. In the model law and the states we surveyed, members of the clergy, school counselors, participants in self-help groups such as Alcoholics Anonymous, other nonprofit organizations (like domestic violence peer counselors), and members of other counseling or medical professions such as psychologists, social workers, and nurses, are not required to possess a substance abuse counselor license. These professionals and volunteers cannot, however, represent themselves as a "licensed" substance abuse counselor unless they have gone through the necessary steps to achieve licensure.

PRINTED ARTICLES ON LICENSURE

We searched the Alaska State Library's periodical index for articles on licensing drug and alcohol counselors. We were able to find articles in three professional journals, *Alcoholism and Drug Abuse Week*, *Addiction and Recovery*, and *The Addiction Letter*.⁵ These articles favor licensing substance abuse counselors, but they do highlight the concerns of other groups working in the substance abuse field. Most opposition seems to come from some mental health service providers, such as social workers, psychologists, and psychiatrists, who have concerns about excluding other professions from

⁵These articles are included as Attachment C.

Representative Kott
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Page 5

working in this field. However, as we mentioned earlier, special provisions are made for other professionals practicing substance abuse counseling, so this issue seems to have been addressed.

I hope this information is helpful to you. If you have any questions please don't hesitate to call this office.

Attachments

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: The Addiction Letter, April, 1994, v10 n4 p4(1).

Title: APA to certify addictions specialists, others. (American Psychological Association's College of Professional Psychology)

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Standards
Alcoholism counselors - Standards

Full Text: COPYRIGHT Manisses Communications Group 1994

Reaction from the addiction field has been varied since the American Psychological Association's (APA) recent announcement that it has established the College of Professional Psychology (CPP) to help APA members get business through recognition of specialties. The announcement also said that APA is working on a protocol for proficiency in alcoholism and substance abuse treatment.

"If people are going to be employed in the field, they should be credentialed," says James F. Callahan, executive vice president of the American Society of Addiction Medicine.

But Larry Osmonson, president of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), says, "I don't think it's a good thing because it's a specialized field and we're the ones who are trained in it."

However, the head of APA's Practice Directorate, Russ Newman, Ph.D., J.D., maintains that psychologists oftentimes have more training than certified addiction counselors -- they just don't have the credential that attracts reimbursement. The CPP would offer that credential.

Ronald E. Fox, Ph.D., the newly installed APA president, says that psychologists have provided treatment for substance abuse for some time, but haven't staked out the field as an exclusive domain. The continuing move from inpatient to outpatient care makes it logical for psychologists to provide treatment, he says.

Electronic Collection: A15430414
RN: A15430414
-- End --

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, August 1, 1994/v6 n29 p3(2).

Title: While counselors organize, competing professions maneuver.

– Press [L] to link to other documents on these topics –

Subjects: Alcoholism counselors - Licenses
Drug abuse counselors - Licenses
Substance abuse - Care and treatment

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They might quarrel with alcohol and drug counselors (ADCs) over questions of motive, but it is clear that psychologists, social workers and other professionals long ago saw an opportunity to perform service in addiction treatment.

It also appears that while addiction counselors have started to persuade the public that their brand of treatment works, some competing professionals have been slow to acknowledge it.

"I'm not sure that these folks who specialize only in substance abuse counseling meet the definition of a profession," Donna DeAngelis, director of quality assurance at the National Association of Social Workers, told ADAW. "Many of these people really have no formal training or education."

Generally, the national social workers' group and its state affiliates have placed obstacles in the road to licensing professionals in addiction counseling, according to members of the addiction community.

That is despite the fact that in the handful of states where licensure laws have passed so far, exemptions allow social workers to continue offering alcohol and drug counseling to their addicted clients.

"We find that licensing for drug and alcohol is too narrow," DeAngelis explained. "If you start to license too many areas, everyone will need 10 licenses to operate."

An official with the American Association of State Social Work Boards, representing certification authorities in the states, told ADAW that licensure of ADCs has had little effect as of yet on social workers. But industry lobbyists around the country are monitoring state-by-state developments closely.

DeAngelis insists that social workers are not opposed to ADCs receiving formal licenses, as long as that doesn't require duplicative licensing requirements for the social work field.

Likewise, officials at the American Psychological Association (APA) insist their recent moves toward establishing a credential for addiction treatment should not be portrayed as a volley in a turf war.

Officials at the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) have questioned APA's choice of addiction treatment as the inaugural effort of its College of Professional Psychology. NAADAC questions the education and training base of psychologists in substance abuse issues (see ADAW, March 14).

But Russ Newman, Ph.D., J.D., APA's executive director for professional practice, offered several reasons why the credential is appropriate -- not the least of which is the unavoidable presence of substance abuse issues in

the field-of mental health treatment.

"We feel it necessary to respond to an issue that is uniquely based in psychology," Newman told ADAW.

Newman said that even though as many as 70 percent of APA's member psychologists have some education and training in substance abuse issues, a large number are being left out of the loop by third-party payors for addiction treatment.

With dual diagnosis such a critical issue in the addiction and mental health fields, shutting psychologists out of the treatment process makes no sense, APA members believe.

The psychologists' association is moving deliberately on the addiction credential. Since the announcement of plans at a meeting of APA's council of representatives in February, the association has sent out a request for proposals for development of a certification test, and is seeking an executive administrator for the program.

Electronic Collection: A15785176

RN: A15785176

-- End --

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Key Words: Licensing
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, May 8, 1995 v7 n19 p4(1).

Title: Minnesota works on standards for counselor licensing.

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Licenses
Alcoholism counselors - Licenses

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Legislative legwork and Minnesota Gov. Arne H. Carlson's signature are all that's needed to turn a detailed process for certifying addiction counselors into law.

A state Senate bill introduced by Sen. Jim Vickerman will "put some meat on the bones" of the state's system for certifying chemical dependency counselors, Nanette Schroeder, director of the state health department's Occupational and Systems Compliance Division, told ADAW.

Identical versions of the bill were introduced in the state's House of Representatives and Senate, but the approved versions differ slightly. Carlson will have 10 days to sign whichever version ultimately reaches his desk.

State legislators in 1993 approved another bill mandating the certification process. Licensing is optional for city, county and state counselors, Schroeder said.

Vickerman's bill outlines a series of checks and balances for certifying counselors and keeping tabs on their practices. Certification has been happening in Minnesota since 1994, but the process was not documented in legislation until Vickerman's bill, Schroeder said.

The bill also lays out a code of conduct for counselors' billing practices, the types of treatment they can provide and the powers of the council that advises the state's chemical dependency administrator.

Electronic Collection: A16940054

RN: A16940054

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11.152

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, August 1, 1994 v6 n29 p1(2).

Title: New Jersey typifies politically charged licensure debate.

-- Press [L] to link to other documents on these topics --

Subjects: New Jersey - Laws, regulations, etc.
Alcoholism counselors - Licenses
Drug abuse counselors - Licenses
Substance abuse - Care and treatment

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If alcohol and drug counselors (ADCs) expect the path toward licensure to be a cakewalk, they should take a look at the pockmarked battlefield New Jersey has become.

Consider what treatment professionals in the Garden State have had to cope with in recent months:

- * State legislators last year adopted a licensure bill for mental health practitioners, with language allowing a committee broad leeway to define what a "counselor" is.
- * The state's Board of Psychological Examiners (BPE) proposed, then suddenly dropped, a regulation to bar ADCs from treating addicts, unless the ADCs were psychologists or worked under psychologists' supervision.
- * Now ADCs are trying to win approval of their own licensure law to protect their field, staring at everything from back-room opposition from competing counselors to concern that New Jersey already licenses too many trades.

Addiction counselors hope the state Senate will take up the latter measure this fall; the bill already has cleared the state Assembly. Advocates expect the bill would supersede last year's licensure act, for which standards remain unfinished.

"If this bill fails, it will be the first major blow against our profession," Richard J. Bowe, executive director of the Alcoholism and Drug Counselor Certification Board of New Jersey, told ADAW. "We will then see psychologists and social workers lay claim to our field."

If anything, the year's dizzying events have united the different sectors of the addiction field, from handson practitioners to consumer advocates to state-level appointees.

To these individuals, recent actions have shown that other professional counselors will not hesitate to encroach on the addiction field's territory, now that substance abuse treatment has reached a higher standing with payors, policymakers and the public.

"This is an issue of money," Riley Regan, executive director of the New Jersey Governor's Council on Alcoholism and Drug Abuse, told ADAW. "These folks are fighting us only because it is clear that we are as good as they are. And at one-third to two-thirds of the cost of their treatment, we're better."

Regan minces no words on the psychological examiners' attempt earlier this year to require addiction counseling to be provided by psychologists, or those under such professionals' supervision.

"I personally wouldn't have a lot of trouble with doctor-level oversight if these doctors had knowledge of the field. Unfortunately, that criterion would eliminate 99.7 percent of the psychologists," Regan remarked.

While that proposal was abandoned, alcohol and drug counselors remain concerned about the adopted mental health counseling bill, which could result in counselors without advanced degrees being barred from providing alcohol or drug treatment.

That is why the field has united behind its own licensure act, which clearly would state that counselors with pertinent addiction treatment experience could serve clients.

Under the bill, which would bar psychologists and other professionals from calling themselves ADCs but would allow them to continue working with addicted persons, a nine-member board under the state attorney general would oversee the licensing process.

One potential stumbling block to state Senate approval of licensure rests with the notion that at 61 licensing agencies, New Jersey already regulates too many professions. Bowe responds by reading from state codes, which document the licensing of professions ranging from public movers to tree experts.

He asked, "You mean we're not as important as tree experts?"

Electronic Collection: A15785172

RN: A15785172

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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, August 1, 1994 v6 n29 p2(2).

Title: A guide to winning licensure: show that treatment works.

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Licenses
Alcoholism counselors - Licenses
Substance abuse - Care and treatment
Organizations: National Association of Alcoholism and Drug Abuse Counselors
- Political activity

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Lobby. Do some more lobbying. Then lobby again.

If there is any credo in the National Association of Alcoholism and Drug Abuse Counselors' (NAADAC's) guide to fighting for a state licensure bill, it is that persistence pays. And it wouldn't hurt to assume no knowledge on the part of key state legislators.

"Many legislators do not know anything about treatment or its effectiveness," according to the how-to manual written for alcohol and drug counselors. "This is a perfect opportunity to get them more involved in the field and a way to show them how treatment works."

The NAADAC document includes a five-page model licensure bill, placing the association squarely in the camp of licensure over certification as the key to the counseling field's survival under health care reform.

The model licensure act states that no person may engage in alcohol or drug counseling if not licensed as a professional alcohol and drug counselor (ADC). Exemptions are made for a variety of professionals, including licensed psychologists and certified social workers.

The model state bill calls for establishment of a seven-member licensure board by the governor. The licensing authority should comprise five license holders or eligible licensees and two consumers, according to NAADAC.

To be licensed, according to the NAADAC act, professionals should have three years of supervised counseling experience; 270 hours of education and training in addiction treatment or related subjects; and a passing score on a written test.

The NAADAC manual offers a laundry list of tips to ADCs seeking passage of a licensure bill. The association suggests that ADCs:

- * Form coalitions with other addiction-related groups that may add momentum to the lobbying effort;
 - * Invite legislators to visit treatment programs, possibly by dovetailing an "open house" with other events during National Alcohol and Drug Treatment Works Month in September;
 - * Keep messages to legislators simple and straight-forward, and remember that lawmakers want to know what their constituents -- the consumers of treatment services -- think; and
 - * Always use statistics, specific anecdotes and other real-world information to back up the point that ADCs need licensure.
-

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: The Addiction Letter, April 1994 v10 n4 p1(2).

Title: Definition clarifies who is, who isn't a qualified provider of AODA services. (alcohol and other drug abuse)

-- Press [L] to link to other documents on these topics --

Subjects: Alcoholism counselors - Standards
Drug abuse counselors - Standards
Organizations: National Association of Alcoholism and Drug Abuse Counselors
- Standards
International Certification Reciprocity Consortium/Alcohol and
Other Drug Abuse - Standards

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During precisely what constitutes a "qualified provider" is an important step toward achieving professional recognition for alcohol and other drug abuse counselors. Recently, the two leading addictions treatment professionals associations joined together and created such a definition, which they published as The Alcohol and Other Drug Abuse Counselor in Health Care Reform. The report was sent to Hillary Rodham Clinton, Tipper Gore, other leaders of national health care reform activities, and state alcohol and drug abuse directors.

As prepared by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), and the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC/AODA), the report clarifies nationally the parameters of practice upon which reimbursement may be made. Joint subcommittees cooperated to identify, not only qualified providers, but the scope of services, placement and discharge criteria, and areas of specialized services.

The definition

Fundamental to the project was the agreement that the knowledge base competent AODA counselors rely on is unique and distinguishes the profession from other related professions in health care.

ICRC and NAADAC agreed that qualified alcohol and other drug abuse counselors must complete 270 clock hours of education, a 300 hour practicum, and three years (600 hours) of supervised work experience providing direct alcohol and other drug abuse treatment services to clients. They must also pass a written examination. To be acceptable, coursework for the education requirement must specifically address counseling and counselor ethics. The practicum must take place in an alcohol and other drug abuse counseling setting and focus on skill development and integration of knowledge. To meet the experience requirement, counselors must document paid or voluntary experience providing direct counseling services in the areas of assessment, counseling, case management education, and professional responsibility.* A valid and reliable written examination is required, but both ICRC and NAADC recognized that most states exceed the definition by requiring an oral examination.

Confusing acronyms

States play the leading role in alcohol and other drug abuse counselor certification, by evaluating counselor competence through examinations and verifying that qualified counselors meet experience and education requirements. Whether their certifications are mandatory (licensure or statutory certification) or voluntary, all states have standards and

procedures through which counselors may demonstrate their proficiency. By far, most of the states follow uniform standards for certification and use the same testing mechanisms, although there is little uniformity in certificate titles and acronyms.

One purpose of the report was to offer guidelines for third party payors who must wade through the vast array of credentials and acronyms in search of counselors with sufficient knowledge and skill to supply independent and competent services.

The agreed upon definition of qualified providers closely resembles the standards ICRC member boards require for state certification. ICRC is an organization of 41 member certification boards for alcohol and other drug abuse counselors. Through their participation in ICRC, these boards define uniform standards and develop tests that further assure uniformity in the level of competence that the individual boards require.

NAADC advocates for counselors in the political arena and provides quality counselor education. Both organizations agreed that state certification for counselors at the level described in the report assures clients and payors of a standard of care based on currently accepted knowledge and skill in prevention and treatment. The scope of service and continuum of care identify the range of services that qualified alcohol and other drug abuse counselors are competent to provide.

Electronic Collection: A15430410

RN: A15430410

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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Key Words: Licensing
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, Jan 17, 1994 v6 n3 p2(1).

Title: Licensing law puts Georgia counselors on the street. (drug abuse counselors prohibited from treating substance abusers)

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Laws, regulations, etc.
Substance abuse - Care and treatment

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As many as 250 certified addiction counselors (CACs) are out of work because of a Georgia law that excludes them from treating substance abusers, and sources say the situation could have national implications.

The state's "scope of practice" law, which passed in July, requires that professionals must have a master's degree in an approved counseling curriculum and be state-licensed to provide counseling to Georgia residents. Because Georgia addiction counselors are not licensed but rather receive certification through an independent board (as is the situation in many other states), about half of the members of the Georgia Addiction Counselors Association (GACA) now find themselves out in the cold.

Fourteen exceptions to the law were made, but addiction counselors were not one of them. The GACA is hoping to alter the law. Merrill Norton, the association's president-elect, tells ADW that introduced last week in the state legislature was a bill seeking an exception for addiction professionals. Norton says if the bill gets through the House of Representatives, where CACs have some support, the big test will be in the Senate, where he gives the bill no higher than a 50-50 shot at passage.

Although GACA received assurances that the exclusion of CACs was inadvertent, support from some other professional groups suddenly evaporated when the law went into effect. Norton says that, with health reform on the horizon and promising a boon for addiction treatment, other groups want a "piece of the pie" at the expense of CACs. "I think it's a matter of turf," he says of other groups' refusal to aid GACA in lobbying for a change in the law.

Since the law took effect, Norton relates, hospitals have refused to hire CACs unless they have a master's degree or are licensed in some other discipline. Norton explains that, while the short-term goal is to get people back to work, the long-term strategy is to develop an academic base for state licensure to avoid such problems in the future.

Norton points out that other states are carefully watching the Georgia situation, which should be a warning to counselors in other jurisdictions. Clearly, state licensure of CACs would have averted the current crisis, and counselors everywhere need to work to improve the field's professional recognition. "That's got to happen if addiction counselors are going to be part of health care reform," Norton declares.

Without "a large and loud voice in the legislature," CACs will suffer, Norton predicts, although he asserts that "there is nothing to replace us with." He adds that the Georgia crisis "has been a terrible situation but also a great learning experience...If we don't stand up now, we won't be at the [health care reform] party."

Electronic Collection: A14792850

Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, June 28, 1993 v5 n26 p4(2).

Title: NAADAC, ICRC promote counselors' roles in reform. (National Association of Alcoholism and Drug Abuse Counselors; International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse)

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Standards
Organizations: National Association of Alcoholism and Drug Abuse Counselors
- Standards

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In an important show of unity, the two major field groups involved with counselor credentialing recently issued a joint report to the national health care reform task force and called for recognition of counselors' roles in treating addiction.

The groups agreed that state-level certification should be the yardstick by which counselors should be measured. Essentially putting aside arguments about national-level credentials, the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) and the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC) told the task force that ICRC-certified counselors and their equivalent in non-ICRC states should be reimbursed.

This is the second time in recent months that the previously warring NAADAC and ICRC have collaborated. The report, dated June 6, stresses the qualifications certified counselors bring to the job of treating alcoholics and drug abusers. Counselors' education, training, experience and unique body of knowledge and skills are cited.

ICRC President Greg Karch, Ph.D., and NAADAC President Larry Osmonson say the intent of the report is to "clarify" the role of counselors. That role has at times been obscured by conflict between the groups, but infighting over national credentialing is clearly a luxury neither group believes it can afford any longer. "It's very important to have a strong show of unity both within the profession and outside, particularly regarding counselor reimbursement and health care reform," James P. Henderson, Ph.D., ICRC assistant executive director, tells ADAW.

When it comes to determining who provides the services (and who gets reimbursed) under health care reform, "we want to ensure that counselors are recognized," adds NAADAC Executive Director Linda Kaplan.

Henderson agrees that mutual self-interest regarding health care reform has brought the groups together and helped convince the principals that they can work together. This could be a springboard for future discussions on the national credential issue, although Henderson called "premature" any suggestions that ICRC and NAADAC might revisit the thorny issue of a single national certificate.

Electronic Collection: A13210931

RN: A13210931

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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Addiction & Recovery, May-June 1993 v13 n3 p.24(2).

Title: What's in a name? The alphabet soup dilemma. (understanding drug counselors' credentials)(includes related article)
Author: Richard J. Bowe

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Standards
Drug abuse counseling - Standards

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Counselors can have a bewildering set of initials after their names. What does it all mean?

Once upon a time, in the not too far distant past, the initials after a professional's name were easily recognizable, if not totally understandable. These days, if it's confusing for those of us in the addictions field, can you imagine what it's like for our "customers?" (Yes, CQI and Managed Care have changed my vocabulary!) What is one to make of all of the variations on the good old CAC? Do all these certifications really mean the counselor has additional knowledge and experience, or are they more a collection of social accoutrements, meant to impress and inspire?

We in the field know which certifications have integrity and which don't. If you're uncertain, just list their requirements side by side. You should have a pretty good indication of which credentials really measure counselor competence and which do not. Some seem to be no more than "mail order" certifications that appear, to the consumers at least, legitimate. Others, while not widely known to the public, indicate a great deal of professional expertise.

How did we get into this situation? Well, for one thing, certification is an evolving process that has grown along with our rapidly developing and everchanging field. For example, the International Certification Reciprocity Consortium (ICRC) started with three state certification boards in the late seventies (Michigan, Indiana, and Wisconsin), and is now an international body with over 44 member boards, including the Navy, Air Force, and Canada. Not surprisingly, the ICRC has struggled with acronyms and universal standards from its inception.

Our purpose, as a democratic, board-based organization, is to set standardized educational, experiential, ethical, and competency requirements for counselors that are identical and, therefore, reciprocal among its member boards. You might ask, though, since this is the case, why does the alphabet soup exist even within the ICRC?

Consider the 13 original colonies and the effort that went into forming a union. Consider what that union has become. It has changed dramatically since 1776, but still maintains, and has even enhanced, its original constitution. At the risk of sounding overly dramatic, the ICRC is following that same path. We are intent on maintaining the high quality and the clinical integrity of our certifications, while responding to and recognizing the various new and important components of the field.

What does this have to do with the good old CAC and its permutations that include most of the letters of the alphabet? Well, for one, people (in this case, board members and counselors) move towards comfort and generally resist change. We all like our own acronyms and fear that we will give up or lose part of our identity by changing to one consistent, recognizable,

internationally acceptable name for our certification.

On the other hand, even though ICRC and NAADAC have evolved with separate purposes and missions, there now seems to be some movement between them to evolve together. And, as of today, both organizations have at least acknowledged that a single acronym would assist in addictions counselors' gaining identity as a profession.

Which brings us to yet another factor in the alphabet soup dilemma. It's a big world out there, with many potential certifications from many countries with different languages. Is it unrealistic to consider ways of "standardizing" certification requirements? Well, the TCA (Therapeutic Communities of America) belongs to a worldwide organization, why not us? While this would certainly offer test developers a challenge to devise "culture-free" written tests, think of the potential that exists...

But, back to matters at hand here in North America. How to come up with one generally accepted and agreed upon acronym? Let's review several key assumptions I've made:

1. We need to individually and collectively take a risk and let go of our own, "homegrown" names for certification.
2. Our national and international organizations need to demonstrate that they will work together for the common good.
3. We need to recognize and nurture what brings us together.

Does this sound too simplistic? Perhaps. Is it a start? Possibly. What do you think?

Electronic Collection: A14022107

RN: A14022107

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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, Feb 10, 1993 v5 n6 p1(2).

Title: House whip supports addiction inclusion, role of CACs. (House Majority Whip Representative David Bonior; certified addiction counselors)

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counselors - Licenses
People: Bonior, David E. - Social policy

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A high-ranking Democratic leader this week gave a ringing and somewhat surprising endorsement of including addiction treatment in national health care reform.

House Majority Whip Rep. David Bonior (D-Mich.), the third-ranking member of the House leadership, said coverage for alcohol and drug treatment is "one integral part" of health care policy reform.

"It's got to be a part of any system, any design we discuss," said Bonior at the National Association of Alcoholism and Drug Abuse Counselors (NAADAC)/National Association of Addiction Treatment Providers (NAATP) Joint Legislative Conference, held this week in Washington. To the delight of NAADAC members, Bonior added that the system should include addiction care performed by certified addiction counselors (CACs).

Bonior called the current emphasis on supply reduction over demand reduction "a disgrace," noting; "We can't fight drug abuse by interdiction, no matter how many AWACs we have flying over our borders."

The speech was the highlight of the conference and something of a coup by the sponsoring groups -- and a surprise because few at the meeting (including ADAW) have known Bonior as an advocate for addiction treatment in the past. Obviously, the field can use all the friends in Congress it can get, so an endorsement by the House Whip is important, but it is unclear if Bonior--whose sole committee assignment is on the Rules committee -- will have great influence on health policy decisions.

Electronic Collection: A13635425
RN: A13635425
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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, Jan 31, 1994 v6 n5 p6(2).

Title: Reform drives state licensure of counselors. (health care reform)

-- Press [L] to link to other documents on these topics --

Subjects: Health care reform - Political aspects
Drug abuse counselors - Standards

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The movement in Georgia to require stronger professional standards for counselors (see ADAW, Jan. 17) is a "microcosm of what's going to happen" under national health care reform, declares Linda Kaplan, executive director of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

Both Kaplan's group and the International Certification and Reciprocity Consortium (ICRC), which provides addiction certification in most states, are working to ensure that states recognize certified addiction counselors (CACs) as the primary professionals treating alcoholics and drug abusers. Despite having engaged in much publicized and frequently heated discussions about establishing a national credential for addiction counselors, the two groups agree that state-level certification must be strengthened and promoted to ensure viability under reform.

For example, although recently committing to the development of a national credential within the next five years, NAADAC and ICRC have been cooperating for the past six months to "make better known our standards for alcoholism and drug abuse counselors," says James Henderson, Ph.D., assistant executive director of ICRC. Both groups also are promoting state-level certification as the standard for third-party reimbursement, he tells ADAW.

As reported in ADAW's Jan. 17 article, Georgia's "scope of practice" law excludes as many as 250 CACs from treating substance abusers. The law requires that professionals have a master's degree in an approved counseling curriculum and be state-licensed to provide counseling to Georgia residents. In Georgia (and many other states), addiction counselors are not licensed but instead receive certification through an independent board.

Henderson acknowledges that the closer the relationship is between certification boards and the states, the more likely it is that CACs will be accepted for reimbursement under health care reform. Where certification is administered by state governments, or where board certification is considered to be equal to licensure, CACs probably are in good shape. However, in states where certification boards take a more independent stance, linkages to the state will need to be strengthened. Henderson advises that counselors "contact their state regulatory bodies and credentialing boards and encourage the [leadership] to promote the current counselor credentialing program as acceptable for licensure."

If other states choose to take certification control away from counselors and their boards, as Georgia has, then "certainly the national organizations in counselor credentialing will be usurped," Henderson declares. But he adds that he does not believe that there will be a trend in that direction, particularly if groups such as NAADAC and ICRC remain united.

Henderson also says that the issue of state licensure for counselors is being seriously examined by a number of states, including Alabama, Arkansas, California, Illinois, Louisiana, Minnesota (which recently passed a licensure bill), New Jersey, New Mexico, Pennsylvania and Utah.

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Electronic Collection: A14854262

RN: A14854262

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Database: Health Reference Center
Subject: Drug Abuse Counselors; Periodicals
Library: Capital City Libraries

Source: Alcoholism & Drug Abuse Week, Jan 13, 1993 v5 n2 p6(2).

Title: Greater accountability seen needed at all levels of field. (drug abuse counseling standards)

-- Press [L] to link to other documents on these topics --

Subjects: Drug abuse counseling - Standards
Drug abuse counselors - Standards

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Driven by managed care, the economy and concerns about ethics and accountability, the addictions field will see a greater move toward accreditation in 1993. Treatment counselors and programs will be held to ever-higher standards, experts predict, and even widespread credentialing of preventionists might be coming.

Managed care companies that will survive over the next few years will actually have to do what they promise: facilitate addiction care that is both less expensive and of high quality. To ensure quality, more managed care firms are requiring programs to be accredited in order to receive reimbursement.

Generally, this will mean programs will have to be approved by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) or by the Commission on Accreditation of Rehabilitation Facilities (CARF). The trend toward increased accreditation has already begun: In the past 18 months, for example, CARF has signed up 104 new programs, after accrediting only 89 in its first 4 1/2 years.

Also, experts say, state budget crises could lead to more reliance on private accreditation, sometimes in lieu of state oversight of programs. As the line between public and private treatment providers has blurred -- with public programs taking insurance payments and private providers signing state contracts -- so might traditional state functions be privatized. "My feeling is that states would like to dictate their own terms but don't have the money to do so anymore," says Pat Carnes, director of alcohol and drug programs at CARF.

States will not be out of the picture, however. In fact, thanks to the ethics and reimbursement crisis in Texas, programs can expect increased state scrutiny of patient recruitment, admissions and discharge procedures. Texas is currently finalizing new regulations, and other states are expected to take their cue from the National Association of Private Psychiatric Hospitals (NAPPH), which recently issued what amounted to a plea for more government regulation. While states' focus will likely be on freestanding residential psychiatric facilities at first, don't be surprised if regulations are ultimately applied to other settings.

Accreditation will increasingly reflect the larger trends in the field, Carnes adds. There will be more emphasis on outcomes, fiscal accountability and especially providing a continuum of care. "If a program can't serve those who show up at their door, they are going to have to have a referral network," Carnes says. CARF will review new continuum standards at a meeting in February.

In 1992, the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) and the National Certification and Reciprocity Consortium (NCRC) failed to achieve consensus on a single national credential for addiction counselors. This failure means that the field will still be split over which

credential is the "real" one and will leave states wondering who they should side with to ensure counselors are qualified to practice.

Both NAADAC and NCRC (now the ICRC, substituting "International" for "National" in its title) say they are winning the fight and rattie off the states they count as allies. NAADAC probably has the edge in counselor loyalty, but ICRC has the backing of more states. Leaders of the two groups are scheduled to meet soon to informally discuss credentialing, but don't expect any resolution in 1993.

Meanwhile, other leaders say that the NAADAC/ NCRC battle has camouflaged a larger issue. Terence Gorski, president of the CENAPS Corp., says counselors should be less concerned with NAADAC or NCRC certification than with getting their master's degree. Because of managed care accountability requirements, he predicts, "non-degreed counselors will be virtually unemployable by the end of 1993." Another expert predicts that within five years 40 states will prohibit treatment by counselors who do not hold at least a master's or Ph.D.

Prevention activities as a whole will get more attention in 1993, and as more people look at the addiction prevention field they will notice a disturbing fact: It is largely unregulated. This, too, could change. The ICRC is currently working on establishing reciprocity between the 11 hoards that now have a prevention certification procedure, and a role delineation study will be performed in the spring to help define a preventionist's responsibilities.

Electronic Collection: A13433096

RN: A13433096

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