

ALASKA LEGISLATURE COMMITTEE FILES

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HOUSE LABOR & COMMERCE

LICENSING REQUIREMENTS FOR SUBSTANCE ABUSE COUNSELORS IN SELECTED STATES

State	Governing Board	Position Title	Examination	Education	Experience and In-Service Hours
<p>Model Law (NAADAC)</p>	<p><i>Alaska Chemical Dependency Counselor Licensure Board - to be established through this legislation</i></p>	<p>Licensed Alcohol and Drug Specialist Associate</p>	<p>Applicant must pass a written and oral examination as prescribed by the Board.</p>	<p>Minimum of an associate's degree in counseling, one of the human services or other related field deemed appropriate by the board. Applicant must also have completed a minimum of 270 contact hours of education and training in alcohol and drug counseling and a minimum of 300 hours of chemical dependency practicum.</p>	<p>A minimum of 2 years (4,000 hours) of supervised experience in direct client service hours, at least 2,000 of which have been completed under the supervision of a Licensed Chemical Dependency Counselor, a Licensed Independent Chemical Dependency Counselor, or a Licensed Senior Chemical Dependency Counselor. Applicants must have the recommendation of one of these licensed counselors.</p>
		<p>Licensed Chemical Dependency Counselor</p>	<p>Same as above.</p>	<p>Same as above except applicant must have a minimum of a bachelor's degree in counseling, one of the human services, or other related field deemed appropriate by the board.</p>	<p>Same as above except supervised hours must be completed under the supervision of a Licensed Chemical Dependency Counselor, Licensed Independent Chemical Dependency Counselor, or a Licensed Senior Chemical Dependency Counselor. Applicants must have the recommendation of one of these licensed counselors.</p>
		<p>Licensed Independent Chemical Dependency Counselor</p>	<p>Same as above.</p>	<p>Same as above except applicant must have at least a master's degree, in the aforementioned disciplines. Applicant must also have 180 contact hours of education and training in chemical dependency counseling.</p>	<p>Same as above except supervised hours must be completed under the supervision of a Licensed Independent Chemical Dependency Counselor, or a Licensed Senior Chemical Dependency Counselor. Applicants must have the recommendation of one of these licensed counselors.</p>
		<p>Licensed Senior Chemical Dependency Counselor</p>	<p>Same as above</p>	<p>Same as above except applicant must have at least a master's degree in one of the aforementioned disciplines. In addition, applicant must have developed professional experience and competence in mediation and arbitration.</p>	<p>Same as above except supervised hours must be completed under the peer supervision of a Licensed Chemical Dependency Counselor. Applicants must also have a minimum of 4 years documented experience managing a private practice or free standing facility. Applicants must also have the recommendation of another Licensed Senior Chemical Dependency Counselor.</p>

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Maryland Statutes §17.301	Maryland Addiction Counselor Certification Board	Certified Alcoholism Counselor	Applicant must pass a written examination and prepare a case presentation.	A minimum of an associate's degree in addiction, mental health with addiction counseling certificate, or human services with addition counseling certificate; or a bachelor's degree in any field. Applicant must have a minimum of 240 hours of training in substance abuse counseling and 300 hours practicum experience in the core functions.	A minimum of 2 years (4,000 hours) of counseling experience with primary alcoholics (including work as a volunteer, part-time, or full-time employee). Of these, 750 hours per each year of experience spent in <i>direct</i> individual or group counseling with alcohol/drug clients; and 60 hours in-service training (training within an agency approved by the board).
		Certified Drug Counselor	Same as above	Same as above	Same as above except 2 years (4,000 hours) of experience with primary drug addicts.
		Certified Chemical Dependency Counselor	Same as above	Same as above except, 300 hours of training in substance abuse counseling.	Same as above, except a minimum of 3 years (6,000 hours) of counseling experience with both alcohol and drug clients; and 75 hours in-service training.
		Associate Addiction Counselor	None	A minimum of 100 hours of alcohol and drug education. Although this is not a certified position it is recognized as a first step toward certification.	A minimum of 1 year (2,000 hours) training working with alcohol and drug clients (including work as a volunteer, part-time, or full-time employee).

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<p>New Mexico Statutes §61-9A-1 (requirements as of January 2, 1997)</p>	<p>New Mexico Counseling and Therapy Practice Board</p>	<p>Alcohol and Drug Abuse Counselor</p>	<p>Applicants must pass a written examination.</p>	<p>Applicants must have a high school diploma and at least an associate's degree in a substance abuse field. Education requirements include a minimum of 276 hours of training in the following areas: 90 hours alcohol abuse, 90 hours drug abuse, 90 hours counseling and 6 hours counseling ethics training.</p>	<p>Applicants with an associate's degree must have at least 4 years of supervised alcohol and drug abuse experience and an additional 300 hours of board-approved practicum experience. Applicants with a bachelor's degree must have at least 3 years supervised experience. Applicants with a master's degree must have at least 2 years supervised experience.</p>
		<p>Alcohol Abuse Counselor</p>	<p>Same as above</p>	<p>Same as above, except a minimum of 186 hours of training in the following areas: 90 hours in alcohol abuse, 90 hours in counseling, 6 hours counseling ethics.</p>	<p>Same as above except experience must be in supervised alcohol abuse counseling.</p>
		<p>Drug Abuse Counselor</p>	<p>Same as above</p>	<p>Same as above, except 186 hours of education must emphasize drug counseling education.</p>	<p>Same as above except experience must be in supervised drug abuse counseling.</p>
		<p>Substance Abuse Intern</p>	<p>No examination required.</p>	<p>Applicants must have a minimum of a high school diploma or the equivalent and 90 hours of education and training in fields of alcohol/drug abuse.</p>	<p>None required.</p>

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Rhode Island Statutes §5-69-1	Rhode Island Board for the Certification of Chemical Dependency Professionals	Chemical Dependency Professional	Must pass a written examination.	A minimum of 140 hours of education (70 hours must be substance abuse specific; 70 remaining hours may include counselor training). In addition, applicants must compete a 6- hour HIV/AIDS awareness workshop and a 6-hour ethics workshop.	A minimum of 1 year (2000 hours) of work experience in a licensed substance abuse facility; 150 hours supervised practicum with a minimum of 10 hours in the core functions.
		Advanced Chemical Dependency Professional	Must pass a written and oral examination and provide a case presentation.	A minimum of 270 hours of education (120 must be substance abuse specific, the remaining may include 150 hours in counselor training). Applicants may exchange one year of the experience requirement for a bachelor's or advanced degree.	A minimum of 3 years (6,000 hours) training in a licensed substance abuse facility; 300 hours supervised training with at least 20 hours supervised practicum in the core functions.
		Chemical Dependency Clinical Supervisor	Must pass a written examination.	Must already be certified as an Advanced Chemical Dependency Professional and have a master's degree in human services. Applicant must have completed 30 hours in clinical supervisory training.	A minimum of 2 years (4,000 hours) experience as a clinician, under direct supervision of a clinical or counseling psychologist, psychiatrist, licensed social worker, or a Chemical Dependency Clinical Supervisor; and 200 hours of supervision in internship experience as a Chemical Dependency Clinical Supervisor.

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Maine (Maine Statutes 32§6213)	Maine Board of Registration of Substance Abuse Counselors	Licensed Alcohol and Drug Counselor	Applicant must pass written and oral examination as prescribed by the Board.	Applicant must have at least an associate's degree in an appropriate social science field, with a concentration of coursework in the 12 core functions.	A minimum of 2 years (4,000 supervised client service hours) including work as a volunteer or during student placement. Applicant must provide documentation of experience with a wide range of clients in a wide range of treatment settings while working independently. If applicant has a master's degree in counseling, substance abuse, or a related field, 6 months (1,000 direct client service hours) are required.
		Registered Alcohol and Drug Counselor	Same as above.	A minimum of 300 hours of education in an appropriate social science field or in alcohol and drug abuse training. At least half of this training must be in college level courses related to the 12 core functions.	Same as above. Applicant must provide documentation of experience in alcohol and drug counseling in one particular setting or client population.

Notes: Counselor core functions include: screening, intake, orientation, assessment, treatment planning, individual counseling, group counseling, family counseling, case management, crisis intervention, education/prevention, referral, consultation, reports and recordkeeping.

Sources: National Association of Alcohol and Drug Abuse Counselors (NAADAC); state substance abuse counselor licensure boards; state statutes.

ATTACHMENT A

Model Law on Licensing Substance Abuse Counselors

NAADAC
Chapter Relations
Program

How-To

Licensing of
Alcohol and Drug Counselors
in the States

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Introduction

Alcohol and drug counselors (ADCs) have been the primary providers of addiction treatment services for the past two decades, however, increasingly, other professional groups are staking a claim to alcohol and other drug abuse treatment, at the expense of ADCs.

The adoption of state licensure laws will promote an increase in the credibility and professionalism for the alcoholism and drug addiction treatment field. This field is relatively young, and is experiencing many of the growing and maturation pains that have occurred in other professions. The development of academic requirements and competency standards, coupled with state licensing and oversight is parallel to the experience in other allied health professions. Licensure is a necessary step in the further development of the alcoholism and drug abuse treatment field.

Moreover, many states have adopted changes in their health care systems which have moved Medicaid and lower income populations into managed care plans. This process is being duplicated in the private health insurance population. Increasingly, these managed care firms opt to contract for counseling and addiction treatment by hiring facilities and individuals ill equipped to treat addicted persons, either due to budgetary considerations or a lack of respect for voluntary, non-education based certification credentials. At the same time, other (mostly licensed) professions are developing certifications or designations for addictions providers. If Alcohol and Drug Counselors do not move toward state licensure in the near future, they risk being excluded from the treatment of the people who most need their services.

To prepare you for working on this issue in your state, NAADAC has developed this "How-To" package describing the steps needed to successfully pass a licensure law that is appropriate for ADCs. The basic steps are:

- I. **Garnering Support**
 - A. Within your organization
 - B. From State Legislators

- II. **Developing a Strategy to Promote Necessity of Licensure**
 - A. Identify key legislative committees with jurisdiction over licensure/health care issues
 - B. Form a coalition with other interested parties and groups focused on getting this legislation passed

- III. **Keeping it Simple**
 - A. Plan your three-pronged campaign using meetings, letters and phone calls to legislators
 - B. Keep your message simple and stay focused

II. Lobby Day

Organize a "Lobby Day" for your members interested in going to the state capital to visit their legislators. Spend the first hour or two instructing your members in what to say during their visits. (See *An Advocate's Guide*, page 12)

This lobby day should provide one or two messages that everyone can carry to his/her legislators. Keep it simple. Provide them with a few handouts to leave behind. Personal visits are the most effective lobbying contact NAADAC members can make. Be brief and stay focused on the purpose of the visit.

III. Forming a State Legislative Alert Network

The most effective way to influence legislation in your statehouse is through an active and sustained grass roots lobbying campaign. The most effective way to organize and mobilize such a campaign is through the use of a Legislative Alert Network (LAN). At the national level, the NAADAC LAN is an important tool in our efforts to secure favorable legislation in Congress.

State affiliates can and should develop their own LAN, comprised of ADCs and others interested in contacting State legislators on behalf of your licensure bill.

Starting a LAN is easy. You can call the NAADAC office and ask for a list of members of the national LAN from your state, which will form the core of your new state LAN. Building from this base, you can develop a larger network by directly soliciting your membership to join. Include a membership form in all mailings, and make sure that they are available at all functions. State leadership should take a few moments to promote the state LAN at every opportunity, and should devote space to it in state newsletters.

Participation in the LAN is simple—and vital to your lobbying efforts. The State Legislative Chair (or other interested member) should act as the point-person, sending out Alerts to the LAN members, giving them the appropriate information and requesting action, such as calling state Representatives or Senators.

If you would like more information, or help in forming a state LAN, call the NAADAC Government Relations Department.

CORRECTION

THE FOLLOWING DOCUMENT(S)
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Central Microfilm Services
Department of Education
State of Alaska

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How to Get a State Licensure Law Enacted: A Pro-Active Plan

I. The Mechanics of Gaining Support for Legislation

Use NAADAC's model licensure bill as a starting point. Draft a licensure bill based on this model and tailor a bill specific to your state's ADCs' needs. (See attached Model Bill.)

Identify members of your organization who are willing to visit legislators to educate them about this legislation.

Identify a legislator who will introduce your bill and who can get co-sponsors.

Identify legislators' aides working on this bill or health-related issues. Develop a working relationship with them.

Identify the key committees that will have jurisdiction over the legislation. Develop a working relationship with committee staffers.

Form a coalition with other groups that may be supportive of a licensure bill. Develop a strategy, setting priorities and goals for members of the coalition—you can initiate a public awareness campaign about alcohol and drug abuse treatment. (A NAADAC fact sheet that can be used or reprinted on your letterhead is enclosed.)

As part of a broad-based strategy, invite your legislators to visit your treatment program. Many legislators do not know anything about treatment or its effectiveness. This is a perfect opportunity to get them more involved in the field and a way to show them how treatment works. September is "National Alcohol and Drug Treatment Works Month," which would be a good time to hold an open house and invite your legislators and local officials to visit.

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IV. Lobbying Your State Legislators

A: Get Members Involved

Effective grass roots campaigns work best when a broad-based non-partisan political approach is taken to communicate with policymakers. Essentially, this means educating and informing your state legislators about the alcohol and drug treatment profession. Each NAADAC member has a message to convey to his/her legislator. The key is to ask the member to act. Be clear about the fact that you will provide him/her with the necessary materials and that this task is not complicated, time-consuming or difficult.

To prepare members for lobbying, remind them that:

- 1) They are the "experts" in this field.
- 2) Legislators want basic straight-forward information.
- 3) Legislators want to hear from their voters.

B: Organize a Task Force

Assign the following specific duties to task force members.

- 1) Identify the key committees in both chambers of the legislature that have jurisdiction over the bill.
- 2) Make target visits to legislators who are members of these key committees.
- 3) Once these legislators are identified, start educating them about what alcohol and drug counselors do. Visit or contact each one, preferably someone from their district should make the initial contact.
- 4) At the first meeting introduce yourself and explain what your work involves and how important it is to the community. Bring materials about your program to leave with the legislator. If more than one person goes, choose a spokesperson and keep the meeting brief.
- 5) Explain the importance of a licensure bill for counselors and the public.
- 6) Also develop a relationship with key legislators' aides who work on these issues or a related area such as health.

- 7) Find a sponsor for the bill, and once it's introduced, monitor it closely as it works its way through the legislature.
- 8) Keep in touch with your sponsor on a regular basis. Write a thank you letter to the sponsors of your licensure bill. Offer to get information as needed. If you are asked a question you can't answer, say you don't know, but will find out the answer. Be sure to follow-up.
- 9) Always use facts to present your point of view. Emotional arguments won't work.
- 10) Write letters to legislators asking for their support on the licensure bill. (See enclosed sample)
- 11) Give credit publicly to those legislators who sponsored legislation and have agreed to work with you.

Tips for Effective Lobbying:

- 1) Make an appointment to meet with your legislator.
 - a) Bring background materials to leave behind.
 - b) Talk about your own experiences in this field.
 - c) Invite legislators to visit your program or agency.
- 2) Keep communications ongoing. Report back on a regular basis.
- 3) Maintain the relationship and keep your work visible.
- 4) Meet with legislators regularly and keep in touch even when you don't want something.

THE FACTS:

STATE LICENSURE OF ALCOHOL AND DRUG COUNSELORS

The Difference Between Licensure and Certification

Certification: a voluntary process and involves the use of specific designations. Certification demonstrates that a particular individual has met certain academic and/or experiential requirements in order to hold a title. However, it differs from licensure in that it is a voluntary process and does not involve state oversight or regulation.

Licensure: a mandatory process designed not only to define who may practice a profession but also to ensure that the health and safety needs of individuals and communities are protected by ensuring that only qualified professionals may provide critical services to the public.

The Need For an Alcohol and Drug Counselor Law

Typically there are two types of licensure laws: title acts and practice acts. Title acts place a limit on who may hold a specific title. Practice acts place requirements not only on usage of professional titles, but also specify who may engage in the practice of a particular profession.

Licensure practice acts establish an organized system which ensures that the delivery of alcohol and drug addiction treatment is provided by trained and experienced professionals who have met rigorous educational and training requirements prior to being licensed as LADCs. This is important not only for the continued growth and development of this vital health care field, but also for the protection of the consumers of these services.

Counselors who have met state licensing requirements constitute the one group of professionals who specialize in the diagnosis, assessment and treatment of psychoactive disorders and other substance use/abuse/dependency. These counselors possess a constellation of knowledge that is unique to the alcoholism and drug abuse counseling field.

Licensure of Alcohol and Drug Counselors benefits not only the treatment profession, but also addicted persons, their families and communities, as well as the citizens of the enacting states.

THE FACTS:

ALCOHOL AND DRUG TREATMENT AND CRIME

- In a national survey of prison wardens, more than nine out of ten wardens stated that they believe that "expanding the use of drug treatment in prisons or in the community" will make a major (39%) or a moderate (52%) difference in reducing crime in their community or state. (U.S. Senate Judiciary Committee, 1994)
- More than 60% of men arrested for burglary, larceny-theft and stolen vehicles in the Drug Use Forecasting program in 1990 tested positive for drug use (Bureau of Justice Statistics)
- A RAND study found that substance abuse treatment is seven times more effective in reducing cocaine use than domestic law enforcement. (RAND Corp. Drug Policy Research Center, Controlling Cocaine: Supply vs. Demand Programs, 1994)
- A recently-released comprehensive drug and alcohol treatment follow-up study of approximately 3,000 individuals (CALDATA) found that criminal activity declined 66% following treatment, and the longer the individual remained in treatment, the greater the reduction in criminal activity.
- Individuals sentenced for drug offenses constitute the largest and fastest growing category in the Federal prison population, accounting for 61% of the 1993 total, compared with 38% in 1986. One in five Federal prisoners are low-level non-violent drug offenders with no previous record. (Department of Justice, 1994)
- Gloucester MA Prevention Network has implemented a comprehensive community-wide substance abuse prevention program that has resulted in a 63% decline in heroin arrests, a 21% decrease in narcotic cases in the court system, and a 25% decline in DWI arrests.

THE FACTS:

ALCOHOL AND DRUG ADDICTION AND HEALTH CARE COSTS

- 25 to 40% of all general hospital patients are admitted for alcohol-related problems. (Brandeis University, Substance Abuse: The Nation's No. 1 Health Problem)
- One in five hospital days and \$7.4 billion of Medicaid inpatient hospital costs are linked with abuse or addiction to alcohol or other drugs. (Center on Addiction and Substance Abuse at Columbia University, 1994)
- Nearly one-third of all AIDS cases are related to intravenous drug use, and 70% of all pediatric AIDS cases are related to maternal exposure to HIV through drug use or sex with a drug user. (Centers for Disease Control, 1993)
- Hospital emergency room admissions due to heroin use jumped 86% between 1990 and 1993. During the same period, cocaine emergencies rose by 53%. (Drug Strategies, 1995)
- Substance abuse will cost the Medicare program one trillion dollars over the next 20 years. (Center on Addiction and Substance Abuse at Columbia University, 1994)
- Approximately one-half the cost of alcohol and drug addiction treatment is offset within one year by subsequent reductions in the use of medical services by the primary patient and his or her family. (Luckey, 1987)
- More than 5% (221,000) of the 4 million women who give birth each year use illicit drugs during their pregnancy. (1994 National Pregnancy and Health Survey, National Institute on Drug Abuse)
- The state Alcohol and Other Drug Authority in Minnesota has reported that, for chemical dependency treatment clients, the state has saved approximately \$22 million in annual health care costs. (National Association of State Alcohol and Drug Abuse Directors, Invest in Treatment for Alcohol and Other Drug Problems: It Works, 1994)

THE FACTS:

ALCOHOL AND DRUG ADDICTION IN THE WORKPLACE

- United Airlines estimates that it has a \$16.95 return for every dollar invested in a drug-free workplace program. (ASIS O.P. Norton Information Resources Center, "Substance Abuse: A Guide to Workplace Issues," August, 1990)
- The cost of alcohol and other drug use in the workplace, including lost productivity, medical claims and accidents, amounts to \$140 billion per year. (Brandeis University, 1993)
- 38 to 50% of all workers' compensation claims are related to the abuse of alcohol or other drugs in the workplace. (National Council on Compensation Insurance, 1993)
- Employed drug abusers are 3 times more likely to be late for work, 33% less productive, and likely to incur 300% higher medical costs and benefits when compared to their non-abusing counterparts. (Drug Strategies, 1995)
- Approximately 17% of all workers abuse alcohol or other drugs. (Bureau of Labor Statistics, 1991)
- More than two-thirds of regular drug users are employed—more than 8 million workers—and 15% say they have gone to work while under the influence of drugs in the past year. (Brandeis University, 1993)
- A substance-abusing employee is absent 10 times as often as a non-abusing employee. (Occupational Safety and Health Administration (OSHA), 1992)
- Up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcoholism and alcohol consumption. (Bernstein and Mahney, "Occupational Medicine," 1989)
- One out of every four American workers has a substance abuse problem or a family member with an alcohol or other drug addiction. (The National Institute on Drug Abuse, cited by the Center for a Drug Free Workplace, January 1992)

THE FACTS:

ALCOHOL AND OTHER DRUG ADDICTION— AMERICA'S NUMBER ONE PUBLIC HEALTH PROBLEM

- The total economic costs to the United States of substance abuse is estimated to be approximately \$166 billion per year. Of the \$166 billion, \$99 billion (60%) are costs related to alcohol abuse, and \$67 billion are related to other drug abuse. (Brandeis University, 1993)
- In Fiscal Year 1994, addiction to, and abuse of, alcohol, tobacco and other substances will account for at least \$77.6 billion in Federal expenditures on entitlement programs. (Center for Addiction and Substance Abuse at Columbia University, 1995)
- Four out of ten Americans (76 million people) are affected by alcoholism in their family. (National Center for Health Statistics, 1988)
- Successfully treating alcohol problems costs 10 times less than the current cost of alcohol abuse to society. (Institute of Medicine, 1990)
- Marijuana use among eighth-graders has more than doubled since 1991. One in eight eighth-graders (13%) used marijuana in 1994, while nearly one in five high school seniors (19%) used marijuana at least once a month. (Monitoring the Future Study, University of Michigan, 1994)
- For every 1 dollar spent on alcohol and other drug treatment, taxpayers save \$7 in the direct costs to society associated with drug addiction and abuse. Additionally, treatment pays for itself on the first day of delivery of treatment services to an addicted individual. (California Department of Alcohol and Drug Programs, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*, 1994)

SAMPLE LETTER

Date

Name
Address

Dear Senator/Representative:

I am writing to urge you to support (insert bill number or bill name here) that would provide for the licensure of alcohol and drug counselors. This licensure bill increase protection for the public by ensuring that only qualified providers can practice or use the designation.

As part of a group of providers offering alcohol and drug treatment services, I believe it is important that counselors obtain licensure. Alcohol and drug counselors provide over 60% of all treatment for alcohol and other drug abuse. Adopting a licensure law for counselors will ensure that as providers, alcohol and drug counselors have obtained a certain level of experience and satisfied certain academic requirements.

As an alcohol and drug counselor working in this field for (insert number of years), I have witnessed the suffering and devastation that alcoholism and drug abuse causes thousands of people. I believe it is vital to support the work of counselors and to recognize their skills through licensure.

If you would like to learn more about this field and my work, I would be delighted to have you visit (name of program or agency). If you need more information, please do not hesitate to call me (include your phone number here).

Thank you for your time and consideration.

Sincerely,

Your name
Organization
phone number

* Please Note: You can add more information about your program or organization as you see fit.

An Advocate's Guide

There are several ways to get your message to members of your state legislature. You can write, call or set up a meeting. Most of the time letters are appropriate, but sometimes when a vote has been announced suddenly, you need to contact your legislator immediately. In this case you need to call or send a fax or telegram. To be an effective advocate you need to know the basics first and then decide which avenue is the best for you and NAADAC.

LOBBYING TOOLS

LETTERS

Letters, by fax or mail, can make a difference. Members of your state legislature want to know what the people "back home" are thinking. Spell your legislator's name correctly and be sure to address him or her properly.

You can find the name and proper mailing address of your state Senators and Representatives by contacting the information services located at your state Capitol building. Also, this information is often found in the "Blue Pages" section of your telephone book.

TELEPHONE CALLS

Telephone calls are an effective way of letting your state legislators know how you or your organization feel about a particular issue. Call to introduce yourself. Tell them you are an advocate for alcoholism and drug abuse treatment. Ask to be put on their mailing list for announcements.

The main switchboard at your state Capitol will most likely be able to put you directly in touch with your legislators and committees. Call and ask for your Senator or Representative. Once you get the office, ask to speak directly to the staff person who handles health or alcohol and drug issues. You can also call the local office of your Representative or Senator. When you call, make sure you tell them you live in their district. State your reason for calling and be brief. If you speak to a staff person, be sure to ask them to inform your Senator or Representative about your call.

TELEGRAMS

A telegram is an effective last minute reminder when an important vote is coming up. Telegrams are most effective if you have already sent a letter to your two Senators and Representative outlining your position. Telegrams should be brief—stating your position on the upcoming bill and include the bill number.

MEETINGS

Legislators spend time in their districts as well as the state capital. A meeting can be arranged with your legislator locally or if you visit the capital, make an appointment to meet at his or her office. Be sure to learn your legislators' committee assignments before your meeting.

If more than one person attends the meeting, select a primary spokesperson in advance and agree on your presentation and approach. Other guidelines to follow include:

- 1 Know your facts and present them in an orderly, concise manner.
- 2 Focus on one topic and keep it short.
- 3 Discuss the impact the legislation will have on you, your program, and the field.
- 4 Leave fact sheets.
- 5 Allow time for questions and answer them factually, not argumentatively.
- 6 Ask for a favorable consideration, ask for a favorable vote.
- 7 Get up, thank the legislator for the time and courtesy offered you and leave promptly.

It's a good idea to send a thank you note, which also gives you a chance to highlight your issues.

LOBBYING TIPS

- 1 Identify yourself, NAADAC and your local program, agency or association.
- 2 Stick to one topic. This keeps the focus on your position and poses less chance for complicating the subject.
- 3 Use your own words. Personal letters are more effective than preprinted postcards or petitions.
- 4 Keep it short. But be clear and complete about your concern. Keep the letter brief—one to two pages.
- 5 Project a positive attitude. Be polite.
- 6 In presenting your case, stick to the facts. Emotional arguments don't carry much weight, and run the risk of alienating your legislator.
- 7 Remember you are the expert in your field. Use examples to support your facts.
- 8 Ask for favorable consideration. Ask for a favorable vote. Refer to a bill by number and name. Oftentimes there is more than one bill on a particular subject.
- 9 Make yourself available as a resource person. Members of your state legislature don't know your field as well as you do.
- 10 Use your name and address on both the letter and the envelope.
- 11 Thank your legislators when they take action in your favor. Thank a staff member too, if they have been particularly helpful.

How a Bill Becomes Law

Reprinted with permission from *Congressional Quarterly's* Guide to Current American Government; Fall 1988 Ed.

INTRODUCTION OF BILLS

A House member may introduce any one of several types of bills and resolutions by handing it to the clerk of the House or placing it in a box called the hopper. A Senator first gains recognition of the presiding officer to announce the introduction of a bill. If objection is offered by any senator, the introduction is postponed until the following day.

Bills—Prefixed with "HR" in the House, "S" in the Senate, followed by a number. Used as the form for most legislation, whether general or special public or private.

Joint Resolution—Designated H.J. Resolutions or S.J. Resolutions, are subject to the same procedure as bills, with the exception of a joint resolution proposing an amendment to the Constitution. The latter must be approved by two-thirds of both houses and is thereupon sent directly to the Administrator of General Services for submission to the states for ratification, rather than being presented to the President for approval.

COMMITTEE ACTION

A bill is referred to the appropriate committee by a House Parliamentarian in the Speaker's office, or by the Senate President. When a bill reaches the committee, it is placed on the group's calendar. The first committee action is usually a request for comment on it by the interested government agencies. Then, usually, hearings are held in either subcommittee or full committee and proposed amendments are considered. When a bill is "ordered reported" by a full committee, it is then ready for floor action.

DEBATE

A bill is brought to debate by varying procedures. If it is a routine measure, it may await the call of the calendar. If it is urgent or important, it can be taken up in the Senate either by unanimous consent or by a majority vote. In the House, procedure is granted if a special rule is obtained from the Rules Committee.

VOTES

The House votes on the rule for the bill as well as on various amendments. The Senate has three different methods of voting; an untabulated voice, a standing vote (called a division) and a recorded roll call to which members answer "yea" or "nay" when their names are called. The House also employs voice and standing votes, but since 1973, yeas and nays have been recorded by an electronic voting device, eliminating the need for time-consuming roll calls.

ACTION BY SECOND BODY

After a bill is passed, it is sent to the other chamber. This body may then take one of several steps—accepting the other chambers' language; sending it to committee for scrutiny and possible alteration; or rejecting the entire bill.

CONFERENCE ACTION

A conference meets to reconcile conflicting versions of the House and Senate bills. The conference is usually made up of senior members, appointed by the presiding officers of the two bodies, from the Committees that managed the bill. Theoretically conferees are not allowed to write new legislation but instead, must reconcile the language of the two chambers.

FINAL STEPS

After a bill has been passed by both the House and Senate in identical form, it is then printed on parchment paper. When the bill is certified correct by the Secretary of the Senate or the Clerk of the House (depending on where the bill originated), it is then signed by the Speaker of the House and then by the president of the Senate. It is then sent to the President. If the President approves the bill, he signs it, dates it, and writes the word "approved" on the document. If he does not sign it within ten days (Sundays excepted) and Congress is in session, the bill becomes law without his signature. However, should Congress adjourn before the 10 days expire, and the President has failed to sign the measure, it does not become law. This procedure is called the "pocket veto."

NAADAC's Legislative Alert Network

NAADAC's Legislative Alert Network Program exists to mobilize members on a grass roots level around the country to get involved with the legislative process. Network members are active locally as well as nationally. Understanding the legislative process is the key to successfully affecting legislation. Action Alerts sent from NAADAC's national office keep members informed of the latest federal legislation affecting alcoholism and drug abuse counselors. Special quarterly reports cover issues and legislative proposals in more detail.

Staying in touch with legislators is the key to participating as a network member. Establishing rapport and serving as a resource is crucial to making an impact and influencing your legislators. Legislative Alert Network Members can affect legislation. Local efforts combined with national support builds the foundation for action on behalf of alcoholism and drug abuse counselors. The Legislative Alert Network is working to move NAADAC forward with an aggressive legislative agenda that includes as its priority state licensure of alcohol and drug counselors.

To make a difference for yourself and the field, sign up today by contacting NAADAC, 3717 Columbia Pike, Suite 300, Arlington, VA 22204 (703) 920-4644. Attn: Government Relations Department.

National Association of Alcoholism and Drug Abuse Counselors
3717 Columbia Pike, Suite 300
Arlington, VA 22204
703/920-4644 • 1-800-548-0497

MODEL LEGISLATION FOR STATE LICENSURE OF PROFESSIONAL ALCOHOL AND DRUG COUNSELORS

An act in relation to the licensing of professional alcohol and drug counselors.

Be it enacted by the people of the State of _____.

Section 1. Statement of Purpose. The practice of professional alcohol and drug 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 hold the title of professional alcohol and drug counselor, to promote high standards of professional performance for those licensed to practice professional alcohol and drug counseling in the State of _____, to formulate reimbursement for alcohol and drug counseling for qualified and licensed professionals, and to protect the public from unprofessional conduct by persons licensed to practice professional alcohol and drug counseling.

Section 2. Licensing. A person may not, unless specifically exempted by this chapter, practice as an Alcohol and Drug Counselor or profess to the public to be, or assume or use the designation of Licensed Alcohol and Drug Counselor, or any other title, designation, words, letters or device tending to indicate that such a person is licensed, unless such person is licensed with and holds a current and valid license from the board. Any person who offers or gives alcohol and drug counseling services in violation of this section must be punished, upon conviction, by a fine of not less than \$___ and not more than \$___ for each such offense.

Section 3. Establishment of Licensure Board.

(a) An Alcohol and Drug Counselor Licensure Board shall be established, which is to consist of ___ persons appointed by the Governor. These persons shall be residents of the state of ___ and citizens of the United States. ___ members shall be, or be eligible to be, Licensed Alcohol and Drug Counselors under the provisions of this act [provided, however, that each licensure level established under this act shall be represented among such members]. ___ member[s] shall be selected from and represent the general public.

(b) Any nationally recognized association representing professional alcohol and drug counselors may submit recommendations for Board members.

(c) Appointments shall be for ___-year terms, except that no more than ___ members' terms may expire in any one calendar year and appointments of less than ___ 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's term shall be ___ years from the date of expiration, regardless of the date of appointment. Of the members of the first board, ___ shall be appointed for one year, ___ shall be appointed for two years, and ___ shall be appointed for three years.

(d) The board shall meet at least ___ times a year to conduct business and 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. ___ members of the board shall constitute a quorum for all purposes.

(e) The board shall elect a chair and such officers as determined as necessary to carry out the business of the board. The board shall keep such records and minutes as are necessary to the ordinary dispatch of its functions.

(f) Board members shall serve without compensation.

Section 4. Powers and Duties of Licensure Board.

(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 conduct and ethics for persons licensed under this act, and ensure compliance with the enforcement of provisions of this act.

(c) The board shall review and act upon applications for licensure at least twice each year and shall regulate the renewal of licenses.

(d) The board may create a license examination committee to conduct the case presentation method of evaluation.

(e) 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, and shall cause the prosecution of all persons who violate any provisions of this act or any rule or regulation promulgated pursuant to its provisions.

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

(g) The board may sue or be sued in its own name.

(h) The board shall maintain a register of Licensed Alcohol and Drug Counselors, which record shall be a public record.

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

Section 5. Administration of Licensing Procedures. Licensure for professional alcohol and drug counseling shall be administered by the Licensure Board.

Section 6. Fees. The Licensure Board shall assess application, examination, license renewal and other fees in amounts sufficient to cover the costs of administering this Act.

Section 7. Exemptions.

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

(b) This act does not apply to the activities or services of: a licensed professional counselor, a licensed physician or psychologist, certified social worker, religious leader of a congregation providing pastoral alcohol and drug counseling within the scope of his or her duties; or school counselor certified by the state education agency.

(c) Nothing in this Act shall be construed to limit the activities and services of a student, intern, or resident in professional alcohol and drug counseling seeking to fulfill educational requirements in order to qualify for a license under this Act, or an individual seeking to fulfill the post-degree 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 drug counselors to any other person and to accept remuneration for such professional counseling services other than as specifically excepted in this Section, unless they have been licensed under this Act.

(d) 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 providing services in those groups, programs, organizations or health care financing agencies, as long as those persons are not in any manner held out to the public as practicing professional alcohol and drug counseling, or do not hold themselves out to the public by any title or designation stating or implying that they are professional alcohol and drug counselors.

(e) 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.

Section 8. Requirements for Licensure.

(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 be currently certified as a [state certification credential] in accord with the [state certification board] requirements, as a prerequisite for submitting an application to the licensing board; 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 the National Association of Alcoholism and Drug Abuse Counselors or the [state certification board] for violation of the code of ethics, or other related sanction, which requirement shall be waived upon presentation of satisfactory evidence 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 sanction does not impair 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 general fund.]

(b) Qualifications. The board shall issue a license to practice as a Licensed Alcohol and Drug Counselor upon the affirmative vote of at least ___ members of the board to any applicant who has satisfactorily met the following minimal requirements:

- (1) met the eligibility requirements set forth in [preceding section]; 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) met current state certification requirements as a [certified alcohol and drug counselor]; and
- (4) completed a minimum of three (3) years or 6,000 hours of supervised experience in direct client service hours as an alcohol and drug counselor; and
- (5) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and
- (6) completed a minimum of 300 clock hours of chemical dependency

- practicum; and
- (7) [educational requirement]; and
- (8) has signed a written agreement to abide by the standards of ethics approved by the board; and
- (9) has furnished evidence satisfactory to the board that the applicant has met the requirements of this act.

Section 9. Examination.

(a) At least twice a year, the board will conduct examinations to determine the qualifications of an applicant 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 alcohol and drug 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 on more than ____ occasions.

Section 10. Continuing Education. The Board shall prepare or approve the preparation and administration of continuing education programs for licensed alcohol and drug counselors under this Act. A person licensed under this Act must complete at least 60 hours of continuing education in each two-year period in which the person holds a license as a requirement for the renewal of the license. The Board shall provide by rule for the administration of the continuing education requirements for license renewal under this Act.

Section 11. Discrimination Prohibited. The consideration of a license application, the conduct or an examination, 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, national origin, color, or political affiliation of the person affected.

Section 12. State Mandates. This Act also recognizes licensed professional alcohol and drug 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.

Section 13. 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 Licensed Alcohol and Drug Counselor, provided that the applicant has met state certification requirements (Sec.

VIII.) and also meets the requirements of Sections IX and X of this act.

Section 14. 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 alcohol and drug counselor;
- (2) violation of ethical standards of such a nature as to render such individual unfit to practice as a professional alcohol and drug counselor;
- (3) fraud or misrepresentation in obtaining a license or certificate of registration;
- (4) other just and sufficient cause which renders a person unfit to practice as a professional alcohol and drug 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.

Section 15. Reciprocity. [optional] The board shall 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.

Section 16. Definitions. As used in this Act:

(a) **Professional Alcohol and Drug Counselor:** a person who renders for compensation, alcohol and drug counseling or alcohol and drug counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in alcohol and drug counseling, and who holds a license issued under this

chapter to engage in the professional practice of alcohol and drug counseling.

(b) **Independent Practice of Alcohol and Drug Counseling:** a person who renders for compensation, alcohol and drug counseling or alcohol and drug counseling-related services to an individual, group, organization, corporation, institution, or the general public, and who is licensed, trained or experienced in alcohol and drug counseling, and who holds a license issued under this chapter to engage in such services, but are not provided under the employment of a recognized educational institution, federal, state, county or municipal institution, or an institution, facility or agency which is licensed to operate under the laws of the state.

(c) **Licensure Board:** As identified in the State of _____ which sets the standards and requirements for the licensure of professional alcohol and drug counselors.

(d) **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 drug dependency.

(e) **Alcohol and Drug Counseling:** Assisting an individual or group to develop an understanding of alcohol and drug dependency problems, define goals, and plan action reflecting the individual's or group's interest, abilities, and needs as affected by claimed alcohol and drug dependency problems.

(f) **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 alcohol and drug abuse counselors and which are recognized by the licensing or certification board.

(g) **Consumer of alcohol and drug treatment services:** An individual affected by or recovering from alcoholism or other drug addiction.

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

(i) **Supervision:** Means not less than one hour per week of supervised practice by a clinician who has expertise in alcohol and drug abuse counseling and whose credentials with respect to education, experience and ethics are approved by the board.

(j) **Private Practice:** Alcohol and drug abuse counseling practice conducted by an individual who is either self-employed or a member of a partnership or a group practice, rather than being employed by a public agency or an agency licensed or approved by the state.

(k) **Supervised work experience:** Documented, verifiable, work experience, paid or voluntary, in the field of alcohol and drug abuse treatment, which is performed under the direct supervision of a professional alcohol and drug abuse counselor or licensed health care professional.

(l) **Code of Ethics:** Standards of professional and personal conduct and competency for alcohol and drug abuse counselors.

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

MODEL LEGISLATION: OPTIONAL PROVISIONS

Section VIII. Requirements for Licensure

.....

B) Qualifications [option 1]

.....

7) has received a [bachelor's/master'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

.....

C) Additional Licensing Requirement [option 2]

Beginning ____ years after the effective date of this act, an applicant for licensure must have received a [bachelor's/master'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.

B) Qualifications [option 3]

i) Licensed Alcohol and Drug Counselor I

The board shall issue a license to practice as a Licensed Alcohol and Drug Counselor Level I [or Licensed Alcohol and Drug Specialist] upon the affirmative vote of at least ____ members of the board to any applicant who has satisfactorily met the following minimal requirements:

- a) met the eligibility requirements set forth in [preceding section]; 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) met current state certification requirements as a [certified alcohol and drug counselor]; and

- d) completed a minimum of 4,000 hours of supervised experience in direct client service hours as an alcohol and drug counselor, at least 2,000 hours of which was completed under the supervision of a Licensed Alcohol and Drug Counselor II or III; and
- e) completed a minimum of 270 contact hours of education and training in alcohol and drug or other related counseling subjects; and
- f) completed a minimum of 300 clock hours of chemical dependency practicum; and
- g) 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 as deemed appropriate by the board; and
- h) has signed a written agreement to abide by the standards of ethics approved by the board; and
- i) has furnished evidence satisfactory to the board that the applicant has met the requirements of this act.

ii) Licensed Alcohol and Drug Counselor II

The board shall issue a license to practice as a Licensed Alcohol and Drug Counselor Level II [or Licensed Alcohol and Drug Counselor] upon the affirmative vote of at least ___ members of the board to any applicant who has satisfactorily met the following minimal requirements:

....

- d) completed a minimum of 4,000 hours of supervised experience in direct client service hours as an alcohol and drug counselor, at least 2,000 hours of which was completed under the supervision of a Licensed Alcohol and Drug Counselor III; and
- e) 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
- f) completed a minimum of 300 clock hours of chemical dependency practicum; and
- g) 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....

iii) Licensed Alcohol and Drug Counselor III

The board shall issue a license to practice as a Licensed Alcohol and Drug Counselor Level III [or Licensed Independent Alcohol and Drug Counselor] upon affirmative vote of at least ___ members of the board to any applicant who has satisfactorily met the following minimal requirements:

-
- d) completed a minimum of 4,000 hours of supervised experience in direct client service hours as an alcohol and drug counselor, at least 2,000 hours of which was completed under the supervision of a Licensed Alcohol and Drug Counselor III; and
 - e) completed a minimum of 12 credits or 180 contact hours of education and training specifically in alcohol and drug counseling subjects; and
 - f) has received a master's degree, including a 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....

C) Practice Functions

i) Licensed Alcohol and Drug Counselor I

An individual holding this license may only provide alcohol and drug counseling services for compensation, as defined by this act, under the direct supervision of a Licensed Alcohol and Drug Counselor Level II or III. An individual holding this license is not eligible for third party insurance reimbursement.

ii) Licensed Alcohol and Drug Counselor II

An individual holding this license may only provide alcohol and drug counseling services for compensation and reimbursement, as defined by this act, while in the employment of an agency or facility which is licensed, certified or otherwise sanctioned to operate under the laws of the State [or Commonwealth] of _____. An individual holding this license may supervise alcohol and drug counselors holding a Level I license.

iii) Licensed Alcohol and Drug Counselor III

An individual holding this license may provide alcohol and drug counseling services, as defined by this act, for compensation and reimbursement in private practice or in conjunction with a facility licensed, certified or otherwise sanctioned to operate under the laws of the State [or Commonwealth] of _____. An individual holding this license may supervise alcohol and drug counselors holding any alcohol and drug counselor license.

ATTACHMENT B

**Training Summary and Evaluation Material for Examination and Registration
from Maine Office of Licensing and Registration**

Enclosed please find the application packet you have requested. Please review the checklist before sending in application to be sure all supporting documents are included. (MAKE CHECK PAYABLE TO THE MAINE STATE TREASURER)

CHECKLIST FOR EXAMINATION AND REGISTRATION

REGISTRATION

- Completed and signed application by **applicant** and by **supervisor**
- License fee of \$75.00 (**\$37.50 after November 30th of even years**)
- Copy of facility license
- A written job description signed by your supervisor

APPLICATION FOR EXAMINATION

- Notarized Application
- Copy of Birth Certificate, Driver's License or Passport
- Verification of Supervised Work Experience:
 - () 4000 Hours with Undergraduate Degree or
 - () 1000 Hours with Master's Degree
- Two Peer Evaluations
- One Evaluation Statement from present Clinical Supervisor
- Original Transcripts and/or Documentation of CEU's
(Please be sure this includes documentation of six hours of approved ethics training.)
- Copy of Driving Record from the Maine Division of Motor Vehicles (or appropriate agency if you are from another State.)
- Supervised Practical Training Summary
- \$25.00 application fee (non-refundable) and \$77.50 written examination fee (**You may submit one check made payable to the Maine State Treasurer.**)
- A written job description signed by your supervisor.

ALL APPLICATIONS FOR THE WRITTEN EXAM MUST BE RECEIVED 90 DAYS PRIOR TO THE DATE OF THE EXAMINATION. THE DATES OF THE NEXT WRITTEN EXAMS ARE:

EXAM DATE: 6/14/96	DEADLINE: 3/14/96	EXAM DATE: 12/13/96	DEADLINE: 9/13/96
EXAM DATE: 6/14/97	DEADLINE: 3/14/97	EXAM DATE: 12/13/97	DEADLINE: 9/13/97

PEER EVALUATION
(2 PEER EVALUATIONS REQUIRED)

Applicant's Name: _____

I hereby certify that I have observed and have first hand knowledge of the applicant's work at _____

Name of work setting

during the time period from _____ until _____

Please comment on:

- Applicant's knowledge of the substance abuse treatment process.

- Applicant's ability to work independently.

- Applicant's suitability for private practice.

Would you recommend that this applicant be licensed as a substance abuse counselor? YES ___ NO ___

If no, please explain. _____

Additional comments: (If additional space is needed, please attach a second sheet.)

Please type or print: Evaluator's Name _____

Evaluator's Position: _____

Name of Organization: _____

Business Phone#: _____

Evaluator Signature

Date

RETURN TO: STATE BOARD OF ALCOHOL AND DRUG COUNSELORS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333

PEER EVALUATION
(2 PEER EVALUATIONS REQUIRED)

Applicant's Name: _____

I hereby certify that I have observed and have first hand knowledge of the applicant's work at _____

Name of work setting

during the time period from _____ until _____

Please comment on:

- Applicant's knowledge of the substance abuse treatment process.

- Applicant's ability to work independently.

- Applicant's suitability for private practice.

Would you recommend that this applicant be licensed as a substance abuse counselor? YES ___ NO ___

If no, please explain. _____

Additional comments: (If additional space is needed, please attach a second sheet.)

Please type or print: Evaluator's Name _____

Evaluator's Position: _____

Name of Organization: _____

Business Phone#: _____

Evaluator Signature

Date

RETURN TO: STATE BOARD OF ALCOHOL AND DRUG COUNSELORS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333

CLINICAL SUPERVISOR'S EVALUATION STATEMENT

Applicant's Name: _____

I hereby certify that I presently provide direct clinical supervision to the applicant at _____

Name of work setting

during the time period from _____ until _____

Please comment on:

- Applicant's knowledge of the substance abuse treatment process.

- Applicant's ability to work independently.

- Applicant's suitability for private practice.

Would you recommend that this applicant be licensed as a substance abuse counselor? YES ___ NO ___

If no, please explain. _____

Additional comments: (If additional space is needed, please attach a second sheet.)

Please type or print: Evaluator's Name _____

Evaluator's Position: _____

Name of Organization: _____

Business Phone#: _____

Evaluator Signature

Date

RETURN TO: STATE BOARD OF ALCOHOL AND DRUG COUNSELORS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333

SUPERVISED PRACTICAL TRAINING SUMMARY

-
 -

NAME _____

SOCIAL SECURITY NUMBER _____

Supervised Practical Training includes activities designed to provide training in specific counselor functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the Counselor in this learning process. If you received no formal training, your past work experience may be acceptable. In this case, please thoroughly document such experience, explaining how you learned to be a Counselor.

TYPES OF TRAINING:	ON-THE-JOB TRAINING (OJT)	IN-SERVICE TRAINING PROGRAM (TP)	PAST WORK EXPERIENCE (PWE)
FUNCTIONS	# OF HRS	AGENCY	TYPE OF TRAINING
Screening			
Intake			
Orientation			
Assessment			
Treatment Planning			
Counseling			
Case Management			
Crisis Intervention			
Client Education			
Referral			
Reports and Recordkeeping			
Consultation with Other Professionals			

Total Hours _____ (Should be 300 Hrs. for Licensure) Note: See Chapter I, Section VI, of the Rules.

ICRC/AODA, Inc.

Written Examination Study Guide Order Form

The ICRC/AODA Written Study Guide provides candidates for the International Certification Examination with insight into the certification process and the written test. The Study Guide enhances candidates' preparation for the International Certification Examination by listing all of the performance domains, tasks, and knowledge and skill statements from the Role Delineation Study (1991). The Study Guide also features a 50 item sample test, written by the panel that wrote the actual test, and an answer key for candidate's use.

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**Supplemental Reading List for the
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- Bell and Evans. (1981). *Counseling the Black Client*. Hazelden.
- Brisbane and Womble. (1990). *Working with African Americans*. HRDI International Press.
- Corsini and Wedding. *Current Psychotherapies*. Peacock.
- Doweiko. (1990). *Concepts of Chemical Dependency*. Brooks/Cole.
- Dupont. (1991). *Crack Cocaine: A Challenge for Prevention*. DHHS.
- Evans and Sullivan. (1990). *Dual Diagnosis: Counseling the Mentally Ill Substance Abuser*. Guilford Press.
- Favarzza. (1982). *Encyclopedic Handbook of Alcoholism*. Gardner Press.
- Frances and Miller. (1991). *Clinical Textbook of Addictive Disorders*. Guilford Press.
- Freeman. (1992). *The Addictive Process*. Longman.
- Gorski. (1987). *Recovery/Relapse Grid*. Cenaps.
- Hafen. (1983). *Alcohol*, 2nd Ed. WLST.
- Harper. (1979). *Alcoholism Treatment and Black America*. NIAAA.
- Hester and Miller. (1989). *Handbook of Alcoholism Treatment Approaches*. Pergamon Press.
- Jones-Witters and Witters. (1983). *Drugs & Society: A Biological Perspective*. Wadsworth Health Sciences.
- Legal Action Center. (1991). *Confidentiality: A Guide to the Federal Laws and Regulations*. Legal Action Center.
- Monroe-Scott and Miranda. (1981). *A Guidebook for Planning Alcohol Prevention Programs with Black Youths*. NIAAA.
- National Native Association of Treatment Directors. (1989). *In the Spirit of the Family*. National Native Association of Treatment Directors.
- Richardson and Williams. (1990). *African Americans in Treatment*. Hazelden.
- Rose. (1992). *Case Management/Social Work Practice*. Longman.

- Segal. (1988). *Drugs and Behavior: Cause, Effects, and Treatment*. Gardner Press, Inc.
- Shilling. (1984). *Perspectives on Counseling Theories*. Prentice-Hall Inc.
- SPADA. (1987). *Fundamentals of Substance Abuse Counseling*. MSATSIC.
- Spencer and Boren. (1990). *NIDA - Research Monograph Series*. NIDA.
- Steinglass. (1987). *The Alcoholic Family*. Basic Books.
- Stokes and Tait. (1980). *Group Facilitator Training Package*. National Drug Abuse Center.
- Vacc, Wiltmer and DeVancy. (1988). *Experience and Counseling Multicultural and Diverse Populations: A ccelerated Development*.
- Wegseider-Cruse. (1981). *Another Chance*. Science and Behavior Books.
- Wincze and Carey. (1991). *Sexual Dysfunction*. The Guilford Press.

ATTACHMENT C

**Articles on Licensing Substance Abuse Counselors from *The Addiction Letter*,
Addiction and Recovery, and *Alcoholism and Drug Abuse Week***

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: Without credentials, can addiction field survive reform?

-- 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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It may lack the sexiness of treatment strategies in the states.

It may not pack the wallop of anti-drug money from Washington.

But for those whose job it is to track alcohol and drug counselors' (ADCs') position in health care reform, no issue stands more crucial to the treatment field's vitality than licensure and certification.

"I don't think the field can survive if we don't go to state licensure of ADCs," Linda Kaplan, executive director of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), told ADAW. "Because other professional groups already are licensed, and many have input on alcohol and drug abuse, we may be cut out of the loop, and not considered by public or private payors."

NAADAC advocates state-mandated licensure of ADCs as the best way to protect the field from encroachment from psychologists, social workers and other professionals, and as the best guarantee of protection for consumers seeking addiction services.

So far, only Texas, Minnesota, North Dakota and a few other states have enacted or are close to adopting formal licensure measures for ADCs, the more accepted title for the often-used "certified addiction counselors."

Many states have less stringent, mostly voluntary certification procedures for addiction counselors, though professionals in some states contend their certification protects the field as much as licensure could. Officials in states that have pursued licensure call that attitude shortsighted.

"You're going to find that national health care reform will refer to treatment from 'licensed professionals,' not 'professionals certified by the state,'" Riley Regan, executive director of the New Jersey Governor's Council on Alcoholism and Drug Abuse, told ADAW.

Regan continued, "Managed care firms are doing some of the nastiest things in the world, contracting with clinicians who know nothing about alcohol and drug treatment.... Without the professional counseling license others are a rung above you on the professional ladder."

For ADCs who want to stand on an equal footing with psychologists, social workers and other licensed professionals, Texas' licensure law serves as the most frequently cited model.

Taking effect in January 1992, the Texas law requires a professional to have 270 credit hours of education, including half of that specifically in addiction, to qualify for a license as a "chemical dependency counselor." Certain degrees exempt counselors from the law's educational requirements.

Also, the law mandates two years of full-time experience in the addiction

field -- an amount less than the three-year requirement written in a model bill NAADAC is trying to see introduced in other states.

Beth Staton, review specialist with the Texas Commission on Alcohol and Drug Abuse, told ADAW that licensed professional counselors, including master's-level social workers, are exempt from the alcohol and drug counselor licensing provisions.

That mirrors the situation in most states with mandatory licensure or certification. Influential lobbying associations for social workers, psychologists and other counselors argue against any legal provisions that would restrict those professionals from offering addiction services.

At the same time, ADCs often have accused competing counselors of trying to lock out their profession, which ADCs consider the most experienced in dealing with the specific needs of the addict.

Such a situation nearly occurred last year in Georgia, where state lawmakers adopted a "scope of practice" law that temporarily idled 250 addiction counselors who did not meet its educational and licensure provisions (see ADAW, Jan. 17). Recently the state's certified addiction counselors were able to win an amendment that exempts them from the law's standards.

But advocates for ADCs warn that similar battles could flare up just about anywhere.

"In these professions, territorial issues are so great. Everyone is trying to carve out a piece," Kathy Benson, certification coordinator for the Tennessee Alcohol and Drug Association, told ADAW. "We in the alcohol and drug field have not been as concerned about credentialing in the past. Consequently, we have really fallen back."

Groups like the National Association of Social Workers (NASW) insist they are not out to raid ADCs' funding sources. They believe ADCs are to blame for trying to create a new license category despite lacking the uniform training and educational requirements of fields like psychology or social work.

"States are getting tired of professional groups fighting their turf battles," Donna DeAngelis, director of NASW's office of quality assurance, told ADAW.

Addiction professionals argue it is easy for NASW to take that position when it already is protected against the unwarranted use of the "social worker" title, whereas addiction counselors have no such safeguard.

Politicians and the general public are well aware of the growing professionalization of the addiction field, advocates believe. With states finding that 40 to 50 percent of their certified ADCs have a master's-level education or better, the days when people saw addiction counselors as charlatans are fast disappearing.

"If you know enough people these days, you know some alcoholics," Regan, of the New Jersey Governor's Council, said. "You may even be one. And you've probably run into one of these redneck, know-nothing counselors, who may have saved your life, or one of your kids'."

Beyond legitimizing the profession to the public, licensure has a function in health care reform that cannot be diminished. A leading treatment professional in Minnesota believes credentialing can help ADCs recoup some of the losses they have suffered to the business side of health care.

"Diagnosis and course of treatment now tend to be driven more by the health care provider than the treatment professional," Dan Cain, executive director of Eden Programs Inc. in Hennepin County, told ADAW. But under the state's new licensure law, managed care companies will be required to use licensed counselors for their addiction treatment programs.

• "Hopefully the treatment professional will be able to get back a little control," Cain said.

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— End —

FROM
Jon Deisher
per Kott's office

WHEREAS 25 to 40% of all general hospital patients are admitted for alcohol-related problems (Brandels University, Chemical Dependency: The Nation's No. 1 Health Problem); and

WHEREAS one in five hospital days and \$7.4 billion of Medicaid inpatient hospital costs are linked with abuse or addiction to alcohol or other drugs (Center on Addiction and Chemical Dependency at Columbia University, 1994); and

WHEREAS nearly one-third of all AIDS cases are related to intravenous drug use, and 70% of all pediatric AIDS cases are related to maternal exposure to HIV through drug use or sex with a drug user (Centers for Disease Control, 1993); and

WHEREAS hospital emergency room admissions due to heroin use jumped 86% between 1990 and 1993. During the same period, cocaine emergencies rose by 53% (Drug Strategies, 1995); and

WHEREAS Chemical Dependency will cost the Medicare program one trillion dollars over the next 20 years (Center on Addiction and Chemical Dependency at Columbia University, 1994); and

WHEREAS approximately one-half the cost of alcohol and drug addiction treatment is offset within one year by subsequent reductions in the use of medical services by the primary patient and his or her family (Luckey, 1987); and

WHEREAS more than 5% (221,000) of the 4 million women who give birth each year use illicit drugs during their pregnancy (1994 National Pregnancy and Health Survey, National Institute on Chemical Dependency); and

WHEREAS the state Alcohol and Other Drug Authority in Minnesota has reported that, for chemical dependency treatment clients, the state has saved approximately \$22 million in annual health care costs (National Association of State Chemical Dependency Directors, Invest in Treatment for Alcohol and Other Drug Problems: It Works, 1994); and

WHEREAS United Airlines estimates that it has a \$16.95 return for every dollar invested in a drug-free work place program (ASES O.P. Norton Information Resources Center, "Chemical Dependency: A Guide to Work place Issues," August, 1990); and

WHEREAS the cost of alcohol and other drug use in the workplace, including lost productivity, medical claims and accidents, amounts to \$140 billion per year (Brandeis University, 1993); and

WHEREAS 38% to 50% of all workers' compensation claims are related to the abuse of alcohol or other drugs in the workplace (National Council on Compensation Insurance, 1993); and

WHEREAS employed Chemical Dependent workers are 3 times more likely to be late for work, 33% less productive, and likely to incur 300% higher medical costs and benefits when compared to their non-abusing counterparts (Drug Strategies, 1995); and

WHEREAS approximately 17% of all workers abuse alcohol or other drugs (Bureau of Labor Statistics, 1991); and

WHEREAS more than two-thirds of regular drug users are employed-more than 8 million workers-and 15% say they have gone to work while under the influence of drugs in the past year (Brandeis University, 1993); and

WHEREAS a substance-abusing employee is absent 10 times as often as a non-abusing employee (Occupational Safety and Health Administration (OSHA), 1992); and

WHEREAS up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcoholism and alcohol consumption (Bernstein and Mahney, "Occupational Medicine," 1989); and

WHEREAS one out of every four American workers has a Chemical Dependency problem or a family member with an alcohol or other drug addiction (The National Institute on Chemical Dependency, cited by the Center for a Drug Free Workplace, January 1992); and

WHEREAS the total economic costs to the United States due to Chemical Dependency is estimated to be approximately \$166 billion per year, and, of the \$166 billion, \$99 billion (60%) are costs related to alcohol abuse, and \$67 billion are related to other Chemical Dependency (Brandels University, 1993); and

WHEREAS in Fiscal Year 1994, addiction to, and abuse of, alcohol, tobacco and other substances will account for at least \$77.6 billion in Federal expenditures on entitlement programs (Center for Addiction and Chemical Dependency at Columbia University, 1995); and

WHEREAS four out of ten Americans (76 million people) are affected by alcoholism in their family (National Center for Health Statistics, 1988); and

WHEREAS successfully treating alcohol problems costs 10 times less than the current cost of alcohol abuse to society (Institute of Medicine, 1990); and

WHEREAS marijuana use among eighth-graders has more than doubled since 1991. One in eight eighth-graders (13%) used marijuana in 1994, while nearly one in five high school seniors (19%) used marijuana at least once a month (Monitoring the Future Study, University of Michigan, 1994); and

WHEREAS for every 1 dollar spent on alcohol and other drug treatment, taxpayers save \$7 in the direct costs to society associated with drug addiction and abuse. Additionally, treatment pays for itself on the first day of delivery of treatment services to an addicted individual (California Department of Alcohol and Drug Programs, Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment, 1994); and

WHEREAS in a national survey of prison wardens, more than one out of ten wardens stated that they believe that "expanding the use of drug treatment in prisons or in the community" will make a major (39%) or a moderate (52%) difference in reducing crime in their community or state (U.S. Senate Judiciary Committee, 1994); and

WHEREAS more than 60% of men arrested for burglary, larceny-theft and stolen vehicles in the Drug Use Forecasting program in 1990 tested positive for drug use (Bureau of Justice Statistics); and

WHEREAS a RAND study found that Chemical Dependency treatment is seven times more effective in reducing cocaine use than domestic law enforcement (RAND Corp. Drug Policy Research Center, Controlling Cocaine: Supply vs. Demand Programs, 1994); and

WHEREAS a recently-released comprehensive drug and alcohol treatment follow-up study of approximately 3,000 individuals (CALDATA) found that criminal activity declined 66% following treatment, and the longer the individual remained in treatment, the greater the reduction in criminal activity; and

WHEREAS individuals sentenced for drug offenses constitute the largest and fastest growing category in Federal prison population, accounting for 61% of the 1993 total, compared with 38% in 1986. One in five Federal prisoners are low-level non-violent drug offenders with no previous record (Department of Justice, 1994); and

WHEREAS the Gloucester, MA Prevention Network has implemented a comprehensive community-wide Chemical Dependency prevention program that has resulted in 63% decline in heroin arrests, a 21% decrease in narcotic cases in the court system, and a 25% decline in DWI arrests; and

WHEREAS certification is a voluntary process and involves the use of specific designations, and certification demonstrates that a particular individual has met certain academic and/or experiential requirements in order to hold a title. However, certification differs from licensure in that it is a voluntary process and does not involve state oversight or regulation; and

WHEREAS licensure is a mandatory process designed not only to define who may practice a profession but also to ensure that the health and safety needs of individuals and communities are protected by ensuring that only qualified professionals may provide critical services to the public; and

WHEREAS Typically there are two types of licensure laws: Title acts and Practice acts; Title acts place a limit on who may hold a specific title; and Practice acts place requirements not only on usage of professional titles, but also specify who may engage in the practice of a

particular profession; and

WHEREAS a licensure practice act can establish an organized system which ensures that the delivery of alcohol and drug addiction treatment is provided by trained and experienced professionals who have met rigorous educational, competency and training requirements prior to being licensed as licensed Alcohol and Drug Counselors. This is important not only for the continued growth and development of this vital health care field, but also for the protection of the consumers of these services; and

WHEREAS counselors who meet specific licensing requirements for Chemical Dependency Counselors constitute the one group of professionals who specialize in the diagnosis, assessment and treatment of psychoactive disorders and other substance use/abuse/dependency. These counselors possess a constellation of knowledge that is unique to the Alcoholism and Chemical Dependency counseling field; and

WHEREAS licensure of Chemical Dependency Counselors benefits not only the treatment profession, but also addicted or dependant persons, their families and communities, as well as the citizens of the enacting states; and

WHEREAS, although a credentialing process is offered by various organizations, no specific Chemical Dependency credential is, or ever has been, required of providers serving Chemical Dependency involved citizens of the Alaskan public resulting in inconsistent, uncontrolled and poorly understood Chemical Dependency treatment services; and

WHEREAS the lack of a standardized method of ensuring competence of Chemical Dependency Counselors has resulted in discord within the field of professional Chemical Dependency Counseling, between the profession of Chemical Dependency Counselors and interfacing professions, organizations and group and among the several governmental, civic private and legal services having responsibility for addressing Chemical Dependency issues and involved people; and

WHEREAS the current method of administering, credentialing, accrediting and evaluating Chemical Dependency Providers and facilities is based on an obsolete statute which fails to address the current dynamics of community health related to chemical dependency or

treatment approaches developed in recent years; and

WHEREAS a significant number of persons practicing Chemical Dependency services in Alaska have less than a high school diploma and minimal, one month or less, training to prepare them for providing treatment services; and

WHEREAS chemical dependency treatment services for persons experiencing disabilities in Alaska have been ineffective or non-existent and, in some cases, provided without recognition or enforcement of accessibility considerations established by the Americans with Disabilities Act; and

WHEREAS significant cultural and linguistic groups in Alaska have been variously under and/or over emphasized in treatment recognition creating inconsistent or non-existent standards of care; and

WHEREAS the availability of Alcohol and Chemical Dependency treatment services and the diversity of needs vary widely between Alaskan Communities resulting in undependable service delivery;

Be It enacted by the people of the State of Alaska;

A licensure practice act to establish the licensing and standardization of qualifications for professional Alcohol and Chemical Dependency Counselors in the State of Alaska.

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.

Section 1. 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.

Section 2. Licensing.

A) A person may not, unless specifically exempted by this chapter, practice as a Chemical Dependency Counselor, Chemical Dependency Counselor Associate or profess to the public to be, or assume or use the designation of Licensed Chemical Dependency Counselor, Licensed Chemical Dependency Counselor Associate or any other title, designation, words, letters or device tending to indicate that such a person is licensed, unless such person is licensed with and holds a current and valid license from the Board.

B) Any person who offers or gives 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. In addition, any person who is so convicted shall be absolutely prohibited from obtaining a Chemical Dependency Counseling license in the State of Alaska for a period not less than five years from the date of conviction.

Section 3. Establishment of Chemical Dependency Counselor Licensure Board.

A) 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 in Section 8 D) b), c) and d). Persons provisionally licensed under Section 8 C, or applying for licensure under Section D) 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 8 D) b), c) and d) 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 current licenses defined under Section 8 D b), c) and d)). Only those who hold at least the Chemical Dependency Counseling 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. Advice from the Council is not binding on the Board.

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

C) 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.

D) 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.

E) The Board shall annually elect a chair and such officers as determined as necessary to carry out the business of the Board. The Board shall keep such records and minutes as are necessary to the ordinary dispatch of its functions.

F) Board members shall serve without compensation.

Section 4. Powers and Duties of Chemical Dependency Counselor Licensure Board.

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.

C) The Board shall review and act upon applications for licensure at least twice each year during its biannual meetings and shall regulate the renewal of licenses.

D) 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.

E) 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.

F) 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.

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

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

I) 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.

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

Section 5. Administration of Licensing Procedures.

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

Section 6. 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.

Section 7. Exemptions.

A) 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.

B) 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.

C) 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.

D) 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.

E) 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.

F) 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.

Section 8. Requirements for Licensure

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, NADAC 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 ^{sanction...} 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.

B) Qualification.

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 Section 8 A); 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 Section 16; 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.

C) Provisional Licensure:

An applicant may meet statutory requirements under Section 8 D) 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 NADAC 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.

D) Statutory Licensure:

Beginning two (2) years after the effective date of this bill, an applicant for a Chemical Dependency Counseling or Associate license or a person holding provisional licensure, must meet one or more of the following qualifications in order to become or remain licensed in accordance with the Act:

a) Licensed Alcohol and Drug Specialist Associate:

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 Section 8 A); 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 Section D b), c) or d); and

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

b) 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 of the Board to any applicant who has satisfactorily met the following minimal requirements:

i) met the eligibility requirements set forth in Section 8 A); 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, 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, 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 Section D c) or d).

c) 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 Section 8 A); 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 Section 8 D) d).

d) 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 Section 8 A); 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 Section 8 D) d).

D) 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.

E) Practice Functions.

a) **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.

b) **Licensed Chemical Dependency Counselor:** 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.

c) **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 NADAC 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.

d) **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 NADAC 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.

Section 9. 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.

Section 10. 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.

Section 11. 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.

Section 11. 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.

Section 12. 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.

Section 13. 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.

Section 14. 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.

Section 15. 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.

Section 16. Confidentiality of Communication.

A) A Chemical Dependency provider licensed under Section 8 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.

Section 17. 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 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 licence 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.

ALASKA STATE LEGISLATURE
House of Representatives



Labor and Commerce Committee

To: LAA Legal

FROM: Shirley Anthony 25C Committee
X 4968 Rep Rabeberg

Please draft a bill that provides for state licensure of drug and alcohol counselors. I have attached information provided to the committee regarding a model law.

Before setting up a whole new board please see if drug and alcohol counselors can be included somewhere within the structure of our current statutes.

The model bill looks a bit unwieldy. The bill should be drafted as d+c committee by request
Shirley



Official Business

COMMITTEE:
H. Labor & Commerce

DATE: 4/23/97

Subject of meeting:
HB 192 - Regulating Chemical
Dependency Counselors

SIGN-IN

PLEASE PRINT!
NAME

ADDRESS (MAILING) & (ZIP)

PHONE

REPRESENTING

DO YOU WANT TO TESTIFY?

NAME	ADDRESS (MAILING) & (ZIP)	PHONE	REPRESENTING	DO YOU WANT TO TESTIFY?
JANVA DEASON	4330 S. BRAGAW	561 1336	the Coalition of... Counselors	✓
W. HARRISON CHILDERS	1650 S BRAGAW ANCHORAGE	274- 7313	Charter North Behavioral Health	yes
Joanne Riley	4201 Tudor Centre 210 Anchorage AK 99508	562- 4155	Chair - HRAA/ADP Chair - HCC/OPC	Available for questions
Patricia Wintyr	4411 Abby Wy JUNEAU	780- 4999	Amer. Counselors Assoc. of AK	yes
Peggy Mulligan	Douglas Bx 040335	364- 3144	ERLP HB 203	yes
Scott Prinz	18336 McLennan Rd, Eagle River	694-1833	Licensure Coalition	Available for questions
Don Dyrand	Box 0608 Juneau	465-4667	Advisory Board on abolition	Available for questions
Kathy Rensberger			SOA / Oeep - Lic	YES

TOTAL P.02



NAADAC
National Association of Alcoholism
and Drug Abuse Counselors

APR 24 1997

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e-mail: naadac@internetmci.com Internet: http://www.naadac.org

FACSIMILE TRANSMITTAL MEMO

TO: Rep Norman Kokeberg Date: 24 Apr

YOUR FAX #: 9074652040 FROM: Bill McGill

SUBJECT: Follow up to Testimony

PAGES TO FOLLOW: 2

MESSAGE:

Please call if you have any questions. It was a pleasure to testify before your committee.

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April 23, 1997

The Honorable Norman Rokeberg
Chair
Labor and Commerce Committee
Alaska State House
State Capitol
Juneau, AK 99801
[FAX ONLY 907/465-2040]

Dear Representative Rokeberg,

On behalf of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), I wish to thank you for the opportunity to present testimony on behalf of HB 192 by teleconference. I enjoyed speaking with you and with committee members about NAADAC's support for licensure of alcoholism and drug addiction counselors in Alaska and throughout the U.S. As I noted last night, NAADAC is the largest national organization representing the interests of alcoholism and drug abuse treatment and prevention professionals across the United States. Since our founding in 1972, NAADAC has been committed to increasing general awareness of alcoholism and drug abuse and enhancing the care of individuals through quality treatment and education prevention programs administered by trained professionals.

During my testimony, I was asked if NAADAC's certification examinations specifically recognized concerns pertaining to Alaska Natives. This morning, I checked with NAADAC's Administrator of the Certification Program, William K. Malone, regarding this question. He says that the NAADAC Certification Commission recognizes that questions of examination bias are of extreme importance in the certification field. The Certification Commission has worked at length to ensure that our examinations are free of bias. Consequently, no questions specifically address Alaska Natives. However, the Commission has taken account of the special needs which Alaska Natives may face in taking the examination. As of September 1, 1993, the Commission has allowed the use of interpreters in the conduct of the National Certification Examination for Addiction Counselors in the administration of the examination in Alaska (please see attached letter).

The NAADAC Certification Commission believes that if the Alaska legislature determines that there is a specific need for education or training regarding the alcoholism and drug addiction treatment and Alaska Natives, that the certification process can appropriately find ways to accommodate this concern. It may be of some interest that the Certification Commission has been keenly aware of the issues of Alaska Natives. A former Alaska resident, counselor and certification board member and administrator is currently a member of the Commission and consistently offers information about the concerns of all Alaskans. NAADAC is very interested in

providing solutions to these questions. I urge you to contact Mr. Malone or myself if you have further questions in this area.

As you are well aware, the problem of alcoholism and drug addiction is found throughout the U.S. Of particular concern is the rising rates of drug and alcohol use by our youth. Fortunately, more than 20 years of research documents that treatment reduces alcoholism and drug addiction and lowers the costs of business and government, restores families, and saves lives. A recently released study showed that individuals who had participated in treatment reported a 50% decline in marijuana use after one year. Cocaine use declined by 55%, crack by 51% and heroin by 46%. Among this population, involvement in the sale of drugs and violent crime declined by 78% and shoplifting declined by 82%. There was also a 42% drop in homelessness with decreases in high risk sexual behaviors and drug related emergency room visits. Employment increased by 19% (U.S. Department of Health and Human Service, Center for Substance Abuse Treatment, National Treatment Improvement Evaluation Study, 1996). Clearly, everyone benefits from the services provided by competent and qualified Alcohol and Drug Counselors. Licensure ensures that all treatment providers have achieved a level of competence that will offer quality treatment to the greatest number of people. Licensure ensures even greater success in reducing the harm of alcoholism and drug addiction.

NAADAC has supported licensure efforts throughout the United States. Each year more and more states are recognizing the importance of basic protections for the public in this vital field. With licensure, consumers of alcohol and drug treatment services will be able to identify competent providers of treatment. They will know that their counselors have established that they have achieved a uniform, state approved level of knowledge of the treatment field and an established competency. Consumers will have greater access to challenge unethical or incompetent care and counselors will be responsible *and accountable* for their work. The public will also achieve a voice in ensuring that the system remains dedicated first and foremost to their welfare. Licensure will reduce the harm of addiction, save government and business costs and most importantly, save lives and families. NAADAC supports HB 192 which will bring protection to the people of Alaska and we commend you and your committee for moving forward in consideration of this bill.

Sincerely,



William D. McColl, J.D.
Director of Government Relations