

Rob Siedlecki, Acting Secretary

Senate Public Health & Welfare Committee

February 9, 2011

SRS in Support of SB 100 –
Addictions Counselor Licensure Act – and Proposed
Amendments

Disability & Behavioral Health Services

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Dear Chairperson Schmidt and members of the Committee:

During the 2010 legislative session, SRS provided testimony in support of the addiction counselor licensure bill, which made addictions counseling a licensed profession regulated by the Behavioral Sciences Regulatory Board (BSRB). This important legislation aligned the profession with social workers, marriage and family therapists, psychologists and licensed professional counselors. SRS supports SB 100 and the proposed amendments to that act as outlined in the bill.

The addictions counselor licensure act was a substantial piece of legislation that not only raised the minimum requirements for those working in the field of addictions but also increased the level of professionalism and established greater accountability for those working with some of our most vulnerable citizens. Like many professions, the addictions field has gradually raised the minimum requirements over time to assure that the workforce possessed an adequate level of education and competency. Every time the minimum requirements were raised, “grandfathering” provisions were included that recognized the experience and competency of those already working in the field. This process of incremental change along with the ability to transition the workforce, has proven to be a highly effective one. As a result, the addiction field is well prepared to successfully transition from certification standards to those required for licensure.

However, as regulations were drafted and upon closer scrutiny of the law, it became clear that some minor changes in the language were needed. For example, as compromises were struck during the legislative process, the new law inadvertently restricted the “grandfathering” provision beyond what was initially intended. This restriction in the language requires an individual to not only have possessed one of the

required credentials but to also have “actively engaged” in the practice of addiction counseling within the prior three years. This language unjustly excludes from grandfathering those individuals who have just completed their education and those in the field who have been serving in supervisory or administrative roles. The addiction counselor act also created a new level of license: the licensed clinical addiction counselor. This license is needed to assure that the capacity for these clinicians, with the appropriate experience and training in substance use disorder diagnosis and treatment, exists in our workforce. The educational requirements for this license will take time to incorporate into our institutions of higher learning. As a result, there is an even greater need to allow some of our current workforce, those who already possess the needed training and experience, to transition into this level of licensure. SRS supports these important changes to the current law as identified in SB 100. As the Wellstone-Domenici Mental Health Parity and Addictions Equity Act is implemented across private and public health plans, the demand for licensed clinical addiction counselors will become paramount.