

Questionnaire B – Scope of Practice

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Licensed Professional Clinical Counselor (LPCC)

2) Briefly describe the proposed change.

The purpose of this compact is to facilitate interstate practice of licensed professional counselors with the goal of improving public access to professional counseling services. The practice of professional counseling occurs in the state where the client is located at the time of the counseling services. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

Has not had recent change in scope but LPCCs are now able to accept medicare as of Jan. 2024.

4) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

HF728 Kotyza-Witthuhn, Wolgamott, Elkins, Backer, Acomb, Her/SF1445 Morrison, Abeler, Boldon, Kupec. Has been an active bill since the 2021 session.

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5) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need for the bill to be heard this year, please explain the urgency.

Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Occupations: Licensed Professional Clinical Counselors (LPCCs)

Practices: Professional counseling means the assessment, diagnosis, and treatment of behavioral health conditions by a licensed professional counselor.

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

Minnesota Counseling Association (MnCA) currently has about 120 professional members and about 60 student members. We represent the interests of over 2600 LPCCs in Minnesota.

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

LPCCs work in clinics, private practices, health care systems, and more. We serve people with mental health concerns from all populations in all geographic areas of Minnesota.

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- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

LPCCs assess and diagnose mental health concerns and provide psychotherapy treatment. This work is also performed by Licensed Psychologists (LPs), Licensed Clinical Social Workers (LICSWs), and Licensed Marriage and Family Therapists (LMFTs). Licensed Alcohol and Drug Counselors (LADCs) can perform some (but not all) of this work.

- e. Discuss the fiscal impact.

There is a small fiscal cost for representation on the compact commission for .25 of an FTE equaling around \$25,000.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

To become an LPCC, clinicians must have a 60-credit master’s degree, pass the National Clinical Mental Health Counselor Exam (NCMHCE), and have successfully completed 4000 hours of post-graduate supervised practice.

- b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

The preparation would not change. The cost of entry would remain the same in the state of Minnesota. LPCCs would bear the cost to obtain licensure in other states.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

The Counseling Compact has been passed in about 30 other states.

3) Supervision of practitioners

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- a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

LPCCs are fully and independently licensed practitioners. As such, they are overseen by the Minnesota Board of Behavioral Health and Therapy (BBHT). This proposal would not change the provision of supervision. After ten states have enacted the Counseling Compact legislation, a commission will be formed to create an interstate database to monitor the professional status of each LPCC who is granted privilege to practice.

- b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

The Minnesota Board of Behavioral Health and Therapy (BBHT) is the regulatory entity that oversees the LPCC profession. The Counseling Compact legislation does not change the duties or scope of authority of the BBHT. The board of the BBHT gave approval for the Minnesota Counseling Association (MnCA) to pursue the Counseling Compact legislation in Minnesota.

- c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

Yes. There is an annual continuing education requirement for LPCCs to retain their professional license. This requirement will not be altered by the Counseling Compact legislation.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

All those who wish to practice in the state of Minnesota will have to obtain a Minnesota license. This is one of the more difficult to receive in the United States, thus giving our residents the highest level of care. Improves public safety through a shared interstate database of licensure and disciplinary information.

- b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

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Yes.

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

This proposal brings mental health help. We are in the middle of a mental health crisis and this allows LPCCs to practice in areas that may not have all the help needed and reach clientele who have moved to other states within the compact. This will make LPCCs more available to those who need help and underserved populations.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

The Counseling Compact is expected to increase the number of mental health professionals (in Minnesota, we use the term LPCCs – there are different terms used in other states for the equivalent profession) who are able to provide psychotherapy treatment to Minnesotan residents.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

Providers would be financially responsible for paying for the privilege to practice in other states. No cost to patients.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value based payments)?

The Counseling Compact would allow LPCCs to utilize telehealth platforms to serve clients in other states; it would also allow mental health professionals in other states (who are LPCCs or the equivalent) to utilize telehealth platforms to serve Minnesota residents.

- e. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?

There is a small fiscal cost for representation on the compact commission for .25 of an FTE equaling around \$25,000. There is not currently a fiscal note, this is the note from 2021 session.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

This becomes active once ten states have passed the compact. Reviews are conducted by each respective state & licensing agency.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

Minnesota Counseling Association (MnCA) currently has about 120 professional members and about 60 student members. We represent the interests of over 2600 LPCCs in Minnesota.

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Hazelden Betty Ford
Minnesota Board of Behavioral Health and Therapy (BBHT)
Mental Health Legislative Network
NAMI

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

None

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

N/A