

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 Alcohol and Drug Counselors (LADCs)

2) Briefly describe the proposed change.

Currently, LADCs must have received a bachelor's degree as part of their licensure requirements. HF4149/SF3984 would allow for a master's degree to also meet the educational requirements for 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.

In 1992, legislation was passed establishing licensure for alcohol and drug counselors. On July 1, 2008, the degree requirement for licensure changed from an associate degree or the equivalent to a bachelor's degree. There is no requirement for the degree to be in human services, behavioral science, or a related field. The last major legislation regulating LADCs was passed during the 2012 legislative session and created a new chapter of law (Minnesota Statutes chapter 148F). In 2015, Chapter 77 added subdivision 5 to 148F.025 which allows for temporary licensing for former and current members of the military.

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.

HF4149 (Frederick)/SF3984 (Abeler)

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.

Alcohol and Drug Counselors licensed under Chapter 148F

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

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

Residential and outpatient programs treating individuals with substance use disorders and related problems/issues/conditions.

- 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.

Counseling services to individuals suffering from substance use disorders and related conditions.

- e. Discuss the fiscal impact.

We foresee no fiscal impact

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?

Current regulations require a bachelor’s degree and 18 credits of specific addiction-related coursework to achieve licensure as an LADC. Proposal would simply expand the eligibility to include a master’s degree as well as a bachelor’s degree.

- 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?

No, it would not change the way practitioners would be prepared. It would allow for another option, in addition to the current bachelor’s degree, while maintaining that option as well.

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

Unaware of any. Most states do not license counselors at the bachelor’s level.

3) Supervision of practitioners

- 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?

This proposal would not change the provision of supervision.

- 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 proposal does not change the duties or scope of authority of the regulatory authority.

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

Ongoing competency requirements are in place and unchanged.

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.

LADCs could have master’s level preparation in addition to the current bachelor’s level requirement. This would only enhance the safety and wellbeing of Minnesotans.

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

No change to existing procedures would result from this proposal.

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?

The proposal would lead to expanded accessibility with individuals with master’s degrees now eligible to apply for the LADC.

- 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.

Unclear/unknown but would only add to the supply of practitioners. Existing pathways are not impacted. The proposal is additive only.

- 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?

No, proposal would still lead the same license (LADC), thus would not impact compensation.

- 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)?

None.

- 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?

We do not foresee any cost or savings to the state

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.

None at this time. Regulatory authority would be the Minnesota Board of Behavioral Health and Therapy.

7) Support for and opposition to the proposal

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

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MARRCH

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

See 7.a.

- 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, to our knowledge.

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

Hazelden Betty Ford Foundation has had discussions with other educational institutions. MARRCH has brought the proposal to the MN Board of Behavioral Health and Therapy for discussion with

them and answered their questions. Hazelden and MARRCH also presented the proposal to MNCASE. No opposition has been expressed during any of these discussions.