

# MICROFILM DIVIDER

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ROLL NUMBER

DESCRIPTION

2269

2005 SENATE HUMAN SERVICES

SB 2269

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

Senate Human Services Committee

Conference Committee

Hearing Date February 7, 2005

Tape Number	Side A	Side B	Meter #
2	X		5,260-END
2		X	1-END
3	X		1-79
Committee Clerk Signature <i>Cathy Nivens</i>			

Minutes:

**Chairman Lee** opened the hearing on SB 2269, relating to the creation of the North Dakota marriage and family licensure board.

**John Olson**, representing the ND Family and Marriage Association appeared in support of the bill. See written testimony.

**Chairman Lee-** Do other states have separate boards of licensing for marriage family therapists, or are they part of a larger organization?

**John-** No, there are similarities, some have their own licensing boards, while others are umbrella agencies.

**Senator Dever-** We have received a lot of e-mails on both sides of this issue. One of the suggestions that was made to me, rather than creating a new board, consider putting it under the Board of Counselor Examiners.

**John-** This is a very important identified program among universities, and is not a subspecialty.

I understand that this committee often does not like the idea of creating new boards and commissions, but this is a very important function.

**Martin Erickson, a marriage and family therapist in West Fargo**, appeared in support of the bill. See written testimony (attachment 2).

**Chairman Lee-** How long has NDSU had the program? Why did they establish a program without licensure?

**Martin-** Since 1987. It takes quite a while to build up a program like ours, and takes some time to get accreditation. We hope that all states will at some point recognize us as a legitimate, separate profession and license us.

**Christine McGeorge, president of the ND Association of Marriage and Family therapists** appeared in support of the bill. See attachments 3 & 4.

**Senator Dever-** Is there a national certification?

**Christine-** We have a national organization called American Association of Marriage and Family Therapists. There are three levels of membership- student, associate members, clinical members. There is a written national licensure exam.

**Senator Dever-** Since we don't have licensure in ND, are you prevented from practicing in our state?

**Christine-** Without licensure, there is no regulation and it is difficult to determine who is practicing.

**Chairman Lee-** So, when your students graduate in ND, can they work here without being licensed?

**Christine**- They can work in ND. This is strictly a licensing bill and doesn't deal with reimbursement.

**Pastor Larry Giese of First Lutheran Church in Mandan** appeared in support of the bill.

There are many members of his congregation that are in need of additional counseling. Please consider using specialized training with marital issues on restructuring the family system. He went out of state to get his training in marriage and family therapy, and was licensed in Texas. As a pastor he can utilize those skills to members of his congregation. People are being denied of seeing a licensed marriage and family therapist. We owe it to our people in this state to have the option of getting the services from a licensed therapist.

**Roxanne Henke from Wishek** appeared in support of the bill. Her daughter majored in Marriage and Family therapy at NDSU, and went to graduate school in LA. The graduate school in LA was much more easy than the grad school at NDSU, so she chose to go back to NDSU. In order for people like her daughter to stay in the state and practice their profession, this bill needs to be passed.

**Heather Gotormoson** appeared in support of the bill. After obtaining her masters degree out of state in family and marriage therapy, she was informed she needed licensure in North Dakota in order to practice in the state. She now has an administrative position at NDSU instead of a clinical position.

**Tom Tupa, President of the National Association of Social Workers** appeared in opposition to the bill. He referenced attachment 6 and explained his position to the committee. Other professions have to be licensed to practice in the state, so should marriage and family therapists. There are not enough social workers in the state to provide services for the people.

**Connie Hildebrand, from the National Association of Social Workers** presented written testimony from Nancy Kleingartner in opposition to the bill. See written testimony.

**Chairman Lee-** My understanding is that this would not restrict any from practicing social work, specializing in marriage and family therapy.

**Dan Ullmer representing Blue Cross Blue Shield,** appeared in opposition of the bill. He presented testimony on behalf of Dr. George O'Neill, Clinical Director of Mental Health Services for Blue Cross. See written testimony.

**Paul Millner** appeared in opposition to the bill. See written testimony.

**Chairman Lee-** It would be comparable to look at the board of nursing, such as a nurse practitioner. What are the classes that these people would be required to take under the program you were referencing?

**Christine Mc George** responded- Group therapy, theories of counseling, ethics of marriage and family therapy, career counseling are some of the classes.

**Bonnie Larson Staiger** appeared in opposition to the bill, see written testimony- Attachment 8.

**Chairman Lee-** Would you be willing to call a meeting of the stakeholders to see if we can get this through?

**Bonnie-** I would be happy to advocate for that, but I believe the licensed group of clinical counselors might be the best group to do that.

**Chairman Lee-** There needs to be a rational solution to this issue to see if it is workable. I hope the stakeholders will give this another try.

**Rebecca McConnachie, legislative chair for the North Dakota Counseling Association** appeared in opposition to the bill. See written testimony.

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Senate Human Services Committee

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**Father John Mathai, a Roman Catholic priest** appeared in support of the bill.

**Chairman Lee closed the hearing on SB 2269. No action was taken.**

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

Senate Human Services Committee

Conference Committee

Hearing Date February 14, 2005

Tape Number	Side A	Side B	Meter #
2	x		1960-end
2		x	00-500
Committee Clerk Signature <i>Cathy Minant</i>			

Minutes:

Chairman Lee opened discussion on SB 2269. All members were present.

Relating to licensing of marriage and family therapists.

Chairman Lee mentioned that she had a note from Mr. Tupa. He suggested an amendment page 2 page 22, saying something about licensing of faculty and also that there was no CE required to renew a license. I would think the board would determine. Otherwise I don't have anything else about amendments. There was some discussion on page 2 line 13 and page 3 lines 7-9.

**John Olsen:** The scope of practice that allows any other profession to practice is delegated to that profession would be unchanged. Technically speaking, this language would be most pertinent to those who have no license at all. But if you're a psychologist doing marriage and family therapy, if you're a health PCC doing marriage and family therapy, or if you're a licensed social worker doing marriage therapy services, then they can certainly do that and advertise for it. You would find here that if you're an architect or something you're not going to be able to

advertise architectural services if you don't have that within the scope of your practice as a registered engineer. That's the language that puts you out of business, but if you come back into you scope of practice.

**Sen. Lyson:** I guess the language "who is not licensed under this chapter" sounds pretty exclusionary.

**Olsen:** Except it says "except as specifically provided otherwise under this chapter" that's the language you need to read in the context of what we're talking about.

**Chairman Lee:** And that relates to page 3 subsection 2?

**Olsen:** Yes.

**Chairman Lee:** What's the big deal about either a counselor or a therapist saying that they're doing marriage and family therapy?

**Olsen:** I don't think it is a big deal.

**Chairman Lee:** Yet you're saying that they can't advertise if they're a marriage and family therapist licensed under *this* statute. Which means that if somebody licensed under another chapter couldn't say they were a marriage and family therapist.

**Olsen:** I think that the key is that you cannot advertise yourself as a marriage and family therapist. Just as a marriage and family therapist cannot advertise themselves a social worker or any other profession. But it doesn't impact on what they're authorized to do. So if they're authorized to provide these services, maybe there are some professions that cannot provide marriage and family.

**Chairman Lee:** If you're a counselor who is doing marriage and family therapy, how do they present themselves, then, if they cannot advertise themselves as a marriage and family therapist?

**Olsen:** As a counselor or social worker doing marriage and family therapy.

**Bonnie Larson Staiger, Executive Director of the North Dakota Psychological Association:**

That's clearly one of the small issues we have with this bill. We feel it is very exclusionary and that it absolutely excludes any other profession from advertising as a marriage and family therapist in that chapter, which means that psychologists or social workers cannot say that they do marriage and family therapy. The dilemma comes in in the term *marriage and family therapy*. That is a mode of treatment, not a profession. Psychology is a profession; social work is a profession; counseling is a profession. Marriage and family therapy is a mode of treatment that all the mental health professions do. To carve that one out and say that only this group can do that, and exclude all the others from doing something that they're already doing.

**Chairman Lee:** Page 3 subsection 2 says, this chapter does not permit any person licensed by the state from doing work within the standards and scope of practice of *that* person's profession... so it's not saying somebody else can't do the work. The question is about what the shingle says.

**Staiger:** That's right.

**Chairman Lee:** We do have 46 states that do license marriage and family therapists separately, so we not exactly leading the parade here.

**Sen. Warner:** I had a question from a constituent on an Indian reservation. This had to do with federal recognition of the different classes of licensure. He was concerned that Native Americans who had expected federal government to pick up the bill for marriage and family therapy. Is there a federal implication here that I've missed and it has to do with billing to the federal government rather than through state or private sources.

**Olsen:** There is, and I believe their testimony addressed that marriage and family therapists were one of three licensed professions where reimbursement could be obtained. That was another of the MFTs arguments at the federal level where they have that recognition but they need to be licensed in order to have that reimbursement.

**Sen. Warner:** Does there have to be a separate licensure or could they be included on other licensures. Do you know what the other two groups are?

**Olsen:** I don't know offhand, but Kristi McGeorge would. Ms. Staiger is up here suggesting that they can't practice marriage and family therapy, then fix it. It's not the intent of this bill nor do I submit the language of this bill. This will not restrict any other profession from doing marriage and family counseling or therapy services, that's what the scope of practice provision are for. I don't know how you would fix it beyond this but if anybody has heartburn about this, give me a suggestion.

Chairman Lee called Kristi McGeorge and asked what the federal implications of licensure of marriage and family therapists were. Senator Warner restated his earlier question. McGeorge explained that Indian Health Services has identified licensed marriage and family therapists, licensed psychologists and licensed social workers as approved mental health providers. And they do provide federal reimbursement and they can provide services to through Indian Health Services for those living on a reservation.

Senator Warner asked if the licensure was required for reimbursement? McGeorge said you do have to be a licensed social worker, licensed psychologist or licensed marriage and family therapist to get reimbursed. For instance, a licensed counselor would not qualify for reimbursement through Indian Health Services.

**Chairman Lee:** Why wouldn't a licensed counselor qualify if they've were currently doing marriage and family therapy?

**McGeorge:** The federal government recognizes five mental health disciplines as what they call the core mental health disciplines. Then the different agencies under that umbrella, for instance, Indian Health Services, chose to recognize just three of those five disciplines. So you have to be in one of those three to qualify for that particular program that Senator Warner noted. That was a decision made on the federal level.

Chairman Lee filled Ms. McGeorge in on the further discussion from Mr. Olsen and Ms. Staiger.

**Sen. Dever:** I understand that there was some negotiation with Keith Bierke and NDSU, I'm not sure what the outcome was.

**Chairman Lee:** Mr. Bierke had a meeting with the marriage and family therapy and the licensed professional counselor folks, and they didn't seem to have any disagreement. He didn't see that there was going to do any brokering of an agreement on that.

**McGeorge:** I was present at that meeting and think it's important to note that there was no one present representing the LPCC program here at NDSU and that members of that faculty have spoken in support of this licensure bill. They weren't present at the hearing, but were present at the meeting with Keith Bierke and so I can say with great certainty that there is no issue at NDSU and there still doesn't represent any struggle between programs at NDSU.

**Chairman Lee:** So the faculty of the licensed professional counselor program have no objection to the licensure of marriage and family therapists but the professional association does?

**McGeorge:** The director of the program here, he does not. The association has separate issues and have shared their concerns at the hearing.

**Sen. Warner:** One of the things we've discussed as a possible amendment would be to require the licensure of the faculty at NDSU. Are they licensed?

**McGeorge:** Yes, in Minnesota.

**Olsen:** On the licensing of faculty, Mr. Tupa suggested that other professions license their teachers. Kristi McGeorge said it wasn't a problem at NDSU, but keep in mind that law school professors may come from Harvard, Stanford; they come into a law school and teach without a license in North Dakota. I didn't want there to be the impression that just because you're a faculty member in a discipline that academia and the licensing the practical practice merges.

**Sen. Brown:** I'm still struggling with page 2 starting at line 12 and page 3 starting at line 6. There are people that are doing marriage and family counseling, I reference the letter from Dr. George O'Neal of Fargo. Why should we want to eliminate them having the ability to advertise what they've been doing for years?

**Chairman Lee:** Is there a way we can clarify that people who are licensed, maybe its just needing to be written a different way. I don't get the impression that the committee wants to restrict social workers or counselors from continuing the work they're already doing.

**Sen. Brown:** Back to my question, line 7 after 'profession' if we change the comma to a period and eliminate the rest it would be easy. But with these prohibited acts, short of taking the whole thing out, it doesn't seem to easy to me.

**Chairman Lee:** Is there any other standard of practice that says somebody in another standard of practice can't do that?

**Sen. Brown:** In line 12, 'except as specifically provided otherwise under this chapter' covers everybody else but this is *so* harsh, it hits you on the side of the head with a baseball bat.

**Sen. Warner:** I understand the title protection thing, but they want exclusive use of the title. We've eliminated all of the language except the title protection. Take all the advertising language out of there. Just 'an individual who is not licensed under this chapter may not use the title of marriage or family therapist.' Then take out the reference to advertising. I guess I don't understand the act.

**Sen. Lyson:** I'm reading it a little different than the other people. I think it does say that because they can advertise as a counselor in marriage and family problems.

**Sen. Warner:** It does say that they can't.

**Sen. Lyson:** It says *or counseling*. Marriage and family therapy *or counseling*. So, if I were a counselor, I could advertise that I give consultation to people...

**Sen. Brown and Dever:** It says *may not advertise*.

**Sen. Lyson:** 'who is not licensed' the counselor is licensed.

**Chairman Lee:** If they're not licensed as marriage and family therapists they can't advertise.

**Sen. Dever:** They may not advertise; they may not use the title and they may not practice marriage and family therapy.

**Sen. Lyson:** That's why I have heartburn with it.

**Olsen:** If that's the direction you want to go, I can propose some language.

**Sen. Brown:** You write it and I'll make the motion.

**Chairman Lee:** I'm getting the feeling that the committee is not uncomfortable with title protection, but is uncomfortable with restricting other professionals from practicing or

advertising themselves as doing marriage and family therapy. Would that be a correct impression?

**Sen. Brown:** No different than several other bills we've had this session.

**Sen. Warner:** If we pass this bill, we recognizing that they are a profession and not a treatment modality. So they should be entitled to have a title and protect that title.

**Sen. Brown:** But not at the expense of anybody else.

**Chairman Lee:** Is the consensus that we want to proceed with licensing, I guess that's it. If there's anybody who disputes the idea that they would be licensed? I don't hear anyone saying they shouldn't be licensed. Can we start with that?

The committee agreed that they should be licensed. But Sen. Dever had a concern with establishing another board and Chairman Lee asked where it should be placed. The marriage and family therapists suggested it be with the Board of Counselor Examiners. But Chairman Lee said that would be like the fox guarding the hen house. Senator Brown thought one more board wouldn't make much difference, because there were already so many. The board would be self-funded.

There was general discussion about the other boards that governed the separate disciplines of counseling. The marriage and family therapists did not want to be put under another board, but wanted their own.

**Sen. Brown:** I think it could be written that we could live with it and in order for me to vote for it it's going to have to take out advertising. Any part that trying to control some other group.

**Chairman Lee:** Then we should delete the last phrase as well

**Sen. Brown:** Yes.

**Chairman Lee:** Are we OK with page 3 subsection 2 as long as we delete those other parts?

**Sen. Brown:** Line 7, take the comma out and put a period in. Then take out the rest of the sentence.

**Sen. Brown:** Looking at the counselor act, page 2 under 'counseling practice exceptions' read the first paragraph. (it was read by Chairman Lee)

**Chairman Lee:** Can't we use the same language? That doesn't sound offensive. It's just putting another title in the blank.

**Sen. Dever:** Except that that's a more generic term 'counselor' and this is using marriage and family therapist.

**Chairman Lee:** Mr. Olsen, would you put together some thoughts that would eliminate the advertising and tidy up the part about practicing marriage and family therapy so we know that other professions can do that as well?

**Olsen:** I can work on that, if I have adequate direction from the committee. I was concerned with messing with language that would infer that anyone could get involved in marriage and family therapy including non-licensed psychologists, social workers, MFTs, so forth. If you're going to be involved in marriage and family therapy you should have some license some place regardless if you advertise or not.

**Chairman Lee:** I'm not seeing a section in the counselors portion of the law that has a comparable prohibited acts paragraph.

**Olsen:** Your heartburn is with the advertising.

**Sen. Brown:** Trying to control some other profession from doing anything. Let them do their job.

**Olsen:** Right, and we're for that, we think it accomplishes that but if you want it more clear..

**Sen. Brown:** Rewrite it and do it quickly.

**Sen. Lyson:** In that case, he has to look at page 3 number 2 also.

**Chairman Lee:** No, I don't think so. Just delete that part. That same verbiage is in the licensed counselor rules.

**Sen. Dever:** There is a definition on page 1 of marriage and family therapy.

**Sen. Warner:** I think you should take the language from 43-47.03 and 04 and substitute the words marriage and family therapy all the way through, you would have a certain symmetry to it.

There was further discussion about the correct language to take from chapter 43-47 (attachment 1) and put into an amendment.

**Sen. Brown:** Didn't the clergy testify in favor of the bill?

**Chairman Lee:** Yes, but he is a therapist.

The committee took some time to determine what parts of the counselors law they wanted to put into the bill's amendment. It was agreed that Mr. Olsen would have an amendment ready for the committee to review tomorrow.

Chairman Lee closed the discussion on SB 2269. No action was taken.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

Senate Human Services Committee

Conference Committee

Hearing Date February 15, 2005

Tape Number	Side A	Side B	Meter #
2	x		3077-end
2		x	00-3468
Committee Clerk Signature <i>Bethy Minard</i>			

Minutes:

Chairman Lee reopened discussion on SB 2269. All members were present

**Carlee McLeod, intern,** discussed her conversation with John Olsen and said that the party he represents agrees with the amendment but with a few changes. Carlee also went over a change that Tom Tupa suggested. The committee then worked their way through the amendment, making the changes suggested earlier. There was also general discussion about the changes as they made them. (tape 2 side b meter 00-965)

**Sen. Lyson:** One of these therapists says that she's used the wrong words in an advertisement and she wants something done. Would she go to her board and the board go to...the only person that can issue a complaint is the state's attorney. So you'd have to go with that report to the state's attorney and get a complaint and a warrant signed by the judge.

**Chairman Lee:** Bonnie or Tom, do you have a comment?

**Bonnie Stieger:** The only person that can issue a complaint is the state's attorney? First let me clarify, both Tom and I represent licensing boards as well. We have a wealth of experience in the room for you, at your disposal. I represent the state board of architecture, and I was heavily involved with the architect's bill last session and Tom represents the board of social workers examiners. Under any licensing law that I'm familiar with, any individual can file a complaint against a license holder, i.e., a psychologist or an architect.

**Sen. Lyson:** Through the board?

**Stieger:** Yes. The board can also investigate an issue that comes to their attention, the board may choose to take it on even though a complaint has not been filed by an individual person.

**Sen. Lyson:** But now it says its a Class B misdemeanor. The board feels then that its a crime, are you going to turn it over to the sheriff or police for investigation and get the criminal element involved? You as the board can't file a criminal complaint.

**Chairman Lee:** But with the group you represent, Ms. Stieger or Tom, do you run all those complaints through the state's attorney or do you discipline through your own board by fines, withholding of licenses, canceling of licenses, requiring continuing education. That's the kind of process I'm familiar with.

**Stieger:** In the case of the psychologists and the architects, the board individually can do all of those things except the part about the fine. They can demand cease and desist, continuing education, lots of things in that area, but when it comes to administering a fine, they cannot impose that unless it goes to a civil suit. Also, all of the state licensing boards are under the auspices of the attorney general's office, and each one has an assistant attorney general that is appointed to serve that board.

**Chairman Lee:** Mr. Tupa, do you represent any boards that are permitted to fine?

**Tom Tupa:** No, and we represent addiction counselors, social workers, clinical lab professionals, the dental board, to some extent, occupational therapists: those do not have fining authority, however, in some instances, it's somewhat board. They special assistant attorney general has said that there will possibly be some opportunity to do that, but it might be questionable. So, as a general rule, they normally discipline in other fashions, which would be continuing education, suspensions, revocations but haven't chosen to issue any fines to licensees.

**Sen. Lyson:** But your board could revoke a license?

**Tupa:** All of the boards that we work with have the authority to revoke a license or suspend.

**Sen. Brown:** There have been times when we've read about therapist being involved personally with their patients and they get into deep trouble for that. That goes beyond the board, correct? Doesn't that get into the criminal arena?

**Tupa:** No, the board would take that under its own jurisdiction. If there was grounds for that kind of discipline, they would probably revoke a license. It's felt that a revocation of a license would be enough to disrupt that person's living and that would be a severe penalty of its own. Additionally, there have been civil charges filed in addition to the board's disciplinary action. There have been civil suits filed against the licensee even after he or she has lost their license.

**Chairman Lee:** Where does the Class B misdemeanor fit in? If the board is the doing the disciplining with impact on the licensees license, where does the Class B misdemeanor plug into that process?

**Sen. Lyson:** I think it belongs...this is somebody who's not involved other than when a person has nothing and just puts up a shingle, no license or anything. That's the criminal part.

**Tupa:** I think all boards have that Class B misdemeanor, it kind of standard terminology that the attorney general's office offers. I would suspect that if a licensee would not cooperate in an investigation or anything else, then they would be able to apply the Class B misdemeanor.

**Sen. Lyson:** It's a little more than that sometimes depending on the circumstances.

**Steiger:** I'd like to comment on the code of ethics. That is one of the things we're worried about with this bill, it's very weak in that area. They're not claiming a nationally recognized code of ethics that they're adopting as their standard. The situation of the dual relationship, which is what you're referring to, is really at the discretion of the board, and that's unacceptable by any professional standard.

**Chairman Lee:** Maybe that's an appropriate inclusion.

**Tupa:** The social worker code of ethics runs something like 17 pages and that board has developed an extremely sensitive and thorough code of ethics for practicing social workers in the state of North Dakota.

**Chairman Lee:** I don't think it needs to be in statute, as long as it's in rule and it says there is a code of ethics.

**Tupa:** Their requirement is to establish a code of ethics in the law and then it was developed in rules and regulations. But the requirement was in the law to establish a code of ethics.

**Stieger:** I want to clarify that my position would be that this board should not be responsible to establish a code of ethics, in other words, to create out of nothing. But to take one that is generally accepted as a national standard. If they're licensed in 46 states, there's got to be a nationally accepted code of ethics that they ought to be abiding by, the same thing with a standardized exam; they ought not to be writing their own exam.

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Senate Human Services Committee

Bill/Resolution Number HB 2269

Hearing Date February 15, 2005

Senator Dever mentioned that the attorney general's office put a copy (attachment 1) of an explanation of Class B misdemeanor. Chairman Lee asked the committee if they would like to include something about a nationally accept code of ethics and a national exam?

**Sen. Brown:** Yes, and continuing education.

**Sen. Warner:** Do you want to use the term 'national registry' as well?

The committee discussed the changes they were making on the bill. Carlee was asked to have a proposed amendment ready by 2/16/05.

Chairman Lee adjourned the meeting. No action was taken.

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

Senate Human Services Committee

Conference Committee

Hearing Date February 16, 2005

Tape Number	Side A	Side B	Meter #
1	x		2725-2920
1		x	00-1720
Committee Clerk Signature <i>Cathy Minard</i>			

Minutes:

Chairman Lee opened discussion on SB 2269. All members were present.

Chairman Lee referenced an e-mail from Bonnie Staiger. (Attachment 1). I know we do that with teachers but I'm not sure we want to do it with therapists and counselors. Maybe Carlee can draft an amendment.

**Chairman Lee:** Would the committee agree that we'd like to delete the portion that would allow a temporary permit while taking an exam?

**Sen. Lyson:** I would.

**Sen. Dever:** That's what taking the original exam, not relicensing?

**Chairman Lee:** Right, it would be a method, page 6 line 18-22.

**Sen. Lyson:** The only thing that I would see that isn't close to being proper would be for somebody that had let their license lapse and they're taking a test. I would be opposed to that because I think if they're going to be in that profession they shouldn't allow it to lapse.

**Chairman Lee:** I don't want to go into a lot of detail about this because they're interested to be here. If we can agree that we'd like to have that changed, maybe we can do that ahead of time.

Discussion ended.

Discussion reconvened (tape 1 side b meter 72). Chairman Lee asked John Olsen if he had a chance to look at the amendment from yesterday.

**Olsen:** We have looked at the amendments and they are acceptable.

**Chairman Lee:** Did you hear the concern from this morning about temporary licensing before an exam was passed and we did have a reservation about including that, did you wish to comment on that?

**Olsen:** I would like Kristi McGeorge to comment on it. I know that this is done for other professions, I don't know how many. I don't know if there's a real concern about that but I guess I'd leave that for Kristi.

**Kristi McGeorge, North Dakota Association of Marriage and Family Therapists:** We're open to discussion. I'll point to our nearest neighbor, Minnesota, they provide a temporary license, it's called a licensed associate member. So it's not recognized as an LMFT and not recognized, whether we talk about EAPs or other agencies within the state. But students, upon completion of their masters, can apply for LAMFT, that states their intent to begin the two year process of getting a license. Forty-five of the 46 states include such a provision. We certainly would be open to discussion, but we were just following the licensure laws of other states when that was included.

**Sen. Lyson:** So after they get their degree and they're going for the next two years to get their masters, or whatever that step is, that the other states license them as a what?

**McGeorge:** At the point of completing their degree, they must spend at least two calendar years accumulating a minimum of 1000 hours. In other states, they have what is called licensed associate member, it's not recognized as being a licensed clinician, but, in many ways, as it was explained to me by the board in Minnesota and is a holding place. So it shows that this person is working toward a license in marriage and family therapy.

**Chairman Lee:** So they become an associate

**McGeorge:** They are called LAMFT.

**Sen. Warner:** You referenced a two year period, but in the bill it speaks of a one year period.

**McGeorge:** Right, but they can hold that for up to one year, but, as the bill says, it takes two calendar years to get an LAMFT.

**Chairman Lee:** So they might only be applying to get a temporary permit in the last year?

**McGeorge:** In the last year or, in Minnesota, what they did there similarly said up to a one year, but in their rules say that people can apply for a second year. And after the end of the one year, they apply again showing they are making progress toward the license, and they can apply to hold it for their second year pursuing the full license.

**Chairman:** What can they do with the associate's license, or what can't they do that they would be able to do with a full license and are they at a disadvantage for not having an associate license and being able to do stuff?

**McGeorge:** In Minnesota, a licensed associate requires that they are practicing under a supervisor. Where once they get their LMFT they don't have to practice under a supervisor. So that's one of the ways in which they're regulated. They can do, provided they're practicing under a board approved supervisor, they can practice therapy. The associate allows them to practice

therapy, identify themselves as a marriage and family therapist at that time, although they have to identify themselves as someone working towards a license in marriage and family therapy, that's why they came up with the LAMFT in many of the states.

**Chairman Lee:** Sort of a learner's permit.

**McGeorge:** That's the way it was explained to me by Bob Butler, the director in Minnesota of the licensing board.

**Chairman Lee:** On page 2, line 27, (read line), so we have an exemption for licensure under 1 d. and so do we need the temporary license if they're exempted from licensure?

**McGeorge:** That was a struggle when I met with my national body reviewing the other bills they had saw that this was across most of the states, we counted 45 of the 46. More, it was a credential they could use to show that they're working toward licensure. Certainly, we could go without the temporary license and they identify a marriage and family therapy intern is typically seen as a master student still--that's how the phrase is used in our education system. Where an individual preparing for licensure is someone who has completed their master's degree and is now in that process. The bill doesn't define it in that way so maybe that's wrong.

**Chairman Lee:** We perhaps need a definition of 'intern' if we do it that way?

**McGeorge:** We could potentially add a definition.

**Chairman Lee:** We do have other wording later on concerning interns, but not a definition. How would you like to have 'intern' defined.

**McGeorge:** Someone who does not yet have a masters.

**Chairman Lee:** Well then I don't want to license somebody who doesn't even have a masters.

**McGeorge:** No, they would need to have graduated their masters degree. This is someone who has completed their master's degree but is not yet through their two year waiting period where they're doing their supervised experience. An intern would refer to someone who has completed their master's degree.

**Tom Carlson, North Dakota Association of Marriage and Family Therapy:** I think one point of clarification, this exemption isn't for someone to get licensure, but be able to refer to themselves as a family therapist. A student of marriage and family therapy working at our clinic could call themselves a marriage and family therapy intern. This is title protection.

**Sen. Dever:** So the difference between an LAMFT and an intern is that one is working under the supervision of somebody else and the other is not?

**McGeorge:** In both cases, again, the exemption, if we're looking at the statement B, under number one in exemption that was to allow students to identify themselves as a student of marriage and family therapy. So that was to get the title. The LAMFT would just be a temporary license, a learner's permit.

**Sen. Dever:** And that would require 1000 hours?

**McGeorge:** In order to get the LMFT, they're in the process of completing their thousand hours. So the LAMFT would signify that this person is committed to going through this course of taking the national exam to completing their thousand hours and getting the 200 hours of requirements.

**Sen. Dever:** It's kind of like becoming a CPA?

**McGeorge:** Yes, a fair analogy. So this would say they're in the process of becoming a CPA or being in the process of learning to drive.

**Chairman Lee:** It says that the board may adopt rules that permit the board to issue a temporary permit. So all the details aren't going to be in here anyway.

Chairman Lee asked the committee which way they wanted to go with this. There are two separate things: it's a wish to define 'intern' we'd want to do that as it relates to title protection as well but the temporary permit...sounds to me that somebody who has not completed the master's work yet could still be called an intern but would not be eligible for a temporary license.

**McGeorge:** Exactly.

**Chairman Lee:** So we could include those that are working on their masters, but have completed their undergraduate, am I headed in the right direction here?

**McGeorge:** Yes .But we don't actually have a bachelor's degree in family therapy.

**Chairman Lee:** Would you like a definition of 'intern'?

**Sen. Warner:** If you had a hierarchy, you'd have the intern, then the temporarily licensed, then the permanently licensed; establish the hierarchy- in the bill as a progression and it would be adequate.

Chairman Lee moved on to page 6, temporary permit. She asked that be defined also.

**Sen. Warner:** I would feel more comfortable if we included in this description of clinical hours, *supervised* clinical hours.

**Sen. Dever:** Does that thousand hours needs to be within two years?

**McGeorge:** It has to be at least two years, it could be longer that two years, but they have to at least take the two year period of supervised clinical experience.

**Sen. Dever:** What is somebody starts that and then takes a different direction but comes back ten years later and decides to finish that?

**McGeorge:** Some states have chosen to place a cap, that they have to take at least two years and can't take more than seven years off or ten years in between. We would be open to that. But it needs to be a minimum of a two year experience. We don't want someone to get out in six months and all they do is therapy and then apply for the license. We want some time where they are growing professionally and getting a true supervised experience.

**Chairman Lee:** I don't want 10 years with a 100 hours a year either. There needs to be continuity and commitment. My goal is not to micro manage here.

**McGeorge:** That was one of the rules we had talked about putting in the rules.

**Sen. Warner:** At what point in the process do you become a compensated worker? When you have a temporary license, can you apply for third party payment?

**McGeorge:** You cannot apply in the state of Minnesota, unless a supervisor is supervising your work, i.e., you're an in-home therapist in a city and you're being supervised, then the supervisor can apply for reimbursement for their work under the supervisor's license.

There was some further discussion on the wording of the amendment. Chairman Lee adjourned the meeting until after the session. No action was taken.

The meeting reconvened. John Olsen and Bonnie Staiger were present. Ms. Staiger was concerned about the temporary permit. Chairman Lee compared it to a learner's permit. Ms. Staiger pointed out that in the profession of psychology, an intern must complete 2000 hours of supervised work, thus no temporary permit. The North Dakota Psychological Association will be opposed to this and she still sees this as a big weakness in the bill.

**Mr. Ulmer, Blue Cross Blue Shield,** wanted to make sure they're not interested in third party reimbursement.

Chairman Lee asked John Olsen if this was a deal breaker and Mr. Olsen replied that he didn't think there's was any way to make it perfect and didn't know how important it was to the marriage and family therapists, but he'd check. Chairman Lee asked if the subsection was deleted and the rest of the bill goes through and four years from now there would be better records, would that be okay.

Mr. Olsen said he would pass the recommendations on. Ms. McGeorge said that this wasn't about reimbursement. They put it in this bill because its standard practice in other states. There was additional negotiation on the wording of the amendment.

**Senator Brown moved DO PASS on the amendment as adjusted, seconded by Senator Lyson. VOTE: 5 yeas, 0 nays, 0 absent**

**Senator Brown moved DO PASS as amended, seconded by Senator Lyson. Vote: 5 yeas, 0 nays, 0 absent Carrier: Senator Warner**





**REPORT OF STANDING COMMITTEE**

**SB 2269: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2269 was placed on the Sixth order on the calendar.

Page 1, line 2, remove the second "and"

Page 1, line 3, after "penalty" insert "; and to provide for a legislative council study"

Page 2, line 12, replace "54-53-02" with "43-53-02" and replace "Prohibited acts" with "Representation to the public"

Page 2, line 13, replace "an individual who is licensed under this chapter may not" with "only an individual licensed under this chapter may use the title "marriage and family therapist" or the abbreviations "LMFT". A licensee shall display prominently the licensee's license at the principal place of business of the licensee."

Page 2, remove lines 14 through 17

Page 2, line 21, remove the colon

Page 2, line 22, replace "(1) A" with "a"

Page 2, line 24, replace "; or" with a period

Page 2, remove lines 25 and 26

Page 2, line 30, remove the comma and replace the second "the" with ":

(1) The individual is a student in a master's program of marriage and family therapy; and

(2) The"

Page 3, after line 5, insert:

"d. The individual is a member of the clergy of any religious denomination and providing services within the scope of ministerial duties.

e. The individual is a volunteer for or is employed by a nonprofit agency or community organization and the individual does not hold out to the public that the individual is a professional marriage and family therapist."

Page 3, line 7, replace ", as long as" with "if"

Page 3, line 8, after "a" insert "professional"

Page 5, after line 3, insert:

"5. The board shall adopt a nationally recognized code of ethics for the practice of marriage and family therapy.

6. The board shall establish continuing education requirements for license renewal.

*J. Lee*  
*2/17/05*

7. The board shall publish an annual list of the names and addresses of all individuals licensed under this chapter."

Page 6, line 4, replace "an" with "a national"

Page 6, line 17, remove "Temporary permits -"

Page 6, remove lines 18 through 22

Page 6, line 23, remove "2."

Page 7, line 2, after the period insert "The fees established under this section must be adequate to establish and maintain the operation of the board."

Page 7, line 3, remove "Renewal of license. On or before November fifteenth of the year preceding"

Page 7, remove lines 4 and 5

Page 7, line 6, remove "43-53-11."

Page 8, line 6, replace "43-53-12" with "43-53-11"

Page 8, line 24, replace "43-53-13" with "43-53-12"

Page 8, after line 25, insert:

**"SECTION 2. LEGISLATIVE COUNCIL STUDY.** The legislative council shall consider studying, during the 2005-06 interim, the fiscal impact and the feasibility and desirability of establishing an umbrella licensing organization for a group consisting of counselors, psychologists, marriage and family therapists, and social workers. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly."

Renumber accordingly

2005 HOUSE HUMAN SERVICES

SB 2269

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

House Human Services Committee

Conference Committee

Hearing Date: 7 March 2005

Tape Number	Side A	Side B	Meter #
1	X		5 - 5642
		X	0 - 2767
Committee Clerk Signature			

*Jan Prindle*

Minutes:

**Chairman Price opened the hearing of SB 2269.**

**Senator Judy Lee, District 13:** I'm here to let you know what took place in the Senate Human Services Committee when we reviewed this. We certainly recognize the desires of marriage and family therapists in having this program offered in our university system and not having licensure available. It certainly seems like an appropriate and legitimate request. We had concerns expressed by licensed clinical psychologists and social workers about the way licensure might proceed or whether they might be licensed at all or whether they would be included under another board and those sorts of questions. What has come to you now, is the result of work that included all of those parties who had an interest in this issue. I want to publicly thank Mr. Tupa and Ms Staiger for their work on behalf of the psychologists and social workers in bringing information to us about their licensure law from which we chose a portion to be put into this marriage and family bill. Everyone wasn't dancing at the wedding dance but they were definitely

holding hands by the time they left the Senate Human Services Committee and we would hope that they might proceed forward to at least a nice formal engagement with you. I wanted you to know how the procedure had taken place and it was with the input with people who had originally raised objections and there are representative here that worked with us and are comfortable with the final outcome. I am sure there will be some fine tuning that will result from the work that you do on this bill as well.

**Rep. Ron Iverson, District 27**, testified in support of the bill. **(Testimony attached.)**

**Chairman Price:** We will allow 45 minutes for each side.

**John Olson, on behalf of the ND Assn. of Marriage and Family Therapists** appeared in favor of the bill. He distributed several handouts as well as a proposed amendment. **(These are attached. (7 pages))**

**Rep. Porter:** In looking at this and studying everything, what would be the problem with including the marriage and family therapists underneath the existing board and adding the proper places on the board and putting this language in that board and let one board regulate both groups rather than create another new board and a whole infrastructure when we could divide the power of the existing board to handle more than one profession?

**Olson:** We could say the same thing about a lot of professions. The point is this is a very important profession in today's time and needs. We need to recognize marriage and family therapy. This bill allows us to do that. We're dangerously coming close to accepting an argument that I heard on the other side that we are nothing more than a sub specialty under some other board. That's the heartburn we have about that. Certainly I think we need to establish a license for these people. You heard Rep. Iverson and others will talk about this graduate level

program at NDSU is different with a different stripe and cumbersome therapy practice and courseware load at NDSU. I think it deserves that kind of attention that this bill gives it. You might ask that question of someone from NDSU and maybe they can give you a better answer than I can.

**Rep. Weisz:** When you remove that language on line 3 having to do with the temporary permit, my question would be why was it in there to start with and why are you willing to take it out now?

**Olson:** It's because there was opposition to it and we agreed to the elimination. Certainly I think there is merit in doing that from opposition standpoint that maybe we should work with this for a while before we get into the business of temporary permits. If it's a worthy thing to do we're willing to wait and hopefully you'll pass the bill and we'll work with it and we can address it some time down the road.

**Chairman Price:** On page 3 under the marriage board, we say they must have practiced for at least 5 years prior to serving on the board. If we don't have licensure in this state where are these board members going to come from?

**Olson:** We do have marriage and family therapists in this state. We do have a lot on the Eastern seaboard of ND in Fargo particularly that practice in MN although they are residents and are domiciled in ND. Let me let them answer that question.

**Martin Erickson, resident of Fargo with a Master's and Ph.D. in marriage and family therapy and also a faculty member at NDSU, spoke in favor of the bill. (Testimony attached.)**

**Rep. Porter:** How many students are enrolled in your program?

**Erickson:** According to our accrediting standards and the faculty/student ratio we have to maintain, we are able to have 6 students each year. It's a specialized working of one on one training and supervision that we offer.

**Rep. Porter:** At the end when a student is done and ready to go out into the real world, is there is a national boards or a national test?

**Erickson:** It's a national test that almost all states with licensure adopt. Once you finish your master's degree and you finish all those clinical training hours then you can take the national test which is a written test usually around about 4 hours. It's a standardized test offered by our national association.

**Rep. Porter:** Is there anything that would stop an individual who has gone through your program from working in ND right now?

**Erickson:** Yes. The main thing is that because we don't have licensure as marriage and family therapists it is very difficult to be granted a position with an agency because we don't have that stamp of approval from the state. It's very difficult and very challenging.

**Rep. Porter:** Then I'm understanding correctly in that if an individual who took the program wanted to hang his shingle out to say that they are doing marriage and family therapy in ND they could on their own do that?

**Erickson:** It would be very challenging and I don't know the specifics of that and will refer that question to the NDAMFT. From my understanding there are ethical and legal problems with just hanging out shingle and calling yourself a marriage and family therapist without that recognition from the state.

**Rep. Kaldor:** Are your graduates eligible to be licensed under any other mental health or counseling type program?

**Erickson:** No, they are not.

**Chairman Price:** Back to my question for the board. We have one board where we changed the makeup last session because too many educators were on it versus actually practicing professionals. Do you feel there are enough residents in ND that have met the requirements under this bill to be . . .

**Erickson:** Absolutely.

**Christi McGeorge, president of NDMFT,** testified in favor of the bill. Before I get to my testimony Chairman Price I would like to respond to your question about board makeup. We are very fortunate in ND to have marriage and family therapists who come from all over. We have marriage and family therapists that exist in ND that have training and licenses from all over the US. We continue to hold our licenses from other states. I will focus my testimony on the ways that marriage and family therapy is recognized by the federal government. **(Testimony attached.)**

**Reverend Larry Giese, First Lutheran Church, Mandan ND,** testified in favor of the bill. **(Testimony attached.)**

**Rep. Potter:** If you have come here from elsewhere being licensed in Texas, were you licensed as a separate group or were you part of a greater whole of another profession. That's going to be something that will suggested that we combine, join and that kind of thing. How was that was that for you in Texas and do you see a problem with that?

**Rev. Giese:** In 1993 I was in the middle of my internship and finishing up glasswork. The state of Texas was kind of those phases of either we're going to get licensure or we're not. I am glad to report that in '93 after 18 years in the House and Senate in Austin it finally passed as bill. It was a separate licensing bill. Many of the lobbies against had thought that we were trying to take up their turf, etc. That is not the case. That is not what we're about at all. In the state of Texas now it's been 12 years. They have sunset clauses and I'm not sure if ND does or not. Now they are in the process of having to prove why they need to maintain their licensure. That is as tough as trying to get it in the first place. I'm waiting to hear from friends and colleagues from Austin, San Antonio, Houston, Galveston to see what is happening down there in that regard. It was very important to establish a separate license so that the goals of the profession could be met.

**Rep. Nelson:** What other three states don't recognize family and marriage therapists?

**Chairman Price:** May I answer? West Virginia, Delaware, and Montana and they all have licensing bills this year.

**Rep. Potter:** With your experience in Texas, so it was a totally separate board just with marriage and family therapists on it? Help me understand how that is a lot better than having a conglomeration of social workers and counselors and what not?

**Rev. Giese:** I would see that as a strength to marriage and family therapy because of what our training is and how we understand ourselves. If someone is representing us on a board that is not licensed in marriage and family therapy how would they know what it is that we look for in our education, in our training, in how we document our hours with the clientele we work with. We are looking specifically at people who are upholding what it is that we are trained to do.

Chances are we would be outnumbered by the umbrella and I see that as a danger to the profession.

**Heather Guttormson, ND Association of Marriage and Family Therapy**, testified in favor of the bill. (Testimony attached.)

**Roxanne Henke, Wishek, ND**, testified in favor of the bill. (Testimony attached.)

**Testimony in favor of SB 2269 from persons who did not testify is attached:**

- 1) **Barbara Stanton, Licensed Professional Clinical Counselor, and**
- 2) **LaVonne Sorenson-Jackson, MA/CEAP.**

**Tom Tupa, representing the ND Chapter of the National Association of Social Workers**, testified in opposition to the bill. His testimony included a proposed amendment to the bill.

(Testimony attached.)

**Rep. Porter:** From your group and the existing board, why hasn't this issue been addressed? To expand the board to include marriage and family therapy underneath the board and changing the name of the board to something other than "counseling."

**Tupa:** I don't represent the counseling board I am with the social work organization and I can tell you that within the social work structure they do license approximately 2200 social workers around the state of ND. Within the social work community, there is a subspecialty of marriage and family practitioners. That service is already being provided by that group.

**Rep. Potter:** With your amendment you have asked in a couple of spots that we strike "professional" and put "licensed." Can you explain why that is a critical thing?

**Tupa:** The big one is on page 2, line 14 where it says "marriage and family therapists" we're suggesting that licensed be placed in front of that. Then that would equate to the social work

statute which says that you have to be a licensed social worker in order to have title protection.

This would put it on the same playing field as social workers.

**Rep. Potter:** On page 3 you ask that "professional" be removed and "licensed" be put in. What difference does that make?

**Tupa:** If you were to insert licensed instead of profession there then that exemption would apply to licensed marriage and family therapists rather than somebody who could come off the street and claim they are a "professional" marriage and family therapist. We think there would be a difference there. This would give protection to the licensed marriage and family therapist.

**Rebecca McConnachie, legislative chairperson for the ND Counseling Association, testified in opposition to the bill. (Testimony attached.)**

**Rep. Nelson:** Would you expand on your statement that other states have done this. In previous testimony we hear that 46 other states have licensure. How do they accomplish the goals that you said within in the licensure statutes in other states?

**McConnachie:** Jim Austin has information regarding the other states that have a board that consists of family and marriage therapists as well as other mental health professionals. He can answer your question better than I could.

**Rep. Nelson:** This would be in addition to licensure that they have? They have duplicate requirements?

**McCannachie:** No. They're just licensed under the same umbrella.

**Rep. Nelson:** If this bill passed, what would your educational requirements personally? Would you have to go back to the university to complete a degree or would you qualify with your current credentials?

**McMannachie:** I could continue to practice. The bill does indicate that this could not prevent me from practicing. My concern is with the advertising piece. That leaves it unclear as far as what those of us in private practice would be able to advertise so we could continue to practice. There are a lot of our counselors that advertise as marriage and family therapists. We need that cleared up enough where they are not going to lose business because they can't advertise.

**Rep. Nelson:** You don't think that John Olson's amendments add much clarity?

**McMannachie:** The part that he adds "including provision and advertising of marriage and family therapy services or specialties. . ." That is more clear but then part "if that person does not represent to the public that the person is a marriage and family therapist." Those two seem to contradict each other.

**Chairman Price:** Then you wouldn't object if we changed that "professional" to "licensed" also.

**McMannachie:** Yes. I'm not sure. The coalition had provided a list of amendments and the way NDCA stands, if those amendments are included we would remove our opposition.

**Chairman Price:** Again, if professional is what you are objecting to if we change that professional to license also and that with the change in advertising language would you remove your objections?

**McMannachie:** That might make it clearer. Yes.

**Chairman Price:** I would like to know whoever addresses this what states are including MFTs under a board of counselor examiners. If someone would look that up for us.

**Rep. Potter:** I'm not sure that I have this quite squared up in my mind. Why is it important to change "professional" to "licensed" in your mind? It seems to me that if you are doing marriage counseling right now. . . Help me with this.

**McConnachie:** The part that we are trying to say is to keep everything "licensed" marriage and family therapist. That is the part that our coalition has added an amendment to the terms that are used for the title and the title protection would be "licensed" marriage and family therapist similar to our title as licensed professional clinical counselor. It has the term licensed in front of it and that would be what other counselors would not be able to say. Does that help you?

**Rep. Potter:** I'm catching on. One other question. I understand that counselors have been doing marriage and family counseling too. We, with the very beginning testimony, go all the educational background that the marriage and family therapists received. Can you help me with what kind of training social workers and counselors with marriage and family issues.

**McConnachie:** I don't know for sure on social workers as I'm a clinical counselor. I do know that my training includes two years of Master's training which includes 52 credit hours and two years of post graduate supervision. In order to become a LCPT, I have to go through other supervision criteria and apply to the board of counselor examiners for that higher level specialty.

As far as their training they have 52 credit hours and their training is not something we're opposing at this point. We're not opposing that they should be licensed. It is the way the bill reads and whether that license should be under another board given their small numbers.

**Tim Austin, chair, ND Board of Counselor Examiners,** testified in opposition to the bill. He distributed some facts, figures and information pertinent to the bill and discussed its contents.

**(Testimony attached.)** He submitted the written testimony of **John T. Jarman, licensed**

**professional clinical counselor**, and a joint letter from **Susan Eubanks and David Bergan**, who were not present. **(Letters attached.)**

**Bonnie Staiger, executive director and lobbyist for the ND Psychological Association.** I want you to know that I signed in as being in favor of the bill as amended. I am not opposed. Of the two amendments presented to you, our preference is the one that we worked with in the coalition with Mr. Tupa. Essentially they are the same with the difference being in realm of the questions that are brought up by Rep. Nelson and Rep. Potter. I think that the amendments presented by Mr. Tupa create a clearer, lighter line between the word "professional" and the word "licensed." This is important. With the regard to either set of amendments, we will support the bill and strongly encourage the amendment. May I add information to a question asked having to do with combined boards. I worked with professional boards and professional associations for 18 years and it is very clear that the difference between someone being taken into another board versus having their own board the defining element in that regard, I think, relates to critical mass. If you have enough people who are going to be included in a profession I think they need to have their own board. I realize that this legislature historically has opposed licensing of new boards and that's kind of rule number one when new guys come to town--no new boards. Last session the legislature allowed landscape architects to be licensed under architects. It was a very contentious matter at significant cost but there are not enough of them to have their board. The unique difference between a combined and a stand alone board is that in other states boards are funded by appropriations and there could be some merit in having that done. In working with board over the years I can tell you that boards and licensees hate that. It is an administrative nightmare to have several professions and you get a board of 25 people and they are representing

six different professions. In ND stand alone board who must be funded by their own licensing fees is a master stroke and brilliant. All you have to deal with is these little turf battles in these sessions which is a whole lot better than dealing with the appropriations.

**Rep. Sandvig:** Is there a definition out there for "professional"?

**Staiger:** No. That's why I prefer the Tupa amendment because in my mind there is no question. Professional can be an adjective. It can be a noun. It can be an elevated compliment.

**Jim Davis, licensed independent clinical social worker, in private practice in Bismarck,** testified in opposition of the bill. The amendments are not just language issues. A few sessions ago you granted licensure to professional counselors. I provide counseling and I provide therapy. Never have I represented myself as a licensed professional counselor. As I was changing some literature and some cards, someone in the counseling community took great umbrage of the fact that I said I was doing counseling. It had to go to the representatives of the AG's legal counsel and the organizations had to hammer it out. You can protect the title LMFT but I am a professional and I provide marriage and family counseling. Protect the L part--the licensing part then it doesn't infringe on my ability to do business. It's more than just a turf thing. It really can affect my livelihood and the ability to represent myself to the public. The amendments do clean it up. I really appreciated Mr. Olson's comments that the bill and the amendments were not an attempt to infringe on anyone else or try to limit anybody else's livelihood or ability to practice. I believe that. Sometimes when these things get rolled out down the road and other people are in charge it isn't always as clear and people do reinterpret it.

**Dan Ulmer, Blue Cross,** testified in opposition of the bill. I can see the train leaving the station

so I will just tell you we are opposed to the bill. You get a lot of fertilizer on these kinds of bills. You need to scrape that off the top and understand what they are really looking for and you can read in some of the testimony that they are after reimbursement so this is phase I. Licensing is usually phase I of the next mandate which is reimbursement. If you recall two sessions we licensed the LPCCs and they told us they were going to save us all kinds of money by reducing all these other services. What they have essentially done is added \$1 million a year to costs. That's exactly what's going to happen here.

**Dr. Gaylynn Becker, LPC, LPCC, NCC**, testified in opposition of the bill. (Testimony attached.) His testimony included a letter from **John Jarman, past Chairman of the NDBCE**. (Letter attached.)

**Chairman Price**: That issue with the Board of Podiatry we are well aware of that.

**Nancy Kleingarnter, LCSW, MSW**, testified in opposition to the bill. (Testimony attached.)

**Nicole Tribitt, University of Mary social work student**, testified in opposition to the bill. (Testimony attached.)

**Deborah J. Elhard, president, ND Counseling Association**, did not appear before the committee but submitted written testimony in opposition to the bill. (That letter is attached.)

**Hearing Closed.**

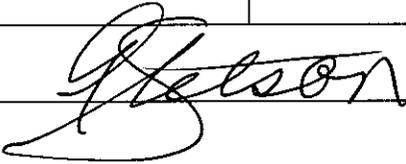
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2269

House Human Services Committee

Conference Committee

Hearing Date: March 22, 2005

Tape Number	Side A	Side B	Meter #
1	x		10-890
Committee Clerk Signature 			

Minutes:

**Chairman Price** opened discussion on SB 2269.

There are two things we need to discuss. One is the advertising piece, the other is the study.

Does anyone else have any other proposed amendments.

**Rep. Potter:** I would appreciate it if you could go through them.

**Chairman Price:** Mr. Tupa, would you do that?

**Tom Tupa:** I have passed out a copy of the amendments dated 3-17-05. I would like to also provide you with the information that both parties are in agreement with this.

See attached copy.

**Chairman Price:** Does anyone have questions for Mr. Tupa?

**Rep. Potter:** No, questions, just glad to hear that you all are in favor.

**Rep. Devlin:** This still establishes a new board consisting of less than 100 people. Estimates 50-60, possibly 100 in the future.

**T. Tupa:** I will defer to the Marriage & Family group, as they will have better information concerning that.

**Rep. Devlin:** These amendments still allow them to have a board of their own.

**T. Tupa:** Yes, that is correct.

**Rep. Devlin:** Madam Chair, I would request that we do the ones on page 8 separate from the rest.

**Rep. Weisz:** Move to accept the amendment presented by Mr. Tupa, and except, at this point, the changes on page 8, lines 23-28.

**Rep. Damschen:** Second.

Voice Vote: 12-0-2

**Chairman Price:** Any further amendments?

**Rep. Potter:** I move a do pass as amended.

**Rep. Uglem:** Second

**Rep. Weisz:** I don't have a problem with the organization, however, we know from past history, when you have a small board, there are dangers that can occur. Because their inability to cope with some situations that may arise. I have some real concerns, in adding another board with this small of a group.

**Jon Larsen:** I know there is concern about a new board. Other boards have been established with less people. We have been assured by the National Assoc. that there will be support from them by providing funds for start up funding.

**Chairman Price:** We have had some information advising us that we are rated as a Welfare State, by the National Board.

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House Human Services Committee  
Bill/Resolution Number HB 2269  
Hearing Date 3/22/05

**Rep. Weisz:** If money or other problems arise, you are assuring us the National Assn. will be there .

**Jon Larsen:** Yes, they are committed to this organization.

**Chairman Price:** We have a Do Pass as Amended. Clerk will call the role.

**Vote 7-3-2 Carrier: Rep. Uglem**

Date: 3/22/05

Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL  
BILL/RESOLUTION NO. SB 2269

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 50622.0201

Action Taken Do Pass as Amended

Motion Made By Rep. Potter Seconded By Rep. Uglem

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price			Rep. L. Kaldor		
V Chrm. G. Kreidt			Rep. L. Potter		
Rep. V. Pietsch			Rep. S. Sandvig		
Rep. J.O. Nelson					
Rep. W.R. Devlin					
Rep. T. Porter					
Rep. G. Uglem					
Rep. C. Damschen					
Rep. R. Weisz					

Total Yes 7 No 3

Absent 2

Floor Assignment Rep. Uglem

If the vote is on an amendment, briefly indicate intent:

Date: 3/22/05

Roll Call Vote #: /

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. ~~226~~ 2269

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass As Amnd.

Motion Made By Rep Potter Seconded By Rep Uglem

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price	✓		Rep.L. Kaldor		✓
V Chrm.G. Kreidt	AB		Rep.L. Potter	✓	
Rep. V. Pietsch	✓		Rep.S. Sandvig	✓	
Rep.J.O. Nelson	✓				
Rep.W.R. Devlin		✓			
Rep.T. Porter	AB				
Rep.G. Uglem	✓				
Rep C. Damschen	✓				
Rep.R. Weisz		✓			

Total ( ) 7 No 3

Absent 2

Floor Assignment Rep Uglem

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

SB 2269, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2269 was placed on the Sixth order on the calendar.

Page 1, line 21, remove "professional"

Page 2, line 14, replace ""LMFT"" with ""MFT""

Page 3, remove lines 1 through 3

Page 3, line 4, replace "d." with "c."

Page 3, line 6, replace "e." with "d."

Page 3, line 8, replace "professional" with "licensed"

Page 3, line 10, replace "if that person" with ", including the practice and advertising of marriage and family therapy services"

Page 3, remove line 11

Page 3, line 12, remove "family therapist"

Renumber accordingly

2005 TESTIMONY

SB 2269

Senate Bill No. 2269  
Human Services Committee  
February 7<sup>th</sup>, 2005

ND Association of Marriage and Family Therapy  
Testimony of John M. Olson  
Lobbyist #376

Chairman Lee, and the members of the Senate Human Services Committee. My name is John Olson and I represent the North Dakota Association of Marriage and Family Therapy. The following is an outline of my testimony:

- Review of SB 2269 creating a North Dakota Marriage and Family Therapy licensure board.
- The importance of creating a recognized professional discipline in North Dakota.
- Marriage and Family Therapy is recognized by the federal government as one of the five core mental health disciplines in the United States.
- The Marriage and Family discipline has existed at least since 1942 with the formation of the first national recognized professional organization.
- Forty-six states and the District of Columbia currently have licensure for Marriage and Family therapists.
- This unique profession provides specialized therapy services to individuals, couples, and families with rigid requirements of specialized training.
- Professionalization of this discipline and licensure is necessary to protect consumer safety and confidence.

- Recognition of information packet and support letters from providers and individuals.

Thank you for the opportunity to present this important bill and I respectfully request your favorable consideration of Senate Bill No. 2269.

## **Senate Bill 2269: Licensure for Marriage and Family Therapy**

### **Important Points**

- ❖ Marriage and family therapy is a unique profession that provides specialized therapy services to individuals, couples, and families. Doing ethical family therapy requires specialized training, not just a course in family therapy.
- ❖ 46 of the 50 states and the District of Columbia currently have licensure for Marriage Family Therapy
- ❖ The state of North Dakota has the only accredited master's graduate program in Marriage and Family Therapy in a four state region (ND, MN, IA, and MT).
- ❖ North Dakota is the last remaining state with an accredited program in Marriage and Family Therapy that does not have licensure.
- ❖ There are over 100 graduates of the NDSU program, who could apply for licensure, which would allow these students to stay in ND. Currently as students graduate from NDSU they must move out of state in order to get licensed in their discipline. This means that every year we lose highly educated and much needed professionals in the state of North Dakota because there is no licensure in Marriage and Family Therapy.
- ❖ Licensure would also attract students from other states that could serve the citizens of North Dakota.
- ❖ With state recognition, underserved people in ND will have access to mental health services. There is an extreme need for mental health professionals in this state. For example, Southeast Human Services, which is the one of the largest mental health agency in the state, has a 6 to 12 week waiting list, depending on time of year, before someone is able to be seen by a mental health professional. The faculty of the accredited program at NDSU has received calls from people in North Dakota asking if there is any way they would be willing to set up therapy over the telephone because of the need for mental health professionals in ND.
- ❖ Marriage and Family Therapy is considered a unique discipline by federal government and many federal agencies including the military. The military includes Marriage and Family Therapists as approved mental health providers and reimburses Marriage and Family Therapists for their services. However, in ND members of the military do not have access to Marriage and Family Therapists because the state does not officially license Marriage and Family Therapists.
- ❖ The federal government offers student loan reimbursement for mental health professionals who work in underserved geographic areas of the United States, including Native American reservations. Marriage and Family Therapy is recognized as one of the selected mental health professions that are eligible for this federal program. Given that the state of North Dakota does not currently recognize the field of marriage and family therapy, these reimbursement programs are not available to students that choose to work in rural ND.

## What Marriage & Family Therapy Licensure Means for North Dakota?

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### What It Means?

- North Dakota would join 46 other states (and the District of Columbia) in licensing and regulating the practice of marriage and family therapy
- North Dakota would join the Federal Government in acknowledging marriage and family therapy as one of the five core mental health disciplines in the United States
- The citizens of North Dakota would gain access to qualified mental health professionals who are specifically trained to work with individuals, couples, and families from a systemic and relational perspective
- Licensure would protect consumer safety as consumers would know that their therapist has been properly trained in the field of marriage and family therapy
- Graduate students who are trained in marriage and family therapy at North Dakota State University (the only accredited MFT program in a four state region) would now be able to remain in the state and serve the people of North Dakota rather than leaving to practice in neighboring states. Currently, students completing this 63 credit master's program do not qualify for any other mental health license in the state of North Dakota.
- Members of the military and their families in the state of North Dakota would have greater access to mental health care as MFT's are officially recognized by the Department of Defense as qualified and reimbursable mental health professionals
- Native Americans living on reservations in the state would have increased access to mental health services as Indian Health Services authorizes marriage and family therapists to provide mental health services to Native Americans in a clinical setting

### What It Doesn't Mean?

- MFT licensure would in no way limit the scope of practice of other mental health professionals in the state of North Dakota. Other mental health professionals could continue to work with couples and families
- Licensure would only require those who publicly advertise themselves as marriage and family therapists to meet well established licensure requirements (educational and clinical) for marriage and family therapists.
- MFT licensure would not hurt the viability of other mental health professionals in the state nor limit their employment opportunities since there is a shortage of mental health professionals in North Dakota (Public Health Service Act)



**American Association for  
Marriage and Family Therapy**

Advancing the Professional Interests  
of Marriage and Family Therapists

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Alexandria, VA 22314  
Telephone: (703) 838-9808  
Fax: (703) 838-9805  
Website: [www.aamft.org](http://www.aamft.org)

## **FEDERAL GOVERNMENT RECOGNITION OF MFTS**

- **HRSA Recognizes MFTs as Core Mental Health Professionals**

The Public Health Service Act recognizes marriage and family therapists as a core mental health profession under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration (HRSA). The program identifies geographic areas that have a shortage of mental health professionals. Other core professionals are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists. (42 CFR Part 5)

- **NHSC Recognizes MFTs as Behavioral and Mental Health Professionals**

The National Health Service Corps (NHSC) defines marriage and family therapy as a "behavioral and mental health professional" for purposes of participating in the NHSC Scholarship and Loan Repayment Programs. These programs are designed to provide health care services to underserved populations. (42 U.S.C. 254d)

- **DOE Recognizes MFTs for School Early Intervention Services**

The Department of Education, in the Individuals with Disabilities Education Act, designates marriage and family therapists as qualified providers of early intervention services to infants and toddlers with a disability. (20 U.S.C.A s 1432)

- **DOE Designates COAMFTE as Accrediting Body for MFT Programs**

The Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy.

- **CHAMPUS/TRICARE Reimburses MFTs**

CHAMPUS/TRICARE, the federal health care program for members of the uniformed services and their families, reimburses MFTs as independent extramedical individual providers who do counseling or nonmedical therapy. (32 CFR 199.6 / TRICARE Standard Provider Handbook)

- **Department of Defense Reimburses MFTs**

The Department of Defense identified MFTs as clinical practitioners eligible for credentialing and independent privileging in DON Family Service Centers and Family Advocacy Program Centers. (SECNAVINST 1754.7)

- **CSAT Approves Grants for MFT Programs**

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) designated marriage and family therapy graduate programs as appropriate for receipt of grants to increase the number of mental health professionals providing treatment services. (42 U.S.C.A s 290bb-5)

- **Indian Health Service Recognizes MFTs**

The Indian Health Service authorizes licensed marriage and family therapists to provide mental health care services to Indians in a clinical setting, along with psychologists and social workers. (25 U.S.C.A. s 162h(1))

- **MFT Programs Eligible for Geriatric Training Grants**

The Public Health Service Act authorizes marriage and family therapy schools and programs to be eligible for Geriatric Education Center grants. These grants are designed to improve the training of qualified health professionals in geriatrics. (42 CFR s 57.4001)

# **Marriage and Family Therapists: Commonly Asked Questions**

## *What is a Marriage and Family Therapist (MFT)?*

Marriage and Family Therapists are mental health professionals trained to diagnose and treat mental and emotional disorders. MFTs specialize in treating mental disorders in the context of marriage and family relationships. Marriage and Family Therapists work with the individual, couple or family to change behavioral patterns so that problems can be resolved.

## *What types of services do Marriage and Family Therapists provide?*

Marriage and family therapists regularly practice short-term therapy; 12 sessions on average. Nearly 65.6% of the cases are completed within 20 sessions, 87.9% within 50 sessions. Marital/couples therapy (11.5 sessions) and family therapy (9 sessions) both require less time than the average individuated treatment (13 sessions). About half of the treatment provided by marriage and family therapists is one-on-one with the other half divided between marital/couple and family therapy, or a combination of treatments.

Marriage and family therapy services are:

- Brief
- Solution Focused
- Specific, with attainable therapeutic goals
- Designed with the "end in mind"

Marriage and Family therapists treat a wide range of serious clinical problems including depression, alcohol and drug abuse, anorexia, and dementia.

Clients of MFTs, according to research studies, significantly improve after treatment for problems such as: adolescent substance abuse, depression and stress by family caregivers of elderly family members, clinical depression among women in distressed marriages, general child conduct disorders, child aggression, global family problems, communication/problem solving, phobias, and psychiatric symptoms.

## *Who licenses Marriage and Family Therapists?*

Currently, forty-six (46) states recognize and regulate marriage and family therapists as independent mental health care providers. In addition, the U.S. Health Resources Services Administration recognizes the field of marriage and family therapy as one of the five core mental health disciplines, and the healthcare program for military dependents, CHAMPUS/TRICARE, recognizes and reimburses MFTs as independent health care providers.



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**Summary of Book:**  
**"Effectiveness Research in Marriage and Family Therapy"**

**Conduct Disorder and Delinquency & Childhood Behavioral and Emotional Disorders**

Family therapy for conduct disorders and delinquency - specifically, Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Oregon Treatment Foster Care (OTFC) - are proven effective through comprehensive research. The models have demonstrated significantly better outcomes for youths (and often times their siblings) *at tremendous cost savings* (\$15,000-30,000/family) when compared to traditional delinquency interventions (e.g., incarceration, bootcamps, probation). In general, the outcomes include reduction in delinquency and antisocial behavior, improved school attendance and academic performance, improved family interactions and involvement, reduction in substance use and abuse, reduction in out-of-home placements, and decreased psychiatric symptoms.

The scientific support for the efficacy of family therapy for behavioral and emotional disorders is compelling. Parent Training (PT) is clearly effective in reducing the symptoms of both attention deficit and hyperactive disorder (ADHD) and oppositional defiant disorder (ODD). In controlled studies, PT has improved family functioning and academic performance; increased parenting skills; reduced aggression, inattention, noncompliance, conduct problems, and hyperactivity; and reduced parental stress and increased parental self-esteem. For depression and anxiety disorders in children, family therapy - and particularly cognitive behavioral therapy - decreases symptoms, and is particularly effective with younger children and children whose parents may be experiencing symptoms of anxiety. (Chapters 2 & 4)

**Substance Abuse & Alcoholism**

Family therapy for substance abusing adolescents is very effective in reducing teen drug use, with positive outcomes maintained for upwards of a year after treatment. One of the significant contributing factors in the success of family-based interventions is the ability to engage and retain families in treatment. Family therapy with substance abusing adolescents has also shown reductions in psychiatric symptoms, increased school attendance and academic performance, and improved family functioning. Further, *these services are provided at one-third the cost of usual treatment.*

Family and couples therapy for alcoholism and substance abuse have also been shown to increase engagement and retention among adult substance abusers. Marital and couples therapy for alcoholics not only increases abstinence, but also produces reductions in domestic violence, hospitalizations, and jail costs; improves marital and family functioning; decreases the number of divorces and separations; reduces psychiatric symptoms among children living with the alcoholic; and *costs less than non-family treatments, saving as much as \$7,800/alcoholic.* (Chapter 3 & Chapter 5)

## **Marital Problems, Relationship Enhancement & Domestic Violence**

The effectiveness of couples and family therapy for improving marital relationships and decreasing marital dissolution has long been established. Couples therapy models that have focused on alleviating marital conflict have been studied extensively, and newer research reveals not only increased marital satisfaction, but alleviation of depression in members of the couple, and more effective management of family stress (e.g., a chronically ill child). Couples therapy is also an efficacious treatment option for domestic violence, providing no evidence that it places a woman at increased risk of continued violence. While couples therapy generally deals with families already in distress, relationship enhancement focuses on preventing relationship distress and dissolution a priori. Research indicates that relationship education improves communication skills, relationship satisfaction, and reduces negative interaction patterns. (Chapter 6, Chapter 7 & Chapter 8)

## **Severe Mental Illness & Affective Disorders**

Family therapy for severe mental illness is one of the most well-studied and effective interventions in the mental health literature. Family involvement, including family psychoeducation, multifamily group therapy, and family therapy, have been consistently linked to better individual and family functioning. Specifically, persons diagnosed with schizophrenia whose families are included in treatment have fewer relapses and rehospitalizations, longer periods between relapse, increased vocational interest and employment rates, decreased psychiatric symptoms, improved social functioning, and *reduced health care costs*. Further, families of these patients have improved well-being, fewer medical illnesses, decreased medical care utilization, and increased self-efficacy. Research on couples therapy for affective disorders indicates that couples therapy is the treatment of choice for couples in which there is both depression and couple distress. (Chapter 9 & Chapter 10)

## **Physical Illness**

Family therapy for persons with medical problems has been proven to benefit not only the identified patient, but other family members as well. Family therapy is particularly efficacious with families who are providing care to elders; families with a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer); and families in which one member has hypertension, heart disease, or diabetes. There is also evidence that family involvement facilitates disease prevention, demonstrating better outcomes for weight reduction, smoking cessation, and reduction of cardiovascular risk. (Chapter 11)

## **Meta-Analysis of MFT Interventions**

When hundreds of family therapies are evaluated through a meta-analytic frame, the effectiveness of marriage and family therapy is even more compelling. Marriage and family interventions are as effective - and in many cases more - than alternative interventions and are consistently more efficacious than no treatment at all. Meta-analyses have shown that family therapy is effective for schizophrenia, substance abuse, alcoholism, marital problems, child-identified problems, improving couple communication, and couple enrichment, to name a few. Further, family therapy studies show better patient outcomes than AZT for AIDS mortality and Aortocoronary Bypass Surgery. Finally, the types of family therapies found to be effective are extremely broad. (Chapter 12)

\*Sprenkle, D. H. (Ed.) (2002). *Effectiveness Research in Marriage and Family Therapy*. Alexandria, VA: American Association for Marriage and Family Therapy.



**Gary J. Wolsky**

President/CEO of The Village Family Service Center  
President/CEO of Children's Village Family Service Foundation  
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(701) 451-4929 • e-mail: gwolsky@thevillagefamily.org

February 3, 2005

Christi McGeorge, President  
North Dakota Association for Marriage and Family Therapy

Dear Ms. McGeorge;

I am writing this letter in support of North Dakota Senate Bill # 2269 for licensure of Marriage and Family Therapists. The Village Family Service Center is a non-profit agency that provides clinical services throughout North Dakota and Minnesota. It has been our experience that licensure regulations increase service availability and strengthen the quality of services provided.

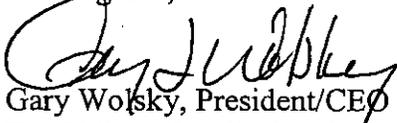
The Village takes pride in the quality of clinicians employed in our clinical programs. We employ graduates with marriage and family therapy training because the complexity of today's families requires a systemic approach with training in diverse therapeutic practice.

The Village provides in-home and out-patient mental health services throughout North Dakota. Clinicians in our out-patient counseling programs require licensure in order to accommodate third party billing for our clients. Many of our clinicians received their graduate degrees in Marriage and Family Therapy from North Dakota State University. Currently, they are becoming licensed in Minnesota, and serving clients in our Minnesota locations. They are unable to practice in North Dakota without licensure, which limits access to service for clients.

Implementing licensure in North Dakota for marriage and family therapists would create more employment opportunities within the state for graduates, and it would increase the availability of quality mental health services in rural areas.

Thank you for the opportunity to submit a letter in support of North Dakota Senate Bill #2269.

Best regards,

  
Gary Wolsky, President/CEO  
The Village Family Service Center



*"There are two lasting bequests we can hope to give our children — one is roots, the other wings."*





National Association of Social Workers  
NORTH DAKOTA CHAPTER  
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February 7, 2005

Chairperson Lee and Members of the Senate Human Services Committee:

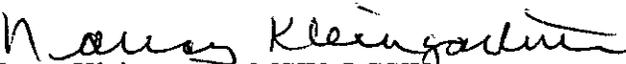
My name is Nancy Kleingartner, and I am a member of the National Association of Social Workers. I am a Licensed Certified Social Worker and have practiced social work in the state for over 25 years. I am here to speak in opposition to SB 2269.

Several professions, including social work, provide marital and family therapy as one of their treatment modalities. Other treatment modalities include play therapy, group, and individual therapy. In graduate school, I was trained to provide marital and family therapy and have provided these services at various times during my professional career. I am concerned that SB 2269 would bar many qualified professionals, particularly those in private practice, from advertising the provision of marriage and family therapy services.

North Dakota citizens deserve the right to choose from which qualified professional they obtain marital and family therapy and should not be further restricted in their choices.

Thank you for this opportunity to testify against SB 2269.

Respectfully submitted,

  
Nancy Kleingartner, MSW, LCSW  
Member-National Association of Social Workers

Testimony Before The

**SENATE HUMAN SERVICES COMMITTEE**

regarding

**Senate Bill 2269**

Chairman Lee, Vice Chair Dever, and Members of the Senate Human Services Committee, good morning. I am Dan Ulmer presenting testimony for Dr. George O'neill. I am here today to express our concerns regarding Senate Bill 2269 which would create a new category of providers call Marriage and Family Therapist. This bill has surfaced many times over the past decades and has been defeated every time. Psychologists, Board Certified Social Workers, Licensed Professional Clinical Counselors, and Licensed Addiction Counselors already provide family therapy and marital therapy.

The experience of Noridian has been that every new provider group that is legitimized through licensing or given mandated status adds to the cost of health care. Increases in the number of providers have been one of the factors giving rise to medical cost inflation. People seeking licensure as Marriage and Family Therapists may tell you that they will save the system money because they can provide mental health services at a lower fee. Every provider group has used that argument, but the data show otherwise. The number of patients seeing psychiatrists, psychologists, and board certified social workers will not decrease with the addition of a new group of providers. The number of persons seeking services will increase. If licensure is granted for this group, then they will be back in the next legislative session asking for mandated provider status (i.e., requiring third party payors to cover the services). The fees charged by those who obtain mandated provider status increase because it is no longer the consumer who has to pay, it is the insurance company. The person choosing the service, that is, the patient, is not the payor of those services. The normal laws of economics do not apply, and the fees increase.

I would urge the Human Services Committee to look at the broad picture of health care providers and make a decision about when to say, "enough is enough." Otherwise, the number of people seeking reimbursement will continue to expand and the costs of providing care will continue to rise.

Thank you,

George O'neill

Clinical Director of Mental Health Services BCBSND

SW-North Dakota Questions Regarding SB 2269

February 7, 2005

MAJOR QUESTION ?

Does this bill create yet another regulatory board within the state of North Dakota?

SPECIFIC BILL QUESTIONS ?

43-53-01 Definitions

Page 1, line 8 and Page 2, line 8 (#1 & #8)

Does this bill restrict current licensed professionals within the state of North Dakota from advertising one of their specific "treatment modalities" and/or their use of a "title?" (ie: marriage counseling/counselor, family therapy/therapist)

Current professionals practicing marriage and family counseling or marriage and family therapy in ND could include social workers, psychiatrists, psychologists, psychiatric nurses, licensed professional counselors, addiction counselors, ministers, priests, etc.

Page #1, line 15 (#4)

Does this bill restrict current licensed professionals in the state from practicing their "treatment modalities" within DSM-4 categorical descriptions.

#2, line 1 and 4 (#6 & #7)

Does this bill require a specific educational background and further supervision of a current licensed professional to exercise a "treatment modality" already within his/her scope of practice?

54-53-02

Prohibited Acts

(I believe this should be 43-53-02)

Page 2, lines 12 through 17

Same question as #1 and #8 above

43-53-03 Exemptions

Page 2, lines 22-24 (#1-a-1)

Does this mean if you are employed by a University or a Human Service Center it is OK to be a marriage and family therapist and practice marriage and family therapy, but if you are self-employed (in private practice) it is not OK?

Page 2, lines 25-26 (#1-a-2)

Will this sub-section give power to one regulatory board to decide whether a non-profit organization is "deserving" or "meeting community needs," and what does this mean?

Page 3, lines 6-9 (#2)

Same question as #1 and #8 above

43-06

Licenses

Page 5, line 5 (#1)

Will professionals currently licensed by the state of ND need to maintain "dual licensure" in order to practice a "treatment modality" for which they are already trained? In addition, will they have to pass "dual examinations?" (See 43-53-07, page 6, line 5, under Examination)

Page 5, line 17, line 18 (#2a)

What is meant by "the appropriate graduate degree?"  
What is meant by a "regionally accredited institution?"

Page 5, line 19 (#2b)

What is meant by "an appropriate professional organization?" Is this board now to "oversee" all other professions licensed in ND who practice a particular "treatment modality?"

Page 5, line 28 (#3a)

How is an "equivalent degree in marriage and family therapy" defined?

43-53-11

Disciplinary Proceedings

Page 7, lines 25-26 (#3)

How is a complaint "verified under oath by the complainant or a duly authorized officer of a complainant?"

Page 8, lines 1-3 (#4)

How may "any person be permitted to intervene and participate in board hearings on denial, suspension, or revocation of licenses upon a showing of interest in such proceeding?" Does this conflict with, or violate, existent state law?

43-53-12

Limitations of Practice – Divorce Proceedings

Page 8, lines 6 through 23

Do #1, #2, #3, and/or #4 of this sub-section conflict with, or violate, existent state law?

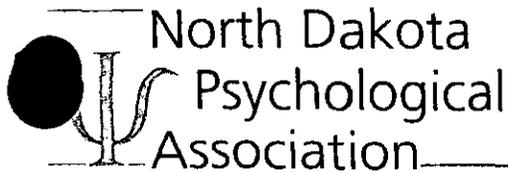
**Testimony for Senate Bill 2269**  
**Before the Senate Human Services Committee**  
**February 7, 2005**

Chairman Lee and members of the committee, I am Paul Millner. Throughout the years this legislative body has created the North Dakota Board of Addiction Counselor Examiners, the North Dakota Board of Counselor Examiners, the Board of Social Work Examiners and the North Dakota Board of Psychologist Examiners. There is a subset of members from all of these professions who are licenced by their respective boards and as part of their practice provide therapy services to couples and families. The therapies that these individuals provide are within the scope and practice of their professional preparation. Therapy service provided to couples and families are in fact that, services. At St. Alexius Medical Center where I am currently employed, I have management responsibilities for Archway Mental Health Services. This was formally named Archway Family Services. We have employed psychiatrists, psychologists and licenced clinical social workers and I am myself am a licensed professional clinical counselor. All of the providers and staff associated with Archway Mental Health Services have at one time or another worked with families and couples in terms of providing therapeutic services.

It is my point in this testimony to identify that therapeutic services provided to couples and families are treatment processes not a profession. By definition (Webster's Ninth New Collegiate Dictionary) counseling is defined as: *professional guidance of the individual by utilizing psychological methods especially in collecting case history, using various techniques of the personal interview . . .* It is my belief that family therapy is a "technique." I believe this position is supported by one of the early most notable books on this subject written by H. Charles Fishman and Salvador Minuchin. I would

like to share with this Committee a brief paragraph from the first chapter of this book where the subject of training in the work with families is discussed. "*The other phase . . . ministers.*" The point I am trying to make is just this: family therapy is a technique that currently is learned and practiced by many professional mental health disciplines.

In conclusion I believe this proposed bill is both unnecessary and in many ways redundant. Currently there are multiple professional licensing boards governing this practice and those wishing to perform this service are certainly welcome to explore opportunity to become licensed under one of these entities. I appreciate this committee's time this morning and I am prepared to answer any questions you may have. Thank you.



**Bonnie Staiger**  
Executive Director

Madam Chair and Members of the Committee

My name is Bonnie Larson Staiger, Executive Director of the North Dakota Psychological Association. (#273)

Once again, I appear before your committee in opposition to both the concept of licensure for marriage and family therapists just as I did in 2001 and 1999. I'm sure the proponents of this effort thought if they took a break in 2003 we would soften our stand. Unfortunately a quick look back into my files shows that they have presented us with essentially the same bill as the previous 2 sessions. And once again we have the same host of concerns about it.

Our greatest concern is with the entire concept of licensing this group. This bill would give a very small group unlimited scope of practice with very limited training and supervised experience. In addition to Psychologists, many other disciplines such as Social Workers, Licensed Professional Counselors, Licensed Addiction Counselors and Psychiatrists do marital and family therapy already. Although Exemption #2 on page 3 says this bill does not prevent specified groups from this work, it does explicitly prohibit existing licensed and future licensed professionals from using a title and describing their services as type of therapy. More specifically, this bill would restrain private providers of marriage and family therapy services who are self-employed or employed by local hospitals and clinics from continuing to identify themselves as such without special permission from the proposed board. The exemption becomes mute in the face of the necessary dispensation.

We object to "diagnose and treat" language based on their limited diagnostic training and cite existing statute (43-32-30) which reserves "diagnosis and treatment of mental and emotional disorders" within the scope of practice of licensed psychologists. The proposed group is not qualified to diagnose cognitive, emotional, behavioral, or mental disorders in general. To suggest to the public that they have such expertise is misleading. This bill provides that until the year 2008 when a master's degree is required, presumably, individuals with only bachelor's degrees will be providing these services. Currently, all other providers of these services require at least a masters (Social Workers and Licensed Professional Clinical Counselors) or doctorate (Psychologists).

Other weaknesses in this bill deal with the unlimited power of the licensing board yet have larger implications which compromise public safety. 1) Given the extensive confidentiality and privileged communication provision, the new board will have almost no power to investigate complaints against a therapist. 2) The new board will allow temporary permits to engage in practice with the public *before establishing the*

*competency* of the applicant. 3) The licensing exam will be administered without a nationally standardized exam or a national registry. 4) The new board will allow reciprocal licenses to out of state applicants without a clear disciplinary record from other jurisdictions. This means that a practitioner who is under investigation for malpractice in another state would be eligible for automatic (reciprocal) licensure in North Dakota. 5) They do not specify any due process for hearings and appeals. 6) The board would consider only those complaints that rise to the level of the therapist being unfit for practice. Many less egregious levels of discipline and ethical infractions would go unchecked.

We would like to point out other weaknesses in the bill which do not provide the safeguards of health, safety and welfare and should be of great concern to you and your constituents 1) The bill exempts state employees from requirements of licensure, unlike other mental health professionals that work for the state. 2) It alludes to ethical standards which would be identified and published by this new board. No mention is made of an existing nationally recognized Code of Ethics adhered to by all jurisdictions across state lines. Consumers, patients, other professions, and courts of law depend on standardized Codes of Ethics to determine the basis for making and responding to complaints. 3) There is no requirement of an advanced degree from a regionally accredited institution of higher learning, again, unlike other mental health professionals in North Dakota.

Ultimately, any form of licensure should be about protecting the public welfare and not about promoting the reimbursement self-interests of a small group. We believe this proposal falls short of establishing acceptable levels of qualification and regulation of the proposed licensees, and will not improve access or provide for unmet needs for residents of North Dakota. We ask for a "Do Not Pass" recommendation on this bill.

**Rebecca S. McConnachie, LPCC**  
Licensed Professional Clinical Counselor  
1801 N. Washington St.-Bismarck, ND 58501  
701-222-2543

February 7, 2005

**North Dakota Senate  
Human Service Committee**

**SB-2269**

I respectfully urge you to reject this bill to establish a new state licensure board for marriage and family therapy and vote **DO NOT PASS** on **SB-2269**.

I am a Licensed Professional Clinical Counselor (LPCC) and have practiced "marriage and family therapy" as part of my practice in an agency in Bismarck. I also have served in state leadership positions in the North Dakota Counseling Association (NDCA) and am currently a member of the NDCA board - as the Legislative Committee Chairperson.

**As a mental health professional who represents the North Dakota Counseling Association and its' 420 members I strongly object to this bill for the following reasons:**

1. **It is Unnecessary.** This bill would create a state licensing board and license to provide a form of therapy which is already within the established scope of practice of all licensed mental health professions in North Dakota. It would restrict the title and practice rights of those same professions in our state:

- Professional Counselors.....Clinical Psychologists.....Social Workers
- Psychiatric Nurses.....Addiction Counselors.....Psychiatrists

**It is Exclusionary.** The bill will restrict and penalize the state's established mental health professionals for practicing and advertising their long-established services as "marriage and family therapists."

3. **It is Not in the Best Interest of the Citizens of North Dakota.** The people of our state are already well served in the area of "marriage and family therapy". This bill will limit their access by limiting the professionals who can advertise and practice "marriage and family therapy."

4. **It Will License a Treatment Modality.** "Marriage and family therapy" is a form of treatment, like individual and group therapy, which is essential for providing mental health treatment.

Thank you for your consideration. Please vote **Do Not Pass** on **SB-2269**.

Respectfully,

Rebecca McConnachie, LPCC #261-1-1-93-85

Attachment 10

**John T. Jarman, LPCC**  
Licensed Professional Clinical Counselor  
1015 Reeves Drive – Grand Forks, ND 58201  
701-746-9781

February 7, 2005

**North Dakota Senate  
Human Service Committee**

**SB-2269**

I respectfully remind you that **SB-2269** is a repeat of several past, unsuccessful efforts to establish a new state licensure board for marriage and family therapy – and I urge you to again reject its intent and vote **DO NOT PASS**.

I am a Licensed Professional Clinical Counselor (LPCC) and have been practicing “marriage and family therapy” as part of my private practice in Grand Forks for over 16 years. I also have served in state leadership positions in the North Dakota Counseling Association and as a 10-year member of the North Dakota Board of Counselor Examiners. My professional perspective and interest are genuinely statewide.

**As a deeply committed mental health professional – with the best interests of our state’s public in mind – I strongly object to this bill because it::**

**1. Is Unnecessary and Redundant.** This bill attempts to extract one essential service (“marriage and family therapy”) from the present work of all established mental health professions – while restricting the title and practice rights of those same professions in our state. - All of these licensed and highly qualified mental health professionals already provide excellent “marriage and family therapy” to the citizens of North Dakota:

- Professional counselors ... Clinical psychologists ... Social workers ...
- Psychiatric nurses ... Addiction counselors ... Psychiatrists

**2. Is Unfairly and Unprofessionally Restrictive.** The bill attempts to isolate “marriage and family therapy” in order to “own” it – while restricting and penalizing the state’s established mental health professionals for practicing and advertising their long-established services as “marriage and family therapists.”

**3. Lowers Professional Qualifications.** The present academic coursework and clinical training for the “marriage and family therapy” degree do not meet the minimal basic standards of the other established mental health licenses in North Dakota. The academic and clinical focus is limited to the dynamics of marital and family relations - and do not include essential theory and practice in core areas of counseling and psychology.

**4. Attempts to Confuse and Mislead the Legislature and Public.** This bill proposes that only those trained and licensed under this law would be qualified to offer “marriage and family therapy.”

- As evident above, this simply is not and will never be true in our state.

If this bill were enacted into law, the public would be confused and uncertain about the qualifications and availability of our presently established mental health professions in the area of “marriage and family therapy.”

- Further, the public would be encouraged to seek these services from professionals who, in fact, do not possess the more extensive counseling and psychology qualifications of the mental health professionals now practicing “marriage and family therapy” in North Dakota.

**Thank you for your consideration of these serious concerns. Please vote **Do Not Pass** on **SB-2269**.**

Most respectfully,      John T. Jarman, LPCC # 167-91-912

**CHAPTER 43-47  
COUNSELORS**

**43-47-01. Definitions.** As used in this chapter, unless the context otherwise requires:

1. "Board" means the board of counselor examiners.
2. "Counseling" means the application of human development and mental health principles in a therapeutic process and professional relationship to assist individuals, couples, families, and groups in achieving more effective emotional, mental, marital, family, and social or educational development and adjustment. The goals of professional counseling are to:
  - a. Facilitate human development and adjustment throughout the life span;
  - b. Prevent, assess, and treat emotional, mental, or behavioral disorder and distress which interferes with mental health;
  - c. Conduct assessments for the purpose of establishing treatment goals and objectives; and
  - d. Plan, implement, and evaluate treatment plans using professional counseling strategies and interventions.
3. "Counselor" means a person who has been granted either a professional counselor or associate professional counselor license by the board.
4. "Licensed associate professional counselor" means a person who has been granted an associate professional license by the board to offer and conduct counseling under the supervision of a licensed professional counselor or such other person meeting the requirements of supervising professional set by the board.
5. "Licensed professional counselor" means a person who is trained in counseling or a related human service field and has been granted a professional counselor license by the board.

**43-47-02. Board of counselor examiners - Qualifications - Appointment - Term of office - Compensation.**

1. The governor shall appoint the board of counselor examiners which consists of five members, including two practicing counselors, one counselor educator, and two members of the public.
2. Members of the board are appointed for terms of three years, except of those first appointed, one must be appointed for terms of one year, two must be appointed for terms of two years, and two must be appointed for terms of three years. Each member holds office until the member's successor is duly appointed. The governor may remove any member for misconduct, incompetency, or neglect of duty after providing the member with a written statement of the charges and an opportunity for a hearing.
3. The board shall annually select a chairman from among its members. The board shall meet at least twice a year. Additional meetings may be held at the discretion of the chairman or upon written request of any three members of the board.
4. Each member shall serve without compensation but is entitled to receive expenses as provided in section 54-06-09 and per diem as must be fixed by the board.

**43-47-03. Duties and responsibilities of board.** In addition to the duties set forth elsewhere in this chapter, the board shall:

1. Publish an annual list of the names and addresses of all persons licensed under this chapter.
2. Approve and administer an examination for counselors.
3. Set and collect a fee, not to exceed one hundred fifty dollars, for the filing of each application for a license under this chapter and set and collect a fee, not to exceed one hundred dollars, for the renewal of a license under this chapter.
4. Deposit and disburse all fees and moneys collected by the board in accordance with section 54-44-12.
5. Establish continuing education requirements for license renewal.
6. Issue provisional or probationary licenses.
7. Establish a code of ethics for the practice of counseling.

**43-47-03.1. Authority to appoint or employ.** The board may appoint or employ persons to assist the board in carrying out its duties under this chapter.

**43-47-04. Representation to the public.** Only persons licensed under this chapter may use the title "professional counselor" or "associate professional counselor", or the abbreviations "LPC" or "LAPC". The license issued by the board must be prominently displayed at the principal place of business of the counselor.

**43-47-05. Counseling practice - Exceptions.**

1. This chapter does not prevent any person licensed by the state from doing work within the standards and ethics of that person's profession, if that person does not represent to the public that the person is a professional counselor or associate professional counselor.
2. This chapter does not apply to the activities, services, or use of an official title on the part of a person employed as a counselor by any federal, state, or local political subdivision or by a private or public educational institution, if the person is performing counseling within the scope of employment.
3. This chapter does not prevent students or trainees who are enrolled in programs leading to counseling degrees from interning within the limitations set by the rules adopted by the board under chapter 28-32.
4. This chapter does not prevent a licensed attorney from providing services within the scope of the practice of law.
5. This chapter does not prevent a member of the clergy of any religious denomination from providing services within the scope of ministerial duties.
6. This chapter does not prevent the employment of, or volunteering by, individuals in nonprofit agencies or community organizations if these persons do not hold themselves out to the public as professional counselors or associate professional counselors.

**43-47-06. Licenses - Qualifications - Reciprocity.**

1. Except as otherwise provided in this chapter, no person may engage in counseling in this state unless that person is a licensed professional counselor or licensed associate professional counselor.
2. The board shall issue a license as a licensed professional counselor to each applicant who files an application upon a form and in a manner the board prescribes, accompanied by the required fee, and who furnishes evidence to the board that the applicant:
  - a. Has received a master's degree from an accredited school or college in counseling or other program that meets the academic and training standards adopted by the board;
  - b. Has provided personal and professional recommendations that meet the requirements adopted by the board and has satisfied the board that the applicant will adhere to the highest standards of the profession of counseling;
  - c. Has two years of supervised experience under a licensed professional counselor, or its equivalent as determined by the board;
  - d. Has provided a statement of professional intent to practice in this state describing the applicant's proposed use of the license, the intended client population, and the counseling procedures, as defined by the board, the applicant intends to use in serving the client population; and
  - e. Has demonstrated knowledge in the field of counseling by successful completion of an examination prescribed by the board.
3. The board shall issue a license as a licensed associate professional counselor to each applicant who files an application upon a form and in a manner the board prescribes, accompanied by the required fee, and who furnishes sufficient evidence to the board that the applicant:
  - a. Has received a master's degree from an accredited school or college in counseling or other program that meets the academic and training standards adopted by the board;
  - b. Has provided personal and professional recommendations that meet the requirements adopted by the board and has satisfied the board that the applicant will adhere to the standards of the profession of counseling; and
  - c. Has provided a written plan for supervised experience which meets the requirements adopted by the board.
4. The board may waive the formal examination requirements for a professional counselor license when the applicant has been licensed or certified to practice counseling in another state under standards and qualifications similar to or greater than those set by the board.
5. A professional counselor shall renew the license every two years. The board shall renew a license upon payment of a fee set by the board and upon demonstration by the licenseholder of completion of continuing education requirements set by the board.
6. An associate professional counselor initially licensed under this chapter may be licensed for no more than two years. The associate professional counselor's license may be extended beyond two years only upon recommendation of the associate professional counselor's supervisor and three other counselors, at least one of

whom must be a professor from the associate professional counselor's training program.

**43-47-06.1. Board may establish specialty licenses.** The board may provide a counselor specialty license to any licensed professional counselor who meets the standards established by the board for that particular specialty. The board shall adopt standards for specialty licenses equal to or greater than those established by the national board of certified counselors, which governs the standards for particular specialties. The board may not create a specialty license for which the scope of practice is defined under any other chapter in this title.

**43-47-06.2. Payment of delinquent license fees - Reinstatement.** A person who has been licensed under this chapter, and whose license has not been renewed because of the failure to pay the annual license fee, must be reinstated and the license renewed if within one year from the date of nonrenewal the person pays to the secretary of the board the amount of the annual license fee in default and a late fee to be determined by rule of the board.

**43-47-07. Disciplinary proceedings.** The board may deny, refuse to renew, suspend, or revoke any license issued under this chapter upon finding by a preponderance of the evidence that the applicant or licenseholder:

1. Has been convicted of an offense determined by the board to have a direct bearing upon the individual's ability to practice counseling and is not sufficiently rehabilitated as determined by the board in accordance with section 12.1-33-02.1;
2. Has been grossly negligent in the practice of counseling and has injured a client or other person to whom the individual owed a duty; or
3. Has violated any rule of the board.

**43-47-07.1. Costs of prosecution - Disciplinary proceedings.** The board may impose a fee against any person subject to regulation under this chapter to reimburse the board for all or part of the costs of administrative actions resulting in disciplinary action, including the amount paid by the board for services from the office of administrative hearings, attorney's fees, court costs, witness fees, staff time, and other expenses.

**43-47-08. Complaints - Investigations.**

1. A person aggrieved by the actions of a counselor licensed under this chapter may file a written complaint with the board citing the specific allegations of misconduct by the counselor. The board shall notify the counselor of the complaint and require a written response from the counselor. Neither the initial complaint nor the counselor's response is public record. The counselor's response must be made available to the complainant.
2. A counselor who is the subject of an investigation by the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any reasonable question raised by or on behalf of the board relating to the subject of the investigation, and providing copies of patient records when reasonably requested by the board and accompanied by the appropriate release.
3. In order to pursue the investigation, the board may subpoena and examine witnesses and records, including patient records, and copy, photograph, or take samples. It may require the counselor to give statements under oath, submit to a physical or psychological examination, or both, by a physician or physicians or other qualified evaluation professionals selected by the board if it appears to be in the best interest of the public that this evaluation be secured. A written request from the board constitutes authorization to release information. Patient records that are released to the board are not public records.

4. After review of the complaint, the counselor's response, and information obtained in the investigation, the board shall determine if there is a reasonable basis to believe that the allegations are true and that the allegations constitute a violation of this chapter or the rules of the board. If the board determines that there is a reasonable basis to believe that the allegations are true and that the allegations constitute a violation of this chapter or the rules of the board, the board shall take appropriate action. If a reasonable basis is not found by the board, the board shall so notify the complaining party and the counselor in writing.
5. Unless there is a patient release on file allowing the release of information at the public hearing, patient records acquired by the board in its investigation are confidential and closed to the public. All portions of board meetings wherein patient testimony or records are taken or reviewed are confidential and closed to the public. If no patient testimony or records are taken or reviewed, the remainder of the meeting is an open meeting unless a specific exemption is otherwise applicable.

**43-47-09. Confidentiality.** Except as authorized by law, no person licensed under this chapter may be required to disclose any information acquired in rendering counseling services without the consent of the person who received the counseling services.

**43-47-10. Penalty.** Any person who violates this chapter is guilty of a class B misdemeanor.

Lee, Judy E.

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From:  
To:

Ron & Barbara Pinder [stanpin@loretel.net]  
Sunday, February 13, 2005 9:19 PM  
Lee, Judy E.; Dever, Dick D.; Brown, Richard L.; Lyson, Stanley; Warner, John M.

February 13, 2005

Members of the Human Services Legislative Committee:

I didn't believe that I would have to write a letter in support of SB 2269, regarding licensure for Marital and Family Therapists (MFT) but after reading the misinformation circulated by the North Dakota Counseling Association I felt that I had no choice.

I feel that I am in a unique position to address this bill as I have a B.S. in psychology, an M.S. in Marital and Family Therapy, and a Ph.D. in Counseling Psychology. I am a clinical member of the American Association of Marital and Family Therapists as well as a supervisor in training and am licensed in North Dakota as an LPCC (Licensed Professional Clinical Counselor). I have taught graduate courses in both MFT and psychology departments. I have supervised interns from MFT and counseling graduate programs. My education and experience spans several disciplines. It is based on my involvement in all these programs that I can state that marital and family therapy is not a treatment modality or subcategory of counseling or social work but is a separate and distinct discipline.

When asked to identify my profession, I generally refer to myself as a marital and family therapist. The historical foundations, theoretical orientation, basic beliefs and premises on which to base interventions are different from counseling, psychology, or social work. I, in fact, changed my master's program of study from counseling at NDSU to marital and family therapy as the counseling program did not provide me with what I needed to work with children and their families.

As an employee of Southeast Human Service Center in the Children and Family Services Department I provide therapeutic services to children and their families. As you may be aware, the Department has required certification in providing Wrap-Around care as a part of our service provision. I attended this training and was interested to note that the foundation and procedures for this service are founded not in counseling or psychology theories, but in theories of family therapy.

I have often heard requests for further training in family therapy from my social work and counseling colleagues around the state. They feel that they haven't had adequate education or training to address the needs of the families they serve. Family therapy is a distinct and separate discipline.

Most important I feel that the citizens of North Dakota deserve all the information necessary to make an informed choice about accessing therapeutic services. If I have a tax question a general accountant may be able to meet my needs but I would likely look for someone who identifies themselves as specializing in taxes. Just as we look for specialization in other professions, those looking for therapy should also be able to identify someone who has specific education and training in providing services to couples and families by their licensure. Our professional ethics state that we practice within the scope of our education and experience. As an example, I have taken several courses in substance abuse. This does not make me qualified or competent to offer in depth addiction services. This is why there is a separate licensure for addiction counselors that have specific parameters for practice. By the same token, taking a few MFT courses does not necessarily make you qualified to work with couples or families. I do not recall questions regarding couples or family therapy on the counseling licensure exam (LPC or LPCC) therefore my knowledge or competency in that area was not addressed or measured. This is because marital and family therapy is a unique and separate discipline not a counseling technique.

I am confused and dismayed that some of my colleagues in counseling and social work are opposed to the passage of this bill. I can only assume that it is due to their lack of understanding and exposure to the field of couples and family therapy. It is disappointing that North Dakota is the last state to acknowledge the importance of

providing licensure to Marital and Family Therapists. It is ironic that North Dakota State University has an accredited program to educate and train Marital and Family Therapists yet the state does not recognize them with licensure. The last three NDSU MFT interns that I supervised are considering employment outside of the state. The primary factor in their decision is the issue of licensure. Passing this bill is one way to keep trained professional marital and family therapists in our state and insure that residents of North Dakota receive quality services.

I strongly encourage the passage of SB 2669.

Sincerely,  
Barbara Stanton, PhD, LPCC

cc:  
jlee@state.nd.us, ddever@state.nd.us,  
rlbrown@state.nd.us, slyson@state.nd.us, jwarner@state.nd.us

**Proposed Amendments to Senate Bill 2269**  
February 14, 2005

Page 2, line 12, replace "54-53-02" with "43-53-02", replace "**Prohibited Acts**" with "**Representations to the public**"

Page 2, line 13, remove "an individual who is not licensed under this chapter may not"

Page 2, remove lines 14 through 16

Page 2, line 17 replace "family therapist; or practice marriage and family therapy" with "only people licensed under this chapter may use the title "marriage and family therapist", or the abbreviations "LMFT". The license issued by the board must be prominently displayed at the principal place of business of the therapist"

Page 2, line 21, remove the colon

Page 2, line 22, remove "(1)"

Page 2, line 24, replace the semicolon with a period and remove "or"

Page 2, remove lines 25 and 26.

Page 3, line 7, replace "scope" with "ethics", after the comma, insert "if that person does not represent to the public that the person is a professional marriage and family therapist", and remove "as long as"

Page 3, remove line 8

Page 3, line 9, remove "family therapist"

Page 3, after line 9, insert:

3. This chapter does not prevent a licensed attorney from providing services within the scope of practice of law.
4. This chapter does not prevent a member of the clergy of any religious denomination from providing services within the scope of ministerial duties.
5. This chapter does not prevent the employment of, or volunteering by, individuals in nonprofit agencies or community organizations if these persons do not hold themselves out to the public as professional marriage and family therapists."

Page 8, after line 25, insert:

**“SECTION 2. Legislative council study.** The legislative council shall consider studying, during the 2005-2006 interim, the possibility of an umbrella licensing organization for a group consisting of counselors, marriage and family therapists, and social workers, including the fiscal impact of any such program. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.”

1

Testimony on SB 2269  
State Rep. Ron Iverson  
District 27 -- Fargo

Mr. Chairman and Members of the committee For the record my name is Representative Ron Iverson. I serve the constituents of District 27 which is comprised of Southwest Fargo and part of West Fargo.

I come before you today to stand in support of SB 2269. I will state my reasons for support and I shall be brief.

#1 Fairness --This program has a design Flaw in that it is designed to send all of the graduates out of state. The reason is that there is no licensure for this program. The graduates would have to go on and get a year or more of education that does not have anything to do with what they want to do practice marriage and family therapy.

#2- The second reason I am asking you to support SB 2269 is continuity. Currently 46 other states license this discipline. There is no reason for North Dakota NOT to license this discipline. Also, North Dakota would join the Federal Government in acknowledging marriage and family therapy as one of the five core mental health disciplines in the United States.

#3 Outmigration -- The third reason is Outmigration the students that are in this program should be allowed to stay here if they choose. I am certain that some of them have

spoken with you either by email or in person about this. Members of this committee they have worked hard in this program and deserve the chance to succeed in their given choice of profession. Let's let them do it here, right here in North Dakota. Lets license this program and let them practice here.

Thank you Madam Chairman and members of the committee. I would stand for any questions.



## *Counseling Services*

February 2, 2005

Christi McGeorge, President  
North Dakota Association for Marriage and Family Therapy

Dear Ms. McGeorge;

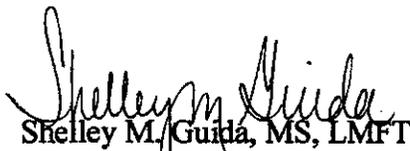
I am writing this letter in support of North Dakota Senate bill # 2269 for licensure of Marriage and Family Therapists.

I received my graduate degree in Marriage and Family Therapy at NDSU in 1990. I have been a Licensed Marriage and Family Therapist (LMFT) in Minnesota since 1993. I am currently the clinical coordinator at The Village Family Service Center in Fargo, supervising sixteen clinicians. Of these sixteen, eight have either obtained or are working toward becoming an LMFT in Minnesota. They are forced to do so because currently North Dakota does not have licensure for their field of practice. Once licensed, these clinicians will leave North Dakota to seek employment in Minnesota to further their careers.

Although I am able to provide administrative duties in our Fargo office, I have to see clients in our Moorhead, MN office due to licensure regulations. This limits access to service for many of my clients without transportation, or for those with third party funding only available in North Dakota.

It has been my experience as a clinical supervisor that licensure standards assure ethical practice and improves the quality of service delivered. Marriage and family therapists are specifically trained to work with the complex issues facing families today. Implementing licensure standards in North Dakota would increase access to quality mental health services, and assure standardized practice.

For these reasons, I am in support of North Dakota Senate bill #2269.

  
Shelley M. Guida, MS, LMFT  
Clinical Coordinator

1201 25<sup>th</sup> Street South, P.O. Box 9859, Fargo ND 58106-9859  
(701) 451-4900 • Fax: (701) 451-5056 • 1-800-627-8220 • [www.thevillagefamily.org](http://www.thevillagefamily.org)



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Attachment 1  
(2/16/05)



**"Bonnie Staiger"**  
<bonnie@bis.midc  
o.net>

02/15/2005 10:15 PM

To: "Intern 1 NDLA" <intern1@state.nd.us >  
cc: "Lee, Judy E." <jlee@state.nd.us>, "Brown, Richard L."  
<ribrown@state.nd.us>, <jwarner@state.nd.us>  
Subject: MFT Bill (SB 2269) Proposed Amendments

Carlee,  
Thanks for emailing the current draft of amendments to me.  
And yes, there is one more change that the committee needs to give serious  
consideration:

On page 6 line 18-22 Regarding a temporary permit while someone is taking  
the exam. This is unheard of in other professions. I can't imagine a board  
who is responsible for the health and safety of the public, allowing someone  
to practice when the board has no other way to verify an applicant's  
competency than by passing the exam.

Thanks,  
Bonnie Staiger  
223-3184

2/16/05

**Proposed Amendments to Senate Bill 2269**

February 16, 2005

Page 1, line 14, after the period, insert "In order to be eligible for the title of "Licensed Marriage and Family Therapist," the individual must have completed the board regulated supervised clinical hours and passed the licensing examination pursuant to sections 43-53-06 and 43-53-07 of this chapter."

Page 2, line 12, replace "54-53-02" with "43-53-02", replace "**Prohibited Acts**" with "**Representations to the public**"

Page 2, line 13, remove "an individual who is not licensed under this chapter may not"

Page 2, remove lines 14 through 16

Page 2, line 17 replace "family therapist; or practice marriage and family therapy" with "only people licensed under this chapter may use the title "marriage and family therapist", or the abbreviations "LMFT". The license issued by the board must be prominently displayed at the principle place of business of the therapist"

Page 2, line 21, remove the colon

Page 2, line 22, remove "(1)"

Page 2, line 24, replace the semicolon with a period and remove "or"

Page 2, remove lines 25 and 26.

Page 3, line 2, after the period, insert "The term "intern" under this section means an individual who is a master student of marriage and family therapy and who works under supervision of a licensed marriage and family therapist."

Page 3, line 7, after the comma, overstrike "as long as" and insert immediately thereafter "if"

Page 3, line 8, after "a" insert "professional"

Page 3, after line 9, insert:

- "3. This chapter does not prevent a member of the clergy of any religious denomination from providing services within the scope of ministerial duties.

4. This chapter does not prevent the employment of, or volunteering by, individuals in nonprofit agencies or community organizations if these persons do not hold themselves out to the public as professional marriage and family therapists.”

Page 5, after line 3, insert: (figure out better placement if necessary)

- “5. Adopt a nationally recognized code of ethics for the practice of marriage and family therapy
6. Establish continuing education requirements for license renewal.
7. Publish an annual list of the names and addresses of all persons licensed under this chapter.”

Page 6, line 4, overstrike “an” and insert immediately thereafter “a national”

Page 6, line 17, remove “**Temporary Permits-**”

Page 6, remove lines 18 through 22

Page 6, line 23, remove “2.”

Page 6, after “43-53-09” insert: **Temporary Permits for Licensed Associate Marriage and Family Therapists.**

1. An individual may apply for and be granted a temporary permit as a Licensed Associate Marriage and Family Therapist under the following conditions:
  - a. That individual has received a master’s degree in marriage and family therapy.
  - b. That individual is embarking on the board determined required supervised clinical hours.
  - c. The individual is subject to annual renewal under this section.
2. The board shall adopt rules under this section to establish the procedures by which an individual may be issued a temporary permit as a licensed associate marriage and family therapist, including a permit fee.
3. An individual licensed under this section is not subject to continuing education requirements.
4. And individual licensed under this section is not required to have taken the marriage and family therapy licensing examination.
5. An individual licensed under this section is subject to the same disciplinary proceedings as an individual licensed under this chapter.

43-53-10”

7. Publish an annual list of the names and addresses of all persons licensed under this chapter.”

Page 6, line 4, overstrike “an” and insert immediately thereafter “a national”

Page 6, remove lines 18 through 22

Page 6, line 23, remove “2.”

Page 7, line 3, remove “**Renewal of license.** On or before November fifteenth of the year preceeding”

Page 7, remove lines 4 and 5

Page 7, line 6, remove “**43-53-11**”

Page 8, line 6, replace “**43-53-12**” with “**43-53-11**”

Page 8, line 24, replace “**43-53-13**” with “**43-53-12**”

Page 8, after line 25, insert:

“**SECTION 2. Legislative council study.** The legislative council shall consider studying, during the 2005-2006 interim, the possibility of an umbrella licensing organization for a group consisting of counselors, marriage and family therapists, and social workers, including the fiscal impact of any such program. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixtieth legislative assembly.”

*replacement of A 2 of annual* SB 2269 2/16

2A

Prepared by John M. Olson on behalf of North Dakota Association of Marriage and Family Therapy  
March 7<sup>th</sup>, 2005

**PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL 2269**

Page 3, remove lines 1 through 3

Page 3, line 10, after "profession" insert a comma and add "including the provision and advertising of marriage and family therapy services, or speciality in marriage and family therapy,"

Page 8, delete lines 23 through 28

Renumber Accordingly

3  
Senate Bill # 2269

Human Services Committee

March 7, 2005

ND Association of Marriage and Family Therapy

Testimony of Dr. Martin Erickson (District 13)

Chairwoman Price and the members of the House Human Services Committee: My name is Martin Erickson and I am a member of the North Dakota Association of Marriage and Family Therapy (NDAMFT). The following is an outline of my testimony:

- ❖ I have a master's and Ph.D. in Marriage and Family Therapy, and I am currently faculty member at North Dakota State University (NDSU) in the Marriage and Family Therapy program; however, today I speak as a private citizen of the great state of ND and a marriage and family therapist.
- ❖ **NDSU's program in Marriage and Family Therapy:** The program at NDSU is accredited by Commission on Accreditation for Marriage and Family Therapy Education, which is recognized by the Department Education as the national accrediting agency for clinical training programs in marriage and family therapy. The marriage and family therapy program at NDSU is one of 62 accredited master's programs in the country; however NDSU has the only accredited master's program in a four state region (MN, MT, IA, and ND). ND is the only state with an accredited master's program that does NOT have licensure for marriage and family therapy. Furthermore, there are states (for example Minnesota, Iowa, Arizona, etc.) that have licensure, but do NOT have an accredited master's program.
- ❖ **Educational Requirements of the Marriage and Family Therapy at NDSU:** Master's program at NDSU, which was founded in 1987, is a 63 credit clinical program, which exceeds all other master's level clinical training programs in ND. Students complete the

program at NDSU in three years and are required to complete two full-time years of course work as well as a minimum of 500 face to face clinical hours, which is the highest number of direct therapy hours required by any mental health discipline. At least 250 face to face clinical hours are required to be with couples and families. Marriage and Family Therapy is the only discipline that requires clinical hours with couples and families. It is also important to note that marriage and family therapy programs count clinical hours differently than all other mental health disciplines. Students are only allowed to count actual time in the therapy room with clients. Other disciplines allow students to count all hours in their clinical experience, including paperwork, supervision, phone conversations, educational conferences, etc. If marriage and family therapy students were allowed to count all of these activities than their overall clinical experience would count up to 3,000 hours.

- ❖ Students receive on average 300 hours of direct supervision during their graduate experience.
- ❖ Students graduate each year from NDSU and have to leave ND to find employment as a licensed therapist, today we have 8 graduate students who have traveled with to attend the hearing today. The records of past graduates of the Marriage and Family Therapy program indicate that 70% have left the state to seek licensure.
- ❖ We have over 100 graduates from the NDSU Marriage and Family Therapy program who could apply for licensure. Licensure would prevent out-migration of highly trained and educated adults. Licensure would also attract students from other states that could serve the citizens of ND.
- ❖ I have personally received requests to do phone therapy with couples and families who did not have access to other services.

Thank you for the opportunity to present information about this important bill and I respectfully request that you vote Do Pass on SB 2269.

4

Senate Bill # 2269

Human Services Committee

March 7, 2005

ND Association of Marriage and Family Therapy

Testimony of Christi McGeorge (District 44)

Chairwoman Price and the members of the House Human Services Committee: My name is Christi McGeorge and I am the President of the North Dakota Association of Marriage and Family Therapy (NDAMFT). The following is an outline of my testimony:

- ❖ Marriage and Family Therapy is one of the five core mental health disciplines recognized by the Health Resource Administration (HRSA). The five core disciplines are marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing.
- ❖ There are nine key ways that Marriage and Family Therapy is recognized by the federal government. I would like to highlight three programs that are particularly important to ND. All nine programs are briefly described on the blue sheet that is included in your packet.
  - ❖ Passing Senate Bill #2269 means that Native Americans in ND would have increased access to federally reimbursed mental health services. Indian Health Service authorizes Licensed Marriage and Family Therapists to provide mental health care services to Native Americans in clinical settings, along with psychologists and clinical social workers.
  - ❖ Passing Bill #2269 means that our military men and women and their families would have increased access to federally reimbursed mental health services. The Department of Defense identified Licensed Marriage and Family Therapists as

clinical practitioners eligible for credentialing and independent privileges in DON family Service Centers and Family Advocacy Program Centers. Furthermore CHAMPUS/TRICARE, the federal health care program for members of our uniformed services and their families, reimburses Licensed Marriage and Family Therapists to serve as mental health providers. This allows our men and women and their families who sacrifice so much have access to marriage and family therapists.

- ❖ Passing Bill #2269 means that graduate students who chose to study Marriage and Family Therapy will now qualify in the state of ND for a federal loan repayment program. This federal program requires newly graduated Marriage and Family Therapists to work in rural communities that have a shortage of mental health providers. This federal loan repayment program is especially important to ND, because the Public Health Service Act classifies most of ND as having a shortage of mental health professionals.
- ❖ Scope of Practice: Others will testify that SB 2269 will limit their ability to work with couples and families, but I want to state that neither the intent nor the language of this bill infringes on anyone's scope of practice. Any trained and licensed mental health provider can continue to work with couples and families and advertise that they provide therapeutic services for couples and families.

Thank you for this opportunity to speak to you today on this important bill. I respectfully ask you to please vote in favor of Senate Bill 2269.

Testimony in Favor of Senate Bill #2269  
Rev. Larry J. Giese  
First Lutheran Church, Mandan, ND  
District #33

07 March 2005

To the Chair and Members of the House Human Services Committee,

I am Rev. Larry J. Giese, presently serving First Lutheran Church, Mandan, ND. I am a North Dakota native from Elgin, ND. I am an ordained pastor of the ELCA, and also licensed out of state in Texas since October of 1997 in the field of Marriage and Family Therapy. I have maintained this license in hopes that North Dakota would license Marriage and Family Therapy and receive reciprocity with this license here, or to return to Texas and work in the ELCA and/or private practice of Marriage and Family Therapy.

I ask the House Human Services Committee and Members of the House to vote in favor of this bill for the good of the people of this great state of North Dakota for these reasons:

- The addition of a board and licensure in Marriage and Family Therapy will help the citizens of North Dakota clearly identify and understand that there are trained professionals in the relational dynamics of marriage and family. If we are treated as a modality, as many within our opposition understand us, our interests, goals, and concerns as a recognized professional field by the federal government and military become compromised within our state by those who are not LMFT's. By working together with psychiatry, psychology, social work, licensed professional counselors, and psychiatric nursing, the mental health field and avenues of providing services can only be enhanced in the state. There is strength in diversity. We each can hold and maintain our unique birthright in serving the people of North Dakota.
- EAP (Employee Assistance Providers) recognize the field of Marriage and Family Therapy. They cannot hire anyone trained in this profession within North Dakota because there is no licensure in North Dakota. This is their policy. I was invited to join them because I am a Clinical Member of AAMFT (American Association for Marriage and Family Therapy), however, my license is in Texas. I was declined a fellowship. This invitation is indication to me that the field of Marriage and Family Therapy is already recognized on their level and has value as a provider. With the inability to serve Aetna, the people of North Dakota are underserved.
- As military men and women return from around the world to their families within North Dakota, especially the 957<sup>th</sup> and 141<sup>st</sup>, I believe we as citizens of North Dakota owe them the right to choose a marriage and family therapist for help in restructuring their family, especially if there is a perceived need. Many returning soldiers from the Gulf War in 1991 were treated at the facility where I was trained

in San Antonio, TX. Grant our returning service men and women an equal and adequate choice of whom they prefer for treatment rather than limiting their options. And, we owe it to the 642,000 plus residents in North Dakota to grant them choice of service as well.

- As a pastor of a larger North Dakota congregation, I see families on a weekly, monthly, and yes, twice a year for poinsettia and Easter lily festivals. I see them in health, sickness, transition—the stages in the family life cycle. Many are in need of specific structural changes and do not wish to drug their children or themselves. They desire alternatives. There are families who have self referred to me as a pastor/therapist. There are many who wish they could refer friends and acquaintances, but I do not have the time. Everyday I see a need for more trained therapist, particularly those trained specifically in Marriage and Family Therapy. For my congregations and for those in my community the passing Senate Bill 2269 would be blessing.
- I urge a do pass on Senate Bill 2269. Thank You.

#6

**Senate Bill # 2269**

**Human Services Committee**

**March 7, 2005**

**ND Association of Marriage and Family Therapy**

**Testimony of Heather Guttormson**

**Madam Chair and members of the committee,**

**My name is Heather Guttormson and I am a member of Representative Sandvig's district 21. I speak to this committee today as a private citizen and member of the North Dakota Association of Marriage and Family Therapy.**

**I grew up on a farm in the Red River Valley, farming the fields in both Representative Kaldor's district 20 and Representative Pietsch's district 22. It was on my farm and in farming with my family that I learned the strengths of families and my family values. I was the only person in my family to obtain higher education. I received my bachelor's degree from North Dakota State University and a Master's degree in Marriage and Family Therapy from the University of Wisconsin-Stout.**

**While I was completing my Masters' degree I came back to North Dakota State to gather information for a research project from the Germans from Russia Heritage Collection. With this project I taught my fellow graduate students specific techniques, strategies, and interventions to use with rural German-Russian families. I was proud of my heritage and wanted to share this information with my peers.**

**After I completed my Masters' degree, I returned back to my farm applying for jobs in North Dakota. Time and time again I was told I would need to seek licensure in North Dakota in order to be hired by their organization, but I do not qualify for licensure in North Dakota. After an exhaustive year of searching for employment, I gave up, and was hired to work in rural Minnesota where my discipline was recognized and I could attain licensure. I, like many other educated professionals, was victim to the out-migration that happens every day in this state.**

**I enjoyed my work in Minnesota, but longed to be back near my farm with my family. About 9 months ago I was offered and accepted an administrative position as opposed to a clinical position at NDSU. I continue to be hopeful that one day I may be able to work with farm families in North Dakota. I ask for your support of this bill to acknowledge my rural life experience, my education, and my needed skills as a therapist.**

#7

**Senate Bill #2269**

**Human Services Committee**

**March 7<sup>th</sup>, 2005**

**Private Citizen**

**Testimony of Roxanne Henke, Wishek, ND...District 28**

**I'm not here this morning to give you a bunch of facts and figures...there are other people for that...I'm here this morning to simply tell you my story.**

**There was a time, about a dozen years ago, when I was in great need of the help a trained therapist can give. I went through a long, long year of clinical depression. My local doctor soon realized the depth of my depression was more involved than his training in physical ailments and referred me to a therapist in Bismarck...one hundred miles away from where I live...one way.**

**From personal experience I can tell you it's not easy to drive a hundred miles with tears in your eyes. Or when your mind is trying desperately to make sense of what's going on in your life. I know from personal experience that our state is terribly underserved when it comes to mental health professionals.**

**During part of the time I was going through my depression, my daughter, Tegan, was in high school in Wishek. Frankly, she couldn't wait to graduate and head somewhere far away to college. Like many of our young people, she thought anything had to be better than what was right here. She looked at schools in Minnesota, but ended up choosing NDSU because it felt like the best "fit" for her.**

**I'm proud to say she graduated from NDSU, but when it came time for her to choose a graduate school, she was more than ready to leave North Dakota and check out what the rest of the world was like. She was accepted into the Master's program at a private college in California. She packed up her things and headed west. Funny thing, though, neither the school, or the crowded city, was quite what she expected.**

I remember one day, well into her new semester, when the phone rang. It was Tegan and she told me, "Mom, I don't know what to do. This school is so...easy. I don't even feel like I'm earning my degree."

This was Graduate School. In California, no less. How much further away from North Dakota could she get? It was in the Los Angeles area...how much bigger could you get? How much better? Wasn't everything OUTSIDE of North Dakota supposed to be bigger and better? It sure didn't seem so anymore.

In the end, Tegan talked to friends who were in the graduate program at NDSU and realized the education they were getting far surpassed what she was getting in "bigger-and-better" California. After the first semester, Tegan decided to cut her losses and move back to North Dakota to complete her education.

And now that she is almost done with her Master's degree in Marriage and Family Therapy...she might be forced to leave North Dakota, again, simply to find a job.

You can change that.

I don't know about you...but as a person who has lived in North Dakota my whole life, as a woman who has traveled across the United States (and the world) and has always been glad to come "home," and as a mother who would love her daughter to live and work in this great state of North Dakota...I think we should make it possible for my daughter to do just that!

I urge you to recommend the licensing of Marriage and Family Therapy in North Dakota. Please vote to pass this important bill.

Thank you for your time.

~~8~~  
8  
March 7, 2005

Members of the House Human Services Committee:

As a Licensed Professional Clinical Counselor (LPCC), who has a B.S. in psychology, an M.S. in Marriage and Family Therapy (MFT), and a Ph.D. in Counseling Psychology, I feel that I am in a unique position to address this bill. I also feel compelled to address this committee, because of the misinformation circulated by the North Dakota Counseling Association about SB 2269.

I have taught graduate courses in both MFT and psychology departments. I have supervised interns from MFT and counseling graduate programs. My education and experience spans several disciplines. It is based on my involvement in all these programs that I can state that marriage and family therapy is not a treatment modality or subcategory of counseling or social work but is a separate and distinct discipline. In fact, I changed my master's program of study from counseling at NDSU to marriage and family therapy as the counseling program did not provide me with what I needed to work with children and their families.

As an employee of Southeast Human Service Center in the Children and Family Services Department I provide therapeutic services to children and their families. As you may be aware, the Department has required certification in providing Wrap-Around care as a part of our service provision. I attended this training and was interested to note that the foundation and procedures for this service are founded not in counseling or psychology theories, but in theories of family therapy. I have often heard requests for further training in family therapy from my social work and counseling colleagues around the state. They feel that they haven't had adequate education or training to address the needs of the families they serve. This is because marriage and family therapy is a distinct and separate discipline.

Most importantly, I feel that the citizens of ND deserve all the information necessary to make an informed choice about accessing therapeutic services. If I have a tax question a general accountant may be able to meet my needs but I would likely look for someone who identifies themselves as specializing in taxes. Just as we look for specialization in other professions, those looking for therapy should also be able to identify someone who has specific education and training in providing services to couples and families by their licensure.

Our professional ethics state that we practice within the scope of our education and experience. As an example, I have taken several courses in substance abuse. This does not make me qualified or competent to offer in depth addiction services. This is why there is a separate licensure for addiction counselors that have specific parameters for practice. By the same token, taking a few MFT courses does not make someone qualified to work with couples or families. I do not recall questions regarding marriage and family therapy on the counseling licensure exam (LPC or LPCC); therefore my knowledge or competency in that area was not addressed or measured. This is because marriage and family therapy is a unique and separate discipline not a counseling technique.

I am confused and dismayed that some of my colleagues in counseling and social work are opposed to the passage of this bill, especially since it is clear that SB 2269 does not limit their scope of practice in anyway. It is disappointing that North Dakota is one of the last states to acknowledge the importance of providing licensure to Marriage and Family Therapists. It is ironic that North Dakota State University has an accredited program to educate and train Marriage and Family Therapists yet the state does not recognize them with licensure. The last three NDSU MFT interns that I supervised are considering employment outside of the state. One primary factor in their decision is the issue of licensure. Passing this bill is one way to keep trained professional marriage and family therapists in our state.

I strongly encourage the passage of SB 2269.

Sincerely,  
Barbara Stanton, PhD, LPCC

Phone  
701-839-0794  
- Minot -

Honorable Member of the Senate House Human Services Committee

My name is LaVonne Sorensen-Jackson. I am writing to ask for your support of and vote on SB2269. First, a little summary of my background so that you know I have valued life experiences in many areas and I have made valued contributions to my communities. I was born and raised in Minot and sadly, in 1963 I found myself divorced with a small child needing to improve my salary in order to support him. At that time I had only a high school diploma with some college at Minot State. I did however have excellent medical secretarial skills which I learned at Minot High. I was offered an excellent position as Executive Medical Secretary to the Corporate Medical Director of North American Aviation in El Segundo, CA. Salaries in Minot at that time were not equal to what I was offered and I felt I needed to go where I could support my son. In my middle forties I decided to continue my formal education and earned a masters degree in psychology with tracts in marriage and family therapy, employee assistance programming and addictions. I returned to Minot to do an internship (for California licensure) which required 3000 hours for marriage & family licensure in the state of California. However, after reacclimating and after a second attempt to return home (Minot), I asked my husband if he would consider returning to Minot and making it our retirement home (he was retired at that time). We sold our home in CA in '94 and purchased our present home. I began my internship at North Central Human Service Center in Nov of '91 (which turned into full-time employment). It takes three to four years to accumulate 3000 hours in the competency areas required for MFT licensure (in California). In light of the fact that ND has no licensure I felt I would have to return to California for testing. I then learned there were individuals with social work degrees/licenses as well as individuals with Phd's (not clinical Phd's) who worked with families and children in ND and desired to have licensure in a discipline that would better represent what they practiced. Twice a group of mental health professionals, some of us employed by the State of ND, attempted to obtain Marriage & Family licensure (two legislative sessions ago) but alas we were defeated. It is very frustrating for any medical/ mental health professional to achieve a masters level or a Phd and not be able to have licensure to measure their competency (at least as a start to measure competency) in the state where they are employed. Further, it is difficult to explain that to patients who question why the State would hire an unlicensed person to do in depth family therapy, or any therapy for that matter. I believe that licensure in any discipline (plumbers, electricians, physicians, MFT's etc., signifies that a state values its citizens and wants to protect them.

In some states Marriage and Family training and licensure is so highly valued that other disciplines such as family physicians, psychiatrists, psychologists and social workers obtain the specific licensure of marriage and family therapy. This makes everyone aware that they have studied the theories, models, techniques and interventions that are unique to Marriage & Family Therapy. Physicians, for instance, get very little marriage and family training.

SB2269 does not limit the scope of other mental health disciplines, family doctors, or psychiatrists. I think, too, if we look at the certified alcoholism counselors in ND we find they do family therapy (they don't call it that). Yet, according to some studies, ND has the highest rate of alcohol dependence and abuse in the nation. I feel that highly trained/skilled marriage and family therapists could be of great assistance in this crisis particularly after initial alcohol treatment. Alcoholism counselors are not trained in Marriage and Family Therapy. However, I believe that Alcoholism Counselors working with Marriage and Family Therapists, as a tight team, could do much to alleviate the addiction problem in ND, not just alcohol addiction. SB2269 would add another unique discipline to those other qualified and gifted professionals which would support treatment of the "family" not just the individuals with the specific disease. An addicted person cannot be treated in isolation, it must be a family system effort as there is much sabotage going on within the family system. Addiction treatment is a long term process, not just four weeks to give initial insight and detoxification, but "long term family" treatment. That may be why we have an addiction crisis in ND?

(By the way, a little more about me. I am very active in my community. I am on the board of the Minot Railroad Museum; past member of the board of the Souris Valley Humane Society; current member; past president Quota of Minot; current member; I started the Fibromyalgia Group of

Minot; past officer of the Order of the Eastern Star/current member; active in my church; current member of the Scandinavian Heritage Society, I started the Souris Valley Danish Society; current member of Sons of Norway; current President, Republican Women of Minot; active member of the Ambassadors Committee of the Chamber of Commerce; and, I have power of attorney for a married developmentally disabled (in their 50's) couple with whom I work on a daily basis (voluntarily). After completing my Masters Degree (in CA), I started my own consulting firm in Employee Assistance Programming as a Certified Employee Assistance Professional/about 10 years. I was an active committee member on the El Segundo COC as well as the Hermosa Beach COC and did the EAP for them; past president of Business and Professional Women; officer in Quota; active in church, etc./I guess it sounds like I'm a really old lady. Well, I am!

If we had had marriage and family licensure during the years I worked ('91 to '01) for NCHS Center in Minot my services would have been reimbursable instead of a loss to the State. Not to mention the confidence and protection the consumer would have had knowing that I was properly trained. (My patient population ranged from Medical Doctors and families; military personal; Phd's; Native Americans; and welfare cases.) (Those professionals that I treated came to me by referral from other professionals who knew my competency, not because I had a license as they did.) ( I also started the Eating Disorder Group at North Central shortly after I arrived/that of course is another addiction that needs to be addressed in ND/there has been no Eating Disorder Group at North Central since I retired).

SB2269 would most certainly be incentive for those ND Marriage/Family Therapists graduating from NDSU to remain in the state instead of crossing the Minnesota/ND border to gain employment in Minnesota. And, it may well encourage some graduates from other states (that are in the NDSU MFT Graduate Program) to take up residency in ND as well. I do not believe that any individual who has obtained a Masters Degree in Marriage/Family Therapy deserves to have their standards lowered in the Great State of ND by being required to take the LPCC exam for licensure when the state LPCC requires 42 credits and the MFT program at NDSU requires 63 credits.

Our Great State is unique at the present time being one of four states that does not have MFT licensure. But, we are, at NDSU, one of 62 accredited MFT Masters programs in the United States. And, that too, is unique.

I sincerely ask for your support in making SB2269 a reality in our state.

LaVonne Sorensen-Jackson, MA/CEAP

~~3~~ *appassion*  
10

TESTIMONY ON SB 2269  
HOUSE HUMAN SERVICES COMMITTEE

March 7, 2005

Madame Chair and members of the committee, my name is Tom Tupa and I am representing the ND Chapter of the National Association of Social Workers. I am here in opposition to Engrossed SB 2269. However, if our coalition-supported amendments were adopted, we would no longer oppose SB 2269.

I will explain the amendments, which will also identify our problems with the bill, as engrossed.

Madame Chair and members of the committee, I urge the adoption of the Coalition amendments after which we will then withdraw our opposition to the bill.

I will try to respond to any questions you may have. Thank you.

(OVER)

**AMENDMENTS TO SB 2269**

**2-28-05**

Prepared by Tom Tupa for a coalition of Psychologists, Professional Counselors, and Social Workers

Page 1, line 21, remove the word "professional"

Page 2, line 14, after the first quotation mark and before "m" in marriage, add the word "licensed"

Page 3, remove lines 1 through 3

Page 3, line 8, replace the word "professional" with the word "licensed"

Page 3, line 10, put a "." after the word "profession" and delete "if that person"

Page 3, delete lines 11 and 12

Page 8, delete lines 23 through 28

Re-number and re-letter accordingly

11- appas.

Rebecca S. McConnachie, LPCC  
NDCA Legislative Chairperson/Lobbyist #572  
1801 N. Washington St. – Bismarck, ND 58501  
(701) 222-2543

March 7, 2005

Human Services Committee  
ND House of Representatives  
State Capitol – Bismarck, ND

Chairperson Price and Members of the House Human Services Committee:

My name is Rebecca McConnachie, and I am the Legislative Chairperson for the North Dakota Counseling Association (NDCA). I am a Licensed Professional Clinical Counselor and have practiced counseling in North Dakota for 13 years. I am here to speak in opposition to SB 2269.

NDCA is a part of a coalition of mental health professions; including social workers, psychologists and counselors that have all opposed language in this bill. Amendments that have been proposed only confuse the issue, especially with regards to advertising by other mental health professionals. The language of the bill will make it difficult for these mental health professionals in private practice to advertise that they are indeed “professionals” in the field of marriage and family therapy.

SB 2269 proposes to establish a new state board and license for “marriage and family therapists.” NDCA is not opposed to the licensing of MFT’s, it is the unnecessary creation of another licensing board for a dozen or so licensees that NDCA is opposed to. Other options exist; including the MFT’s developing a license under the ND Board of Counselor Examiners. This has been accomplished in other states.

**Unless the language of SB-2269 is changed to more clearly allow other mental health professionals to advertise their “professional” services of marriage and family therapy, NDCA urges you to vote DO NOT PASS on SB-2269. In any case, we suggest that a cooperative effort be developed between the MFT’s and the NDBCE to develop an MFT license related to the NDBCE.**

Thank you for the opportunity to testify against SB-2269

Respectfully,  
Rebecca McConnachie, LPCC

(12)  
OPP

**Facts, Figures & Recommendations**  
**Pertinent to SB-2269**

Prepared by the  
**North Dakota Board of Counselor Examiners**

March 7, 2005

1. Marriage and Family Therapists are licensed in 46 states.
  - Of those, 70 % (32) involve boards which license more than one mental health profession.
  - These include nine (9) states in which LMFT's are part of a "counseling" licensure board:  
South Dakota ... Oregon ... New Mexico ... Tennessee ... Arkansas ...  
Louisiana ... Virginia ... Maryland ... Maine
  
2. The North Dakota Boards of Counseling ... Social Work ... and Psychology presently license hundreds of mental health professionals respectively.
  - Each board is highly effective and serves the public well through the licensing and regulation of the relatively large number of mental health professionals in our state.
  - These licensed professionals represent a significant legislative constituency across the state.
  
3. According to the "United States Directory" of the American Association of Marriage and Family Therapists (AAMFT), there are 12 MFT's in North Dakota who meet minimum AAMFT standards (aamft.org).
  - Most of these (8) reside in Fargo.
  
4. The NDSU College of Human Development and Education reports that the Department of Child Development and Family Science graduated three (3) students with a major in "marriage and family therapy" in 2003-2004.
  
5. Recently, executive representatives of the AAMFT and the National Board for Certified Counselors (NBCC) offered their services as facilitators of a dialogue and study – regarding MFT licensing - between the NDBCE and MFT representatives in our state.
  - The House Human Services Committee Chair was contacted on March 4, 2004 by:  
**David Bergman** – AAMFT Director of Legal and Government Affairs and  
**Susan Eubanks** – NBCC Executive Vice President
  - These two national certification bodies have teamed up to assist other states in developing new MFT licensing where mental health licensing boards already exist.
  
6. The NDBCE continues to be open to such a dialogue and study with MFT representatives.
  - **Instead of approving SB-2269, the NDBCE recommends that the North Dakota Legislature direct the formation of a joint MFT – NDBCE Task Force to study and develop licensing options for MFT's in North Dakota. This task force would report its findings and proposals at the 2007 legislative session.**
  
  - **Further, the NDBCE recommends that AAMFT and NBCC be invited to facilitate such a process.**

12A

**John T. Jarman, LPCC**  
Licensed Professional Clinical Counselor  
1015 Reeves Drive – Grand Forks, ND 58201  
701-772-8446

March 7, 2005

**Human Services Committee**  
North Dakota House of Representatives  
State Capitol – Bismarck, ND

**Honorable Representatives:**

SB-2269 proposes to establish a new state board and license for “marriage and family therapists” (MFTs).

- *Please give as much careful consideration to the serious concerns of the state coalition of counselors, social workers, and psychologists – as you naturally will give to the sponsors of the bill.*

I have been actively involved in legislative initiatives involving mental health licensing since 1993. During that time, I have been very impressed by the growing communication and respect between the psychology, social work, and counseling professional associations and licensing boards.

- *When a legislative conflict has developed between these mental health groups (and it has), the Legislature typically has directed us to get together - and “work it out.” We have – and the professional respect between our boards and associations has prospered.*

I suggest that it is now time for the MFTs to make an effort to “work it out” with the other mental health professions in the state.

- *The unusually restrictive language of their bill – attempting to prohibit established “marriage and family therapists” (psychologists, social workers, counselors) from practicing or advertising does not strike us as very cooperative or respectful.*
- *Nor does the attempt to set up another licensing and regulation board for a dozen or so licensees seem very reasonable or efficient – especially when other licensing boards and options have not been considered or consulted.*
- *The strong concern of other mental health professionals is not the MFT “license,” it is the competitive and disrespectful “process” that we actively oppose. This bill has come up several times since 1995 – and the Legislature has suggested that the MFT proponents “work it out” with other mental health bodies. - MFTs have shown no interest in such a respectful, collaborative discussion.*

Even the MFTs national certification organization, the American Association of Marriage and Family Therapy (AAMFT) has expressed concern about this bill – and has urged a more collaborative interaction with other mental health boards.

- *Further, national executives of both the AAMFT and the National Board for Certified Counselors (NBCC) have recently contacted Representative Price, offering to facilitate a process of study and development which could lead to a MFT license – but in a more cooperative board structure. (- See attached email from Susan Eubanks of the NBCC and David Bergman of the AAMFT).*
- *As a 10-year member of the ND Board of Counselor Examiners, I urge you not to recommend SB-2269. Instead, I ask that you develop a mechanism to form a joint MFT – NDBCE Task Force – which can “work out” options for an MFT license - and report back to the 2007 ND Legislature.*

Representative Clara Sue Price, Chair  
Human Services Committee  
North Dakota House of Representatives

Dear Representative Price,

We are writing regarding S.B. 2269, a bill to create and establish a North Dakota Marriage and Family Therapy Licensure Board. We understand your committee will be holding a hearing on Monday, March 7 on this issue.

We know you are aware that there is opposition to this bill and we would like to make sure you understand that the opposition is from both the counseling and marriage and family therapy professions. We also want you to know that there have been collaborative efforts in several states that have worked well and perhaps could work in North Dakota. We further understand that the state may prefer to add no additional boards.

We would be willing to facilitate discussions between the two groups to arrive at a mutually agreeable solution. We believe that there are at least two possible solutions that could alleviate the concerns surrounding these issues.

First, a small change in the language of the bill allowing counselors to continue practicing in the area of marriage and family therapy would assist with the concerns of this profession. This was the first concern of counselors who fear that they may not be able to continue to practice marriage and family therapy unless they also obtain a second license. We are attaching Section 43-53-03 of SB 2269--Exemptions-- with the proposed wording change in bold print.

Second, the development of a composite board is a solution that has worked well for other states. The advantages of having a joint board include providing collaborative services and continuation of care in serving the citizens of North Dakota. This provides a less complicated system for citizens to understand, is cost-effective, and easier to administer. Instead of one profession being a sub-specialty of another, this system equally recognizes both professions.

As representatives of large numbers of marriage and family therapists and professional counselors, AAMFT (The American Association of Marriage and Family Therapy) and NBCC (The National Board for Certified Counselors) are frequently called upon to assist legislators and licensure boards with these types of issues. On behalf of our professions, we are requesting that you consider this proposed collaborative effort.

Please feel free to contact either of us if you have questions.

Yours truly,

Susan Eubanks and Dave Bergman

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**House Human Services Committee****SB 2269****By Dr. Gaylynn Becker****Licensed Professional Counselor, LPC****Licensed Professional Clinical Counselor, LPCC****National Certified Counselor, NCC****(701) 222-3222****March 7, 2005**

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Chairperson Price and members of the House Human Services Committee:

I am Dr. Gaylynn Becker a partner in Western Counseling & Consulting. I am a Licensed Professional Clinical Counselor (LPCC) in North Dakota. I am also a National Certified Counselor (NCC). I am here today to testify against SB 2269.

SB 2269 will adversely affect many of the over 300 Licensed Professional Counselors who provide counseling and therapy in North Dakota. This legislation would limit not only the practice of these Licensed Professional Counselors by not being able to advertise their services, but it would limit those who seek counseling services by consumers not being able to locate local providers of marriage and family counseling and therapy in the telephone book, in newspapers, on business cards, etc.

New legislation should not be passed that limits my practice and that of Licensed Professional Counselors, Licensed Professional Clinical Counselors, Licensed Psychologists, Licensed Psychiatrists, and Licensed Social Workers. Limiting advertising has the effect of limiting the practice.

Instead of limiting current licensed professionals, the new Licensed Marriage and Family Therapists (LMFT) should have the limitation.

Licensed Professional Clinical Counselors, Licensed Psychologists, Licensed Psychiatrists, and Licensed Social Workers should still be able to provide the services they previously have and they should be able to advertise as they have in the past. This right should not be taken away. It is not good for the profession and it is even worse for those seeking mental health services.

According to the longtime member of the North Dakota Board of Counselor Examiners (NDBCE) and past Chairman of the NDBCE, John Jarman of Grand Forks sent this to me to present to you.

"As the NDBCE has reviewed NDSU MFT applicants over the past few years, we found they needed four or five of our core counseling courses to qualify for the LPC. The ones they do not have in terms of required counseling content are: (1) Counseling Methods ... (2) Counseling Theories ... (3) Group Counseling ... (4) Career and Lifestyle Development ... and (5) Individual Appraisal and Assessment. The NDSU MFT program has related courses, but they are more narrowly confined to child, couple or family dynamics - and not the broader, more fundamental aspects of basic counseling/psychology theory and practice. MFT graduates would have similar limitations in terms of social work or psychology academic requirements. There are courses at NDSU in the Education and Counseling departments that will satisfy the counseling core requirements.

A real issue here is that MFT proponents have resisted for six legislative sessions to dialogue or cooperate with the counseling board in working on a route to counseling licensure. - It does raise the major question of MFT "clinical" preparation to provide the emotional and psychological diagnosis that this bill claims ... It seems only reasonable to ask MFT graduates to be able to meet basic, minimum mental health coursework requirements for licensure.

John T. Jarman, LPCC  
1015 Reeves Drive  
Grand Forks, ND 58201  
Home: 701-746-9781  
Office: 701-772-8446"

Thank you for your time and attention. I am available for questions.

#14

Chairperson Price, Vice Chair Kreidt and Members of the House Human Services Committee:

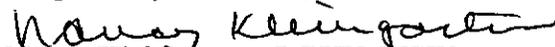
My name is Nancy Kleingartner, and I am testifying on my own behalf in opposition to SB 2269. I am a Licensed Certified Social Worker who has practiced social work in the state of North Dakota for over 25 years. I currently teach social work at the University of Mary.

I am concerned that this bill, as currently worded, might preclude Licensed Independent Clinical Social Workers in private practice from advertizing their provision of marriage and family therapy services. This is critical, as social workers typically advertise by the type of service they provide, rather than generically as providing "social work" services.

I am also concerned with the bill section-page 3, lines 6-8, that relates to volunteers or employees of nonprofit agencies or community organizations. I would feel more comfortable if this section were reworded to delete the term "professional" and insert the word "licensed" when referring to marriage and family therapists. I believe this would more clearly differentiate between the various professionals providing marriage and family therapy and those that would be licensed marriage and family therapists if this bill is enacted into law.

Thank you.

Respectfully submitted,

  
Nancy Kleingartner, LCSW, MSW

Senate bill 2269

Good morning Madam Chairman Price and Committee Members.

My name is Nicole Tribitt and I am a University of Mary social work student testifying in opposition to Senate bill 2269 as written.

I will graduate from University of Mary in December of this year and am planning on pursuing my Master degree in Social Work. The issue I have with this bill is the entitlement on page 3 lines 10 through 12 which states [ (line 9) This chapter does not prevent any person licensed by the state from doing work (line 10) within standards and scope of practice of that person's profession if that person (line 11) does not represent to the public that the person is a professional marriage and (line 12)family therapist ]. The concern that I have with this bill is that it may limit me from advertising as a Marriage and Family Counselor and/or may limit me from advertising that I do Marriage and Family counseling as a service.

I also want to say that I do not have a problem with Marriage and Family Therapy or the creation of a licensing board, I feel that every practicing professional needs accountability but, I do not want this bill to limit or restrict my practice in the future.

If the amendments presented by N.A.S.W. are adopted by the committee than I no longer oppose Senate bill 2269.

Thank you Madam Chairman and members of the committee, I would be happy to answer any questions that you may have.

#16

House Human Services Committee  
State Capitol  
Bismarck, North Dakota

Honorable Representatives:

I am writing as the president of the North Dakota Counseling Association regarding SB2269. It is my hope that there will NOT be a rush to approve this bill. There appears to now be a collaborative vehicle available to facilitate a process between the MFTs in North Dakota and others who are presently providing marriage and family counseling services (licensed counselors, psychologists and social workers) in this state. You have received correspondence from the AAMFT (American Association Marriage and Family Therapists) and the NBCE (National Board of Counselor Examiners) offering their assistance in developing less exclusionary legislation for the good of the public.

In August of 2003 I arranged a meeting with the three staff members of the department at NDSU in the Child Development and Family Services. I was aware that they had attempted to have legislation passed regarding licensure of marriage and family therapists in past sessions. They were invited to the North Dakota Counseling Association Mid-Winter conference, asked to make a presentation on a topic of their choosing, and invited to the North Dakota Mental Health Counselors Association's luncheon. I felt these were venues in which dialogues might begin and that concerns and solutions could be shared. They received written thanks from me and a request to present again at this year's conference. The only reply I received was that their schedules did not allow them to do so. It was disappointing when no further discussion ensued about their intentions or our concerns. NDCA is very willing to sit down at the table and brainstorm options.

This process may take a two-year study but the outcome could certainly be more beneficial to all involved, consumers and professionals alike. Please consider the good faith efforts we have contributed to this point and ask the MFTs to sit at the table with NDCA and NDBCE to carve out a new solution.

Thank you for your consideration.

Deborah J. Elhard  
President  
North Dakota Counseling Association

**CHAPTER 12.1-32  
PENALTIES AND SENTENCING**

**12.1-32-01. Classification of offenses - Penalties.** Offenses are divided into seven classes, which are denominated and subject to maximum penalties, as follows:

1. Class AA felony, for which a maximum penalty of life imprisonment without parole may be imposed. The court must designate whether the life imprisonment sentence imposed is with or without an opportunity for parole. Notwithstanding the provisions of section 12-59-05, a person found guilty of a class AA felony and who receives a sentence of life imprisonment with parole, shall not be eligible to have that person's sentence considered by the parole board for thirty years, less sentence reduction earned for good conduct, after that person's admission to the penitentiary.
2. Class A felony, for which a maximum penalty of twenty years' imprisonment, a fine of ten thousand dollars, or both, may be imposed.
3. Class B felony, for which a maximum penalty of ten years' imprisonment, a fine of ten thousand dollars, or both, may be imposed.
4. Class C felony, for which a maximum penalty of five years' imprisonment, a fine of five thousand dollars, or both, may be imposed.
5. Class A misdemeanor, for which a maximum penalty of one year's imprisonment, a fine of two thousand dollars, or both, may be imposed.
6. Class B misdemeanor, for which a maximum penalty of thirty days' imprisonment, a fine of one thousand dollars, or both, may be imposed.
7. Infraction, for which a maximum fine of five hundred dollars may be imposed. Any person convicted of an infraction who has, within one year prior to commission of the infraction of which the person was convicted, been previously convicted of an offense classified as an infraction may be sentenced as though convicted of a class B misdemeanor. If the prosecution contends that the infraction is punishable as a class B misdemeanor, the complaint shall specify that the offense is a misdemeanor.

This section shall not be construed to forbid sentencing under section 12.1-32-09, relating to extended sentences.

**12.1-32-01.1. Organizational fines.** Any organization, as defined in section 12.1-03-04, shall, upon conviction, be subject to a maximum fine in accordance with the following classification:

1. For a class A felony, a maximum fine of fifty thousand dollars.
2. For a class B felony, a maximum fine of thirty-five thousand dollars.
3. For a class C felony, a maximum fine of twenty-five thousand dollars.
4. For a class A misdemeanor, a maximum fine of fifteen thousand dollars.
5. For a class B misdemeanor, a maximum fine of ten thousand dollars.

Nothing in this section shall be construed as preventing the imposition of the sanction provided for in section 12.1-32-03, nor as preventing the prosecution of agents of the organization under section 12.1-03-03.



**American Association for  
Marriage and Family Therapy**

Advancing the Professional Interests  
of Marriage and Family Therapists

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Representative Clara Sue Price, Chair  
Human Services Committee  
North Dakota House of Representatives

Dear Representative Price:

I am writing on behalf of the American Association for Marriage and Family Therapy (AAMFT) in support of Senate Bill 2269. The AAMFT is the national professional association representing the interests of over 50,000 licensed marriage and family therapists (MFT) and 27,000 MFT trainees.

It has come to our attention that there was confusion over a March 4, 2005 e-mail from Susan Eubanks at the National Board of Certified Counselors (NBCC), which suggested that there may be national opposition to the MFT licensure bill. I want to make clear that the AAMFT completely and enthusiastically endorses the engrossed Senate Bill 2269 to license marriage and family therapists in North Dakota. We also support the activities and positions of the North Dakota Association for Marriage and Family Therapy (NDAMFT), which is a division of our association.

I further want to clarify that the intent of the March 4 e-mail was to express support from the AAMFT and NBCC for licensure of MFTs in North Dakota. Both national organizations recognize MFT as an independent mental health discipline that should be licensed to practice in every state. Any language in the letter that left a different impression was inadvertent and erroneous, and we apologize for the confusion.

We greatly appreciate the support that the North Dakota legislature has provided for the MFT profession and hope that you will approve Senate Bill 2269 and make North Dakota the 47<sup>th</sup> state to license marriage and family therapists. I would be happy to speak with you in person to clarify any lingering confusion or provide other information on the profession. I can be reached at 703-253-0461 or [dbergman@aamft.org](mailto:dbergman@aamft.org). Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "David M. Bergman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

David M. Bergman  
AAMFT Director of Legal and Government Affairs