

2013 HOUSE HUMAN SERVICES

HB 1093

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1093
January 15, 2013
17246

Conference Committee

Jocelyn Callagher

Explanation or reason for introduction of bill/resolution:

Relates to private practice of social work.

Minutes:

attached testimony 1

Chairman Weisz: Opened the hearing on HB 1093.

Meagan Dardis-Kuntz: Licensed social worker testified in support of the bill.

Nancy Kleingartner: Licensed social worker testified in support of the bill.
(Both gave testimony at the same time with one testimony.) (See Testimony #1)

Chairman Weisz: (4:21) The language seems unclear I assume you either have to a LICSW or have the three years' experience or have the five years' experience to do non-clinical private practice, correct?

Kleingartner: Yes, we are asking that independent or private practice of social work be expanded to allow licensed certified social workers with three years of social work practice and licensed social workers with five years social work practice be allowed to practice.

Chairman Weisz: Saying as an LICSW does now?

Kleingartner: With exception of not doing clinical social.

Rep. Oversen: Is some of the need for this expansion due to needs in western ND and the need for more social workers in that area?

Kleingartner: The people that have approached us have not been from western ND.

Rep. Oversen: As far as salaries, would salaries typically be lower for these other qualifications as opposed to the LICSW and is maybe that a way to expand the options available for hiring?

Kleingartner: I'm not clear.

Rep. Oversen: The first LICSW you need a master's degree, correct?

Kleingartner: A master's degree and 3000 hours of supervised clinical experience post MSW.

Rep. Oversen: So then the other requirements we are adding are lessor requirements, correct?

Kleingartner: Yes, they are lower levels of licensure.

Rep. Oversen: With a LCSW and LSW you can just practice with a bachelor's degree, correct?

Kleingartner: LCSW requires a master's degree, LSW a bachelors.

Rep. Silbernagel: How many LSWs, LCSWs and LICSWs are licensed in ND?

Kleingartner: I don't have the exact numbers, I know we have a total of approximately 2400 licensed social workers of all levels. 284 of those are licensed independent clinical social workers. The largest numbers are LSWs.

Rep. Fehr: If they're employed by an agency, is there any work they want to do but can't do currently if they're employed by some other agency as opposed to being in private practice?

Kleingartner: I am not sure I understand your question. Some of the work a social worker might do if they were granted permission to do it independently or privately under this bill may be similar and even identical to work that would be done by a license social worker who would be an employee of an agency. I don't know in terms of what social work services would be offered is the differentiating point, it is more whether or not they would be an employee of an agency or simply working privately.

Rep. Fehr: For example, if someone wants those services and they are a LSW or LCSW are employed why Lutheran Social services is someone to contract for them, they could already do all the services there currently being sought, correct? What is being asked for is those social workers to do it independently and not working for some other agency?

Kleingartner: Yes because the DHS, Indian affairs commission and tribal representatives are not always able to hire a LSW to do this for them. If they want to provide these services the community health workers must be supervised by a LSW. They are requesting a LSW and LCSWs be authorized to provide the services outside the employment of an agency.

Rep. Fehr: How does this bill protect the public?

Kleingartner: When we were approached by the DHS, Indian Affairs Commission and some of the tribal representative they were saying we have a desperate situation that those who need services aren't getting services. There is not the ability to have the independent social worker sign off on the community health representative's work. We want people who

need services to have services but we want services by competent and qualified social workers and that is why we put the 5 and 3 years' experience requirements in here,.

Chairman Weisz: Further questions from the committee, further support for 1093, any opposition?

Amy Fast, licensed social worker: Standing in opposition based on personal experiences as a social worker. I've had experiences working on reservations, and for private and non-profit agencies in ND. My last employment has been a social services director in McKenzie County in oil field. My fear is this bill is a reaction to a need that is going to have unintended consequences to the discipline and to the recipients receiving work. I have concerns and questions about who is then supervising these social workers to ensure they are following appropriate policy and ethics and making sure their services are appropriate. I think this was done in a hurry and I wonder why folks from IHS aren't here supporting this. I encourage committed work and would stand for any questions but have questions about how this came together and how it looks.

Chairman Weisz: You are a LSW; you were in charge in McKenzie County at one time in charge of the social workers under you and your answering to the county. Couldn't the argument be made who is supervising you because you are only a LSW, you are making the argument that nobody is there to oversee them but yet in your case an LSW is now overseeing another LSW. So who is ensuring?

Amy Fast: A very good question I actually supervised a masters level social worker which is an example of that. County social services are structured we are overseen by the departments and our regional representatives. Yes counties work independently but all our work is overseen by county supervisors who see all of our work. They are the gate keeper of oversight of a county director with a LSW overseeing social workers with masters or BSW degrees.

Chairman Weisz: Is there a different number that makes you comfortable or you just don't think there is any number as far as if they don't have any oversight?

Amy Fast: I think the bill needs more work and more conversation. So we are not passing a bill that has unintended consequences that are going to affect our consumers or diminish important licensure that we have in place for reasons.

Vice-Chair Hofstad: Is there a difference of scope of practice between the different levels of LSW and LICSW?

Amy Fast: There certainly is distinction of what LSW, LCSW and LCISW can do and sign off of. There are different stages and parts of what social workers can do. A LSW cannot diagnose like a masters level social worker can. The clinical world affects bachelor's level verses a master's degree is the clinical part having to do with mental health, treatment, psycho therapy, and those kinds of things.

Vice-Chair Hofstad: If that is in your scope of practice, how could we get to this bill? Would that not be a violation of the scope of practice?

Chairman Weisz: When you were in McKenzie County you were overseeing staff that did clinical work, correct?

Amy Fast: No my LCSWs were not doing clinical work, just foster care case management. I'm doing private contract work for some of the counties. There was a question earlier on what a social worker can do at the Bachelors level without having a masters and that is one example of me being a private contract worker through the county but not needing a master's degree. If I had a masters I could certainly practice the same scope of work I am doing, I am just concerned that we are taking that clinical piece of education and dumbing down to meet needs instead of meeting the needs in a better way.

Rep. Oversen: If there are other specific concerns that you have if they are excluding clinical work still keeping that only with LICSW if there are other specific areas that concern you or if a masters degree at some institutions is just one year and then here you can do LCSW with three years so is three years of experience dramatically different from one year of academics? I haven't had that experience yet so I am asking for your opinion on that.

Amy Fast: I don't feel comfortable sharing my personal opinion. I don't mean to disrespect education or experience. I think there is validity to both. I don't know how to exactly how to answer your question. I have been fortunate to do everything I wanted to do at the bachelor's level of social work. A lot of it has to do with relationships, experience with the starting point of education of a bachelors. I have chosen not to move on with my masters because I have been able to do those things. I obviously stand here today in this position opposing, I do respect the higher education system and I think it has a real purpose its there.

Chairman Weisz: Anyone else in opposition to HB 1093? Close hearing on HB 1093.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1093
January 22, 2013
Job 17538

Conference Committee

Kristie Hetzler

Explanation or reason for introduction of bill/resolution:

Relates to private practice of social work.

Minutes:

Chairman Weisz: Opens. HB 1180 is dependent on HB 1093. 1180 needs 1093 to pass.

Rep. Fehr: If do not pass, what will it do to the other bill?

Chairman Weisz: HB 1180 would not be able function without that provision.

Rep. Mooney: I have heard some concerns with HB 1093 so I guess I would like to know more about what HB 1180 is about.

Chairman Weisz: We will hold on HB 1093 until we hear HB 1180 and discuss them together.

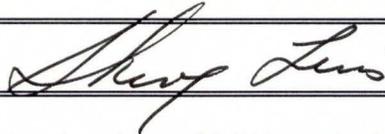
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1093
February 4, 2013
Recording Job# 18238

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relates to private practice of social work.

Minutes:

You may make reference to "attached testimony."

Chairman Weisz called the meeting to order on HB1093.

Representative Mooney: Just as a note, I received a lot of emails from social service workers on our side of the state who have some real concerns with the whole process; not that they don't think that there isn't a need that needs to be addressed, they're wondering if another mechanism could be pulled together on it. They have concerns over future unintended consequences that would bleed out into the rest of the state.

Chairman Weisz: All I've had were the individuals that are going to be given more flexibility are the ones opposing. I expected to see the LICSW's come in and oppose the bill; but I haven't heard from a single one. It's the LSW's who will benefit by this bill; who are somewhat opposed. What are the unintended consequences that seem afraid of; because they are still regulated by the board which is supporting this.

Representative Mooney: The independent people wouldn't have supervision over them to make sure they are doing procedures properly. The whole idea that they are independently working; so, if you had an individual who was not working up to standards, how would you know that? Would there be some instances of people in a vulnerable state; where perhaps those individuals might find themselves in a worse position than when they started.

Chairman Weisz: What protocols are in place for the LICSW's?

Representative Mooney: They are saying that they have a full organization to make sure that if they have concerns they have an organization in place. They're concerns are by moving away in a social services position like this into a more independent role; and by reducing the level of required licensing. The concern is that they're lowering standards and putting them into a higher point of workload; and it could implode on itself.

Representative Silbernagel: When you lessen the requirements do you lessen services; but, at the same time, there's such a demand for services. If we decided to go down this

path, if we found things were starting to implode; this could be repealed and we could go back to what's currently in place.

Chairman Weisz: The board in this case the Board of Social Work Examiners, it's always their duty to ensure that proper care is being provided by their licensees. It's the board's job to ensure that adequate care is given competently and professionally.

Representative Fehr: Currently in the law there is nothing to prohibit the LSW or LCSW from doing the work that is needed; as long as they're employed at another agency, they can't be independent. One of the concerns I have is looking at the language and making sure that the wording is clear; I think we have a problem with some of the wording. For example, in the last sentence of the bill that says, "Only a licensed independent clinical social worker may engage in the private practice of clinical social work." As I see it, there is not a definition for private practice of clinical social work; there's a definition for private practice of social work. Under the definition of social work it talks about counseling, psychotherapy, etc.

Chairman Weisz: It isn't in Century Code; but, I would guess the board has established that as what clinical social worker is, but we don't have that.

Representative Fehr: If we were to reference clinical social work, we would almost have to rewrite it to be consistent with the practice of social work; using the language that's already there.

Chairman Weisz: I see by board rule that an LICSW can perform the practice of clinical social work; and that is defined by board rule. You could add language that says "may engage in private practice of clinical social worker by board rule."

Representative Fehr: That creates a potential problem if the board changes their definition; it basically changes the Century Code meaning.

Chairman Weisz: The boards really do have the ability to define those types of things that are in their area of practice. The legislature normally doesn't get into the middle of every definition of practice.

Representative Fehr: Seems their law is already fairly permissive. If we were to add to the permissiveness it would be cleaner if we defined what it is that they want to allow beyond consultation services and others.

Chairman Weisz: Gave the definition of social work practice under social workers.

Representative Laning: I see it as allowing some of the LSW's with five years of experience to be practicing. It's my understanding that places like the reservations have a shortage of these people; and they need people out there to care for some of the elderly. This is one way of providing that.

Chairman Weisz: Certified as a masters requires 3 years or bachelors requires 5 years of experience. The LCISW has 3,000 hours of post master's clinical social work experience under the supervision of a LCSW.

Representative Fehr: There is a substantial difference in licensure of a LCSW and a LCISW. Someone with a master's degree who takes a national exam can be licensed as a LCSW. Unless they have clinical hours and pass the national exam; there isn't an additional degree.

Chairman Weisz: They have to have 3,000 hours of post master's experience; that's how you become a LCISW.

Representative Fehr: My point is you can attain a LCSW fairly soon after college. But the LCISW takes quite a bit of time and supervised work in the field.

Chairman Weisz: The only requirement different on a LCISW is the 3,000 hours of post master's clinical social work experience; which is under the supervision of an LCSW; who has 2 years of experience. That does qualify the LCSW to practice clinical social work; this bill would prohibit that. Your question is that we don't define clinical social work?

Representative Fehr: Correct, not in code.

24:00

Representative Fehr: I would like to offer an amendment. The last couple of words of the bill, I would strike the word "clinical" and I'd put a comma after social work and "involving counseling or psychotherapy".

Chairman Weisz: So you're language would start on line 10. He then repeated the change in the wording.

Representative Fehr: My rationale is we have a definition of private practice of social work; we don't have a definition of private practice of clinical social work. We have a definition of social work practice; so I'm keeping the term "private practice of social work" and doing a carve out for the social work practice, taking out the counseling and psychotherapy.

Chairman Weisz: Motion seconded by Representative Hofstad.

Representative Oversen: I think by doing this, we are limiting the LCISW. We're redefining clinic social work on what we understand it to be. Clinical social work is a nationally understood term for what we're attempting to put in our Century Code without really understanding. I'm not comfortable without consulting someone who can explain to us clinical social work and where that definition comes from.

Representative Fehr: In Century Code there are definitions for what a licensed certified social worker is, what a licensed independent clinical social worker is; those are in code.

Representative Oversen: I'm not comfortable without consultation from someone who works with an NASW or the board. Because we attempting to change what that definition is limited to.

Chairman Weisz: Closed the hearing on HB1093.

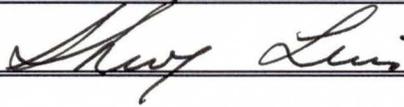
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1093
February 5, 2013
Recording Job# 18313

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relates to private practice of social work.

Minutes:

You may make reference to "attached testimony."

Chairman Weisz: Called the meeting to order to continue talking about HB1093. Everybody does understand the amendment. Any questions?

Representative Laning: The board is ok with this language change?

Chairman Weisz: They will meet in a week or so and they will have to take it up with the Senate if they have any issues.

Representative Oversen: The definition of clinical is a paragraph long. I don't think reducing it to counseling and psychotherapy is inclusive enough of what clinical practice entails. I am not in favor of the amendment.

Chairman Weisz: The language is restrictive in the LSW and the LCSW so they cannot engage in counseling or psychotherapy. This is to ensure that the LSW and LCSW cannot perform those activities.

Representative Oversen: If we're not including everything that clinical practice might be, we're not excluding others from practicing those things that we're not including in our definition.

Chairman Weisz: That is correct, but that is only what the legislature is specifically excluding. The board has every ability to determine the rules in what they can practice. The board doesn't have the ability, even if it wanted to, to allow an LSW to do counseling or psychotherapy. The board will determine the scope of practice for those individuals; that doesn't change. We're just clarifying to make sure that if we send this legislation out that they cannot do those activities.

Representative Oversen: Does that now have an effect?

Chairman Weisz: Under the rule it does. We often put things in code to clarify that we don't today or in the future want them to go down that road. The board is going to limit them. We do it for our comfort level. We have done that with many boards before.

Representative Fehr: This bill is an enabling legislation. It's to enable LSW's and LCSW's to do some things with some exclusions. As you look at the definition in the administrative code on what is clinical social work; we have a bill enabling something, but the definition it takes it all away so you're not enabling anything. Taking out the term "clinical social worker"; bringing back to what's in the Century Code and adding a couple of words that are in the Century Code, we keep all the language clean and we don't rely on other definitions and other documents.

Representative Looyen: I move a "Do Pass as amended".

Representative Laning: Seconded the motion.

VOICE VOTE: MOTION CARRIED

Representative Oversen: Sometimes it's hard for people to understand what social workers actually do. With the meeting that's coming up between the board and the bodies that do have a disagreement over this, I'm not comfortable moving forward.

Representative Fehr: When this was first proposed, I was definitely not in favor; but, my reason for coming around to the bill is because it's an enabling legislation. The social work law is very permissive to begin with. I'm not convinced it's necessarily needed; what they want to do they could do right now as long as somebody is employed somewhere else.

Representative Mooney: There's one other group of people that would be affected; that would be the people being served and the people doing the service. I am against the bill as it stands. I think we're creating another situation that could be very damaging.

ROLL CALL VOTE: 10 Yeas 2 Nays 1 Absent

Motion Carried.

Bill Carrier: Representative Fehr

13.8001.01001
Title.02000

Adopted by the Human Services Committee

VR
2/5/13

February 5, 2013

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1093

Page 1, line 11, remove the second "clinical"

Page 1, line 11, after "work" insert "involving counseling or psychotherapy"

Renumber accordingly

Date: 2-5-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1093

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. FEHR Seconded By Rep. HOFSTAD

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

*remove a word
add new language* *Voice Vote*
Motion Carried

Date: 2-5-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1093

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep Looyesen Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	✓
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	✓
REP. ANDERSON	✓		REP. OVERSEN		✓
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	A				

Total (Yes) 10 No 2

Absent 1

Floor Assignment Rep. Fehr

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

REPORT OF STANDING COMMITTEE

HB 1093: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (10 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1093 was placed on the Sixth order on the calendar.

Page 1, line 11, remove the second "clinical"

Page 1, line 11, after "work" insert "involving counseling or psychotherapy"

Renumber accordingly

2013 SENATE HUMAN SERVICES

HB 1093

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

HB 1093
3/12/13
19799

Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

Relating to the private practice of Social Work.

Minutes:

You may make reference to "attached testimony."

Chairwoman Lee open hearing 1093

Nancy Kliengartner Vice President of the North Dakota Board of Social Work Examiners. Testifies in support for HB 1093 with amendments. See attached testimony #1(ends 11:18) **Senator Anderson:** how an agency functions, and about payments. **Senator Anderson:** Why the problem particularly on the reservation? **Senator Dever:** Asked what kind of work would they be doing? **Senator Anderson:** Wants to know why the board has gone beyond what your model act nationally says. **Senator Larsen:** will they be able to take insurance, or sliding scale?

Chuck Stebbins reads the testimony from **Carole Lysne, LSW.** See attached testimony #2. Mr. Stebbins testifies in favor of HB 1093 see attached testimony #3. Senator Larsen: what is their practice or job scope would be on private scale.

John Eagle Shield Director for the Community Health Representative (CHR). Testifying in favor of HB 1093 see attached testimony #4. **Senator Anderson:** Why the difficulty on the reservation, and why it's not working? **Senator Larsen:** asked Mr. Eagle Shield about his education and training, and about other tribal collages offering social work programs? **Senator Dever,** questioned Mr. Eagle Shield if this would entice more to come to Sioux County or contract social worker outside of Sioux County. There is a discussion about licensed clinical social workers were part of the discussion about this bill.

Jessie Takenalive: tribal council member with Standing Rock Sioux Tribe. Testifies in support of HB 1093 this is opportunity to create a partnership between the state of North Dakota and the tribes. Social workers to sign off on our programs such as CHR's and those tailored towards elders. I see the need to create and to be able to create a Native American Social Workers.

Elaine Keepseagle, community health representative program. Testified in favor of HB 1093. Testifies about why it's important to have social workers on the reservations. See attached testimony #5

Chenille Gates a member of the Standing Rock Sioux Tribe. Testifies in favor of HB 1093 and HB 1180. Testifies of her personal experiences with home based service programs on the Standing Rock.

Shawn Gates Sr, a member of the Standing Rock Sioux Tribe. Testifies in support of HB 1093 and HB 1180. He testifies about his experience with home based service program on Standing Rock. **Senator Anderson**: questioned Mr. Gates, why they were not getting the services if it was lack of information or lack of funding.

Tammy Two Hearts Testified in favor of HB 1093, and is a member of the Standing Rock Sioux Tribe. It would make more social workers available to help qualified services providers as we try to take care of families on the Reservation. Ms. Two Hearts shares about her experiences with qualified service provider program.

Rep. Kylie Oversen from dist. 42. Testifies Neutral and has concerns with HB 1093. There are real concerns and there real needs that need to be addressed, and I am concerned that this bill will not appropriate address those concerns. I do have a Bachelor's Degree in Social Work. Students who are trained at the undergraduate level are not receiving intended for private practice of social work. I believe that this could lead to dangerous consequences both the practitioner and the client. Rep. Overseen does support the amendments, and about HB 1180. **Senator Anderson**: could you explain clinical social work. **Senator Dever**, asks Rep. Overseen about her plans as a social worker.

Nancy Miller Executive Director of the North Dakota Chapter of the National Association of Social Worker (NASEND). Recommends a Do Not Pass of 1093 as is. See attached testimony. #6. However agrees with recommended amendments from the licensing board. **Senator Anderson** asked for explanation of the dynamics between the licensing board and the NASEND. **Senator Larsen** asked how many individuals would be grandfathered in. **Senator Anderson**, what is the training of social workers, and the education of social workers. **Senator Dever** asks about the sunset clause. There is discussion about the sunset clause and the licensing board.

Nancy Kliengartner: Clarifies for the committee about upgrading the licensure. Senator Anderson, why is it necessary to add these amendments now. Ms. Kliengartner Explains why the proposed amendments and what they are. **Senator Anderson**: asks about social work programs around the state. **Senator Anderson** asked for clarification on LICSW and qualifications. There is a discussion about those that graduate from the social work program at Sitting Bull Collage on Standing Rock. **Senator Dever** questions if the statewide solution necessary. **Chairwoman J. lee** is concerned about the board and the association having opposing views about this. **Chairwoman J. lee** discusses about training and experience. There is discussion about master's degrees and education.

Senator Larsen closes the hearing on 1093.

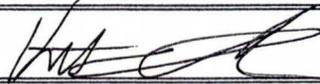
2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1093
3/20/13
20229

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the private practice of Social Work.

Minutes:

You may make reference to "attached testimony."

Chairwoman J. Lee opens Committee work.

Karen Tescher with DHS discusses with committee about the pilot project for Sioux County, Demonstration waiver. **Senator Anderson**: asked about SPED and expanded SPED. Karen clarifies CHR's for the committee. **Senator Anderson**: asked about the Sioux County social services director. **Senator Larsen** asked about the social worker in the county or if it would be part of the agency. **Senator Larsen** asks for clarification on rolls of CHR. There is a discussion about HB 1093 and HB 1180 and how they relate. **Senator Dever**: who would be the resource person at DHS?

There is a discussion about fears about the pilot project and how to make it successful. **Senator Larsen** asked how large would the agency be. There is a discussion about staff.

There is discussion about funding for the project.

There is a discussion about how to draft amendments. There is a discussion about have the DHS draft the proposed amendment.

Senator Axness asks about the sunset clause date is long enough. There is a discussion about the sunset clause.

There is a discussion about HB1180 going first on the floor.

Chairwoman J. Lee reopens the discussion on HB 1180

Kim Jacobson director Trail County Social Services discusses proposed amendments. #1A

Senator Dever asked if the in to addition to existing language or replacement.

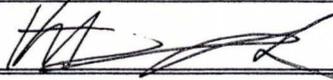
2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1093
3/25/13
20398

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the private practice of Social Work

Minutes:

Chairwoman J. Lee opens the committee discussion for HB 1093 & HB 1180

Chairwoman J. Lee. Talks about roadblocks and details of HB 1093 & HB 1180

Karen Tescher from DHS goes over the proposed amendments for HB 1180 with the committee. See attachment #1B

Senator Dever: Asks about clarification about language of HB 1093 and HB 1180.

Scott Davis from Indian affairs is recognized, and discusses the proposed amendments to HB 1180. Talks about the counties and the tribes working together on the proposed pilot project. **Senator Anderson:** discusses about the tribes setting up their own agency. **Chairwoman J. Lee** talks about the role of the social workers and a quality service provider and the pilot project.

Chairwoman J. Lee asks those in the room if there are any obstacles or barriers for the program.

Karen Tescher: The only problem would be the Social worker that is needed for the proposed pilot project. Chairwoman J. Lee asks if there unintended consequences without passing HB 1093.

Senator Dever motions to adopt amendment **HB 1180**

Senator Anderson seconds

Senator Dever discusses about not limiting anything, as creating a method to bring services.

Amendment passes 5-0-0 for HB 1180

Senate Human Services Committee

HB 1093

3/25/13

Page 2

Senator Dever motions for a **DO PASS** as Amended for **HB 1180**

Senator Anderson

Do Pass 5-0-0 HB 1180

Senator Dever carries.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

HB 1093
3-25-19
20399

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

"Click here to type reason for introduction of bill/resolution"

Minutes:

Chairwoman J lee open the discussion on HB 1093

Senator Anderson: Motions for a DO NOT PASS

Senator Dever seconds

Senator Axness: this was a provider issue, and expanding social work and reducing qualifications is not the answer. We did good 1180 and supports Do Not Pass recommendation on HB 1093

Senator Dever asked if there was a response from the board of Social Work Examiners.

Chairwoman J. Lee discusses conversations with the board.

There is discussion about the proposed amendments form the licensing board of Social Work.

Maggie Anderson with DHS is recognized discusses about social workers and case manager. There is a discussion about case managers and their role. There is a discussion about nurse practitioners. **Chairwoman J. lee** again asks if there are any concerns if it does not pass

Senator Larsen: discusses the licensing of Social Workers and agrees with the Do Not Pass.

DO NOT PASS 5-0-0

Senator Anderson will carry

Date: 3-25-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1093

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Anderson Seconded By Dever

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment Anderson

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

REPORT OF STANDING COMMITTEE

HB 1093, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **DO NOT PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed HB 1093 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

HB 1093

#1

Chairman Weisz and Members of the House Human Services Committee

For the record, our names are Megan Dardis-Kunz and Nancy Kleingartner. We are both licensed social workers in the State of North Dakota and are members of the North Dakota Board of Social Work Examiners. We are here on January 15, 2013, on behalf of the ND Board of Social Work Examiners in support of HB 1093.

North Dakota has three levels of licensure for social workers-Licensed Social Worker (LSW) for bachelor's degree social workers, Licensed Certified Social Worker (LCSW) for MSW master's degree social workers, and Licensed Independent Clinical Social Worker (LICSW) for master's degree social workers with 3,000 post-MSW supervised clinical experience. Clinical social work, is one type of social work practice and refers to the provision of therapy services. Currently only social workers licensed at the LICSW level can work independently or privately, i.e. outside the oversight of an employing agency. LICSWs represent less than 12% of all licensed social workers in the state-284/2391.

In recent months, the ND Board of Social Work Examiners has been approached by licensed social workers, state representatives, and representatives from the ND Department of Human Services, Indian Affairs Commission, tribal colleges and tribal social services who have requested the Board seek to expand the practice of independent, private practice of non-clinical social work to those licensed at the LSW and LCSW levels. It was brought to the Board's attention that rural and reservation communities, in particular, sometimes have difficulty locating or being able to afford to hire licensed social workers. Programs like Targeted Case Management which arranges and coordinates services for elderly and disabled persons

who need long term care and wish to remain in the community require that individual case managers hold a ND social work license, be a Developmental Disabilities Program Manager, or be a Community Health Representative for an Indian Tribe. Tribal Community Health Representatives are not social workers and must have their work supervised by an appropriate licensed professional, such as a licensed social worker. Without an expansion of private, independent practice of social work to LSW and LCSW social workers, elderly in our state may go without services like Targeted Case Management.

As our state's population grows and ages, the need for social work services is going to increase. Unfortunately, the budgets of agencies employing licensed social workers may not increase, or increase at similar rates. This, in addition to the special challenges faced in rural and reservation areas with finding licensed social workers to hire, are compelling reasons to increase the private practice of non-clinical social work. LSWs with a minimum of five years of social work practice and LCSWs with a minimum of three years of social work practice should be allowed to practice non-clinical social work on a private basis. We urge your support of HB 1093.

Chairperson Lee and Members of the Senate Human Services Committee

For the record, my name is Nancy Kleingartner, and I am the Vice President of the North Dakota Board of Social Work Examiners. I have been a Licensed Certified Social Worker in the State of North Dakota for nearly 30 years. I am testifying on behalf of the ND Board of Social Work Examiners and am here to offer amendments to HB 1093 and to offer support of HB 1093 that would include these amendments. (See attached sheet of suggested amendments).

North Dakota has three levels of licensure for social workers-Licensed Social Worker (LSW) for bachelor's degree social workers, Licensed Certified Social Worker (LCSW) for MSW master's degree social workers, and Licensed Independent Clinical Social Worker (LICSW) for master's degree social workers with 3,000 post-MSW supervised clinical experience. Clinical social work, is one type of social work practice and refers to the provision of therapy services. Currently only social workers licensed at the LICSW level can work privately, i.e. independent of the oversight of an employing agency. Currently, there are 291 LICSWs, 329 LCSWs and 1,781 LSWs currently licensed in the state. LICSWs represent 12% of all licensed social workers in the state-291/2401.

In recent months, the ND Board of Social Work Examiners has been approached by licensed social workers, state representatives, the Indian Affairs Commission, tribal colleges and tribal health services who have requested the Board seek to expand the practice of independent, private practice of non-clinical social work to those licensed at the LSW and LCSW levels. The Medical Services Division of the ND Department of Human Services has indicated

to the Board that the federal government is encouraging states to increase consumer choice through the use of independent/private social work contractors. Representatives from rural and tribal communities, in particular, sometimes have difficulty locating or being able to afford hiring licensed social workers and indicated they would be better able to meet the needs of elderly in their communities if they could provide services utilizing independent contract social workers. Programs like the ND Department of Human Services' Targeted Case Management which arranges and coordinates services for elderly and disabled persons who need long term care and wish to remain in the community require that individual case managers hold a ND social work license, be a Developmental Disabilities Program Manager, or be a Community Health Representative for an Indian Tribe. Tribal Community Health Representatives are not social workers and must have their work supervised by an appropriate licensed professional, such as a licensed social worker. Without an expansion of private, independent practice of social work to LSW and LCSW social workers, tribal elderly in our state may go without services like Targeted Case Management and consumers will have fewer choices of service providers.

As our state's population grows and ages, the need for social work services is going to increase. Unfortunately, the budgets of agencies employing licensed social workers may not increase, or increase at similar rates. Passage of this bill would allow qualified, experienced entrepreneurial social workers at all licensure levels the ability to provide needed social work services that may not be offered by agencies. This, in addition to the special challenges faced in rural and reservation areas with finding and funding licensed social workers to hire, are compelling reasons to increase the private practice of non-clinical social work. LSWs with a minimum of five years of full-time, supervised social work practice and LCSWs with a minimum

of three years of full-time, supervised social work practice should be allowed to practice non-clinical social work on a private basis.

Several other licensed human services professional groups, e.g. baccalaureate educated registered nurses, addiction counselors, and occupational therapists, are currently allowed to practice privately in North Dakota.

In addition, the Association of Social Work Boards' Model Social Work Practice Act provides for the independent practice of non-clinical social work by experienced social workers trained at the baccalaureate and master's degree levels. In fact HB 1093 requires more years of social work practice experience to practice independently/privately than does the Model Act which requires the equivalent of less than 2 years of full-time social work practice prior to being able to practice independently.

The North Dakota board of Social Work Examiners urges passage of HB 1093 with the attached amendments. The Board believes requiring eligible LSWs and LCSWs wishing to engage in private non-clinical practice be registered with the ND Board of Social Work Examiners, will allow the Board to monitor the extent of private practice and the ability to identify complaints filed against those practicing privately. Finally, the sunset clause amendment will allow this bill, should it become law, to terminate and would require an affirmative act on the part of the ND State Legislature to enact similar legislation should the expansion of the private practice of non-clinical social work be shown over the next two years to be in the best interest of the citizens of North Dakota.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1093

Page 1, line 2, after “work” insert “and providing an expiration date”

Page 1, line 9, after “of” insert “full-time, supervised”

Page 1, line 10, after “of” insert “full-time, supervised”

Page 1, line 10, after “practice.” insert “Supervision of licensed certified social workers and licensed social workers seeking to practice privately must be provided by a licensed social worker, a licensed certified social worker, or a licensed independent clinical social worker.”

Page 1, line 11, replace “social work involving” with “clinical social work. Licensed certified social workers and licensed social workers may not engage in the private practice of social work unless registered with the board as eligible for private practice under criteria established by board rule.”

Page 1, line 12, remove “counseling or psychotherapy.”

Page 1, after line 12, insert:

SECTION 2. EXPIRATION DATE. This Act is effective through August 1, 2015, and after that date is ineffective. Only licensed certified social workers and licensed social workers registered with the board as eligible for private practice prior to this date will be allowed to continue in the private practice of social work.

Re-number accordingly

TESTIMONY on HOUSE BILL 1093
RELATING TO THE PRIVATE PRACTICE OF SOCIAL WORK
MARCH 12, 2013

Chairwoman Lee and Members of the Senate Human Service Committee:

My name is Carole Lysne. I am a Licensed Social Worker in North Dakota. I began my career in Social Work on February 16, 1970 at Benson County Social Services, where I remained for 39 years and 10 months, in the provision of what is now called Home and Community Based Services. My experience also includes employment as a social worker in a hospital setting, along with my current employment at Cankdeska Cikana Community College on the Spirit Lake Nation Reservation with the Next Steps Project, providing training and education for Qualified Service Providers (QSP) for the provision of In Home Services not only at Spirit Lake, but on the Standing Rock and Ft. Berthold Reservations as well. The goal of the Next Steps Project is to provide low income enrolled tribal members with an opportunity to further their education in a variety of health care fields, including nursing and social work. Due to travel conditions, I am unable to present my testimony in person, as planned. I am, therefore, presenting my testimony electronically in support of House Bill 1093.

The passage of HB 1093, would grant a Licensed Certified Social Worker (LCSW-Master Degree) and a Licensed Social Worker (LSW-Bachelor Degree) the **LEGAL** right to engage in the private practice of social work, if they are licensed by the North Dakota Board of Social Work Examiners and meet the additional criteria as set forth in House Bill 1093. (A Licensed Clinical Social Worker-LICSW-can currently engage in the private practice of social work due to their licensure status).

An LICSW is required to have an additional 3000 hours of supervised training/employment to engage in private clinical practice. HB 1093 requires the following work experience for private (non-clinical) social work practice:

- ❖ An LCSW is required to have 3 years of full-time, experience in social work practice.
- ❖ A LSW is required to have 5 years of full-time, experience in social work practice.
- ❖ The supervision of the LCSW and LSW must be as stated in HB 1093.
- ❖ The following calculation: 173.3 hours as a full time monthly employee: LCSW- 173.3 hours x 12 months x 3 years = 6,238.8 hours of work experience. LSW--173.3 hours x 12 months x 5 years = 10,398 hours of work experience.

The passage of HB 1093 is NOT EXCLUSIVE for the purpose of Home and Community Based Services Case Management. HB 1093 DOES NOT AUTOMATICALLY qualify a social worker, licensed as an LCSW, LSW or even as a Licensed Independent Clinical Social Worker (LICSW), the ability to practice in all venues of social work, even if they meet the criteria as stated in HB 1093. Many venues of social work have additional requirements/certification mandates that must be met to practice in those venues. For example: 1) The North Dakota Department of

Human Services/Medical Services/Home and Community Based Services Division has a formal written application process for social workers and agencies. The applicant must meet specific requirements and provide assurances, prior to Department approval. The Department has a required renewal/recertification process every two years; the Department also provides administrative oversight; 2) Child Protection/Child Welfare social workers must complete and maintain a Child Welfare Certification and 3) Foster Care social workers are required to complete PRIDE training; 4) contracting, as an example, with nursing facilities for the provision of social work service or with the Court for the completion of Visitor reports for Guardianship, requires adherence to that entity's protocol. The additional requirement/certification provides a layer of protection and safeguards, "Assurance of Quality", for those being served and the service provider.

I believe there is a lack of available social workers to meet the current workforce needs in North Dakota. We need to plan and build for North Dakota's future. When the current licensed social workers begin to retire, there will be an even greater impact on the workforce. The passage of HB 1093 would allow retired individuals or those social workers seeking a flexible work schedule, who have a wealth of knowledge, experience and training, the ability to engage in the private practice of social work. Other disciplines, such as nursing, who have a degree of two, three or more years, the ability to be engage in private practice/contracting. Social workers, who are also a part of the continuum of care, should be allowed the same right.

Thank you for the opportunity to testify in regards to House Bill 1093.

Respectfully submitted,

Carole Lysne, Licensed Social Worker
Cankdeska Cikana Community College
Next Steps Project
P.O. Box 269
Ft. Totten, ND 58335
701-766-2371

Senate Human Services Committee

HB 1093 and HB 1180

Senator Lee and members of the Human Services Committee. My name is Chuck Stebbins and I am a consumer of home based services. I have also work as a professional in the field of independent living and community organizing with people with disabilities and others around social justice issues.

I would like to try and provide a little perspective for these Bills. People with disabilities have fought long and hard for the freedom of choice and control over their own lives. Rosa Parks went to the front of the bus and got arrested for it. People with disabilities chained themselves to the front of the bus in order just to get on it and got arrested! People with disabilities were institutionalized for years under horrible conditions before the report on Willow Brook in New York came out. North Dakota took over fifteen years to get people with disabilities out of Grafton and San Haven! That fight for some continues today to get out or stay out of the institutions and nursing homes because they are trying to access services and supports they need.

Throughout all of these struggles for choice and equality for people with disabilities were professionals. People who thought they knew better what was good for a person with a disability. Professionals in my opinion now were profoundly misguided good intentions! Nonetheless they were good intentions, but they had unintended consequences and kept people in the institutions and nursing homes when they did not need to be there.

We have changed some of that thinking over time and with HB 1093 and HB 1180, if passed, will continue to chip away at the barriers people with disabilities continue to face. In my own struggle with my own disability I came to realize that the biggest barrier to my independence was ignorance and a bad controlling attitude (not necessarily in that order) of some of the professionals along the way. Some of them get it, some of them need to learn from the mistakes of the past and not let the integrity of the profession get in the way of doing the right thing. Thank you and I would be happy answer any questions that you may have.

Chuck Stebbins

Sixty-Third Legislative Assembly
Senate Human Services Committee
Testimony in Support of H.B. 1093 and H.B. 1180
March 12, 2013

Chairwoman Judy Lee and Human Services Committee members: My name is John Eagle Shield. I have been the Director for the Community Health Representative (CHR) Program for the Standing Rock Sioux Tribe for over 28 years. I am asking for your support for both H.B. 1093 and H.B. 1180 to improve our ability to better serve the people of our Tribal Communities. These bills are both important to us for many reasons, including:

1. We have approximately six (600) hundred elderly people, with at least half of them residing on the ND side of the Standing Rock reservation in Sioux County. Many of our elderly people are not receiving home-based services, but as CHRs, we know many who would definitely benefit from those services.
2. We also see our elderly & disabled populations growing, and we know many of our people will be in need of home-based services in the future. We would appreciate having improved access to help of social workers who could assist us in providing for our elders and our people who live with disabilities.
3. After year of effort, the CHR Programs in ND were approved in 2012 to provide "targeted case management" under an Amendment to the ND Medicaid State Plan. We look forward now to building partnerships and a "system" of HCBS programming with sufficient access to social workers and other health care providers to help our people remain in their own homes in a health way.
4. We believe that having social workers *more available* to consult and partner with us in our communities, will provide more effective *access* to the *full range* of home & community-based program for our people who them in a *timely* way.
5. At Standing Rock, we know of at least 44 people who have been placed in institutional settings, away from their communities. This is not how our

people with to live, away from their families, friends, relatives and traditions. We believe some of our people could return to their own communities, however gaining access to the types of services to help them to do this is very difficult. With access to more help from social workers, we believe could assist at least some of our Tribal members to return to their own home settings.

6. We are very interested I building a system of *quality* home-based services. We believe with increased flexibility of access to social workers under H.B. 1093 and H.B. 1180, we can also be more assured of the “*quality*” of current and future home-based services for the people of our Tribe.
7. We understand that the average cost of nursing homes is estimated at \$73,000 per year. We know we can offer many people *quality* care in their own homes at a fraction of this cost, by developing a system of community partnerships, and increasing access to the many good HCBS programs offered in the state of ND.

Thank you for your kind consideration of my testimony in relation to supporting H.B. 1093 and H.B. 1180.

Respectfully,
John Eagle Shield, Director
Community Health Representative Program
Standing Rock Sioux Tribe

Signature:  Date: 3-12-13

5

H.B. 1093 and H.B. 1180 + 1093

63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature:

Robert Sweetser

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093

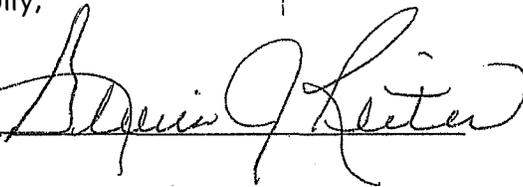
63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: 

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093
63rd Legislative Assembly of ND 2013
Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: Mary S. Azme

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093

63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: Barbara Porras

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093

63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: *Reby Shoetting*

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093

63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: Ellen H. Anderson

Date: March 12, 2013

5

H.B. 1093 and H.B. 1180 + 1093

63rd Legislative Assembly of ND 2013

Senate Human Services Committee Hearing March 12, 2013

Chairwoman Judy Lee & Members of the Senate Human Services Committee:

As elders of the Standing Rock Sioux Tribe, a Tribal Nation, we would like to ask for your support for H.B. 1093 and H.B. 1180. Having help from social workers to plan for our health care needs in our homes as we get older is very important to us. We do not wish to leave our homes or family ties and communities. We wish to be able to have social workers helping us, who know us, and also know of our way of life as Native people. We want to be able to learn how to access the home-based services that are available in ND. H.B. 1093 will make it possible for us to have more social workers who can be our case managers when we receive home services. H.B. 1180 will make it possible for us to know about all the home-based services in ND, that will help us to remain in our homes, and avoid being put into nursing homes. We hope you will support H.B. 1093 and H.B. 1180.

Respectfully,

Signature: *Emma Jean Blue Earth*

Date: March 12, 2013

6

Senate Human Services Committee
March 12, 2013
HB 1093 - Relating to the Private Practice of Social Work

Chairman Lee and members of the Senate Human Services Committee:

My name is Nancy Miller and I am the Executive Director of the North Dakota Chapter of the National Association of Social Workers (NASWND). NASW is the largest membership organization of professional social workers in the world. We work to enhance the professional growth and development of our members, to create and maintain professional standards, and to advance sound social policies. **NASWND stands in opposition of and recommends a DO NOT PASS of HB 1093 (Relating to the Private Practice of Social Work) in its current amended form.**

While we understand some of the reasoning for the Licensing Board's (NDBSWE) introduction of this bill (Freedom of Choice; and meeting unmet needs in tribal and rural areas) we do not feel it is in the best interest of the public constituents served, or the social workers providing the services, to so swiftly make this broad change to the licensure law, in the manner it is currently written. Some general concerns that we expressed during the first hearing, which are still applicable:

- **Adequate Time?** The NDBSWE acknowledged that the problem attempting to be addressed by this bill has only been brought to their attention in 'recent months'. It appears as though the licensing board was made aware of this in October; and held one meeting on the subject in November, which led to the creation of this bill in December. With a little more time, could there have been more thorough due diligence completed to fully consider possible unintended consequences from the passage of this change?
 - This is exemplified by the fact that when we expressed our concerns on the first side, the Licensing Board held a meeting, which we were involved in - and progress was made. And, while we understand they will be submitting amendments to the bill - this is just the tip of the ice berg in terms of additional information that could be gathered before making such a broad licensing change.
- **Stakeholder Support/Representation?** When originally heard at the House Human Services committee, the NDBSWE identified several entities who asked for this proposed change (i.e. ND Dept of Human Services, Indian Affairs Commission, tribal colleges, and tribal social services) - yet none of those entities appeared before the committee to testify in support of the proposed change. If the need is so compelling as to make such a change - why were they not there to present their case? In addition, the NDBSWE stated that licensed social workers had also asked for the change. Yet, the only licensed social worker present to testify, was an LSW (who might benefit from the change) who opposed the bill.
 - There have been a few licensed social workers who have expressed support for this bill - but they have all been individuals who were directly involved with the development of the proposal. ***We have received far more feedback from individual providers who have expressed concerns relating to potential for fraud and exploitation of clients served - which is contrary to what anyone desires.*** Some of those provider comments are included at the end of my testimony - and I ask that you please read through them and give them full consideration as you weigh the pros and cons of this issue.

ASWB Model Law

More specifically, there is an inherent social work practice concern associated with this bill as it is currently written (changes to the scope of “private practice”):

- Generally speaking, **private practice equates to unsupervised practice**. LSW’s hold a bachelor’s degree, and a BSW education is not intended to prepare social workers for independent practice. Yes, they may work quite independently in many agencies, and they may develop a great deal of expertise over time, but it is intended that they have the protection of an agency to guide their work. Calling something “Private Practice” could lead people to believe they do not have to provide supervision to BSW’s. BSW’s do some of the most difficult front-line jobs, and setting a standard that suggests they do not need the support and supervision of their agency is unfair, and outside the professional standard.

The Association of Social Work Boards (ASWB) Model Social Work Practice Act, which is the model act intended for use by state regulatory boards (i.e. NDBSWE) does address the above concern in part, by differentiating between private practice and independent practice. The purpose of the ASWB Model Act is “to provide a resource to legislatures and social work boards when addressing issues related to the public protection mission of regulating the practice of social work. Informed by a national perspective, the Model Act establishes standards of minimal social work competence, methods of fairly and objectively addressing consumer complaints, and means of removing incompetent and/or unethical practitioners from practice. Social work boards can better protect the public when they have access to resources, such as the ASWB Model Act, that reflect current issues in professional regulation.”

The ASWB Model Act correlates private practice with clinical social work; and uses independent practice in a way that could be applied to HB 1093 - *with the addition of parameters such as a certain number of supervised hours within a certain period of time; as well as supervision requirements*. Ideally, if a licensing change is made, such as what is proposed, we would prefer that it be in line with the ASWB Model Law. For your reference, on page 4 my testimony, I have attached the ASWB recommended parameters for supervision.

As you can see, these are significant, but important parameters. Incorporating them may require making changes to some of the existing definitions in ND CC 43-41. Again, this goes back to the need for adequate time. Would it be in the best interest to take a comprehensive look at how a variety of the ND Social Work licensing law could be brought more in line with the model law?

If this body chooses to pass HB 1093, without adding some of the specific model law language, we would hope that the NDBSWE incorporates it into the Administrative Rules that they would be revising pursuant to passage of the proposed legislation.

Since the first hearing on HB 1093, we attended a meeting that was hosted by the NDBSWE. During that meeting, parties on both sides of this debate discussed ways in which HB 1093 could be strengthened. And it is our understanding that the Licensing Board will be presenting some amendments to the bill draft. These amendments include addition of parameters to the LSW and LCSW “experience” requirement, as well as a sunset clause. For the most part, we are more comfortable with their amendments. However, ***we would ask that the last sentence of the sunset clause be deleted.***

The purpose of the sunset clause, as presented was to allow the Licensing Board, a two-year window to assess the implementation of the new law. If it was apparent that the law was not in the best interest of the public, then they would allow the law to expire. With that said, it would not make sense to allow those temporarily empowered providers to keep that status, if the law was no longer in existence.

If the Licensing Board were to see over the next two years that the law was in fact working, then they would need to come back to the Legislature with any final adjustments, and ask for the permanent change. A grandfather clause could be added in at that point, to afford the protection of the providers who had already taken the proper steps to be registered under the new parameters.

We recognize that HB 1093 was introduced in part, to address Freedom of Choice, and unmet needs in some of the tribal and rural areas of the state. We do not want to stand in the way of either of those efforts. However, we feel that some of these needs could be addressed within current processes.

Alternatives to HB 1093

As written, HB 1093 could be dangerous. The broad scope of its generalist verbiage could open the door to significant problems. Living in a rural state, yes, there is a greater challenge of providing services to those with the least amount of opportunity because of their geographical location. However, does that challenge mean that those citizens don't deserve the same quality of professional standards received in more urban areas? Rather than opening that door, could we not give our providers in those rural areas the tools to do their job at the best of their ability? Rather than loosening the licensing net, can we find ways to increase the numbers of LCSWs and LICSWs in the state, and utilize professional credentials for specific practice needs - thereby increasing the quality of service provided to all citizens?

- Is there a way that the various service providers could come together and collaboratively work to address these needs in a way other than changing the licensing laws?
- Could that group of stakeholders develop incentives for existing license holders to get to the next licensing tier? Those incentives could be in the form of loan forgiveness for those moving toward their LCSW or LICSW. Or, they could be incentives to supervisors, so that they will be more inclined to supervise their colleagues who are in need.

As stated above, NASWND opposes and recommends a DO NOT PASS of HB 1093, as it is currently amended. While created with good intentions, more work needs to be done. More time should be spent on due diligence of possible unintended consequences, and creation of stronger language that protects the public constituents served. In the end, if the licensure law is expanded in this manner, it has to balance the ability to address lack of services, while not compromising the integrity of the profession. For, if the profession is compromised, then the citizens served are inherently put at a greater risk. NASWND stands ready to work collaboratively with the NDBSWE and the various stakeholders on other viable solutions.

ASWB recommended parameters for supervision.

Pursuant to Article III, Section 306, all social workers who seek to attain the Independent Practice of Baccalaureate Social Work or Master's Social Work shall have practiced social work in a supervised setting under requirements and parameters set by the Board. The Board declares such parameters to be as follows:

- (1) To qualify for independent practice of Baccalaureate Social Work, an individual, after licensure to practice Baccalaureate Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Independent Practice recognition.*
- (2) To qualify for independent practice of Master's Social Work, an individual, after licensure to practice Master's Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period. Under any circumstances, the 3000 hours of experience must be completed within eight (8) years from the date of initial application for Independent Practice recognition.*
- (3) Paragraphs 4 through 8 shall be applicable to supervisors and the supervision process of Baccalaureate Social Workers and Master's Social Workers seeking independent practice status.*
- (4) An individual providing supervision to a Baccalaureate Social Worker shall be a Baccalaureate Social Worker or Master's Social Worker or Clinical Social Worker. An individual providing supervision to a Master's Social Worker shall be a Master's Social Worker or a Clinical Social Worker. In addition to the required licensure, the supervisor shall have attained the independent status of such licensure designation.*
- (5) Supervision can be provided only by supervisors preapproved by the regulatory body. The regulatory body shall maintain a list of approved supervisors in good standing. Requirements for registration on this list include the appropriate degree from an Approved Social Work Program, three years of experience following licensure in the required category and completion of graduate course work in supervision in an Approved Social Work Program or completion of an Approved Program of Continuing Education in supervision. Three hours of continuing education in supervision is required per licensure renewal period to maintain registration.*
- (6) The supervisor is responsible for supervision within the following content areas:
 - (i) Practice skills*
 - (ii) Practice management skills*
 - (iii) Skills required for continuing competence*
 - (iv) Development of professional identity*
 - (v) Ethical practice*
 - (vi) Cultural competency**
- (7) The areas of supervisory accountability shall include:
 - (i) Client care*
 - (ii) Knowledge of relevant agency policy and procedure*
 - (iii) Legal and regulatory requirements*
 - (iv) Ethical standards of the profession*
 - (v) Professional responsibility for social work services provided by the supervisee*
 - (vi) Documented assessment of the supervisee's competence to practice independently.**
- (8) Setting of supervision. If supervision is not provided within the agency of employment, the supervisee must obtain a written release from the agency administrator to obtain supervision of agency clients outside the agency setting.*
- (9) A plan for supervision must be established and maintained throughout the supervisory period. Such plan must be submitted to the Board along with the application by the licensee for independent status. The Board reserves the right to preapprove and audit such plans. Plans must include:
 - (i) The purpose of supervision*
 - (ii) Process to be used in supervision, i.e., timing, skills*
 - (iii) Learning objectives*
 - (iv) Professional growth*
 - (v) Intervention processes*
 - (vi) Plans for documentation*
 - (vii) Ethics and values*
 - (viii) Evaluation**
- (10) An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every six months and the records will be retained for three years.*

HB 1093 concerns from individual providers:

At the county level, when there are 'conflict of interest' issues with an LSW employee who blends the line of working with QSP's who are friends or family, it is corrected by their supervisor. The conflict may not be intentional, but LSW's may not have the background/ability to determine that conflict. Some examples of conflicts:

- Working with QSP's who are friends or family. This could cause inappropriate authorization and/or distribution of funds.
- LSW HCBS case manager serving as the rep/payee for her elderly client, because they believed they were the only one that knew what was best for the client. At same time, the case manager was handling all of his financial affairs (including mineral rights), and their name was on his checking account.
- LSW works for the county. She likes her clients, and has a great relationship with them. She leaves employment at the county and decides to "freelance" case management services for elderly "favorite" clients and clients that the LSW has personal relationships with. Because she (the private provider) can provide something to the elder that no one else can. That personal relationship causes boundary issues.
- LSW makes deals with son of a client to authorize housekeeping even though not allowable when person lives in house with elderly and they (son and LSW/private HCBS worker) agree to split housekeeping money. The LSW just agrees to write he lives somewhere else for audit purposes.
- Elder abuse and exploitation is already a huge hidden issue. Add the layer of "my old friend's daughter is a LSW and I want her to be my HCBS case manager" or "my daughter's friend is an LSW able to authorize HCBS services and my daughter wants her to authorize services." The mother hires the daughter as the QSP as that is what the best friend (LSW) says she should do. Then, the daughter does not provide care as authorized. The mother is then a situation where her only recourse is to file a complaint against her daughter's friend with the Licensing Board. Will she know how to do that - and if so, will she even feel comfortable enough to do so?

If the LSW's and LCSW's are working independently, those situations may not be discovered until DHS completes an annual audit - which could leave the client in an awkward position for an extended period of time.

Additional concerns/questions regarding implementation of such a licensing change:

- Allowing "Private Case Management" for elder services could be disastrous to our profession: In the future, what would keep the powers that be from deciding that a "specialized degree" such as Social Work is not necessary to do these "simple" Case Management tasks.
- If this change goes through, a private LSW/Case Manager should be mandated to carry liability/malpractice insurance as other private practice would.
- Who will be responsible for the 5% match under SPED or Expanded SPED? It is not feasible or appropriate for counties to cover this for a private Case Manager.
- Confidentiality concern. Private Case Managers would have access to all clients' names/list under HCBS around the state. How are they going to effectively work with Eligibility within a Social Service agency?
- Discrimination of services. Private Case Managers could pick/choose clients based on other factors other than need/policy/criteria for HCBS. As they would be working off-site, the patterns or evidence of such discrimination may not be found until annual audits.
- Elder care is specialized and should be treated as such - similar to child welfare/protective services. What criteria is State going to ask for in approving a Case Manager for this type of service? Five years of Social Work in an addiction center for adolescence does not qualify a social worker to become independent Case Manager for elders and run a complex program such as HCBS. This diminishes the role, effectiveness and importance of trained Case Managers/LSW's in HCBS and the appropriate delivery of all services under HCBS. Would it ever be appropriate for Foster Care of Child protective services to authorize private, independent LSW's?

Sixty-Third Legislative Assembly
House Human Services
Testimony on HOUSE BILL 1093 & HB 1180
March 12, 2013

Chairwoman Lee and Human Services Committee members: My name is Mary Langley, and I have had recent experience as a Home & Community-Based Services (HCBS) Case Manager for Benson County. As a Licensed Social Worker in the State of North Dakota, I have had an ongoing interest in improving HCBS programming for several years, and I am asking for your support for both H.B. 1093 & 1180.

I am in support of HB 1093 which would allow LSW'S and LCSW'S the ability to engage in the private practice of social work, further enhancing services to many rural North Dakota residents.

I believe that H.B. 1180 and 1093 will improve access for people who are in need of home & community-based services in ND. H.B. 1180 and H.B. 1093 will:

- allow additional qualified licensed social workers (LSWs) to assist older people, as well as adults who are disabled, to receive services in their homes, thereby preventing costly institutionalization
- make the **full** range of home and community-based services more accessible to citizens of ND (especially in rural communities) by having additional LSWs who can provide referrals, assessments, and ongoing case management related to **all** home & community-based programs in ND

- increase the availability of services to people who are eligible to enter home & community-based programs, but who are not currently receiving these services which may allow them to avoid placement in a nursing home setting prematurely
- make it possible to provide home & community-based services in a *more timely* way to people who need them

I appreciate your consideration of my testimony in relation to H.B. 1180 and 1093.

Respectfully,

Mary Langley, LSW via email

Mary Langley, Licensed Social Worker

Lee, Judy E.

From: Kyla Kinzler <Kyla.Kinzler@bhshealth.org>
Sent: Tuesday, March 12, 2013 11:27 AM
To: Lee, Judy E.; Larsen, Oley L.; Anderson, Jr., Howard C.; Dever, Dick D.; taxness@nd.gob
Subject: HB 1093

Senators of the Human Services Committee,

HB 1093 that is coming to committee this afternoon proposes major implications for the social work profession and our clients that we serve. I believe this bill was poorly written by our ND social work board, and needs some improvement prior to passing through to the floor. With social work, a lot of our experiences come from learning and doing. We learn a great deal from our more seasoned and educated social workers who act as our supervisors and guide and mentor us through our daily challenges. HB 1093 is allowing the option for LSW social workers to practice independently, something only the highest level of social work, LICSW, professionals can currently do. I strongly believe that the supervisor role is a necessity to a social workers practice and helps prevent malpractice and unethical decisions that may occur unintentionally. The code of ethics for social works states "do no harm to your client". I believe this bill opens the potential for unintentional harm to be done to clients that we serve, simply because of the lack of supervision and guidance that is needed from newer and basic educated social workers. I do understand the need for social workers in rural areas and that we are experiencing a shortage, however I feel there is a different approach that could be done to solve this issue while still keeping in tact our profession and the quality of care we provide to our clients. I urge you to kill HB 1093 for the simple fact of protecting the social work profession, as well as the wellbeing of our residents of North Dakota. Thank you

Kyla Kinzler, MSSA, LCSW
Psych Coordinator
Prince of Peace
201 8th ST N.
Ellendale, ND 58436
701-349-3312

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosures, dissemination, distribution or copying of it and its contents is prohibited. As required by HIPAA you need to hold this information as privileged and confidential. if you have received this communication in error, please destroy all copies of this communication and any attachments.

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material, including 'protected health information'. If you are not the intended recipient, please reply informing the sender of the error so that appropriate steps can be taken. Please do not review, forward, distribute or copy this message or any attachments. Please destroy and delete this message from any computer or other electronic device in which it may be stored.

3/20

Kim Jacobson - (1A)
Trail County, for. Sen.
#B 1093

PROPOSED AMENDMENTS FOR HOUSE BILL No. 1180

Page 1, line 1, replace "two" with "three"

Page 1, line 2, after "to" insert "the creation of a pilot program for, and"

Page 1, after line 4, insert:

"SECTION 1. A new section to chapter 50-06.2 of the North Dakota Century Code is created and enacted as follows:

Community-based services – independent home and community-based services case manager – pilot program.

A pilot program is hereby created to authorize a tribal government of a reservation encompassing an entire county of the state to contract with independent home and community-based services case managers to provide the services authorized by this act.

Page 1, line 8, after "manager" insert "- pilot program"

Page 2, line 4, after "manager" insert "- pilot program"

Page 2, line 23, after "manager" insert "- pilot program"

Page 3, after line 7, insert:

SECTION 5. EXPIRATION DATE. This Act is effective through June 30, 2015, and after that date is ineffective.

Renumber accordingly

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1180

Page 1, line 2, after "to" insert "the creation of a pilot program for, and"

Page 1, line 3, after "of" insert " ,"

Page 1, line 3, after "managers" insert "; and to provide an expiration date"

Page 1, line 8, after "manager" insert "- Pilot program"

Page 1, line 9, replace "Under" with "The department shall establish a pilot program for the provision of independent case management services under"

Page 1, line 9, replace ", an" with "within a county located entirely on an Indian reservation for the biennium beginning July 1, 2013, and ending June 30, 2015. An"

Page 1, line 11, remove "licensed"

Page 1, line 11, after "worker" insert "licensed under section 43-41-04"

Page 2, line 4, after "manager" insert "- Pilot program"

Page 2, line 5, replace "Under" with "The department shall establish a pilot program for the provision of independent case management services under"

Page 2, line 5, replace ", an" with "within a county located entirely on an Indian reservation for the biennium beginning July 1, 2013, and ending June 30, 2015. An"

Page 2, line 7, remove "licensed"

Page 2, line 7, after "worker" insert "licensed under section 43-41-04"

Page 2, line 23, after "manager" insert "- Pilot program"

Page 2, line 24, replace "Under" with "The department shall establish a pilot program for the provision of independent case management services under"

Page 2, line 24, replace ", an" with "within a county located entirely on an Indian reservation for the biennium beginning July 1, 2013, and ending June 30, 2015. An"

Page 2, line 26, remove "licensed"

Page 2, line 26, after "worker" insert "licensed under section 43-41-04"

Page 3, after line 7, insert:

Amendments to 13.0430.01000

"SECTION 4. EXPIRATION DATE. This Act is effective through June 30, 2015, and after that date is ineffective."

Renumber accordingly

NDLA, S HMS - Dvorak, Kirsten

From: Lee, Judy E.
Sent: Tuesday, March 26, 2013 1:06 PM
To: NDLA, S HMS - Dvorak, Kirsten; NDLA, Intern 02 - Myles, Bethany; Dever, Dick D.; Larsen, Oley L.; Anderson, Jr., Howard C.; Axness, Tyler
Subject: FW: North Dakota Board of Social Work Examiners' Position on HB 1093

FYI -
Kirsten, please put copies in our books.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Nancy Kleingartner [mailto:nkleingartner@umary.edu]
Sent: Monday, March 25, 2013 10:10 AM
To: Lee, Judy E.
Subject: RE: North Dakota Board of Social Work Examiners' Position on HB 1093

Senator Lee:

The primary concern of the NDBSWE, and I believe the driving force behind HB 1093, is the provision of services to reservation and rural North Dakotan elderly and disabled in need of services to remain in their communities. In particular, the Board has been informed that significant unmet need exists at Standing Rock and Spirit Lake reservations. There may also be unmet need in other rural, non-reservation areas, but the Board has not received specific information about this.

It has been the Board's opinion that meeting this unmet need, perhaps even in a pilot project, might be difficult if Tribes are not permitted to engage the services of independent contract social workers, other than those at LICSW level. Currently, according to the NDBSWE Board office, there are no LICSW social workers in Sioux County, Grant County, or Adams County. There is one in Hettinger County, and there are 6 in Morton County. These, of course, are the counties neighboring Sioux County. I did not check the counties surrounding Spirit Lake, as the major focus seems to be on Standing Rock, as a very rural area.

Typically, in my professional practice and teaching experience, case management is often provided by BSW social workers. Social workers who pursue an MSW, particularly those who then compete the necessary supervised clinical hours to become LICSWs, often wish to work in other fields of social work, especially clinical social work or perhaps wish to move up in management and administration within agencies. So, the Board's concern is not only availability of LICSWs but interest.

Both Standing Rock and Spirit Lake tribes have indicated to the Board that they do not believe they can employ a social worker, now or in the near, to supervise their CHRs. Should tribes be able to secure the needed social work supervision for their CHRs from LICSWs, it is my opinion (and I believe it would be the Board's), that the Board would find a much less urgent and compelling need to consider the expansion of private practice of social work at this time.

I hope this clarifies the Board's position and provides a better response to your concerns. Thank you for allowing the Board to provide this additional information.

Nancy Kleingartner, MSW, LCSW
Vice Chair-North Dakota Board of Social Work Examiners

From: Lee, Judy E. [<mailto:jlee@nd.gov>]
Sent: Sunday, March 24, 2013 8:47 PM
To: Nancy Kleingartner
Subject: RE: North Dakota Board of Social Work Examiners' Position on HB 1093

I'm curious as to the reason that the board would support reducing the requirements for the profession just for one site. What about the rest of the state? Should the more strict criteria not been put in place in the first place? If the tribe's experience proves to be successful, we may look at further changes, but the committee has received many messages from people opposed to relaxing requirements, in addition to the lack of regulations which would prevent those who have been fired for inappropriate practices at work (not license violations) from being hired as CHRs.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Nancy Kleingartner [<mailto:bigred1@bis.midco.net>]
Sent: Sunday, March 24, 2013 4:37 PM
To: Lee, Judy E.
Subject: North Dakota Board of Social Work Examiners' Position on HB 1093

Senator Lee, Chair
Senate Human Services Committee

Senator Lee:

The North Dakota Board of Social Work Examiners held a conference call on March 21, 2013, as a follow-up to information presented at the March 19th Senate Human Services Committee hearing on HB 1108, the sister bill of HB 1093. The following individuals were present for the conference call:

NDBSWE: Chair- Mary Jane Blanchfield, Vice Chair – Nancy Kleingartner, Gail Reiten, Megan Dardis-Kunz.

Others: Nikki Owings- Board Office, Jacinda Simmons- Board Office, Sandra Voller, Legal Counsel, John Eaglesfield- Standing Rock, Joann Streifel- LICSW, Spirit Lake Tribe, Steve Reiser- Dakota Central Social Services, Penny Woodward- Morton County Social Services, Sonja Binstock- Morton County Social Services, Carol Lysne- Cankdeska Cicana Community College, Mary Langley- LSW, Skip Longie- Spirit Lake Tribe, Nancy Miller- NASW-ND, Karen Tescher- Medical Services Division, Department of Human Services, Beth Steffan- Medical Services Division, Department of Human Services, Dr. Kris Bird- tribal home and community based services representative, Chuck Stebbins- public.

Vice Chair Kleingartner informed the Board of discussion at the 3/19/2013, hearing related to a possible pilot project in the Sioux County portion of the Standing Rock reservation. She also informed the Board that testimony had also been given at the hearing by a Standing Rock tribal member that the tribe might be in a position in the near future to hire/employ a social worker to supervise the Community Health Representatives (CHRs). The prior understanding

of the Board was that the Standing Rock Tribe was not in a position to employ a social worker to provide this supervision, but believed it could arrange for and find funding to engage independent social work contractors to provide this supervision. If HB 1093 does not pass, only LICSWs would be allowed to provide supervision as independent contractors. Concern was expressed that there may not be sufficient LICSWs who are geographically available to the tribes and who are also interested working in case management.

Tribal representatives from both Spirit Lake and Standing Rock informed the Board that their tribes are not able to now, or in the foreseeable future, hire/employ social workers to provide supervision of their CHR workers. Tribal representatives indicated that they continue to support passage of HB 1093.

It was **moved and seconded** the Board's position is to support HB 1093, with the inclusion of the Board's suggested amendments which have been filed with the Senate Human Services Committee. (Dardis-Kunz/Reiten/carried) [Roll call: Kleingartner (y), Reiten (y), Dardis-Kunz (y)] [Ridley absent; vacant position]

Thank you for allowing the NDBSWE to express the rationale for its continued support of HB1093, with the inclusion of the Board suggested amendments.

Nancy Kleingartner,MSW, LCSW
Vice Chair, NorthDakota Board of Social WorkExaminers