2013 SENATE HUMAN SERVICES

SB 2293

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2293
1/29/13
Recording Job Number: 17897

☐ Conference Committee

Committee Clerk Signature: Kari Hus

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance coverage of services provided by marriage and family therapists and the state job classification index; to commitment procedures and insurance coverage for substance abuse and mental health; and to direct the department of human services to submit a plan.

Minutes: You may make reference to "attached testimony."

Chairman Lee opens hearing on SB 2293.

Senator J. Lee introduces bill to the committee at the request of constituents who see it as a vehicle for providing additional support services for individuals and families who need it.

Senator Anderson asks a question pertaining to page 2, line 4 and page 3, line 1 in regards to mentioning a master's degree. Chairman Lee defers the question to the experts testifying.

Chairman Lee references the fiscal note attached.

Kelly Olson, LMFT and Regional Program Director at The Village Family Service Center, testifies in support. See attached testimony #1.

(0:10:46) Ms. Olson addresses Senator Anderson's question about the master's degree and explains that all licensed marriage and family therapists must have this degree.

(012:07) Senator Anderson asks for more information about the fiscal note. Ms. Olson states that they would not be adding services and the cost would not be different. The same people that would be seeking out the services would just have a different provider to choose from. It is not being suggested that additional people would be served.

(0:13:12) Senator Dever points out that the definition in section 1, under a, b, c, and f all make reference to a master's degree in different professions so that language is consistent. Senator Dever follows by referencing section 5 and asks what other professions would be included in that category. In other words, what defines an advanced clinical specialist and

asks if there is an implication to the Medicaid reimbursement. Ms. Olson explains the qualifications.

(0:15:27) Chairman Lee asks Ms. Olson to clarify how the reimbursement works and Ms. Olson explains how her employment/services are funded.

Ms. Olson distributes testimony from other people to the committee. See attached testimony #2-11.

Rev. Larry J. Giese testifies in favor of the bill. See attached testimony #12.

(0:26:35) Senator Anderson states that Rev. Giese's testimony seems to contradict his question to Ms. Olson in regards to providing additional services. Rev. Giese doesn't think it would be anything different but would probably include those coming from another state to receive the compensation that they have received before. Senator Anderson follows with referencing his testimony where he talks about the endorsement process from other states and asks him to further explain the norm. Rev. Geise states that the 3 years refers to post graduate and that they have already received a license.

(0:28:00) Chairman Lee offers some verbiage corrections on Page 1 of his testimony: talking about Medicaid only and the spelling of "parody" should be "parity."

(0:28:36) Senator Anderson asks about the Practice Act he is referring to and Rev. Giese clarifies that it is 43-53. There is no language that changes the Practice Act; it is only referring to recognition by Medicaid. Rev. Giese further explains the other insurance companies that recognize MFT's.

(0:32:08) Nancy McKenzie, Public Policy Director for Mental Health America of North Dakota (MHAND), testifies in support. See attached testimony #13.

(0:33:46) Senator Larsen asks if this is similar to the nursing shortage. Ms. McKenzie doesn't think this is being addressed due to the issues of shortage of therapists, but more to expand the pool of availability for individuals seeking services. She then states that someone else might be able to better answer the question.

Chairman Lee clarifies something that she neglected to mention after Ms. Olson's testimony.

No more testimony in favor.

Dan Ulmer from BCBS briefly explains their fiscal note and then introduces **Dr. Kenneth Fischer**, Medical Director, Behavioral Health, for BCBSND, who testifies in opposition. See attached testimony #14.

(0:46:12) Senator Anderson references the additional testimony that was distributed by Ms. Olson (attachment #11) and asks if he disagrees. Dr. Fischer expresses that he strongly disagrees and explains why. Senator Anderson follows up by referencing page 3, lines 5-7 referring to the Medicaid reimbursement and Dr. Fischer explains his contention

on why this is an expansion in their Practice Act, not just reimbursing them for what they already do within Medicaid.

(0:50:14) Senator Dever clarifies that sections 2 and 3 refer to chapter 26 which refers to private insurance and section 4 refers to chapter 50 which refers to Medicaid. Dr. Fischer offers addition input on this.

Bonnie Staiger, Executive Director of the North Dakota Psychological Association, stands in opposition. She did not prepare written testimony due to the short notice but ditto's Dr. Fischer's testimony. She also comments on Senator Anderson's question regarding scope of practice.
Chairman Lee states that the committee will welcome any written testimony if she wishes to provide it.

(0:54:55) Senator Larsen asks if there is a difference in college credits for the licensed social worker as compared to the MFT's. Ms. Staiger states that she is unable to answer because she doesn't know what the difference in curriculum is; however, she explains the path for receiving a doctoral degree in psychology.

No further testimony in opposition.

(0:58:16) Maggie Anderson from the Department of Human Services explains the fiscal note to the committee.

(1:00:22) Senator Anderson asks if they pay for the LMFT's like BCBS if they just provide that level of service. Ms. Anderson states that not unless they have another credential and provides an example. Senator Anderson follows by proposing an amendment for page 3, lines 5-7 and asks her thoughts about leaving that language in but not expanding the scope of practice. Ms. Anderson explains that they would pay them based on their scope of practice. Regardless of what the committee chooses to do with scope of practice, if you pass a bill that said that Medicaid needs to enroll and reimburse the services provided by the LMFT's then they would do that per the scope of practice that exists.

(1:02:37) Rebecca Ternis, Deputy Insurance Commissioner at the Insurance Department, provides information about mandates and asks Chairman Lee whether or not she has considered the PERS requirement for the mandate study. Chairman Lee has not but states that she should have and proceeds to explain what this means to the committee.

(1:04:45) Milan Christianson, President of the North Dakota Division of the American Association of Marriage and Family Therapists, offers brief clarification about AMFT.

Hearing is closed on SB 2293.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2293
1/30/13
Recording Job Number: 18038

☐ Conference Committee

Committee Clerk Signature:

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance coverage of services provided by marriage and family therapists and the state job classification index; to commitment procedures and insurance coverage for substance abuse and mental health; and to direct the department of human services to submit a plan.

Minutes:

You may make reference to "attached testimony."

Committee discussion on SB 2293:

Chairman Lee reads from the chapter on Marriage and Family Therapy Practice. She also informs the committee of the explanation she received: If someone who is trained to be a diagnostician determines that it is medically necessary for the individual to have marriage and family therapy because he or her relationship either with a spouse or other family members is affecting other things. Chairman Lee then states that she would like Rep. Fehr, who is a clinical psychologist, and other experts to come and further interpret this for the committee.

Committee discussion briefly continues as they try to further understand the explanation Chairman Lee provided.

Discussion will continue on Monday.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2293
2/4/13
Recording Job Number: 18254

☐ Conference Committee

Committee Clerk Signature:

Explanation or reason for introduction of bill/resolution:

Relating to medical assistance coverage of services provided by marriage and family therapists and the state job classification index; to commitment procedures and insurance coverage for substance abuse and mental health; and to direct the department of human services to submit a plan.

Minutes:

You may make reference to "attached testimony."

Committee discussion continues on SB 2293:

Bonnie Staiger from the ND Psychological Association introduces Dr. Doener to help provide more information to the committee. This expert was contacted per the request of Chairman Lee to better help clarify the education/training.

Dr. Mark Doener, Clinical Psychologist, offers information on MFT's. See attached testimony #15.

(0:06:48) Senator Dever references the existing language in 43-53 under definitions and asks if this in conflict of what he is saying.

Dr. Doener states that it is not in conflict and that it's a broad statement talking about the individuals, couples, families, etc. The important issue is that within their treatment they are focused continuously on the family system (the person's integrated relationships with other people and how that influences pathology or functioning). This is looked at primarily as an issue of training and people who are trained specifically to do the work they are asking to do. Chairman Lee affirms what he just said by stating that we are talking about the diagnosis and treatment within the context of marriage and family systems. Dr. Doener also points out the issues of scope of competence.

(0:12:51) Senator Larsen asks if there are psychologists that can and can't take different types of insurances. Dr. Doener states that not to his knowledge but explains with Medicaid in ND or within Medicare under federal guidelines they are on a parity level with physicians/psychiatrists. Psychologists do the same thing as psychiatrists when it's not medical and they are paid whether by medical assistance, Medicaid, or third party payers.

No further questions from the committee.

Senator Larsen motions Do Not Pass.

Senator Dever seconds.

(0:15:53 - 0:24:40) Discussion - Senator Anderson comments on Indian Health Services and other entities on whether they approve individual diagnosis for MFT's (referring to testimony from Dr. Kristen Benson - attachment #11). Dr. Doener offers what knowledge he has on this. Ms. Staiger also offers some clarity.

Committee briefly discusses the fiscal note.

Roll call vote: 4-1, motion carries.

Senator Larsen is the carrier.

Remaining attachments after #15 include additional testimony submitted.

FISCAL NOTE
Requested by Legislative Council
01/21/2013

Revised
Bill/Resolution No.: SB 2293

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				$187,294		$165,434
Expenditures			$139,815	$187,294	$165,434	$165,434
Appropriations			$139,815	$187,294	$165,434	$165,434

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2293 requires ND Medicaid to amend their state plan to allow for medical assistance coverage to eligible recipients for services provided by marriage and family therapists. It also requires the inclusion of the licensed marriage and family therapist in the North Dakota job classification index.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

SB 2293 requires ND Medicaid to amend their state plan to allow for medical assistance coverage to eligible recipients for services provided by marriage and family therapists. The estimated cost for 2013-2015 biennium for the 38 current Licensed Marriage and Family Therapists to provide services is $233,928, of which $116,520 is general fund, assuming 19 recipients (half of which will receive service) per servicing provider at an average cost of $432 per recipient. Since this will require a state plan amendment, we anticipate there will be a six month delay before implementation. This fiscal note also includes costs of $93,181, of which $23,295 is general fund for one time programming changes needed to process the claims. The estimated cost for the services in the 2015-2017 biennium is $330,868, of which $165,434 is general fund.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The other fund revenue is a result of additional Medicaid funding the state will be able to access.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The estimated cost for 2013-2015 biennium for the 38 current Licensed Marriage and Family Therapists to provide services is $233,928, of which $116,520 is general fund, assuming 19 recipients (half of which will receive service) per servicing provider at an average cost of $432 per recipient, assuming a six month delay due to ND Medicaid

state plan amendment approval. Also included are one time system programming changes of $93,181, of which $23,295 is general fund. The estimated cost for 2015-2017 biennium is $330,868, of which $165,434 is general fund.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The Department would need an appropriation increase of $327,109, of which $139,815 would be general fund and $187,294 would be federal funds for the 2013-2015 biennium. The Department would need an appropriation increase of $330,868, of which $165,434 would be general fund and $165,434 would be federal funds for the 2015-2017 biennium.

Name: Paul R. Kramer

Agency: Department of Human Services

Telephone: 701-328-1980

Date Prepared: 01/28/2013

Date: 2/4/13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2293

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 Sen. Larsen Seconded By Sen. Dever

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

Total (Yes) 4 No 1

Absent 0

Floor Assignment Sen. Larsen

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

REPORT OF STANDING COMMITTEE

SB 2293: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO NOT PASS** (4 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2293 was placed on the Eleventh order on the calendar.

2013 TESTIMONY

SB 2293

Attachment #1

Testimony of Kelly Olson Bill #2293

Madam Chairman Lee and members of the Human Service Committee, my name is Kelly Olson and I am testifying in support of bill #2293. Bill #2293, if approved, will allow Licensed Marriage and Family Therapists (LMFT) recognition as Advanced Clinical Specialists and allow Medicaid billing by LMFTs. I feel very strongly in support of this bill as I feel it is a great injustice to discriminate against LMFTs in ND.

Let me begin by telling you more about who I am. I was born, raised, and have lived in ND all my life. I grew up in Lisbon ND, attended undergraduate and graduate college at NDSU, and currently reside in Casselton ND. I obtained my Bachelors of Science and Master's degree in Child Development and Family Science, with an emphasis in Marriage and Family Therapy for my graduate program. I am an LMFT. I have been practicing in the field since 1999 and have worked at The Village Family Service Center during this time. I am currently a Regional Program Director at the Village and one of my responsibilities is to manage all children's outpatient therapy services in Fargo and Moorhead. The Village currently serves 993 ND children in all of our offices. Of those children, 212 children have MA as their primary insurance provider. In my testimony I will address potential concerns regarding the cost of adding LMFTs to Medicaid reimbursement, qualifications and effectiveness of LMFTs and rural access issues in ND.

Cost-

I will begin with concerns regarding costs of adding LMFTs as eligible providers of Medicaid programming. Opponents of this bill will argue that adding LMFTs to Medicaid will result in serious financial consequences. I offer you the following evidence researched and presented by Roger Smith, Senior Attorney at American Association for Marriage and Family Therapy (email correspondence, Jan, 2013).

1- **Not all LMFTs would become Medicaid providers**: There are many LMFTs that will make the choice to not become credentialed or become providers of Medicaid. There are several

reasons that they will make this choice. **One,** they may have a large caseload and therefore would not have room to add more clientele. **Two,** they may be in private practice and may not have the administrative support to fill out the application and/or deal with continual billing of claims. **Three,** they may decide the reimbursement rate is not adequate for their business for a variety of reasons (i.e. lack of administrative support, cost of administrative support, denials etc.).

2- **Dual licensees:** There may already be LMFTs in ND that are providers of Medicaid because they possess dual licenses in other disciplines. For example; an LMFT who is also a psychologist would be able to use their psychologist credentials to be eligible as a provider of Medicaid. Therefore, there would be no cost as they are already a provider.

3- **Substitution Effect**: If individuals need treatment they will seek treatment, regardless of LMFTs being an eligible provider. The addition of LMFTs as providers will not create more chemical dependency issues, conduct disorders or mental health issues. These issues already exist. In other words, LMFTs would be a substitute for services typically given by another provider. Now this may cause opponents of this bill to become territorial of their clients. However, shouldn't it be up to the client to choose the most qualified provider instead of being forced to only choose a select few? I ask you to consider for yourself, would you rather choose the provider that is the best fit for you, your disorder and has the most experience? Or would you rather be forced to choose only a select few providers that may/or may not have any experience in your issue?

4- **Low or No Cost to Administer**: The addition of LMFTs would not increase administrative costs because LMFTs would not be expanding services. LMFTs would simply be doing the same service Licensed Independent Clinical Social Workers or other disciplines are doing currently. There would not be a creation of new programming or services.

Qualifications and Effectiveness

Qualifications-The current law indicates that LMFTs are not qualified enough or do not have specialized training in the diagnosis and treatment of individuals compared to LICSW's. I vehemently disagree with these comments. As a Regional Program Director at the Village Family Service Center, I have had many opportunities to supervise therapists of many disciplines. This experience has provided me with great insight into the different disciplines. I have personally experienced therapists from different disciplines that have not actually engaged in therapy with real clients before their first job. When asked about their therapy experience, they report that they had a class on therapy and that they "practice therapy skills on each other". This is a great injustice to employers and to clients. LMFTs are rigorously trained and exceed other disciplines in being ready to conduct therapy. LMFTs are required to have 500 hours of therapy prior to graduation. I have found them to be better prepared for therapy and also employment.

Effectiveness- Every professional mental health discipline has its perspective, but no other discipline examines and treats mental health disorders like the field of marriage and family therapy. LMFTs look at the individual and his or her diagnosis but also include the family unit. The inclusion of the family unit in the assessment and treatment process is vital. According to the American Association for Marriage and Family Therapy; family therapy has been more successful than any other form of outpatient therapy in retaining adolescents with drug abuse problems in treatment and in reducing their drug abuse. Marriage and family therapy is effective because of how LMFTs encourage family participation, seek information from family members about the individual(s) disorder, and encourage the family members in ways they can support the treatment process for the individual. Recent research has proven LMFTs success in working with youth struggling with depression. Beach and Whisman's (2012) research investigated the impact of parent training on adolescent depression. All of their studies (5 in total) suggest that participation in parent training led to both

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enhanced parenting skills but more profoundly, a reduction in the adolescent's depression symptoms. Given the increased attention to depression and youth, suicide, and school tragedies; can we ignore this research?

Rural Access Issues-

Delivery of mental health services to the Bakken region of North Dakota is a challenge for public and private providers alike. With graduates from NDSU (an accredited LMFT program) being part of the potential hiring pool to provide services, the state increases the human service delivery system's ability to meet that increasing demand. Therefore, the recognition of LMFTs in ND would increase career opportunities and also access to mental health services.

In Conclusion-

I understand that this committee must carefully weigh the issues of increasing costs, qualifications of providers and fairness for all North Dakotans. I offer my testimony as evidence that all these elements point in the direction of approval of Bill #2293, while ensuring adequate access to service across the state. I believe my testimony provides evidence that LMFTs are both qualified and deserving of the status of "Qualified Mental Health Professional or Advanced Clinical Specialist". My testimony also indicates a strong need to add LMFTs to Medicaid as it would increase career opportunities for our ND residents and increase the diversity of service available to individuals and families. I ask you to support this bill so that LMFTs may be equally recognized in the State of North Dakota. We have gone through rigorous hours of training and our treatment strategies are effective. I currently reside in ND and feel that this bill directly impacts my everyday work, life, career opportunities and the people of ND. Thank you for allowing me to submit my testimony today.

Sincerely,

Kelly Olson, MS LMFT

#1

(Beach, S. R. H., & Whisman, M. A. (2012). Affective disorders. Journal of Marital and Family Therapy, 38(1), 201–219.)

American Association for Marriage and Family Therapy. Family Therapists Effectively Treat Severe Mental Illness.

Attachment #2

AAMFT
American Association for Marriage and Family Therapy
Advancing the Professional Interests of Marriage and Family Therapists

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Efficacy and Cost-Effectiveness Of Marriage and Family Therapists

Key Point: Like other licensed mental-health professionals, Marriage and Family Therapists (MFTs) use various diagnostic tests and psychotherapy techniques to treat people with behavioral disorders. There is extensive rigorous research demonstrating the effectiveness of these generic professional skills. Additionally, all MFTs use relational skills as an aid to treating patients in the context of their families, work colleagues, and others, and MFTs emphasize brief and intensive treatment episodes.

In 2002, Effectiveness Research in Marriage and Family Therapy by Sprenkle (ed.) was published to summarize meta-analyses of rigorous research on MFTs' efficacy and cost-effectiveness in treating specific conditions including substance abuse, childhood behavioral disorders, major mental illness, and affective disorders such as depression. A decade later, in the January 2012 issue of the Journal of Marriage and Family Therapy (JMFT), Sprenkle and his colleagues reviewed subsequent rigorous studies of MFTs' efficacy and cost-effectiveness. This JMFT update also reported positive efficacy for all types of reviewed treatments, and cost-efficacy for four types. This handout summarizes key findings of those publications (see below for citations and requests for copies).

Substance Abuse and Alcoholism

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

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

The 2012 JMFT special issue reported that subsequent studies have confirmed MFTs' efficacy in treating substance abuse, and added evidence of MFTs' cost-effectiveness in this field.

Conduct Disorder and Childhood Behavioral and Emotional Disorders

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

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

The 2012 JMFT special issue found that subsequent studies have confirmed MFTs' efficacy in treating childhood behavioral disorders, and summarizedd additional evidence of MFTs' cost-effectiveness in this field. #2

Severe Mental Illness and Affective Disorders

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

The 2012 JMFT special issue detailed subsequent studies confirming MFTs' efficacy in treating both major mental illnesses and affective disorders such as depression, and added evidence of MFTs' cost-effectiveness in regard to major mental illnesses.

Domestic Violence, Family Stress, and Relationship Functioning

Marital problems are not always sufficiently severe to warrant classification as mental disorders, but some such problems, such as those involving domestic violence, do warrant such classification. The effectiveness of couples and family therapy for improving marital relationships and decreasing marital dissolution has long been established. Couples therapy models that have focused on alleviating marital conflict have been studied extensively, and newer research has shown that couples therapy not only improves marital satisfaction, but can alleviate depression in members of the couple and help couples deal more effectively with family stress (e.g., a chronically ill child). Couples therapy is also an efficacious treatment option for domestic violence, providing no evidence that it places a woman at increased risk of continued violence. While couples therapy generally deals with families already in distress, relationship enhancement focuses on preventing relationship distress and dissolution a priori. Research indicates that relationship education improves communication skills, relationship satisfaction, and reduction in negative interaction patterns. (Sprenkle Chapters 6, 7 & 8)

The 2012 JMFT special issue reported additional evidence of MFT efficacy for both domestic violence and less severe marital problems.

Physical Illness

Family therapy for persons with medical problems not only benefits the identified patient, but other family members as well. Family therapy is particularly efficacious with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). There is also some evidence that family involvement facilitates disease prevention, demonstrating better outcomes for weight reduction for children and cardiovascular risk. (Sprenkle Chapter 11)

The 2012 JMFT special issue cited subsequent studies finding MFT efficacy for persons suffering from chronic physical illnesses, which often create concurrent psychological problems.

Summary

When hundreds of family therapy studies are evaluated through a meta-analytic frame, the effectiveness of marriage and family therapy is even more compelling. Marriage and family interventions are as effective or more than alternative interventions, and are consistently more efficacious than no treatment at all. Meta-analyses have shown that that family therapy is effective for schizophrenia, substance abuse, alcoholism, marital problems, child-identified problems, improving couple communication, and couple enrichment, to name a few. (Sprenkle Chapter 12). These findings are supported by a decade of subsequent research as summarized in JMFT.

Citations (copies available on request)

Journal of Marriage and Family Therapy, Jan. 2012, 38 (1): Special Issue: Ten-Year Update on MFT Efficacy and Cost-Effectiveness.

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

If you have any questions or need additional information, please contact: Brian Rasmussen, PhD, AAMFT Government Affairs Manager, 112 S. Alfred St., Alexandria, VA 22314, 703-253-0463, brasmussen@aamft.org

#2

AAMFT
American Association for Marriage and Family Therapy
Advancing the Professional Interests of Marriage and Family Therapists

112 South Alfred Street
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The Profession of Marriage and Family Therapy

Marriage and Family Therapists are mental health professionals trained and licensed to independently diagnose and treat mental health and substance abuse problems. A Marriage and Family Therapist (commonly referred to as an MFT or Family Therapist) specializes in treating mental disorders within the context of relationships. Family Therapists work with the individual, couple, or family to change behavioral patterns so that problems can be resolved. Currently, there are over 50,000 clinically active MFTs.

Qualifications:

Family Therapists are highly qualified to provide mental health services. All licensed MFTs must have a minimum of a master's degree and at least two years of post-graduate supervised clinical experience. Thirty percent of all MFTs have a doctoral degree. As independent mental health providers, Family Therapists are eligible to become licensed as MFTs in all 50 states.

Family Therapists are the only professionals required to be trained in family therapy. Marriage and family therapy is based on the research and theory that mental illness and family problems are best treated in a family context. Trained in psychotherapy and family systems, Family Therapists focus on understanding their clients' symptoms and interaction patterns within their existing environment. MFTs treat predominantly individuals, but also provide couples, family and group therapy. Whomever the client, Family Therapists treat from a relationship perspective that incorporates family systems.

Family Therapists are trained to handle serious mental health problems. In a survey that asked Family Therapists to rate the severity of their clients' problems, 94% of the 850 cases handled by these MFTs were rated as moderately severe, severe, very severe, or catastrophic. The primary diagnoses most commonly reported by Family Therapists are mood disorders, relationship problems, anxiety disorders, and adjustment disorders. Half of all primary diagnoses are for depression, anxiety and adjustment disorders, and substance abuse. Nearly half of the clients of Family Therapists are taking psychotropic medications.

Family Therapists perform the services of diagnosis and psychotherapy. Like members of the other mental health professions, Family Therapists are trained in diagnosis, assessment, and treatment. A study of the laws of 40 states found little variation among the states in the scope of practice allowed among MFTs, psychologists, social workers, and licensed counselors. State licensure laws create little difference between these professions in their ability to provide mental health services.

Federal Recognition:

Family Therapists are recognized by the federal government as qualified mental health providers. The Public Health Service Act recognizes Marriage and Family Therapists as one of the five core mental health professions under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration. The program identifies geographic areas that have a shortage of mental health professionals. Additionally, Family Therapists are eligible to participate in various programs or receive grants, loans, or compensation for services provided through the following federal departments or agencies:

- Department of Defense
- Department of Veterans Affairs
- Department of Education - Individuals with Disabilities Education Act (IDEA)
- Department of Transportation - Substance Abuse Program (SAP)
- Indian Health Services

Effectiveness:

Family Therapists offer effective treatments that result in marked improvements for their clients. In a survey of 492 clients of Family Therapists, 83% of the clients stated that the therapy goals had been mostly or completely achieved. Almost 90% of the clients reported an improvement in their emotional health.

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Family therapy is effective in treating severe mental illness and other disorders. Family involvement has been consistently linked to better individual and family functioning. Family therapy outcomes for severe mental illness include improved well being, fewer illnesses, and decreased medical care utilization. Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). Family-based therapy has been proven effective in treating a variety of other disorders and problems regularly encountered by MFTs, including:

- Conduct Disorder and Delinquency
- Childhood Behavioral and Emotional Disorders
- Substance Abuse and Alcoholism
- Marital Problems, Relationship Enhancement, and Domestic Violence

Cost savings:

Family Therapists offer cost-effective treatments. MFTs provide brief, solution-focused therapy that often results in lower costs. Because Family Therapists often treat more than one person at a time, MFTs are in a good position to offer cost-effective solutions. A study that examined the cost to Medicare of adding MFTs as eligible providers concluded that adding Family Therapists as providers would account for less than 0.0015% of total Medicare expenditures. Several studies of state and private health plans have demonstrated the cost-effectiveness of Family Therapists. For example, a study prepared for the Maine legislature concluded that a proposed bill requiring healthcare plans to reimburse MFTs for mental health services would have a negligible impact on insurance premiums. A report by the Texas Department of Insurance found that the total MFT claims as a percentage of the total claims paid by group insurance plans in Texas were 0%. A report by the Virginia State Corporation Commission found that the average percentage of total claims for MFT services in Virginia in 2008 was .01% for both individual contracts and group certificates.

Family Therapists are more cost-effective than other mental health professionals. Family Therapists are as effective as other mental health professionals in diagnosing and treating mental health and substance abuse problems, but at a lower cost to payers. A survey of large insurers in Massachusetts found that licensed psychologists cost insurers, on average, $5.00 to $10.00 more per session than MFTs. A recent state-mandated study in Virginia found that the average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy was $49.51, which is lower than the combined average claim cost per visit for all mandated mental health providers in Virginia. By comparison, the average claim cost per visit was 68% higher for psychiatrists.

Family therapy reduces medical expenses. Many studies have concluded that a "cost-offset" phenomenon exists for mental health coverage. An offset effect occurs when people reduce their use of medical services following some type of therapy or behavioral health intervention. Mental health therapy helps people deal with their life circumstances more effectively, therefore reducing the tendency for emotional concerns to be expressed as physical problems. In a federal study that involved interviews with representatives from several large employers who offer generous mental health benefits to their employees, the employers stated that comprehensive mental health benefits ultimately reduces physical health costs and has a positive impact on their employees. A study of marriage and family therapy participants that compared the participants' healthcare utilization for six months before and after family therapy began found that the participants significantly reduced their medical visits by 21.5%.

Family therapy reduces the cost of providing health care to those who are high utilizers. A study of whether family therapy is associated with a reduction of health care use by patients identified as high utilizers found that family therapy participants reduced their use of medical services by 53%. Additionally, this study found that family therapy has a positive impact on family members who are not the focal point of therapy. Parents who received family therapy for their children had a 57% drop in health care services themselves even though the parents were not the identified patients receiving therapy.

Family Therapists in Rural Locations:

Family Therapists are able to serve the needs of rural residents. Rural America suffers disproportionately from a shortage of mental health professionals. Over 85% of designated Mental Health Professional Shortage Areas in the U.S. are located in rural counties. Master's level mental health practitioners, such as MFTs and social workers, are more likely to be located in rural areas than professions requiring a doctorate. A study of Maine and Massachusetts after the passage of laws that required reimbursement of social workers found that these laws appeared to increase the number of social workers in private practice in areas that have not attracted as many psychiatrists.

Family Therapists are more likely to practice in rural areas than are other mental health professions. Family Therapists are more likely to be in rural areas than psychiatrists and also to be in areas that do not have a psychiatrist. In the most rural counties in the U.S., which make up 15.5% of all counties in the U.S., there are twice as many MFTs as psychiatrists in those counties. An analysis by county of all of the core mental health professions in Texas found that there were fourteen Texas counties, all but one rural, that only had MFTs and no other core mental health provider. Including Family Therapists in health plans will lead to a greater number of covered providers in underserviced rural counties.

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American Association for Marriage and Family Therapy
Promoting the Profession and the Practice Since 1942

Family Therapists Effectively Treat Severe Mental Illnesses

Executive Summary

Family therapists are highly trained mental health professionals who provide cost-effective mental health services to individuals with severe mental illnesses, such as schizophrenia and other major affective disorders, depression, anorexia, bulimia, and psychiatric disorders in children and adolescents. Many studies, including recent ones prepared for the National Institute of Mental Health (NIMH), indicate that the family-focused interventions of family therapy have demonstrated effectiveness in reducing rehospitalization and relapse rates for those suffering from severe mental illnesses.

What Do Family Therapists Offer?

Demonstated Efficacy in Treating Severe Mental Illness

A collection of studies prepared for the NIMH National Advisory Mental Health Council for their March 1993 report on health care reform concluded that family therapy is an effective treatment for severe mental illnesses:

- Schizophrenia: "Family therapy is generally effective in preventing relapse and improving symptomatology both in comparison to 'routine care' that included medication and individual treatment and to specifically designed SST [social skills training] and individual psychotherapy."
- Bipolar depression disorder: Patients hospitalized with bipolar disorder who received family therapy had significantly less relapse and rehospitalization.
- Psychiatric disorders in children and adolescents: Family therapy is an effective treatment for autism, attention deficit/hyperactivity disorder, conduct disorders, and anxiety disorders.

Reduced Relapse and Rehospitalization Rates

- The rehospitalization rate for patients with schizophrenia in a 6-month period was 30% for patients using drug treatment alone—but 0% when family therapy was part of the treatment plan.
- Relapse rates were reduced for 77% of patients with manic depressive or schizoaffective psychoses after receiving brief family therapy (6 sessions). One-half of these patients were able to function without major medication 3 years later.
- Family therapy has been more successful than any other form of outpatient therapy in retaining adolescents with drug abuse problems in treatment and in reducing their drug abuse, thereby preventing costly hospitalization.
- A 50% higher success rate was reported for family therapy than for individual psychotherapy in preventing anorexia nervosa from reaching more critical stages in adolescents.

Reduced Mental Health Care Costs

When up to 80% of mental health dollars are spent on inpatient care, a reformed health care delivery system must encourage the use of less costly, appropriate, and effective outpatient care, including family therapy.

- Every dollar spent on early intervention saves 2 dollars otherwise spent on late-stage crisis intervention.

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- Studies show decreases of 5% to 80% in medical health care use following appropriate mental health care treatment, including individual, group, and family psychotherapy.
- Family-focused treatment outside of hospitals is often appropriate and much less expensive. One recent study found that in-home treatment of seriously emotionally disturbed adolescents and their families—as an alternative to psychiatric hospitalization—showed significant improvement in family and adolescent functioning and produced a 50% cost savings.
- The up to $25,000 it costs for one month of treatment for an adolescent in a private psychiatric hospital would pay for one year of treatment for 10 to 15 outpatients. An episode of care by a family therapist typically lasts between 6 and 10 sessions—much less than a year.

Why Must Health Care Reform Include Mental Health Services?

Many Americans Are Affected by Severe Mental Illnesses

- Nearly 5 million American adults—almost 3% of the adult population—were affected by severe mental disorders in 1990.
- 3.2% of American children ages 9-17 had a severe mental illness in a six-month period in 1992.
- Individuals with disabling mental disorders fill 25% of all hospital beds.
- In 1990, total costs (direct and indirect) for severe mental illnesses was $74 billion.
- The total cost (direct and indirect) for all mental disorders in 1990 was $148 billion, in comparison to $159 billion for all cardiovascular system diseases.
- Up to 60% of the visits to primary care physicians are by individuals whose complaints stem from mental health factors.

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Attachment #3

From:
Candice Maier, M.S.
Former Children's Consultation Network Intern
North Dakota State University Alumni
January 28, 2013

Dear Senate Human Services Committee:

I am writing to support Bill 2293. The purpose of this bill will impact many families and individuals in North Dakota and will give them increased accessibility to quality services from licensed marriage and family therapists (MFTs) throughout the state.

Marriage and family therapy is a distinct professional discipline designated as a core mental health profession by the federal government. Since the 1970s, there has been a 50-fold increase in the number of marriage and family therapists. MFTs in North Dakota work tirelessly to serve vulnerable and at-risk populations, taking holistic approaches in their work with families. MFTs are concerned with the overall, long-term well-being of individuals and families.

These services are urgently needed by the families in North Dakota. Let's give licensed marriage and family therapists (LMFTs) the treatment they deserve and allow them to be considered equal to other mental health professionals in the state.

Thank You,

Candice Maier, M.S.
Marriage & Family Therapy

Attachment #4

January 27, 2013

This letter is in support of Bill #2293 which updates the state classification system of "Mental Health Professional" to include Marriage and Family Therapists (MFTs). It also allows for MFTs to be covered under Medical Assistance (MA) in North Dakota.

The requirements and qualifications for Marriage and Family Therapists were outlined in the Century Code Chapter 43-53 in 2006. In practice, MFTs are specifically trained to diagnose, treat, and educate individuals, children, couples, and families experiencing struggles with mental health or interpersonal issues. The practice includes premarital, family therapy, and education to improve family dynamics and/or social adjustment in order to live more satisfying lives and have quality interpersonal relationships.

I have been a nearly life-long resident of North Dakota. I completed my undergraduate work at NDSU and received a Masters in Marriage and Family Therapy at NDSU as well. This program was nationally recognized in 2012 with the American Association of Marriage and Family Therapy Training Award. This award has only been given out twice, and I am proud to have graduated from such a distinguished program, in my home state.

During Graduate School, one of my internships was completed at Southeast Human Service Center. After graduation, I took a job at Southeast for which I was overqualified, but looked forward to the opportunity to learn more and work my way up in my career. I worked diligently to complete the requirements for full licensure in North Dakota. While employed, I learned that with the current classification system, I would never be considered for a Mental Health Professional position. It was disheartening to learn that although I graduated from a top training program in the country, completed my internship performing the duties of a Mental Health Professional at a ND Human Service Center, I would never be considered as a candidate for an employment as such.

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I ended my employment at the Human Service Center after two years because it was clear that I could not establish a professional career there. This was disheartening as I was proud to serve those who might not otherwise get the help that they need. With passing Bill #2293, the Human Service Centers would have additional well-qualified candidates to choose from when hiring Mental Health Professionals.

I then worked for The Village Family Service Center as an In-Home Family Therapist. I continued training, receiving supervision and practicing and met the requirements to receive my LMFT in ND. I went before the LMFT Board for the oral exam and was the first person in the state of North Dakota to complete full licensure through the process outlined in Century Code Chapter 43-53 in 2006. This was a big step in developing my career and I am proud of this accomplishment.

However, although I had excellent training, and had met all of the criteria to practice independently in the state of ND, I was still limited in the clients that I could serve due to the current MA reimbursement rules. This meant that families may have to stay on a waitlist, may not get the provider they request, or if the service was provided, it may be at a loss to the non-profit agency.

Many of the families that I worked with were in rural areas (Havana, Hankinson, Buffalo, etc) where seeing other providers was not an option. Travel to Fargo to meet with other providers who could accept MA as a form of reimbursement, is an incredible financial burden to many families with already limited means. Passing Bill #2293 would allow for families with MA to have greater choice in their therapy providers, allow for access to well-trained providers, and greater access to providers in general.

In order to find a career that would be the best fit for myself professionally, and for my family, I recently accepted a position at Prairie St. Johns as a Child & Adolescent Inpatient Therapist. I am proud of what I have accomplished so far in my career, and I and my family plan to

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remain in this state. However, with the current MA reimbursement rules, my career options may be limited. I appreciate the original recognition of the license for Marriage and Family Therapists in 2006, and passing Bill #2293 would further solidify the recognition of marriage and Family Therapists in North Dakota as Mental Health Professionals and increase services for individuals, couples, and families receiving medical assistance.

I appreciate your consideration of Bill #2293 and am grateful for your support.

Sincerely,

Emily Coler Hanson, M.S., LMFT
3608 20th Street South
Fargo, North Dakota 58104
701-367-3054

Attachment #5

Date: January 27, 2013
From: Jody Claus, LAMFT
Re: Bill #2293

Madame Chairman Lee and Members of the Senate Human Services Committee:

I am Jody Claus and I am writing to you as a life-long resident of North Dakota, and a Licensed Associate Marriage and Family Therapist (LAMFT) in the state of North Dakota. Please support the passing of Bill #2293. This bill is essential to the successful practice of Marriage and Therapists (MFT's) in this state. Furthermore, it will increase accessibility to needed services for the residents of our state, through the affordability of insurance coverage.

MFT's are Master's level professionals, who, just like other mental health professionals, have been trained in assessing, diagnosing and treating mental health disorders. We graduate from accredited programs, complete clinical internships, pass licensure exams, and fulfill obligations for on-going training under the direction of our licensing board. In addition, we bring a unique approach to treatment – that of examining the impact of familial relationships in the functioning of an individual. While it may be optimal to include multiple family members in therapy sessions, it is also possible to work from this framework on an individual basis.

Under North Dakota's current rules, it is difficult for LMFT's to compete in the mental health field, as it is difficult for agencies to bill for our services. NDMA does not reimburse LMFT's for mental health services, while other insurance companies, like BCBS will only reimburse LMFT's for sessions that involve multiple family members and overlooks our work with individuals.

Since graduating from the nationally accredited MFT program at NDSU in Fargo, I have been 'fortunate enough to have found short-term, grant-funded positions which have not required

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billing. However, these positions have resulted in my frequently having to change employers, and live with a high degree of uncertainty as the grant periods come to an end.

Given the current events in our country, it is clear that qualified mental health professionals are needed more than ever before. The passage of Bill #2293 will result in easier access to services for the residents of this state.

Jody Claus
3352 Washington St S
Fargo, ND 58104

701.793.4596

Attachment #1e

Testimony

2013 Legislature

Senate Human Service Committee

Senate Bill 2293

Chairman Lee and members of the Committee,

My name is Sandi Zaleski and I am Program Director at The Village Family Service Center. I could not be present in person but offer this written testimony in support of Senate Bill 2293. Senate Bill 2293 supports North Dakota Marriage and Family Therapists to be recognized as mental health professionals and to be eligible for medical insurance reimbursement.

I began this testimony with a personal story of 25 years ago when I chose my master's level education with the Marriage and Family Therapy Program at North Dakota State University. My bachelor's degree is in social work. I was accepted in two out of state master's level social work programs, but chose NDSU's Marriage and Family Therapy program. I did so because the curriculum was focused on child, adolescent, and family development and the specialized family therapy classes that provided skills to work with at risk children and their families. The education and internships were excellent and I felt prepared for client work.

At the time I entered this program, accreditation of the Marriage and Family Therapy program was just beginning. This took several years, then a LMFT licensing board was established, and five years ago LMFT's were eligible for a license. However, the LMFT license held no credibility to serve the mental health issues of at risk children and families, nor could the LMFT hope to receive medical insurance reimbursement. Consequently, the graduate now

has a terrific education, a master's degree, and cannot be hired as a mental health professional in North Dakota.

In the past 25 years, mental health services and the reimbursement for those services changed dramatically. If as a professional, you do not have the appropriate license, you find yourself paying off college loans and working in the local restaurant because private agencies cannot hire you. I was fortunate as my undergraduate licensure is in social work, so I could secure employment.

The LMFT license currently has no market value in North Dakota. LMFT college graduates must leave North Dakota to seek jobs in other states, such as Minnesota. This situation can be corrected by the passage of this bill.

The Licensed Marriage and Family Therapists must be considered mental health professionals so our graduates remain working with children and families in North Dakota. Thank you for consideration of Senate Bill 2293.

Respectfully submitted,
Sandi Zaleski

Attachment #7

January 27, 2013

Madam Chairperson Lee and Senate Human Services committee,

I am writing to request your support of bill #2293. I am a licensed marriage and family therapist (LMFT). Marriage and family therapy stands on a solid foundation of research and theory that mental illness and family problems are effectively treated within a family context. According to National Alliance on Mental Health State Advocacy 2010, two hundred and forty children were incarcerated in North Dakota's juvenile justice system in 2006. On a national level, approximately 70% of our youth in the juvenile justice systems suffer from mental health disorders (National Alliance on Mental Health State Advocacy 2010). Suicide is currently the 9th leading cause of death in North Dakota. Suicide is the second leading cause of death in North Dakota for those between the ages of 15 to 24 (ND Suicide Prevention Program). The World Health Organization estimates depression to be the number one cause of disability in the United States (ND Suicide Prevention Program). Children involved in the child welfare system can be at greater risk for mental health issues due to histories of child abuse and neglect, separation of parents, or placement instability (Child Welfare Gateway Information). I respectfully urge you to support this bill because it would greatly impact a family's or individual's right to choose/explore therapeutic services from an LMFT.

Thank you for your time and consideration.

Sincerely,

Mary Uong-Kaale

225 18th Street East, West Fargo, ND 58104

(701) 200-9510

Attachment #8

January 28, 2013

Chairman Lee and members of the committee;

This letter is in support of Bill #2293. This bill would allow for Licensed Marital and Family Therapists to be covered under Medical Assistance of North Dakota and would change the state job classification index.

I graduated from North Dakota State University in 1994 with a degree in Child Development and Family Science with an emphasis in Marital and Family Therapy. While in school, I began working for the Department of Human Services in a part-time capacity with a transitional living facility for mentally ill adults. In 1992, I helped in the development of Off Main, the first program in the state to treat mental illness and chemical dependence concurrently. The plan was for me to be employed as the individual and family therapist of that program. I was then informed my degree was not among those listed as eligible. I wrote a number of letters to the DHS Human Resources department regarding my desire to transition to another position within the department. It was agreed my coursework at NDSU provided the same fund of knowledge required for a counselor position; this made me eligible to be on the employee roster. I completed the requirements to be a Licensed Professional Clinical Counselor; without that licensure I would have been unable to be reimbursed as a counselor in the state, despite the fact that I had met all of the requirements for the position through my degree in Marital and Family Therapy.

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For 22 years I was employed by the Department of Human Services through Southeast Human Service Center. I provided individual, group, couples and family therapy to thousands of North Dakota residents in my time there; the majority of which would not have been able to secure necessary services elsewhere. Much of the focus at the Human Service Center is to keep people stable in the community, working to defer the need for more intensive and costly services such as hospitalization. My education in family therapy provided solid foundation for addressing the needs of the "whole" person. The philosophical foundations of family therapy and the wide variety of techniques gained in my training as a family therapist has been priceless in my efforts to help fulfill the mission of DHS in the state of North Dakota.

I encourage your support of this bill. Bill 2293 would provide more options for those in need of mental health services, and it would make services more available to the rural areas of our state.

Thank you for your consideration of Senate bill 2293.

Respectfully,

Ruth M. Denton-Graber

Attachment #9

Madam Chairman and members of the committee, my name is Cheryl Planert from Beach. I'm writing today to ask for your support and vote for SB2293.

Permit me to tell you about my experience as a LMFT with 20 years of experience prior to arriving in ND. I have lived in Beach for 6 years, having moved here from California, where I practiced as a Marriage and Family Therapist. I enjoyed the privilege of a full private practice in LA with 3rd party insurer reimbursements, as well as a position as LMFT in various psychiatric hospitals with Medicaid reimbursement (known as Medical in CA).

When researching job opportunities, I contacted Home on the Range for a position as marriage and family therapist. I had been clinical director of a Medical-funded Special Education School in LA for children with severe mental health diagnoses and had 14 MFT interns under my supervision. We LMFTs were appreciated for our ability to work with children and see them in the context of their families. We assessed, diagnosed, treated and discharged hundreds of children each year. Part of our service was to work with the parents who often had their own discrete diagnosis. I thought this background perfectly prepared me for working at Home on the Range.

Although I was easily accepted for a therapy position as a Licensed Marriage and Family Therapist, I was not hired because the school found that I could not be reimbursed under Medicaid. I was told that Social Workers with BAs had many of the caseloads. My 20 years of experience, my masters education, my 3000 hours of supervision, did nothing to get past the fact that LMFTs in ND were not included as mental health professionals in the Century Code.

Passage of SB 2293 would make it possible for facilities, such as Home on the Range, to expand their services and include LMFTs on their staff.

I had been trained to work with individual adults, children and their families, and couples, so I then put together a private practice for individuals of any age. Western ND had little psychotherapy provided

by qualified mental health professionals, and I learned through AAMFT that I was, in fact, the ONLY LMFT west of Bismarck. There was no therapeutic outreach, no education, no encouragement to work through issues in therapy. AA provided some support, but no in-depth working through of issues. No one had heard of Marriage and Family Therapy. It was not understood that a healthy relationship or family was dependent on the mental health of each individual person. Pastoral counseling was an option for some; many others I've witnessed resorted to anti-depressants and legal or illegal substances as a way of self-medicating.

Passage of SB2293 would encourage the expansion of LMFT services to individuals of any age who are currently underserved in rural ND.

About 60% of my clients come from the oil fields, with domestic violence or military experience in their background. I've been referred to provide court-ordered therapy for an individual who showed rageful actions which endangered the community. Because of long days away from families, these men can grow anxious and lose their ability to manage their fears and anxieties. When home, they tend to take it out on their wives and children. Rage erupts. Suicidal impulses are not uncommon. These issues are relatively easy for a LMFT to work through; in particular, we can educate a couple to understand the triggers provoked by the partners and children. We are trained to diagnose and treat explosive disorders in individuals, to provide self-soothing techniques for anxiety and to provide individuals with a treatment plan that includes healthy communication skills with other family members.

Passage of SB2293 would facilitate expansion of LMFT services to vets and oil field families in the communities of North Dakota.

Madam Chairman and members of the committee, I request your support and vote for SB2293. Thank you for your time and consideration.

Attachment #10

Madam Chairman Lee and Members of the Senate Human Services Committee:

I am Amanda Haire. I currently teach part time in the graduate school at North Dakota State University and will be working in private practice in Wahpeton and Fargo, North Dakota. Prior to that I worked as an outpatient therapist at Southeast Human Service Center for 1.5 years and interned there while completing my Master's Degree for another year.

I am currently licensed as an Associate Marriage and Family Therapist and receive ongoing clinical supervision. When I have completed my required clinical and supervision hours I will apply to the ND Licensure Board to complete my oral exam. Upon successful completion I will be allowed to apply for status as a Licensed Marriage and Family Therapist.

I am here today, as a private citizen, to speak in support of Senate Bill 2293 relating to medical assistance coverage of services provided by marriage and family therapists and the state job classification index.

I graduated with a Master's Degree in Human Development and Family Science and completed the clinical Marriage and Family Therapy Program at North Dakota State University. It was important to me to be in an MFT program because I could provide direct therapy to clients and receive both live and ongoing supervision. Further, it was essential to me to be able to understand the therapy process from a multi-systemic and family oriented perspective that includes the conceptualization of assessment, diagnosis, and treatment while still maintaining a multi systems perspective. While in graduate school, I provided 730 hours of direct therapy services to individuals, couples, families and children. During this time I received 361 hours of direct supervision from approved supervisors also licensed as marriage and family therapists. Currently, my post graduate hours are accumulating and nearly 1,500 as I complete the required post graduate clinical and supervision hours before applying for full licensure to the ND Board of Marriage and Family Therapy.

While working at Southeast Human Service Center I was classified as a Human Resource Counselor. I provided outpatient therapy to individuals, families and children. I managed a caseload very similar to my colleagues on that same unit in both severity of illness and case size. Since I had been at SEHSC for 2.5 years, I was excited when a full time position, classified as an advanced clinical specialist on my unit became available to apply for. However, when I applied for the position my application was denied. I was informed that this was due to MFT's not being recognized by the state of North Dakota within the current job classification index. Even though I was clinically skilled and trained to provide similar services that my colleagues provided, and that I had been providing, I was unable to move up within the system because of my licensure type. Due to that inability to move forward in the human service center I chose to start my own practice and therefore left the human service center. While this was personally unfortunate for me it also limits the resources available to the citizens of North Dakota. MFT's are professionally trained to provide quality therapy services to individuals, couples, families, and children and should be recognized as such within the states classification system.

As mentioned previously I am working on opening a private practice in Fargo and Wahpeton ND. Presently in Wahpeton there is a great need for professionals in the mental health services who can work within complex family systems, with multiple persons, and transfer those skills to integrate with community resources. These are issues that, as an LAMFT, I have been specifically trained to be able to provide and pay attention to.

I have been approached numerous times by families who have ND MA who would like to engage in services with me. Because I am not a ND MA eligible provider these families are not able to engage in services due to inability to pay. This issue is further compounded in rural areas such as those that outlay the Wahpeton and surrounding community because providers are simply not available in those regions, individuals seeking services are then restricted further due to the lack of ND MA eligible providers.

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I would also like to draw attention to how rural areas, poverty and mental health intersect. Much research suggests that rural areas suffer a disproportionate shortage of mental health professionals. It is critically important when providing a means for families and individuals to pay for services to also allow them to have a say and choice in who their mental health provider is.

As a young professional starting into the world of small business having the opportunity to be ND MA eligible not only increases my visibility to individuals and families who need my services but also allows me to compete in the marketplace with other professionals providing services.

Senate Bill 2293 is an opportunity for families and individuals to have a greater say and therefore a feeling of empowerment in their own personal well being and health, and the well being of their family. Including family therapists as ND MA eligible providers will lead to a greater number of covered providers in underserviced rural areas.

The citizens of North Dakota deserve the opportunity to have a choice in their mental health providers. Thank you very much for listening to my testimony today. I urge you to vote yes on Senate Bill 2293. I am happy to answer your questions.

Attachment #11

Testimony of Kristen E. Benson, Ph.D., before the Health and Human Services Committee
Tuesday, January 29, 2013

Hello Chairperson Lee and members of the Health and Human Services Committee. I am providing testimony in support of Senate Bill 2293 which will classify Licensed Marriage and Family Therapists (LMFT) as advanced clinical specialist able to provide diagnosis, evaluation, and treatment services covered by Medical Assistance. I have held an LMFT in 2 states since 2007, and am designated as an Approved Supervisor by the American Association for Marriage and Family Therapy (AAMFT). I would like to address Marriage and Family Therapy (MFT) scope of practice, training standards and preparation, and current federal coverage.

The profession of MFT was developed by mental health clinicians including psychologists, psychiatrists, and social workers who saw the need to consider a person's individual, social, and relational context in treatment. As such, LMFTs have expertise in working with individuals, couple, and families. I have been asked if LMFTs are prepared to facilitate therapy with individuals, to which I respond that in order to work with multiple people (couples, families) I must be able to work with 1 person. LMFTs have the ability and expertise to provide Medical Assistance services, creating increased access of mental health care in North Dakota. Given the recent tragedies related to violence and mental health across the country, accessible services are critical.

The AAMFT Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) maintain rigorous standards for marriage and family therapy training. These standards prepare students to gain licensure to work effectively with individuals, couples, and families over the course of the lifespan, and from diverse backgrounds. Programs must meet educational outcomes that clearly meet standards of achievement and assessment of performance. I earned my masters and doctorate degrees from COAMFTE accredited programs, and currently teach in an accredited program; therefore, I can speak first-hand to the rigorous standards that regulate course curriculum, student practicums, and clinical supervision. In addition to coursework that covers mental health diagnosis and assessment, theories,

clinical skills, ethics, and research, students complete a total of 500 face-to-face hours of therapy with clients through internship and externship experiences to meet graduation requirements. Of these 500 hours, 250 must be with couples and families. Students typically graduate with 200-250 direct therapy hours with individuals, which is often times more clinical experience with individuals than graduates of programs from other mental health disciplines. Additionally, for every 5 hours of therapy provided, students must receive a minimum of 1 hour of supervision with an AAMFT approved supervisor. Supervision includes both case report and observation of live clinical work by way of video recording, audio recording, and from behind a one way mirror which provides the therapist the opportunity to obtain immediate feedback regarding their work from a supervisor.

AAMFT developed Marriage and Family Therapy Core Competencies in 2004 in an effort to ensure that LMFTs are prepared to work within the larger mental health system. While there are 128 competencies, the primary domains of the core competencies include 1.) Admission to Treatment; 2.) Clinical Assessment and Diagnosis; 3.) Treatment Planning and Case Management; 4.) Therapeutic Interventions; 5.) Legal Issues, Ethics, and Standards; and 6.) Research and Program Evaluation. More specifically, the core competencies ensure that LMFTs are able to conduct tasks that all mental health clinicians would be expected to do, for example, mental health assessment and suicide assessment. Additionally, LMFTs have advanced expertise in systemic conceptualization that other mental health clinicians have not been trained in. As a profession, LMFTs value comprehensive training that prepares practitioners to work effectively with clients who face a wide range of concerns, from mental health diagnosis such as depression or anxiety to parent-child dynamics.

Federally, LMFTs are currently authorized as providers of mental health services through the Department of Veterans Affairs, the Department of Defense, the Department of Education School Early Intervention Services, the Department of Transportation Substance Abuse Program, and Indian Health Services. The recognition of LMFTs by these notable agencies reflects the competence of the profession.

Thank you for your consideration.

Attachment #12

Testimony SB 2293 Senate Human Services Committee (IN FAVOR)
Tuesday, January 29, 2013, 10:00 AM

Rev. Larry J. Giese
3910 Lewis Road NW
Mandan, ND 58554, District #31

TO: Senator Judy Lee, Chair, Vice Chairman, Senator Oley Larsen, and Members Senator Howard C. Anderson, Jr., Senator Tyler Axness, Senator Dick Dever

I stand in favor of SB 2293 as it is a means to update the North Dakota Century Code to include Licensed Marriage and Family Therapists (LMFT's) among the recognized mental health providers in North Dakota and to provide vendorship for insurance reimbursement and inclusion with state Medicaid and Medicare within the scope of practice of a licensed marriage and family therapist. It is a critical change to update the North Dakota Century Code for marriage and family therapists, and the opportunity to receive the parody of other recognized mental health providers within the state.

My concerns follow:

1. As President of the North Dakota Marriage and Family Therapy Licensure Board, (NDMFTLB), since April of 2010, this is my experience and not a statement of the Board, that potential Licensed Marriage and Family Therapists are turned away when asking about reimbursement in North Dakota. It is one thing to license but to seek state and insurance reimbursement, dependent upon location and circumstance becomes another.

   In NDCC 43-53-08 The NDMFTLB has in place "endorsement." This is a process to recognize the education and experience (the norm being three years as agreed by the Association of Marriage and Family Therapy Regulatory Boards, AMFTRB) of LMFT's from another jurisdiction to apply for a license in

North Dakota. By Title Rules 111-02-03-06, License by Endorsement, this rule includes an application, fees, graduation from an accredited university, verification of a license in good standing without any diverse actions or discipline actions taken or pending, a passing score on the national marriage and family therapy exam by the Association of Marriage and Family Therapy Regulatory Boards (AMFTRB), an original transcript from the university where the applicant studied, and three written references from colleagues in the discipline of marriage and family therapy. Endorsements have come from South Dakota, Minnesota, Wisconsin, and Nevada. Please refer to the documents, "States with MFT Vendorship or AWP (Any Willing Provider) Laws" and "MFT recognition in State Medicaid Plans." These providers have become LMFT's in North Dakota for family reasons and opportunity. Some are happy, and some disappointed, some are neutral, depending upon the recognition, vendorship, and medical assistance reimbursements they had been relying upon for their livelihood as a part of their practice.

2. Applicants from Missouri, Texas, Oklahoma, and California have not completed the application process based upon the potential to be reimbursed by the laws of North Dakota. They have spouses in the oil industry in North Dakota and have chosen not to relocate because of the probable difficulty of pursuing a career in North Dakota at this time in marriage and family therapy. I believe these applicants would be a viable piece to the life and integrity of not only the Bakken region if relocated, but to the entire population of the residents of North Dakota.

#12

3. Another bill under consideration at the 2013 legislative assembly in North Dakota is HB 1246, Government and Veterans's Affairs, in licensing military spouses in North Dakota in a timely manner. As stated previously, LMFT's can be endorsed from another jurisdiction with the required documents. The mechanism is in place. Those from another jurisdiction can be licensed within 60-90 days. This makes spouses of the military, relocated to North Dakota employable in a timely manner. Will reimbursement become an issue depending upon the community in which the relocation occurs for these families? I hope equitable and reasonable means are found by this legislative assembly of 2013 to reach the entire population of the residents of this great state.

At question is whether the great state of North Dakota will include LMFT's in the recognized list of mental health providers, reimburse LMFT's in the state for vendorship and medical assistance inclusion. It is a great deficit to families choosing to relocate to North Dakota with its great economy, to be denied the reimbursement plans of jurisdictions that have helped them to provide for home and family. There are serious implications to consider for those who are being transplanted to our great state for economic, oil, or military reasons. Thank You.

Any questions please contact me.
Sincerely,

Rev. Larry J Giese, MDiv, MA, LMFT
3910 Lewis Road NW
Mandan, ND 58554-1361
701-223-2986

#12

States with MFT Vendorship or AWP Laws

State	Does state law require insurers to recognize MFTs?	Type of MFT mandated provider law	Comments
Alaska	Yes	Vendorship	
California	Yes	Vendorship	
Colorado	Yes	Vendorship	
Connecticut	Yes	Vendorship	
Florida	Yes	Vendorship	
Hawaii	Yes	Vendorship	Enacted in 2007.
Idaho	Yes	AWP	
Illinois	Yes	Vendorship	Enacted in 2008.
Louisiana	Yes	Vendorship	Enacted in 2008.
Maine	Yes	Vendorship	
Maryland	Yes	Vendorship	
Massachusetts	Yes	Vendorship	Enacted in 2012.
Michigan	Yes	both	Vendorship & AWP laws. AWP only applies to BCBS.
Minnesota	Yes	Vendorship	
Mississippi	Yes	Vendorship	
Missouri	Yes	Vendorship	Enacted in 2009.
North Carolina	Yes	Vendorship	
Nebraska	Yes	Vendorship	
New Hampshire	Yes	Vendorship	
Nevada	Yes	Vendorship	
Oklahoma	Yes	Vendorship	Enacted in 2008.
Oregon	Yes	Vendorship	Enacted in 2009.
Rhode Island	Yes	Vendorship	
South Dakota	Yes	Vendorship	
Tennessee	Yes	Vendorship	Enacted in 2010
Texas	Yes	Vendorship	
Utah	Yes	both	Vendorship & AWP laws. AWP only applies to PPOs.
Virginia	Yes	both	Vendorship & AWP laws. AWP only applies to PPOs.
Vermont	Yes	AWP	
Washington	Yes	Vendorship	
Wisconsin	Yes	Vendorship	Enacted in 2009.
Wyoming	Yes	AWP	

Notes:

1. The term "insurer" includes commercial insurance companies, nonprofit health service corporations (state Blue Cross Blue Shield plans), and managed care companies (HMOs, PPOs, etc).
2. There are two types of laws that mandate recognition of MFTs: Vendorship and Any Willing Provider (AWP) laws. Most of the states with MFT mandated provider laws have Vendorship laws, which require insurers and other health plans to reimburse or otherwise recognize certain classes of providers who provide services covered by the plans. AWP laws require insurers to enter into contracts with all qualified providers who are willing to accept a plan's terms and rates.
3. The laws in the states with broad MFT recognition generally apply to all state-licensed insurers. However, some of these laws might not apply to all types of insurers.
4. Three states have both Vendorship and AWP laws that apply to MFTs. In these states, the AWP laws only apply to one type of health care plan.
5. In the states with MFT Vendorship laws, the language of the laws can vary considerably. Some laws require that insurers directly reimburse MFT for covered services. Other laws require that insurers do not discriminate against MFTs as a class when selecting network providers. For additional information on these laws, look at the other information on the AAMFT.org website or contact AAMFT staff.

(Edited December 2012)

#12

MFT recognition in State Medicaid Plans

State	MFTs included in Medicaid plans?	State	MFTs included in Medicaid plans?
Alaska	Partly	Montana	No
Alabama	Partly	North Carolina	Yes
Arkansas	Yes	North Dakota	No
Arizona	Partly	Nebraska	Yes
California	Yes	New Hampshire	Yes
Colorado	No	New Jersey	Yes
Connecticut	Yes	New Mexico	Yes
District of Columbia	No	Nevada	Yes
Delaware	Yes	New York	No
Florida	Yes	Ohio	Yes
Georgia	Yes	Oklahoma	Yes
Hawaii	Yes	Oregon	Yes
Iowa	Yes	Pennsylvania	No
Idaho	Yes	Rhode Island	Partly
Illinois	Yes	South Carolina	Yes
Indiana	Partly	South Dakota	No
Kansas	Yes	Tennessee	Yes
Kentucky	Partly	Texas	Partly
Louisiana	No	Utah	Yes
Massachusetts	Partly	Virginia	Yes
Maryland	Partly	Vermont	Yes
Maine	Yes	Washington	No
Michigan	No	Wisconsin	Yes
Minnesota	Yes	West Virginia	No
Missouri	No	Wyoming	Yes
Mississippi	No		

Based on data collected by AAMFT staff and reports from AAMFT division leaders. Data represents AAMFT's best estimate of the status of MFT recognition in Medicaid plans for each state. "Partly" means that some, but not all, Medicaid mental health programs, or Medicaid managed care plans recognize MFTs. Even plans that appear to broadly recognize MFTs might not recognize MFTs as providers in each service category or health plan. Since MFT status with these plans is subject to change, AAMFT does not guarantee that these plans will recognize MFTs.

Compiled by AAMFT. (May 2010)

Attachment #13

Testimony
Senate Bill 2293
Senate Human Services Committee
Senator Lee, Chairman
January 29, 2013

Chairman Lee, members of the Senate Human Services Committee, I am Nancy McKenzie, Public Policy Director for Mental Health America of North Dakota (MHAND). I am here today to speak in support of SB 2293, relating to medical assistance coverage of services provided by licensed marriage and family therapists (LMFT).

The mission of Mental Health America is to promote mental health through education, advocacy, understanding and access to quality care for all individuals. This bill impacts issues of access for individuals, which is why MHAND stands in strong support of it.

We are all aware that access to services can be a challenge for individuals with mental illness, particularly when they don't have insurance coverage or ability to pay for services out of pocket. Currently, individuals who are Medicaid eligible are not able to receive counseling services from a licensed marriage and family therapist with a master's degree, because those practitioners are not included in the Century Code definition of "Mental Health Professional."

Adding the LMFT credential to the approved Mental Health Professionals expands the pool of staff that can provide much-needed counseling services to Medicaid-eligible individuals. This bill would add them to the list of current providers, which include master's level psychologists, social workers, and nurses.

In closing, MHAND urges your support of SB2293 as a means of increasing access to care for individuals in North Dakota.

This concludes my testimony; I would be happy to answer any questions.

Attachment #14

Senate Bill 2293

Senate Human Services Committee

Senator Judy Lee, Chairwoman

January 29, 2013

Chairwoman Lee and members of the Senate Human Service Committee, for the record I am Dr. Kenneth Fischer, Medical Director, Behavioral Health, for Blue Cross Blue Shield of North Dakota (BCBSND). I am a board certified Adult, Child and Adolescent Psychiatrist.

I thank you for the opportunity to present these comments to your committee today. BCBSND is opposed to this bill and want to raise multiple clinical, regulatory, fiscal and quality concerns.

This bill creates a statutory mandate requiring that the state and insurance companies extend those health care providers entitled to reimbursement, to include "licensed marriage and family therapist with a master's degree" (family therapists).

This creates a mandate to reimburse these counselors as "providers" despite the absence of any licensing requirements including a scope of practice applicable to these services.

LMFTs are not qualified by training to diagnose and treat mental illness

Many states do not grant LMFTs authority to diagnose mental illness. The purpose of state licensure laws is to determine who is qualified to practice, not who is eligible for reimbursement.

Medicaid, Medicare, and BCBSND have fiduciary obligations to our members, and a regulatory obligations under various accreditation requirements, to determine the necessary and sufficient quality standards as they relate to the scope of practice and credentialing of all clinicians treating our members. If we were to allow a class of professionals to do services we have reason to believe to be beyond their scope-- individual diagnosis and treatment of DSM psychiatric disorders regardless of their licensure language, we expose our members to the wrong care at the wrong time in the wrong place for the wrong reason.

LMFTs are not trained to independently diagnose DSM IV/V conditions that may require among other interventions, individual psycho-therapy as a treatment modality. The differential diagnoses of depression, anxiety, bipolar, schizophrenia, autism, psychosis, eating disorders to name a few, all require training in the bio-psycho-social medical model. The training of LMFTs has been, by choice, out of the medical and psychiatric mainstream for decades.

In addition to being un trained in the medical model, they are not supervised in the use the DSM IV to diagnose psychiatric illness by appropriately trained professionals. One of the glaring omissions within the licensure of this group is that none of their training is required to be done by anyone but other LMFTs. So they are attempting to co-opt expertise in a field where they do not train formally in the didactics necessary AND do not get supervision from clinicians who do have expertise.

As a matter of public policy, we should be uncomfortable with the idea of a group who do not have the same level of rigor of training expectations being able to say they are doing the same services as, say a PhD, a PsyD or an LICSW or a psychiatrist for that matter performing individual psychotherapy for mental illness. Not all physicians perform neurosurgery either, even though the language of their license is "for the practice of medicine and surgery."

According to the LMFT application for licensure in North Dakota, you can be licensed as a LMFT without having any supervised training hours treating individuals. Now, this makes sense to me if they are doing marital and family therapy-but they are now asking to be able to do diagnose and treat mental illness using individual therapy, and to be third party reimbursed for it.

Requirements for licensure as a LMFT (2000 hours of clinical services to families, couples and individuals) 1. at least 1,500 hours of clinical services to individuals, couples or families in a post-graduate supervision setting: □ hours must be direct clinical services: 500 hours to unmarried couples, married couples, separating and divorcing couples, 500 hours to family groups including children, and 500 hours to individuals and/or related experiences □ of the 2,000 total hours, no more than 500 hours may be transferred from a COAMFTE accredited graduate program."

I am reminded that the American Family Therapy Academy recently issued a policy statement protesting the DSM 5 and asks the American Psychiatric Association to consider the importance of relational and family context to psychiatric diagnosis. We do. We always perform a bio psycho social evaluation. But family and marital context and dynamics, is not the same as understanding biological illness.

So the American Family Therapy Academy is criticizing the DSMs use of the biomedical model as a primary paradigm for understanding human behavior. They are pushing for relationship diagnoses to be placed in the DSM V, in part because such diagnoses are seldom reimbursable. Putting any category of diagnoses in the DSM so the insurance companies pay them is a backward way of thinking to say the least. Any diagnostic system by American Psychiatry should not be framed or influenced by financial considerations but by the evidence basis of any given diagnosis. A delicate balance exists between the utilitarian need of an evidence based diagnostic system and the risk of over-defining people and their relationships as pathological. As Dr Larry Freeman a member of the association of family psychiatrists once remarked: "Be wary of a pressure beyond medical circles to utilize psychiatry as a force for social control."

LMFTs are not qualified by training to diagnose and treat addictions or dually diagnosed individuals

Section 2 and Section 3 of SB 2293 amend the health insurance laws with a resulting direct impact on BCBSND by specifically including family therapists as one of the classes of health care providers that BCBSND must reimburse for services for substance abuse coverage (Section 26.1-36-08(2)(d), N.D.C.C.) and mental disorders (Section 26.1-36-09(2)(f)(1), N.D.C.C.).

Licensing addiction counselors requires a specialized scope of practice that requires specialized training and experience...we are left to wonder what qualifications have LMFTs acquired to cross into this field?

What are the present limits/qualifications that allows them to extend their practice into this field? And who certifies them.

In no meaningful way is the North Dakota licensure and training requirements of an LMFT sufficient to provide bio-psycho-social assessement to an addicted population that in the majority of cases have comorbid medical and psychiatric illness.

Mandate conflicts with clinical scope of practice regarding committments

Section 1 of SB 2293 extends the definition of "mental health professional" in Section 25-03.1-02, N.D.C.C., to include "licensed marriage and family therapist with a master's degree" (family therapists) to the list of health care professionals with authority under state law to involuntarily commit individuals against their will for treatment of mental disorders and chemical dependency. This requirement becomes mandatory without any clarification of the scope of practice of such family therapists and training, expertise, etc.

Regarding this curious commitment language, the legislation is pretty clear on the requirement that a family therapist needs to be licensed "with a master's degree" but this qualification gets dropped for all the other intended sections of the bill. In other words, are the family therapists saying that when the stakes involved include the involuntary commitment of someone, that therapist needs to have a master's degree but for the other benefits involved, like treating members with chemical dependency and complicated psychiatric illness, any degree that results in licensure is acceptable? As a double Board Certified Pediatric and Adult Psychiatrist, such rationale is profoundly troubling.

Similarly, there is no corresponding basis in the bill that outlines the ability or training of family therapists to make such a huge decision without patient (and BCBSND member) consent. It seems like a bit of a stretch for the legislature to allow family therapists with Master's Degrees to remove anyones' emancipation without the specialized psychiatric training that would qualify them to do this.

LMFTs are not recognized by Medicare or Medicaid

At this point in time, LMFTs are not recognized as "mental health professionals" allowed to bill for individual services by Medicare, Medicaid or BCBSND in North Dakota. They are not recognized by the Federal Blue Cross plan that manages services for federal employees across the country.

Nor does Federal law recognize marriage and family therapists as qualified professionals for employment in schools. According to the US code, Medicare and Medicaid do not reimburse LMFTS even in rural clinics where access may be an issue. Medicare and Medicaid have a very specific roster of who will be reimbursed. Medicare will not reimburse LMFTs in any setting. The majority of private third party payers base their payment criteria in part on the presence of a DSM diagnosis; the biomedical model and DSM is contrary to the holistic wellness philosophy of the marriage and family training paradigm.

Medicare does not pay for LMFTs because it does not recognize their licensure, training, experience and therefore credentialing as sufficient to make a DSM diagnosis. This is significant because most payers

won't reimburse without a diagnosis. LMFTs can do whatever they want in a free market. But to be paid by a carrier, they need to be appropriately credentialed. Part of that credentialing involves public and private payer use of subject matter expertise regarding what constitutes appropriate standards for training and practice. In the case of diagnosis and treatment of individual psychopathology, federal, state and local subject matter experts share a consensus in North Dakota.

The bill will raise costs

The extension of this statute to include family therapists will result in higher costs for BCBSND members/patients that are committed by family therapists. Insurance companies should be permitted to determine which providers that the carriers choose to provide services to their members without this being imposed by the legislature.

In a way, these requested changes serve to create a mini-"any willing provider" law for licensed marriage and family therapists that will require the state and insurance companies to reimburse them for certain services outlined in the bill. Such a mandate will serve to increase costs to BCBSND members not only through the fact that it will increase utilization and payable services, but require administrative changes to the BCBSND core business including programming changes, changes to participation agreements, plan documents, and all other associated costs.

This legislation will mandate changes in the costs and administration of BCBSND insurance products, which include the NDPERS fully insured benefit plan. In this regard, because the NDPERS plan is a filed and approved insurance plan subject to the requirements of chapter 26.1-36, N.D.C.C., this mandate impacts the NDPERS plan and the resulting requirements will increase the utilization costs for the NDPERS plan because it requires that the NDPERS members receive services provided by family therapists through an amendment to the health insurance statutes. The introduction of this bill without input from the "employee benefits program committee" appears to violate Section 54-35-02.4(5), N.D.C.C., which requires that before any legislative measure can be introduced into either house, it must be accompanied by a report from this committee.

This mandate will also result in a separate administration of the BCBSND health plan business because this mandate is preempted under ERISA and the requirements do not apply or require BCBSND to extend these services for reimbursement by family therapists. This will result in a confusing environment for both the impacted health care providers affected by this change and for BCBSND members. Under the statutory mandate, family therapists will receive reimbursement for services extended to BCBSND covered under a fully insured health plan but NOT receive any reimbursement from BCBSND for services to members covered under a self-funded plan.

More importantly, BCBSND members covered under fully insured health plans will see coverage for services extended by family therapists, but only for the services set forth in the bill, and members covered under a self-funded health plan will not receive reimbursement for services extended by family therapists. In the past, the legislature was sensitive to this confusing situation and willing to take it into consideration when reviewing mandate legislation.

Based on BCBSND actuarial judgment , this legislation could potentially add **up to** 10% to the cost of behavioral health benefits. A 10% increase in the cost results in a 0.5% increase in premium.

Additionally, although the amendment to the provision permitting family therapists requires that the therapists have a "master's degree", there is no similar qualification included in the mandate for required reimbursement for substance abuse and mental disorder services, the family therapist needs only be "a licensed marriage and family therapist". There are no requirements of any level of education or expertise related to this mandate for health insurance services, only that the provider be licensed as a "marriage and family therapist

The bill will impact the exchange and essential benefits regulation

Finally, these proposed amendments may change the standard plan that has been selected as the model for the exchange product in North Dakota by extending covered services to providers presently not covered under essential health benefits. If this is the net effect of these amendments, the state of North Dakota will end up responsible for the additional costs.

Conclusion

Blue Cross Blue Shield of North Dakota (BCBSND) is proud of its legacy of providing North Dakotans with some of the most comprehensive and generous psychiatric and substance abuse benefits in the nation. We believe that providing psychiatric and addictions care is an important component of our mission to serve our members.

As a member-owned, not-for-profit insurance company, we have heard clearly from our members that health insurance premiums are unsustainable at the current rates. We have pledged to collaborate with providers to determine best practices to ensure all patients receive the highest quality, most appropriate care, at the lowest rates possible. The ability to determine and apply evidence based medical policy regarding scope of practice of those seeking reimbursement is a basic tenet of insurance public and private, and one example of that collaboration on behalf of our members, and our commitment to a sustainable health care system in North Dakota.

We are governed by processes that attempt to steward limited resources while seeking to provide high quality, safe, effective and affordable care. The bill fails to consider relevant actuarially projected, clinical and administrative implications and basic accountabilities under state and federal law (e.g. utilization management measurements/criteria, quality requirements, system performance expectations, and consumer/family/youth outcomes).

But most important, the bill reminds us that the cornerstone of all good professional practice remains, even in our own time, Primum Non Nocerum: *First Do No Harm*, an ancient tradition we would do well to follow here today.

Attachment #15

Dr. Mark Doerer

February 4, 2013

Re: SB 2293

Dear Members of the Senate Human Services Committee:

It is clear to North Dakota Psychologists that Marriage and Family Therapists (MFTs), through their own initiative and by designation, are members of a distinct discipline and work from a distinct paradigm and theoretical orientation. They have a rich tradition in those regards. Their theories, training, and practices have historically set them apart from diagnostic and therapeutic approaches aimed **specifically at the individual**.

By definition and self-delineation, a **family systems** approach is NOT an **individual** approach. This fact notwithstanding, individuals are inevitably members of systems. BUT the defining difference between MFTs and other licensed groups of mental health professionals is that **the system is the focus of their training and practice and NOT the individual**.

Certainly, in systems work, an individual may be called upon to clarify "systems issues" or they may present to the MFT with such issues. Nonetheless, the de facto essence of MFT approaches must not be confused with the evidence-based diagnostic and therapeutic strategies that have been borne out of decades of scientific focus on the individual. There are empirically-validated marital and family diagnostic and therapeutic techniques which MFTs employ in their practices; however, MFTs should not engage in individual-oriented clinical practices **without the training, supervision, or credentialing** obtained by those who have been specifically trained in the theories and science of diagnosing and treating **the individual** (e.g. Psychiatry, Doctoral-level Clinical or Counseling psychology, Masters-level Clinical Social Work, or Masters-level Counseling).

A licensed MFT will often visit with an individual, and examples of individual involvement in a MFT approach might include, but would not be limited to:

a. A spouse who is reluctant to fully disclose in the presence of their partner might be seen alone to diminish anxiety of fear.

b. A child might be more willing to discuss parent or sibling issues/dynamics if seen individually.

c. A therapist may wish to see if a reticent family member will "open up" one-on-one.

d. A member of a family system might request a private session to inform the therapist of something they deem vital to the therapy or the family.

In none of these examples is there an emphasis on seeing the individual to diagnose or treat **individual** pathology. For the MFT, work with the individual is most-often oriented and predicated toward systemic diagnoses and interventions. The individual is seen to

obtain data relevant to system dynamics, and not the other way around. An alternate paradigm, on which Psychologists and other mental health professions base many of their diagnostic and therapeutic practices, places decided emphasis on the individual. This is not a distinction between right and wrong; it is a difference in clinical orientation and emphasis arising from differences in training and in clinical skills.

If the door is opened for MFTs to diagnose and treat individuals, in the absence of appropriate training in these clinical skills, the distinction between **MFTs** and those with training in **individual approaches** is obscured at least, and disappears at most. Passage of SB 2293, **by legislation only**, will make MFTs healthcare providers who are, **in practice and not by training**, indistinguishable from several other mental health professions. So what, then, becomes of the differences in training that had once determined each professions scope of practice?

Training and scope of practice are interdependent, and these intertwined concepts capture and determine the differences in professional credentialing and clinical practices. Most importantly, training and scope of practice must correspond with one another to promote and protect the public's interest. Passage of SB 2293, as submitted, will increase the MFTs scope of practice without requiring a corresponding increase in the scope of their training. Passage of SB 2293, as presently written, will set a precedent for enlarging scope of practice by fiat and <u>not</u> by virtue of training.

Borrowing from the musical "Oklahoma" by Rodgers & Hammerstein: "The farmer and the cowman should be friends" (but they do not have the same training and thus do not have the same scope of practice!). Psychologists appreciate and applaud the valuable services MFTs have provided and continue to provide many North Dakota citizens. We have presented these concerns to preserve the meaningful distinctions between professional disciplines and to support the existing interdependence of training and practice. Thank you for your consideration.

Madam Chairman Lee and Members of the Senate Human Services Committee:

I am Dr. Barbara Stanton. I am an outpatient therapist specializing in autism spectrum disorders at Prairie at St. Johns. I am a Licensed Professional Clinical Counselor (LPCC) and a Licensed Marriage and Family Therapist (LMFT). Prior to working at Prairie at St. John's, I worked for 11.5 years at Southeast Human Service Center as an advanced clinical specialist. I am one of 5 Licensed Marriage and Family Therapists at Prairie at St. Johns. We currently have 2 Master's level Marriage and Family Therapy (MFT) interns.

I am here today to speak in support of Senate Bill 2293 relating to medical assistance coverage of services provided by marriage and family therapists and changing the state job classification index.

I graduated with a Master's Degree in Marital and Family Therapy (MFT) from North Dakota State University. I had started in the Counseling Program but it did not fit my education and training needs to work with children and families. The MFT program did provide what I required. I found a PhD counseling psychology program at the University of Massachusetts Amherst that, in addition to being accredited by the American Psychological Association, had faculty who followed family therapy theories and practices. I decided to pursue licensure and professional affiliation that most closely represented my career. At the time of my graduation North Dakota did not offer licensure for MFTs so I became licensed as an LPCC. It is fortunate that I did because if I had become an LMFT I would not have been able to be employed by the Department of Human Services and could not currently work with families who have NDMA.

I am an Approved Supervisor for LMFTs, am a clinical fellow in the American Association of Marital and Family Therapy (AAMFT), and I have several years experience teaching in graduate level MFT programs.

I have supervised interns and staff from counseling, psychology and MFT programs. There are differences in the level of training and scope of education and practice. The core course

requirements of counseling and psychology master's program in the state include, at most, one course in family therapy. The internship requirements are far less than what is required of MFTs. The MFT interns are the best prepared to start providing therapy services and bring the greatest skill level. It is unfortunate that these gifted therapists often leave the state to pursue careers due to the lack of opportunities.

As I stated earlier, I specialize in working with individuals on the autism spectrum. It is critical to work with these children and adults within the context of their family. My background in family therapy; from the philosophical position to the techniques of interventions has allowed me to work effectively with individuals and families who have difficult and complex issues to manage. Research indicates that between 80-90% of couples with a special needs child divorce. There is a saying that due to the stress, fear, blame, weariness and money struggles 'getting a diagnosis of autism is like getting a diagnosis of divorce at the same time' A diagnosis of autism changes a family in unimagined ways. Everyone feels the effects, parents, siblings, and extended family. Their lives change forever.

I met with a foster family who were considering adopting the child with an autism spectrum disorder that they had in their home for a few years. As the child aged the challenging behaviors increased. They sought assistance from an experienced therapist in a different discipline. They discontinued therapy after a number of sessions and had not been in services for several months. They told me that they were left out of the therapy process and were often blamed for the child's behavior. Their county worker asked them to meet with me before terminating the adoption proceeding. While the previous therapist had good intentions, her lack of knowledge about how to work effectively with a family could have had significant consequences. I hear these stories frequently.

When families fall apart we all pay. The cost of maintaining a child in foster care can range from $700 per month for county foster care to $2900 per month for therapeutic foster care. And the

cost for residential placement can range from $5,000 to 9,000 per month. There is lost productivity from parents who struggle to manage day to day with a child who has autism or other special needs. Without the ability to access licensed family therapists, families with NDMA do not have the opportunity to seek services from those uniquely qualified to help them. In the past month I saw 27 children with an autism spectrum disorder who have NDMA. If I was not able to see them at Prairie I don't know where they could go for similar services. Autism is not a core service of the regional human service centers and I could not get reimbursement for services in a private or group practice.

Family therapists work to empower families by assisting them to mobilize resources to tackle difficulties, respect the family's needs and insights and encourage the family members to find constructive ways to help each other. There is strong evidence of both the value and effectiveness of family therapy. We have transferable skills to work with individuals, organizations, and multi-disciplinary teams.

The citizens of North Dakota deserve the opportunity to have a choice in their mental health providers. North Dakota will benefit by allowing talented family therapists the opportunity to stay and practice in this state.

Thank you for listening to my testimony today. I urge you to vote yes on Senate Bill 2293.

I am happy to answer your questions.

January 28, 2013

Senator Judy Lee, Chairman
North Dakota Senate Human Service Committee

Senator Lee-

I am writing this letter in support of SB 2293 "relating to medical assistance coverage of services provided by marriage and family therapists in the state job classification index; to commitment procedures and insurance coverage for substance abuse and mental health; and to direct the department of human services to submit a plan." This bill will be heard at the Senate Human Services Committee at 10am on January 29, 2013.

Marriage and Family Therapy is a mature profession within the mental health field. Marriage and Family Therapists (MFTs) are currently licensed in all 50 states and eligible for insurance reimbursement in many of those states. In fact, MFTs are professionally "on par" with Licensed Independent Clinical Social Workers (LICSWs) and Licensed Professional Clinical Counselors (LPCCs) regarding their training and ability to provide individual mental health services.

Mental health consumers within the State of North Dakota will benefit from the changes addressed in SB 2293 for the following reasons:

- Enabling MFTs to provide medical assistance services within the state will create more options for consumers in a state where there are currently not enough mental health providers available to serve the needs of citizens who access Medical Assistance services.
- Enabling MFTs to provide medical assistance services within the state will result in increased competition between providers and, ultimately, a higher quality of service for consumers.
- Enabling MFTs to provide medical assistance services will help to make it possible for graduates of the state's accredited Marriage and Family Therapy program at NDSU to remain in the state and provide the type of service envisioned by the state when the MFT curriculum and licensure were established.

I strongly encourage you to support this bill as it moves through the North Dakota legislature. As a Marriage and Family Therapist licensed in both North Dakota and Minnesota I am a strong supporter of this bill and any other legislation which results in MFTs being able to contribute to improving the quality and availability of mental health services in our state.

Sincerely,

Steven C. Summers MS, LMFT
1810 16th Street South
Fargo, ND 58103

NDLA, S HMS - Herrick, Kari

From: Lee, Judy E.
Sent: Tuesday, January 29, 2013 6:14 AM
To: NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany
Subject: Fwd: Bill #2293 January 30th, 2013

Copies, please

Sent from my iPhone
Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Home: 701-282-6512
Email: jlee@nd.gov

Begin forwarded message:

From: Mary Uong-Kaale <muong@thevillagefamily.org>
Date: January 28, 2013, 11:36:20 PM CST
To: <jlee@nd.gov>
Subject: Bill #2293 January 30th, 2013
Reply-To: <muong@thevillagefamily.org>

To the Honorable Judy Lee,

I am writing to request your support of bill #2293. I am a licensed marriage and family therapist (LMFT). Marriage and family therapy stands on a solid foundation of research and theory that mental illness and family problems are effectively treated within a family context. According to National Alliance on Mental Health State Advocacy 2010, two hundred and forty children were incarcerated in North Dakota's juvenile justice system in 2006. On a national level, approximately 70% of our youth in the juvenile justice systems suffer from mental health disorders (National Alliance on Mental Health State Advocacy 2010). Suicide is currently the 9th leading cause of death in North Dakota. Suicide is the second leading cause of death in North Dakota for those between the ages of 15 to 24 (ND Suicide Prevention Program). The World Health Organization estimates depression to be the number one cause of disability in the United States (ND Suicide Prevention Program). Children involved in the child welfare system can be at greater risk for mental health issues due to histories of child abuse and neglect, separation of parents, or placement instability (Child Welfare Gateway Information). I respectfully urge you to support this bill because it would greatly impact a family's or individual's right to choose/explore therapeutic services from an LMFT.

Thank you for your time and consideration.

Sincerely,

Mary Uong-Kaale
FBS Clinical Supervisor/FBS Intensive In-home Therapist

NDLA, S HMS - Herrick, Kari

From: Lee, Judy E.
Sent: Thursday, January 31, 2013 4:12 PM
To: NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany
Subject: FW: SB 2293

Please make copies for books.

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

From: Kenneth Fischer [mailto:Kenneth.Fischer@bcbsnd.com]
Sent: Thursday, January 31, 2013 11:21 AM
To: Fehr, Alan; Lee, Judy E.
Subject: RE: SB 2293

Ditto! You said more elegantly what I intended to say in testimony: "The marriage and family therapy movement is based in Systems Theory, which in its pure form is opposed to the Medical Model. The Medical Model is rooted in the idea that treatment starts with an accurate diagnosis. Under Systems Theory you only understand people in the context of their relationships, not by assigning diagnoses.

So, to be a LMFTS and claim expertise in diagnostic skills is "to want your cake and eat it too." They want a profession that was created as a reaction against the Medical Model and diagnosing mental illness but also want to claim diagnostic skills, probably so that they can get paid by insurance companies, which is based in the Medical Model."

Kenneth J. Fischer, MD
Medical Director, Behavioral Health
Division of Health Network Innovation
BLUE CROSS BLUE SHIELD OF NORTH DAKOTA, FARGO
(701) 282-1364 (work)
kenneth.fischer@BCBSND.com | www.BCBSND.com

BOLDER SHADE OF BLUE

From: Fehr, Alan [mailto:afehr@nd.gov]
Sent: Wednesday, January 30, 2013 11:30 PM
To: Lee, Judy E.
Cc: Kenneth Fischer
Subject: Re: SB 2293

Rev Giese seems to be making two points:

1. It is written into Century Code that LMFTs are licensed to diagnose. He points to it in their definitions. Fact - there it is.
2. All versions of the DSM were developed and published under the American Psychiatric Assn. However, many other professions were at the table and involved in the discussions and I don't doubt that LMFTs were represented.

Having said that, LMFTs sought a licensure to promote themselves as experts in relationship counseling. When this happened, we all scratched our heads because it seemed that they were trying to turn a procedure into a profession, meaning that many professions do marriage therapy and family therapy.

The marriage and family therapy movement is based in Systems Theory, which in its pure form is opposed to the Medical Model. The Medical Model is rooted in the idea that treatment starts with an accurate diagnosis. Under Systems Theory you only understand people in the context of their relationships, not by assigning diagnoses.

So, to be a LMFTS and claim expertise in diagnostic skills is "to want your cake and eat it too." They want a profession that was created as a reaction against the Medical Model and diagnosing mental illness but also want to claim diagnostic skills, probably so that they can get paid by insurance companies, which is based in the Medical Model.

Clear as mud?

On Jan 30, 2013, at 8:13 PM, "Lee, Judy E." <jlee@nd.gov> wrote:

> Can you help explain this to me?
>
> Judy Lee
> 1822 Brentwood Court
> West Fargo, ND 58078
> Phone: 701-282-6512
> e-mail: jlee@nd.gov
>
> Begin forwarded message:
>
> **From:** Larry Giese <lgiese@midconetwork.com>
> **Date:** January 30, 2013, 5:23:01 PM CST
> **To:** "Lee, Judy E." <jlee@nd.gov>
> **Subject: Re: SB 2293**
>
> Hi Senator Lee, I'm not sure what exactly you meant by saying LMFT's are not included in the DSM, but LMFT's are referenced in the people behind the DSM (Diagnostic and Statisical Manual,) Collaborating Investigators. I'm not sure if this is what you may be looking for?
> Sincerely,
> Rev. Larry J Giese
>
> ----- Original Message -----
> **From:** Lee, Judy E.
> **To:** Larry Giese
> **Sent:** Wednesday, January 30, 2013 1:38 PM
> **Subject:** RE: SB 2293

There is a wide range of opinions about this, particularly the fact that LMFTs are not included in the DSM. We're trying to sort it all out.

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

From: Larry Giese [mailto:lgiese@midconetwork.com]
Sent: Wednesday, January 30, 2013 11:44 AM
To: Lee, Judy E.
Subject: Re: SB 2293

Good Morning Senator Lee, I had a hard time sleeping last night as I remembered the day and the testimony of SB2293. As President of the North Dakota Marriage and Family Therapy Licensure Board, I am reminded of what the licensing bill states, NDCC 43-53 in the definitions. The entire NDCC 43-53 is attached.

"Licensed marriage and family therapist" means an individual who holds a valid license issued under this chapter.
5. "Marriage and family therapy" means the **diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.**
6. "Practice of marriage and family therapy" means the rendering of marriage and family therapy services to individuals, couples, and families, singly or in groups, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.
7. "Qualified supervision" means the supervision of clinical services, in accordance with standards established by the board, by an individual who has been recognized by the board as an approved supervisor.
8. "Recognized educational institution" means any educational institution that grants a master's or higher degree that is recognized by the board and by a regional accrediting body, or a postgraduate training institute accredited by the commission on accreditation for marriage and family therapy education.
My question is how Dr. Fischer seems to be able to pick and choose whom he feels is qualified for diagnosis and treatment of individuals, couples, and family, when by law a licensed LMFT has the right to do so? From my personal persective he is ethically out of order for misquoting NDCC law pertaining to ND CC 43-53. These discussions were part of the licensing bill in 2005 and amended in 2009. I don't know why these disagreements keep coming up?

Am I confused?
Sincerely,
Rev. Larry J Giese, MDiv, MA, LMFT, President
ND Marriage and Family Therapy Licensure Board

----- Original Message -----
From: Lee, Judy E.

AAMFT

American Association for Marriage and Family Therapy

Promoting Excellence in Marriage and Family Therapy

February 4, 2013

Senator Judy Lee
Chair
Senate Human Services Committee
600 East Boulevard
Bismarck, ND 58505

Re: Senate Bill 2293

Dear Senator Lee:

I am writing on behalf of the American Association for Marriage and Family Therapy (AAMFT). AAMFT is the national professional association that represents the interests of more than 50,000 Licensed Marriage and Family Therapists (LMFTs) in the United States. AAMFT is affiliated with the North Dakota Association for Marriage and Family Therapy (WVAMFT). The NDAMFT is the AAMFT chapter that represents the professional interests of MFTs in North Dakota.

I am writing in support of Senate Bill 2293. AAMFT supports the efforts of NDAMFT members and other providers in North Dakota in advocating for this important legislation. We appreciate your sponsorship of Senate Bill 2293. Among other things, this legislation will allow citizens in North Dakota access to the services provided by LMFTs. Currently, Medicaid enrollees and many others do not have access to the effective services provided by LMFTs. I am also writing to provide some background information on LMFTs.

Marriage and Family Therapists are licensed to provide mental health services in all 50 states and the District of Columbia. Family Therapists are one of the core mental health disciplines recognized by the federal government under the Public Health Services Act. In order to become a LMFT in North Dakota, a person must have received a master's or doctoral degree in Marriage and Family Therapy or a related discipline, and have completed at least two years of supervised clinical experience. Under North Dakota law (N.D. Century Code 43-53-01), the scope of practice of a LMFT is defined as follows:

> "Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

North Dakota law allows LMFTs to diagnose and treat mental and emotional disorders. The scope of practice for LMFTs under this statute includes the delivery and rendering of therapeutic services to individuals, as well as to families. Family Therapists provide medically necessary individual psychotherapy, as well as couples, family and group psychotherapy.

Family Therapists in North Dakota are highly trained. LMFTs must have completed at least two years of supervised postgraduate experience. Under North Dakota Administrative Code 111-02-02-03, this experience consists of a minimum of 1,500 hours of clinical client contact with individuals, families and couples, and includes experience in the diagnosis and treatment of mental illness.

I have been provided with a copy the fiscal note for this legislation, which is dated January 28th. Based upon our experience in examining similar fiscal notes in other states, we believe that this fiscal note overstates the cost of adding MFTs as eligible providers to the state Medicaid plan. The fiscal note assumes that all 38 LMFTs in North Dakota will decide to treat Medicaid enrollees. However, many licensees decide not to become Medicaid providers for a variety of reasons, such as having a full caseload of existing clients or low reimbursement rates. In the 38 states that currently recognize MFTs as Medicaid providers, AAMFT is not aware of any state where all LMFTs are Medicaid providers.

The fiscal note does not take into account that some LMFTs also possess other mental health licenses, such as licensure as an Independent Clinical Social Worker. Since Family Therapists have only been licensed in North Dakota since 2008, some LMFTs obtained other mental health licenses before the Family Therapist license was available. Many of these LMFTs are currently eligible to become Medicaid providers under their other licenses. In addition, the fiscal note assumes that all of the recipients of MFT services referenced in the fiscal note would only receive services if LMFTs were in the Medicaid program. However, we believe that at least half of potential Medicaid clients of MFTs would likely receive treatment from other mental health professionals in the absence of MFTs in the Medicaid program.

LMFTs provide needed behavioral health services in a cost effective manner. Several state-commissioned studies have demonstrated the cost-effectiveness of LMFTs. For example, a study prepared for the Maine legislature concluded that a proposed bill allowing MFTs to be reimbursed for mental health services would have a negligible impact on insurance premiums. A recent study prepared for the Massachusetts legislature concluded that legislation allowing MFTs to be reimbursed by insurance companies would have no impact on the cost of care in that state. Studies commissioned in North Carolina and Virginia reached similar conclusions.

In addition, the passage of Senate Bill 2293 would increase access to eligible mental health providers in North Dakota Rural Americans suffer disproportionately from a shortage of mental health professionals. Family Therapists are mo likely to be located in rural areas than professions requiring a doctorate. This bill will increase the total number of Nortn Dakota mental health providers recognized by health plans in rural areas.

Thank you for your efforts in supporting this important legislation. If you have any questions or need any additional information, please do not hesitate to contact me at (703) 253-0485 or at rsmith@aamft.org.

Sincerely,

Roger D. Smith

Roger D. Smith, J.D.
Senior Attorney
American Association for Marriage and Family Therapy