



Testimony before the House Health and Human Services Committee
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Committee Chair Rep. Landwehr, Vice Chair Rep. Eplee, Ranking Minority Member Rep. Ruiz, and members of the committee, thank you for the opportunity to speak with you today. My name is Dr. Andrew Secor, and I am the President of the Kansas Counseling Association. I am here today to speak on behalf of the Executive Council of the Kansas Counseling Association as a proponent of HB 2288. The Kansas Counseling Association is a Branch of the American Counseling Association, the world's largest association exclusively representing professional counselors in various practice settings and exists to promote the counseling profession through education and advocacy for both clients and professionals.

My purpose in being here today is to ask you to support HB 2288 pertaining to the counseling compact legislation. The issue of counselor mobility and a client's ability to continue services when moving outside their providers service area is an issue well known to people in the mental healthcare field. As a result, the American Counseling Association explored ways to increase portability and mobility for licensed professional counselors for many years. Ultimately, the decision was made approximately 4 years ago to pursue the compact option. The ACA worked with the National Center for Interstate Compacts at The Council of State Governments to develop the compact language as it is today.

Compacts are not unusual and are growing in use. Currently, compacts exist for nurses, physicians, physical therapists, psychologists, emergency management personnel, speech-language pathologists, and audiologists. License compact legislation is under development for occupational therapists and occupational therapy assistants, physician assistants, and advanced practice nurses.

The counseling compact creates an agreement between member states to allow a privilege to practice in each other's state. The compact also does not impact the scope of practice as defined by any member state and, therefore, does not affect regulatory authority. The counseling compact leaves state-specific licensure requirements in place, therefore, not impacting a member state's existing licensing system. It is important to state that this compact does not grant a license to any counseling professional. According to information provided

about the compact legislation by The Council of State Governments, there will be no significant fiscal implications for states.

The compact legislation mirrors current standards in each state and establishes specific requirements for professionals to be eligible for the privilege to practice in another state.

These requirements include the following:

- 60-hour master's degree in counseling or a degree that includes eight core counseling areas,
- post-graduate counseling experience,
- Have a social security number or an NPI number,
- Hold a valid license in their home state, which must be a member of the compact
- Have no encumbrances on any state license currently, and no adverse actions or - restrictions against any license within the previous two years,
- Pass an FBI Fingerprint-Based Criminal Background Check,
- Meet any jurisprudence requirements for the member state in which they are seeking a privilege,
- Complete any continuing education requirements by their home state only,
- Pay any fees for the privilege to practice.

The goal of the counseling compact, like all counseling compacts, is to eliminate barriers to practice and to client care by ensuring cooperation among member-state regulatory boards.

Some advantages of the counseling compact include:

- Preserves existing licensure systems,
- Enhancing public safety through a shared interstate database of licensure and disciplinary information,
- Improving access to professional counseling services,
- Enhancing mobility of professional counselors,
- supporting relocating military spouses,
- improving continuity of care when clients travel or relocate,
- and greater control/ability to regulate the profession in the state.

One of the key benefits of the compact to consumers is the ability of the client to remain in treatment despite leaving the state the counselor is licensed to practice in at the onset of services. This is a continuous problem for many clients as people are not as location dependent for work and our society continues to be ever mobile. This legislation would also address issues of mobility for spouses of military personnel that relocate by allowing them to obtain a license in their new home state of residence through a provision in the compact.

The legislation could also address the issue of professionals practicing in the state without a license as more people have moved to telehealth services. States would have increased access to disciplinary histories of providers that could prevent people sanctioned in one state from being able to obtain the ability to practice in another state.

In the 2023 report on the state of mental health in America published by Mental Health America the State of Kansas was ranked 51st out of 51 (last) evaluated locations overall, indicating high prevalence of mental illness and low access to care. These rankings combine all 50 states and the District of Columbia. In terms of prevalence of mental illness and access to care, Kansas ranked 51st for adults, 50th for youth, and was 50th in terms of the prevalence of mental illness overall. Kansas was ranked 48th in access to care overall and was also ranked 48th in rates of reported suicidal ideation among adults.

Information was also reported regarding the shortage of mental health workers to patients and found an average ratio of 350 individuals to every 1 mental health provider (350:1). Kansas had a reported ratio of 470:1, exceeding the national average. In the 2022 report, it was indicated that the shortage of mental health workers affected more people than that of primary care and dental workforce shortages combined. The report referenced the fact that 152 million people lived in a mental health workforce shortage area in the United States and only 28% of the mental health needs in shortage areas were met by a mental health provider. These statistics demonstrate the need to increase the number of professionals accessible to citizens in Kansas but also the need that providers in Kansas could fill for those in other states unable to access resources in their area. <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

At this time, the compact commission has begun meeting since they achieved the total number needed of 10 states that enacted the legislation. As of today, 17 states have enacted the counseling compact legislation, including Nebraska, Colorado, and Utah. Another 17 states have legislation pending including the states of Missouri, Iowa, Arkansas, Oklahoma, Minnesota, Wyoming, and North Dakota in our region. Besides these states, the compact is also endorsed by the American Association of State Counseling Boards, the American Counseling Association, the American Mental Health Counselors Association, and the National Career Development Association.

It is the hope of the Executive Council of the Kansas Counseling Association that the House Health and Human Services Committee will support this bill. By passing this legislation, Kansas will obtain the opportunity to select and send a delegate to participate in discussions and decision making regarding the compact and will create opportunities for increased care and mobility for clients and providers. As indicated earlier, the information provided is only an overview of the compact legislation. I am happy to provide additional information for your review should it be desired. I want to thank you for your time as well as for your service to the citizens of the State of Kansas.

Thank you,

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