2023 SENATE WORKFORCE DEVELOPMENT

SB 2187

2023 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee
Fort Lincoln Room, State Capitol

SB 2187
2/16/2023

Relating to adoption of the counseling compact.

10:38 AM **Chairman Wobbema** called the hearing to order**. Senators Wobbema, Axtman, Elkin, Larson, Sickler, Piepkorn** are present.

Discussion Topics:

- Compact licensure
- Telehealth counseling
- Compact states

10:38 AM **Senator Cleary** introduced the bill in favor #20634, 20635, 20636, 20637.

11:02 AM **Jay Sheldon, Strategy and Policy Officer, North Dakota Nation Guard** testimony in favor #20973.

11:03 AM **Paula Condol, Executive Director, Dakota Children's Advocacy Center**, testimony in favor #20862.

11:08 AM **Rebecca McConnachie, Partner, Beacon Counseling Services** testimony in favor #20952.

11:13 AM **Dominque Marslek, American Counseling Service testimony** in favor #20966.

Senator Axtman moved **DO PASS**.

Senator Larson seconded the motion.

Roll call vote.

Senators	Vote
Senator Michael A. Wobbema	Y
Senator Michelle Axtman	Y
Senator Jay Elkin	Y
Senator Diane Larson	Y
Senator Merrill Piepkorn	Y
Senator Jonathan Sickler	Y

The motion passed 6-0-0.

Senator Axtman will carry SB 2187.

Additional written testimony:
Michelle Richart, Midwest Region Liaison, Department of Defense, State Liaison Office in favor #20675
Jeremy Schmaltz, Counseling Intern, Anchor Christian Counseling, in favor #20794
Kelsi Carter, in favor #20895
Barbara Stanton, Licensed Professional Clinical Counselor, in favor #20932
Tim Blasl, President, North Dakota Hospital Association, in favor #20939
Ruth Denton-Graber, Therapist, Ellie Mental Health in favor #20946
Andrew Rohrich, Government Affairs Chair, North Dakota Counseling Association in favor #20951
Ashley Limesand in favor #20960
Emily Coler Hanson, LMFT in favor #20972
Faith Wahl Student Body President, University of North Dakota in favor #20976
Erin Grahn, Board Chair, North Dakota Board of Counselor Examiners, neutral #20885
Daniel Logsdon, The Council of State Governments neutral #20970

11:21 AM **Chairman Wobbema** closed the hearing.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2187: Workforce Development Committee (Sen. Wobbema, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2187 was placed on the Eleventh order on the calendar. This bill affects workforce development.

2023 HOUSE HUMAN SERVICES

SB 2187

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2187
3/6/2023

Relating to adoption of the counseling compact.

Chairman Weisz called the meeting to order at 9:01 AM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, and Karen M. Rep. Rohr present. Vice Chairman Matthew Ruby, Reps. Dawson Holle, Jayme Davis, and Gretchen Dobervich not present.

Discussion Topics:

- Interstate compact
- Interstate practice
- Waitlist for services
- Relocation
- Requests for supervision

Sen. Cleary introduced SB 2187 with supportive testimony (#22061) and proposed amendment (#23.0762.01002) (#22076).

Jay Sheldon, Strategy and Policy Officer for the North Dakota National Guard (NDNG) and administrator for the Task Force for Military Issues in North Dakota (TF MIND), supportive testimony (#22106).

Paula Condol, Director of Dakota Children's Advocacy Center, supportive testimony (#21977).

Rebecca McConnachie, Licensed Professional Clinical Counselor and Licensed Supervisor in North Dakota, supportive testimony (#22159).

Marty Walth, with Sanford Health in Fargo, spoke in favor.

Jon Ulven, Licensed Psychologist with Sanford Health from Fargo, North Dakota, supportive testimony (#22074) (#22075).

Additional written testimony:

Tim Blasl, President of the North Dakota Hospital Association, supportive testimony (#22057).

Katherine Kempel, delegate of the North Dakota Student Association, supportive testimony (#22119).

Chairman Weisz adjourned the meeting at 9:30 AM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2187
3/6/2023

Relating to adoption of the counseling compact.

Chairman Weisz called the meeting to order at 4:30 PM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Gretchen Dobervich present. Vice Chairman Matthew Ruby and Rep. Jayme Davis not present.

Discussion Topics:

- Committee work
- Amendment

Rep. Anderson moved a do pass on SB 2187.

Seconded by Rep. McLeod.

Rep. Anderson withdrew the motion.

Rep. Porter moved to adopt amendment 23.0762.01002 (#22076) with the addition of inserting licensed psychologist on page 1, line 13 to SB 2187.

Seconded by Rep. Dobervich.

Motion carries by voice vote.

Rep. Beltz moved a do pass on SB 2187 as amended.

Seconded by Rep. McLeod.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	AB
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	AB
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y

Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 12-0-2.

Carried by Rep. McLeod.

Chairman Weisz adjourned the meeting at 4:38 PM.

Phillip Jacobs, Committee Clerk

23.0762.01002
Title.02000

Prepared by the Legislative Council staff for
Senator Cleary
March 3, 2023

AG
3-6-23
(1-1)

PROPOSED AMENDMENTS TO SENATE BILL NO. 2187

Page 1, line 2, after "compact" insert "; and to amend and reenact subsection 2 of section 43-47-06 of the North Dakota Century Code, relating to licensure of counselors"

Page 1, after line 3, insert:

"**SECTION 1. AMENDMENT.** Subsection 2 of section 43-47-06 of the North Dakota Century Code is amended and reenacted as follows:

2. The board shall issue a license as a licensed professional counselor to each applicant who files an application upon a form and in a manner the board prescribes, accompanied by the required fee, and who furnishes evidence to the board that the applicant:

   a. Has a master's degree from an accredited school or college in counseling or other program that meets the academic and training standards adopted by the board;

   b. Provided personal and professional recommendations that meet the requirements adopted by the board and satisfied the board that the applicant will adhere to the highest standards of the profession of counseling;

   c. Has two years of supervised experience, at least fifty percent of which must have been under a licensed professional counselor or licensed psychologist, or its equivalent as determined by the board, and the additional supervised experience may have been with other qualified professionals designated by the board which are competent in the area of practice being supervised, if barriers due to geographical location, disability, or other factors determined by the board to create a hardship exist for the applicant. The qualified professional must be registered or otherwise qualified as a clinical supervisor by the board that licenses the other professional;

   d. Provided a statement of professional intent to practice in this state describing the applicant's proposed use of the license, the intended client population, and the counseling procedures, as defined by the board, the applicant intends to use in serving the client population; and

   e. Has demonstrated knowledge in the field of counseling by successful completion of an examination prescribed by the board."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2187: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). SB 2187 was placed on the Sixth order on the calendar.

Page 1, line 2, after "compact" insert "; and to amend and reenact subsection 2 of section 43-47-06 of the North Dakota Century Code, relating to licensure of counselors"

Page 1, after line 3, insert:

"**SECTION 1. AMENDMENT.** Subsection 2 of section 43-47-06 of the North Dakota Century Code is amended and reenacted as follows:

2. The board shall issue a license as a licensed professional counselor to each applicant who files an application upon a form and in a manner the board prescribes, accompanied by the required fee, and who furnishes evidence to the board that the applicant:

   a. Has a master's degree from an accredited school or college in counseling or other program that meets the academic and training standards adopted by the board;

   b. Provided personal and professional recommendations that meet the requirements adopted by the board and satisfied the board that the applicant will adhere to the highest standards of the profession of counseling;

   c. Has two years of supervised experience, at least fifty percent of which must have been under a licensed professional counselor <u>or licensed psychologist</u>, or its equivalent as determined by the board, and the additional supervised experience may have been with other qualified professionals designated by the board which are competent in the area of practice being supervised, if barriers due to geographical location, disability, or other factors determined by the board to create a hardship exist for the applicant. The qualified professional must be registered or otherwise qualified as a clinical supervisor by the board that licenses the other professional;

   d. Provided a statement of professional intent to practice in this state describing the applicant's proposed use of the license, the intended client population, and the counseling procedures, as defined by the board, the applicant intends to use in serving the client population; and

   e. Has demonstrated knowledge in the field of counseling by successful completion of an examination prescribed by the board."

Renumber accordingly

2023 CONFERENCE COMMITTEE

SB 2187

2023 SENATE STANDING COMMITTEE MINUTES

Workforce Development Committee
Fort Lincoln Room, State Capitol

SB 2187
4/13/2023
Conference Committee

Relating to adoption of the counseling compact; and relating to licensure of counselors.

9:35 AM **Chair Axtman** opened the conference committee meeting. **Senators Axtman, Sickler, Piepkorn and Representatives Rohr, McLeod and K. Anderson** are present.

Discussion Topics:

- Proposed amendment
- Conference committee decision

Vice Chair Axtman proposed an amendment. LC 23.0762.01004 #27527

Committee discussion SB 2287.

Senator Sickler moved Senate accede to House Amendments and further amend with LC 23.0762.01004.

Representative Rohr seconded the motion.

Roll call vote-motion 5-0-1

Representative Karen Rohr is the House bill carrier.

Senator Axtman is the Senate bill carrier.

9:39 AM **Chair Axtman** closed the conference committee meeting.

Patricia Lahr, Committee Clerk

Prepared by the Legislative Council staff for
Senator Cleary
March 14, 2023

AG
4-13-23
(1-1)

PROPOSED AMENDMENTS TO SENATE BILL NO. 2187

That the Senate accede to the House amendments as printed on pages 942 and 943 of the Senate Journal and pages 1133 and 1134 of the House Journal and that Senate Bill No. 2187 be further amended as follows:

Page 19, line 28, replace "committee" with "commission"

Page 24, line 5, replace "must" with "may not"

Renumber accordingly

Date: 4/13/2023
Roll Call Vote #: 1

2023 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2187

Senate Workforce Development Committee

Action Taken
- ☐ **SENATE accede to House Amendments**
- ☒ **SENATE accede to House Amendments and further amend**
- ☐ **HOUSE recede from House amendments**
- ☐ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Senators	*4/13*			Yes	No		Representatives	*4/13*			Yes	No
Axtman, Chair	X			Y			Rohr	X			Y	
Sickler	X			Y			McLeod	A*B*			A*B*	
Piepkorn	X			Y			Anderson	X			X	
Total Senate Vote				3			Total Rep. Vote				2	

Vote Count Yes: 5 No: 0 Absent: 1

Senate Carrier Axtman House Carrier Rohr

LC Number 23.0762 . 01004 of amendment

LC Number 23.0762 . 03000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 23.0762.01004
Senate Carrier: Axtman
House Carrier: Rohr

REPORT OF CONFERENCE COMMITTEE

SB 2187: Your conference committee (Sens. Axtman, Sickler, Piepkorn and Reps. Rohr, McLeod, K. Anderson) recommends that the **SENATE ACCEDE** to the House amendments as printed on SJ pages 942-943, adopt further amendments as follows, and place SB 2187 on the Seventh order:

That the Senate accede to the House amendments as printed on pages 942 and 943 of the Senate Journal and pages 1133 and 1134 of the House Journal and that Senate Bill No. 2187 be further amended as follows:

Page 19, line 28, replace "committee" with "commission"

Page 24, line 5, replace "must" with "may not"

Renumber accordingly

SB 2187 was placed on the Seventh order of business on the calendar.

TESTIMONY

SB 2187

COUNSELING COMPACT

FREQUENTLY ASKED QUESTIONS

What is an interstate compact?

An interstate compact is a contract between two or more states creating an agreement on a particular policy issue, adopting a certain standard or cooperating on regional or national matters. Compacts are the most powerful, durable and adaptive tools for ensuring cooperative action among states. Unlike the rigid and often unfunded mandates imposed by the federal government, interstate compacts provide a state-developed structure for collaborative action and consensus-building among states and federal partners.

How many professions use an interstate compact to facilitate interstate practice?

Currently, licensure compacts exist for nurses, physicians, physical therapists, psychologists, emergency management personnel, speech-language pathologists and audiologists. Licensure compacts for occupational therapists and occupational therapy assistants, physician assistants, and advanced practice nurses are under development.

Are all occupational licensure compacts the same?

Not exactly, but most are similar in form and function. There are two types of occupational licensure compacts – the *expedited licensure* model and the *mutual recognition* model. The Interstate Medical Licensure Compact is the only expedited licensure compact. The remaining licensure compacts utilize the mutual recognition model, in which a practitioner's home state license is "mutually recognized" by other compact member states. Mutual recognition model compacts allow a practitioner to practice in the compact member states either using a multi-state license or by obtaining a "privilege to practice" (see below).

How does the Counseling Compact work?

The Counseling Compact is a mutual recognition model compact that is similar in form and function to occupational licensure compacts for nursing, physical therapy, psychology, and speech-language pathology and audiology. The Counseling Compact allows licensed professional counselors to practice in all other compact member states – either in-person or via telehealth – through a *privilege to practice*, which is equivalent to a license.

The Counseling Compact establishes an interstate commission, made up of delegates from compact member states, to administer the Compact. The Counseling Compact also creates a licensure data system for Compact member state boards to communicate and exchange information, including verification of licensure and disciplinary sanctions. An interstate commission and data system are standard features of all occupational licensure compacts.

What is a "privilege to practice"?

A privilege to practice is the authorization to practice in a compact member state other than your home state. To be eligible for a privilege to practice, you must hold an active professional counselor license in your home state (which must be a member of the compact) and meet other eligibility criteria, such as having no disciplinary action against your license for at least two years. When eligibility is verified, jurisprudence requirements are met, and all fees are paid, you receive the privilege to practice and may begin legally working in the new state.

What are the requirements for a privilege to practice?

A licensed professional counselor must notify the commission of their intent to seek the privilege to practice in another compact state, and meet the following criteria to get a privilege to practice:

- Have a Social Security Number or a National Provider Identifier
- 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 required by their *home state* only
- Pay any fees for the privilege to practice

Privilege holders must adhere to the laws and regulations of the Compact member state in which they are practicing and report to the commission any adverse action taken by a non-member state within 30 days after the action is taken.

Does a privilege to practice allow the privilege holder to practice via telehealth in a remote state?

A privilege to practice allows the holder to provide professional counseling services in another member state under the scope of practice of the state where the client is located, whether the practice is in person or via telehealth. Privilege holders should consult laws and rules of the state in which they wish to practice in order to determine the specific telehealth requirements.

Do professional counselors have to complete continuing education requirements in states where they are practicing via privilege to practice?

No. Professional counselors utilizing the compact are only responsible for completing continuing education requirements for their home state license.

Do professional counselors need a separate privilege to practice for each state in which they want to provide counseling services?

Yes. A privilege to practice is not a multi-state license. A practitioner will need to get a privilege to practice in *each* state in which they want to provide counseling services.

A practitioner may work legally in a *member* state via either a license or a privilege to practice. A practitioner will need to hold a state-specific license to practice in *non-member* states.

Section 3 of the Counseling Compact states that a practitioner can participate in the compact with only 60 semester-hours of graduate course work in certain areas. Can a counselor participate in the compact without a master's degree?

No. It is important to remember that Section 3 describes requirements for a state to participate in the compact, not licensees. For a state to join the Counseling Compact they must have certain requirements, which most states meet.

For instance, a state must license practitioners. A state must require licensees to pass a national exam. A state must require licensees to complete a supervised post graduate professional experience.

The requirement for 60 semester-hours (or 90 quarter-hours) of graduate course work assumes an earned master's degree.

First, as noted above, the Counseling Compact requires that member states license the profession of Licensed Professional Counselors and that practitioners hold a license in a member state.

Second, the Counseling Compact is built around the current licensure requirements in the states. *All* states require an earned master's degree for licensure and the Counseling Compact reflects this reality. Further, applicants for state licensure must have an earned master's degree to sit for a national exam.

Lastly, the Counseling Compact requires licensees to complete a supervised postgraduate professional experience. "Postgraduate" presumes an earned master's degree by the practitioner.

It is important to read the compact language in its totality. Interstate compacts for occupational licensure mirror current predominant state licensure requirements and all states require an earned master's degree for licensure as a counselor. The Counseling Compact recognizes and respects this requirement and assumes it will continue.

What are the advantages of the Counseling Compact?

The Counseling Compact allows eligible professional counselors to practice in all states that join the Compact. It removes the need for practitioners to get a license in each Compact state in which they want to practice. The goal of the Counseling Compact, like all licensure compacts, is to eliminate barriers to practice and to client care by ensuring cooperation among member-state regulatory boards.

Other benefits include:

- Preserving and strengthening state licensure systems
- Enhancing public safety
- Improving access to professional counseling services
- Increasing market opportunities for professional counselors by authorizing both in-person practice and telehealth
- Enhancing mobility of professional counselors
- Supporting relocating military spouses
- Improving continuity of care when clients travel or relocate
- Encouraging cooperation among Compact member states in regulating the practice of professional counseling

How can a state/jurisdiction become a member of the Counseling Compact?

Each state's legislature must enact the Counseling Compact language into law to become a member of the Compact.

Why is the Counseling Compact important to consumers?

Through the Counseling Compact, consumers have greater access to care. The Counseling Compact allows licensed professional counselors to ensure continuity of care when clients relocate. Professional counselors also will be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states gain a supplementary layer of oversight of professional counselors who may enter their state to practice. The Counseling Compact data system will allow member states to verify instantaneously that professional counselors based in other states have met defined standards and competencies and are in good standing with other states' regulatory boards. The Counseling Compact data system will help states better protect the public.

COUNSELING COMPACT

FACT SHEET: STATES AND THE COUNSELING COMPACT

The **Counseling Compact** will allow qualified professional counselors to practice in *all states that join the compact*. This will remove the need for counselors to obtain a separate license in each state in which they want to practice.

THE BASICS

- The Counseling Compact is an *interstate compact* – a constitutionally authorized, legally binding contract between states.
- The Counseling Compact is the same in form and function as other occupational licensure compacts like the Nurse Licensure Compact, the EMS Compact, the Physical Therapy Compact, and the Interstate Medical Licensure Compact.
- The Counseling Compact authorizes interstate practice, both in-person and through telehealth, by professional counselors who hold a valid, unrestricted home state license in a Compact member state.
- The practice of professional counseling takes place in the state in which the client is located at the time of the counselor-client encounter. Counselors must observe the laws and rules of the state in which they are practicing.
- The Counseling Compact takes effect upon its enactment by ten states.
- The National Center for Interstate Compacts at the Council of State Governments facilitated the development of the Counseling Compact and is providing technical assistance to states as they consider the Compact.

BENEFITS

- Preserves and strengthens state licensure systems
- Enhances public safety through a shared interstate database of licensure and disciplinary information, allowing for rapid verification of license status
- Improves access to professional counseling services
- Increases market opportunities for professional counselors by authorizing practice in member states, including via telehealth
- Enhances mobility for professional counselors
- Supports relocating military spouses
- Improves continuity of care when clients travel or relocate
- Ensures cooperation among compact member states in regulating the practice of professional counseling

DISPELLING THE MYTHS

- As with the existing licensure compacts, the Counseling Compact has no impact on a state's scope of practice – this is *not* a takeover of state regulatory authority.
- As with existing licensure compacts, the Counseling Compact leaves state-specific licensure requirements in place – this is *not* a takeover of state licensing systems.
- The Counseling Compact enhances states' authority to protect the public and regulate the counseling profession.
- The Counseling Compact will have no significant fiscal implications for states.

COUNSELING COMPACT

SUMMARY OF KEY PROVISIONS

SECTION 1: PURPOSE

The purpose of this compact is to facilitate interstate practice of licensed professional counseling with the goal of improving public access to professional counseling services.

The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

The compact is designed to:

- Provide for the mutual recognition of other member state licenses.
- Enhance states' abilities to protect the public's health and safety.
- Encourage the cooperation of member states in regulating multistate practice for licensed professional counselors.
- Support active duty military personnel and their spouses.
- Enhance the exchange of licensure, investigative, and disciplinary information among member states.
- Allow for the use of telehealth technology to increase access to counseling services.
- Support the uniformity of professional counseling licensure requirements throughout the states.
- Eliminate the necessity for licenses in multiple states.
- Facilitate interstate practice by licensed professional counselors who meet uniform requirements.

SECTION 2: DEFINITIONS

Establishes the definitions of key terms as used throughout the compact, to alleviate confusion on the part of practitioners and jurisdictions. Defined terms are capitalized throughout the document.

SECTION 3: STATE PARTICIPATION IN THE COMPACT

This section establishes the duties of the compact's member states.

A member state must:

- License and regulate licensed professional counselors.
- Require licensees to pass a nationally recognized exam.
- Require licensees to have a 60-hour master's degree in counseling or 60 hours of graduate coursework in relevant areas.
- Require licensees to complete a supervised postgraduate professional experience.

- Have a mechanism in place for receiving and investigating complaints about licensees.
- Participate fully in the compact commission's licensure data system.
- Notify the commission of any adverse action against or current significant investigative information regarding a licensee.
- Conduct criminal background checks of candidates for an initial privilege to practice.
- Comply with the rules of the commission, the governing body of the compact.
- Grant the privilege to practice professional counseling to a licensee holding a valid, unencumbered license in another member state.
- Provide for the state's commissioner to attend the meetings of the commission.

Member states may charge a fee for granting the privilege to practice.

A licensed professional counselor may only utilize the compact if their *home state* joins the compact.

SECTION 4: PRIVILEGE TO PRACTICE

To exercise the privilege to practice professional counseling in a remote state, a licensee must:

- Hold a license in their home state, which must be a member of the compact.
- Have had no encumbrance or restriction against on any license or privilege to practice within the previous two years.
- Meet any jurisprudence requirements of the remote state and pay all applicable fees.
- Report to the commission any adverse action, encumbrance, or restriction imposed on the licensee by a non-member state within 30 days from the date of the action.

A privilege to practice is valid until the expiration date of the practitioner's home state license.

If a licensee's home state license is revoked, the licensee loses the privilege to practice in *all* member states for the next two years.

If a licensee' privilege to practice is revoked by a member state, the licensee *may* lose the privilege to practice in other member states for the next two years.

SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO PRACTICE

This section creates an alternative pathway to licensure for privilege holders who change their primary state of residence between compact member states.

A licensee who moves from one member state to another member state may obtain a new, expedited home state license in the new state of residence if they hold a privilege to practice in the new state.

The licensee will be required to complete a new FBI fingerprint based criminal background check, any required state-level background check, and any jurisprudence requirements of the new home state.

If a practitioner moves from a non-member state to a member state, or from a member state to a non-member state, the practitioner must apply for a single-state license in the new state, under the new state's licensure requirements.

A licensee may hold more than one single-state license concurrently, but only the license tied to the individual's primary state of residence may serve as the individual's "home state license" for the purposes of the compact.

Nothing in the compact affects a member state's requirements for issuance of a single-state license.

SECTION 6: ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

This section allows an active duty servicemember, or their spouse, to designate a home state where the individual has a current license in good standing. This state then serves as the individual's home state for the duration of the servicemember's active duty.

SECTION 7: COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

This section establishes that privilege to practice under the compact shall include provision of telehealth services to patients in remote states. Licensees providing telehealth services in a remote state must adhere to the laws and regulations, including scope of practice, of the remote state.

SECTION 8: ADVERSE ACTIONS

This section clarifies that *only* a practitioner's home state may take adverse action against a *home state* license.

However, remote states may take adverse action against a counselor's privilege to practice and may issue enforceable subpoenas for witnesses and evidence from other member states.

Home states must take reported adverse action from any member state into account, in accordance with the home state's laws.

Member states may initiate joint investigations of licensees and are required to share investigative materials in furtherance of any joint or single-state investigation of a licensee. Member states must report any adverse action to the compact data system, which then promptly alerts the home state of this adverse action. Any member state may take adverse action based on the factual findings of a remote state.

If a licensee changes their home state during an active investigation by their former home state, the former home state completes the investigation, takes appropriate action under its laws, and then reports its findings to the compact commission's data system.

Member states retain the right to require a licensee to participate in an alternative program for mental health-related concerns in lieu of adverse action.

SECTION 9: ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

This section outlines the composition and powers of the compact commission and executive committee. The compact is not a waiver of sovereign immunity.

- Each member state is entitled to exactly one delegate selected by that state's licensing board from among the board's members and/or employees.
- Each delegate has one (1) vote on commission affairs.
- The commission is directed to establish a term of office for delegates and may establish term limits.
- The commission may establish and maintain a code of ethics, bylaws, rules, a budget and financial records in order to carry out the compact.
- The commission shall elect an executive committee composed of up to eleven members: seven members of the commission and up to four ex-officio, nonvoting members from four recognized national professional counselor organizations.
- All commission meetings shall be open to the public unless confidential or privileged information must be discussed.
- Commission members and employees are immune from liability related to their positions except in cases of wanton misconduct.

SECTION 10: DATA SYSTEM

This section requires the sharing of licensure information by all compact states. A member state shall submit a uniform dataset to the data system on all counselors to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of adverse action or significant investigative information against professional counselors utilizing the compact.

Adverse action information pertaining to a licensee in any member state will be available to any other member state, except that any submitted information that subsequently must be expunged from the submitting state's records will also be removed from the data system.

Member states may designate information submitted to the data system that may not be shared with the public without the express permission of the state in question.

Investigative information pertaining to a licensee in a member state shall not be available to non-member states.

SECTION 11: RULEMAKING

- Rules carry the force of law in all member states.
- A simple majority of member state legislatures may veto a rule of the commission.
- Changes to the rules require a 30-day notice of proposed rulemaking, with an opportunity for a public hearing if one is requested by 25 people or by a government agency.
- If the commission issues a rule that exceeds its authority under the compact, such a rule shall be void and have no force or effect.

SECTION 12: OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

Ensures compliance with the compact by member states. The procedures to be followed in the event of a failure by a member state to comply with the compact include:

- A period of technical assistance in remedying the situation
- Dispute resolution processes; and
- Termination from the compact in the event no other means of compliance has been successful.

The commission shall attempt to resolve any compact-related disputes that may arise between states.

SECTION 13: DATE OF IMPLEMENTATION, WITHDRAWAL, AND AMENDMENT

The compact takes effect on the date of enactment by the tenth state.

States that join after this date are subject to the rules of the commission as they exist on the date when the compact becomes law in that state.

Member states may enact a law to repeal their membership in the compact. A state's withdrawal takes effect 6 months after enactment of such a law.

The member states may amend the compact, but changes do not take effect until enacted into the laws of all member states.

SECTION 14: CONSTRUCTION AND SEVERABILITY

The compact is to be liberally construed so as to effectuate its purposes.

The compact's provisions are severable, meaning that:

- If a provision of the compact is declared to conflict with the United States Constitution, all other provisions remain valid for all member states, and
- If a provision is held contrary to a member state's constitution, the compact retains its full force in all other states, and all other provisions remain valid in the affected state.

SECTION 15: BINDING EFFECT OF COMPACT AND OTHER LAWS

Reiterates that licensees must adhere to the laws and regulations, including scope of practice, of the state in which they are practicing.

Reiterates that all rules and bylaws of the commission are binding on member states.

According to legal precedent, in the event of a conflict between a law of a member state and the compact, the state law is superseded to the extent of the conflict.

What is the COUNSELING COMPACT?

The Counseling Compact is an occupational licensure compact that:

- Addresses increasing demand to provide Professional Counseling services.
- Authorizes both telehealth and in-person practice across state lines in Counseling Compact states.
- Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.

10 STATES

The Counseling Compact is operational when 10 states enact the legislation for the compact.

Professional Counselors licensed in their home state apply for a privilege to practice under the Counseling Compact–state lines are a barrier no more.

Counseling Compact states communicate and exchange information including verification of licensure and disciplinary sanctions.

Counseling Compact states retain the ability to regulate practice in their states.

BENEFITS

- Increasing access to client care.
- Facilitating continuity of care when clients relocate or travel.
- Certifying that counselors have met acceptable standards of practice.
- Promoting cooperation among Counseling Compact states in the areas of licensure and regulation.
- Offering a higher degree of consumer protection across state lines.

IMPACTS

- Allowing licensed counselors to practice face-to-face or through telehealth across state lines without having to become licensed in additional Counseling Compact states.
- Permitting counselors to provide services to populations currently underserved or geographically isolated.
- Allowing military personnel and spouses to more easily continue in their profession when relocating.

For more information visit **counselingcompact.org**

COUNSELING COMPACT

Source: Audiology and Speech-Language Pathology Interstate Compact

MANPOWER AND
RESERVE AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

February 16, 2023

Chairman Wobbema
Chair, Senate Workforce Development Committee

Remarks of
Michelle Richart
Midwest Regional Liaison
United States Department of Defense-State Liaison Office

Support of: SB 2187 – A Bill for an Act to create and enact chapter 43-47.1 of the North Dakota Century Code, relating to adoption of the counseling compact

Testimony

The Department of Defense is grateful for the opportunity to support policy changes proposed in North Dakota SB 2187, a bill relating to the counseling profession for military spouses.

My name is Michelle Richart. I am an active duty military spouse and the Midwest Regional Liaison at the United States Department of Defense-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness. We represent the Department and establish relationships with state leaders across the country who are concerned for troops and their families' welfare by harmonizing state and federal law and regulation on policy problems of national significance. These are identified by the Office of the Secretary of Defense, the Military Departments, and the National Guard Bureau as areas where states can play a crucial role.

The Counseling Compact seeks to eliminate barriers to interstate professional counseling practice, improve patient access to professional counseling services, and enhance public protection through a shared interstate licensure data system. Of additional benefit is the compact's utilization of a mutual recognition model of interstate practice, which enhances opportunities of portable careers for military spouses by providing consistent rules which allow licensed members to work in other states through "privilege to practice policies", or more easily transfer their license to a new state.

Military families move every three years on average. The Counseling Compact helps military spouses relocate and begin work without delay by reducing the amount of time and effort needed to gain authorization to practice in a new state, even as compared to expedited licensure laws for military spouses.

I became a Regional Liaison due to of my personal experience as a military spouse and family member and my passion for quality-of-life issues confronting military families. As a military spouse of 17 years and having an occupation which requires a license, I can personally attest to the difficulties being addressed today and how not being able to work in my career field has

adversely impacted my family. Compacts like the one being addressed today allow for financial stability, facilitate placement opportunities, increase the speed in which a military family can assimilate into its new location, create a desirable new employee pool for the state, and maintain a family's well-being. Spouse employment continues to remain one of the DoD's top military family issues with approximately one-third of working military spouses requiring a state license.

Interstate compacts offer an opportunity to standardize qualifications for interstate transfer, which alleviates confusion for military spouses transferring between member states, and also allows licensing boards to simplify their process for assuring the qualifications of visiting professionals. Compacts can offer license portability for military spouses and increase the availability of critical professionals in short supply.

We appreciate the opportunity to support the policies outlined in the Licensing Compact introduced this session and are grateful to Senators Cleary, Hogan, and Roers and Representatives Porter, Ruby, and Weisz for sponsoring this important legislation. I stand ready to answer whatever questions you may have.

Very Respectfully,

Digitally signed by
RICHART.MICHELLE.ANN
BROYHILL.1287311466
Date: 2023.02.13 14:37:57 -07'00'

MICHELLE RICHART
Midwest Regional Liaison
Defense-State Liaison Office

Jeremy Schmaltz

Written Testimony in Support of SB 2187

ND Congressional Session Feb. 16, 2023

Greetings congress men and women of North Dakota. I am writing to you on behalf of the North Dakota Counseling Association, the North Dakota Mental Health Counselors Association, and counselors throughout the state of North Dakota. I urge you to consider passing SB 2187 relating to the adoption of the counseling compact. The passage of this bill would ensure counseling and mental health services to be more widely available for providers and clients within and outside of state boarders. Currently, Licensed Professional Clinical Counselors must attain separate licensure for each individual state in which a resident of North Dakota wishing to seek telehealth counseling services may be temporarily residing in at any given time. An example of this would be ND citizens who reside in AZ for the winter months and then fly back again later in the year. During the time in which the ND citizen is outside the state, they cannot always receive telehealth services from their counselor.

The passage of this bill would ensure that all ND citizens would be able to receive counseling and mental health services via telehealth regardless of where they are at a given time. This bill only benefits those struggling with mental health issues as well as the professionals that serve them.

Thank you for your time and consideration in passing SB 2187 regarding the adoption of the counseling compact.

Senate Workforce Development Committee
Testimony In Support of Senate Bill #2187
2-16-23

Chairman and Members of the Committee.

For the record, my name is Paula Condol. I am the Director of the Dakota Children's Advocacy Center, here in Bismarck, Dickinson, McKenzie County, and Standing Rock. I am also a Licensed Professional Clinical Counselor and Supervisor. I am here today to ask for your support for Senate Bill 2187.

The Dakota Children's Advocacy Center is one of the Children's Advocacy Centers across the state committed to improving the response to child abuse. Each CAC is a community partnership that utilizes a comprehensive multidisciplinary team approach in supporting alleged victims and investigations of child abuse. We provide many services to child victims and their family members using evidenced based practices, all free of charge to the families. Sensitivity to the needs and abilities of children is the hallmark of the children's advocacy center model which is utilized at Children's Advocacy Centers all over the country. In 2022 my center provided services to over 900 individuals, including mental health services to the victims, parents, and siblings. Over half of these counseling services were provided over telehealth to rural and underserved regions across the state.

The Counseling Compact will have many benefits, that I am sure that you have heard today. It will allow for counselor mobility (which can help us retain employs), it increases access to care for clients, and can ensure continuity of care for the client who moves or relocates. However, I think it is important to note that the Counseling Compact will also greatly benefit and improve the mental health

needs of children in our state. Many of the children that we work with come from split homes and it is very common that one parent lives in one state and the other parent lives in another. Currently as our licensure stipulates, we are only able to provide services in the state that we are licensed. What that means for kids who are shuffled back and forth between two households is a disruption of services, which often translates to increased stress, difficulty sleeping, eating, and behavior problems. Unfortunately, it is a very common occurrence, every May several of our clients, in the middle of working through their horrific trauma, are forced to just stop services with someone they have built a rapport and trust with. Most of these kids are unable to "pick up services" in the other state due to long waitlists and they spend the summer struggling with lack of support. Almost always, when they return services need to start over as trust was lost and skills have waned. We also have many families that move in the middle of services due to jobs, schooling and sometimes just wanting to get away from the place where the abuse happened. Being able to provide continuity of services for these children and families would have an enormous impact on both them and their families.

Madam Chairman and Members of the Committee, thank you for allowing me the opportunity to testify before you today, I appreciate your support and I am happy to try and answer any of your questions.

Testimony of SB 2187

The Workforce Development Committee
of the
North Dakota Senate

Senator Michael A. Wobbema, Chairman

February 16, 2023

Senator Wobbema and members of the Workforce Development Committee, my name is Todd Lewis, and I am member of the North Dakota Board of Counselor Examiners. I am providing the NDBCE written testimony on Senate Bill 2187.

The NDBCE continues to discuss the impact the counseling compact would have on professional counselors and the board in North Dakota. Whereas the board believes that the compact may work over time, we simply don't know because there is no evidence in support of it working anywhere else. As such, the NDBCE would like to see how the compact plays out in other states before endorsing its use within North Dakota.

The NDBCE also has several questions/concerns related to the compact. These are reflected in the points below:

1. What are the fees the compact commission will charge to the NDBCE and licensees? No specific information has yet been provided.

2. What is the definition of who the compact applies to? Would it apply to people who are not licensed by the NDBCE?

3. What is the national test or tests the compact will use to meet qualifications for licensure? No information has yet been provided on this front.

4. What would NDBCE need to provide administratively, and would there be any changes or adjustments to the NDBCE's workload if joining the compact?

5. The compact seems to have a lack of flexibility in that if a board or state changes one word in it, they are in violation of the compact. This lack of flexibility is concerning, and it is unknown what the consequences for violating the compact would be.

NDBCE wants to make clear that our board has a neutral stance on whether legislation is passed to allow North Dakota the option of joining the compact and the potential benefits of this, it is instead that we feel it's impact on our state needs to be better defined; as outlined above, there are aspects about this that remain unclear.

If there are any follow-up questions, please direct the questions to the NDBCE by e-mail at ndbce@outlook.com.

Thank you for your time. This concludes my written testimony.

Prepared by:
Todd F. Lewis and the North Dakota Board of Counselor Examiners
Board Member of North Dakota Board of Counselor Examiners
NDBCE@outlook.com

Testimony for support of passing SB 2187

I am a Licensed Professional Clinical Counselor in a university setting. I am in support of passing the counseling compact for the State of North Dakota. In a university setting, we have students from various outside states. When these students go home, due to our licensure restriction of only treating these students while they are residing in the state of North Dakota, we must suspend clinical treatment with these students over the summer and winter breaks. At times, this lack of treatment over the summer and winter months takes a mental toll on these students, which decreases their progress in treatment and that increases the risk of them not coming back to our universities in North Dakota and increases the risk of decline in their mental and emotional wellbeing. The counseling compact would support continuous treatment for these students.

Kelsie Carter

02/15/2023

Members of the Workforce Development Committee

I am Barb Stanton. I have a PhD in Counseling Psychology. I am a Licensed Professional Clinical Counselor in North Dakota, Minnesota, Michigan, and Nebraska. I work in a mental health agency and provide individual and family therapy services to children, teenagers, adults.

I am licensed in multiple states in order to provide continuity of care to my clients who have moved to different states. Most of these situations are people who I started seeing when they were children, and they are now in college. It is an honor and exciting to be able to continue to support them while they find move in to their future.

The Counseling Compact has several benefits including:

- Improving the continuity and coordination of care when a counselor or client relocate or travel to another different state.
- It expediates sharing information used for investigations and disciplinary information to protect the safety of the public and ensure the quality of professionals practicing in the field.
- It will create a new market for counselors and open opportunities for counselors to provide services in underrepresented states.
- There will be greater access for individuals and families for mental health care.
- There will be universal licensure laws that will increase license portability.

It was a cumbersome and time-consuming process to be licensed in other states. At a time when we need to take steps to improve access to mental health care, this is an excellent opportunity to do that.

As someone who has been in the field for over 30 years, I see several situations when this would have been important. When clients are on vacation, when children are visiting parents who live in other states, when someone moves, or, as I'm doing now, when people are attending colleges out of state are just a few examples of when the Counseling Compact would be beneficial.

It is also important to note that the Counseling Compact preserves the authority of each state to regulate the profession.

Thank you for the consideration of my testimony.

I strongly encourage the passage of SB 2187.

2023 Senate Bill 2187
Senate Workforce Development Committee
Senator Michael Wobbema, Chairman
February 16, 2023

Chairman Wobbema and members of the Senate Workforce Development Committee, I am Tim Blasl, President of the North Dakota Hospital Association. I testify in support of SB 2187 and ask that you give the bill a **Do Pass** recommendation.

Hospitals support this bill because it helps with our number one challenge: workforce. Residents of North Dakota will benefit from increased access to counseling services, which are invaluable to the well-being of our residents. The process of applying for an equal counseling license in a neighboring state with reciprocity is expensive, and a state without reciprocity is both repetitive and costly. Joining the Compact is a proactive step to reduce this burden and grow our counselor workforce.

The Counseling Compact is an interstate compact allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses. This will help counselors by affording them greater ease of mobility and cutting the time needed for authorization to practice in a new state. The Compact will also create new market opportunities for counselors.

The Compact will help patients by improving continuity of care when clients or counselors travel or relocate. And the Compact will help the public by ensuring that member states rapidly share investigative and disciplinary information and cooperate in investigations of misconduct by practitioners, when necessary.

North Dakotans deserve improved access to mental health treatment, and we need to work collaboratively to reduce wait times for licensing of these important health care professionals. It will allow out of state providers to provide support by obtaining temporary licensure. Likewise, counselors licensed in North Dakota can strengthen their practices by

providing services to individuals in states with higher populations and increased need for counseling services.

Thank you for your consideration in joining 17 other states that have already decided to improve access to healthcare for their residents, military families, those in residential and hospital settings out of state, and rural communities by joining the Compact.

Please give the bill a **Do Pass** recommendation.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

My name is Ruth M. Denton-Graber and I am a Licensed Professional Clinical Counselor and a Licensed Marital and Family Therapist. I have been practicing in North Dakota since 1992. I am writing in support of SB 2187 and the Counseling Compact.

This interstate compact is the same in form and function as compacts already in place, such as the Nurse Licensure Compact, the EMS Compact, the Physical Therapy Compact and the Interstate Medical Licensure Compact. The Counseling Compact would empower both clinicians and consumers in North Dakota by allowing qualified professional counselors to practice in all states that are members of the Compact.

Seventeen states are currently a part of the Counseling Compact and North Dakota would greatly benefit by becoming the 18th. The Counseling Compact could help in multiple ways, including:

- Improving access to professional counseling services
- Preserving and strengthening state licensure systems
- Enhancing mobility for professional counselors
- Improving continuity of care
- Increasing public safety through a shared database of license and disciplinary actions
- Ensuring cooperation among compact member states in regulating the practice of professional counseling.

Please pass Senate Bill 2187.

Ruth M. Denton-Graber
LPCC, LMFT, NCC

Testimony of SB 2187

The Workforce Development Committee

of the North Dakota Senate

Senator Michael A. Wobbema, Chairman

February 16, 2023

Senator Wobbema and members of the Workforce Development Committee, my name is Andrew Rohrich, and I am the Government Affairs Chair for the North Dakota Counseling Association and the North Dakota Mental Health Counseling Association. I am providing written testimony in support of Senate Bill 2187.

According to the counsel of state governments, North Dakota has joined as many occupational compacts as any other state. North Dakota is no stranger to the benefits that come along with joining these compacts. One of the main advantages of a compact is the creation of infrastructure for states to utilize when determining who can gain a privilege to practice. Since the counseling compact is so new, joining now gives North Dakota a voice in the creation of the infrastructure within the compact committee. Being a member of the counseling compact would give North Dakota a say in committee decisions such as fees and national exams that will be used. There are currently 17 states that have joined and another 20 states that have pending legislation to join the counseling compact. If we wait until our next legislative session, we could be one of only a handful of states that have not yet joined the counseling compact. If North Dakota waits for a later legislative session, all the important infrastructure decisions will have been made and we will have not had a say in any of it.

Another benefit to the counseling compact is a decrease in workload for our licensure boards. Currently, if someone wants to practice counseling in North Dakota, they must apply for

a full license in the state. There is a compact data system where the states share information. States have reported that there are less license applications and renewals for out of state counselors, due to counselors applying for privilege to practice instead of full licensure. It takes about 5 minutes on average to review an application for a privilege to practice. The most important fact of this legislation is that it is going to increase access to mental health services in our rural state.

I appreciate your consideration of this bill and will be available to answer questions you might have in the future, and I strongly support this legislation.

Andrew Rohrich
Government Affairs Chair
NDCA/NDMHCA

2023 Senate Bill 2187
Senate Workforce Development Committee
Senator Michael A Wobbema, Chairman
2-16-23

Chairman and Members of the Committee my name is Rebecca McConnachie, and I am a Licensed Professional Clinical Counselor and Licensed Supervisor in North Dakota. I am a member of the Government Relations Committee with the North Dakota Counseling Association and the North Dakota Mental Health Counseling Association. I am testifying in support of SB 2187 and ask that you give the bills a **DO PASS** recommendation.

NDCA/NDMHCA supports this bill because it allows licensed professional counselors to practice in all other compact member states. It will provide increased opportunities for counselors and increase access to services. There has been an increasing need for mental health services in recent years, and many individuals need to wait for weeks or months to get an initial appointment to see a counselor or other mental health professional. Telehealth services has allowed more opportunity to provide services to people in remote areas, and other states.

Currently, to provide services to someone in another state a counselor needs to have a license in that state, apply for licensure or apply for a temporary license. This could take weeks, months or not be possible due to rules in that state. This is even true for someone who is just visiting another state, or there temporarily. Individuals who have gone for a short or extended vacation or who are temporarily relocated to another state are not able to have continuity of care with their current counselor. Their counselor would need to be licensed in the state where the person is located. I recently encountered a situation which would have been impacted by this bill. An individual in the military, deployed in another state, wished to seek counseling. I could have scheduled a telehealth session if I was licensed in that state or if ND and that state were part of this compact. I requested a temporary license from the state and was informed I would have to apply for full licensure which would have taken months to complete the required paperwork. I was unable to provide the services and offered some ideas that might assist them. If both states were in the compact this could have been prevented.

Please give the bill a Do Pass recommendation. Thank you. I would be happy to answer any questions you might have.

Respectfully submitted,
Rebecca McConnachie, LPCC-S
Government Relations Committee, NDCA/NDMHCA
Partner, Beacon Counseling Services
bmcconnachie@beaconcounselingservices.net

Dear Workforce Development Committee,

As a counselor who works on the border between two states, and as a lifetime resident of this state, I am writing to convey the utmost support for the Council of State Government's Interstate Counseling Compact.

Not only will the Interstate Counseling Compact increase the safety, accessibility, and quality of services for existing and potential clients reducing barriers to mental health services across the nation, it would increase the mobility of employment opportunities within the counseling profession.

Counselors within this state would more easily be able to establish and maintain essential ongoing and preventative care/service to clients who are facing disproportionately high levels of mental health concerns and stress due to the need for relocation or displacement. It would also allow continued care for clients in the case that the counselor must relocate due to any of the circumstances listed below, demonstrating a mutually beneficial policy, for both clients and providers. Common reasons for this include but are not limited to:

- Covid-19
- Climate change
- Attending college out-of-state
- Financial crisis or chronic poverty
- Military/veteran status (including families of military/veteran members)
- Extenuating personal/family circumstances, and various social and/or economic burdens of many kinds

Importantly, the Counseling Compact preserves each member state's authority to regulate the profession. Counselors utilizing the Compact must abide by the laws and rules of the state in which they are practicing, including adhering to that state's scope of practice.

Cumulatively and in general, this aids in increasing the opportunities, freedoms, and quality of life for both counselors, clients, and those seeking care/services, and reducing barriers that can be found in rural communities. As a National-scale act of advocacy, the Compact goes a long way in bolstering the reputability, quality, and strength of the counseling profession as a whole.

Sincerely,

Ashley Limesand, LPC-Supervised(MN), LAPC(ND), NCC

American Counseling Association

2461 Eisenhower Avenue | Suite 300
Alexandria, Virginia 22314
ph 703-823-9800 | 800-347-6647
counseling.org

February 16, 2023

The Honorable Chairman Wobbema
Senate Committee on Workforce Development
North Dakota Legislative Council
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505

RE: **SB 2187- Interstate Licensed Professional Counselors Compact - Support**

Dear Chairman Wobbema, Vice-Chair Axtman, and honorable members of the Senate Committee on Workforce Development:

On behalf of the American Counseling Association (ACA) I am writing to express our strong support for SB 2187 which will allow North Dakota to join the 17 states that have enacted the Compact as well as the 19 states that have introduced this legislative session. Founded in 1952, ACA is the world's largest association exclusively representing over 62,000 professional counselors in all fifty states including North Dakota.

The Counseling Compact utilizes a “mutual recognition” model of interstate practice, whereby Compact member states agree to recognize valid licenses issued by other member states. To utilize the Compact, a professional counselor must have a license in good standing in their home state—their primary state of residence—and the home state must be a member of the Compact. When a licensee wants to work in another member state, the licensee must obtain a “privilege to practice” from the Counseling Compact Commission, the public administrative entity composed of a state counseling board representative from each member state. Commission regulatory power is strictly confined to administration of the compact and does not interface or interfere in anyway with individual state practice acts or a state’s scope of practice.

A privilege to practice is simply an additional privilege that a North Dakota counselor can opt into after being licensed by your state. The Compact is not an alternate license nor pathway to licensure. It is an optional privilege for current licensees in your state. Furthermore, like single state licensure processes, counselors provided a privilege to practice must abide by the laws of the state they are practicing within (where their client is located). The Counseling Compact preserves the authority and sovereignty of each state through the existing state regulatory structure unlike national licensure which supersedes state regulatory authority.

The Compact is revenue and cost neutral. We do not anticipate substantial additional costs for states because the Counseling Compact allows member states to offset nominal administrative costs by charging an appropriate fee for the privilege to practice. These fees will substantially reduce the cost of practice across state lines for counselors. The compact streamlines processing thereby saving state boards further time and money.

Privilege to practice through the Compact will be available to counselors by early 2024 allowing for rapid verification and immediate access to all compact member states. This enhances the workforce, ensures your state remains competitive, meets increasing demand, broadens patient choice, and creates a national database and network for the first time allowing for advancements in behavioral health while optimizing patient safety.

Much like the existing licensure compacts for nurses, physical therapists, physicians, psychologists and EMS personnel, the Counseling Compact will increase licensure portability for practitioners while allowing member state regulatory boards to better protect consumers through enhanced sharing of licensure information. Similarly, the Counseling Compact will benefit clients and the counseling profession by:

- Modernizing data sharing between states which optimizes public protections for children, families, and vulnerable clients.
- Simplifying current interstate licensure processes with a near instant verification system.
- Providing an expedited licensure mechanism for counselors moving from one member state to another member state.
- Strengthening telehealth access for each member state.
- Easing workload for state regulatory boards through modernized verification systems.
- Enhancing mobility for counselors who meet uniform requirements.
- Increasing access to care for clients.
- Ensuring continuity of care when clients or counselors relocate or travel.
- Allowing military personnel and spouses to maintain their certifications when relocating.
- Preserving and strengthening the current system of state licensure.

According to the Department of Defense, military families move every three years on average. The Compact helps military spouses relocate and begin work without delay by reducing the time and effort needed to gain authorization to practice in a new state, even when compared to expedited licensure laws for military spouses. The Counseling Compact will support military families, improve access to and continuity of care and increase licensure portability for professional counselors while maintaining the current system of state licensure.

The Counseling Compact is the only viable, sustainable, and long-term solution to the issue of licensure portability, practice across state lines, and workforce shortages in behavioral health. With these benefits in mind, the American Counseling Association is excited to endorse the Counseling Compact and urges your support in the passage of this critical legislation.

Sincerely,

Shawn Boynes
CEO

SB 2187 Testimony of Dan Logsdon, Director of the National Center for Interstate Compacts at The Council of State Governments.

My written testimony responds to inquiries from the North Dakota Board of Counselor Examiners. The National Center for Interstate Compacts (NCIC) is serving as interim secretariat for the Counseling Compact Commission.

1. What are the fees the compact commission will charge to the NDBCE and licensees? No specific information has yet been provided.

   The Commission for the Counseling Compact met for the first time in October 2022. It is currently drafting rules and bylaws. I believe the Commission will set the Commission fee for the compact privilege in the coming months – a member state has the freedom to determine the fee it charges for a compact privilege. Like all existing licensure compacts, the Counseling Compact Commission will very likely receive financial support from national organizations. At least one organization has committed to supporting the Commission's operations and other organizations are in discussions with the Commission Chair. I cannot make a guarantee that the commission will not assess member states, however, the availability of outside support makes an assessment unlikely in the near term. Currently, only two licensure compacts assess states. The Nursing Compact (NLC) assesses member states $6,000.00 a year. The other licensure compact with a state assessment is PSYPACT, which has a sliding scale for assessments based on the number of privilege holders in a member state. North Dakota is a member of the NLC and PSYPACT.

   Additionally, North Dakota is a member of 5 national compacts that assess member states – The Military Children's Compact Commission (MIC3), The Interstate Compact on the Placement of Children (ICPC), The Interstate Juvenile Compact (IJC), The Interstate Compact for Adult Offender Supervision (ICAOS), and the Emergency Management Assistance Compact (EMAC).

2. What is the definition of who the compact applies to? Would it apply to people who are not licensed by the NDBCE?

   Please see the definition of "Licensed Professional Counselor" – the compact applies to licensees in a member state who can independently assess diagnose and treat. I believe that the compact would apply only to those who hold a license issued by the NDBCE.

3. What is the national test or tests the compact will use to meet qualifications for licensure? No information has yet been provided on this front.

   CSG facilitated the development of the Counseling Compact. One of our "best practices" is to not specifically name a national exam in the compact language. Rather, we believe it is prudent to allow the Commission to name an exam by rule. The reason for this is to allow the member states the ability to keep the compact evergreen if a national test were to change or go away. A number of compacts follow this practice, including the PT Compact. It is our understanding that almost all licensing boards use one of the two exams offered by NBCC - most use the NCE but a few use the clinical mental health test.

4. What would NDBCE need to provide administratively, and would there be any changes or adjustments to the NDBCE's workload if joining the compact?

   The Counseling Compact followed the model first used by the PT Compact. Given that North Dakota is a member of the PT Compact, I think the North Dakota PT Board could provide insight about any administrative changes/adjustments to NDBCE's workload. Anecdotally, it is our understanding that the compact does not increase a board's administrative workload but, again, I would direct the NDBCE to the ND PT Board as they are in a better position to speak to this question.

5. The compact seems to have a lack of flexibility in that if a board or state changes one word in it, they are in violation of the compact.

   States cannot change the language of interstate compacts substantively. This isn't something that is exclusive to the Counseling Compact. It is a unique feature of all interstate compacts. Interstate compacts are essentially "contracts" between states and, thus, the states must enact the same provisions – a bank doesn't have a different copy of a mortgage than the homeowner. As we alluded to above, North Dakota is a member of 6 interstate licensure compacts (the Nurse Licensure Compact, the Interstate Medical Licensure Compact, PSYPACT, the PT Compact, the EMS Compact and the APRN Compact), 5 national compacts, and many other compacts which followed the same process for enactment.

Members of the Workforce Development Committee,

My name is Emily Coler Hanson and I am a Licensed Marriage and Family Therapist in North Dakota and Minnesota. I ask that you pass SB 2187. Although this bill will not directly impact me personally, there are huge benefits to the mental health field as a whole and for the citizens of North Dakota.

The Counseling Compact will allow for:
-Easier hiring as we will have a larger pool to draw from
-Higher quality of care. If someone has a violation on their license, they are not allowed to participate in the compact.
-Ease for consumers. Clients will be able to see their same provider if they travel or move out of state.
-Easier to find coverage for low service areas.
-Reduced cost for providers as maintaining multiple licenses is expensive, time consuming, and CEU reporting in multiple places is cumbersome.

Each state still has the authority to regulate the profession, but allows for more providers to participate without extra hoop jumping.

I strongly encourage you to pass SB 2187.

Thank you for your consideration.

Emily Coler Hanson, LMFT
Fargo, ND

TESTIMONY OF
MAJ JAY SHELDON
NORTH DAKOTA NATIONAL GUARD
BEFORE THE
SENATE WORKFORCE DEVELOPMENT COMMITTEE
16 FEBRUARY 2023
SENATE BILL 2187

Good morning, Chairman Wobbema, members of the committee, I am Jay Sheldon, Strategy and Policy Officer for the North Dakota National Guard (NDNG) and administrator for the Task Force for Military Issues in North Dakota (TF MIND). I am here today to testify in support of Senate Bill 2187.

I would like to take a moment to explain TF MIND. It is a Governor's appointed task force chaired by the Lt. Governor with members from around North Dakota with a focus on Minot, Grand Forks, Fargo, and Bismarck, communities with the largest military footprint. The group normally meets twice a year and discusses issues that impact military members and their families in North Dakota. TF MIND has used a Department of Defense website that lists the top issues, heavily focused on occupational licensing and military children.

A Department of Defense remains focused on the removal of barriers military spouses face when trying to sustain their professional careers, despite the mobile lifestyle.

The North Dakota military community is grateful for the previous adoption of four compacts: the Enhanced Nurse Licensure Compact, Physical Therapy Licensure Compact, Advanced Practice Registered Nurse Compact, and the Emergency Medical Services Licensure Compact.

The Compact will help counselors by affording them greater ease of mobility, cutting drastically the time needed for authorization to practice in a new state. The Compact will also create new market opportunities for counselors. The Compact will help clients by improving continuity of care when clients or counselors travel or relocate.

Participating in the counselor compact increases access to mental health service, improves continuity of care, streamlines licensing processes, and increases professional mobility.

We are amid a period when there is a greater need for services of this type then there are providers available for the general population with even fewer available for military members and their families. This would be an impactful step in gaining or retaining those services for North Dakotans in need.

The efforts the North Dakota Legislature are appreciated by the military community. Thank you for your consideration of SB 2187.

I stand for questions.

UND STUDENT GOVERNMENT
UNIVERSITY OF NORTH DAKOTA

Faith Wahl | UND Student Body President
Faith.wahl@und.edu | 701.426.9123

Senate Bill 2187
Senate Workforce Development Committee
February 15th, 2023

Chairman Wobbema and Members of the Senate Workforce Development Committee,

My name is Faith Wahl, and I serve as the Student Body President at the University of North Dakota (UND). I am submitting testimony in favor of SB 2187, relating to the adoption of the counseling compact.

When considering SB 2187 and the positive impacts that it can have for North Dakota, I want to ensure that the voice of higher education students is considered. Students at UND and across the state currently have a great need for behavioral health services, which has only been exacerbated by the pandemic. The 2018 North Dakota Student Wellness and Perception Survey (ND SWAPS) [1] indicated that 17.5% of students reported being diagnosed with a major depressive disorder and 24.3% reported being diagnosed with generalized or social anxiety disorder. With roughly one in five students having a diagnosable mental health disorder, the need for licensed counselors to serve the student population is more important than ever. At UND's University Counseling Center (UCC), a student currently waits an average of three weeks between appointments with their assigned counselor. While UCC desires to help and serve more students, restrictions on licensure and limited staffing inhibit the ability to adequately serve students in need.

Based on the great need that students at UND are exhibiting, North Dakota would benefit from policies and legislation that will help recruit and retain licensed and professional mental health professionals for the state. SB 2187 establishes a counseling compact that would allow licensed professional counselors to serve individuals from other states that are a part of the compact. At UND, there are several students who do not have access to mental health services through the University Counseling Center because the counselors employed are not licensed in

[1] https://und.edu/student-life/wellness-center/_files/docs/health-promotion/und_institutional-report_2018.pdf

their home state. The adoption of the counseling compact outlined in SB 2187 would allow these students to seek services by the counselors that are willing to comply with the parameters outlined in Article IV (page 6) of SB 2187. At this time, around 80% of students are able to receive free services at the UCC based on the licensure of the practicing counselors, but the remaining 20% of students are forced to utilize off-campus resources where they may be faced with costly insurance premiums or other obstacles to receiving necessary care. Adopting the counseling compact would provide students the opportunity to receive consistent, convenient, and quality care that they need to be successful throughout their education.

In addition to being able serve students that are currently not able to receive free counseling services at UND, SB 2187 would expand telehealth opportunities for students at UND. Following the COVID-19 pandemic, students are opting to receive telehealth services for mental health visits as opposed to visiting a provider for services. When students return to their home states for winter break, spring break, or other time away from campus, they may be unable to receive telehealth services if they are not a resident of one of the states that UCC is able to serve. If SB 2187 were to pass, this barrier would be eliminated and students would have increased access to care through telehealth options. Furthermore, with the national audience that UND attracts through aerospace, engineering, medicine, law, and other high quality programs, expanded telehealth services would serve as a recruitment tool to help bring students to North Dakota for their education and career.

Chairman Wobbema and members of the Senate Workforce Development Committee, I respectfully request a Do Pass recommendation on SB 2187. Thank you for your time, and I am available to answer any questions.

Respectfully submitted,

Faith Wahl

[1] https://und.edu/student-life/wellness-center/_files/docs/health-promotion/und_institutional-report_2018.pdf

House Human Services Committee
Testimony In Support of Senate Bill #2187
3-6-23

Chairman and Members of the Committee.

For the record, my name is Paula Condol. I am the Director of the Dakota Children's Advocacy Center, here in Bismarck, Dickinson, McKenzie County, Jamestown and Standing Rock. I am also a Licensed Professional Clinical Counselor and Supervisor. I am here today to ask for your support for Senate Bill 2187.

The Dakota Children's Advocacy Center is one of the Children's Advocacy Centers across the state committed to improving the response to child abuse. Each CAC is a community partnership that utilizes a comprehensive multidisciplinary team approach in supporting alleged victims and investigations of child abuse. We provide many services to child victims and their family members using evidenced based practices, all free of charge to the families. Sensitivity to the needs and abilities of children is the hallmark of the children's advocacy center model which is utilized at Children's Advocacy Centers all over the country. In 2022 my center provided services to over 900 individuals, including mental health services to the victims, parents, and siblings. Over half of these counseling services were provided over telehealth to rural and underserved regions across the state.

The Counseling Compact will have many benefits, that I am sure that you have heard today. It will allow for counselor mobility (which can help us retain employs), it increases access to care for clients, and can ensure continuity of care for the client who moves or relocates. However, I think it is important to note that the Counseling Compact will also greatly benefit and improve the mental health needs of children in our state. Many of the children that we work with come from split homes and it is very common that one parent lives in one state and the other parent lives in another.

Currently as our licensure stipulates, we are only able to provide services in the state that we are licensed. What that means for kids who are shuffled back and forth between two households is a disruption of services, which often translates to increased stress, difficulty sleeping, eating, and behavior problems. Unfortunately, it is a very common occurrence, every May several of our clients, in the middle of working through their horrific trauma, are forced to just stop services with someone they have built a rapport and trust with. Most of these kids are unable to "pick up services" in the other state due to long waitlists and they spend the summer struggling with lack of support. Almost always, when they return services need to start over as trust was lost and skills have waned. We also have many families that move in the middle of services due to jobs, schooling and sometimes just wanting to get away from the place where the abuse happened. Being able to provide continuity of services for these children and families would have an enormous impact on both them and their families.

I am also supportive of the amendment to the bill that would allow Psychologists to provide supervision to counselors. According to the North Dakota Board of Counselor Examiners there are only 63 certified supervisors available the state, this includes several supervisors with limited availability, and those like myself who only have the time to supervise those at their place of work. In the couple of weeks alone I had two counselors reach out looking for a supervisor, both of whom sounded exhausted in the their search for someone who could help. Finding supervision is difficult and in a state that is in dire need of mental health professionals, it only makes sense to broaden the scope of supervision.

Chairman and Members of the Committee, thank you for allowing me the opportunity to testify before you today, I appreciate your support and I am happy to try and answer any of your questions.

2023 Senate Bill 2187
House Human Services Committee
Representative Robin Weisz, Chairman
March 6, 2023

Chairman Weisz and members of the House Human Services Committee, I am Tim Blasl, President of the North Dakota Hospital Association. I testify in support of SB 2187 and ask that you give the bill a **Do Pass** recommendation.

Hospitals support this bill because it helps with our number one challenge: workforce. Residents of North Dakota will benefit from increased access to counseling services, which are invaluable to the well-being of our residents. The process of applying for an equal counseling license in a neighboring state with reciprocity is expensive, and a state without reciprocity is both repetitive and costly. Joining the Compact is a proactive step to reduce this burden and grow our counselor workforce.

The Counseling Compact is an interstate compact allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses. This will help counselors by affording them greater ease of mobility and cutting the time needed for authorization to practice in a new state. The Compact will also create new market opportunities for counselors.

The Compact will help patients by improving continuity of care when clients or counselors travel or relocate. And the Compact will help the public by ensuring that member states rapidly share investigative and disciplinary information and cooperate in investigations of misconduct by practitioners, when necessary.

North Dakotans deserve improved access to mental health treatment, and we need to work collaboratively to reduce wait times for licensing of these important health care professionals. It will allow out of state providers to provide support by obtaining temporary licensure. Likewise, counselors licensed in North Dakota can strengthen their practices by

providing services to individuals in states with higher populations and increased need for counseling services.

Thank you for your consideration in joining 17 other states that have already decided to improve access to healthcare for their residents, military families, those in residential and hospital settings out of state, and rural communities by joining the Compact.

Please give the bill a **Do Pass** recommendation.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

Chairman Weisz and House Committee on Human Services,

I am here to introduce and provide supporting testimony for SB 2187. The purpose of this bill is to allow North Dakota to enter into the Counseling Compact, with the goal of improving access to counseling services for residents in our state.

Summary of SB 2187:

- Allows North Dakota to enter into the Counseling Compact, an interstate compact that allows licensed professional counselors to practice in multiple states without needing to obtain additional licenses.
- Increases access to care for North Dakota residents by allowing licensed professional counselors from other participating states — both in-person and via telehealth — to practice in North Dakota without having to obtain a new license.
- Creates uniform standards for the training, licensure, and practice of licensed professional counselors across participating states.
- Establishes a shared interstate licensure data system, allowing for near-instant verification of licensure status.
- Enhances public protection by ensuring that member states share information with one another.
- Affords greater ease of mobility for licensed professional counselors and creates new market opportunities for counselors.

SB 2187 represents an important step forward in addressing the mental health needs of North Dakota residents, and I respectfully ask for your support. If you have any questions or concerns about the bill, please do not hesitate to contact me.

Thank you for your time and consideration.

Sincerely,

Sean Cleary
North Dakota Senate
District 35 — Bismarck

SANFORD HEALTH

House Human Services
Representative Robin Weisz, Chair
March 6, 2023
SB 2187

Good morning, Chairman Weisz and members of the House Human Services Committee. For the record, I am Dr. Jon Ulven and I am a licensed psychologist with Sanford Health Fargo where I serve as the Adult Psychology Department Chair and have the honor of providing clinical care to patients and supervising psychology residents as they train to become part of the behavioral health workforce. In addition, I am the co-training director for a new pre-doctoral internship training program we are launching this fall. I have been with Sanford Health for over 18 years, and I grew up in rural North Dakota.

I am a longtime member of the North Dakota Psychological Association, and I am also a former member of the N.D. State Board of Psychologist Examiners.

Thank you for the opportunity to testify in support of SB 2187, a bill that would allow North Dakota to join the Professional Counselors Interstate Licensure Compact. By providing a mutual recognition of other state licenses, the compact is an important workforce tool.

North Dakota, like every other state, is facing a mental health crisis. Unfortunately, our state has its fair share of mental illness, but less than our fair share of behavioral health professionals. Based upon information from the National Alliance on Mental Illness:

- 108,000 North Dakotans have a mental health condition
- 28,000 North Dakotans have a serious mental illness
- 29,000 had suicidal thoughts in the past year; we lost 147 people in ND to suicide in 2021
- More than half of North Dakotans ages 12-17 who have depression do not receive any care
- 303,000 people in North Dakota live in a community that does not have enough mental health professionals

The answer to addressing our state's behavioral health provider shortage is multifaceted, but I believe that we owe the citizens of North Dakota access to high quality services that are appropriately regulated. Licensure compacts are a proven tool to ease the burden of vetting out-of-state license applications and expediting what is otherwise often times a slow process.

I would also like to offer my support for the amendment offered by Senator Cleary.

The amendment would add psychologists as a mental health professional qualified to supervise licensed associate professional counselors (LAPCs) and licensed professional counselors (LPCs) as they work towards the next level of licensure in their profession.

This supervision modification was discussed and broadly supported at a North Dakota behavioral health workforce development task force meeting last fall (WICHE draft report attached to my testimony). Currently, North Dakota limits primary supervision to licensed professional clinical counselors (LPCCs) who have completed supervisory training. Based upon my colleagues' efforts to connect with local training programs, we estimate NDSU, UND and MSUM gradate 50 masters-trained clinical counselors every year. As a department chair, I have experienced the challenges of providing in-house supervision to ensure safe, quality work and to further develop the skills of a master's prepared therapist while knowing that my hours of supervision don't count toward licensure. In addition, the individual therapists had to pay for supervision from licensed therapists outside our organization.

Further, the majority of states allow psychologists and other mental health professionals to serve as supervisors. Minnesota is one of these states, and as of last July, I am qualified to supervise Licensed Professional Counselor (LPC) applicants and licensees and Licensed Professional Clinical Counselor (LPCC) applicants. Two of my colleagues have done the same. It would be our honor to have the opportunity to serve as primary supervisors for our North Dakota-educated LPCs who wish to practice in North Dakota. As you well know, if we are able to provide training for North Dakota students in our North Dakota locations we are far more likely to keep them in North Dakota upon training completion.

In conclusion, I ask for support of SB 2187 and the amendment. Licensure compacts are an established, low cost, and effective strategy to increase access to high quality behavioral health services in our state for our patients and their families. And by modifying the state's counseling supervision requirements to include psychologists you will help expand safe, high-quality training opportunities for North Dakota counselors.

Thank you for your consideration. I would be happy to answer any questions.

Jon Ulven, PhD, Licensed Psychologist
Sanford Health Fargo
Jon.Ulven@SanfordHealth.org
Member of North Dakota Psychological Association

NORTH DAKOTA BEHAVIORAL HEALTH WORKFORCE: *Next Steps*

October 2022

WICHE
www.wiche.edu/behavioralhealth

Working Draft

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Acknowledgements

The Western Interstate Commission on Higher Education Behavioral Health Program (WICHE BHP) wishes to acknowledge the members of the North Dakota Behavioral Health Strategic Plan's Aim 7 committee for their leadership role in creating the plan for this project, and their time, energy, and commitment to the cause of moving forward the work on behavioral health workforce in North Dakota. WICHE BHP especially recognizes and thanks Rebecca Quinn, Mandi-Leigh Peterson, Heather Brandt, and Lacresha Graham for their crucial roles in giving direction and assistance to this project, and as the Aim 7 Committee's points-of-contact.

Aim 7 Committee:
Rebecca Quinn, Center for Rural Health, University of North Dakota
Mandi-Leigh Peterson, Healthcare Workforce Initiative, UND School of Medicine & Health Sciences
Lacresha Graham, Behavioral Health Division, Department of Health and Human Services
Heather Brandt, Behavioral Health Division, Department of Health and Human Services
Tami Conrad, Behavioral Health Division, Department of Health and Human Services
Stacy Kusler, Center for Rural Health- Primary Care Office, UND School of Medicine & Health Sciences
Karen Bernhardt, Center for Rural Health, University of North Dakota
Kalee Werner, Primary Care Office, Department of Health and Human Services
Laura Anderson, Behavioral Health Division, Department of Health and Human Services
Kurt Snyder, Heartview Foundation
John Butgereit, North Central Human Service Center
Sonja Bauman, Healthcare Workforce Initiative, University of North Dakota
Kelly Nagel, Systems and Performance, Department of Health and Human Services
(Bevin Croft and Ebony Flint of the Health Services Research Institute)

Additionally, our sincere appreciation is extended to the dozens of key stakeholders and community members who contributed their time and input for stakeholder interviews, as well as the dozens of North Dakotans who gave of their time, expertise, and experience to participate in the North Dakota Behavioral Health Workforce Summit.

Working Draft

Background and Purpose

This report—*North Dakota Behavioral Health Workforce: Next Steps*—is the result of a collaborative project of the Aim 7 Committee, which was established through the North Dakota Behavioral Health Strategic Plan, and the Western Interstate Commission on Higher Education's Behavioral Health's Behavioral Health Program (WICHE BHP). The project included multiple objectives: research of past and current behavioral health workforce efforts in North Dakota; key stakeholder interviews; planning and hosting of a Summit with community stakeholders; and, the reporting of a draft strategic plan and recommendations.

Behavioral Health Strategic Plan and Aim 7 Committee

For the past 15-plus years, behavioral health and workforce stakeholders have sought to understand and improve the behavioral health workforce situation across North Dakota. As early as 2007, North Dakota's behavioral health workforce stakeholders gathered in Bismarck at a Search Conference to discuss the workforce issues then faced. A report prepared by the Schulte Group in 2014 also included issues related to the behavioral health workforce. In 2015 and 2016, the state conducted a behavioral health assessment process resulting in a comprehensive report on gaps and related recommendations. From that report, the state acknowledged the need for a focus on behavioral health workforce and then conducted a thorough discovery and development of a behavioral health strategic plan in 2018. This first iteration of the plan included 13 goals (or "aims"), with the seventh one directed to addressing the behavioral health workforce gaps and needs identified.

Exhibit 1. Thirteen Categories from North Dakota Behavioral Health System Study

APRIL 2018 BEHAVIORAL HEATLH SYSTEM STUDY

Served as a component of interim legislative committee studies during the 65th Legislative Interim.
This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

1. **Develop a comprehensive implementation plan**
2. **Invest in prevention and early intervention**
3. **Ensure all North Dakotans have timely access to behavioral health services**
4. **Expand outpatient and community-based service array**
5. **Enhance and streamline system of care for children and youth**
6. **Continue to implement/refine criminal justice strategy**
7. **Engage in targeted efforts to recruit/retain competent behavioral health workforce**
8. **Expand the use of tele-behavioral health**
9. **Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches**
10. **Encourage and support the efforts of communities to promote high-quality services**
11. **Partner with tribal nations to increase health equity**
12. **Diversify and enhance funding for behavioral health**
13. **Conduct ongoing, system-side data-driven monitoring of needs and access**

The Aim 7 goal was to: "Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce." Within Aim 7 in the 2018 Final Report, the following were the recommendations:

7.1 Establish single entity for supporting workforce implementation (Short Term)
7.2 Develop single database of statewide vacancies for behavioral health positions (Short Term)
7.3 Provide assistance for behavioral health students working in areas of need in the state (Short & Long Term)
7.4 Raise awareness of student internships/rotations (Short & Long Term)
7.5 Conduct comprehensive review of licensure requirements/reciprocity (Short Term)
7.6 Continue establishing training/credentialing program for peer services (Short Term)
7.7 Expand credentialing programs to prevention/rehabilitation practices (Short & Long Term)
7.8 Support a robust peer workforce through training, professional development, competitive wage (Short & Long Term).

As the work progressed and some recommendations were completed, Aim 7 was revised and updated to reflect both the progress made and other needs having been identified since the publishing of the report in 2018. By April 2021, the committee and stakeholders had accomplished 13 percent of the objectives within the Aim. By October of that year, 40% of the objectives were achieved.

By April 2022, 75% of the work assigned under Aim 7 had been accomplished. Revisions were made to the Aim, changing from five goals and 15 objectives to 12 Action Steps, three Goals, and six Objectives.

Exhibit 2. Aim 7, October 2021 Dashboard

Exhibit 3. Aim 7, April 2022 Dashboard

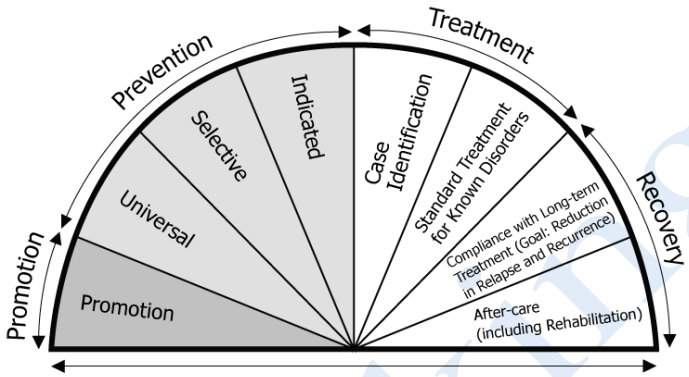
The prior action step of convening a Behavioral Health Workforce Collaborative remained. Notably, the first objective (7.1) had an additional action step added: "Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Summit."

Working Draft

Between May and September 2022, the Aim 7 committee worked with WICHE BHP to review the behavioral healthcare workforce efforts to date; design and plan for the Summit; and, participate in—and recommend others to participate in—key stakeholder interviews. The committee spent significant time developing the agenda with WICHE BHP, with an emphasis on ensuring that there was sufficient opportunity for attendees to learn about current and past behavioral healthcare workforce efforts throughout the state and also to provide input from their organizational or community perspectives. Additionally, the committee sought to allow for enough time in the agenda to allow for a framework for a strategic plan to develop, while also respecting attendees' time and energy by keeping the Summit to 12 hours over a two-day span.

Key Stakeholder Interviews

Interviews were held over the summer and early autumn. Key stakeholders represented a cross-section of North Dakota, including community- and state-based providers, mental health and substance abuse services, organizational position, and geography. These interviewees also represented every component of the continuum of care, from promotion through recovery. All interviews were conducted virtually, with some as one-on-one and others in groups, at a date and time chosen by the interviewees. Most interviews were an hour in length, although a few exceeded that timeframe, and a few were limited to 30 minutes. Interviewees were asked four broad questions: 1) What is top of mind when it comes to North Dakota's behavioral health workforce?; 2) What information and data best informs their perspective(s)?; 3) What one change would they make to either improve the behavioral health workforce environment or to mitigate known problems?; and, 4) Who else should be interviewed?



A multitude of perspectives and information were gained from these interviews. Seemingly no specific behavioral health workforce issue was left unidentified; taken as a whole, every aspect of the continuum was discussed, from promotion through recovery. Issues were broadly identified as the following:

- ✓ Primary/secondary student recruitment to behavioral health workforce
- ✓ Funding for services and workforce initiatives
- ✓ Career pathway development
- ✓ Career satisfaction
- ✓ Competition for workforce between organizations
- ✓ Internship and supervisory costs
- ✓ Loan repayment
- ✓ Data

- ✓ Occupational licensing boards capacity and coordination
- ✓ Scope of practice and credentialing
- ✓ Executive and legislative, statewide, state-to-local, local-to-local cooperation and coordination

These issues fell into four broad categories:

1. Collaboration, coordination, integration
   a. Strategy development and implementation infrastructure
   b. Data, including on varying initiatives and costs
   c. Accountability for decisions, gathering feedback, measuring impact
2. "Pipeline" and workforce recruitment and retention programs
3. Licensure, credentialing, and certification
4. Funding, capacity building, and other resources

The Summit

The Summit was held on September 25 and 26 in Bismarck. The Summit was open to all in the community, with key stakeholders contacted individually as necessary to ensure their participation. Across the two days, there were over 60 attendees hailing from all areas of the state. The intent of the Summit was threefold: 1) Review past and current (or anticipated) behavioral health workforce efforts; 2) Learn of behavioral health workforce efforts from other states; and, 3) Identify specific action steps toward creating a strategic plan.

There were five distinct "desired outcomes" for the Summit:

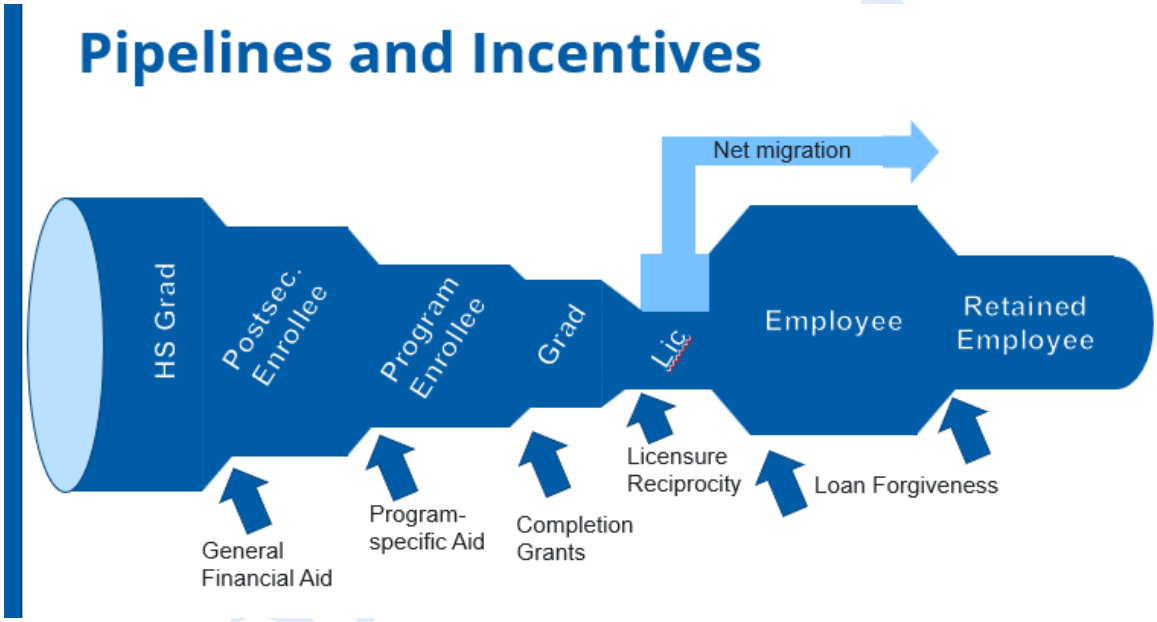
Desired Outcome #1: Prioritized list of workforce issues
Desired Outcome #2: Agreement on a consolidated list of prioritized work force issues
Desired Outcome #3: A list of workforce issues recommendations with respective recommendation action steps
Desired Outcome #4: Agreement on a consolidated list of work force issues recommendations with respective recommendation action steps
Desired Outcome #5—Agreement on Next Steps: A process for development of a draft strategic plan, drawing from this Workforce Summit's work products:
○ Workforce issues
○ Workforce issues recommendations with respective recommendation action steps

The agenda was designed to provide both sufficient time as a whole group to learn and raise issues, as well as small group opportunities for more in-depth discussion. Further, the agenda was tailored to offer strategic planning frameworks, including those in use by North Dakota in other efforts and from other states, such as the Behavioral Health Workforce Employment and Training project out of Plymouth State University. Importantly, participants were guided toward identifying overarching categories, goals, objectives, and

action steps. Emphasis was placed on answering as many of the following questions as possible about these recommendations and action steps: Who, When, Why, Where, and How. In particular, the breakout groups were asked to consider and identify timeframes for each of these levels and the 'who'. That is, to give some thought to the entity or entities, or groups that should lead and/or implement these action steps. All of the Summit documents, including key reference material (e.g., North Dakota Behavioral Health Strategic Plan), were uploaded to an unique website for participants and the general public to access: **https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/**.

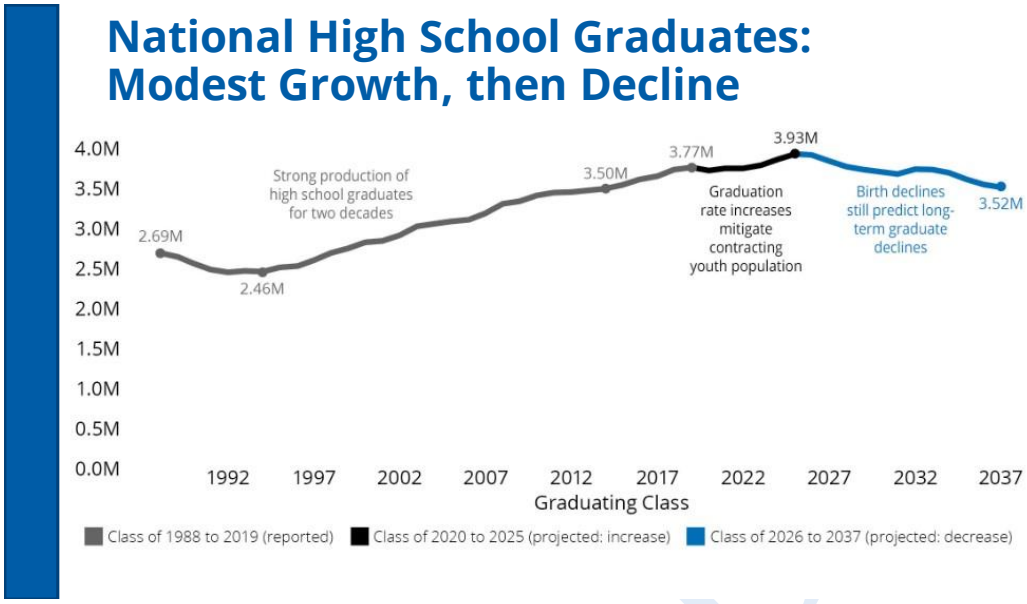
WICHE BHP presented data on the overall workforce environment across the WICHE states from a higher education and 'pipeline' perspective.

Exhibit 4. Conceptual workforce pipeline and "leakage"



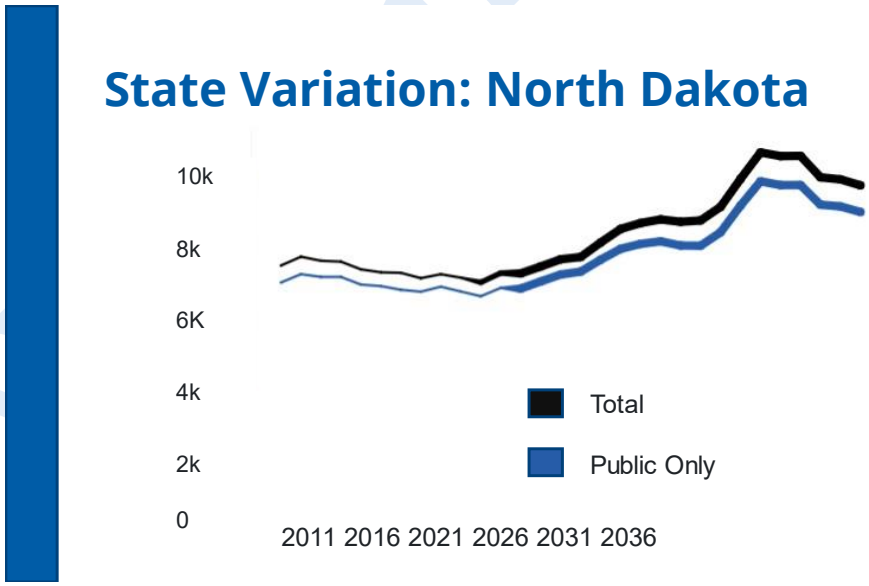
Participants reviewed data showing areas of challenge and opportunity in North Dakota. Information presented showed that North Dakota, while faced with declining enrollment and completion rates as are neighboring states, also had possible competitive advantages. North Dakota is showing an increase in the population that is becoming workforce eligible, a result of the early-century oil boom and aging of children born since—an increase not seen in its neighbors:

Exhibit 5. National High School Graduation Rates



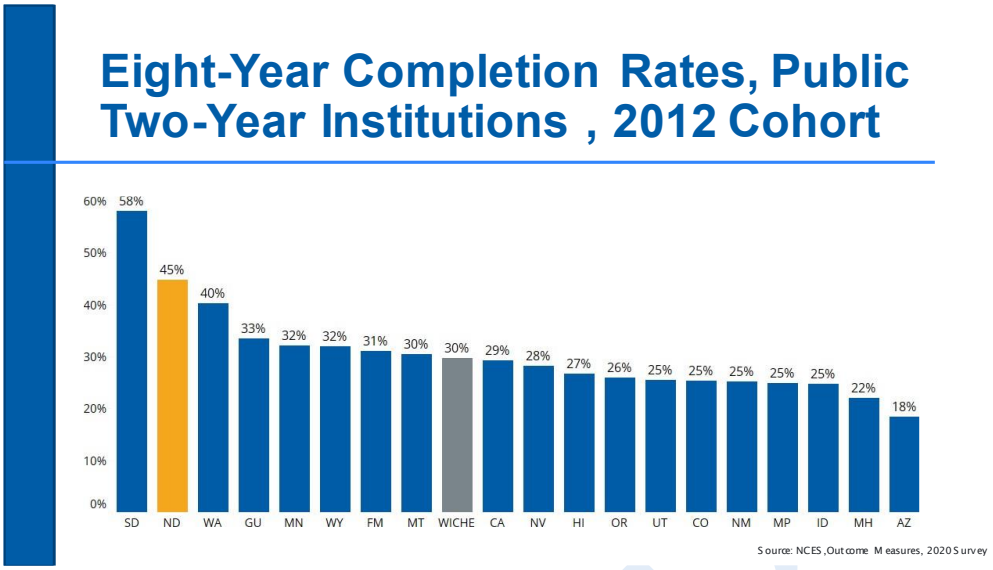
These high school graduates are not the only source of potential behavioral health postsecondary students—adults increasingly make up a big chunk of postsecondary enrollees. However, they are representative of a potential source of employees for the behavioral health workforce. This trend is slightly different in North Dakota (below); however, the trend accelerates later but is steeper and longer.

Exhibit 6. North Dakota High School Graduation Rates



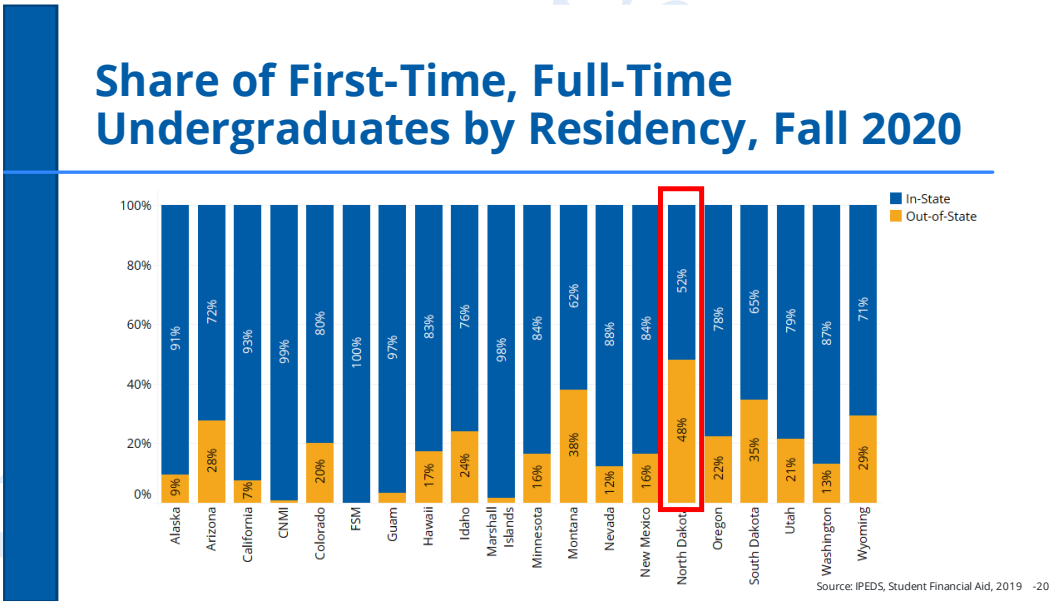
North Dakota is also witnessing a higher completion rate for two-year institutions than all but South Dakota in the western U.S.:

Exhibit 7. North Dakota High School Graduation Rates



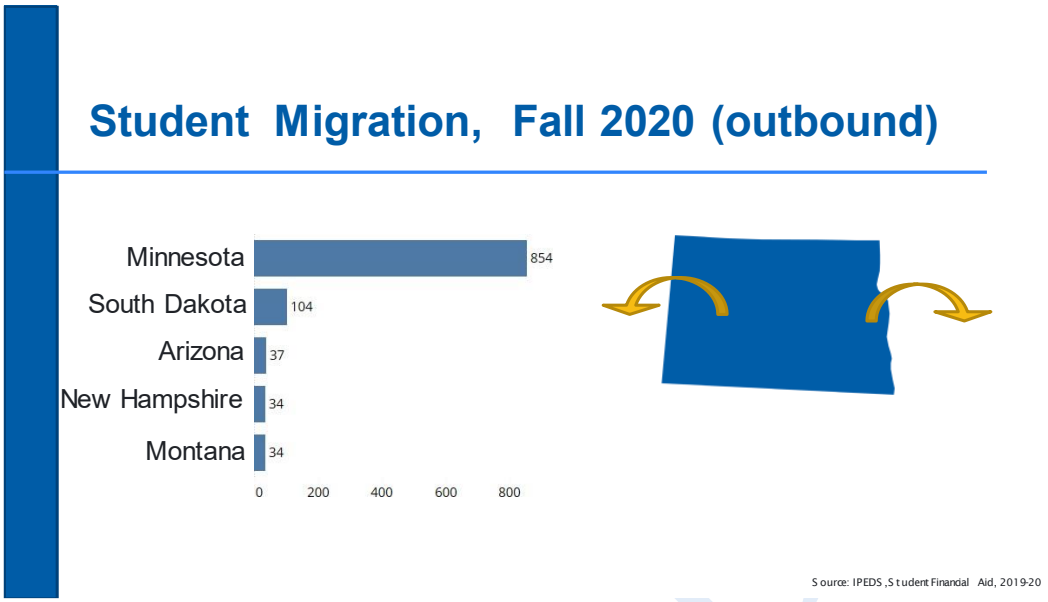
A challenge noted, however, is that North Dakota has a lower percentage of undergraduates who reside in North Dakota:

Exhibit 8. Residency of Undergraduates, Fall 2020



And while Minnesotans comprise the vast majority of student in-migration to North Dakota for college, they also are the largest number of students migrating out of North Dakota after graduating.

Exhibit 9. Student Outbound Migration



National and North Dakota Behavioral Health Professionals Data

Information was presented touching on some of the behavioral health professional trends and projections in North Dakota and nationally. Several of the maps contained in *The Behavioral Health Workforce in North Dakota: A Status Report, Behavioral Health Workforce Implementation Plan, Sixth Biennial Report (2021)* were presented, including this one displaying the vast parts of North Dakota considered Health Professional Shortage Areas (Exhibit 10).

According to the Health Resources and Services Administration's National Center for Health Workforce Analysis (Exhibit 11):

"Between 2017 and 2030, the total supply of all psychiatrists is projected to decline as retirements exceed new entrants. Rapid growth in supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists, but not fully offset it. In 2030, the supply of these three types of providers will not be sufficient to provide any higher level of care than the national average in 2017, which does not fully meet need….

Further, the results here illustrate that the nation is producing many social workers trained at the master's level…modeling results suggest that if current trends continue, the overall national supply of social workers will grow rapidly and through 2030 should be more than sufficient to meet demand. However, the role of social workers in care delivery continues to evolve. To the extent that the nation relies greatly on social workers in a patient-centered medical home model that better integrates behavioral health and primary care, the increase in demand for social workers could be substantially higher than the projections in this report."

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Exhibit 10. Health Professional Shortage Areas—Mental Health

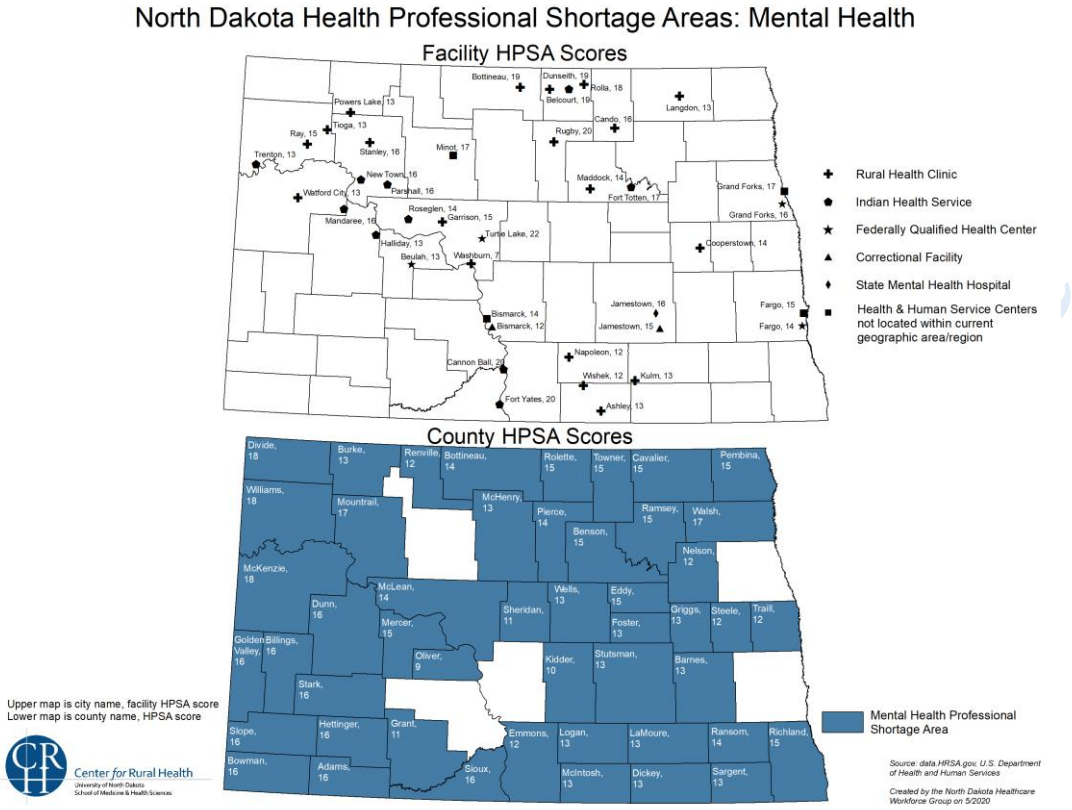


Exhibit 11. HRSA Behavioral Health Workforce Projections

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
Supply [a]										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
New entrants, 2017-2030	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
Attrition [b]*, 2017-2030*	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
Change in work patterns [c]	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
Demand										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 [d]	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
Adequacy of Supply, 2030										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990

Notes: All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

[a] For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

[b] Includes retirements and mortality.

[c] For example, changes from full-time to part-time hours, or vice versa.

[d] Demand growth reflects changing demographics.

Best Practices

Summit participants were provided with ideas and considerations that have been found important in other states' successful workforce efforts and that should be addressed regarding North Dakota behavioral health workforce efforts:

- Where workers are needed rarely coincides with where workers are educated and trained
- Typical recruitment strategies for professionals focus at the end of the pipeline, or post-graduation, and seek to entice relocation
- Too often higher education views rural/remote learners as "place bound" and not as "community or place committed"
- Need to seek ways to engage place committed learners, extend education and training opportunities to them, and develop local workforce where they are needed

Examples from other states included a 2 + 2 degree initiative (Northern Mariana Islands and University of Alaska-Anchorage), providing degree opportunities while leveraging community-committed students who are far more likely to return home to provide services; Community Behavioral Health Aide credentialing in both Alaska and Minnesota, career development options for extending both the professional career pathway and serving rural and tribal areas that have less access to services; and, the Future Health Professionals program, formerly known as Health Occupations Students of America (HOSA), that promotes careers in all health fields and that is currently in operation in North Dakota.

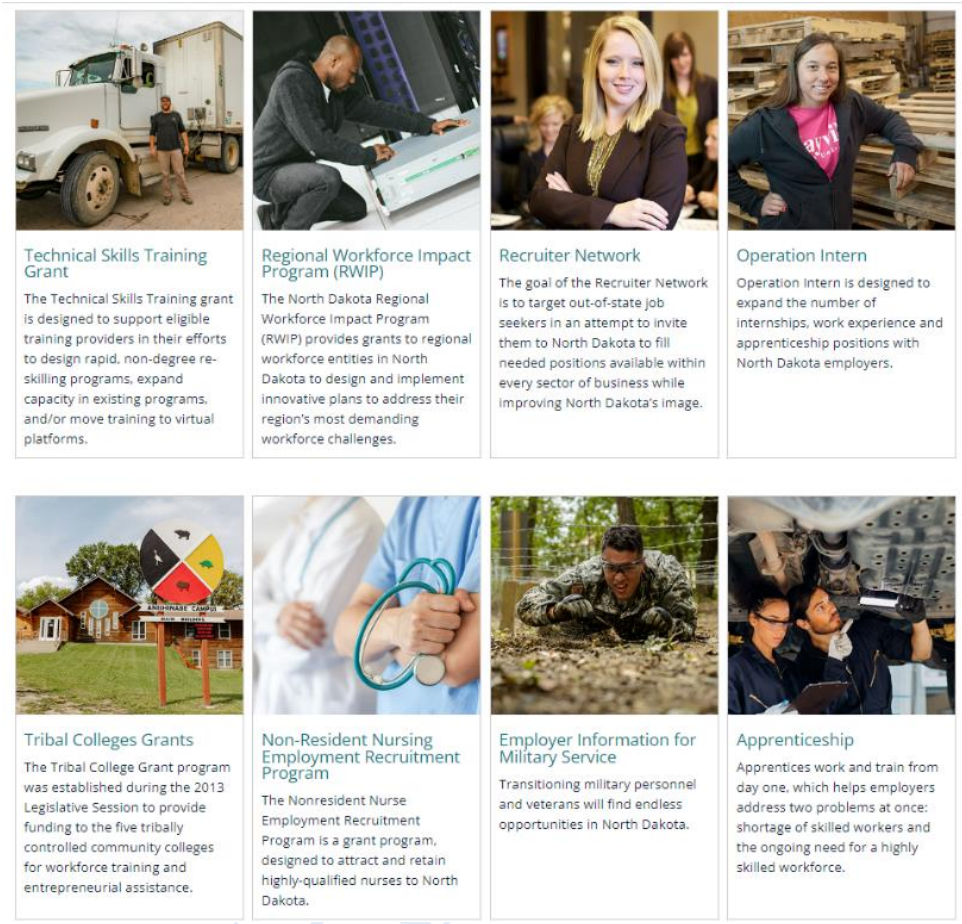
Behavioral Health Workforce Initiatives

A number of relevant existing workforce initiatives and various health- and workforce-related plans were noted. These included the Department of Commerce's efforts and the Workforce Development Council, and the State Health Improvement Plan. The Department of Health and Human Services' workforce-related initiatives were also presented:

- 1915i State Plan Amendment: Grants for providers to bill for Medicaid
- Peer Support Services: Certified Peer Support Specialist I and II
- Partnerships for Success: Ensuring trained workforce in prevention
- Free Through Recovery and Community Connect: Peer Support Specialists and Care Coordinators

Other workforce initiatives were discussed. Among these was the North Dakota Primary Care Office's various loan repayment programs: North Dakota Health Care Professional Student Loan Repayment Program, Federal State Loan Repayment Program (SLRP), and National Health Service Corps (NHSC). Also discussed were the workforce programs

Exhibit 12. North Dakota Department of Commerce Workforce Initiatives



Legislative committee work and legislation was presented. A sample of the recent bills and committee work included (adapted from the *Legislative Bills and Studies Relating to Behavioral Health Workforce*, https://www.ndlegis.gov/files/resource/committee-memorandum/23.9173.01000.pdf):

"Senate Bill No. 2018 (2021) - Appropriation of $250,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2125 (2021) - Relating to the health care professional student loan repayment program.

House Bill No. 1018 (2019) - Appropriation of $200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds to an organization assisting in the

recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2143 (2019) - Relating to the health care professional student loan repayment program.

Senate Bill No. 2236 (2019) - Relating to licensure and regulation of behavior analyst professionals and the regulation of applied behavioral analysts of psychologist examiners and to the Board of Integrative Health Care.

Senate Bill No. 2339 (2019) - Relating to qualification for addiction counseling licensure for an applicant licensed in another jurisdiction.

Senate Bill No. 2361 (2019) - Relating to the licensing of social workers.

Human Services Committee (2019-20 Interim)
Implementation of Behavioral Health System Study Recommendations
The committee studied the implementation of the recommendations of the HSRI study of North Dakota's behavioral health system. The committee received updates regarding the status of implementation of recommendations included in the HSRI study of the state's behavioral health system. The Behavioral Health Planning Council, in conjunction with behavioral health stakeholders, is coordinating the development of a strategic plan to implement the recommendations.

Acute Psychiatric Treatment Committee (2021-2022 Interim)
In September 2021, DHS and HSRI provided a report regarding the implementation of the recommendations from the HSRI report through July 2021. Of the 13 aims identified in the HSRI report, Aim 7 relates to the engagement in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Through July 2021, HSRI has completed 20 percent of this aim. The estimated completion date for this aim is the end of June 2022."

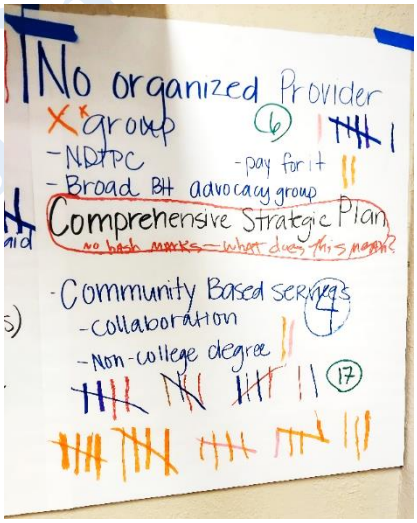
Pre-Summit WICHE BHP System-Level Recommendations

At the Summit, WICHE BHP offered three system-level recommendations for consideration and to serve as a potential starting point for discussion. These recommendations were based on the information gathered throughout the summer. And, perhaps as importantly, they are founded on recommendations that have been proposed across various workforce efforts. These efforts include the Behavioral Heath Strategic Plan, *Behavioral Healthcare Workforce Solutions in North Dakota: Improving Access to Care*, *The Behavioral Health Workforce in North Dakota: A Status Report, Behavioral Health Workforce Implementation Plan, Sixth Biennial Report (2021): Health Issues For The State Of North Dakota,* and *Behavioral Health Workforce in North Dakota: Education Requirements, Licensing Requirements, and Licensed Professionals*:

1. Create a collaborative task force—or identify and enhance an existing collaborative—to: a. Oversee and implement a state-level behavioral health workforce strategic plan; b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels; c. Evaluate, and be accountable for, strategic plan outcomes. ▪ Establish as time-limited ▪ Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps. ▪ Sufficiently support the collaborative effort, especially with appropriate staffing levels.
2. Identify and coordinate and/or integrate workforce relevant data collection, reporting, and analysis.
3. Review and assess the full costs to agencies and providers to implement strategic workforce initiatives.

Priority Workforce Categories

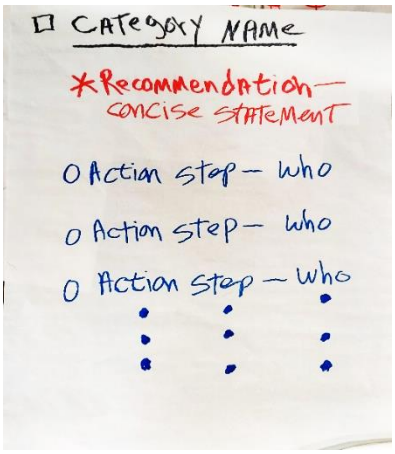
Given the relatively short length of the Summit and the diversity of organizations and areas of interest of the participants, direction was provided to first focus on identifying and adopting a recommendation about which categories of behavioral health workforce should be prioritized. These categories, which were to be developed further with goals, objectives, and action steps, are representative of what was at the top of mind for the group, and, in a general sense, align with what key interviews revealed. In some cases, one or more breakout groups went deeper or were more detailed with one or more of the categories. The participants did not rank order or prioritize these categories, although the timing of the implementation of some of the recommended objectives was discussed.



After the first round of breakouts on the first day, there were 20 sheets of potential categories and possible goals, objectives, or action steps. The participants spent the last plenary session reviewing the work of the breakout groups, including asking questions and clarifying individual items. At the end of the first day, participants cast votes to indicate which of the items they thought most relevant, pressing, or achievable. WICHE BHP facilitators counted the tallies, and combined votes across similar items. At the beginning of the second day, participants were presented with the revised recommended categories. The following are the six Priority Categories that were adopted, although it is important to note that these were not set in a priority order:

Recommended Priority Categories	**1. Licensure**
	2. Retention
	3. Recruitment
	4. Community-based Services
	5. Reimbursement
	6. Marketing/Branding/Communication

Priority Workforce Recommendations



After adopting the six Priority Categories, the Summit continued with participants spending the bulk of the day in breakout groups reviewing, discussing, clarifying, and agreeing to specific recommendations within each category. Again, participants were encouraged to consider the previously discussed strategic planning components, including taking a "systems thinking" approach that would allow for strategies that address all points along the continuum of care. Where possible, participants were encouraged to identify who—agencies, groups, individuals, communities, etc.—would take the lead on any individual action steps.

After almost four hours of breakout groups, participants reconvened to review and discuss the work products. The group identified 30 individual recommendations. Each Priority Category included at least one recommendation; however, the constraints of the Summit—limited time and a diverse participant group—meant a range of individual recommendations from one to nine. The following are the recommendations by Priority Category:

Priority Category	*Recommendations*
1. Licensure	**1.1 Standardize and make consistent behavioral health workforce policies and practices across licensing boards**
	1.2 Identify opportunities to streamline licensure to advantage of emerging workforce trends, e.g. retirees.
2. Retention	**2.1 Encourage, incentivize, and innovate collaborations, such as job sharing and shared supervision, across behavioral health agencies and providers**
	2.2 Create a workforce culture that is supportive of behavioral health

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	2.3 Improve organizational leadership, culture, and training capacities
	2.4 Assist community provider agencies in creating engaging work environments
3. Recruitment	**3.1 Create a workforce pipeline that can be utilized in all areas of the state**
	3.2 Identify, design, and market a behavioral health workforce-specific career pathway
	3.3 Create a behavioral health workforce scholarship program for North Dakota residents
4. Community-Based Services	**4.1 Enhance, address length, and on-going funding of training for non-licensed services**
	4.2 Provide funding for innovation and program flexibility for rural and tribal areas
	4.3 Review and consolidate qualifications and disqualifications for peer support and care coordination positions across programs
	4.4 Create and enhance apprenticeships and work-based learning opportunities
	4.5 Consider mirroring Home and Community Based Services cost supports for rural and tribal areas
	4.6 Utilize the 'designee model' of SSI/SSDI to increase pathways for entrance into behavioral health professions
	4.7 Identify and coordinate on local level costs regarding workforce competition
	4.8 Integrate services into existing behavioral health services and systems
	4.9 Designate a behavioral health organization to coordinate services
5. Reimbursement	**5.1 Identify current reimbursement needs, including gaps in service and full provider costs**
	5.2 Ensure full reimbursement for state-funded services

	5.3 Move licensed professions to 100% reimbursement rate
	5.4 Enhance or ensure adequate reimbursement for administrative, legal, and other behavioral health service costs to participate in programs
	5.5 Provide outreach and engagement to rural and tribal areas and organizations
	5.6 Clarify which services and professions can bill and for which programs
6. Marketing/Branding/ Communication	**6.1 Review the Aim 7 committee structure, needed resources, and potential future role(s)**
	6.2 Create a community-based behavioral health workforce backbone organization
	6.3 Implement a systemic, data-driven approach to identifying workforce development needs, including fielding of needs and gaps and a workforce pipeline analysis
	6.4 Consider creation of a statewide organization representing providers
	6.5 Coordinate behavioral health workforce efforts with current allied health and overall workforce efforts
	6.6 Convene behavioral health stakeholders for a statewide workforce conference

Key Takeaways, Recommendations, and Next Steps

The behavioral health community in North Dakota has been improving the workforce situation in the state for decades. This has happened, and continues to this day, even in the face of local and national workforce and behavioral health trends that have complicated, if not negatively impacted, the workforce environment, including population changes, the impact of the SARSCoV2/COVID-19 pandemic, and economic conditions. Because of this history and the accompanying track record of success, the community and the state are well-positioned to take the next steps to address behavioral health care workforce issues faced in 2022 and beyond.

And in fact, in the time between the conclusion of the Summit and the drafting of this report, some of the priority workforce action steps identified are under consideration or have been initiated, including some that are part of, or will be impacted by, larger, related efforts such as changes to licensing boards and changes to the Workforce Development

Council. There is momentum; and the Summit and this overall project should serve as additional and crucial energy to enhance current and future efforts.

To that end, there are nine key takeaways, four recommendations, and four next steps that WICHE BHP has identified from this project. A number of these were either known or suspected prior to the Summit and then became clearer afterward. The following represent WICHE BHP's key takeaways, recommendations, and next steps based on research, key interviews, and the results of the Summit.

Key Takeaways

A. There is a visible and tangible commitment from a diverse, statewide community of interest to addressing behavioral health workforce issues.
B. Planning, design, strategy, leadership, and implementation of workforce initiatives are reliant on a relatively small number of dedicated people, organizations, and agencies (especially the Aim 7 Committee, the Division of Behavioral Health, and the Center for Rural Health).
C. Care and intentionality must be given to the behavioral health workforce needs of, and impacts on, local communities, particularly in rural and tribal areas.
D. As well, initiatives must maintain a focus on how impacts are felt across the state with an eye toward a comprehensive, multi-level, systemic approach.
E. There remain important similarities and differences between mental health and substance use/substance abuse/addiction workforce fields, as well as between public and private services and providers.
F. Any initiatives must be designed to have an impact throughout the 'pipeline'—from primary school through retirees/career changers—and across the entire continuum of care—from promotion, to prevention, to early intervention and through treatment and recovery.
G. Leveraging existing efforts, initiatives, and collaboratives by adding or enhancing behavioral health workforce components will be a crucial strategy on achieving both short- and long-term meaningful change and improvement.
H. Sufficient resources, including funding and capacity building across varied agencies, organizations, and communities of interest will be critical to achieving success in any efforts.
I. Time is of the essence to take advantage of—or mitigate against—overall workforce and employment trends.

WICHE BHP Recommendations

Based on the results of the Summit and the work conducted through the summer, the following represent WICHE BHP's priority recommendations for North Dakota. The recommendations made and refined at the Summit align well with the results of the key interviews and with previous workforce efforts. Further, these recommendations are only possible due to the progress made over the past six years. It is important to note that these recommendations are WICHE BHP's best advice on prioritizing the 30 recommendations

adopted at the Summit, and that the state and community should seek to achieve as many of the Summit recommendations as is appropriate. Lastly, these recommendations have contingencies and dependencies, both across these four and the 30 Summit Recommendations; some cannot be implemented before another, others will only work if two or more are implemented at the same time.

1. *Fully fund and resource a 'backbone' organization to lead behavioral health workforce initiatives in North Dakota.*

This recommendation has existed in different forms in various North Dakota behavioral health strategic planning documents, reports, and studies. As noted above in *Key Takeaways*, it is glaringly obvious that the success to-date of workforce initiatives has relied heavily on an array of largely unresourced committees or collaboratives, or on individual organizations and individuals. Future success in the current challenging workforce environment will require a comprehensive, strategic approach. As such this recommendation is foundational to any medium- to long-term workforce efforts; capacity must be built and enhanced to achieve lasting impacts. From the pre-Summit recommendations:

Create a collaborative task force—or identify and enhance an existing collaborative—to:
a. Oversee and implement a state-level behavioral health workforce strategic plan;
b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels;
c. Evaluate, and be accountable for, strategic plan outcomes.

- Establish as time-limited
- Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps.
- Sufficiently support the collaborative effort, especially with appropriate staffing levels.

This recommendation primarily aligns with Priority Recommendations 6.1, 6.2, 6.3, 6.5, and 6.6.

2. *Design and field 'pipeline' and workforce costs needs assessment/gaps analyses.*

While there are many data available, both quantitative and qualitative, there is a need to understand the supply and demand to inform a pipeline initiative. Likewise, there were substantial conversations throughout this project, in interviews and at the Summit, regarding whether or not the state knew what real costs providers were facing, including for licensure, e.g., supervision, legal, administrative, etc., and reimbursement for both services provided and workforce recruitment and retention efforts. Further, initiatives to expand the workforce through apprenticeships and work-based learning will depend on which costs are incurred and which are reimbursable (the gap). These analyses should consider the factors noted above in the strategic planning approach undertaken at the Summit, i.e., impacts on rural and tribal areas, the continuum of care, and across the

spectrum of behavioral health professionals. A workforce costs analysis should include the costs faced by providers and organizations on the local level from competition for both qualified behavioral health workers and from other industries. This recommendation aligns with Summit Recommendations 2.1, 3.1, 4.7, 5.1, 5.2, 5.4, and 6.3.

3. *Enhance existing recruitment programs and create new ones.*

This recommendation includes three components that were raised in interviews or at the Summit, outlined below. There are obvious opportunities in the near-term to take advantage of an expected growth in high school graduates, career changes, and other recent employment trends.

a. Create a behavioral health workforce scholarship for North Dakota residents to incentivize residents who are community- or place-committed to remain or return to serve with an emphasis on the professions and areas most in need.
b. Create a career pathway into the workforce for individuals who lack degrees, those who are switching careers, or retirees.
c. Create a 'Behavioral Health Workforce Innovation Fund' to identify and incentivize innovative approaches to community collaboration on workforce needs, such as job- and supervision-sharing, retiree/career changers recruitment, and retention efforts such as organizational leadership culture, workplace environment, training, and career development and satisfaction.

This recommendation aligns with Summit Recommendations 2.1, 3.2, 3.3, and 4.2.

4. *Collect, review, and report on behavioral health workforce-related licensure regulations, policies, and procedures.*

The area of licensure is complex and continues to receive significant attention by the legislative and executive branches, as well as from the impacted communities. There is no doubt, however, that the multitude of workforce issues identified through this project remain difficult to categorize and to resolve. The intent of this recommendation is to identify any barriers to licensure, such as renewals and current licensees who are seeking dual-licensure and any potential changes that would streamline licensure requirements across the relevant boards. Other examples include reviewing and revising, where appropriate, statutes and regulations that are unnecessarily burdening providers and individuals, such as background checks and disqualification criteria. This recommendation aligns with Summit Recommendations 1.1, 1.2, and 4.3.

Next Steps

The results of the Summit produced six Priority Workforce Categories and 30 Summit Recommendations across those six categories. These six categories are inter-related, and many of the recommendations either overlap in some way or are contingent on each other for implementation. That said, and as mentioned above, some of these recommendations can be pursued individually or in some combination in the short-term and have positive

impact. WICHE BHP further refined these, based on the work done throughout this project, to xxx recommendations.

The following are proposed next steps specifically for completing and implementing the strategic plan. These should serve to guide the anticipated public review and input to this report and its recommendations. It is important to note that these steps do not necessarily need to be taken in consecutive order; it is expected that some of these steps will have to occur concurrently. Ideally, these next steps would take place within the next six months, aiming for initial completion by June 2023:

1. **Review the strategic plan**
    a. Clarify priority categories and recommendations.
    b. Identify 'quick wins'.
        i. Which recommendation(s) are in progress at the current moment?
        ii. Which can be initiated quickly?
        iii. Which would take advantage of existing circumstances?
    c. Identify other short- or medium-term recommendations or action steps that will require legislative or executive action.

2. **Implement identified 'quick wins'**
    a. Establish a collaborative group or coalition to represent the behavioral health community on workforce issues in the short-term.
    b. Create a short-term plan of action to achieve identified action steps and recommendations.
    c. Identify state resources necessary to achieve any

3. **Finalize the strategic plan**
    a. Define specific action steps.
    b. Identify lead agencies/organizations and timeframes.
    c. Calculate the needed resources to support goals, objectives, and action steps.

4. **Implement the strategic plan**
    a. Develop an overall strategic plan calendar to guide and integrate efforts.
    b. Track short-term progress toward any 'quick wins' initiatives.
    c. Establish a mechanism to communicate about the strategic plan to the broader behavioral health community and to gather feedback and input.
    d. Design and field any identified analyses or assessments.

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Appendix A: Strategic Plan Template

1. Licensure				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
1.1 Standardize and make consistent behavioral health workforce policies and practices across licensing boards				
1.2 Identify opportunities to streamline licensure to advantage of emerging workforce trends, e.g. retirees				
2. Retention				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
2.1 Encourage, incentivize, and innovate collaborations, such as job sharing and shared supervision, across behavioral health agencies and providers				

2.2 Create a workforce culture that is supportive of behavioral health				
2.3 Improve organizational leadership, culture, and training capacities				
2.4 Assist community provider agencies in creating engaging work environments				
3. Recruitment				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
3.1 Create a workforce pipeline that can be utilized in all areas of the state				
3.2 Identify, design, and market a behavioral health workforce-specific career pathway				
3.3 Create a behavioral health workforce scholarship program for North Dakota residents				
4. Community-Based Services				
Context				

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Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
4.1 Enhance, address length, and on-going funding of training for non-licensed services				
4.2 Provide funding for innovation and program flexibility for rural and tribal areas				
4.3 Review and consolidate qualifications and disqualifications for peer support and care coordination positions across programs				
4.4 Create and enhance apprenticeships and work-based learning opportunities				
4.5 Consider mirroring Home and Community Based Services cost supports for rural and tribal areas				
4.6 Utilize the 'designee model' of SSI/SSDI to increase pathways for entrance into behavioral health professions				
4.7 Identify and coordinate on local level costs regarding workforce competition				
4.8 Integrate services into existing behavioral health services and systems				
4.9 Designate a behavioral health organization to coordinate services				
5. Reimbursement				

Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
5.1 Identify current reimbursement needs, including gaps in service and full provider costs				
5.2 Ensure full reimbursement for state-funded services				
5.3 Move licensed professions to 100% reimbursement rate				
5.4 Enhance or ensure adequate reimbursement for administrative, legal, and other behavioral health service costs to participate in programs				
5.5 Provide outreach and engagement to rural and tribal areas and organizations				
5.6 Clarify which services and professions can bill and for which programs				
6. Marketing/Branding/Communication				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**

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6.1 Review the Aim 7 committee structure, needed resources, and potential future role(s)				
6.2 Create a community-based behavioral health workforce backbone organization				
6.3 Implement a systemic, data-driven approach to identifying workforce development needs, including fielding of needs and gaps and a workforce pipeline analysis				
6.4 Consider creation of a statewide organization representing providers				
6.5 Coordinate behavioral health workforce efforts with current allied health and overall workforce efforts				
6.6 Convene behavioral health stakeholders for a statewide workforce conference				

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Appendix B: Stakeholder Interviews

Rebecca Quinn, Center for Rural Health, University of North Dakota
Mandi-Leigh Peterson, Healthcare Workforce Initiative, University of North Dakota
Lacresha Graham, Behavioral Health Division, North Dakota Department of Human Services
Heather Brandt, Behavioral Health Division, North Dakota Department of Human Services
Tami Conrad, Behavioral Health Division, North Dakota Department of Human Services
Bevin Croft, Health Services Research Institute
Stacy Kusler, Workforce Specialist, Center for Rural Health- Primary Care Office, University of North Dakota, School of Medicine & Health Sciences
Karen Bernhardt, Center for Rural Health, UND
Kalee Werner, Manager, Primary Care Office, Department of Health
Ebony Flint, Health Services Research Institute
Sonja Bauman, Healthcare Workforce Initiative, University of North Dakota
Kurt Snyder, Executive Director, Heartview Foundation
Janell Regimbal, Insight to Solutions
Carlotta McCleary, North Dakota Federation of Families for Children's Mental Health
Carl Young, North Dakota Behavioral Health Planning Council Executive Committee
Lorraine Davis, Native American Development Center, BHPC Executive Committee
Emma Quinn, BHPC Executive Committee
Brenda Bergsrud, Director at Midstate Volunteer Program/Amachi Mentoring
Katie Ralston Howe, Workforce Development Director, Department of Commerce
Janna Pastir, Department of Commerce
Monica Haugen, Behavioral Health Division (Medicaid)
Patti Senn, Soul Solutions Recovery Center
Tim Blasl, North Dakota Hospital Association
Kelly Nagel, Director, Systems and Performance, Department of Health
Amy Veith, Department of Corrections and Rehabilitation
Yvette Anderson, Free Through Recovery Clinical Administrator, Department of Corrections and Rehabilitation
Laura Anderson, Assistant Director, Behavioral Health Division, Department of Human Services
Dale Wolf, Pastor, Lighthouse Church Fargo
John Butgereit, Director, North Central Human Service Center
Katie Nermoe, Sanford Health
Kelly Nagel, Director, Systems and Performance, Department of Public Health
Dr. Wehbi, North Dakota State Health Officer, Department of Health and Human Services
James Knopik, Manager, Addiction and Prevention Program and Policy, Behavioral Health Division, North Dakota Department of Health and Human Services
Thomas Volt, Drug Prevention Specialist, Behavioral Health Division, North Dakota Department of Health and Human Services
Kali Bauer, Community Prevention Administrator, Behavioral Health Division, North Dakota Department of Health and Human Services
Michael Salwei, Executive Director, Sanford Health
Sarah Prenger, Senior Executive Director of Primary Care and Behavioral Health, Sanford Health
Kathryn Norby, Executive Director of Family Medicine and Behavioral Health, Fargo, Sanford Health
Cassandra Froke, Sanford Health

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Appendix D: Summit Agenda.

North Dakota Behavioral Health Workforce
Summit and Strategic Planning

(https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/)

Day One: Monday, September 26, 1:00-5:00	
Plenary Meeting Room: ▪ **Judicial Room, 1st floor**	**Breakout Meeting Rooms:** ▪ **Governors Room, 2nd floor** ▪ **Executive Suite 114, 1st floor** ▪ **Executive Suite 106, 1st floor**

12:30-1:00: Check In

1:00-2:30: Plenary

- Welcome and Introductions: Rebecca Quinn and Kurt Snyder (Aim 7 Committee)
- Discovery Report Summary and Strategic Planning (WICHE)
- North Dakota Workforce Pipeline (WICHE)
- Best Practices in Behavioral Health Workforce (WICHE)
- Breakout Objectives and Desired Outcomes (WICHE)

2:45-3:45: Breakout Sessions

- Discuss Discovery Report, North Dakota behavioral health workforce initiatives and needs, and 'best practices'

Desired Outcome #1: Prioritized list of workforce issues

4:00-5:00: Plenary

- Breakout session report outs on prioritized lists of work force issues
- Preview Day Two
- Meeting Review: **+/Δ**
- Adjourn

Day Two: Tuesday, September 27, 9:00-4:00	
Plenary Meeting Room: ▪ **Judicial Room, 1st floor**	**Breakout Meeting Rooms:** ▪ **Governors Room, 2nd floor** ▪ **Executive Suite 114, 1st floor** ▪ **Executive Suite 106, 1st floor**

9:00-10:00: Plenary

- Review of results from Day One
- Further discussion and clarification of identified workforce issues and priorities

Desired Outcome #2: Agreement on a consolidated list of prioritized work force issues (from breakout sessions work of Day One, Desired Outcome #1)

10:15-12:00: Breakout Sessions:

- Prioritize workforce issues
- Begin development of recommendations and next steps

Desired Outcome #3: A list of workforce issues recommendations with respective recommendation action steps

12:00-1:30: Lunch on your own

1:30-2:45: Breakout Sessions, continued:

- Finalize development of workforce recommendations and next steps

Desired Outcome #4: Agreement on a consolidated list of work force issues recommendations with respective recommendation action steps

3:00-4:00: Plenary

- Breakout session report outs on recommendations and next steps
- Final remarks
- Meeting Review: **+/Δ**
- Adjourn

Desired Outcome #5—Agreement on Next Steps: A process for development of a draft strategic plan, drawing from this Workforce Summit's work products:

- Workforce issues
- Workforce issues recommendations with respective recommendation action st

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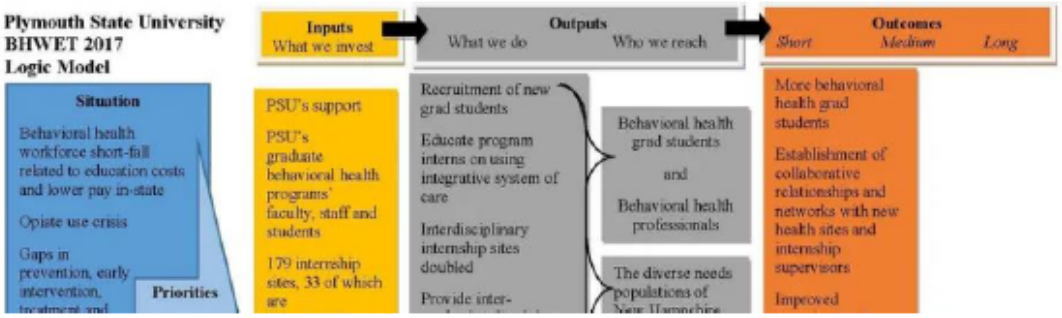
Appendix E: Summit Cheat Sheet.

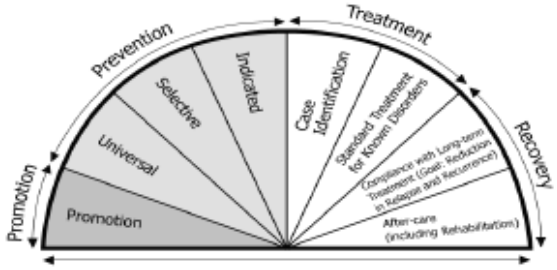
WICHE
Western Interstate Commission for Higher Education – Behavioral Health Program
3035 Center Green Drive Suite 200 Boulder, CO 80301-2204 303.541.0200 (ph) 303.541.0291 (fax)
Collaboration across the West – Since 1955

North Dakota Behavioral Health Workforce Summit
Strategic Planning Cheat Sheet
(https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/)

Strategic Planning Considerations

- Logic model concepts
- "What, Why, Who, When, How"
- Who's in the room, who's not in the room
- Honest, focused, realistic conversation
- "Systems thinking"





FUNDING
WORKFORCE
BEST PRACTICE

Other Planning Considerations

- East and west
- Rural and urban and tribal
- Mental health and substance abuse/addiction
- Levels of care and continuum of care
- Age
- Credentialed/licensed and certified/trained
- Private and public employers
- Funding source(s): federal, state, local, private
- Short-/medium-/long-term

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WICHE
Western Interstate Commission for Higher Education – Behavioral Health Program
3035 Center Green Drive Suite 200 Boulder, CO 80301-2204 303.541.0200 (ph) 303.541.0291 (fax)
Collaboration across the West – Since 1955

Issues

- Primary/secondary students
- Funding
- Career development
- Career satisfaction
- Competition
- Internship and supervisory costs
- Loan repayment
- Data
- Occupational licensing boards capacity and coordination
- Scope of practice
- Executive/legislative, statewide, state-to-local, local-to-local cooperation and coordination

Initiatives

Ideas

Draft System-Level Recommendations

1. Create a collaborative task force—or identify and enhance an existing collaborative—to:
   a. Oversee and implement a state-level behavioral health workforce strategic plan;
   b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels; and,
   c. Evaluate, and be accountable for, strategic plan outcomes.

   1.1 Establish as time-limited.

   1.2 Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps.

   1.3 Sufficiently support the collaborative effort, especially with appropriate staffing levels.
2. Identify and coordinate and/or integrate workforce relevant data collection, reporting, and analysis.
3. Review and assess the full costs to agencies and providers to implement strategic workforce initiatives.

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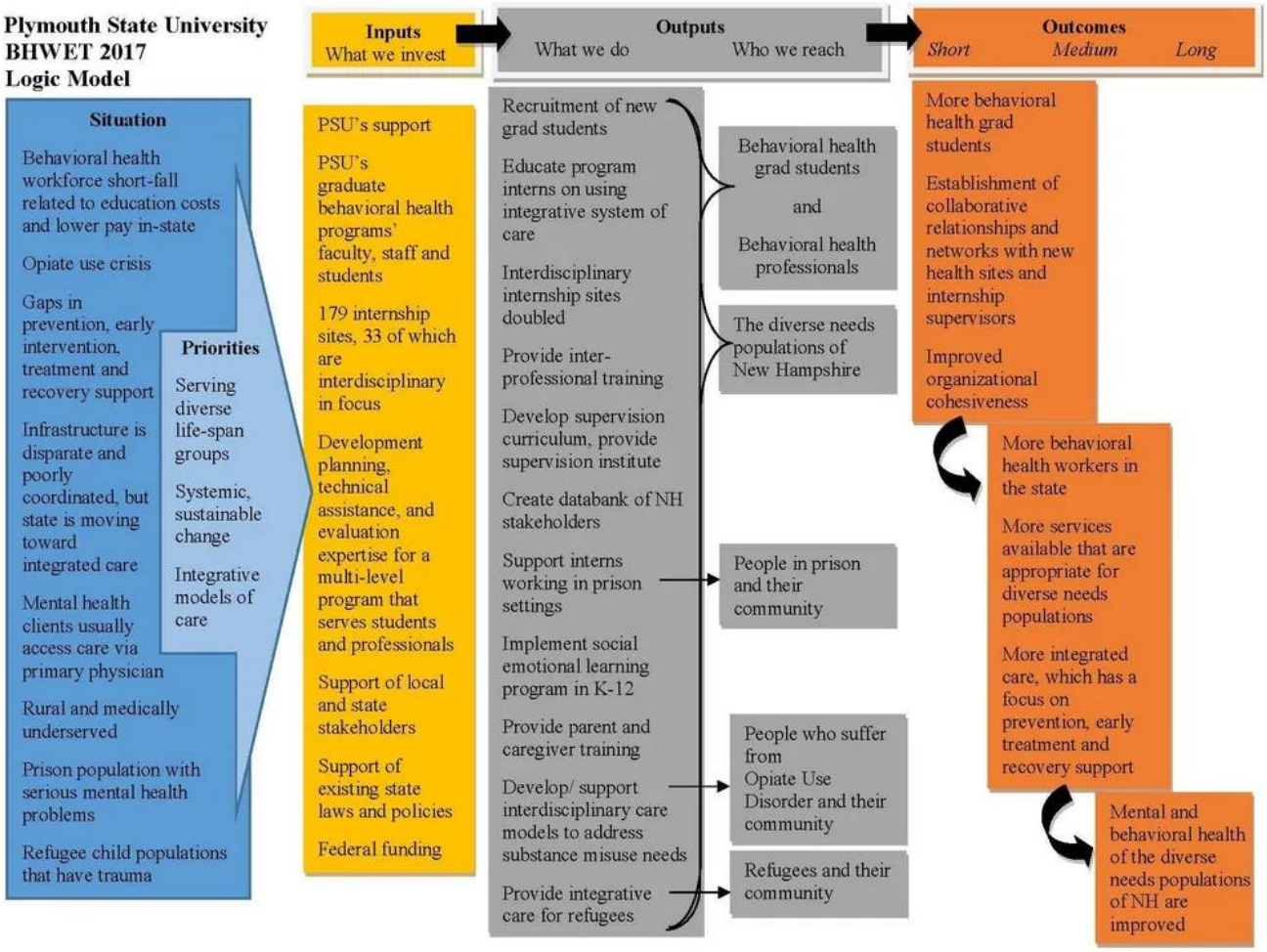
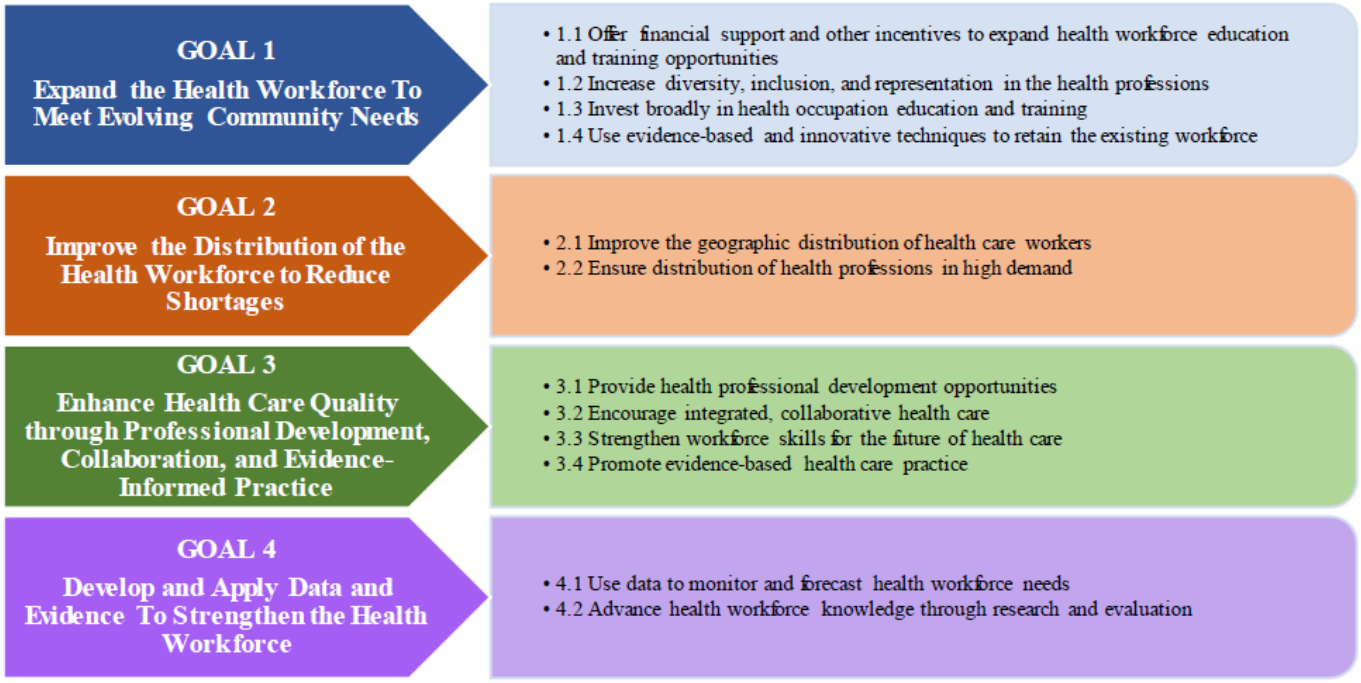
Appendix F. Plymouth State University HRSA Behavioral Health Workforce, Employment, and Training Grant Logic Model.



Appendix G: U.S. Department of Health and Human Services Healthcare Workforce Strategic Plan 2021.

Strategic Plan Framework

Below is a high-level framework of the Strategic Plan's goals and objectives:



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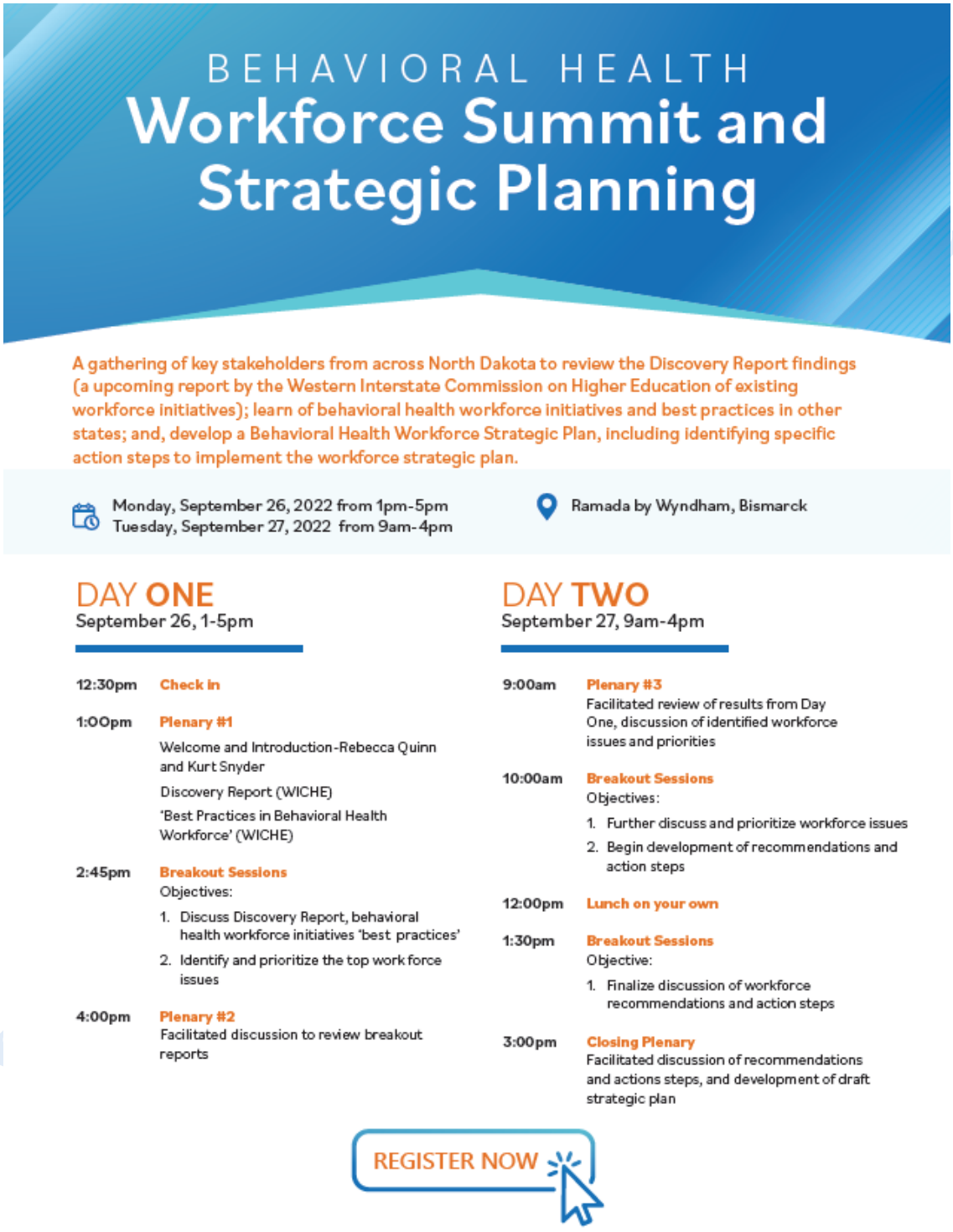
Appendix H: Summit Invitation.



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Appendix I: Degree Programs, Sixth Biennial Report 2021: Health Issues for the State of North Dakota.

Table 7.1
***Behavioral health degree programs at North Dakota academic institutions.*[1]**

Degree Program	North Dakota Academic Institutions
Doctor of Medicine (MD)	UND (ACCME, ACGME, & LCME accredited)
PhD Clinical Psychology	UND (APA accredited)
PhD Counseling Psychology	UND (APA accredited)
Doctor of Occupational Therapy	UND (granted candidacy status by ACOTE) & Uni. of Mary (granted candidacy status by ACOTE)
Master of Occupational Therapy	UND (ACOTE accredited)
MA/MS Counseling	UND, Uni. of Mary, & Uni. of Jamestown (not accredited) NDSU (CACREP accredited)
MS Social Work	UND (CSEW accredited)
Behavior Analysis	UND (track within MS in Special Ed. degree)
MA/MS School Psychology	Minot State University (NASP accredited)
Psychiatric-Mental Health Nurse Practitioner	UND (ANCC, NACNS, NONPF accredited)
Addiction Studies	UND, Uni. of Mary, & Uni. of Jamestown (track within degree programs) Minot State University (NASAC accredited)
BS Social Work	UND, Uni. of Mary, & Minot State University (CSWE accredited) Sitting Bull College (candidacy status by CSWE) NDSU (dual degree with Minot State)
Social Work Associate	NDSCS, Cankdeska Cikana Community College, & Nueta Hidatsa Sahnish College
Human Services Associate	Bismarck State College, Dakota College at Bottineau, Nueta Hidatsa Sahnish College, United Tribes Technical College, & Sitting Bull College

Table 7.2
North Dakota academic institutions with behavioral health degree programs.[1]

North Dakota Academic Institution	Degree Programs
University of North Dakota (UND)	Medical school & psychiatry residency program *Doctorate*: clinical and counseling psy., OT *Masters*: counseling, OT, psychiatric NP, social work, special ed. w/ behavior analysis *Bachelors*: psychology, social work
North Dakota State University (NDSU)	*Masters*: clinical mental health counseling, school counseling *Bachelors*: human development, psychology
University of Mary	*Doctorate*: OT *Masters*: clinical and addiction counseling *Bachelors*: social work, psychology
Minot State University	*Masters*: education specialist in school psy. *Bachelors*: addiction studies, social work, psychology
University of Jamestown	*Masters*: clinical counseling *Bachelors*: psychology w/ addiction studies
Bismarck State College	*Associates*: human services, social work, psychology
Dickinson State University	*Bachelors*: psychology
Cankdeska Cikana Community College	*Associates*: social work
Dakota College at Bottineau	*Associates*: human services, psychology
Nueta Hidatsa Sahnish College	*Associates*: human services (addiction and social work concentrations)
North Dakota State College of Science (NDSCS)	*Associates*: social work, psychology, occupational therapy assistant
Valley City State University	*Bachelors*: human services, psychology
United Tribes Technical College	*Associate*: human & social services
Sitting Bull College	*Bachelors*: social work *Associates*: human services

Appendix J: Behavioral Health Workforce Definitions, Sixth Biennial Report 2021: Health Issues for the State of North Dakota.

DEFINING BEHAVIORAL HEALTH WORKFORCE

There are a variety of ways to define behavioral health workforce. The definition should include the providers who treat individuals with behavioral health disorders and should examine their education, scope of practice, and level of independence in the treatment environment. In North Dakota, a simple method for defining the behavioral health workforce is to utilize the tiered classification system established in 2017 by the North Dakota Legislature. This classification system for mental health professionals was based on a thorough review of education and statutory guidelines along with scope of practice, to ensure that professionals are being fully utilized within their scope of practice.[1] Behavioral health educational programs available in North Dakota, including those that meet licensure requirements, are listed in Table 7.1 and Table 7.2 below.

The Tiered System

Determining which professions are included in the behavioral health workforce is challenging due to varying education requirements, scopes of practice, and levels of responsibility. A broad definition of behavioral health workforce includes providers of substance abuse and mental health services, as well as those providing services in supportive roles. Established in 2017 by the North Dakota Legislature, the tiered classification system is a simple way of defining the behavioral health workforce. This system classifies the various professions based on the required level of education and scope of practice. There are four tiers within this system.[1]

Tier 1

Professionals in Tier 1 are those with the greatest responsibility, scope of practice, education/training, and ability to practice autonomously. This tier is further broken down into two subsections. Tier 1a are the professionals with expertise in behavioral health (i.e., psychiatrists and psychologists) and Tier 1b are the professionals without expertise in behavioral health but may interact and work with aspects of the behavioral health field (i.e., physician assistants, advanced practice registered nurses).[1]

Tier 2

Professionals in Tier 2 are those that are able to work as independent clinicians. This tier is also further broken down into two subsections. Tier 2a are the professionals with comprehensive training in the diagnosis and treatment of a broad array of

behavioral health conditions (i.e., licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists). Tier 2b are the professionals with an area of expertise that is limited to a specific population (i.e., licensed addiction counselors, registered nurses).[1]

Tier 3

Tier 3 has the largest variety of professionals with many different practice descriptions. This includes licensed associate professional counselors, licensed professional counselors, licensed master social workers, licensed associate marriage and family therapists, occupational therapists, licensed practical nurses, licensed and registered behavior analysts, school psychologists, vocational rehabilitation counselors, and human resource counselors.[1]

Tier 4

Professionals in Tier 4 have the narrowest scope of practice and must work under other behavioral health professionals (i.e., behavior technicians, assistant behavior analysts, mental health technicians, case aids).[1]

Non-Tiered

There are professions that are not currently in the tiered system that provide behavioral health services in North Dakota. These professions include licensed baccalaureate social workers and peer support specialists.[1]

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Appendix J: North Dakota Primary Care Office Mental Health Loan Repayment Programs.

Mental/Behavioral Health Loan Repayment Programs

Program Type	North Dakota Health Care Professional Student Loan Repayment Program	Federal State Loan Repayment Program (SLRP)	National Health Service Corps (NHSC)
Program Description	The State of North Dakota has established loan repayment programs for health care professionals willing to provide services in areas of this state that have a defined need for such services.	Federal State partnership to assist sites in the recruitment of health care providers.	The NHSC is part of the Bureau of Health Workforce and coordinates the recruitment and retention of health professions.

Eligible MH/BH Disciplines	• Clinical Psychologists (licensed by the State Board of Psychologist Examiners)
	• Behavioral Health Professionals:
	  • Licensed Addiction Counselors
	  • Licensed Professional Counselors
	  • Licensed Social Workers
	  • Registered Nurses
	  • Specialty Practice Registered Nurses
	  • Behavioral Analyst
		• Clinical Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Marriage and Family Therapist, Psychiatric Nurse Specialist	• Nurse Practitioner (psychiatric/mental health, PNS)
			• Mental and Behavioral Health (psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Marriage & Family Therapist, Physician Assistant)
			• Providers who provide **SUD treatment** at an NHSC approved site; Physicians, NP, CNM, PA, behavioral health professionals, SUD counselors, RN, pharmacists.

Where Providers Serve	Providers must serve in areas of the state with a defined need for such services.	Providers must serve in Health Professional Shortage Areas (HPSAs)	Providers must serve in a Health Professional Shortage Area (HPSA) at an approved NHSC site.

Financial Benefits	Providers can enter into an agreement up to 5 years.
	Discipline / State Match / Community Match
	Clinical Psychologist / $ 60,000 / $15,000
	Behavioral Health / $ 20,000 / $ 2,000
		• Receive up to $50,000/year for year 1 and 2 (Example: $50,000 Federal Funds, $50,000 Community Match)
		• Receive up to $20,000/year for year 3 and 4
		• Receive up to $10,000/year for year 5
		• Site or community organization must provide a 1:1 match.
			• Year 1 and 2
			  • HPSA 14+ $50,000 FT $25,000 PT
			  • HPSA 0-13 $30,000 FT $15,000 PT
			• Years 3 & 4 $20,000 FT $10,000 PT
			• Years 4 & 5 $10,000 FT $5,000 PT

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Program Type	North Dakota Health Care Professional Student Loan Repayment Program	Federal State Loan Repayment Program (SLRP)	National Health Service Corps (NHSC)
MH/BH Provider Selection Criteria	• Health care professional's specialty • Need for the specialty in the area • Education and experience • Date of availability and anticipated term of availability • Willingness to accept Medicaid and Medicare patients • Letters of recommendation • Personal statement questions	• U.S. citizen or U.S. national • Must not have outstanding contractual obligations for health professional service • Must not have a judgment lien against their property for a debt to the U.S. • Must not be excluded, debarred, suspended or disqualified by a Federal agency • Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts	• U.S. citizen or U.S. national • Currently work, or applying to work, at an NHSC-approved site • Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts • Licensed to practice in state where employer site is located
Community Selection Criteria	Public and private entities are eligible for this program. Site criteria is based on the following factors: • Located in an area that is statistically underserved • Located at least 20 miles outside the boundary of a city with more than 40,000 residents	• Must be located in HPSA • Sites must be public or nonprofit private status • See all patients regardless of ability to pay • Accept patients covered by Medicare, Medicaid and CHIP • Not discriminate in the provision of services • Must have sliding fee scale or charity care plan.	• Must be located in HPSA • See all patients regardless of ability to pay • Accept patients covered by Medicare, Medicaid and CHIP • Not discriminate in the provision of services • Must have sliding fee scale *see NHSC site guidelines for full details.
Service Commitment	Must practice full-time for up to five years.	Must practice a minimum of two years. Full-time and part-time practice is available.	Must practice a minimum of two years. Full-time and part-time practice is available.
Payments	Payments are made at the conclusion of each twelve month period of service directly to the lender after completion of annual verification form. Community match payments are made to lender or provider. Funds provided through this program are non-taxable income.	Lump sum payments 90 days after the contract start date. Community match payments are made to lender or provider. Funds provided through SLRP are non-taxable income.	Lump sum payments 90 days after the contract start date; NHSC loan repayment is non-taxable income.
Application Deadline	Complete applications are due March 15.	Applications are reviewed quarterly during scheduled State Health Council meetings.	After January 1 each year; sign up at nhsc.hrsa.gov to be notified when the application cycle is open.
Penalties	No penalties are incurred as payments are made after the service year is provided.	The amount of loan repayments paid to the participant representing any period of obligated service NOT completed; $7,500 multiplied by the number of months of obligated service NOT completed; and interest on the above amounts at the maximum legal prevailing rate.	The amount of loan repayments paid to the participant representing any period of obligated service NOT completed; $7,500 multiplied by the number of months of obligated service NOT completed; AND interest on the above amounts at the maximum legal prevailing rate.

Updated 12/6/18

Kalee Werner | kaleewerner@nd.gov | 701-805-1071 | SLRP & North Dakota State Loan Repayment Programs
Stacy Kusler| stacy.kusler@und.edu | 701-777-3300 | NHSC
http://www.ndhealth.gov/pco/main.asp & https://ruralhealth.und.edu/projects/primary-care-office

23.0762.01002

Sixty-eighth
Legislative Assembly
of North Dakota

SENATE BILL NO. 2187

Introduced by

Senators Cleary, Hogan, K. Roers

Representatives Porter, D. Ruby, Weisz

A BILL for an Act to create and enact chapter 43-47.1 of the North Dakota Century Code, relating to adoption of the counseling compact; and to amend and reenact subsection 2 of section 43-47-06 of the North Dakota Century Code, relating to licensure of counselors.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 2 of section 43-47-06 of the North Dakota Century Code is amended and reenacted as follows:

2. The board shall issue a license as a licensed professional counselor to each applicant who files an application upon a form and in a manner the board prescribes, accompanied by the required fee, and who furnishes evidence to the board that the applicant:
   a. Has a master's degree from an accredited school or college in counseling or other program that meets the academic and training standards adopted by the board;
   b. Provided personal and professional recommendations that meet the requirements adopted by the board and satisfied the board that the applicant will adhere to the highest standards of the profession of counseling;
   c. Has two years of supervised experience, at least fifty percent of which must have been under a licensed professional counselor or licensed psychologist, or its equivalent as determined by the board, and the additional supervised experience may have been with other qualified professionals designated by the board which are competent in the area of practice being supervised, if barriers due to geographical location, disability, or other factors determined by the board to create a hardship exist for the applicant. The qualified professional must be

registered or otherwise qualified as a clinical supervisor by the board that licenses the other professional;

d. Provided a statement of professional intent to practice in this state describing the applicant's proposed use of the license, the intended client population, and the counseling procedures, as defined by the board, the applicant intends to use in serving the client population; and

e. Has demonstrated knowledge in the field of counseling by successful completion of an examination prescribed by the board.

SECTION 2. Chapter 43-47.1 of the North Dakota Century Code is created and enacted as follows:

43-47.1-01. Counseling compact.

ARTICLE I - PURPOSE

1. The purpose of this compact is to facilitate interstate practice of licensed professional counselors with the goal of improving public access to professional counseling services.
2. The practice of professional counseling occurs in the state where the client is located at the time of the counseling services. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.
3. This compact is designed to:
   a. Increase public access to professional counseling services by providing for the mutual recognition of other member state licenses;
   b. Enhance the states' ability to protect the public's health and safety;
   c. Encourage the cooperation of member states in regulating multistate practice for licensed professional counselors;
   d. Support spouses of relocating active duty military personnel;
   e. Enhance the exchange of licensure, investigative, and disciplinary information among member states;
   f. Allow for the use of telehealth technology to facilitate increased access to professional counseling services;

g. Support the uniformity of professional counseling licensure requirements throughout the states to promote public safety and public health benefits;

h. Invest all member states with the authority to hold a licensed professional counselor accountable for meeting all state practice laws in the state in which the client is located at the time care is rendered through the mutual recognition of member state licenses;

i. Eliminate the necessity for licenses in multiple states; and

j. Provide opportunities for interstate practice by licensed professional counselors who meet uniform licensure requirements.

ARTICLE II - DEFINITIONS

As used in this chapter, and except as otherwise provided, the following definitions apply:

1. "Active duty military" means full-time duty status in the active uniformed service of the United States of America, including members of the national guard and reserve on active duty orders pursuant to 10 U.S.C. chapters 1209 and 1211.
2. "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a licensed professional counselor, including actions against an individual's license or privilege to practice, such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a licensed professional counselor's authorization to practice, including issuance of a cease and desist action.
3. "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a professional counseling licensing board to address impaired practitioners.
4. "Continuing competence and education" means a requirement, as a condition of license renewal, to provide evidence of participation in, and completion of, educational and professional activities relevant to practice or area of work.
5. "Counseling compact commission" or "commission" means the national administrative body which membership consists of all states that have enacted the compact.
6. "Current significant investigative information" means:

a. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the licensed professional counselor to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

b. Investigative information that indicates the licensed professional counselor represents an immediate threat to public health and safety regardless of whether the licensed professional counselor has been notified and had an opportunity to respond.

7. "Data system" means a repository of information about licensees, including continuing education, examination, licensure, investigative, privilege to practice, and adverse action information.

8. "Encumbered license" means a license in which an adverse action restricts the practice of licensed professional counseling by the licensee and the adverse action has been reported to the national practitioner data bank.

9. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of licensed professional counseling by a licensing board.

10. "Executive committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

11. "Home state" means the member state that is the licensee's primary state of residence.

12. "Impaired practitioner" means an individual who has a condition that may impair the individual's ability to practice as a licensed professional counselor without some type of intervention and may include alcohol and drug dependence, mental health impairment, and neurological or physical impairments.

13. "Investigative information" means information, records, and documents received or generated by a professional counseling licensing board pursuant to an investigation.

14. "Jurisprudence requirement", if required by a member state, means the assessment of an individual's knowledge of the laws and rules governing the practice of professional counseling in a state.

15. "Licensed professional counselor" means a counselor licensed by a member state, regardless of the title used by that state, to independently assess, diagnose, and treat behavioral health conditions.

16. "Licensee" means an individual who currently holds an authorization from the state to practice as a licensed professional counselor.

17. "Licensing board" means the agency of a state, or equivalent, responsible for the licensing and regulation of licensed professional counselors.

18. "Member state" means a state that has enacted the compact.

19. "Privilege to practice" means a legal authorization, which is equivalent to a license, permitting the practice of professional counseling in a remote state.

20. "Professional counseling" means the assessment, diagnosis, and treatment of behavioral health conditions by a licensed professional counselor.

21. "Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the privilege to practice.

22. "Rule" means a regulation promulgated by the commission which has the force of law.

23. "Single state license" means a licensed professional counselor license issued by a member state which authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

24. "State" means any state, commonwealth, district, or territory of the United States of America which regulates the practice of professional counseling.

25. "Telehealth" means the application of telecommunication technology to deliver professional counseling services remotely to assess, diagnose, and treat behavioral health conditions.

26. "Unencumbered license" means a license that authorizes a licensed professional counselor to engage in the full and unrestricted practice of professional counseling.

ARTICLE III - STATE PARTICIPATION IN THE COMPACT

1. To participate in the compact, a state currently:

   a. Shall license and regulate licensed professional counselors;

   b. Shall require licensees to pass a nationally recognized exam approved by the commission;

c. Shall require licensees to have a sixty semester-hour, or ninety quarter-hour, master's degree in counseling or sixty semester-hours, or ninety quarter-hours, of graduate course work, including the following topic areas:

(1) Professional counseling orientation and ethical practice;

(2) Social and cultural diversity;

(3) Human growth and development;

(4) Career development;

(5) Counseling and helping relationships;

(6) Group counseling and group work;

(7) Diagnosis and treatment; assessment and testing;

(8) Research and program evaluation; and

(9) Other areas as determined by the commission;

d. Shall require licensees to complete a supervised postgraduate professional experience as defined by the commission; and

e. Must have a mechanism in place for receiving and investigating complaints about licensees.

2. A member state shall:

a. Participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;

b. Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

c. Implement or use procedures for considering the criminal history records of applicants for an initial privilege to practice. These procedures must include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the federal bureau of investigation and the agency responsible for retaining that state's criminal records;

(1) A member state shall implement fully a criminal background check requirement, within a time frame established by rule, by receiving the results

of the federal bureau of investigation record search and shall use the results in making licensure decisions.

(2) Communication between a member state, the commission, and among member states regarding the verification of eligibility for licensure through the compact may not include any information received from the federal bureau of investigation relating to a federal criminal records check performed by a member state under Public Law No. 92-544.

d. Comply with the rules of the commission;

e. Require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;

f. Grant the privilege to practice to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules; and

g. Provide for the attendance of the state's commissioner at the counseling compact commission meetings.

3. Member states may charge a fee for granting the privilege to practice.

4. Individuals not residing in a member state shall continue to be able to apply for a member state's single state license as provided under the laws of each member state; however, the single state license granted to these individuals may not be recognized as granting a privilege to practice professional counseling in any other member state.

5. This compact does not affect the requirements established by a member state for the issuance of a single state license.

6. A license issued to a licensed professional counselor by a home state to a resident in that state must be recognized by each member state as authorizing a licensed professional counselor to practice professional counseling, under a privilege to practice, in each member state.

ARTICLE IV - PRIVILEGE TO PRACTICE

1. To exercise the privilege to practice under the terms and provisions of the compact, the licensee:

a. Shall hold a license in the home state;

b. Must have a valid United States social security number or national practitioner identifier;

c. Must be eligible for a privilege to practice in any member state in accordance with subsections 4, 7, and 8;

d. May not have not had any encumbrance or restriction against any license or privilege to practice within the previous two years;

e. Shall notify the commission that the licensee is seeking the privilege to practice within a remote state;

f. Shall pay any applicable fees, including any state fee, for the privilege to practice;

g. Shall meet any continuing competence and education requirements established by the home state;

h. Shall meet any jurisprudence requirements established by the remote state in which the licensee is seeking a privilege to practice; and

i. Shall report to the commission any adverse action, encumbrance, or restriction on license taken by any nonmember state within thirty days from the date the action is taken.

2. The privilege to practice is valid until the expiration date of the home state license. The licensee shall comply with the requirements of subsection 1 to maintain the privilege to practice in the remote state.

3. A licensee providing professional counseling in a remote state under the privilege to practice shall adhere to the laws and regulations of the remote state.

4. A licensee providing professional counseling services in a remote state is subject to that state's regulatory authority. In accordance with due process and that state's laws, a remote state may remove a licensee's privilege to practice in the remote state for a specific period of time, impose fines, and take any other necessary actions to protect the health and safety of its citizens. The licensee may be ineligible for a privilege to practice in any member state until the specific time for removal has passed and all fines are paid.

5. If a home state license is encumbered, the licensee shall lose the privilege to practice in any remote state until the following occur:

a. The home state license is no longer encumbered; and

b. The licensee has not had any encumbrance or restriction against any license or privilege to practice within the previous two years.

6. Once an encumbered license in the home state is restored to good standing, the licensee shall meet the requirements of subsection 1 to obtain a privilege to practice in any remote state.

7. If a licensee's privilege to practice in any remote state is removed, the individual may lose the privilege to practice in all other remote states until the following occur:

a. The specific period of time for which the privilege to practice was removed has ended;

b. All fines have been paid; and

c. The licensee has not had any encumbrance or restriction against any license or privilege to practice within the previous two years.

8. Once the requirements of subsection 7 have been met, the licensee shall meet the requirements in subsection 1 to obtain a privilege to practice in a remote state.

ARTICLE V - OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO PRACTICE

1. A licensed professional counselor may hold a home state license, which allows for a privilege to practice in other member states, in only one member state at a time.

2. If a licensed professional counselor changes primary state of residence by moving between two member states:

a. The licensed professional counselor shall file an application for obtaining a new home state license based on a privilege to practice, pay all applicable fees, and notify the current and new home state in accordance with applicable rules adopted by the commission.

b. Upon receipt of an application for obtaining a new home state license by virtue of a privilege to practice, the new home state shall verify that the licensed professional counselor meets the pertinent criteria outlined in article IV via the data system, without need for primary source verification except for:

(1) A federal bureau of investigation fingerprint-based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the commission in accordance with Public Law No. 92-544;

(2) A criminal background check as required by the new home state; and

(3) Completion of any requisite jurisprudence requirements of the new home state.

c. The former home state shall convert the former home state license into a privilege to practice once the new home state has activated the new home state license in accordance with applicable rules adopted by the commission.

d. Notwithstanding any other provision of this compact, if the licensed professional counselor cannot meet the criteria in article IV, the new home state may apply its requirements for issuing a new single state license.

e. The licensed professional counselor shall pay all applicable fees to the new home state to be issued a new home state license.

3. If a licensed professional counselor changes primary state of residence by moving from a member state to a nonmember state, or from a nonmember state to a member state, the state criteria must apply for issuance of a single state license in the new state.

4. This compact may not interfere with a licensee's ability to hold a single state license in multiple states; however, for the purposes of this compact, a licensee must have only one home state license.

5. This compact may not affect the requirements established by a member state for the issuance of a single state license.

ARTICLE VI - ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall change only the individual's home state through application for licensure in the new state, or through the process outlined in article V.

ARTICLE VII - COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

1. Member states shall recognize the right of a licensed professional counselor, licensed by a home state in accordance with article III and under rules promulgated by the commission, to practice professional counseling in any member state via telehealth

under a privilege to practice as provided in the compact and rules promulgated by the commission.

2. A licensee providing professional counseling services in a remote state under the privilege to practice shall adhere to the laws and regulations of the remote state.

ARTICLE VIII - ADVERSE ACTIONS

1. In addition to the other powers conferred by state law, a remote state must have the authority, in accordance with existing state due process law, to:

   a. Take adverse action against a licensed professional counselor's privilege to practice within that member state; and

   b. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state must be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before the court. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

2. Only the home state has the power to take adverse action against a licensed professional counselor's license issued by the home state.

3. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as the home state would if the conduct had occurred within the home state. In so doing, the home state shall apply its state laws to determine appropriate action.

4. The home state shall complete any pending investigations of a licensed professional counselor who changes primary state of residence during the course of the investigations. The home state also has the authority to take appropriate action and promptly shall report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system promptly shall notify the new home state of any adverse actions.

5. A member state, if otherwise permitted by state law, may recover from the affected licensed professional counselor the costs of investigations and dispositions of cases resulting from any adverse action taken against that licensed professional counselor.

6. A member state may take adverse action based on the factual findings of the remote state, provided that the member state follows its procedures for taking the adverse action.

7. Joint investigations:

   a. In addition to the authority granted to a member state by its respective professional counseling practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

   b. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

8. If adverse action is taken by the home state against the license of a licensed professional counselor, the licensed professional counselor's privilege to practice in all other member states must be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against the license of a licensed professional counselor must include a statement that the licensed professional counselor's privilege to practice is deactivated in all member states during the pendency of the order.

9. If a member state takes adverse action, the member state promptly shall notify the administrator of the data system. The administrator of the data system promptly shall notify the home state of any adverse actions by remote states.

10. This compact does not override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

ARTICLE IX - ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

1. The compact member states hereby create and establish a joint public agency known as the counseling compact commission.

   a. The commission is an instrumentality of the compact states.

   b. Venue is proper and judicial proceedings by or against the commission must be brought solely and exclusively in a court of competent jurisdiction where the

principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent the commission adopts or consents to participate in alternative dispute resolution proceedings.

c. This compact may not be construed to be a waiver of sovereign immunity.

2. Membership, voting, and meetings.

a. Each member state must have and be limited to one delegate selected by that member state's licensing board.

b. The delegate must be either:

(1) A current member of the licensing board at the time of appointment, who is a licensed professional counselor or public member; or

(2) An administrator of the licensing board.

c. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

d. The member state licensing board shall fill any vacancy occurring on the commission within sixty days.

e. Each delegate is entitled to one vote with regard to the promulgation of rules and creation of bylaws and otherwise must have an opportunity to participate in the business and affairs of the commission.

f. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

g. The commission shall meet at least once during each calendar year. Additional meetings must be held as set forth in the bylaws.

h. The commission shall establish by rule a term of office for delegates and may by rule establish term limits.

3. The commission has the following powers and duties to:

a. Establish the fiscal year of the commission;

b. Establish bylaws;

c. Maintain its financial records in accordance with the bylaws;

d. Meet and take such actions as are consistent with the provisions of this compact and the bylaws;

e. Promulgate rules that are binding to the extent and in the manner provided for in the compact;

f. Bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state licensing board to sue or be sued under applicable law must not be affected;

g. Purchase and maintain insurance and bonds;

h. Borrow, accept, or contract for services of personnel, including employees of a member state;

i. Hire employees, elect or appoint officers, fix compensation, define duties, grant the individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

j. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest, or both;

k. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

l. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

m. Establish a budget and make expenditures;

n. Borrow money;

o. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

p. Provide and receive information from, and cooperate with, law enforcement agencies;

q. Establish and elect an executive committee; and

r. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of professional counseling licensure and practice.

4. The executive committee.

a. The executive committee has the power to act on behalf of the commission according to the terms of this compact.

b. The executive committee is composed of up to eleven members, including:

(1) Seven voting members who are elected by the commission from the current membership of the commission; and

(2) Up to four ex-officio, nonvoting members from four recognized national professional counselor organizations.

c. The ex-officio members will be selected by their respective organizations.

d. The commission may remove any member of the executive committee as provided in bylaws.

e. The executive committee shall meet at least annually.

f. The executive committee has the following duties and responsibilities to:

(1) Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the privilege to practice;

(2) Ensure compact administration services are appropriately provided, contractual or otherwise;

(3) Prepare and recommend the budget;

(4) Maintain financial records on behalf of the commission;

(5) Monitor compact compliance of member states and provide compliance reports to the commission;

(6) Establish additional committees as necessary; and

(7) Execute other duties as provided in rules or bylaws.

5. Meetings of the commission.

a. All meetings must be open to the public, and public notice of meetings must be given in the same manner as required under the rulemaking provisions in article XI.

b. The commission or the executive committee or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive committee or other committees of the commission must discuss:

(1) Noncompliance of a member state with its obligations under the compact;

(2) The employment, compensation, discipline or other matters, practices or procedures related to specific employees, or other matters related to the commission's internal personnel practices and procedures;

(3) Current, threatened, or reasonably anticipated litigation;

(4) Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(5) Accusing any person of a crime or formally censuring any person;

(6) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(7) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(8) Disclosure of investigative records compiled for law enforcement purposes;

(9) Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(10) Matters specifically exempted from disclosure by federal or member state statute.

c. If a meeting, or portion of a meeting, is closed pursuant to this subsection, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

d. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed.

All documents considered in connection with an action must be identified in the minutes. All minutes and documents of a closed meeting must remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

6. Financing of the commission.

a. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

b. The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

c. The commission may levy and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount must be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

d. The commission may not incur obligations of any kind before securing the funds adequate to meet the obligations, nor may the commission pledge the credit of any of the member states, except by and with the authority of the member state.

e. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission must be subject to the audit and accounting procedures established under its bylaws; however, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit must be included in and become part of the annual report of the commission.

7. Qualified immunity, defense, and indemnification.

a. The members, officers, executive director, employees, and representatives of the commission are immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against which the claim is made had a

reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that nothing in this subdivision may be construed to protect any such person from suit or liability, or both, for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

b. The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against which the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein may be construed to prohibit that person from retaining that person's own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

c. The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

ARTICLE X - DATA SYSTEM

1. The commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

2. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:
   a. Identifying information;
   b. Licensure data;
   c. Adverse actions against a license or privilege to practice;
   d. Nonconfidential information related to alternative program participation;
   e. Any denial of application for licensure, and the reason for such denial;
   f. Current significant investigative information; and
   g. Other information that may facilitate the administration of this compact, as determined by the rules of the commission.
3. Investigative information pertaining to a licensee in any member state will only be available to other member states.
4. The commission promptly shall notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.
5. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.
6. Any information submitted to the data system which is subsequently required to be expunged by the laws of the member state contributing the information must be removed from the data system.

ARTICLE XI - RULEMAKING

1. The commission shall promulgate reasonable rules to effectively and efficiently achieve the purpose of the compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner beyond the scope of the purposes of the compact, or the powers granted under this compact, then such an action by the commission is invalid and has no force or effect.

2. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted under this article. Rules and amendments become binding as of the date specified in each rule or amendment.

3. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, the rule has no further force and effect in any member state.

4. Rules or amendments to the rules must be adopted at a regular or special meeting of the commission.

5. Before promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

   a. On the website of the commission or other publicly accessible platform; and

   b. On the website of each member state's professional counseling licensing board, other publicly accessible platform, or the publication in which each state would otherwise publish proposed rules.

6. The notice of proposed rulemaking must include:

   a. The proposed time, date, and location of the meeting at which the rule will be considered and voted upon;

   b. The text of the proposed rule or amendment and the reason for the proposed rule;

   c. A request for comments on the proposed rule from any interested person; and

   d. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

7. Before adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which must be made available to the public.

8. The commission shall grant an opportunity for a public hearing before the committee adopts a rule or amendment if a hearing is requested by:

   a. At least twenty-five persons;

   b. A state or federal governmental subdivision or agency; or

c. An association having at least twenty-five members.

9. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

a. All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

b. Hearings must be conducted in a manner providing each person that wishes to comment a fair and reasonable opportunity to comment orally or in writing.

c. All hearings will be recorded. A copy of the recording will be made available on request.

d. This article may not be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this article.

10. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

11. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

12. By majority vote of all members, the commission shall take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

13. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this article must be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this subsection, an emergency rule is one that must be adopted immediately to:

a. Meet an imminent threat to public health, safety, or welfare;

b. Prevent a loss of commission or member state funds;

c. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

d. Protect public health and safety.

14. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions must be posted on the website of the commission. The revision is subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge must be made in writing and delivered to the chair of the commission before the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII - OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

1. Oversight.

a. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated under this compact have standing as statutory law.

b. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

c. The commission must be entitled to receive service of process in the proceeding and must have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the commission renders a judgment or order void as to the commission, this compact, or promulgated rules.

2. If the commission determines a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:
   a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default or any other action to be taken by the commission, or any combination of these requirements; and
   b. Provide remedial training and specific technical assistance regarding the default.
3. If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
4. Termination of membership in the compact must be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate must be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
5. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
6. The commission may not pay any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.
7. The defaulting state may appeal the action of the commission by petitioning the United States district court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member must be awarded all costs of the litigation, including reasonable attorney's fees.
8. Dispute resolution.
   a. Upon request by a member state, the commission shall attempt to resolve disputes related to the compact which arise among member states and between member and nonmember states.

b. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

9. Enforcement.

a. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

b. By majority vote, the commission may initiate legal action in the United States district court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member must be awarded all costs of the litigation, including reasonable attorney's fees.

c. The remedies provided under the compact are not the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XIII - DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

1. The compact becomes effective on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, are limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to implement and administer the compact.

2. Any state that joins the compact subsequent to the commission's initial adoption of the rules must be subject to the rules existing on the date on which the compact becomes law in that state. Any rule previously adopted by the commission has the full force and effect of law on the day the compact becomes law in that state.

3. Any member state may withdraw from this compact by enacting a statute repealing the compact.

a. A member state's withdrawal may not take effect until six months after enactment of the repealing statute.

b. Withdrawal does not affect the continuing requirement of the withdrawing state's professional counseling licensing board to comply with the investigative and adverse action reporting requirements of this compact before the effective date of withdrawal.

4. This compact must be construed to invalidate or prevent any professional counseling licensure agreement or other cooperative arrangement between a member state and a nonmember state which does not conflict with the provisions of this compact.

5. This compact may be amended by the member states. An amendment to this compact may not become effective and binding upon any member state until the amendment is enacted into the laws of all member states.

ARTICLE XIV - CONSTRUCTION AND SEVERABILITY

This compact must be liberally construed so as to effectuate the purposes of the compact. The provisions of this compact must be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any member state or of the United States of America or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability of the compact to any government, agency, person, or circumstance may not be affected thereby. If this compact is held contrary to the constitution of any member state, the compact must remain in full force and effect as to the remaining member states and as to the member state affected as to all severable matters.

ARTICLE XV - BINDING EFFECT OF COMPACT AND OTHER LAWS

1. A licensee providing professional counseling services in a remote state under the privilege to practice shall adhere to the laws and regulations, including scope of practice, of the remote state.

2. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

3. Any laws in a member state in conflict with the compact are superseded to the extent of the conflict.

4. Any lawful actions of the commission, including all rules and bylaws properly promulgated by the commission, are binding upon the member states.

5. All permissible agreements between the commission and the member states are binding in accordance with the terms of the agreements.

6. In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, the provision must be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

TESTIMONY OF
MAJ JAY SHELDON
NORTH DAKOTA NATIONAL GUARD
BEFORE THE
HOUSE HUMAN SERVICES COMMITTEE
06 MARCH 2023
SENATE BILL 2187

Good morning, Chairman Weisz, members of the committee, I am Jay Sheldon, Strategy and Policy Officer for the North Dakota National Guard (NDNG) and administrator for the Task Force for Military Issues in North Dakota (TF MIND). I am here today to testify in support of Senate Bill 2187.

I would like to take a moment to explain TF MIND. It is a Governor's appointed task force chaired by the Lt. Governor with members from around North Dakota with a focus on Minot, Grand Forks, Fargo, and Bismarck, communities with the largest military footprint. The group normally meets twice a year and discusses issues that impact military members and their families in North Dakota. TF MIND has used a Department of Defense website that lists the top issues, heavily focused on occupational licensing and military children.

A Department of Defense remains focused on the removal of barriers military spouses face when trying to sustain their professional careers, despite the mobile lifestyle.

The North Dakota military community is grateful for the previous adoption of four compacts: the Enhanced Nurse Licensure Compact, Physical Therapy Licensure Compact, Advanced Practice Registered Nurse Compact, and the Emergency Medical Services Licensure Compact.

The Compact will help counselors by affording them greater ease of mobility, cutting drastically the time needed for authorization to practice in a new state. The Compact will also create new market opportunities for counselors. The Compact will help clients by improving continuity of care when clients or counselors travel or relocate.

Participating in the counselor compact increases access to mental health service, improves continuity of care, streamlines licensing processes, and increases professional mobility.

We are amid a period when there is a greater need for services of this type then there are providers available for the general population with even fewer available for military members and their families. This would be an impactful step in gaining or retaining those services for North Dakotans in need.

The efforts the North Dakota Legislature are appreciated by the military community. Thank you for your consideration of SB 2187.

I stand for questions.

NORTH DAKOTA STUDENT ASSOCIATION | THE VOICE OF THE STUDENTS

SB 2187

March 6, 2023

Katherine Kempel, North Dakota Student Association

701.373.1093 | Katherine.kempel@ndus.edu

Chair Weisz and Members of the Committee: My name is Katherine Kempel and I am a delegate of the North Dakota Student Association writing to you today in support of SB 2187.

The North Dakota Student Association (NDSA) is dedicated to ensuring that students have a voice at the table in policy that affects higher education. We consist of delegates from each of the 11 public North Dakota University System (NDUS) institutions, meeting monthly to engage students in discussions about North Dakota higher education policy. Since 1969, our mission has been to empower students, create collaboration between the student bodies of the North Dakota public universities, and to provide a student perspective on higher education policy.

The NDSA has a long history of supporting increased access to mental health services for students as evidenced most recently with the passing of NDSA-19-2223: A Resolution in Support of the Establishment of a Counseling Compact, a resolution in direct support of this bill. 88% of out of state students within the NDUS come from states that have either joined this compact or have current pending legislation regarding this compact. At a time when more than 60% of college students meet the criteria for at least one mental health problem while wait times for campus health services continue to increase, this bill is uniquely poised to offer a solution to a growing issue on college campuses.

It is no secret that the transition from high school to college is a difficult time for many students. For first time students, this can be exacerbated by situations such as transitioning to a larger, unfamiliar city and school, learning to live on their own for the first time, and being without close family and friends. To manage this difficult transition, students may choose to seek out professional counseling. However, this can be a more difficult feat for out-of-state students

studying at NDUS institutions. Out-of-state students wishing to continue previously existing relationships with licensed mental health specialists in their home states are not currently able to continue with virtual telehealth appointments with a provider from their home state that they already know and trust while going through a significant change in life. SB 2187 would allow the potential 88% of out-of-state students that stand to benefit from this bill the access they need to navigate a pivotal life transition with a licensed counselor in their home state that they already know and trust.

The establishment of North Dakota within this counseling compact is a step forward in providing higher education students with the necessary access to mental health care that can best suit their needs. Based on the opportunity to provide higher education students with the ability to continue established relationships with counselors from their home state through telehealth options while attending NDUS institutions, the NDSA supports North Dakota's entrance to a multi-state counseling compact. On behalf of the North Dakota Student Association, I respectfully request a DO PASS recommendation of SB 2187.

Testimony In Support of Senate Bill #2187
House Human Services Committee
North Dakota House
Representative Robin Weisz, Chairman
3-6-23

Chairman Weisz and Members of the Committee:

My name is Rebecca McConnachie, and I am a Licensed Professional Clinical Counselor and Licensed Supervisor in North Dakota. I am a member of the Government Relations Committee with the North Dakota Counseling Association and the North Dakota Mental Health Counseling Association. I am testifying in favor of SB 2187. The bill allows licensed professional counselors to practice in all other compact member states. It will provide increased opportunities for counselors and increase access to services. There has been an increasing need for mental health services in recent years, and many individuals need to wait for weeks or months to get an initial appointment to see a counselor or other mental health professional. Telehealth services has allowed more opportunity to provide services to people in remote areas, and other states.

Currently, to provide services to someone in another state a counselor needs to have a license in that state, apply for licensure or apply for a temporary license. This could take weeks, months or not be possible due to rules in that state. This is even true for someone who is just visiting another state, or there temporarily. Individuals on a short or extended vacation or temporarily relocate to another state are not able to have continuity of care with their counselor. I recently encountered a situation which would have been impacted by this bill. An individual in the military, deployed in another state, wished to seek counseling. I could have scheduled a telehealth session if I was licensed in that state or if ND and that state were part of this compact. I requested a temporary license from the state and was informed I would have to apply for full licensure which would have taken months to complete the required paperwork. I was unable to provide the services and offered some ideas that might assist them. If both states were in the compact this could have been prevented. There are presently 18 states in the compact and another 21 states have pending legislation.

This concludes my testimony. Thank you. I would be happy to answer any questions you might have.

Prepared by:

Rebecca McConnachie, LPCC-S
Government Relations Committee, NDCA/NDMHCA
Counselor/Partner, Beacon Counseling Services
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Title.

Prepared by the Legislative Council staff for
Senator Cleary
March 14, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2187

That the Senate accede to the House amendments as printed on pages 942 and 943 of the Senate Journal and pages 1133 and 1134 of the House Journal and that Senate Bill No. 2187 be further amended as follows:

Page 19, line 28, replace "committee" with "commission"

Page 24, line 5, replace "must" with "may not"

Renumber accordingly