REPORT OF RECOMMENDATIONS

By the Nebraska State Board of Health
Regarding the Proposal for Licensure
by Nebraska's Certified Gambling Counselors

To the Director of the Department of Health and Human Services
Division of Public Health and the Health and Human Services
Committee of the Legislature

March 16, 2009

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INTRODUCTION

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for State regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division then appoints an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with four statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent reports on credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

MEMBERS OF THE NEBRASKA STATE BOARD OF HEALTH

Eric Berggren, PE Professional Engineer Member	Omaha
Daniel Bizzell, EdD Mental Health Professional Member	Kearney
Janet Coleman Public Member Public Member	Lincoln
Edward Discoe, MD (Chair) Physician Member	Columbus
Theodore Evans, Jr., DVM Veterinarian Member	Tecumseh
Linda Heiden Public Member	Bertrand
Russell Hopp, DO Osteopathic Physician Member	Omaha
Kenneth Kester, RP, PharmD, JD Pharmacist Member	Lincoln
Linda Lazure, PhD, RN Nurse Member	Omaha
Pamela List, MSN, APRN Nurse Member	Beemer
Dale Michels, MD Physician Member	Lincoln
Roger Reamer, MBA Hospital Administrator Member	Seward
Paul Salansky, OD (Secretary) Optometrist Member	Nebraska City
Robert Sandstrom, PhD, PT Physical Therapist Member	Omaha
John Tennity, DPM Podiatrist Member	Lincoln
Gary Westerman, DDS (Vice Chair) Dentist Member	Omaha
Daryl Wills, DC Chiropractor Member	Gering

Summary of Sources, Data and Information

The Board of Health utilized the following sources of information to conduct their review:

1. The transcript of the public hearing held by the Technical Review Committee on October 29, 2008.

2. The Report of Findings and Recommendations of the Technical Review Committee, dated January 7, 2009.

3. Information from, and recommendations of, the Credentialing Review Committee of the Board of Health, formulated during that Committee's meeting on January 9, 2009.

Executive Summary of Board of Health Recommendations

The members of the Credentialing Review Committee of the Board of Health recommended in favor of the applicants' proposal on each of the four criteria. The Committee members also approved five ancillary recommendations intended to improve educational standards and to create an efficient regulatory process for gambling counselors.

The members of the full Board of Health adopted the recommendations of the Credentialing Review Committee and added two additional ancillary recommendations.

Board of Health Recommendations on the Proposal

Recommendations of the Credentialing Review Committee to the Full Board of Health

During their special meeting held on January 9, 2009 to review the proposal, the members of the Board's Credentialing Review Committee formulated their advice to the full Board of Health on the Compulsive Gambling Counselors' proposal by taking action on the following criteria:

Criterion One States: "Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument."

Ms. List moved and Dr. Westerman seconded that the proposal satisfies the first criterion.

Ms. List asked if it would be possible for someone to establish themselves as a gambling counselor without having the qualifications to practice safely and effectively. Mr. Montgomery responded that this would be possible because the current certification credential is a voluntary credential, and accordingly, the actual practice of the profession is unprotected.

Voting aye were Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

Criterion Two States: "Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest."

Dr. Westerman moved and Dr. Wills seconded that the proposal satisfies the second criterion. Voting aye were Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

Criterion Three States: "The public needs, and can reasonably be expected to benefit from, assurance of initial and continuing professional ability by the State."

Dr. Westerman moved and Ms. Heiden seconded that the proposal satisfies criterion three. Voting aye were Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

Criterion Four States: "The public cannot be effectively protected by other means in a more cost-effective manner."

Dr. Westerman moved and Dr. Wills seconded that the proposal satisfies the fourth criterion.

Ms. List asked if there is currently a means of disciplining practitioners. Maya Chilese, with the Agency's Gamblers Assistance Program (GAP), responded that the agency can discipline those practitioners who are certified through the Gamblers Assistance Program, and can remove funding support for those who do not practice in a manner consistent with program rules or standards. The Gamblers Assistance Program Certification Board is the body that would take these kinds of action. Ms. List asked whether any such action has ever been taken against anyone. Ms. Chilese said that there have been at least two practitioners who have had their certification revoked by the Certification Board.

Voting aye were Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

By these four actions the Committee members recommended that the full Board of Health approve the applicants' proposal for licensure.

The committee members then discussed the ancillary recommendations of the technical review committee. The committee members agreed that these ancillary recommendations represent an improvement in addressing the issues under review. Chairperson Coleman asked for a motion regarding the adoption of the four ancillary recommendations of the committee members.

1. The licensure concept should be modified to include provisional licensure, using the current Licensed Alcohol and Drug Counselor (LADC) provisional licensure requirements as a model.

2. Strong consideration should be given to raising education and training requirements as recently developed by the GAP program as the basis for provisional licensure. *(See Attachments A and B for suggested changes)*

3. Full licensure should include the educational and training requirements of provisional licensure plus practicum hours and a formal exam.

4. A specific scope of practice should be determined so as to ensure that it is consistent with the proposed education and training requirements of this profession.

Dr. Wills moved and Dr. Discoe seconded that the committee members approve the four ancillary recommendations of the technical review committee. Voting aye were Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

Ms. Coleman stated that consideration should be given to including gambling counselors under an existing board. Ms. List suggested that they be administered with the alcohol and drug abuse counselors. After discussion, Ms. List and Dr. Westerman noted that the current regulatory process for perfusionists would also be a good model to apply in this context.

Ms. List moved and Ms. Heiden seconded that the model of regulation used for perfusionists be applied to the regulation of gambling counselors. Voting aye were

Coleman, Discoe, Heiden, List, Westerman and Wills. There were no nay votes or abstentions. The motion carried.

The Recommendations of the Full Board of Health on the Proposal

On January 26, 2009, the full Board of Health took action on the recommendations of the Compulsive Gambling Counselors' Technical Review Committee and its Credentialing Review Committee.

Criterion One: "Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument."

Ms. Coleman moved and Dr. Wills seconded that the proposal satisfies the first criterion. Voting aye were Berggren, Coleman, Discoe, Evans, Heiden, Kester, Lazure, List, Salansky, Tennity, Westerman and Wills. Voting nay were Bizzell, Hopp, Michels and Sandstrom. There were no abstentions. The motion passed.

Criterion Two: "Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest."

Ms. Coleman moved and Dr. Westerman seconded that the proposal satisfies the second criterion. Voting aye were Berggren, Bizzell, Coleman, Discoe, Evans, Heiden, Hopp, Kester, Lazure, List, Michels, Salansky, Sandstrom, Tennity, Westerman and Wills. There were no nay votes or abstentions. The motion passed.

Criterion Three: "The public needs, and can reasonably be expected to benefit from, assurance of initial and continuing professional ability by the State."

Ms. Coleman moved and Dr. Westerman seconded that the proposal satisfies the third criterion. Voting aye were Berggren, Coleman, Discoe, Evans, Heiden, Hopp, Kester, Lazure, List, Michels, Sandstrom, Tennity, Westerman and Wills. Voting nay were Bizzell and Salansky. There were no abstentions. The motion passed.

Criterion Four: "The public cannot be effectively protected by other means in a more cost-effective manner."

Ms. Coleman moved and Dr. Westerman seconded that the proposal satisfies the fourth criterion. Voting aye were Berggren, Coleman, Discoe, Evans, Heiden, Kester, List, Tennity, Westerman and Wills. Voting nay were Bizzell, Hopp, Michels, Salansky and Sandstrom. Lazure abstained from voting. The motion passed.

By these actions, the members of the full Board recommended approval of the applicants' proposal.

Actions taken by the full Board on the ancillary recommendations made by the Board's Credentialing Review Committee were as follows:

Dr. Westerman moved and Dr. Evans seconded that the Board members approve the ancillary recommendations developed by the members of the Technical Review Committee and the members of the Board's Credentialing Review Committee. Voting aye were Berggren, Bizzell, Coleman, Discoe, Evans, Heiden, Hopp, Kester, Lazure, List, Michels, Salansky, Sandstrom, Tennity, Westerman and Wills. There were no nay votes or abstentions. The motion passed.

After additional discussion, Dr. Evans moved and Dr. Michels seconded that the Board members recommend that after the grandfathering period has passed a bachelors degree be required for licensure as a gambling counselor. Voting aye were Berggren, Bizzell, Coleman, Discoe, Evans, Heiden, Hopp, Kester, Lazure, List, Michels, Salansky, Sandstrom, Tennity, Westerman and Wills. There were no nay votes or abstentions. The motion passed.

Dr. Sandstrom moved and Ms. Coleman seconded that the regulatory body that is established for gambling counselors be placed under either the LMHP Board or the Board of Psychology for purposes of cost-effectiveness and oversight. Voting aye were Berggren, Bizzell, Coleman, Discoe, Evans, Heiden, Hopp, Kester, Lazure, List, Michels, Salansky, Sandstrom, Tennity, Westerman and Wills. There were no nay votes or abstentions. The motion passed.

Discussion on Issues and Findings by the Board Members

The applicant group representative, Mr. Sullivan, explained to the Board members that although gambling counselors are currently certified by the State of Nebraska the applicant group's goal is licensure for the profession. Gambling counselors have been actively practicing in Nebraska since 1992, and have been certified under the State's Gamblers Assistance Program since 2000. The applicant group feels that gambling addiction has become a mainstream societal issue which can no longer be ignored. Gambling has become a recreational activity that includes casinos that cater to families. With this has come an increased incidence of gambling and gambling-related problems. Mr. Sullivan stated that gambling costs society about fifty-four billion dollars per year, and it is currently an undertreated disorder.

Mr. Sullivan noted that some experts refer to gambling addiction as an impulse control disorder rather than a chemically related disorder. He feels that this is misleading. Brain PET scans of persons with compulsive gambling disorders show the same kinds of neurological reactions that occur with cocaine addiction. Mr. Sullivan stated that an alarming percentage of gamblers turn to suicide and added that potential harm exists from the fact that so few mental health professionals are trained to recognize and/or treat the disease. Because gambling is a hidden addiction, there is a need to address this harm at a higher level to get the attention of policy makers and create funding sources. Enhancing the credentials of the professionals who provide this counseling will address both issues. The applicant group feels that this problem needs and deserves the same kind of specific attention as substance abuse addictions. Ms. List stated that she is a psychiatric nurse practitioner but does not routinely screen for gambling problems. She would not want to enter into the area of gambling counseling without specific training regarding the issues associated with gambling disorders.

Mr. Sullivan stated that the applicant group feels it has improved its proposal since the last stage of the review by increasing the educational and training aspects to address core curriculum concerns. He explained that about ninety-five percent of the certified compulsive gambling counselors (CCGCs) in Nebraska already have dual credentials as Licensed Mental Health Practitioners (LMHPs) or Licensed Alcohol and Drug Counselors (LADCs). Only a very small number of the State's CCGCs lack a strong mental health background.

There was discussion concerning the option of placing compulsive gambling counselors under the direction of an existing board rather than attempting to create a separate licensing board. Ms. Coleman noted that this has worked well with perfusionists and physicians assistants. Ms. List agreed that there are precedents in regulating smaller professions under the boards of larger professions. She cited body art practitioners who have been placed under the Board of Cosmetology, and perfusionists who have been placed under the Board of Medicine and Surgery as examples.

Board of Health members asked Mr. Sullivan about requiring bachelor's level preparation as a prerequisite for licensure. Mr. Sullivan stated that there is no coursework offered in colleges in this area of mental health, and he assumed that if an advanced degree were to be required, it would probably be in the area of psychology. Dr. Wills asked Mr. Sullivan if

the applicant group is willing to accept the recommended upgrades in education and training as stated in the ancillary recommendations of the technical committee report. Mr. Sullivan stated that they are willing to accept the changes and are enthusiastic about them.

Dr. Westerman asked Mr. Sullivan how many certified gambling counselors there are in Nebraska. Mr. Sullivan responded that there are approximately thirty. Dr. Westerman asked what age groups have the most problems, and how prevalent the problem is across all age groups. Mr. Sullivan said that teenagers have the highest rate of increase for gambling problems, and that across the entire society two to five percent of the population has at least some kind of gambling disorder.

Jerry Bauerkemper, Executive Director of the Nebraska Council on Compulsive Gambling, informed the Committee members that the federal government will spend approximately seventy million dollars to upgrade the education and training of gambling counselors this year alone. Gambling counselors need to be recognized as part of the health care system so that they can be reimbursed for their work. This, in turn, will enable those who need their services to access them. Mr. Bauerkemper stated that the education and training needed is focused on the specifics of gambling addiction rather than broad-based formal education. Many institutional and professional groups ignore both the problems of gambling addiction and the work of gambling counselors, and the current proposal is an important means of turning this around.

Ms. Coleman asked Mr. Bauerkemper how gambling counseling is unique compared to alcohol and drug abuse counseling. Mr. Bauerkemper responded that the current DSM classification of problem gambling as an impulse control disorder is the main difference in how the profession is currently treated and defined. Dr. Wills asked Mr. Bauerkemper how serious the gambling problem is in the State. Mr. Bauerkemper said that two-thirds of Nebraskans live within easy access to gambling casinos of neighboring states, and that for this reason, the incidence of gambling problems is about the same for Nebraska as it is for those states that allow casino gambling. Mr. Bauerkemper explained that fifty miles from a casino is the distance used to define easy access.

Dr. Wills asked about the status of the additional education requirements detailed in the charts from the Gamblers Assistance Program that were distributed to the Board Committee members. Mr. Montgomery explained that these educational requirements are not part of the current application and should not be considered in the committee member's votes. These items were submitted for discussion so the applicant group can show the direction that they see the profession heading towards regarding education and training.

Anne Buettner, LMHP, President of the Nebraska Association for Marriage and Family Therapy, stated that her association has serious concerns about creating a separate licensure category for gambling counselors. She commented that this group lacks the educational background in mental health to provide quality counseling services, and that their inability to diagnose co-morbidity issues is a source of potential harm to the public. Ms. Buettner noted that the proposal would license anyone who completes the Gamblers Assistance Program training, even those who have nothing more than a high school education or equivalent. Ms. Buettner felt that these very minimal educational requirements raise concerns about public protection.

Terry Werner, Executive Director of the Nebraska Chapter of the National Association of Social Workers stated that the low educational and training requirements are also his main concerns. He asked why such low standards of education and training would be acceptable for the practitioners treating these people if gambling addiction is such a serious problem. Mr. Werner asked why those who suffer from this addiction don't deserve care from practitioners with the same level of education and training as those who suffer from other kinds of mental health problems. He added that his association favors licensure at a master's level for these providers for the sake of public protection. This would serve to raise the professional bar and to give this field of mental health more appeal as a career option.

Dr. Westerman asked Mr. Sullivan how restrictive it would be to require a master's degree. Mr. Sullivan said that it would be a very restrictive requirement. The association's goal is to reach the more attainable level of education and training achieved by Nebraska's LADCs, rather than that trying to reach the education and training levels of LMHPs. Ms. List stated that requiring compulsive gambling counselors to have a more advanced degree would enable them to diagnose co-morbidity issues, but added that it would be difficult and restrictive to require that at this time. She commented that the revised educational and training regimen being proposed by the Gamblers Assistance Program represents a positive first step. Ms. List commented that she could see how a practitioner who only wants to be a gambling counselor might not feel that it is worth their time and resources to obtain a master's degree. Dr. Wills agreed that more education is needed for this profession, and added that licensure would provide an impetus towards that goal over the following years.

Dr. Bizzell said that proposals to license groups such as alcohol and drug counselors and gambling counselors constitute efforts at credentialing modalities rather than professions. He stated that passing these kinds of proposals could have long-term undesirable impacts on our health care delivery system by encouraging small, single-modality occupational groups of all kinds to seek licensure. This would increase the likelihood of additional fragmentation of the health care system. Dr. Sandstrom noted that only four of the approximately thirty gambling counselors currently practicing in Nebraska do not already possess some type of license in the area of mental health. Mr. Sullivan stated that advanced education and training in a field not directly relevant to gambling counseling does not in and of itself prepare one to be a good gambling counselor. He noted that most of the currently licensed mental health professions and the schools that educate and train them ignore the issue of gambling counseling. There are currently no formal courses offered in gambling counseling at colleges and universities. For these reasons, Mr. Sullivan stated that the applicant group feels that there is a need to create a separate licensure category for gambling counselors. He added that another problem in the current situation is that there is no way to bill Medicare or other health insurance programs for gambling counseling services, and that the applicants' proposal would make it possible to do this at some point in the future.

Board of Health Meetings to Review the Proposal

The meeting of the Board of Health's Credentialing Review Committee to formulate its advice to the full Board of Health on the proposal was held on **January 9, 2009**.

The full Board of Health met to formulate its recommendations on the proposal on **January 26, 2009**.

The full Board of Health approved its report of recommendations on the proposal at its regularly scheduled board meeting on **March 16, 2009**.

DRAFT: Recommended Gambling Counselor Licensure versus Licensure of Alcohol and Drug Counselors / Mental Health Practitioners

	Gambling Counselor	**Alcohol and Drug Counselor**	**Licensed Mental Health Practitioner**
	Requirements for Initial Certification	**Requirements for Provisional License**	**Requirements for Provisional License**
Required Hours of Education	BA +255 hours Core coursework • 45 Counseling Theories & Tech. • 45 Group Counseling • 30 Human Growth & Dev. • 15 Ethics • 30 Multicultural • 30 PG Assm, Case Mgt & Tx Plan • 30 Psychosocial Aspects of PG • 30 Clinical Aspects of PG (165 allowance for P/LADC-LMHP = 90 req)	HS/GED +270 hours Core coursework • 45 Counseling Theories & Techniques • 45 Group Counseling • 30 Human Growth & Development • 15 Ethics • 30 Multicultural • 30 A/D Assm, Case Mgt & Tx Planning • 45 Medical/Psychosocial Aspects of A/D • 30 Clinical Aspects of Chemical Dep. (165 allowance for P/LMHP = 105 req)	Masters or Doctoral Degree
Practicum	300 supervised hrs, divided into core functions	300 supervised hours, divided into core functions	300 supervised hours total
Knowledge Demonstration	An applicant must pass the Division approved written examination	An applicant must pass a International Written Examination for Alcohol and Drug Counselors (not required prior to Provisional application)	Must have passed the mental health practice examination (not required prior to Provisional application)
Application /Reference	Apply for Licensure $100 One reference from applicant's clinical supervisor	Application for Provisional Licensure $275 Not specified	Application for Provisional Licensure $125
	Certification process complete	**Provisional Status Requirement**	**Provisional Status Requirement**
Provisional Status Experience	3,000 hours (divided into core functions) Compete within 6 years Allowances: • P/LADC-2,000 • Masters Degree -P/LMHP-2,000	6,000 hours (divided into core functions) Complete within 6 years Allowances: • Associates Degree -1,000 • Bachelors Degree – 2,000 • Masters Degree – 3,000	3,000 hours (1500 direct) Complete within 5 years
Supervision	1 hr of supervision per 10 hrs of counseling	1 hr of supervision per 10 hrs of counseling	2hrs of supervision per 15hrs of counseling
Price for final application	$125	$175	$155
		Requirements for Renewal	
General Procedures	All licenses expire on September 1st of each even-numbered year.	All licenses expire on September 1st of each even-numbered year.	All licenses expire on September 1st of each even-numbered year.
Con't Ed. requirements	40 hours during each 2 year period.	40 hours during each 2 year period.	32 hours during each 2 year period.

	Gambling Counselor	Alcohol and Drug Counselor	Licensed Mental Health Practitioner
	Requirements for Initial Certification	**Requirements for Provisional License**	**Requirements for Provisional License**
Required Hours of Education	Nebraska Administrative Code (NAC) Title 201 NAC, Page 5	Nebraska Administrative Code (NAC) 172 NAC 15, Page 7, Page 11	Nebraska Administrative Code (NAC) 172 NAC 94-003.01, Page 20
Practicum	Title 201 NAC, Page 6	172 NAC 15, Page 9	172 NAC 94-003.01, Page 20
Knowledge Demonstration	Title 201 NAC, Page 7	172 NAC 15, Page 15	172 NAC 94-003.01, Page 20
Application /Reference	Certification Cost: http://www.hhs.state.ne.us/beh/gam/Councert/CCGCApp.pdf Reference Info: Title 201 NAC, Page 9	http://dhhs.ne.gov/crl/mhcs/adc/PLADC%20app.pdf	http://www.dhhs.ne.gov/crl/mhcs/mental/provapp.pdf
	Certification process complete	**Provisional Status Requirement**	**Provisional Status Requirement**
Provisional Status Experience	n/a	172 NAC 15, Page 16	172 NAC 94-003.01, Page 20
Supervision	n/a	172 NAC 15, Page 9	172 NAC 94-003.01, Page 18
Price for final application	n/a	http://dhhs.ne.gov/crl/mhcs/adc/LADC%20app.pdf	http://www.dhhs.ne.gov/crl/mhcs/mental/MHPapp.pdf
		Requirements for Renewal	
General Procedures	Title 201 NAC, Page 10	172 NAC 15, Page 26	172 NAC 94-003.01, Page 54
Continuing Education requirements	Title 201 NAC, Page 18	172 NAC 15, Page 26	172 NAC 94-003.01, Page 54

DRAFT: Recommended Training Criteria for Licensed Gambling Counselors

	Course	Bachelors Required	P/LADC, MA-P/LMHP
Core Standards	Theories and Techniques	45	0
	Individual and Group Counseling	45	0
	Human and Growth Development	30	0
	Ethics	15	0
	Multicultural	30	0
Gambling Specific	Problem Gambling Assessment, Case Mgt and Treatment Planning	30	30
	Problem Gambling Clinical Aspects	30	30
	Problem Gambling Psychosocial Aspects	30	30
	Total Hours	255	90
	Practicum Hours demonstrated in Core Functions	300 supervised	300 supervised
	Application for Provisional Licensure	$150	$150
	Provisional Status = Supervised Hours Required	3,000 w/ Bachelors Degree	1,000 w/ P/LADC or MA-P/LMHP
	Knowledge Demonstration	Pass National Exam	Pass National Exam
	Application for Full Licensure	$100	$100
	License valid for 2 years	Renew with 40 CEU's	Renew with 40 CEU's

Draft