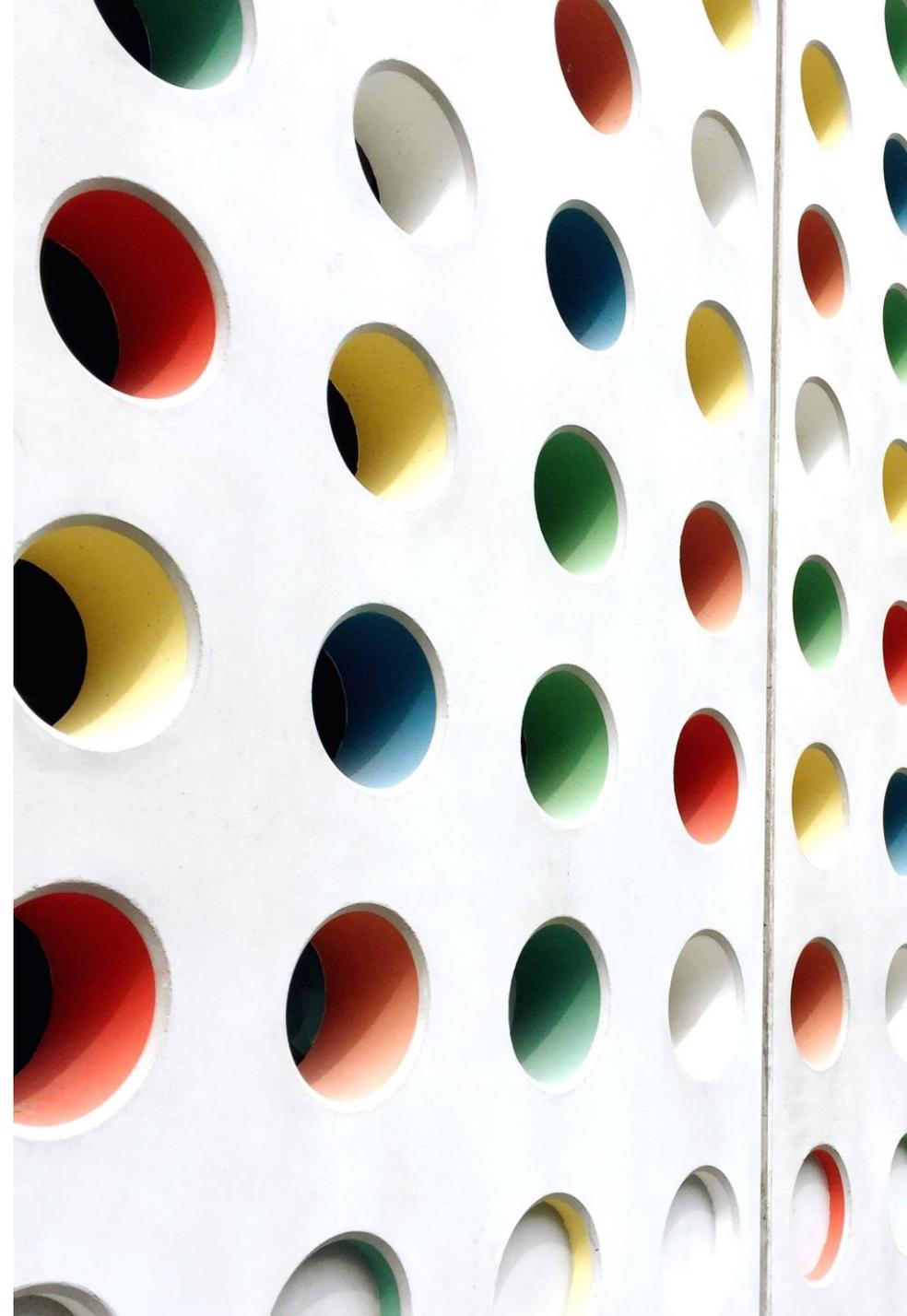


Advancing Georgians' Access to Mental Health Care in 2023

GEORGIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS

GAMFT LOBBY DAY

FEBRUARY 10, 2023



New Leadership: Many Unknowns

Almost one-quarter of the legislators will be new.

Republicans retain control of both houses with small Democratic gains.

- House 101 Republicans to 79 Democrats (2 seats gained)
- Senate 33 Republicans to 23 Democrats (1 seat gained)

New Leadership at the Top

- Lt. Governor Burt Jones, New Leadership Team
- Speaker of the House Jon Burns, New Leadership Team

2023: GAMFT Priorities

- Top Goal: Pass MFT Licensure Revisions HB 76
 - Help legislators fully understand who LMFTs are and what LMFTs do
 - Build relationships with the people who represent us
 - Demonstrate our commitment to the legislative process year round
 - Empower more LMFTs to engage in advocacy
 - Work with the Bipartisan Mental Health Caucus in House and Senate
 - Work with Behavioral Health Reform and Innovation Commission (BHRIC)
 - Unprecedented increase in need for mental health services, while Georgia has a drastic shortage of behavioral health and substance use professionals. Georgia ranked 49th in access to mental health care per Mental Health America State Rankings 2023.
 - Historic budget surplus, with unprecedented federal funding, and opioid settlement \$\$.

Addressing Licensure Barriers for MFTs



*House of Representatives
Rural Development Council*

Final Recommendations Overview

Mental Health Provider Qualifications

Research shows there are greater licensure requirements for some of Georgia's mental health professionals in contrast with surrounding states' requirements, to include: psychiatrists, psychologists, social workers, licensed professional counselors, marriage and family therapists, and certified addiction counselors.

Recommendation

Instruct the licensing boards with authority to regulate these certifications to review and reform the existing requirements that prudently accelerate the placement of professionals in the field while maintaining professional standards and patient safety. Assemble any necessary Code revisions for recommendation to the General Assembly.

The Impetus for HB 76

- Dr. Steve Livingston led a GAMFT Committee to review updated COAMFTE course and practicum requirements and develop recommendations for legislation to address the recommendations of the Rural Development Council and new COAMFTE standards effective January 1, 2022.
- Governor Kemp's mandate for independent regulatory review of all changes for licensure, even for existing licensed professionals.
- Introduced legislation in 2022, to allow for GORRC review in the interim and passage of legislation in 2023-24 session.

Legislation drafted, revised, and introduced at the end of the session in 2022 (HB 1599)

2022 Legislation for GORRC Review

- HB 1599 (now HB 76) introduced in 2022. A coup to secure the Chair of the House Regulated Industries Committee, Rep. Alan Powell (R-Hartwell), to sponsor the Bill.
- HB 1599 assigned to Chairman Powell's Committee: House Regulated Industries.
- The session ends. The Governor's office insists on review by GORRC.
- GORRC is the Georgia Occupational Regulation Review Council
 - Linked to the Governor's Office of Planning and Budget
 - Comprised of representatives of all the large state agencies
 - Charged to review proposed new licensure of professionals from any and all fields – healthcare, forestry, cosmetology, construction, accounting, etc.

GORRC Review Process

- Nine Member Commission with a State Senator and State Representative and representatives from: Office of Planning and Budget, Secretary of State, State Accounting Office, Dept. of Agriculture, Dept Natural Resources, Dept of Revenue, and Dept of Public Health.
- Lengthy statutorily required assessment of the impact of the proposed legislation on the public health, public expenses, assessment of the benefit and risk to the public, number of people affected, etc.
- Prepared written submission, and submitted documents, charts, exhibits, witness testimony, and letters of support.
- Three hearing dates in September and October.

Witnesses

- ❑ Chairman Alan Powell, House Regulated Industries Committee, Sponsor of HB 1599.
- ❑ Dr. Kara McDaniel, PhD, LMFT, President of the Georgia Association of Marriage and Family Therapists
- ❑ Roger Smith, JD, General Counsel for the American Association for Marriage and Family Therapy
- ❑ Dr. Steve Livingston, LMFT, PhD, Licensed Marriage and Family Therapist, Retired Associate Professor and Director of Behavioral Services, Mercer University School of Medicine, Former Chair of the Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists 2015-2019, Vice Chair 2012-2014, and member 2011 -2021. CV submitted.
- ❑ Dr. Andrea Meyer-Stinson, PhD, LMFT, Assistant Program Director of the Master of Family Therapy Program at Mercer University School of Medicine in Macon, and Assistant Professor of Psychiatry and Behavioral Sciences, Assistant Professor of Pediatrics in the medical school.
- ❑ Dr. Jennifer Gonyea, PhD, LMFT, Associate Clinical Professor at the University of Georgia, former Interim Program Director of the MFT Doctoral Program at UGA
- ❑ Elizabeth J. Appley, Attorney and Lobbyist for GAMFT

Letters of Support

- ❑ American Association for Marriage and Family Therapy (AAMFT)
- ❑ National Alliance on Mental Illness Georgia (NAMI Georgia)
- ❑ University of Georgia College of Family & Consumer Science, Dept of Human Development and Family Science
- ❑ National Association of Social Workers (NASW)
- ❑ Valdosta State University, Marriage and Family Therapy Program
- ❑ Mercer University School of Medicine Master of Family Therapy Program
- ❑ Georgia Society for Clinical Social Work (GSCSW)

GORRC Findings: Passed Unanimously

“O.C.G.A. §43-1A-6 requires the Council to consider certain criteria when determining the need for the regulation of a business or profession. For this review, the Council used these criteria to guide the development of findings related to the licensure and regulation of marriage and family therapists. The Council, with assistance from staff, developed the following findings during this review:

- ❑ The practice of marriage and family therapists requires specialized skill or training. Marriage and family therapists must meet certain accredited education requirements, attain certain degrees, and undergo supervised training, thereby meeting licensure requirements laid out in HB 1599.
- ❑ Amending the requirements for marriage and family therapists would have a positive economic impact to the state. Amending licensure requirements would put Georgia in line with national requirements and surrounding states. These changes will help attract and retain qualified individuals in the state. As a result, the citizens of Georgia would see an increase in the number of licensed therapists, increasing access to mental health services. Based on these findings, the Council recommends HB 1599, LC 33 9142 pass as written. The Council approves of this recommendation by a vote of 6-0, with 3 members absent.”

HB 76 Updates Licensure for MFTs

- **HB 76 amends Georgia law to update required education courses and hours of supervised experience to be licensed as a marriage and family therapist in the State of Georgia.**
 - **Updates the coursework and practicum requirements for licensure as an associate marriage and family therapist to the requirements determined by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as of January 1, 2022.**
 - **Updates the number and type of clinical hours of practice required at each level of training for a Marriage and Family Therapist, i.e., student practicum, master's degree marriage and family therapist, doctorate (PhD) degree marriage and family therapist**
 - **Updates the minimum hours of direct clinical experience for associate marriage and family therapists pursuing licensure as a marriage and family therapist from 2,000 hours to 1,500 hours;**
 - **Reduces minimum hours of post-master's full-time direct clinical experience from 2,500 hours to 1,800 hours;**
 - **Changes the minimum hours of post-master's full-time direct clinical experience for doctorate degree earners from 1,500 hours to 1,000 hours.**

LICENSED MARRIAGE AND FAMILY THERAPISTS

Southeastern States: Licensure Requirements for Post Master's Degree Clinical Experience

<u>State</u>	<u>Post Master's Practice Hours Required</u>	<u>Supervised Hours Required</u>
GEORGIA Current	2,000	200
GEORGIA Proposed	1,500	200
ALABAMA	1,000	200
FLORIDA	1,500	100
MISSISSIPPI	1,000	200
NORTH CAROLINA	1,500	200
SOUTH CAROLINA	1,380	120
TENNESSEE	1,000	200
TEXAS	1,500	200
WEST VIRGINIA	1,500	200

Source: The Association of Marital and Family Therapy Regulatory Boards (AMFTRB): [State Licensure Comparison](https://amftrb.org/resources/state-licensure-comparison/) at <https://amftrb.org/resources/state-licensure-comparison/>

HB 76 Will Increase Access to MH Care:

- Bring Georgia in line with current accreditation requirements for coursework for MFT education.
- Strengthen the requirements for clinical experience by focusing on direct client contact.
- Bring the clinical practice hours required in line with COAMFTE requirement for practicum and in line with or neighboring states in the SE for post master's practice hour requirements.
- This will increase access to mental health providers in Georgia as recommended by the House Rural Development Council's 2021 Report and Recommendations.
- This will ease the ability of graduates and licensees from other states to come to Georgia and be licensed to practice here by adopting national standards and aligning with current practice in neighboring states.
- HB 76 will protect patient safety and provider competence and promote increased access to desperately needed mental health care in Georgia.

What is the Process to Pass HB 76?

HB 76 was assigned to [House Regulated Industries Committee](#) Chaired by Rep. Alan Powell (R-Hartwell).

Many of the members of the Committee signed on as sponsors of the bill with Chairman Powell – both Republicans and Democrats.

The Bill will likely be assigned to the Professional Licensing Subcommittee of Regulated Industries and be heard in Subcommittee first.

Then it goes to the full Committee, then to the House Rules Committee, and then to the House floor for a vote. This must occur before March 6 in order to be eligible for passage this year.

Once it passes the House, it will be assigned to a Senate Committee and go through the same process of hearings, Senate Rules Committee, Senate floor. If there are no changes in the Senate, the bill then goes to the Governor for signature. If there are changes, it has to go back to the House for an agree/disagree, possible amendments, etc. until an identical version is approved by a majority of both the House and Senate.

What Can I do to Help Pass HB 76?

Identify who your House and Senate members are who represent you by going to openstates.org/find_your_legislator/ and enter your home address.

Click on their names and you will be linked to their bio and how to contact them at the capitol.

Reach out to your House member by phone, email, or come to the capitol, and urge them to vote yes on HB 76, explaining that you are a constituent, that you are an MFT or student, what the bill would do and why you care.

Contact members of the [House Regulated Industries Committee](#). Urge them to vote “yes”.

Once in the Senate, contact your Senator and members of the [Senate Regulated Industries Committee](#). Urge them to vote “yes” to HB 76.

Take action when you receive legislative alerts from GAMFT.

Behavioral Health Reform and Innovation Commission: 2022 Report and Recommendations

- ❑ [BHRIC Report and Recommendations](#) issued December 2022. Will be basis for legislation in 2023.
- ❑ Recommendations affecting MFTs:
 - ❑ Modernize licensing practices, specifically to update professional licensing board systems. p. 10.
 - ❑ Review and update practicum requirements and supervision requirements for licensure to more closely align with requirements in surrounding states. p. 10
 - ❑ Make service cancellable loans available for MH practitioners, not just students, working in health professional shortage areas. p. 11.
 - ❑ Strengthen children and adolescent access to behavioral health.
 - ❑ Change licensure requirements for foreign trained MH professionals.
 - ❑ Increase provider pay. Appendix D, p. 1.
 - ❑ Implement strong network adequacy standards. P. 13.
 - ❑ Many more...

BHRIC and Barriers to Licensure

- ❖ GAMFT testified to the Workforce Subcommittee of BHRIC:
- ❖ Addressing changes needed to update and speed the process of licensure review and approval by the Secretary of State Professional Licensing Division, and our Composite Board.
- ❖ Our recommendations:
 - ❖ Increase staffing to the Composite Board
 - ❖ Increase the number of Board Members from each specialty by one to ease the burden of license application review.
 - ❖ Shorten, simplify and computerize the application and convert the application process with the Board from snail mail to email.
 - ❖ Provide Medicaid reimbursement to MFTs and other MH professionals for adults.

Network Adequacy

- [Research by Georgians for a Healthy Future in 2021](#)
 - Examined plans offered by the states three largest insurers
 - Albany, Columbus and Rome
 - Studied three provider types: primary care, cardiology and mental health/substance abuse
- Found on-line provider directories were woefully inaccurate despite a law passed in 2016 requiring that they be current and correct – Not being enforced due to inadequate resources for Insurance Commissioner.
 - Three-quarters of the listings had at least one inaccuracy (not in-network, not accepting new patients, not practicing at the location listed, inaccurate or inoperable phone number, or languages spoken inaccurately listed).
 - 20% of health care providers listed as participating in a plan’s network were not; in one directory 40% of the providers listed were not actually participating in the plan. Among the providers who were confirmed to be in-network, 13% were not accepting new patients; In one directory 25% confirmed in-network providers were not accepting new patients.
 - 15% of telephone numbers associated with providers listed in the directories were inaccurate or inoperable.
- Identified problems with “narrow networks” that limit patient access to care
- Recommended standardized quantitative requirements for network adequacy as recommended by NAIC (National Association of Insurance Commissioners).

SB 20: Network Adequacy 2023

Sen. Kay Kirkpatrick introduced SB 20 to ensure consumer access to quality healthcare by establishing standards for network plans offered by health insurance companies.

- Called the CATCH Act: Consumer Access to Contracted Healthcare Act.
- Assigned to [Senate Insurance and Labor Committee](#).

What does it do?

- Defines whether a healthcare provider is “accessible”, i.e., accepting new patients, available within a reasonable travel distance and time or available within a reasonable time by means of telehealth, able to make appointments for urgent care within two business days, or nonurgent care within 15 days for primary care providers or 30 business days for hospital or specialty care services.
- Insurers required to contract with and maintain a network of providers in sufficient number and type in that service area to ensure covered persons have access to the full scope of benefits and services covered under the plan.
- Insurers providing MH or SUD shall contract with and maintain a network of providers that specialize in MH and SUD services in sufficient number and appropriate type throughout the service area to insure covered persons have access to the full scope of MH and SUD benefits and services.
- Measures of accessibility include ratio of providers to covered persons, geographic access, waiting time for appointment, hours of operation, ability to meet the needs of covered persons, access through telehealth, etc., .
- Addresses financial consequences of referral to nonparticipating providers where necessary.
- Provides for enforcement by the Commissioner of Insurance.

FY 2024 Budget

Governor's Recommendations for BH/SUD

Department of Community Health

- Georgia Board of Health Care Workforce
 - \$850,000 to establish a loan repayment program for mental health professionals

Secretary of State

- Professional Licensing Boards - No increase recommended other than for across the board raises, etc.

Department of Behavioral health and Developmental Disabilities

- No increases for Adult Addictive Disease Services, Child and Adolescent Addictive Diseases, or Child Mental and Adolescent Health Services
 - **\$630 Million Opioid Settlement coming to Georgia. More in the future.**
- Adult Mental Health Services
 - Additional mobile crisis teams - \$6.3 Million add
 - New beds and temporary observation chair behavioral health crisis center in Augusta -\$2 Million add
 - New beds and temporary observation chair behavioral health crisis center in Fulton County \$5.7 Million add
 - Convert new bed and temporary observation chair behavioral health crisis center in Dublin - \$5.4 Million add

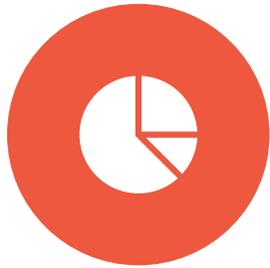
State Funds for Licensing Boards

- State finished the FY 22 Budget year on June 30, 2022, with a record surplus of \$6.6 Billion
- Secretary of State who administers Professional Licensing Board that administers the Composite Board regulating MFTs asked for added funding in the Fiscal Year 2024 Budget:
 - Oversees 42 Boards and licenses 555,000 licensees
 - PLB generates \$22.1 Million per year, but is only allocated \$8.5 Million (same as in 2018)
 - 4 new Investigators for elections and licensing divisions
 - 2 new staff for Nursing Board – will relieve burden on staff for other boards. Problems with stress and turnover from burnout.
- \$4 Million technology update for licensing process underway with rollout by profession Spring – Fall 2023.

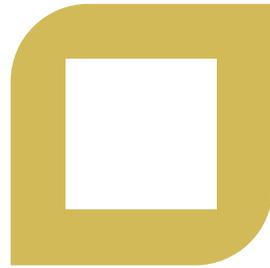
Children and Youth MH Provider Collaborative

- Pediatricians convened all BH professional groups serving children and youth:
 - Pediatricians
 - Psychiatrists
 - Psychologists
 - LPCs
 - MFTs
 - LCSWs
- Meeting once a month to identify ways to strengthen access to care for this population, improve collaboration among professionals, etc.

Thank You!



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