

THE HISTORY OF WASHINGTON STATE LEGISLATION FOR CHEMICAL DEPENDENCY PROFESSIONAL CERTIFICATION

In 1987 Washington State enacted legislation requiring all counselors to be registered or certified under the Department of Health and creating three categories of optional counselor certification: Certified Social Workers, Certified Mental Health Counselors, and Certified Marriage and Family Therapists. Chemical dependency counselors at that time had a private certification process that was not recognized by the Department of Health, so all chemical dependency counselors fell into the mandatory registered counselor category. The private chemical dependency counselor certification, under the Chemical Dependency Professionals and the Northwest Indian Certification Boards, was eventually recognized by the Division of Alcohol and Substance Abuse Services but never recognized by the Legislature or Department of Health, which rely on specific statutory reference to establish a health care profession.

As health reform and managed care evolved, legislation impacting health care professions consistently was unable to acknowledge or incorporate chemical dependency counselors because there was no law establishing them as a specific health care professional. Chemical dependency counselors had no representation numerous health care professional work groups and Department of Health committees because there was no state certification that identified them as a profession. By the mid 1990s, over 26 states had enacted legislation for certification or licensure of chemical dependency professionals and many more had introduced legislation, and Washington State chemical dependency counselors were losing ground.

Recognizing that we would need state certification if the chemical dependency professional were going to continue to be competitive in the health care system, in 1993 DASA took the lead by requesting authority to introduce agency-request legislation to certify chemical dependency counselors. While the Governor did not approve this as a DSHS-request bill, DASA had convened a work group, which had already begun drafting a bill that they could independently introduce. All stakeholders were represented in this group, as well as DASA and House Committee staff.

As a result of the work, in 1994 a bill was introduced and subsequently referred by the Senate Health Care Committee (Sen. Quigley--Dem-Snohomish Co., Chair) to the Department of Health for the mandatory "Sunrise Review." Under an earlier law, the Legislature established this administrative review process by the Department of Health to reduce the numbers of bills and hearings on professional licensing and certification. The process is slanted toward allowing licensure and certification only when it can be proven that there is sufficient threat to public safety.

During the Sunrise Review the gamut of mental health professionals, from psychologists and psychiatrists to marriage and family therapists and psychiatric nurses, all argued that they were best trained to treat chemical dependency and chemical dependency counselors were inadequately trained to treat the mental illnesses that chemically dependent people have. The chemical dependency field gave testimony that the failure of recognizing this profession had resulted in cases of misdiagnosis and mistreatment of chemically dependent clients by degreed professionals who did not have the specific knowledge necessary to effectively treat chemically dependent persons.

The Department of Health completed their Sunrise Review recommendation in December 1995, recommending against certification of chemical dependency counselors because, even though there was considerable evidence that other professions did not diagnose and treat chemical dependency well, the chemical dependency profession itself was not harming the public and therefore did not need more regulation. When Senator Quigley, the Chair of the committee that referred to Sunrise, would not take up the bill in the 1995 Legislative Session, the original Senate bill died.

In a last-ditch effort to find an alternative vehicle, Rep. Cooke, Chair of the House Children and Family Services Committee, introduced a bill to certify chemical dependency counselors as part of improving services to children and families. The mental health field continued to maintain that if chemical dependency counselors were to be certified they needed to have the same level of education as other certified counselors—a masters degree. This argument effectively stalled the bill and ended all hopes for legislation during 1995.

In 1996 the Legislature changed considerably, and Senator Deccio, a long-time supporter of the chemical dependency field, took over chairmanship of Senate Health Care Committee from Sen. Quigley. With this new leadership, it was felt we had a better chance for a fair hearing.

Therefore, during the fall of 1997 the Addiction Services Coalition (including Marilyn Bordner of the Women's Coalition; John Horngren, Adolescent Providers; Cynthia Bergh, CDPWS; Don Thomas, WSAIOP; Linda Grant and Pat Knox, AAP; Rick Weber and Chuck Anderson of the CD Educators; and Gary Reynolds and Ken Stark of DASA) worked on an alternative draft. Because prior efforts to place chemical dependency counselor certification into the "Counselors" statute (where other groups had master's degree requirements) had been so problematic, it was decided to try another approach. It was agreed that this next bill would establish a new section in Title 18 only for Certification of Chemical Dependency Counselors, apart from the (mental health) Counselors section. Most of the same elements remained from previous bills. In those months there was much discussion over membership of the certification board, tests, grandparenting, education and general consensus was achieved.

Senator Deccio (Yakima) agreed to sponsor the Senate Bill, co-sponsored by Wojahn, Wood and Fairley, and Representative Skinner, also of Yakima sponsored the House version with many co-sponsors. Although it was expected there could be problems, it was decided to at least try to retain the words "chemical dependency counselors," and the Senate bill was introduced using this terminology. The Senate hearing on SB 6550 showed that Senators were confused about continuing to use the word "Counselor" when we were setting up a separate section from Counselors and, as counselors, felt we should also require master's degrees. Since the field was in agreement that we did not want to require master's degrees, we agreed to another term. Senator Wojahn suggested we use "Chemical Dependency Professional," and with this change we got bipartisan support in the Senate.

When the House Health Care Committee also voted out a similar version, the opposition got the House bill killed with a last minute re-referral to a fiscal committee which had no time to hear the bill. This left only one bill alive, SB 6550, which was passed out of the Senate and referred to the House, where the opposition had already successfully prevailed in killing the legislation.

If we were to successfully get this bill out of the House, it was essential to reduce the level of opposition. Key House legislators agreed to pass out the Senate bill only if the chemical dependency field could reach a compromise with the mental health people around the training and practice issues and all would agree to support the bill. The psychologists agreed to SB 6550 with allowances for graduated experience requirements that required no more than 18 months of experience for psychologists, which was easily agreed to. But mental health counselors' primary opposition was not to CDP Certification but to their fear that non-degreed persons would use this credential to establish private practices and would be working without any kind of supervision.

The masters level counselor groups finally said they would agree to SB 6550 with the addition of an amendment—the controversial Section 4, which reads, *“Nothing in this chapter shall be construed to authorize the use of the title certified chemical dependency professional when treating patients in settings other than programs approved under chapter 70.96A RCW.”*

The stated intent of the masters level counselors was to prevent persons without masters degrees from practicing without some professional oversight. They felt that DASA regulation at least assured some accountability. Since DUI and third-party payment generally required private practice, this amendment would affect very few. Mental health practitioners with dual certifications were most likely to be negatively impacted, since they would be unable to advertise that credential if they did private practices outside DASA-approved agencies. Section 4 would not prevent Certified Chemical Dependency Professionals in administrative positions or governmental agencies from using the certification acronym, since the language specifically referred only to *“when treating patients in settings other than (DASA-approved) programs.”* It was suspected Section 4 could cause problems for school-based chemical dependency counselors if the school program was not DASA-certified.

Given how close the bill was to approval, how late in the session, and how hard and long the battle to get this far, and how limited the negative effect would be across more than 2,000 chemical dependency counselors, the amendment was agreed to. The House unanimously approved the amended version of SB 6550 and sent it back to the Senate for concurrence. Four of the staunchest Senate supporters of masters degrees still voted against even the amended bill. Schools never raised an issue over Section 4, and on March 30, 1998, the bill was signed into law as passed by the Legislature.

Section 4 remains an irritant to a number of chemical dependency counselors who work in non-treatment settings, although there remains considerable confusion over the actual limitations it imposes.