



**Ninety-Ninth Legislature - Second Session - 2006
Committee Statement
LB 271**

Hearing Date: February 23, 2005
Committee On: Health and Human Services

Introducer(s): (Combs, Burling)
Title: Redefine mental health practice

Roll Call Vote – Final Committee Action:

- Advanced to General File
 - X Advanced to General File with Amendments
 - Indefinitely Postponed
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Vote Results:

- | | | |
|---|---------------------|---|
| 6 | Yes | Senator Byars, Cunningham, Erdman, Johnson, Stuthman and Howard |
| | No | |
| 1 | Present, not voting | Senator Jensen |
| | Absent | |
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Proponents:

Senator Combs
Lindy Bixler
Richard Bischoff
Dr. Jeff Stormberg
Ann Buettner
Kevin Kaminski

Representing:

Introducer
Nebraska Association for Marriage and Family
Nebraska Counseling Association

Opponents:

Mario Scalora
David Buntain

Representing:

The Nebraska Psychological Association
Nebraska Medical Association

Neutral:

Representing:

Summary of purpose and/or changes: LB 271 relates to the scope of practice of licensed mental health practitioners (LMHPs). The bill amends section 71-1,307 and deletes the following current exclusion from the scope of practice for LMHPs:

1. “diagnosing major mental illness or disorder except in consultation with a qualified physician or a psychologist licensed to engage in the practice of psychology as provided in section 71-1,206.14”; and
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2. “using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician or licensed psychologist, or using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed psychologist.”

Explanation of amendments, if any: The committee amendment (AM 1802) replaces the bill as introduced. AM 1802 amends the Uniform Licensing law relating to licensed mental health practice and creates a new licensure category and scope of practice for “independent mental health practice.”

The amendment defines “independent mental health practice” to include (a) “the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations” and (b) “diagnosing major mental illness or disorder, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.” Independent mental health practice does not include “the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injury, or deformity, or measuring personality or intelligence for the purpose of diagnosis or treatment planning.”

The amendment defines “independent mental health practitioner” as “a person who holds himself or herself out as a person qualified to engage in independent mental health practice or a person who offers or renders independent mental health practice services.”

The amendment prohibits an independent mental health practitioner from representing himself or herself as a physician or psychologist.

The amendment requires licensure of independent mental health practitioners and provides the following qualifications for licensure:

(1) (a) graduation from a program accredited by a national accrediting agency or an equivalent program as determined by the Board of Mental Health Practice, (b) licensure as a provisional mental health practitioner or a licensed mental health practitioner, and (c) 3,000 hours of experience over a period of 2-5 years, one half of which is comprised of contact with clients diagnosed under the major mental illness or disorder category and supervised by a license physician, a licensed psychologist, or a licensed independent mental health practitioner; or

(2) (a) graduation from a program that is not accredited by a national accrediting agency nor deemed by the board to be substantially equivalent to an accredited program, (b) licensure as a provisional mental health practitioner or a mental health practitioner, and (c) 7,000 hours of experience over a period of not less than 10 years, one half of which is comprised of contact with clients diagnosed under the major mental illness or disorder category and supervised by a license physician, a licensed psychologist, or a licensed independent mental health practitioner.

Required experience must be documented “in a reasonable form and manner as prescribed by the board, which may consist of sworn statements from the applicant and his or her employers and supervisors.” The board may not require the applicant to produce individual case records.

Senator Jim Jensen, Chairperson

