

Oct. 4, 2019

Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Boards and Committees Section
Counseling – General Rules
ORR 2019-063 LR

Attention: Policy Analyst
P.O. Box 30670
Lansing, MI 48909
BPL-BoardSupport@michigan.gov

Dear Policy Analyst:

On behalf of the entire community of acute care hospitals in Michigan, the Michigan Health & Hospital Association (MHA) respectfully submits the following comments on the Counseling – General Rules.

The proposed rules rescind the definitions under R 338.1751 and R 338.1757. Each of these changes will significantly disrupt access to services for patients which has been in place for decades.

With regard to R 338.1751, the rule rescission prevents licensed professional counselors (LPCs) from practicing at their full scope. This is based on the Regulatory Impact Statement from the Michigan Department of Licensing and Regulatory Affairs (LARA) (see page 4, #6), which states that the purpose of the proposed rules changes for R 338.1751 is to move “educational training curriculum definitions to an educational section and rule, which will place them in the proper context of educational training requirements. The current location in the rules set causes confusion and misinterpretation about the scope of practice of the counseling profession.”

The MHA contends that there is no misinterpretation because the right of counselors to practice their profession and employ counseling techniques, which include diagnosis “consistent with his or her training and ...code of ethics,” is guaranteed in the Public Health Code [(MCL 333.18214 (5)]. Removing the ability for LPCs to properly diagnose before treatment would provide a patient with subpar care because the diagnosis is what lays the foundation for an appropriate plan of action and improves the progression of healing. The American Counseling Association’s Code of Ethics recognizes this importance and *requires* the proper diagnosis of a patient’s mental health disorder before treatment (E.5.a. Proper Diagnosis). As laid out in the Public Health Code, counselors are legally mandated to adhere to their profession’s code of ethics.

The current rules have been recognized as part of a LPC’s scope for over 30 years. Throughout that time, LPCs have proven they can effectively treat patients. Limiting their scope now will hurt

Brian Peters, Chief Executive Officer

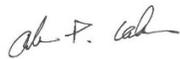
patients and the behavioral health sector, where there is a provider shortage and the ability to provide adequate patient care is often questioned by policymakers, families and health professionals. Several recent independent policy studies about Michigan's behavioral health workforce all recommend that the state seek ways to maximize the scopes and capacities of all current behavioral health professionals. Unfortunately, the proposed rule changes do exactly the opposite by limiting the scope of LPCs to the degree that we may lose thousands of behavioral health professionals at the time we need them most.

The MHA's concerns with rescinding R 338.1757 lie in the fact that supervising LPCs should have acquired training within their field before supervising others. This ensures patients will receive quality care.

Lastly, the MHA respectfully requests the rules process to progress slowly to ensure that the LPCs scope will be appropriately defined to best fit the needs of the providers in the behavioral health field and the patients who benefit from their services.

Thank you for your consideration of our comments. Please reach out to Paige Fults (pfults@mha.org) with questions.

Respectfully submitted,



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