

641A.065 - “Practice of clinical professional counseling” defined.

Recommend striking "if the assessment or treatment is provided by a person who, through the completion of coursework or supervised training or experience, has demonstrated competency in the assessment or treatment of couples or families as determined by the Board." (subsection 3, b) -and- The diagnosis or treatment of a psychotic disorder (subsection 3, d)

This will open up CPC practice scope to treat couples and families, as well as individuals with schizophrenia and other psychotic disorders, both likely resulting in increased behavioral health workforce development. The first restriction appears nowhere else in the United States except California and the second appears nowhere else in the United States at all.

641A.080 “Practice of marriage and family therapy” defined.

Recommend striking “The diagnosis or treatment of a psychotic disorder” (subsection 2, a)

This will expand practice scope to include treatment of individuals with schizophrenia and other psychotic disorders, likely resulting in increased behavioral health workforce development as this restriction also appears nowhere else in the United States.

641A.100 Qualifications of members; removal for misconduct.

Recommend changing Board composition to three MFTs, three CPCs, and three public members (subsection 1, a-c)

In response to *Dunning* case from North Carolina and at the suggestion of Board legal counsel, this will balance the representation on the Board by increasing public representation.

641A.235 License: Issuance; expiration; proration of fee.

Recommend changing to bi-annual renewal on anniversary date of original independent license or licensee’s birthdate (subsection 2)

Advantages are manifold. First, it will encourage attendance at extended conferences where continuing education credits exceed the 20 required annually. Second, it will space out renewals throughout the calendar year, thus ensuring a more even revenue flow. Third, it will ease the burden on both staff who process renewal applications and verify CEUs. Fourth, it pulls into alignment this Board’s practices with those of other professions that no longer perform annual renewals in the broad spirit of the aforementioned rationale.

641A.241 Expedited license by endorsement: Requirements; procedure for issuance.

Recommend a copy/paste addition of subsection 5 from NRS 641A.242.

While the Board recognizes the legislature’s desire to give a preferential nod to veterans’ reciprocity licensing, it believes that what is good for the proverbial goose is likely just as beneficial to the entire

gander. In keeping with the spirit of improving Nevada's behavioral health workforce development, this will grant licenses faster and, subsequently, get citizens treated with fewer care delays.

641A.290 Fees.

Recommend increasing fees and adding new fees. Some of these might include, but are not limited to; intern renewal, intern extension, supervisor approval, re-examination of academic review, CEU course application, CEU provider application, CD mailing lists, etc. Dollar amounts are to be determined but the Board would like to increase - at bare minimum - renewal fees to a large cap in statute (say, \$400) that would be regulated through NAC to small step increases (say, not more than \$50) not to be increased except through full regulatory process.

This is obviously suggested to increase revenue. Presently the Board's budget is around \$160k annually, which cannot afford many necessities, including a strong enough salary to attract a qualified full-time executive director, a complaint investigator, and market-competitive wages (plus fringe; namely PERS and health insurance) for office staff, which they currently either receive in part or not at all.

641A.2872 Marriage and family therapist interns: Period of validity; eligibility for renewal; expiration

~and~

641A.2882 Clinical professional counselor interns: Period of validity; eligibility for renewal; expiration

(subsection 2, b in both) needs to be evaluated because of the conflict with NRS 641A.2878 and NRS 641A.2888 (subsection 1 in both), respectively.

As currently written, 2878 and 2888 state that interns can change supervisors and their agreements with a mere notification to the Board. However, 2872 and 2882 state that internships terminate with the termination of a supervision agreement, which clearly must happen with any supervisory change. To terminate an internship simply due to a supervisor change is both obstructive to care and bogs down office administrative function.

The Board recommends amending the language in one section or the other, but preferably retaining the concept that interns may change supervisors with a mere notification to the Board, rather than removing that provision and requiring brand new internships upon a supervisory change.